

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		15-0100		FROM 7/1/2008		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 11/24/2009 TIME 13:57

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
 ST. MARY'S MEDICAL CENTER 15-0100

FOR THE COST REPORTING PERIOD BEGINNING 7/1/2008 AND ENDING 6/30/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	-227,835	60,352	0	
2	SUBPROVIDER	0	-4,981	0	0	
2.01	SUBPROVIDER II	0	-15,882	0	0	
100	TOTAL	0	-248,698	60,352	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.

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	284	103,660			25,151		2,346
2 HMO					14		10,630
2 01 HMO - (IRF PPS SUBPROVIDER)							356
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	284	103,660			25,151		2,346
6 INTENSIVE CARE UNIT	62	22,630			6,684		740
6 02 NEONATAL ICU	40	14,600					1,784
7 CORONARY CARE UNIT	9	3,285			803		73
11 NURSERY							
12 TOTAL	395	144,175			32,638		4,943
13 RPCH VISITS							
14 SUBPROVIDER	14	5,110			579		72
14 01 SUBPROVIDER 2	35	12,775			4,628		
25 TOTAL	444						
26 OBSERVATION BED DAYS							59
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	TRIPS / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			49,014				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			49,014				
6 INTENSIVE CARE UNIT			12,483				
6 02 NEONATAL ICU			10,570				
7 CORONARY CARE UNIT			1,480				
11 NURSERY			2,835				
12 TOTAL			76,382			3.45	
13 RPCH VISITS							
14 SUBPROVIDER			2,308				
14 01 SUBPROVIDER 2			7,331				
25 TOTAL						3.45	
26 OBSERVATION BED DAYS	59		5,678	811	4,867		
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			1,393				
28 01 EMP DISCOUNT DAYS -IRF			53				

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					6,474	1,658	14,809
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
6 02 NEONATAL ICU							
7 CORONARY CARE UNIT							
11 NURSERY							
12 TOTAL	3.45	2,045.51			6,474	1,658	14,809
13 RPCH VISITS							
14 SUBPROVIDER		17.29			64	13	409
14 01 SUBPROVIDER 2		41.65			337		543
25 TOTAL	3.45	2,104.45					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	110,767,343	-836,437	109,930,906	4,384,941.00	25.07	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	248,521		248,521	884.00	281.13	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	1,319,818		1,319,818	19,252.00	68.55	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)	134,541		134,541	7,177.00	18.75	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL	4,190,655		4,190,655	153,992.00	27.21	
8 SNF						
8.01 EXCLUDED AREA SALARIES	15,549,486	-331,588	15,217,898	386,082.00	39.42	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,158,340		1,158,340	15,122.00	76.60	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	11,487,586		11,487,586	178,961.00	64.19	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	27,563,438		27,563,438			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	2,548,896		2,548,896			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	35,954		35,954			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	245,923		245,923			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	42,726		42,726			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	937,464		937,464	35,567.00	26.36	
22 ADMINISTRATIVE & GENERAL	12,799,696	-65,025	12,734,671	522,013.00	24.40	
22.01 A & G UNDER CONTRACT	103,249		103,249	5,366.00	19.24	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	3,077,820		3,077,820	137,940.00	22.31	
25 LAUNDRY & LINEN SERVICE	649,780		649,780	52,151.00	12.46	
26 HOUSEKEEPING	2,176,921		2,176,921	195,154.00	11.15	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,793,842	-1,489,755	304,087	25,071.00	12.13	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		1,489,755	1,489,755	125,427.00	11.88	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	2,870,643		2,870,643	115,885.00	24.77	
31 CENTRAL SERVICE AND SUPPLY	1,252,384		1,252,384	74,406.00	16.83	
32 PHARMACY	3,407,605		3,407,605	102,599.00	33.21	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	2,528,035		2,528,035	143,169.00	17.66	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	105,225,578	-836,437	104,389,141	4,209,886.00	24.80	
2 EXCLUDED AREA SALARIES	15,549,486	-331,588	15,217,898	386,082.00	39.42	
3 SUBTOTAL SALARIES	89,676,092	-504,849	89,171,243	3,823,804.00	23.32	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	12,645,926		12,645,926	194,083.00	65.16	
5 SUBTOTAL WAGE-RELATED COSTS	27,599,392		27,599,392		30.95	
6 TOTAL	129,921,410	-504,849	129,416,561	4,017,887.00	32.21	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	31,597,439	-65,025	31,532,414	1,534,748.00	20.55	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0100	FROM 7/ 1/2008	11/24/2009
	TO 6/30/2009	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	
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	
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	199,702
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.312302
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	62,367
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	91,777,794

