

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

FORM APPROVED OMB NO. 0938-0050

WORKSHEET S PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		15-0090		FROM 1/1/2009		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

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-SOUTH 15-0090 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

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	
1	HOSPITAL	0	-10,954	9,501	0
2	SUBPROVIDER	0	-15,726	0	0
100	TOTAL	0	-26,680	9,501	0

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

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

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	1,141,249
17.01	GROSS MEDICAID REVENUES	5,095,841
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	6,237,090
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	1,035,375
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.302314
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	313,008
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	31,569,131
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	9,543,790
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	15,244,494
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	4,608,624
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	9,856,798

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		7,001,050	7,001,050	-6,245,902	755,148
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT				3,454,757	3,454,757
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				3,393,133	3,393,133
5	0500	EMPLOYEE BENEFITS	70,951	14,212,025	14,282,976		14,282,976
6.01	0610	COMMUNICATIONS	109,008	7,512	116,520		116,520
6.02	0611	ADMINISTRATIVE	665,043	24,046	689,089		689,089
6.03	0601	PATIENT ACCOUNTING		741,752	741,752		741,752
6.04	0660	OTHER ADMINISTRATIVE AND GENERAL	1,806,762	-4,622,410	-2,815,648	920,938	-1,894,710
7	0700	MAINTENANCE & REPAIRS	811,330	1,593,172	2,404,502		2,404,502
8	0800	OPERATION OF PLANT	300,848	2,911,446	3,212,294		3,212,294
9	0900	LAUNDRY & LINEN SERVICE					
10	1000	HOUSEKEEPING	1,168,025	221,214	1,389,239		1,389,239
11	1100	DIETARY	702,508	899,195	1,601,703	-734,897	866,806
12	1200	CAFETERIA				734,897	734,897
14	1400	NURSING ADMINISTRATION	384,057	-30,124	353,933	-11	353,922
15	1500	CENTRAL SERVICES & SUPPLY	374,678	3,454,231	3,828,909	8,537,168	12,366,077
16	1600	PHARMACY	1,419,834	4,697,261	6,117,095	-2,859,549	3,257,546
17	1700	MEDICAL RECORDS & LIBRARY	1,287,722	161,346	1,449,068		1,449,068
18	1800	SOCIAL SERVICE					
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD INPAT ROUTINE SRVC CNTRS				707,223	707,223
25	2500	ADULTS & PEDIATRICS	7,673,973	935,048	8,609,021	-112,215	8,496,806
26	2600	INTENSIVE CARE UNIT	1,909,067	377,226	2,286,293	-54,810	2,231,483
31	3100	SUBPROVIDER	1,642,259	3,571,571	5,213,830	-24,178	5,189,652
33	3300	NURSERY					
34	3400	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	1,344,812	7,051,697	8,396,509	-6,087,666	2,308,843
37.01	3701	OUTPATIENT SURGERY	250,576	386,223	636,799	-211,917	424,882
38	3800	RECOVERY ROOM	975,678	36,587	1,012,265	-3,542	1,008,723
40	4000	ANESTHESIOLOGY	25,335	167,689	193,024	-118,062	74,962
41	4100	RADIOLOGY-DIAGNOSTIC	1,643,161	2,422,338	4,065,499	-7,841	4,057,658
41.01	4101	RADIOLOGY-SPECIAL PROCEDURES	31,119	852,532	883,651	-96,397	787,254
42	4200	RADIOLOGY-THERAPEUTIC	468,242	434,796	903,038	-1,145	901,893
43	4300	RADIOISOTOPE	249,565	281,663	531,228	-25,952	505,276
44	4400	LABORATORY		4,475,488	4,475,488		4,475,488
47	4700	BLOOD STORING, PROCESSING & TRANS.		649,478	649,478		649,478
49	4900	RESPIRATORY THERAPY	859,556	448,489	1,308,045	-50,842	1,257,203
50	5000	PHYSICAL THERAPY	2,531,453	1,730,631	4,262,084	-20,971	4,241,113
51	5100	OCCUPATIONAL THERAPY	220,813	1,681,248	1,902,061	-6,139	1,895,922
52	5200	SPEECH PATHOLOGY	79,128	319,734	398,862	-22,563	376,299
53	5300	ELECTROCARDIOLOGY	577,630	65,338	642,968	783	643,751
54	5400	ELECTROENCEPHALOGRAPHY	235,318	29,370	264,688	-1,690	262,998
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				2,859,131	2,859,131
56	5600	DRUGS CHARGED TO PATIENTS				-9,338	461,653
59	3020	ULTRASOUND	308,940	162,051	470,991		470,991
59.01	3021	PAIN CLINIC	317,796	42,755	360,551	-20,625	339,926
59.02	3022	CATH LAB	674,496	1,689,287	2,363,783	-1,432,800	930,983
59.03	3023	ACTIVITY THERAPY	1,716,022	19,426	1,735,448	-26	1,735,422
59.04	3024	WOUND CARE CENTER	184,698	52,277	236,975	-39,671	197,304
59.05	3025	BARIATRIC CLINIC	209,208	34,531	243,739	-1,655	242,084
		OUTPAT SERVICE COST CNTRS					
61	6100	EMERGENCY	3,262,542	1,521,843	4,784,385	-871,217	3,913,168
62	6200	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS					
71	7100	HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE		3,438,049	3,438,049	-1,546,639	1,891,410
90	9000	OTHER CAPITAL RELATED COSTS					
94	6950	HHA SPACE					
95		SUBTOTALS	36,492,153	64,149,081	100,641,234	-230	100,641,004
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN	22,730	83,438	106,168		106,168
98	9800	PHYSICIANS' PRIVATE OFFICES	10,720,829	2,581,369	13,302,198	230	13,302,428
98.01	9801	WORKING WELL	319,345	139,003	458,348		458,348
100	7950	RESIDENTIAL	2,325,009	382,390	2,707,399		2,707,399
100.01	7951	OMNI					
100.02	7952	PSYCHIATRIC					
101		TOTAL	49,880,066	67,335,281	117,215,347	-0-	117,215,347

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0090
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
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT	3,633	758,781
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	1,139,879	4,594,636
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		3,393,133
5 0500	EMPLOYEE BENEFITS	-600,899	13,682,077
6.01 0610	COMMUNICATIONS		116,520
6.02 0611	ADMINISTRATIVE		689,089
6.03 0601	PATIENT ACCOUNTING	-739,044	2,708
6.04 0660	OTHER ADMINISTRATIVE AND GENERAL	13,461,897	11,567,187
7 0700	MAINTENANCE & REPAIRS		2,404,502
8 0800	OPERATION OF PLANT		3,212,294
9 0900	LAUNDRY & LINEN SERVICE	106,313	106,313
10 1000	HOUSEKEEPING		1,389,239
11 1100	DIETARY	-35,922	830,884
12 1200	CAFETERIA	-462,295	272,602
14 1400	NURSING ADMINISTRATION		353,922
15 1500	CENTRAL SERVICES & SUPPLY	-572,904	11,793,173
16 1600	PHARMACY	-871,509	2,386,037
17 1700	MEDICAL RECORDS & LIBRARY	168	1,449,236
18 1800	SOCIAL SERVICE		
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		707,223
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-70,892	8,425,914
26 2600	INTENSIVE CARE UNIT		2,231,483
31 3100	SUBPROVIDER	1,123,872	6,313,524
33 3300	NURSERY		
34 3400	SKILLED NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-8,453	2,300,390
37.01 3701	OUTPATIENT SURGERY	-37,889	386,993
38 3800	RECOVERY ROOM	-2,322	1,006,401
40 4000	ANESTHESIOLOGY	1,860	76,822
41 4100	RADIOLOGY-DIAGNOSTIC	-122,565	3,935,093
41.01 4101	RADIOLOGY-SPECIAL PROCEDURES	-128,748	658,506
42 4200	RADIOLOGY-THERAPEUTIC	-10,706	891,187
43 4300	RADIOISOTOPE	-5,876	499,400
44 4400	LABORATORY	-405,142	4,070,346
47 4700	BLOOD STORING, PROCESSING & TRANS.	-25,077	624,401
49 4900	RESPIRATORY THERAPY	-183,527	1,073,676
50 5000	PHYSICAL THERAPY	-738,115	3,502,998
51 5100	OCCUPATIONAL THERAPY	-974,309	921,613
52 5200	SPEECH PATHOLOGY	-79,993	296,306
53 5300	ELECTROCARDIOLOGY	-9,610	634,141
54 5400	ELECTROENCEPHALOGRAPHY	-3,835	259,163
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		
56 5600	DRUGS CHARGED TO PATIENTS		2,859,131
59 3020	ULTRASOUND	-55,216	406,437
59.01 3021	PAIN CLINIC	-124	339,802
59.02 3022	CATH LAB		930,983
59.03 3023	ACTIVITY THERAPY		1,735,422
59.04 3024	WOUND CARE CENTER		197,304
59.05 3025	BARITRIC CLINIC		242,084
	OUTPAT SERVICE COST CNTRS		
61 6100	EMERGENCY	-1,108,362	2,804,806
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71 7100	HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE	-1,891,410	-0-
90 9000	OTHER CAPITAL RELATED COSTS		-0-
94 6950	HHA SPACE		
95	SUBTOTALS	6,692,878	107,333,882
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		106,168
98 9800	PHYSICIANS' PRIVATE OFFICES		13,302,428
98.01 9801	WORKING WELL		458,348
100 7950	RESIDENTIAL		2,707,399
100.01 7951	OMNI		
100.02 7952	PSYCHIATRIC		
101	TOTAL	6,692,878	123,908,225

RECLASSIFICATIONS

PROVIDER NO:
150090

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

PREPARED 5/24/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 CAPITAL	A	NEW CAP REL COSTS-BLDG & FIXT	3		3,454,757
2		NEW CAP REL COSTS-MVBLE EQUIP	4		3,393,133
3 INTEREST EXPENSE	B	OLD CAP REL COSTS-BLDG & FIXT	1		418,602
4 DIETARY	C	CAFETERIA	12	322,326	412,571
5 INSURANCE EXPENSE	D	OLD CAP REL COSTS-BLDG & FIXT	1		183,386
6		OTHER ADMINISTRATIVE AND GENERAL	6.04		944,651
7 PATIENT TRANSPORT	E	ADULTS & PEDIATRICS	25	7,958	
8		RADIOLOGY-DIAGNOSTIC	41	44,401	
9		RADIOISOTOPE	43	13,494	
10		ELECTROCARDIOLOGY	53	3,113	
11		ULTRASOUND	59	5,536	
12		CATH LAB	59.02	2,939	
13		EMERGENCY	61	4,941	
14		PHYSICIANS' PRIVATE OFFICES	98	230	
15 MEDICAL SUPPLIES	F	CENTRAL SERVICES & SUPPLY	15		8,651,218
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 MEDICAL SUPPLIES	F				
2					
3					
4					
5					
6					
7 DRUGS CHARGED TO PATIENTS	G	DRUGS CHARGED TO PATIENTS	56		2,859,131
8 INTERNS AND RESIDENTS	H	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	18,935	688,288
9					
36 TOTAL RECLASSIFICATIONS				423,873	21,005,737

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

RECLASSIFICATIONS

PROVIDER NO:
150090

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

PREPARED 5/24/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 CAPITAL	A	OLD CAP REL COSTS-BLDG & FIXT	1			6,847,890	9
2							9
3 INTEREST EXPENSE	B	INTEREST EXPENSE	88			418,602	11
4 DIETARY	C	DIETARY	11		322,326	412,571	
5 INSURANCE EXPENSE	D	INTEREST EXPENSE	88			1,128,037	12
6							
7 PATIENT TRANSPORT	E	EMERGENCY	61		82,612		
8							
9							
10							
11							
12							
13							
14							
15 MEDICAL SUPPLIES	F	NURSING ADMINISTRATION	14			11	
16		CENTRAL SERVICES & SUPPLY	15			114,050	
17		PHARMACY	16			418	
18		ADULTS & PEDIATRICS	25			120,173	
19		INTENSIVE CARE UNIT	26			54,810	
20		SUBPROVIDER	31			24,178	
21		OPERATING ROOM	37			6,087,666	
22		OUTPATIENT SURGERY	37.01			211,917	
23		RECOVERY ROOM	38			3,542	
24		ANESTHESIOLOGY	40			118,062	
25		RADIOLOGY-DIAGNOSTIC	41			52,242	
26		RADIOLOGY-SPECIAL PROCEDURES	41.01			96,397	
27		RADIOLOGY-THERAPEUTIC	42			1,145	
28		RADIOISOTOPE	43			39,446	
29		RESPIRATORY THERAPY	49			50,842	
30		PHYSICAL THERAPY	50			20,971	
31		OCCUPATIONAL THERAPY	51			6,139	
32		SPEECH PATHOLOGY	52			22,563	
33		ELECTROCARDIOLOGY	53			2,330	
34		ELECTROENCEPHALOGRAPHY	54			1,690	
35		ULTRASOUND	59			14,874	
1 MEDICAL SUPPLIES	F	PAIN CLINIC	59.01			20,625	
2		CATH LAB	59.02			1,435,739	
3		ACTIVITY THERAPY	59.03			26	
4		WOUND CARE CENTER	59.04			39,671	
5		BARIATRIC CLINIC	59.05			1,655	
6		EMERGENCY	61			110,036	
7 DRUGS CHARGED TO PATIENTS	G	PHARMACY	16			2,859,131	
8 INTERNS AND RESIDENTS	H	OTHER ADMINISTRATIVE AND GENERAL	6.04		18,935	4,778	
9		EMERGENCY	61			683,510	
36 TOTAL RECLASSIFICATIONS					423,873	21,005,737	