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
15-0100	FROM 7/ 1/2008	WORKSHEET S-10
	TO 6/30/2009	

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	28,662,389
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	77,248,569
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	24,124,883
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	28,724,756

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0100
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS-IF I CATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		8,759,822	8,759,822	3,866,524	12,626,346
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		12,367,999	12,367,999	889,853	13,257,852
5	0500 EMPLOYEE BENEFITS	937,464	29,902,821	30,840,285	-80,233	30,760,052
6.01	0610 COMMUNICATION	181,898	157,420	339,318		339,318
6.03	0631 PURCHASING, RECEIVING AND STORES	580,891	238,051	818,942	-1,340	817,602
6.05	0640 ADMITTING	1,774,977	529,182	2,304,159		2,304,159
6.06	0650 CASHIERING/ACCOUNTS RECEIVABLE	899,303	3,565,764	4,465,067		4,465,067
6.07	1140 PATIENT PLACEMENT	490,420	2,782	493,202		493,202
6.08	0660 OTHER ADMINISTRATIVE AND GENERAL	8,872,207	28,950,813	37,823,020	-338,345	37,484,675
8	0800 OPERATION OF PLANT	3,077,820	5,859,113	8,936,933	-914	8,936,019
9	0900 LAUNDRY & LINEN SERVICE	649,780	504,758	1,154,538	-50	1,154,488
10	1000 HOUSEKEEPING	2,176,921	453,156	2,630,077	-42	2,630,035
11	1100 DIETARY	1,793,842	2,217,238	4,011,080	-3,332,683	678,397
12	1200 CAFETERIA				3,331,133	3,331,133
14	1400 NURSING ADMINISTRATION	2,870,643	221,274	3,091,917	-24,101	3,067,816
15	1500 CENTRAL SERVICES & SUPPLY	1,252,384	1,383,336	2,635,720	-70,576	2,565,144
16	1600 PHARMACY	3,407,605	11,582,317	14,989,922	-11,092,900	3,897,022
17	1700 MEDICAL RECORDS & LIBRARY	2,528,035	1,126,518	3,654,553	-18,801	3,635,752
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	134,541		134,541	-20,160	114,381
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		47,893	47,893		47,893
24	2400 PARAMED ED PRGM				85,498	85,498
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	14,998,063	1,570,836	16,568,899	-730,165	15,838,734
26	2600 INTENSIVE CARE UNIT	6,429,041	1,404,356	7,833,397	-84,949	7,748,448
26.02	2602 NEONATAL ICU	3,986,355	324,839	4,311,194	-11,073	4,300,121
27	2700 CORONARY CARE UNIT	1,035,416	47,886	1,083,302	-1,871	1,081,431
31	3100 SUBPROVIDER	1,321,222	73,469	1,394,691	-774	1,393,917
31.01	3101 SUBPROVIDER 2	2,143,845	209,325	2,353,170	-15,636	2,337,534
33	3300 NURSERY				594,399	594,399
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	6,594,970	47,109,023	53,703,993	-20,416,593	33,287,400
38	3800 RECOVERY ROOM	1,229,707	281,692	1,511,399	-248,190	1,263,209
39	3900 DELIVERY ROOM & LABOR ROOM	1,907,070	585,914	2,492,984	-35,841	2,457,143
40	4000 ANESTHESIOLOGY	33,430	2,692,309	2,725,739	-243,656	2,482,083
41	4100 RADIOLOGY-DIAGNOSTIC	2,638,486	2,741,233	5,379,719	-911,489	4,468,230
41.01	3230 CAT SCAN	660,418	795,761	1,456,179	-111,036	1,345,143
41.02	3630 DIAGNOSTIC ULTRASOUND	450,798	153,419	604,217	-48,636	555,581
41.03	3450 NUCLEAR MEDICINE	446,870	1,089,332	1,536,202	-189,179	1,347,023
42	4200 RADIOLOGY-THERAPEUTIC	8,994	848,094	857,088	-202,524	654,564
44	4400 LABORATORY	4,867,653	4,279,104	9,146,757	-253,813	8,892,944
47	4700 BLOOD STORING, PROCESSING & TRANS.	336,314	2,512,079	2,848,393	-44	2,848,349
48	4800 INTRAVENOUS THERAPY	407,624	2,002,596	2,410,220	-220,291	2,189,929
49	4900 RESPIRATORY THERAPY	2,396,985	664,376	3,061,361	-129,107	2,932,254
50	5000 PHYSICAL THERAPY	2,268,498	443,105	2,711,603	-262,296	2,449,307
51	5100 OCCUPATIONAL THERAPY	976,849	13,636	990,485	-763	989,722
52	5200 SPEECH PATHOLOGY	272,456	10,038	282,494		282,494
53	5300 ELECTROCARDIOLOGY	452,915	3,786,279	4,239,194	-2,718	4,236,476
53.01	3120 CARDIAC CATHETERIZATION LABORATORY	1,209,482	8,985,043	10,194,525	-5,612,025	4,582,500
53.02	3160 CARDIOPULMONARY	467,348	291,194	758,542	-272,542	486,000
53.03	5301 DIABETES CENTER	237,460	213,758	451,218	-100,369	350,849
54	5400 ELECTROENCEPHALOGRAPHY	107,509	564,749	672,258	-3,084	669,174
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				26,319,799	26,319,799
56	5600 DRUGS CHARGED TO PATIENTS				11,760,302	11,760,302
57	5700 RENAL DIALYSIS	1,289,239	401,313	1,690,552	-10,279	1,680,273
59	3550 ANCILLARY PSYCH	64,565	3,923	68,488	-135	68,353
59.01	3020 OUTREACH CLINIC	465,415	150,718	616,133	-45,185	570,948
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	279,209	67,049	346,258	-36,899	309,359
60.01	4040 SENIOR HEALTH	49,271	6,011	55,282		55,282
60.02	6001 OB-PEDS CLINIC					
60.04	6003 BARIATRICS	378,022	149,483	527,505	-94,857	432,648
61	6100 EMERGENCY	4,935,359	3,443,498	8,378,857	-34,564	8,344,293
61.01	4950 DIAGNOSTIC TREATMENT CENTER	1,707,335	638,727	2,346,062	-75,128	2,270,934
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	814,958	1,827,690	2,642,648	-9,208	2,633,440
66	6600 DURABLE MEDICAL EQUIP-RENTED					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
95	SUBTOTALS	99,497,882	198,252,114	297,749,996	1,452,444	299,202,440
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH	1,342	33,030	34,372		34,372
98	9800 PHYSICIANS' PRIVATE OFFICES	6,056,167	3,237,160	9,293,327	-886,235	8,407,092
100	7950 FITNESS CENTER/DAYCARE					
100.01	7951 ST. MARY'S APOTHECARY	465,311	4,062,481	4,527,792	-157,528	4,370,264
100.02	7952 OCCUPATIONAL MEDICINE	196,603	627,501	824,104	-10,159	813,945
100.03	7953 CANCER CTR/PHYS RECRUITMENT	68,878	48,930	117,808	-11,789	106,019
100.04	7954 MARKETING	1,302,996	907,599	2,210,595	-232,189	1,978,406
100.05	7955 WIRTH HOSPITAL MGMT					
100.06	7956 MOB		647,519	647,519		647,519
100.07	7957 SENIOR PARTNERS		79,557	79,557		79,557
100.08	7958 PSYCH FREESTANDING CLINICS	83,404	370,779	454,183		454,183
100.09	7959 WELBORN PROFESSIONAL SVC	2,627,060	742,464	3,369,524	-154,544	3,214,980
100.10	7960 VALET SERVICES					
100.11	7961 ST ELIZABETH					

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0100
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	NONREIMBURS COST CENTERS					
100.12	7962 REGINA CLOSE OUT					
100.13	7963 TR SUP / DR T					
100.14	7964 FREE STANDING CATH LAB					
100.15	7965 FAMILY PRACTICE					
100.16	7966 SURGICARE					
100.17	7967 FOUNDATION	467,700	-106,819	360,881		360,881
100.18	7968 SMHS EMPLOYEES IN SMMC					
100.19	7969 SMMC DEPTS TO SMHS					
100.20	7970 STOREROOM / DISTRIBUTION					
100.21	7971 PRINT SHOP					
100.22	7972 MAIL ROOM - SMHS HO COST					
100.23	7973 ACCOUNTING - SMHS HO COST					
100.24	7974 IS APPLICATIONS - SMHS HO COST					
100.25	7975 PRIMARYH SOURCE VERIFICATION -SMHS H					
100.26	7976 CMO DR GALLAGHER - SMHS HO COST					
100.27	7977 INFECTION DISEASE - SMHS HO COST					
100.28	7978 SMHS WARRICK					
100.29	7979 COMPANY 10 AND OTHER					
100.30	7980 STARS PROGRAM					
100.31	7981 EMPLOYEE HEALTH					
100.32	7982 MAT MGMT PURCHASING					
100.33	7983 DECISION SUPPORT					
100.34	7984 PLANETREE					
100.35	7985 EDUCATION					
100.36	7986 QUALITY					
100.37	7987 EMS SECURITY					
100.38	7988 MOTOR SERVICE					
100.39	7989 MEDICAL LIBRARY					
100.40	7990 MGMT PATIENT RELATIONS					
100.41	7991 SUBSIDIARY SUPPORT					
100.42	7992 MISSION SERVICE					
101	TOTAL	110,767,343	208,902,315	319,669,658	-0-	319,669,658