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

RECLASSIFICATIONS

PROVIDER NO:
150090

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

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

RECLASS CODE: A
EXPLANATION : CAPITAL

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	3,454,757
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	3,393,133
TOTAL RECLASSIFICATIONS FOR CODE A			6,847,890

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OLD CAP REL COSTS-BLDG & FIXT	1	6,847,890	
		0	
		6,847,890	

RECLASS CODE: B
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	418,602
TOTAL RECLASSIFICATIONS FOR CODE B			418,602

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	418,602	
		418,602	

RECLASS CODE: C
EXPLANATION : DIETARY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	734,897
TOTAL RECLASSIFICATIONS FOR CODE C			734,897

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	734,897	
		734,897	

RECLASS CODE: D
EXPLANATION : INSURANCE EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	183,386
2.00	OTHER ADMINISTRATIVE AND GENER	6.04	944,651
TOTAL RECLASSIFICATIONS FOR CODE D			1,128,037

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	1,128,037	
		0	
		1,128,037	

RECLASS CODE: E
EXPLANATION : PATIENT TRANSPORT

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	7,958
2.00	RADIOLOGY-DIAGNOSTIC	41	44,401
3.00	RADIOISOTOPE	43	13,494
4.00	ELECTROCARDIOLOGY	53	3,113
5.00	ULTRASOUND	59	5,536
6.00	CATH LAB	59.02	2,939
7.00	EMERGENCY	61	4,941
8.00	PHYSICIANS' PRIVATE OFFICES	98	230
TOTAL RECLASSIFICATIONS FOR CODE E			82,612

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMERGENCY	61	82,612	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		82,612	

RECLASS CODE: F
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CENTRAL SERVICES & SUPPLY	15	8,651,218
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NURSING ADMINISTRATION	14	11	
CENTRAL SERVICES & SUPPLY	15	114,050	
PHARMACY	16	418	
ADULTS & PEDIATRICS	25	120,173	
INTENSIVE CARE UNIT	26	54,810	
SUBPROVIDER	31	24,178	
OPERATING ROOM	37	6,087,666	
OUTPATIENT SURGERY	37.01	211,917	
RECOVERY ROOM	38	3,542	
ANESTHESIOLOGY	40	118,062	
RADIOLOGY-DIAGNOSTIC	41	52,242	
RADIOLOGY-SPECIAL PROCEDURES	41.01	96,397	
RADIOLOGY-THERAPEUTIC	42	1,145	
RADIOISOTOPE	43	39,446	
RESPIRATORY THERAPY	49	50,842	
PHYSICAL THERAPY	50	20,971	
OCCUPATIONAL THERAPY	51	6,139	
SPEECH PATHOLOGY	52	22,563	
ELECTROCARDIOLOGY	53	2,330	
ELECTROENCEPHALOGRAPHY	54	1,690	

RECLASSIFICATIONS

PROVIDER NO:
150090

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

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

RECLASS CODE: F
EXPLANATION: MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
21.00			0	ULTRASOUND	59	14,874	
22.00			0	PAIN CLINIC	59.01	20,625	
23.00			0	CATH LAB	59.02	1,435,739	
24.00			0	ACTIVITY THERAPY	59.03	26	
25.00			0	WOUND CARE CENTER	59.04	39,671	
26.00			0	BARIATRIC CLINIC	59.05	1,655	
27.00			0	EMERGENCY	61	110,036	
TOTAL RECLASSIFICATIONS FOR CODE F			8,651,218	8,651,218			

RECLASS CODE: G
EXPLANATION: DRUGS CHARGED TO PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	2,859,131	PHARMACY	16	2,859,131	
TOTAL RECLASSIFICATIONS FOR CODE G			2,859,131	2,859,131			

RECLASS CODE: H
EXPLANATION: INTERNS AND RESIDENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	707,223	OTHER ADMINISTRATIVE AND GENER	6.04	23,713	
2.00			0	EMERGENCY	61	683,510	
TOTAL RECLASSIFICATIONS FOR CODE H			707,223	707,223			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	282,475					282,475	
2	LAND IMPROVEMENTS	2,453,942					2,453,942	
3	BUILDINGS & FIXTURE	41,747,965					41,747,965	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT	2,359,825				59,050	2,300,775	
6	MOVABLE EQUIPMENT	152,878				67,862	85,016	
7	SUBTOTAL	46,997,085				126,912	46,870,173	
8	RECONCILING ITEMS							
9	TOTAL	46,997,085				126,912	46,870,173	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	299,497					299,497	
2	LAND IMPROVEMENTS	4,622,201	459,431		459,431		5,081,632	
3	BUILDINGS & FIXTURE	28,868,222	112,314		112,314		28,980,536	
4	BUILDING IMPROVEMEN	1,515,255					1,515,255	
5	FIXED EQUIPMENT	73,434,336	1,030,077		1,030,077		74,464,413	
6	MOVABLE EQUIPMENT	37,632,065	1,393,333		1,393,333		39,025,398	
7	SUBTOTAL	146,371,576	2,995,155		2,995,155		149,366,731	
8	RECONCILING ITEMS							
9	TOTAL	146,371,576	2,995,155		2,995,155		149,366,731	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
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	156,793		418,602	183,386			758,781
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	4,594,636						4,594,636
4	NEW CAP REL COSTS-MV	3,393,133						3,393,133
5	TOTAL	8,144,562		418,602	183,386			8,746,550

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	7,001,050						7,001,050
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	7,001,050						7,001,050

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

ADJUSTMENTS TO EXPENSES

DESCR IPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER	B	-2,567	INTEREST EXPENSE	88	
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES	B	-358,402	CENTRAL SERVICES & SUPPLY	15	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,160,127			
13 SALE OF SCRAP, WASTE, ETC.	B	-5,507	OCCUPATIONAL THERAPY	51	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	7,600,068			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-462,295	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	168	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-10,971	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 RENTAL INCOME	B	-7,091	NEW CAP REL COSTS-BLDG &	3	9
38 MISC INCOME	B	-2,516	OTHER ADMINI STRATIVE AND	6.04	
39 DIETETIC INSTRUCTION	B	-3,212	DIETARY	11	
40 SPECIAL FUNCTIONS	B	-127,117	OTHER ADMINI STRATIVE AND	6.04	
41 FOOD SUPPLEMENTS	B	-168,299	OTHER ADMINI STRATIVE AND	6.04	
42 ADVERTISING EXPENSE	A	-906,315	OTHER ADMINI STRATIVE AND	6.04	
43 LOBBYING FEES	A	-797	OTHER ADMINI STRATIVE AND	6.04	
44 SHARED SERVICES - HR	A	340,594	EMPLOYEE BENEFITS	5	
45 SHARED SERVICES - LAUNDRY	A	106,313	LAUNDRY & LINEN SERVICE	9	
46 SHARED SERVICES - RECEIVING & STORES	A	230,319	OTHER ADMINI STRATIVE AND	6.04	
47 SHARED SERVICES - A&G	A	4,225,654	OTHER ADMINI STRATIVE AND	6.04	
48 SHARED SERVICES - PUBLIC RELATIONS	A	-915,782	OTHER ADMINI STRATIVE AND	6.04	
49 UNNECESSARY BORROWING	A	-737,747	INTEREST EXPENSE	88	
49.01 PENSION EXPENSE	A	-941,493	EMPLOYEE BENEFITS	5	
50 TOTAL (SUM OF LINES 1 THRU 49)		6,692,878			

(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	3,633		3,633	9
2	3	NEW CAP REL COSTS-BLDG & ALLOWABLE NEW CAPITAL COS	1,146,970		1,146,970	9
3	6 3	PATIENT ACCOUNTING		739,044	-739,044	
4	6 4	OTHER ADMINISTRATIVE AND ADMINSTRATIVE & GENERAL	5,060,304	2,900,338	2,159,966	
4.01	16	PHARMACY	340,722	218,388	122,334	
4.02	88	INTEREST EXPENSE	1,074,104	2,225,200	-1,151,096	
4.03	6 4	OTHER ADMINISTRATIVE AND ELIMINATIONS		-8,966,784	8,966,784	
4.04	11	DIETARY		21,739	-21,739	
4.05	15	CENTRAL SERVICES & SUPPLY	84,444	298,946	-214,502	
4.06	16	PHARMACY	320,993	1,306,336	-985,343	
4.07	25	ADULTS & PEDIATRICS		70,892	-70,892	
4.08	37	OPERATING ROOM	7,209	14,346	-7,137	
4.09	37	OPERATING ROOM	1,329	2,645	-1,316	
4.10	37 1	OUTPATIENT SURGERY	1,731	6,180	-4,449	
4.11	38	RECOVERY ROOM	742	3,064	-2,322	
4.12	40	ANESTHESIOLOGY	7,274	5,414	1,860	
4.13	41	RADIOLOGY-DIAGNOSTIC	16,634	62,010	-45,376	
4.14	41	RADIOLOGY-DIAGNOSTIC	20,969	78,169	-57,200	
4.15	41	RADIOLOGY-DIAGNOSTIC	7,327	27,316	-19,989	
4.16	41 1	RADIOLOGY-SPECIAL PROCEDURES	46,006	174,754	-128,748	
4.17	42	RADIOLOGY-THERAPEUTIC	5,204	15,910	-10,706	
4.18	43	RADIOISOTOPE	1,193	7,069	-5,876	
4.19	44	LABORATORY	50,789	270,424	-219,635	
4.20	44	LABORATORY	9,937	52,909	-42,972	
4.21	44	LABORATORY	1,127	5,999	-4,872	
4.22	44	LABORATORY	31,539	167,927	-136,388	
4.23	44	LABORATORY	295	1,570	-1,275	
4.24	47	BLOOD STORING, PROCESSING	14,499	39,576	-25,077	
4.25	49	RESPIRATORY THERAPY	67,540	243,199	-175,659	
4.26	50	PHYSICAL THERAPY	756,880	1,494,995	-738,115	
4.27	51	OCCUPATIONAL THERAPY	557,998	1,526,800	-968,802	
4.28	52	SPEECH PATHOLOGY	170,077	250,070	-79,993	
4.29	53	ELECTROCARDIOLOGY	1,371	10,481	-9,110	
4.30	53	ELECTROCARDIOLOGY	563	1,063	-500	
4.31	54	ELECTROENCEPHALOGRAPHY	1,027	2,833	-1,806	
4.32	59	ULTRASOUND	2,444	19,616	-17,172	
4.33	59	ULTRASOUND	5,416	43,460	-38,044	
4.34	59 1	PAIN CLINIC	122	246	-124	
4.35	61	EMERGENCY	26	98	-72	
4.36	31	SUBPROVIDER	1,123,872		1,123,872	
4.37						
4.38						
4.39						
4.40						
4.41						
4.42						
4.43						
4.44						
4.45						
5	TOTALS		10,942,310	3,342,242	7,600,068	

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
 THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	B	ST MARGARET MERCY	100.00	SISTERS OF ST. FRANCIS	0.00	HOME OFFICE
2			0.00		0.00	
3			0.00		0.00	
4			0.00		0.00	
5			0.00		0.00	