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2009
I 15-0100	I FROM 7/ 1/2008	I WORKSHEET A
I	I TO 6/30/2009	I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-1,721,513	10,904,833
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-3,304,580	9,953,272
5	0500 EMPLOYEE BENEFITS	-4,745,806	26,014,246
6.01	0610 COMMUNICATION	-183,809	155,509
6.03	0631 PURCHASING, RECEIVING AND STORES	-516,007	301,595
6.05	0640 ADMITTING		2,304,159
6.06	0650 CASHIERING/ACCOUNTS RECEIVABLE	-724	4,464,343
6.07	1140 PATIENT PLACEMENT		493,202
6.08	0660 OTHER ADMINISTRATIVE AND GENERAL	1,957,140	39,441,815
8	0800 OPERATION OF PLANT	-147,401	8,788,618
9	0900 LAUNDRY & LINEN SERVICE	-108,969	1,045,519
10	1000 HOUSEKEEPING	-260,664	2,369,371
11	1100 DIETARY	-7,670	670,727
12	1200 CAFETERIA	-1,775,996	1,555,137
14	1400 NURSING ADMINISTRATION	-23,230	3,044,586
15	1500 CENTRAL SERVICES & SUPPLY	-6,695	2,558,449
16	1600 PHARMACY	-46,148	3,850,874
17	1700 MEDICAL RECORDS & LIBRARY	-293,492	3,342,260
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	-4,572	109,809
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	-1,532	46,361
24	2400 PARAMED ED PRGM		85,498
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-36,153	15,802,581
26	2600 INTENSIVE CARE UNIT	-282,034	7,466,414
26.02	2602 NEONATAL ICU	-167,859	4,132,262
27	2700 CORONARY CARE UNIT		1,081,431
31	3100 SUBPROVIDER	-343,915	1,050,002
31.01	3101 SUBPROVIDER 2	-301	2,337,233
33	3300 NURSERY		594,399
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-1,189,473	32,097,927
38	3800 RECOVERY ROOM		1,263,209
39	3900 DELIVERY ROOM & LABOR ROOM	-340,505	2,116,638
40	4000 ANESTHESIOLOGY	-2,438,405	43,678
41	4100 RADIOLOGY-DIAGNOSTIC	-19,725	4,448,505
41.01	3230 CAT SCAN		1,345,143
41.02	3630 DIAGNOSTIC ULTRASOUND	-5,160	550,421
41.03	3450 NUCLEAR MEDICINE		1,347,023
42	4200 RADIOLOGY-THERAPEUTIC	-16,000	638,564
44	4400 LABORATORY	-773,460	8,119,484
47	4700 BLOOD STORING, PROCESSING & TRANS.		2,848,349
48	4800 INTRAVENOUS THERAPY	-966,363	1,223,566
49	4900 RESPIRATORY THERAPY	-162	2,932,092
50	5000 PHYSICAL THERAPY	-54,097	2,395,210
51	5100 OCCUPATIONAL THERAPY	-2,422	987,300
52	5200 SPEECH PATHOLOGY	-683	281,811
53	5300 ELECTROCARDIOLOGY	-133,522	4,102,954
53.01	3120 CARDIAC CATHETERIZATION LABORATORY	-891,367	3,691,133
53.02	3160 CARDIOPULMONARY	-98,429	387,571
53.03	5301 DIABETES CENTER	-32,036	318,813
54	5400 ELECTROENCEPHALOGRAPHY	-100	669,074
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		26,319,799
56	5600 DRUGS CHARGED TO PATIENTS		11,760,302
57	5700 RENAL DIALYSIS	-1,710,804	-30,531
59	3550 ANCILLARY PSYCH		68,353
59.01	3020 OUTREACH CLINIC	-90,774	480,174
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		309,359
60.01	4040 SENIOR HEALTH	-595,156	-539,874
60.02	6001 OB-PEDS CLINIC		
60.04	6003 BARIATRICS	-264,796	167,852
61	6100 EMERGENCY	-335,344	8,008,949
61.01	4950 DIAGNOSTIC TREATMENT CENTER	-317	2,270,617
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES	-10,743	2,622,697
66	6600 DURABLE MEDICAL EQUIP-RENTED		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
95	SUBTOTALS	-21,991,773	277,210,667
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		34,372
98	9800 PHYSICIANS' PRIVATE OFFICES		8,407,092
100	7950 FITNESS CENTER/DAYCARE		
100.01	7951 ST. MARY'S APOTHECARY		4,370,264
100.02	7952 OCCUPATIONAL MEDICINE		813,945
100.03	7953 CANCER CTR/PHYS RECRUITMENT		106,019
100.04	7954 MARKETING		1,978,406
100.05	7955 WIRTH HOSPITAL MGMT		
100.06	7956 MOB		647,519
100.07	7957 SENIOR PARTNERS		79,557
100.08	7958 PSYCH FREESTANDING CLINICS		454,183
100.09	7959 WELBORN PROFESSIONAL SVC		3,214,980
100.10	7960 VALET SERVICES		
100.11	7961 ST ELIZABETH		

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0100
PERIOD: FROM 7/1/2008 TO 6/30/2009
PREPARED 11/24/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
	NONREIMBURS COST CENTERS	6	7
100.12	7962 REGINA CLOSE OUT		
100.13	7963 TR SUP / DR T		
100.14	7964 FREE STANDING CATH LAB		
100.15	7965 FAMILY PRACTICE		
100.16	7966 SURGICARE		
100.17	7967 FOUNDATION		360,881
100.18	7968 SMHS EMPLOYEES IN SMMC		
100.19	7969 SMMC DEPTS TO SMHS		
100.20	7970 STOREROOM / DISTRIBUTION		
100.21	7971 PRINT SHOP		
100.22	7972 MAIL ROOM - SMHS HO COST		
100.23	7973 ACCOUNTING - SMHS HO COST		
100.24	7974 IS APPLICATIONS - SMHS HO COST		
100.25	7975 PRIMARYH SOURCE VERIFICATION -SMHS H		
100.26	7976 CMO DR GALLAGHER - SMHS HO COST		
100.27	7977 INFECTION DISEASE - SMHS HO COST		
100.28	7978 SMHS WARRICK		
100.29	7979 COMPANY 10 AND OTHER		
100.30	7980 STARS PROGRAM		
100.31	7981 EMPLOYEE HEALTH		
100.32	7982 MAT MGMT PURCHASING		
100.33	7983 DECISION SUPPORT		
100.34	7984 PLANETREE		
100.35	7985 EDUCATION		
100.36	7986 QUALITY		
100.37	7987 EMS SECURITY		
100.38	7988 MOTOR SERVICE		
100.39	7989 MEDICAL LIBRARY		
100.40	7990 MGMT PATIENT RELATIONS		
100.41	7991 SUBSIDIARY SUPPORT		
100.42	7992 MISSION SERVICE		
101	TOTAL	-21,991,773	297,677,885

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	COMMUNICATION	0610	NONPATIENT TELEPHONES
6.03	PURCHASING, RECEIVING AND STORES	0631	PURCHASING, RECEIVING AND STORES
6.05	ADMINISTRATIVE	0640	ADMINISTRATIVE
6.06	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.07	PATIENT PLACEMENT	1140	MANAGEMENT SERVICES
6.08	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMEDICAL PRGM	2400	
	INPATIENT ROUTINE SERVICE		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
26.02	NEONATAL ICU	2602	INTENSIVE CARE UNIT
27	CORONARY CARE UNIT	2700	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER 2	3101	SUBPROVIDER #####
33	NURSERY	3300	
	ANCILLARY SERVICE COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CAT SCAN	3230	CAT SCAN
41.02	DIAGNOSTIC ULTRASOUND	3630	ULTRASOUND
41.03	NUCLEAR MEDICINE	3450	NUCLEAR MEDICINE-DIAGNOSTIC
42	RADIOLOGY-THERAPEUTIC	4200	
44	LABORATORY	4400	
47	BLOOD STORAGE, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
53.02	CARDIOPULMONARY	3160	CARDIOPULMONARY
53.03	DIABETES CENTER	5301	ELECTROCARDIOLOGY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	ANCILLARY PSYCH	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
59.01	OUTREACH CLINIC	3020	ACUPUNCTURE
	OUTPATIENT SERVICE COST		
60	CLINIC	6000	
60.01	SENIOR HEALTH	4040	FAMILY PRACTICE
60.02	OB-PEDS CLINIC	6001	CLINIC
60.04	BARiatric	6003	CLINIC
61	EMERGENCY	6100	
61.01	DIAGNOSTIC TREATMENT CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURSABLE COST		
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
	SPECIAL PURPOSE COST CENTER		
88	INTEREST EXPENSE	8800	
95	SUBTOTALS	0000	
	NONREIMBURSABLE COST CENTER		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	FITNESS CENTER/DAYCARE	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	ST. MARY'S APOTHECARY	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	OCCUPATIONAL MEDICINE	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	CANCER CENTER/PHYSICIAN RECRUITMENT	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	MARKETING	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	WORTH HOSPITAL MGMT	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	MOB	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	SENIOR PARTNERS	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	PSYCH FREESTANDING CLINICS	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	WELBORN PROFESSIONAL SVC	7959	OTHER NONREIMBURSABLE COST CENTERS
100.10	VALET SERVICES	7960	OTHER NONREIMBURSABLE COST CENTERS
100.11	ST. ELIZABETH	7961	OTHER NONREIMBURSABLE COST CENTERS
100.12	REGINA CLOSE OUT	7962	OTHER NONREIMBURSABLE COST CENTERS