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

SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2010
 I 15-0090 I FROM 1/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 12/31/2009 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6.01	COMMUNICATIONS	5	NUMBER	OF PHONES	ENTERED
6.02	ADMINISTRATIVE	C	GROSS	CHARGES	ENTERED
6.03	PATIENT ACCOUNTING	C	GROSS	CHARGES	ENTERED
6.04	OTHER ADMINISTRATIVE AND GENERAL	-7	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	18	SQUARE FEET		ENTERED
9	LAUNDRY & LINEN SERVICE	9	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	18	SQUARE FEET		ENTERED
11	DIETARY	11	PATIENT	MEALS	ENTERED
12	CAFETERIA	12	HOURS	WORKED	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUISITIO	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	C	GROSS	CHARGES	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	16	ASSIGNED	TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0090
 PERIOD: FROM 1/1/2009 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 &	758,781	758,781					
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	4,594,636			4,594,636			
005 NEW CAP REL COSTS-MVBLE E	3,393,133				3,393,133		
006 EMPLOYEE BENEFITS	13,682,077	2,650		16,045		13,700,772	
006 01 COMMUNICATIONS	116,520	6,176		37,400	22,888	29,984	212,968
006 02 ADMIN ITTING	689,089	6,672		40,404	2,746	182,931	3,479
006 03 PATIENT ACCOUNTING	2,708	1,431		8,663	3,666		24,737
006 04 OTHER ADMIN ISTRATIVE AND	11,567,187	38,757		234,683	271,163	491,770	23,384
007 MAINTENANCE & REPAIRS	2,404,502	121,757		737,275	49,011	223,169	8,310
008 OPERATION OF PLANT	3,212,294	33,533		203,055	22,917	82,753	1,933
009 LAUNDRY & LINEN SERVICE	106,313						
010 HOUSEKEEPING	1,389,239	9,124		55,249	4,274	321,284	2,126
011 DIETARY	830,884	10,644		64,455	22,526	104,575	3,479
012 CAFETERIA	272,602	9,024		54,644		88,661	
014 NURSING ADMIN ISTRATION	353,922	848		5,136		105,641	2,126
015 CENTRAL SERVICES & SUPPLY	11,793,173	8,755		53,014	96,012	103,061	2,126
016 PHARMACY	2,386,037	6,530		39,543	1,054	390,548	5,604
017 MEDICAL RECORDS & LIBRARY	1,449,236	8,272		50,092	3,055	354,209	27,246
018 SOCIAL SERVICE							
023 I&R SERVICES-OTHER PRGM C	707,223					5,208	1,739
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	8,425,914	147,471		892,953	472,347	2,113,038	13,335
026 INTENSIVE CARE UNIT	2,231,483	16,814		101,814	34,029	525,119	1,353
031 SUBPROVIDER	6,313,524	10,054		60,877	11,000	451,730	
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,300,390	27,916		169,038	394,653	369,912	6,377
037 01 OUTPATIENT SURGERY	386,993	2,145		12,990		68,925	
038 RECOVERY ROOM	1,006,401	9,398		56,910	26,910	268,376	1,546
040 ANESTHESIOLOGY	76,822				50,692	6,969	387
041 RADIOLOGY-DIAGNOSTIC	3,935,093	24,518		148,462	834,070	464,191	8,117
041 01 RADIOLOGY-SPECIAL PROCEDU	658,506				2,243	8,560	
042 RADIOLOGY-THERAPEUTIC	891,187	19,085		115,563	235,754	128,797	
043 RADIOISOTOPE	499,400	8,349		50,553	39,343	72,359	2,512
044 LABORATORY	4,070,346	13,304		80,562	4,645		7,344
047 BLOOD STORING, PROCESSING	624,401	4,793		29,024			
049 RESPIRATORY THERAPY	1,073,676	3,623		21,940	32,394	236,435	2,126
050 PHYSICAL THERAPY	3,502,998	941		5,700	37,542	696,317	2,126
051 OCCUPATIONAL THERAPY	921,613	941		5,700	26	60,738	193
052 SPEECH PATHOLOGY	296,306	2,304		13,953	7,946	21,765	193
053 ELECTROCARDIOLOGY	634,141	7,736		46,842	56,216	159,743	4,252
054 ELECTROENCEPHALOGRAPHY	259,163	8,679		52,553	45,986	64,728	1,546
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	2,859,131						
059 ULTRASOUND	406,437	3,875		23,467	110,804	86,502	
059 01 PAIN CLINIC	339,802	2,961		17,931	5,160	87,415	387
059 02 CATH LAB	930,983	7,097		42,977	294,189	186,339	
059 03 ACTIVITY THERAPY	1,735,422	9,661		58,499		472,019	1,353
059 04 WOUND CARE CENTER	197,304	3,408		20,638	3,417	50,804	1,546
059 05 BARIATRIC CLINIC	242,084	4,461		27,014	2,277	57,546	1,546
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	2,804,806	20,625		124,892	13,202	876,050	4,638
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
094 SPEC PURPOSE COST CENTERS							
094 HHA SPACE							
095 SUBTOTALS	107,333,882	624,332		3,780,510	3,214,157	10,018,171	167,166
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	106,168	1,673		10,129		6,252	966
098 PHYSICIANS' PRIVATE OFFIC	13,302,428	36,628		221,796	153,875	2,948,977	17,780
098 01 WORKING WELL	458,348				3,139	87,841	
100 RESIDENTIAL	2,707,399	51,313		310,713	12,107	639,531	9,083
100 01 OMNI							
100 02 PSYCHIATRIC		44,835		271,488	9,855		17,973
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	123,908,225	758,781		4,594,636	3,393,133	13,700,772	212,968

COST CENTER DESCRIPTION	ADMINISTRATIVE	PATIENT ACCOUNTING	SUBTOTAL	OTHER ADMINISTRATIVE AND MAINTENANCE REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	6.02	6.03	6a.03	6.04	7	8	9
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 ADMINISTRATION	925,321						
006 03 PATIENT ACCOUNTING		41,205					
006 04 OTHER ADMINISTRATIVE AND			12,626,944	12,626,944			
007 MAINTENANCE & REPAIRS			3,544,024	402,137	3,946,161		
008 OPERATION OF PLANT			3,556,485	403,551	227,627	4,187,663	
009 LAUNDRY & LINEN SERVICE			106,313	12,063			118,376
010 HOUSEKEEPING			1,781,296	202,122	61,935		
011 DIETARY			1,036,563	117,618	72,256		
012 CAFETERIA			424,931	48,216	61,257		
014 NURSING ADMINISTRATION			467,673	53,066	5,758		
015 CENTRAL SERVICES & SUPPLY			12,056,141	1,367,998	59,430		
016 PHARMACY			2,829,316	321,040	44,328		
017 MEDICAL RECORDS & LIBRARY			1,892,110	214,696	56,154		
018 SOCIAL SERVICE							
023 I&R SERVICES-OTHER PRGM C			714,170	81,036			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	66,473	2,966	12,134,497	1,376,889	1,001,015	1,524,825	94,343
026 INTENSIVE CARE UNIT	15,738	702	2,927,052	332,130	114,135	173,860	6,921
031 SUBPROVIDER	20,197	901	6,868,283	779,337	68,245	103,955	5,028
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	42,440	1,893	3,312,619	375,880	189,494	288,652	
037 01 OUTPATIENT SURGERY	2,016	90	473,159	53,689	14,561	22,181	
038 RECOVERY ROOM	9,764	436	1,379,741	156,558	63,797	97,180	
040 ANESTHESIOLOGY	8,488	379	143,737	16,310			
041 RADIOLOGY-DIAGNOSTIC	122,540	5,467	5,542,458	628,897	166,428	253,516	
041 01 RADIOLOGY-SPECIAL PROCEDU	3,990	178	673,477	76,419			
042 RADIOLOGY-THERAPEUTIC	15,073	672	1,406,131	159,552	129,547	197,337	
043 RADIOISOTOPE	18,079	807	691,402	78,453	56,671	86,326	
044 LABORATORY	104,868	4,679	4,285,748	486,300	90,311	137,568	
047 BLOOD STORING, PROCESSING	6,557	293	665,068	75,465	32,536	49,562	
049 RESPIRATORY THERAPY	16,925	755	1,387,874	157,481	24,595	37,465	
050 PHYSICAL THERAPY	32,625	1,456	4,279,705	485,614	6,390	9,734	
051 OCCUPATIONAL THERAPY	8,815	393	998,419	113,290	6,390	9,734	
052 SPEECH PATHOLOGY	1,916	85	344,468	39,086	15,642	23,827	
053 ELECTROCARDIOLOGY	21,405	955	931,290	105,673	52,511	79,989	
054 ELECTROENCEPHALOGRAPHY	7,553	337	440,545	49,988	58,912	89,740	
055 MEDICAL SUPPLIES CHARGED	131,873	5,806	137,679	15,622			
056 DRUGS CHARGED TO PATIENTS	110,885	4,947	2,974,963	337,566			
059 ULTRASOUND	17,148	765	648,998	73,641	26,307	40,073	
059 01 PAIN CLINIC	8,182	365	462,203	52,446	20,101	30,619	
059 02 CATH LAB	47,817	2,133	1,511,535	171,512	48,178	73,389	
059 03 ACTIVITY THERAPY	9,059	404	2,286,417	259,437	65,578	99,894	
059 04 WOUND CARE CENTER	2,584	115	279,816	31,750	23,135	35,241	
059 05 BARIATRIC CLINIC	653	29	335,610	38,081	30,284	46,130	
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	71,658	3,197	3,919,068	444,693	140,006	213,268	
071 OBSERVATION BEDS (NON-DIS							
094 OTHER REIMBURS COST CNTRS							
094 HOME HEALTH AGENCY							
094 SPEC PURPOSE COST CENTERS							
094 HHA SPACE							
095 SUBTOTALS	925,321	41,205	102,477,928	10,195,302	3,033,514	3,724,065	106,292
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			125,188	14,205	11,355		
098 PHYSICIANS' PRIVATE OFFIC			16,681,484	1,892,799	248,636		
098 01 WORKING WELL			549,328	62,332			
100 RESIDENTIAL			3,730,146	423,256	348,314		
100 01 OMNI							
100 02 PSYCHIATRIC			344,151	39,050	304,342	463,598	12,084
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	925,321	41,205	123,908,225	12,626,944	3,946,161	4,187,663	118,376

COST CENTER DESCRIPTION	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 ADMINITTING							
006 03 PATIENT ACCOUNTING							
006 04 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	2,045,353						
011 DIETARY		1,226,437					
012 CAFETERIA			534,404				
014 NURSING ADMINISTRATION			4,531	531,028			
015 CENTRAL SERVICES & SUPPLY			10,700	12,601	13,506,870		
016 PHARMACY			19,661		26,226	3,240,571	
017 MEDICAL RECORDS & LIBRARY			36,413	21,601	1,559		2,222,533
018 SOCIAL SERVICE							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	744,760	1,009,514	142,500	261,014	185,358	479	159,661
026 INTENSIVE CARE UNIT	84,917	74,056	31,461	57,603	51,665	224	37,801
031 SUBPROVIDER	50,774	53,795			29,766	134	48,511
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	140,985		23,085	43,202	428,391	962	101,935
037 01 OUTPATIENT SURGERY	10,834		3,366		14,010		4,843
038 RECOVERY ROOM	47,465		13,068	23,401	18,472	41	23,452
040 ANESTHESIOLOGY			897	1,800	35,295		20,386
041 RADIOLOGY-DIAGNOSTIC	123,823		30,167		201,552	226	294,328
041 01 RADIOLOGY-SPECIAL PROCEDU			429		14,779	228	9,584
042 RADIOLOGY-THERAPEUTIC	96,384		6,014		9,831		36,203
043 RADIOISOTOPE	42,164		2,828		3,695	175,077	43,423
044 LABORATORY	67,192						251,881
047 BLOOD STORING, PROCESSING	24,207						15,750
049 RESPIRATORY THERAPY	18,299		14,239		15,501	535	40,651
050 PHYSICAL THERAPY	4,754		34,867		8,797		78,362
051 OCCUPATIONAL THERAPY	4,754		2,766		434		21,173
052 SPEECH PATHOLOGY	11,638		892		549		4,601
053 ELECTROCARDIOLOGY	39,068		10,455	19,801	18,285	9	51,412
054 ELECTROENCEPHALOGRAPHY	43,831		4,122	3,600	11,278		18,141
055 MEDICAL SUPPLIES CHARGED					12,139,421		316,763
056 DRUGS CHARGED TO PATIENTS						3,047,186	266,333
059 ULTRASOUND	19,573		3,303		8,256	3,507	41,187
059 01 PAIN CLINIC	14,955		4,571		14,543	159	19,651
059 02 CATH LAB	35,845		8,332	16,201	176,588	621	114,852
059 03 ACTIVITY THERAPY	48,790		29,738		591		21,759
059 04 WOUND CARE CENTER	17,213		2,879		9,316	3,117	6,206
059 05 BARIATRIC CLINIC	22,531		3,177		2,167		1,569
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	104,165		44,954	70,204	80,545	8,066	172,115
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
094 SPEC PURPOSE COST CENTERS							
094 HHA SPACE							
095 SUBTOTALS	1,818,921	1,137,365	489,415	531,028	13,506,870	3,240,571	2,222,533
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 WORKING WELL							
100 RESIDENTIAL							
100 01 OMNI							
100 02 PSYCHIATRIC	226,432	89,072	44,989				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,045,353	1,226,437	534,404	531,028	13,506,870	3,240,571	2,222,533

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SERVICES- OTHER PRGM C	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	18	23	25	26	27
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
006 01 COMMUNICATIONS					
006 02 ADMINITTING					
006 03 PATIENT ACCOUNTING					
006 04 OTHER ADMINISTRATIVE AND					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE					
023 I&R SERVICES-OTHER PRGM C		795,206			
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS		765,084	19,399,939	-765,084	18,634,855
026 INTENSIVE CARE UNIT			3,891,825		3,891,825
031 SUBPROVIDER			8,007,828		8,007,828
033 NURSERY					
034 SKILLED NURSING FACILITY					
037 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM		10,543	4,915,748	-10,543	4,905,205
037 01 OUTPATIENT SURGERY			596,643		596,643
038 RECOVERY ROOM			1,823,175		1,823,175
040 ANESTHESIOLOGY			218,425		218,425
041 RADIOLOGY-DIAGNOSTIC			7,241,395		7,241,395
041 01 RADIOLOGY-SPECIAL PROCEDU			774,916		774,916
042 RADIOLOGY-THERAPEUTIC			2,040,999		2,040,999
043 RADIOISOTOPE			1,180,039		1,180,039
044 LABORATORY			5,319,000		5,319,000
047 BLOOD STORING, PROCESSING			862,588		862,588
049 RESPIRATORY THERAPY			1,696,640		1,696,640
050 PHYSICAL THERAPY			4,908,223		4,908,223
051 OCCUPATIONAL THERAPY			1,156,960		1,156,960
052 SPEECH PATHOLOGY			440,703		440,703
053 ELECTROCARDIOLOGY			1,308,493		1,308,493
054 ELECTROENCEPHALOGRAPHY			720,157		720,157
055 MEDICAL SUPPLIES CHARGED			12,609,485		12,609,485
056 DRUGS CHARGED TO PATIENTS			6,626,048		6,626,048
059 ULTRASOUND			864,845		864,845
059 01 PAIN CLINIC			619,248		619,248
059 02 CATH LAB			2,157,053		2,157,053
059 03 ACTIVITY THERAPY			2,812,204		2,812,204
059 04 WOUND CARE CENTER			408,673		408,673
059 05 BARIATRIC CLINIC			479,549		479,549
061 OUTPAT SERVICE COST CNTRS					
061 EMERGENCY		19,579	5,216,663	-19,579	5,197,084
062 OBSERVATION BEDS (NON-DIS					
062 OTHER REIMBURS COST CNTRS					
071 HOME HEALTH AGENCY					
071 SPEC PURPOSE COST CENTERS					
094 HHA SPACE					
095 SUBTOTALS		795,206	98,297,464	-795,206	97,502,258
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			150,748		150,748
098 PHYSICIANS' PRIVATE OFFIC			18,822,919		18,822,919
098 01 WORKING WELL			611,660		611,660
100 RESIDENTIAL			4,501,716		4,501,716
100 01 OMNI					
100 02 PSYCHIATRIC			1,523,718		1,523,718
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL		795,206	123,908,225	-795,206	123,113,019