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2009
 I 15-0100 I FROM 7/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 6/30/2009 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
100.13	TR SUP / DR T	7963	OTHER NONREIMBURSABLE COST CENTERS
100.14	FREE STANDING CATH LAB	7964	OTHER NONREIMBURSABLE COST CENTERS
100.15	FAMILY PRACTICE	7965	OTHER NONREIMBURSABLE COST CENTERS
100.16	SURGICARE	7966	OTHER NONREIMBURSABLE COST CENTERS
100.17	FOUNDATION	7967	OTHER NONREIMBURSABLE COST CENTERS
100.18	SMHS EMPLOYEES IN SMMC	7968	OTHER NONREIMBURSABLE COST CENTERS
100.19	SMMC DEPTS TO SMHS	7969	OTHER NONREIMBURSABLE COST CENTERS
100.20	STOREROOM / DISTRIBUTION	7970	OTHER NONREIMBURSABLE COST CENTERS
100.21	PRINT SHOP	7971	OTHER NONREIMBURSABLE COST CENTERS
100.22	MAIL ROOM - SMHS HO COST	7972	OTHER NONREIMBURSABLE COST CENTERS
100.23	ACCOUNTING - SMHS HO COST	7973	OTHER NONREIMBURSABLE COST CENTERS
100.24	IS APPLICATIONS - SMHS HO COST	7974	OTHER NONREIMBURSABLE COST CENTERS
100.25	PRI MARYH SOURCE VERIFICATION -SMHS H	7975	OTHER NONREIMBURSABLE COST CENTERS
100.26	CMO DR GALLAGHER - SMHS HO COST	7976	OTHER NONREIMBURSABLE COST CENTERS
100.27	INFECTION DISEASE - SMHS HO COST	7977	OTHER NONREIMBURSABLE COST CENTERS
100.28	SMHS WARRICK	7978	OTHER NONREIMBURSABLE COST CENTERS
100.29	COMPANY 10 AND OTHER	7979	OTHER NONREIMBURSABLE COST CENTERS
100.30	STARS PROGRAM	7980	OTHER NONREIMBURSABLE COST CENTERS
100.31	EMPLOYEE HEALTH	7981	OTHER NONREIMBURSABLE COST CENTERS
100.32	MAT MGMT PURCHASING	7982	OTHER NONREIMBURSABLE COST CENTERS
100.33	DECISION SUPPORT	7983	OTHER NONREIMBURSABLE COST CENTERS
100.34	PLANETREE	7984	OTHER NONREIMBURSABLE COST CENTERS
100.35	EDUCATION	7985	OTHER NONREIMBURSABLE COST CENTERS
100.36	QUALITY	7986	OTHER NONREIMBURSABLE COST CENTERS
100.37	EMS SECURITY	7987	OTHER NONREIMBURSABLE COST CENTERS
100.38	MOTOR SERVICE	7988	OTHER NONREIMBURSABLE COST CENTERS
100.39	MEDICAL LIBRARY	7989	OTHER NONREIMBURSABLE COST CENTERS
100.40	MGMT PATIENT RELATIONS	7990	OTHER NONREIMBURSABLE COST CENTERS
100.41	SUBSIDIARY SUPPORT	7991	OTHER NONREIMBURSABLE COST CENTERS
100.42	MISSION SERVICE	7992	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
150100

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

PREPARED 11/24/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
1 RENT	A	NEW CAP REL COSTS-BLDG & FIXT	3		3,866,524
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28 CAFETERIA	B	CAFETERIA	12	1,489,755	1,841,378
29 X-RAY INSTRUCTOR	C	PARAMED ED PRGM	24	85,498	
30 NURSERY	D	NURSERY	33	548,305	46,094
31 MEDICAL SUPPLIES	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		26,319,799
32					
33					
34					
35					
1 MEDICAL SUPPLIES	E				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31 DRUGS	F	DRUGS CHARGED TO PATIENTS	56		11,760,302
32		RECOVERY ROOM	38		222
33		PHYSICIANS' PRIVATE OFFICES	98		151
34					
35					