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		2,650				2,650	2,650
006 01 COMMUNICATIONS		6,176				6,176	6
006 02 ADMINITTING		6,672				6,672	35
006 03 PATIENT ACCOUNTING		1,431				1,431	
006 04 OTHER ADMINISTRATIVE AND		38,757				38,757	95
007 MAINTENANCE & REPAIRS		121,757				121,757	43
008 OPERATION OF PLANT		33,533				33,533	16
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING		9,124				9,124	62
011 DIETARY		10,644				10,644	20
012 CAFETERIA		9,024				9,024	17
014 NURSING ADMINISTRATION		848				848	20
015 CENTRAL SERVICES & SUPPLY		8,755				8,755	20
016 PHARMACY		6,530				6,530	75
017 MEDICAL RECORDS & LIBRARY		8,272				8,272	68
018 SOCIAL SERVICE							
023 I&R SERVICES-OTHER PRGM C							1
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		147,471				147,471	407
026 INTENSIVE CARE UNIT		16,814				16,814	101
031 SUBPROVIDER		10,054				10,054	87
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		27,916				27,916	71
037 01 OUTPATIENT SURGERY		2,145				2,145	13
038 RECOVERY ROOM		9,398				9,398	52
040 ANESTHESIOLOGY							1
041 RADIOLOGY-DIAGNOSTIC		24,518				24,518	89
041 01 RADIOLOGY-SPECIAL PROCEDU							2
042 RADIOLOGY-THERAPEUTIC		19,085				19,085	25
043 RADIOISOTOPE		8,349				8,349	14
044 LABORATORY		13,304				13,304	
047 BLOOD STORING, PROCESSING		4,793				4,793	
049 RESPIRATORY THERAPY		3,623				3,623	46
050 PHYSICAL THERAPY		941				941	134
051 OCCUPATIONAL THERAPY		941				941	12
052 SPEECH PATHOLOGY		2,304				2,304	4
053 ELECTROCARDIOLOGY		7,736				7,736	31
054 ELECTROENCEPHALOGRAPHY		8,679				8,679	12
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 ULTRASOUND		3,875				3,875	17
059 01 PAIN CLINIC		2,961				2,961	17
059 02 CATH LAB		7,097				7,097	36
059 03 ACTIVITY THERAPY		9,661				9,661	91
059 04 WOUND CARE CENTER		3,408				3,408	10
059 05 BARIATRIC CLINIC		4,461				4,461	11
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		20,625				20,625	169
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
094 SPEC PURPOSE COST CENTERS							
094 HHA SPACE							
095 SUBTOTALS		624,332				624,332	1,930
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		1,673				1,673	1
098 PHYSICIANS' PRIVATE OFFIC		36,628				36,628	579
098 01 WORKING WELL							17
100 RESIDENTIAL		51,313				51,313	123
100 01 OMNI							
100 02 PSYCHIATRIC		44,835				44,835	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		758,781				758,781	2,650

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 15-0090
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/24/2010
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	COMMUNICATIONS	ADMITTING	PATIENT ACCOUNTING	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.01	6.02	6.03	6.04	7	8	9
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS	6,182						
006 02 ADMITTING	101	6,808					
006 03 PATIENT ACCOUNTING	718		2,149				
006 04 OTHER ADMINISTRATIVE AND	679			39,531			
007 MAINTENANCE & REPAIRS	241			1,258	123,299		
008 OPERATION OF PLANT	56			1,263	7,112	41,980	
009 LAUNDRY & LINEN SERVICE				38			38
010 HOUSEKEEPING	62			632	1,935		
011 DIETARY	101			368	2,258		
012 CAFETERIA				151	1,914		
014 NURSING ADMINISTRATION	62			166	180		
015 CENTRAL SERVICES & SUPPLY	62			4,280	1,857		
016 PHARMACY	163			1,004	1,385		
017 MEDICAL RECORDS & LIBRARY	789			672	1,755		
018 SOCIAL SERVICE							
023 I&R SERVICES-OTHER PRGM C	50			254			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	387	487	162	4,308	31,275	15,286	30
026 INTENSIVE CARE UNIT	39	115	38	1,039	3,566	1,743	2
031 SUBPROVIDER		148	49	2,438	2,132	1,042	2
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	185	311	104	1,176	5,921	2,894	
037 01 OUTPATIENT SURGERY		15	5	168	455	222	
038 RECOVERY ROOM	45	71	24	490	1,993	974	
040 ANESTHESIOLOGY	11	62	21	51			
041 RADIOLOGY-DIAGNOSTIC	236	897	299	1,968	5,200	2,541	
041 01 RADIOLOGY-SPECIAL PROCEDU		29	10	239			
042 RADIOLOGY-THERAPEUTIC		110	37	499	4,048	1,978	
043 RADIOISOTOPE	73	132	44	245	1,771	865	
044 LABORATORY	213	768	256	1,521	2,822	1,379	
047 BLOOD STORING, PROCESSING		48	16	236	1,017	497	
049 RESPIRATORY THERAPY	62	124	41	493	768	376	
050 PHYSICAL THERAPY	62	239	80	1,519	200	98	
051 OCCUPATIONAL THERAPY	6	65	22	354	200	98	
052 SPEECH PATHOLOGY	6	14	5	122	489	239	
053 ELECTROCARDIOLOGY	123	157	52	331	1,641	802	
054 ELECTROENCEPHALOGRAPHY	45	55	18	156	1,841	900	
055 MEDICAL SUPPLIES CHARGED		998	211	49			
056 DRUGS CHARGED TO PATIENTS		812	271	1,056			
059 ULTRASOUND		126	42	230	822	402	
059 01 PAIN CLINIC	11	60	20	164	628	307	
059 02 CATH LAB		350	117	537	1,505	736	
059 03 ACTIVITY THERAPY	39	66	22	812	2,049	1,001	
059 04 WOUND CARE CENTER	45	19	6	99	723	353	
059 05 BARIATRIC CLINIC	45	5	2	119	946	462	
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	135	525	175	1,391	4,375	2,138	
071 OBSERVATION BEDS (NON-DIS							
094 OTHER REIMBURS COST CNTRS							
094 HOME HEALTH AGENCY							
094 SPEC PURPOSE COST CENTERS							
094 HHA SPACE							
095 SUBTOTALS	4,852	6,808	2,149	31,896	94,783	37,333	34
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	28			44	355		
098 PHYSICIANS' PRIVATE OFFIC	516			5,950	7,769		
098 01 WORKING WELL				195			
100 RESIDENTIAL	264			1,324	10,883		
100 01 OMNI							
100 02 PSYCHIATRIC	522			122	9,509	4,647	4
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	6,182	6,808	2,149	39,531	123,299	41,980	38

ALLOCATION OF OLD CAPITAL RELATED COSTS

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 PART II

COST CENTER DESCRIPTION	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 ADMINITTING							
006 03 PATIENT ACCOUNTING							
006 04 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	11,815						
011 DIETARY		13,391					
012 CAFETERIA			11,106				
014 NURSING ADMINISTRATION			94	1,370			
015 CENTRAL SERVICES & SUPPLY			222	33	15,229		
016 PHARMACY			409		30	9,596	
017 MEDICAL RECORDS & LIBRARY			757	56	2		12,371
018 SOCIAL SERVICE							
023 I&R SERVICES-OTHER PRGM C							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	4,303	11,022	2,959	673	209	1	880
026 INTENSIVE CARE UNIT	491	809	654	149	58	1	208
031 SUBPROVIDER	293	587			34		268
033 NURSERY							
034 SKILLED NURSING FACILITY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	814		480	111	483	3	562
037 01 OUTPATIENT SURGERY	63		70		16		27
038 RECOVERY ROOM	274		272	60	21		129
040 ANESTHESIOLOGY			19	5	40		112
041 RADIOLOGY-DIAGNOSTIC	715		627		227	1	1,623
041 01 RADIOLOGY-SPECIAL PROCEDU			9		17	1	53
042 RADIOLOGY-THERAPEUTIC	557		125		11		200
043 RADIOISOTOPE	244		59		4	518	239
044 LABORATORY	388						1,389
047 BLOOD STORING, PROCESSING	140						87
049 RESPIRATORY THERAPY	106		296		17	2	224
050 PHYSICAL THERAPY	27		725		10		432
051 OCCUPATIONAL THERAPY	27		57				117
052 SPEECH PATHOLOGY	67		19		1		25
053 ELECTROCARDIOLOGY	226		217	51	21		284
054 ELECTROENCEPHALOGRAPHY	253		86	9	13		100
055 MEDICAL SUPPLIES CHARGED					13,686		1,863
056 DRUGS CHARGED TO PATIENTS						9,024	1,469
059 ULTRASOUND	113		69		9	10	227
059 01 PAIN CLINIC	86		95		16		108
059 02 CATH LAB	207		173	42	199	2	633
059 03 ACTIVITY THERAPY	282		618		1		120
059 04 WOUND CARE CENTER	99		60		11	9	34
059 05 BARIATRIC CLINIC	130		66		2		9
061 OUTPAT SERVICE COST CNTRS							
EMERGENCY	602		934	181	91	24	949
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
094 HHA SPACE							
095 SUBTOTALS	10,507	12,418	10,171	1,370	15,229	9,596	12,371
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 WORKING WELL							
100 RESIDENTIAL							
100 01 OMNI							
100 02 PSYCHIATRIC	1,308	973	935				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	11,815	13,391	11,106	1,370	15,229	9,596	12,371

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COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	18	25	26	27
001 GENERAL SERVICE COST CNTR				
002 OLD CAP REL COSTS-BLDG &				
003 OLD CAP REL COSTS-MVBLE E				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
006 01 COMMUNICATIONS				
006 02 ADMINITTING				
006 03 PATIENT ACCOUNTING				
006 04 OTHER ADMINISTRATIVE AND				
007 MAINTENANCE & REPAIRS				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE				
023 I&R SERVICES-OTHER PRGM C	305			
INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS		219,860		219,860
026 INTENSIVE CARE UNIT		25,827		25,827
031 SUBPROVIDER		17,134		17,134
033 NURSERY				
034 SKILLED NURSING FACILITY				
ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		41,031		41,031
037 01 OUTPATIENT SURGERY		3,199		3,199
038 RECOVERY ROOM		13,803		13,803
040 ANESTHESIOLOGY		322		322
041 RADIOLOGY-DIAGNOSTIC		38,941		38,941
041 01 RADIOLOGY-SPECIAL PROCEDU		360		360
042 RADIOLOGY-THERAPEUTIC		26,675		26,675
043 RADIOISOTOPE		12,557		12,557
044 LABORATORY		22,040		22,040
047 BLOOD STORING, PROCESSING		6,834		6,834
049 RESPIRATORY THERAPY		6,178		6,178
050 PHYSICAL THERAPY		4,467		4,467
051 OCCUPATIONAL THERAPY		1,899		1,899
052 SPEECH PATHOLOGY		3,295		3,295
053 ELECTROCARDIOLOGY		11,672		11,672
054 ELECTROENCEPHALOGRAPHY		12,167		12,167
055 MEDICAL SUPPLIES CHARGED		16,807		16,807
056 DRUGS CHARGED TO PATIENTS		12,632		12,632
059 ULTRASOUND		5,942		5,942
059 01 PAIN CLINIC		4,473		4,473
059 02 CATH LAB		11,634		11,634
059 03 ACTIVITY THERAPY		14,762		14,762
059 04 WOUND CARE CENTER		4,876		4,876
059 05 BARIATRIC CLINIC		6,258		6,258
OUTPAT SERVICE COST CNTRS				
061 EMERGENCY		32,314		32,314
062 OBSERVATION BEDS (NON-DIS				
OTHER REIMBURS COST CNTRS				
071 HOME HEALTH AGENCY				
SPEC PURPOSE COST CENTERS				
094 HHA SPACE				
095 SUBTOTALS		577,959		577,959
NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		2,101		2,101
098 PHYSICIANS' PRIVATE OFFIC		51,442		51,442
098 01 WORKING WELL		212		212
100 RESIDENTIAL		63,907		63,907
100 01 OMNI				
100 02 PSYCHIATRIC		62,855		62,855
101 CROSS FOOT ADJUSTMENTS	305	305		305
102 NEGATIVE COST CENTER				
103 TOTAL	305	758,781		758,781

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 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							
006 EMPLOYEE BENEFITS				16,045		16,045	16,045
006 01 COMMUNICATIONS				37,400	22,888	60,288	35
006 02 ADMINITTING				40,404	2,746	43,150	214
006 03 PATIENT ACCOUNTING				8,663	3,666	12,329	
006 04 OTHER ADMINISTRATIVE AND				234,683	271,163	505,846	576
007 MAINTENANCE & REPAIRS				737,275	49,011	786,286	261
008 OPERATION OF PLANT				203,055	22,917	225,972	97
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING				55,249	4,274	59,523	376
011 DIETARY				64,455	22,526	86,981	122
012 CAFETERIA				54,644		54,644	104
014 NURSING ADMINISTRATION				5,136		5,136	124
015 CENTRAL SERVICES & SUPPLY				53,014	96,012	149,026	121
016 PHARMACY				39,543	1,054	40,597	457
017 MEDICAL RECORDS & LIBRARY				50,092	3,055	53,147	415
018 SOCIAL SERVICE							
023 I&R SERVICES-OTHER PRGM C							6
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				892,953	472,347	1,365,300	2,474
026 INTENSIVE CARE UNIT				101,814	34,029	135,843	615
031 SUBPROVIDER				60,877	11,000	71,877	529
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM				169,038	394,653	563,691	433
037 01 OUTPATIENT SURGERY				12,990		12,990	81
038 RECOVERY ROOM				56,910	26,910	83,820	314
040 ANESTHESIOLOGY					50,692	50,692	8
041 RADIOLOGY-DIAGNOSTIC				148,462	834,070	982,532	543
041 01 RADIOLOGY-SPECIAL PROCEDU					2,243	2,243	10
042 RADIOLOGY-THERAPEUTIC				115,563	235,754	351,317	151
043 RADIOISOTOPE				50,553	39,343	89,896	85
044 LABORATORY				80,562	4,645	85,207	
047 BLOOD STORING, PROCESSING				29,024		29,024	
049 RESPIRATORY THERAPY				21,940	32,394	54,334	277
050 PHYSICAL THERAPY				5,700	37,542	43,242	815
051 OCCUPATIONAL THERAPY				5,700	26	5,726	71
052 SPEECH PATHOLOGY				13,953	7,946	21,899	25
053 ELECTROCARDIOLOGY				46,842	56,216	103,058	187
054 ELECTROENCEPHALOGRAPHY				52,553	45,986	98,539	76
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 ULTRASOUND				23,467	110,804	134,271	101
059 01 PAIN CLINIC				17,931	5,160	23,091	102
059 02 CATH LAB				42,977	294,189	337,166	218
059 03 ACTIVITY THERAPY				58,499		58,499	553
059 04 WOUND CARE CENTER				20,638	3,417	24,055	59
059 05 BARIATRIC CLINIC				27,014	2,277	29,291	67
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY				124,892	13,202	138,094	1,026
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
094 SPEC PURPOSE COST CENTERS							
094 HHA SPACE							
095 SUBTOTALS				3,780,510	3,214,157	6,994,667	11,728
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				10,129		10,129	7
098 PHYSICIANS' PRIVATE OFFIC				221,796	153,875	375,671	3,458
098 01 WORKING WELL					3,139	3,139	103
100 RESIDENTIAL				310,713	12,107	322,820	749
100 01 OMNI							
100 02 PSYCHIATRIC				271,488	9,855	281,343	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				4,594,636	3,393,133	7,987,769	16,045

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 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	COMMUNICATIONS	ADMINISTRATIVE	PATIENT ACCOUNTING	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.01	6.02	6.03	6.04	7	8	9
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS	60,323						
006 02 ADMINISTRATION	985	44,349					
006 03 PATIENT ACCOUNTING	7,007		19,336				
006 04 OTHER ADMINISTRATIVE AND	6,623			513,045			
007 MAINTENANCE & REPAIRS	2,354			16,338	805,239		
008 OPERATION OF PLANT	547			16,395	46,449	289,460	
009 LAUNDRY & LINEN SERVICE				490			490
010 HOUSEKEEPING	602			8,212	12,638		
011 DIETARY	985			4,779	14,744		
012 CAFETERIA				1,959	12,500		
014 NURSING ADMINISTRATION	602			2,156	1,175		
015 CENTRAL SERVICES & SUPPLY	602			55,579	12,127		
016 PHARMACY	1,587			13,043	9,045		
017 MEDICAL RECORDS & LIBRARY	7,720			8,723	11,459		
018 SOCIAL SERVICE							
023 I&R SERVICES-OTHER PRGM C	493			3,292			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	3,777	3,197	1,390	55,940	204,263	105,397	390
026 INTENSIVE CARE UNIT	383	757	329	13,494	23,290	12,018	29
031 SUBPROVIDER		971	422	31,663	13,926	7,186	21
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,806	2,041	888	15,271	38,667	19,952	
037 01 OUTPATIENT SURGERY		97	42	2,181	2,971	1,533	
038 RECOVERY ROOM	438	470	204	6,361	13,018	6,717	
040 ANESTHESIOLOGY	109	408	178	663			
041 RADIOLOGY-DIAGNOSTIC	2,299	5,894	2,563	25,551	33,961	17,524	
041 01 RADIOLOGY-SPECIAL PROCEDU		192	83	3,105			
042 RADIOLOGY-THERAPEUTIC		725	315	6,482	26,435	13,640	
043 RADIOISOTOPE	712	870	378	3,187	11,564	5,967	
044 LABORATORY	2,080	5,044	2,193	19,757	18,428	9,509	
047 BLOOD STORING, PROCESSING		315	137	3,066	6,639	3,426	
049 RESPIRATORY THERAPY	602	814	354	6,398	5,019	2,590	
050 PHYSICAL THERAPY	602	1,569	682	19,729	1,304	673	
051 OCCUPATIONAL THERAPY	55	424	184	4,603	1,304	673	
052 SPEECH PATHOLOGY	55	92	40	1,588	3,192	1,647	
053 ELECTROCARDIOLOGY	1,204	1,030	448	4,293	10,715	5,529	
054 ELECTROENCEPHALOGRAPHY	438	363	158	2,031	12,021	6,203	
055 MEDICAL SUPPLIES CHARGED		6,185	2,743	635			
056 DRUGS CHARGED TO PATIENTS		5,334	2,319	13,715			
059 ULTRASOUND		825	359	2,992	5,368	2,770	
059 01 PAIN CLINIC	109	394	171	2,131	4,102	2,116	
059 02 CATH LAB		2,300	1,000	6,968	9,831	5,073	
059 03 ACTIVITY THERAPY	383	436	189	10,540	13,382	6,905	
059 04 WOUND CARE CENTER	438	124	54	1,290	4,721	2,436	
059 05 BARIATRIC CLINIC	438	31	14	1,547	6,180	3,189	
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	1,314	3,447	1,499	18,067	28,569	14,742	
071 OBSERVATION BEDS (NON-DIS							
094 OTHER REIMBURS COST CNTRS							
094 HOME HEALTH AGENCY							
094 SPEC PURPOSE COST CENTERS							
094 HHA SPACE							
095 SUBTOTALS	47,349	44,349	19,336	414,214	619,007	257,415	440
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		274		577	2,317		
098 PHYSICIANS' PRIVATE OFFIC	5,036			76,939	50,736		
098 01 WORKING WELL				2,532			
100 RESIDENTIAL	2,573			17,196	71,076		
100 01 OMNI							
100 02 PSYCHIATRIC	5,091			1,587	62,103	32,045	50
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	60,323	44,349	19,336	513,045	805,239	289,460	490

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 ADMINITTING							
006 03 PATIENT ACCOUNTING							
006 04 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	81,351						
011 DIETARY		107,611					
012 CAFETERIA			69,207				
014 NURSING ADMINISTRATION			587	9,780			
015 CENTRAL SERVICES & SUPPLY			1,386	232	219,073		
016 PHARMACY			2,546		425	67,700	
017 MEDICAL RECORDS & LIBRARY			4,716	398	25		86,603
018 SOCIAL SERVICE							
023 I&R SERVICES-OTHER PRGM C							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	29,622	88,578	18,453	4,807	3,006	10	6,233
026 INTENSIVE CARE UNIT	3,377	6,498	4,074	1,061	838	5	1,476
031 SUBPROVIDER	2,019	4,720			483	3	1,894
033 NURSERY							
034 SKILLED NURSING FACILITY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	5,607		2,990	796	6,948	20	3,979
037 01 OUTPATIENT SURGERY	431		436		227		189
038 RECOVERY ROOM	1,888		1,692	431	300	1	915
040 ANESTHESIOLOGY			116	33	572		796
041 RADIOLOGY-DIAGNOSTIC	4,925		3,907		3,269	5	11,490
041 01 RADIOLOGY-SPECIAL PROCEDU			56		240	5	374
042 RADIOLOGY-THERAPEUTIC	3,834		779		159		1,413
043 RADIOISOTOPE	1,677		366		60	3,658	1,695
044 LABORATORY	2,672						9,833
047 BLOOD STORING, PROCESSING	963						615
049 RESPIRATORY THERAPY	728		1,844		251	11	1,587
050 PHYSICAL THERAPY	189		4,515		143		3,059
051 OCCUPATIONAL THERAPY	189		358		7		827
052 SPEECH PATHOLOGY	463		116		9		180
053 ELECTROCARDIOLOGY	1,554		1,354	365	297		2,007
054 ELECTROENCEPHALOGRAPHY	1,743		534	66	183		708
055 MEDICAL SUPPLIES CHARGED					196,895		12,207
056 DRUGS CHARGED TO PATIENTS						63,659	10,397
059 ULTRASOUND	778		428		134	73	1,608
059 01 PAIN CLINIC	595		592		236	3	767
059 02 CATH LAB	1,426		1,079	298	2,864	13	4,483
059 03 ACTIVITY THERAPY	1,941		3,851		10		849
059 04 WOUND CARE CENTER	685		373		151	65	242
059 05 BARIATRIC CLINIC	896		411		35		61
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	4,143		5,822	1,293	1,306	169	6,719
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
094 HHA SPACE							
095 SUBTOTALS	72,345	99,796	63,381	9,780	219,073	67,700	86,603
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 WORKING WELL							
100 RESIDENTIAL							
100 01 OMNI							
100 02 PSYCHIATRIC	9,006	7,815	5,826				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	81,351	107,611	69,207	9,780	219,073	67,700	86,603

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0090
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/24/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SERVICES-OTHER PRGM C	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	18	23	25	26	27
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
006 01 COMMUNICATIONS					
006 02 ADMINITTING					
006 03 PATIENT ACCOUNTING					
006 04 OTHER ADMINISTRATIVE AND					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE					
023 I&R SERVICES-OTHER PRGM C		3,791			
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS			1,892,837		1,892,837
026 INTENSIVE CARE UNIT			204,087		204,087
031 SUBPROVIDER			135,714		135,714
033 NURSERY					
034 SKILLED NURSING FACILITY					
037 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM			663,089		663,089
037 01 OUTPATIENT SURGERY			21,178		21,178
038 RECOVERY ROOM			116,569		116,569
040 ANESTHESIOLOGY			53,575		53,575
041 RADIOLOGY-DIAGNOSTIC			1,094,463		1,094,463
041 01 RADIOLOGY-SPECIAL PROCEDU			6,308		6,308
042 RADIOLOGY-THERAPEUTIC			405,250		405,250
043 RADIOISOTOPE			120,115		120,115
044 LABORATORY			154,723		154,723
047 BLOOD STORING, PROCESSING			44,185		44,185
049 RESPIRATORY THERAPY			74,809		74,809
050 PHYSICAL THERAPY			76,522		76,522
051 OCCUPATIONAL THERAPY			14,421		14,421
052 SPEECH PATHOLOGY			29,306		29,306
053 ELECTROCARDIOLOGY			132,041		132,041
054 ELECTROENCEPHALOGRAPHY			123,063		123,063
055 MEDICAL SUPPLIES CHARGED			218,665		218,665
056 DRUGS CHARGED TO PATIENTS			95,424		95,424
059 ULTRASOUND			149,707		149,707
059 01 PAIN CLINIC			34,409		34,409
059 02 CATH LAB			372,719		372,719
059 03 ACTIVITY THERAPY			97,538		97,538
059 04 WOUND CARE CENTER			34,693		34,693
059 05 BARIATRIC CLINIC			42,160		42,160
061 OUTPAT SERVICE COST CNTRS					
061 EMERGENCY			226,210		226,210
062 OBSERVATION BEDS (NON-DIS					
062 OTHER REIMBURS COST CNTRS					
071 HOME HEALTH AGENCY					
094 SPEC PURPOSE COST CENTERS					
094 HHA SPACE					
095 SUBTOTALS			6,633,780		6,633,780
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			13,304		13,304
098 PHYSICIANS' PRIVATE OFFIC			511,840		511,840
098 01 WORKING WELL			5,774		5,774
100 RESIDENTIAL			414,414		414,414
100 01 OMNI					
100 02 PSYCHIATRIC			404,866		404,866
101 CROSS FOOT ADJUSTMENTS		3,791	3,791		3,791
102 NEGATIVE COST CENTER					
103 TOTAL		3,791	7,987,769		7,987,769