RECLASSIFICATIONS

PROVIDER NO:
150100

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

PREPARED 11/24/2009
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
1 DRUGS	F	2	3	4	5
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 DRUGS	F				
2					
3					
4					
5					
6 RENT- EQUIPMENT	G	NEW CAP REL COSTS-MVBLE EQUIP	4		889,853
7		DIETARY	11		141
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31 PHYSICIAN SALARY	H	OTHER ADMINISTRATIVE AND GENERAL	6.08		65,025
32		INTENSIVE CARE UNIT	26		270,681
33		SUBPROVIDER	31		338,026
34		SUBPROVIDER 2	31.01		1
35		OPERATING ROOM	37		4,844

RECLASSIFICATIONS

PROVIDER NO:
150100

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

PREPARED 11/24/2009
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----					
	CODE (1)	COST CENTER 1	2	LINE NO 3	SALARY 4	OTHER 5
1 PHYSICIAN SALARY	H		RADIOLOGY-DIAGNOSTIC	41		11,500
2			ELECTROCARDIOLOGY	53		2,774
3			DIABETES CENTER	53.03		32,036
4			ELECTROENCEPHALOGRAPHY	54		769
5			SENIOR HEALTH	60.01		12,491
6			BARIATRICS	60.04		19,231
7			PHYSICIANS' PRIVATE OFFICES	98		79,059
36 TOTAL RECLASSIFICATIONS					2,123,558	45,560,901

(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:
150100

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

PREPARED 11/24/2009
WORKSHEET A-6

----- DECREASE -----

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	A-7 REF
	1	6	7	8	9	10
1 RENT	A	EMPLOYEE BENEFITS	5		15,662	10
2		OTHER ADMINISTRATIVE AND GENERAL	6.08		338,038	
3		NURSING ADMINISTRATION	14		24,069	
4		CENTRAL SERVICES & SUPPLY	15		31,200	
5		MEDICAL RECORDS & LIBRARY	17		2,796	
6		I&R SERVICES-SALARY & FRINGES APPRVD	22		19,548	
7		ADULTS & PEDIATRICS	25		5,125	
8		OPERATING ROOM	37		71,227	
9		RECOVERY ROOM	38		245,673	
10		RADIOLOGY-DIAGNOSTIC	41		362,954	
11		CAT SCAN	41.01		106,802	
12		DIAGNOSTIC ULTRASOUND	41.02		46,775	
13		NUCLEAR MEDICINE	41.03		187,871	
14		RADIOLOGY-THERAPEUTIC	42		202,481	
15		LABORATORY	44		201,085	
16		PHYSICAL THERAPY	50		260,953	
17		CARDIOPULMONARY	53.02		268,807	
18		DIABETES CENTER	53.03		100,267	
19		OUTREACH CLINIC	59.01		45,000	
20		CLINIC	60		26,178	
21		BARITRICS	60.04		94,841	
22		PHYSICIANS' PRIVATE OFFICES	98		886,386	
23		ST. MARY'S APOTHECARY	100.01		41,179	
24		OCCUPATIONAL MEDICINE	100.02		10,159	
25		CANCER CTR/PHYS RECRUITMENT	100.03		11,789	
26		MARKETING	100.04		156,147	
27		WELBORN PROFESSIONAL SVC	100.09		103,512	
28 CAFETERIA	B	DIETARY	11	1,489,755	1,841,378	
29 X-RAY INSTRUCTOR	C	RADIOLOGY-DIAGNOSTIC	41	85,498		
30 NURSERY	D	ADULTS & PEDIATRICS	25	548,305	46,094	
31 MEDICAL SUPPLIES	E	OTHER ADMINISTRATIVE AND GENERAL	6.08		78	
32		OPERATION OF PLANT	8		610	
33		HOUSEKEEPING	10		21	
34		DIETARY	11		120	
35		NURSING ADMINISTRATION	14		1	
1 MEDICAL SUPPLIES	E	CENTRAL SERVICES & SUPPLY	15		28,576	
2		PHARMACY	16		179	
3		I&R SERVICES-SALARY & FRINGES APPRVD	22		253	
4		ADULTS & PEDIATRICS	25		4,574	
5		INTENSIVE CARE UNIT	26		3,775	
6		NEONATAL ICU	26.02		974	
7		CORONARY CARE UNIT	27		250	
8		SUBPROVIDER 2	31.01		5	
9		OPERATING ROOM	37		20,283,865	
10		RECOVERY ROOM	38		2,739	
11		DELIVERY ROOM & LABOR ROOM	39		21,966	
12		ANESTHESIOLOGY	40		10,429	
13		RADIOLOGY-DIAGNOSTIC	41		31,185	
14		CAT SCAN	41.01		709	
15		DIAGNOSTIC ULTRASOUND	41.02		650	
16		LABORATORY	44		2,501	
17		INTRAVENOUS THERAPY	48		138,293	
18		RESPIRATORY THERAPY	49		109,717	
19		PHYSICAL THERAPY	50		488	
20		CARDIAC CATHETERIZATION LABORATORY	53.01		5,589,111	
21		CARDIOPULMONARY	53.02		2,803	
22		RENAL DIALYSIS	57		329	
23		ANCILLARY PSYCH	59		87	
24		OUTREACH CLINIC	59.01		32	
25		CLINIC	60		9,717	
26		EMERGENCY	61		8,758	
27		DIAGNOSTIC TREATMENT CENTER	61.01		63,511	
28		AMBULANCE SERVICES	65		710	
29		MARKETING	100.04		108	
30		WELBORN PROFESSIONAL SVC	100.09		2,675	
31 DRUGS	F	EMPLOYEE BENEFITS	5		64,571	
32		OPERATION OF PLANT	8		43	
33		DIETARY	11		1,571	
34		NURSING ADMINISTRATION	14		31	
35		CENTRAL SERVICES & SUPPLY	15		10,800	