COST CENTER DESCRIPTION	ADMITTING		PATIENT ACCOUNTING		OTHER ADMINISTRATIVE AND MAINTENANCE REPAIRS	OPERATION OF PLANT		LAUNDRY & LINEN SERVICE
	(GROSS CHARGES)	(GROSS CHARGES)	(RECONCILIATION)	(ACCUM. COST)		(SQUARE FEET)	(SQUARE FEET)	
	6.02	6.03	6a.04	6.04	7	8	9	
GENERAL SERVICE COST								
001 OLD CAP REL COSTS-BLD								
002 OLD CAP REL COSTS-MVB								
003 NEW CAP REL COSTS-BLD								
004 NEW CAP REL COSTS-MVB								
005 EMPLOYEE BENEFITS								
006 01 COMMUNICATIONS								
006 02 ADMITTING	322,520,315							
006 03 PATIENT ACCOUNTING		322,520,315						
006 04 OTHER ADMINISTRATIVE			-12,626,944	111,281,281				
007 MAINTENANCE & REPAIRS				3,544,024	343,358			
008 OPERATION OF PLANT				3,556,485	19,806	239,202		
009 LAUNDRY & LINEN SERVICE				106,313			635,119	
010 HOUSEKEEPING				1,781,296	5,389			
011 DIETARY				1,036,563	6,287			
012 CAFETERIA				424,931	5,330			
014 NURSING ADMINISTRATIVE				467,673	501			
015 CENTRAL SERVICES & SU				12,056,141	5,171			
016 PHARMACY				2,829,316	3,857			
017 MEDICAL RECORDS & LIB				1,892,110	4,886			
018 SOCIAL SERVICE								
023 I&R SERVICES-OTHER PR				714,170				
025 INPAT ROUTINE SRVC CN								
025 ADULTS & PEDIATRICS	23,169,489	23,169,489		12,134,497	87,099	87,099	506,180	
026 INTENSIVE CARE UNIT	5,485,491	5,485,491		2,927,052	9,931	9,931	37,133	
031 SUBPROVIDER	7,039,777	7,039,777		6,868,283	5,938	5,938	26,974	
033 NURSERY								
034 SKILLED NURSING FACIL								
037 ANCILLARY SRVC COST C								
037 01 OPERATING ROOM	14,792,531	14,792,531		3,312,619	16,488	16,488		
037 01 OUTPATIENT SURGERY	702,786	702,786		473,159	1,267	1,267		
038 RECOVERY ROOM	3,403,242	3,403,242		1,379,741	5,551	5,551		
040 ANESTHESIOLOGY	2,958,392	2,958,392		143,737				
041 RADIOLOGY-DIAGNOSTIC	42,711,896	42,711,896		5,542,458	14,481	14,481		
041 01 RADIOLOGY-SPECIAL PRO	1,390,817	1,390,817		673,477				
042 RADIOLOGY-THERAPEUTIC	5,253,709	5,253,709		1,406,131	11,272	11,272		
043 RADIOISOTOPE	6,301,415	6,301,415		691,402	4,931	4,931		
044 LABORATORY	36,552,110	36,552,110		4,285,748	7,858	7,858		
047 BLOOD STORAGE, PROCES	2,285,533	2,285,533		665,068	2,831	2,831		
049 RESPIRATORY THERAPY	5,899,097	5,899,097		1,387,874	2,140	2,140		
050 PHYSICAL THERAPY	11,371,683	11,371,683		4,279,705	556	556		
051 OCCUPATIONAL THERAPY	3,072,605	3,072,605		998,419	556	556		
052 SPEECH PATHOLOGY	667,681	667,681		344,468	1,361	1,361		
053 ELECTROCARDIOLOGY	7,460,797	7,460,797		931,290	4,569	4,569		
054 ELECTROENCEPHALOGRAPH	2,632,507	2,632,507		440,545	5,126	5,126		
055 MEDICAL SUPPLIES CHAR	45,960,958	45,960,958		137,679				
056 DRUGS CHARGED TO PATI	38,649,465	38,649,465		2,974,963				
059 ULTRASOUND	5,976,932	5,976,932		648,998	2,289	2,289		
059 01 PAIN CLINIC	2,851,738	2,851,738		462,203	1,749	1,749		
059 02 CATH LAB	16,666,918	16,666,918		1,511,535	4,192	4,192		
059 03 ACTIVITY THERAPY	3,157,612	3,157,612		2,286,417	5,706	5,706		
059 04 WOUND CARE CENTER	900,571	900,571		279,816	2,013	2,013		
059 05 BARIATRIC CLINIC	227,743	227,743		335,610	2,635	2,635		
061 OUTPAT SERVICE COST C								
061 EMERGENCY	24,976,820	24,976,820		3,919,068	12,182	12,182		
062 OBSERVATION BEDS (NON								
062 OTHER REIMBURS COST C								
071 HOME HEALTH AGENCY								
071 SPEC PURPOSE COST CEN								
094 HHA SPACE								
095 SUBTOTALS	322,520,315	322,520,315	-12,626,944	89,850,984	263,948	212,721	570,287	
096 NONREIMBURS COST CENT								
096 GIFT, FLOWER, COFFEE				125,188	988			
098 PHYSICIANS' PRIVATE O				16,681,484	21,634			
098 01 WORKING WELL				549,328				
100 RESIDENTIAL				3,730,146	30,307			
100 01 OMNI								
100 02 PSYCHIATRIC				344,151	26,481	26,481	64,832	
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED	925,321	41,205		12,626,944	3,946,161	4,187,663	118,376	
(WRKSHT B, PART I)								
104 UNIT COST MULTIPLIER		.000128		.113469		17.506806		
(WRKSHT B, PT I)	.002869				11.492847		.186384	
105 COST TO BE ALLOCATED	6,808	2,149		39,531	123,299	41,980	38	
(WRKSHT B, PART II)								
106 UNIT COST MULTIPLIER		.000007		.000355		.175500		
(WRKSHT B, PT II)	.000021				.359098		.000060	
107 COST TO BE ALLOCATED	44,349	19,336		513,045	805,239	289,460	490	
(WRKSHT B, PART III)								
108 UNIT COST MULTIPLIER		.000060		.004610		1.210107		

COST CENTER DESCRIPTION	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (HOURS WORKED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUISITION)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)
	10	11	12	14	15	16	17
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 ADMIN TTING							
006 03 PATIENT ACCOUNTING							
006 04 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	239,202						
011 DIETARY		187,038					
012 CAFETERIA			1,141,932				
014 NURSING ADMINISTRATION			9,681	295			
015 CENTRAL SERVICES & SUPPLY			22,865	7	9,625,732		
016 PHARMACY			42,012		18,690	2,974,209	
017 MEDICAL RECORDS & LIBRARY			77,808	12	1,111		322,520,315
018 SOCIAL SERVICE							
023 I&R SERVICES-OTHER PROGRAMS							
025 ADULTS & PEDIATRICS	87,099	153,956	304,500	145	132,096	440	23,169,489
026 INTENSIVE CARE UNIT	9,931	11,294	67,226	32	36,819	206	5,485,491
031 SUBPROVIDER	5,938	8,204			21,213	123	7,039,777
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 01 OPERATING ROOM	16,488		49,329	24	305,295	883	14,792,531
037 01 OUTPATIENT SURGERY	1,267		7,192		9,984		702,786
038 RECOVERY ROOM	5,551		27,924	13	13,164	38	3,403,242
040 ANESTHESIOLOGY			1,916	1	25,153		2,958,392
041 RADIOLOGY-DIAGNOSTIC	14,481		64,462		143,637	207	42,711,896
041 01 RADIOLOGY-SPECIAL PROGRAMS			916		10,532	209	1,390,817
042 RADIOLOGY-THERAPEUTIC	11,272		12,850		7,006		5,253,709
043 RADIOISOTOPE	4,931		6,044		2,633	160,686	6,301,415
044 LABORATORY	7,858						36,552,110
047 BLOOD STORAGE, PROCESSING	2,831						2,285,533
049 RESPIRATORY THERAPY	2,140		30,427		11,047	491	5,899,097
050 PHYSICAL THERAPY	556		74,506		6,269		11,371,683
051 OCCUPATIONAL THERAPY	556		5,910		309		3,072,605
052 SPEECH PATHOLOGY	1,361		1,906		391		667,681
053 ELECTROCARDIOLOGY	4,569		22,340	11	13,031	8	7,460,797
054 ELECTROENCEPHALOGRAPHY	5,126		8,809	2	8,037		2,632,507
055 MEDICAL SUPPLIES CHARGED TO PATIENTS					8,651,216		45,960,958
056 DRUGS CHARGED TO PATIENTS						2,796,719	38,649,465
059 ULTRASOUND	2,289		7,059		5,884	3,219	5,976,932
059 01 PAIN CLINIC	1,749		9,768		10,364	146	2,851,738
059 02 CATH LAB	4,192		17,804	9	125,846	570	16,666,918
059 03 ACTIVITY THERAPY	5,706		63,546		421		3,157,612
059 04 WOUND CARE CENTER	2,013		6,151		6,639	2,861	900,571
059 05 BARIATRIC CLINIC	2,635		6,789		1,544		227,743
061 EMERGENCY	12,182		96,059	39	57,401	7,403	24,976,820
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
071 HOME HEALTH AGENCY							
094 SPEC PURPOSE COST CENTER							
095 HHA SPACE	212,721	173,454	1,045,799	295	9,625,732	2,974,209	322,520,315
NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE OFFICES							
098 01 WORKING WELL							
100 RESIDENTIAL							
100 01 OMNI							
100 02 PSYCHIATRIC	26,481	13,584	96,133				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	2,045,353	1,226,437	534,404	531,028	13,506,870	3,240,571	2,222,533
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	8.550735	6.557154	.467982	1,800.094915	1.403204	1.089557	.006891
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	11,815	13,391	11,106	1,370	15,229	9,596	12,371
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	.049393	.071595	.009726	4.644068	.001582	.003226	.000038
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	81,351	107,611	69,207	9,780	219,073	67,700	86,603
108 UNIT COST MULTIPLIER		.575343		33.152542		.022762	

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	21,228,422		21,228,422			
26	INTENSIVE CARE UNIT	5,485,491		5,485,491			
31	SUBPROVIDER	7,039,777		7,039,777			
33	NURSERY						
34	SKILLED NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,704,709	7,087,822	14,792,531	.331600	.331600	.331600
37	01 OUTPATIENT SURGERY	702,786		702,786	.848968	.848968	.848968
38	RECOVERY ROOM	1,566,796	1,836,446	3,403,242	.535717	.535717	.535717
40	ANESTHESIOLOGY	1,263,232	1,695,160	2,958,392	.073832	.073832	.073832
41	RADIOLOGY-DIAGNOSTIC	17,098,167	25,613,729	42,711,896	.169540	.169540	.169540
41	01 RADIOLOGY-SPECIAL PROCEDU	763,118	627,699	1,390,817	.557166	.557166	.557166
42	RADIOLOGY-THERAPEUTIC	277,155	4,976,554	5,253,709	.388487	.388487	.388487
43	RADIOISOTOPE	2,530,696	3,770,719	6,301,415	.187266	.187266	.187266
44	LABORATORY	19,981,187	16,570,923	36,552,110	.145518	.145518	.145518
47	BLOOD STORING, PROCESSING	1,948,622	336,911	2,285,533	.377412	.377412	.377412
49	RESPIRATORY THERAPY	5,449,079	450,018	5,899,097	.287610	.287610	.288944
50	PHYSICAL THERAPY	3,659,594	7,712,089	11,371,683	.431618	.431618	.431618
51	OCCUPATIONAL THERAPY	3,049,720	22,885	3,072,605	.376540	.376540	.376540
52	SPEECH PATHOLOGY	570,363	97,318	667,681	.660050	.660050	.660050
53	ELECTROCARDIOLOGY	4,439,126	3,021,671	7,460,797	.175382	.175382	.175382
54	ELECTROENCEPHALOGRAPHY	500,430	2,132,077	2,632,507	.273563	.273563	.274334
55	MEDICAL SUPPLIES CHARGED	34,421,453	11,539,505	45,960,958	.274352	.274352	.274352
56	DRUGS CHARGED TO PATIENTS	32,239,225	6,410,240	38,649,465	.171440	.171440	.171440
59	ULTRASOUND	2,766,547	3,210,385	5,976,932	.144697	.144697	.144697
59	01 PAIN CLINIC	56,738	2,795,000	2,851,738	.217148	.217148	.217148
59	02 CATH LAB	11,507,986	5,158,932	16,666,918	.129421	.129421	.129421
59	03 ACTIVITY THERAPY	1,430,471	1,727,141	3,157,612	.890611	.890611	.890611
59	04 WOUND CARE CENTER		900,571	900,571	.453793	.453793	.453793
59	05 BARIATRIC CLINIC		227,743	227,743	2.105659	2.105659	2.105659
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	6,641,445	18,335,375	24,976,820	.208076	.208076	.208076
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	132,944	1,808,123	1,941,067	.328085	.328085	.328085
101	SUBTOTAL	194,455,279	128,065,036	322,520,315			
102	LESS OBSERVATION BEDS						
103	TOTAL	194,455,279	128,065,036	322,520,315			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	4,905,205	704,120	4,201,085			4,905,205
37	01 OUTPATIENT SURGERY	596,643	24,377	572,266			596,643
38	RECOVERY ROOM	1,823,175	130,372	1,692,803			1,823,175
40	ANESTHESIOLOGY	218,425	53,897	164,528			218,425
41	RADIOLOGY-DIAGNOSTIC	7,241,395	1,133,404	6,107,991			7,241,395
41	01 RADIOLOGY-SPECIAL PROCEDU	774,916	6,668	768,248			774,916
42	RADIOLOGY-THERAPEUTIC	2,040,999	431,925	1,609,074			2,040,999
43	RADIOISOTOPE	1,180,039	132,672	1,047,367			1,180,039
44	LABORATORY	5,319,000	176,763	5,142,237			5,319,000
47	BLOOD STORING, PROCESSING	862,588	51,019	811,569			862,588
49	RESPIRATORY THERAPY	1,696,640	80,987	1,615,653			1,696,640
50	PHYSICAL THERAPY	4,908,223	80,989	4,827,234			4,908,223
51	OCCUPATIONAL THERAPY	1,156,960	16,320	1,140,640			1,156,960
52	SPEECH PATHOLOGY	440,703	32,601	408,102			440,703
53	ELECTROCARDIOLOGY	1,308,493	143,713	1,164,780			1,308,493
54	ELECTROENCEPHALOGRAPHY	720,157	135,230	584,927			720,157
55	MEDICAL SUPPLIES CHARGED	12,609,485	235,472	12,374,013			12,609,485
56	DRUGS CHARGED TO PATIENTS	6,626,048	108,056	6,517,992			6,626,048
59	ULTRASOUND	864,845	155,649	709,196			864,845
59	01 PAIN CLINIC	619,248	38,882	580,366			619,248
59	02 CATH LAB	2,157,053	384,353	1,772,700			2,157,053
59	03 ACTIVITY THERAPY	2,812,204	112,300	2,699,904			2,812,204
59	04 WOUND CARE CENTER	408,673	39,569	369,104			408,673
59	05 BARIATRIC CLINIC	479,549	48,418	431,131			479,549
61	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	5,197,084	258,524	4,938,560			5,197,084
62	OBSERVATION BEDS (NON-DIS	636,834	72,199	564,635			636,834
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	67,604,584	4,788,479	62,816,105			67,604,584
102	LESS OBSERVATION BEDS	636,834	72,199	564,635			636,834
103	TOTAL	66,967,750	4,716,280	62,251,470			66,967,750

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	14,792,531	.331600	.331600
37 01	OUTPATIENT SURGERY	702,786	.848968	.848968
38	RECOVERY ROOM	3,403,242	.535717	.535717
40	ANESTHESIOLOGY	2,958,392	.073832	.073832
41	RADIOLOGY-DIAGNOSTIC	42,711,896	.169540	.169540
41 01	RADIOLOGY-SPECIAL PROCEDU	1,390,817	.557166	.557166
42	RADIOLOGY-THERAPEUTIC	5,253,709	.388487	.388487
43	RADIOISOTOPE	6,301,415	.187266	.187266
44	LABORATORY	36,552,110	.145518	.145518
47	BLOOD STORING, PROCESSING	2,285,533	.377412	.377412
49	RESPIRATORY THERAPY	5,899,097	.287610	.287610
50	PHYSICAL THERAPY	11,371,683	.431618	.431618
51	OCCUPATIONAL THERAPY	3,072,605	.376540	.376540
52	SPEECH PATHOLOGY	667,681	.660050	.660050
53	ELECTROCARDIOLOGY	7,460,797	.175382	.175382
54	ELECTROENCEPHALOGRAPHY	2,632,507	.273563	.273563
55	MEDICAL SUPPLIES CHARGED	45,960,958	.274352	.274352
56	DRUGS CHARGED TO PATIENTS	38,649,465	.171440	.171440
59	ULTRASOUND	5,976,932	.144697	.144697
59 01	PAIN CLINIC	2,851,738	.217148	.217148
59 02	CATH LAB	16,666,918	.129421	.129421
59 03	ACTIVITY THERAPY	3,157,612	.890611	.890611
59 04	WOUND CARE CENTER	900,571	.453793	.453793
59 05	BARIATRIC CLINIC	227,743	2.105659	2.105659
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	24,976,820	.208076	.208076
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,941,067	.328085	.328085
101	SUBTOTAL	288,766,625		
102	LESS OBSERVATION BEDS	1,941,067		
103	TOTAL	286,825,558		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	4,915,748	704,120	4,211,628	70,412	244,274	4,601,062
37	01 OUTPATIENT SURGERY	596,643	24,377	572,266	2,438	33,191	561,014
38	RECOVERY ROOM	1,823,175	130,372	1,692,803	13,037	98,183	1,711,955
40	ANESTHESIOLOGY	218,425	53,897	164,528	5,390	9,543	203,492
41	RADIOLOGY-DIAGNOSTIC	7,241,395	1,133,404	6,107,991	113,340	354,263	6,773,792
41	01 RADIOLOGY-SPECIAL PROCEDU	774,916	6,668	768,248	667	44,558	729,691
42	RADIOLOGY-THERAPEUTIC	2,040,999	431,925	1,609,074	43,193	93,326	1,904,480
43	RADIOISOTOPE	1,180,039	132,672	1,047,367	13,267	60,747	1,106,025
44	LABORATORY	5,319,000	176,763	5,142,237	17,676	298,250	5,003,074
47	BLOOD STORING, PROCESSING	862,588	51,019	811,569	5,102	47,071	810,415
49	RESPIRATORY THERAPY	1,696,640	80,987	1,615,653	8,099	93,708	1,594,833
50	PHYSICAL THERAPY	4,908,223	80,989	4,827,234	8,099	279,980	4,620,144
51	OCCUPATIONAL THERAPY	1,156,960	16,320	1,140,640	1,632	66,157	1,089,171
52	SPEECH PATHOLOGY	440,703	32,601	408,102	3,260	23,670	413,773
53	ELECTROCARDIOLOGY	1,308,493	143,713	1,164,780	14,371	67,557	1,226,565
54	ELECTROENCEPHALOGRAPHY	720,157	135,230	584,927	13,523	33,926	672,708
55	MEDICAL SUPPLIES CHARGED	12,609,485	235,472	12,374,013	23,547	717,693	11,868,245
56	DRUGS CHARGED TO PATIENTS	6,626,048	108,056	6,517,992	10,806	378,044	6,237,198
59	ULTRASOUND	864,845	155,649	709,196	15,565	41,133	808,147
59	01 PAIN CLINIC	619,248	38,882	580,366	3,888	33,661	581,699
59	02 CATH LAB	2,157,053	384,353	1,772,700	38,435	102,817	2,015,801
59	03 ACTIVITY THERAPY	2,812,204	112,300	2,699,904	11,230	156,594	2,644,380
59	04 WOUND CARE CENTER	408,673	39,569	369,104	3,957	21,408	383,308
59	05 BARIATRIC CLINIC	479,549	48,418	431,131	4,842	25,006	449,701
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	5,216,663	258,524	4,958,139	25,852	287,572	4,903,239
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	636,834	72,199	564,635	7,220	32,749	596,865
101	SUBTOTAL	67,634,706	4,788,479	62,846,227	478,848	3,645,081	63,510,777
102	LESS OBSERVATION BEDS	636,834	72,199	564,635	7,220	32,749	596,865
103	TOTAL	66,997,872	4,716,280	62,281,592	471,628	3,612,332	62,913,912

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	14,792,531	.311040	.327553
37 01	OUTPATIENT SURGERY	702,786	.798271	.845499
38	RECOVERY ROOM	3,403,242	.503037	.531886
40	ANESTHESIOLOGY	2,958,392	.068785	.072010
41	RADIOLOGY-DIAGNOSTIC	42,711,896	.158593	.166887
41 01	RADIOLOGY-SPECIAL PROCEDU	1,390,817	.524649	.556686
42	RADIOLOGY-THERAPEUTIC	5,253,709	.362502	.380266
43	RADIOISOTOPE	6,301,415	.175520	.185160
44	LABORATORY	36,552,110	.136875	.145035
47	BLOOD STORING, PROCESSING	2,285,533	.354585	.375180
49	RESPIRATORY THERAPY	5,899,097	.270352	.286237
50	PHYSICAL THERAPY	11,371,683	.406285	.430906
51	OCCUPATIONAL THERAPY	3,072,605	.354478	.376009
52	SPEECH PATHOLOGY	667,681	.619717	.655168
53	ELECTROCARDIOLOGY	7,460,797	.164401	.173456
54	ELECTROENCEPHALOGRAPHY	2,632,507	.255539	.268426
55	MEDICAL SUPPLIES CHARGED	45,960,958	.258224	.273840
56	DRUGS CHARGED TO PATIENTS	38,649,465	.161379	.171160
59	ULTRASOUND	5,976,932	.135211	.142093
59 01	PAIN CLINIC	2,851,738	.203981	.215784
59 02	CATH LAB	16,666,918	.120946	.127115
59 03	ACTIVITY THERAPY	3,157,612	.837462	.887055
59 04	WOUND CARE CENTER	900,571	.425628	.449399
59 05	BARIATRIC CLINIC	227,743	1.974599	2.084398
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	24,976,820	.196312	.207825
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,941,067	.307493	.324365
101	SUBTOTAL	288,766,625		
102	LESS OBSERVATION BEDS	1,941,067		
103	TOTAL	286,825,558		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	30,403	16,948	7.23	122,534	62.26	1,055,182
26	INTENSIVE CARE UNIT	3,063	1,775	8.43	14,963	66.63	118,268
31	SUBPROVIDER	5,875	4,834	2.92	14,115	23.10	111,665
33	NURSERY						
101	TOTAL	39,341	23,557		151,612		1,285,115

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

PROVIDER NO: 15-0090
 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 EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					30,403	
26	INTENSIVE CARE UNIT					3,063	
31	SUBPROVIDER					5,875	
33	NURSERY						
34	SKILLED NURSING FACILITY						
101	TOTAL					39,341	

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	16,948	
26	INTENSIVE CARE UNIT	1,775	
31	SUBPROVIDER	4,834	
33	NURSERY		
34	SKILLED NURSING FACILITY		
101	TOTAL	23,557	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37 01	OUTPATIENT SURGERY						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	RADIOLOGY-SPECIAL PROCEDU						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	ULTRASOUND						
59 01	PAIN CLINIC						
59 02	CATH LAB						
59 03	ACTIVITY THERAPY						
59 04	WOUND CARE CENTER						
59 05	BARIATRIC CLINIC						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			14,792,531			3,347,091	
37	01 OPERATING ROOM			702,786			414,961	
38	RECOVERY ROOM			3,403,242			652,824	
40	ANESTHESIOLOGY			2,958,392			540,134	
41	RADIOLOGY-DIAGNOSTIC			42,711,896			9,168,855	
41	01 RADIOLOGY-SPECIAL PROCEDU			1,390,817			324,689	
42	RADIOLOGY-THERAPEUTIC			5,253,709			161,030	
43	RADIOISOTOPE			6,301,415			1,534,375	
44	LABORATORY			36,552,110			10,215,419	
47	BLOOD STORING, PROCESSING			2,285,533			1,325,872	
49	RESPIRATORY THERAPY			5,899,097			3,380,181	
50	PHYSICAL THERAPY			11,371,683			921,701	
51	OCCUPATIONAL THERAPY			3,072,605			473,541	
52	SPEECH PATHOLOGY			667,681			94,887	
53	ELECTROCARDIOLOGY			7,460,797			2,718,428	
54	ELECTROENCEPHALOGRAPHY			2,632,507			283,942	
55	MEDICAL SUPPLIES CHARGED			45,960,958			17,772,786	
56	DRUGS CHARGED TO PATIENTS			38,649,465			18,581,586	
59	ULTRASOUND			5,976,932			1,790,540	
59	01 PAIN CLINIC			2,851,738			46,173	
59	02 CATH LAB			16,666,918			6,807,366	
59	03 ACTIVITY THERAPY			3,157,612			529	
59	04 WOUND CARE CENTER			900,571				
59	05 BARIATRIC CLINIC			227,743				
61	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			24,976,820			4,118,901	
62	OBSERVATION BEDS (NON-DIS			1,941,067			113,680	
	OTHER REIMBURS COST CNTRS							
101	TOTAL			288,766,625			84,789,491	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,326,348					
37 01	OUTPATIENT SURGERY						
38	RECOVERY ROOM	481,831					
40	ANESTHESIOLOGY	281,755					
41	RADIOLOGY-DIAGNOSTIC	6,719,968					
41 01	RADIOLOGY-SPECIAL PROCEDU	106,275					
42	RADIOLOGY-THERAPEUTIC	2,287,367					
43	RADIOISOTOPE	1,436,892					
44	LABORATORY	455,437					
47	BLOOD STORING, PROCESSING	89,832					
49	RESPIRATORY THERAPY	79,111					
50	PHYSICAL THERAPY	14,725					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	8,469					
53	ELECTROCARDIOLOGY	999,232					
54	ELECTROENCEPHALOGRAPHY	571,995					
55	MEDICAL SUPPLIES CHARGED	3,848,618					
56	DRUGS CHARGED TO PATIENTS	2,570,078					
59	ULTRASOUND	928,933					
59 01	PAIN CLINIC	532,389					
59 02	CATH LAB	2,222,954					
59 03	ACTIVITY THERAPY	70,498					
59 04	WOUND CARE CENTER	848,853					
59 05	BARIATRIC CLINIC	76,426					
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,652,518					
62	OBSERVATION BEDS (NON-DIS	230,845					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	28,841,349					

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 OUTPATIENT SURGERY
- 38 RECOVERY ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 41 01 RADIOLOGY-SPECIAL PROCEDURES
- 42 RADIOLOGY-THERAPEUTIC
- 43 RADIOISOTOPE
- 44 LABORATORY
- 47 BLOOD STORING, PROCESSING & TRANS.
- 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 ULTRASOUND
- 59 01 PAIN CLINIC
- 59 02 CATH LAB
- 59 03 ACTIVITY THERAPY
- 59 04 WOUND CARE CENTER
- 59 05 BARIATRIC CLINIC
- OUTPAT SERVICE COST CNTRS
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-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	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
			1	1.01	2	2.01	2.02	2.03
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM						
37	01	OUTPATIENT SURGERY						
38		RECOVERY ROOM						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC						
41	01	RADIOLOGY-SPECIAL PROCEDU						
42		RADIOLOGY-THERAPEUTIC						
43		RADIOISOTOPE						
44		LABORATORY						
47		BLOOD STORING, PROCESSING						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
59		ULTRASOUND						
59	01	PAIN CLINIC						
59	02	CATH LAB						
59	03	ACTIVITY THERAPY						
59	04	WOUND CARE CENTER						
59	05	BARIATRIC CLINIC						
		OUTPAT SERVICE COST CNTRS						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
101		TOTAL						

TITLE 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			14,792,531			13,387	
37	01 OPERATING ROOM			702,786			6,073	
38	RECOVERY ROOM			3,403,242			1,895	
40	ANESTHESIOLOGY			2,958,392			2,299	
41	RADIOLOGY-DIAGNOSTIC			42,711,896			231,979	
41	01 RADIOLOGY-SPECIAL PROCEDU			1,390,817			19,296	
42	RADIOLOGY-THERAPEUTIC			5,253,709			13,881	
43	RADIOISOTOPE			6,301,415			8,705	
44	LABORATORY			36,552,110			645,195	
47	BLOOD STORING, PROCESSING			2,285,533			47,476	
49	RESPIRATORY THERAPY			5,899,097			224,956	
50	PHYSICAL THERAPY			11,371,683			1,979,054	
51	OCCUPATIONAL THERAPY			3,072,605			1,989,621	
52	SPEECH PATHOLOGY			667,681			345,222	
53	ELECTROCARDIOLOGY			7,460,797			17,025	
54	ELECTROENCEPHALOGRAPHY			2,632,507			3,029	
55	MEDICAL SUPPLIES CHARGED			45,960,958			675,555	
56	DRUGS CHARGED TO PATIENTS			38,649,465			1,935,833	
59	ULTRASOUND			5,976,932			77,110	
59	01 PAIN CLINIC			2,851,738			246	
59	02 CATH LAB			16,666,918				
59	03 ACTIVITY THERAPY			3,157,612				
59	04 WOUND CARE CENTER			900,571				
59	05 BARIATRIC CLINIC			227,743				
61	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			24,976,820			83,346	
62	OBSERVATION BEDS (NON-DIS			1,941,067				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			288,766,625			8,321,183	

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	OUTPATIENT SURGERY						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	RADIOLOGY-SPECIAL PROCEDU						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	ULTRASOUND						
59 01	PAIN CLINIC						
59 02	CATH LAB						
59 03	ACTIVITY THERAPY						
59 04	WOUND CARE CENTER						
59 05	BARIATRIC CLINIC						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XIX SUBPROVIDER 1 TEFRA

WKST A LINE NO.	COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
			1	1.01	2	2.01	2.02	2.03
37		ANCILLARY SRVC COST CNTRS						
		OPERATING ROOM			10,543			
37	01	OUTPATIENT SURGERY						
38		RECOVERY ROOM						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC						
41	01	RADIOLOGY-SPECIAL PROCEDU						
42		RADIOLOGY-THERAPEUTIC						
43		RADIOISOTOPE						
44		LABORATORY						
47		BLOOD STORING, PROCESSING						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
59		ULTRASOUND						
59	01	PAIN CLINIC						
59	02	CATH LAB						
59	03	ACTIVITY THERAPY						
59	04	WOUND CARE CENTER						
59	05	BARIATRIC CLINIC						
61		OUTPAT SERVICE COST CNTRS						
		EMERGENCY			19,579			
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
101		TOTAL			30,122			

TITLE XIX

SUBPROVIDER 1

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM	10,543	10,543	14,792,531	.000713	.000713	1,943	1
38	OUTPATIENT SURGERY			702,786				
38	RECOVERY ROOM			3,403,242				
40	ANESTHESIOLOGY			2,958,392			114	
41	RADIOLOGY-DIAGNOSTIC			42,711,896			9,807	
41	RADIOLOGY-SPECIAL PROCEDU			1,390,817				
42	RADIOLOGY-THERAPEUTIC			5,253,709				
43	RADIOISOTOPE			6,301,415				
44	LABORATORY			36,552,110			11,977	
47	BLOOD STORING, PROCESSING			2,285,533				
49	RESPIRATORY THERAPY			5,899,097			3,518	
50	PHYSICAL THERAPY			11,371,683			47,660	
51	OCCUPATIONAL THERAPY			3,072,605			46,031	
52	SPEECH PATHOLOGY			667,681			18,547	
53	ELECTROCARDIOLOGY			7,460,797				
54	ELECTROENCEPHALOGRAPHY			2,632,507				
55	MEDICAL SUPPLIES CHARGED			45,960,958			13,272	
56	DRUGS CHARGED TO PATIENTS			38,649,465			38,924	
59	ULTRASOUND			5,976,932				
59	01 PAIN CLINIC			2,851,738				
59	02 CATH LAB			16,666,918				
59	03 ACTIVITY THERAPY			3,157,612				
59	04 WOUND CARE CENTER			900,571				
59	05 BARIATRIC CLINIC			227,743				
61	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	19,579	19,579	24,976,820	.000784	.000784		
62	OBSERVATION BEDS (NON-DIS			1,941,067				
62	OTHER REIMBURS COST CNTRS							
101	TOTAL	30,122	30,122	288,766,625			191,793	1

TITLE XIX

SUBPROVIDER 1

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37 01	OUTPATIENT SURGERY						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	RADIOLOGY-SPECIAL PROCEDURE						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	ULTRASOUND						
59 01	PAIN CLINIC						
59 02	CATH LAB						
59 03	ACTIVITY THERAPY						
59 04	WOUND CARE CENTER						
59 05	BARIATRIC CLINIC						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,039
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	612.93
85	OBSERVATION BED COST	636,834

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	219,860	18,634,855	.011798	636,834	7,513
87	NEW CAPITAL-RELATED COST	1,892,837	18,634,855	.101575	636,834	64,686
88	NON PHYSICIAN ANESTHETIST		18,634,855		636,834	
89	MEDICAL EDUCATION		18,634,855		636,834	
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,039
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	638.09
85	OBSERVATION BED COST	662,976

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				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.01 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)	25,999,322	
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)	25,999,322	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	2,197,612	
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)	288,016	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	28,484,950	
17 PRIMARY PAYER PAYMENTS	4,594	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	28,480,356	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,184,220	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	196,113	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	328,725	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	230,108	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	264,390	
22 SUBTOTAL	26,330,131	
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	26,330,131	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	26,341,085	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-10,954	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	1,778
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	6,935,866
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	6,666,548
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.749
1.04	LINE 1.01 TIMES LINE 1.03.	5,194,964
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	1,778
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	10,373
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	10,373
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)	10,373
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	8,595
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	1,778
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	6,666,548
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,547,741
19	SUBTOTAL (SEE INSTRUCTIONS)	5,120,585
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	49,886
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	5,170,471
24	PRIMARY PAYER PAYMENTS	1,183
25	SUBTOTAL	5,169,288
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	149,683
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	104,778
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	125,693
28	SUBTOTAL	5,274,066
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	5,274,066
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	5,264,565
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	9,501
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)

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)	5,849,423
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	5,865,149
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-15,726
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

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

51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)

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

53 ENTER THE TIME VALUE OF MONEY.

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

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

TITLE XIX	SUBPROVIDER 1	TEFRA TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE		
2	INPATIENT HOSPITAL/SNF/NF SERVICES	2,129	
3	MEDICAL AND OTHER SERVICES		
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
7	SUBTOTAL	2,129	
8	INPATIENT PRIMARY PAYER PAYMENTS		
9	OUTPATIENT PRIMARY PAYER PAYMENTS		
	SUBTOTAL	2,129	
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
10	ROUTINE SERVICE CHARGES		
11	ANCILLARY SERVICE CHARGES	191,793	
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	191,793	
	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)	191,793	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	189,664	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES	2,129	
	PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS		
25	OUTLIER PAYMENTS		
26	PROGRAM CAPITAL PAYMENTS		
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
30	SUBTOTAL	2,129	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30	2,129	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL	2,129	
36	COINSURANCE		
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)		
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
39	UTILIZATION REVIEW		
40	SUBTOTAL (SEE INSTRUCTIONS)	2,129	
41	INPATIENT ROUTINE SERVICE COST		
42	MEDICARE INPATIENT ROUTINE CHARGES		
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES		
45	RATIO OF LINE 43 TO 44		
46	TOTAL CUSTOMARY CHARGES		
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
50	OTHER ADJUSTMENTS (SPECIFY)	-2,129	
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

SUBPROVIDER 1

TEFRA
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		7.76
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	2.25
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	6.90	2.25
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		9.15
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		9.01
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.		.74
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.		7.77
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		8.51
3.10	SEE INSTRUCTIONS		8.51
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		7.77
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		7.48
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		5.86
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	7.04
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)		7.04
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		73,131.23
3.18	SEE INSTRUCTIONS		514,844
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	.25
3.22	SEE INSTRUCTIONS		.25
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		75,668.22
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		18,917
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		533,761

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		23,557
5	TOTAL INPATIENT DAYS		38,302
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.615033
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	328,281	328,281
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		804
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		38,302
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.		9,621
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

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

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)	40,058,305
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	11,099
16	TOTAL PART A REASONABLE COST	40,047,206

PART B REASONABLE COST

17	REASONABLE COST	6,937,644
18	PRIMARY PAYER PAYMENTS	1,183
19	TOTAL PART B REASONABLE COST	6,936,461
20	TOTAL REASONABLE COST	46,983,667
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.852364
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.147636

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

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	337,902
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	288,016
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	49,886

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	6.90	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	7.76	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	6.90	

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

- 5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)
- 5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)
- 6 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)	6.91
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	7.80
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP	6.91

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

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

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		49,204,691		
2	NET INCOME (LOSS)		25,226,215		
3	TOTAL		74,430,906		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM	144,130			
6					
7					
8					
9					
10	TOTAL ADDITIONS		144,130		
11	SUBTOTAL		74,575,036		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		74,575,036		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	21,228,422		21,228,422
2 00 SUBPROVIDER	5,485,491		5,485,491
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	26,713,913		26,713,913
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	5,489,025		5,489,025
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	5,489,025		5,489,025
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	32,202,938		32,202,938
17 00 ANCILLARY SERVICES	157,569,715	126,256,171	283,825,886
18 00 OUTPATIENT SERVICES		17,270,039	17,270,039
19 00 HOME HEALTH AGENCY			
24 00 OBSERVATION	132,944	685,762	818,706
25 00 TOTAL PATIENT REVENUES	189,905,597	144,211,972	334,117,569

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		117,215,347	
ADD (SPECIFY)			
27 00 BAD DEBT EXPENSE	4,372,006		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		4,372,006	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		121,587,353	

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS		
	CAPITAL FEDERAL AMOUNT		
2	CAPITAL DRG OTHER THAN OUTLIER		2,006,079
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997		
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997		102,463
	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS		88.84
	IN THE COST REPORTING PERIOD		
4.01	NUMBER OF INTERNS AND RESIDENTS		7.62
	(SEE INSTRUCTIONS)		
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE		2.45
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT		49,149
	(SEE INSTRUCTIONS)		
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO		3.11
	MEDICARE PART A PATIENT DAYS		
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL		6.62
	DAYS REPORTED ON S-3, PART I		
5.02	SUM OF 5 AND 5.01		9.73
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE		1.99
5.04	DISPROPORTIONATE SHARE ADJUSTMENT		39,921
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS		2,197,612

PART II - HOLD HARMLESS METHOD

1	NEW CAPITAL		
2	OLD CAPITAL		
3	TOTAL CAPITAL		
4	RATIO OF NEW CAPITAL TO OLD CAPITAL		.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE		
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT		
7	REDUCED OLD CAPITAL AMOUNT		
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL		
9	SUBTOTAL		
10	PAYMENT UNDER HOLD HARMLESS		

PART III - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST		
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST		
3	TOTAL INPATIENT PROGRAM CAPITAL COST		
4	CAPITAL COST PAYMENT FACTOR		
5	TOTAL INPATIENT PROGRAM CAPITAL COST		

PART IV - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS		
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY		
	CIRCUMSTANCES		
3	NET PROGRAM INPATIENT CAPITAL COSTS		
4	APPLICABLE EXCEPTION PERCENTAGE		.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS		
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY		.00
	CIRCUMSTANCES		
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL		
	FOR EXTRAORDINARY CIRCUMSTANCES		
8	CAPITAL MINIMUM PAYMENT LEVEL		
9	CURRENT YEAR CAPITAL PAYMENTS		
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT		
	LEVEL TO CAPITAL PAYMENTS		
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT		
	LEVEL OVER CAPITAL PAYMENT		
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL		
	TO CAPITAL PAYMENTS		
13	CURRENT YEAR EXCEPTION PAYMENT		
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT		
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD		
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT		
16	CURRENT YEAR OPERATING AND CAPITAL COSTS		
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT		
	(SEE INSTRUCTIONS)		