RECLASSIFICATIONS

PROVIDER NO:
150100

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

PREPARED 11/24/2009
WORKSHEET A-6
CONTD

----- DECREASE -----					A-7	
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 DRUGS	F	PHARMACY	16		10,937,051	
2		MEDICAL RECORDS & LIBRARY	17		5	
3		I&R SERVICES-SALARY & FRINGES APPRVD	22		359	
4		ADULTS & PEDIATRICS	25		23,661	
5		INTENSIVE CARE UNIT	26		12,620	
6		NEONATAL ICU	26.02		8,115	
7		CORONARY CARE UNIT	27		1,621	
8		SUBPROVIDER	31		132	
9		SUBPROVIDER 2	31.01		198	
10		OPERATING ROOM	37		58,877	
11		DELIVERY ROOM & LABOR ROOM	39		2,775	
12		ANESTHESIOLOGY	40		233,227	
13		RADIOLOGY-DIAGNOSTIC	41		13,561	
14		CAT SCAN	41.01		3,525	
15		DIAGNOSTIC ULTRASOUND	41.02		1,211	
16		NUCLEAR MEDICINE	41.03		1,308	
17		RADIOLOGY-THERAPEUTIC	42		43	
18		LABORATORY	44		341	
19		BLOOD STORING, PROCESSING & TRANS.	47		44	
20		INTRAVENOUS THERAPY	48		81,998	
21		RESPIRATORY THERAPY	49		8,764	
22		PHYSICAL THERAPY	50		796	
23		OCCUPATIONAL THERAPY	51		3	
24		ELECTROCARDIOLOGY	53		2,718	
25		CARDIAC CATHETERIZATION LABORATORY	53.01		2,164	
26		CARDIOPULMONARY	53.02		33	
27		DIABETES CENTER	53.03		102	
28		ELECTROENCEPHALOGRAPHY	54		4	
29		RENAL DIALYSIS	57		9,950	
30		ANCILLARY PSYCH	59		48	
31		OUTREACH CLINIC	59.01		153	
32		CLINIC	60		1,004	
33		BARITRICS	60.04		16	
34		EMERGENCY	61		25,806	
35		DIAGNOSTIC TREATMENT CENTER	61.01		11,530	
1 DRUGS	F	AMBULANCE SERVICES	65		8,498	
2		ST. MARY'S APOTHECARY	100.01		116,349	
3		MARKETING	100.04		70,239	
4		WELBORN PROFESSIONAL SVC	100.09		44,788	
5		OTHER ADMINISTRATIVE AND GENERAL	6.08		22	
6 RENT- EQUIPMENT	G	PURCHASING, RECEIVING AND STORES	6.03		1,340	11
7		OTHER ADMINISTRATIVE AND GENERAL	6.08		207	
8		OPERATION OF PLANT	8		261	
9		LAUNDRY & LINEN SERVICE	9		50	
10		HOUSEKEEPING	10		21	
11		PHARMACY	16		155,670	
12		MEDICAL RECORDS & LIBRARY	17		16,000	
13		ADULTS & PEDIATRICS	25		102,406	
14		INTENSIVE CARE UNIT	26		68,554	
15		NEONATAL ICU	26.02		1,984	
16		SUBPROVIDER	31		642	
17		SUBPROVIDER 2	31.01		15,433	
18		OPERATING ROOM	37		2,624	
19		DELIVERY ROOM & LABOR ROOM	39		11,100	
20		RADIOLOGY-DIAGNOSTIC	41		418,291	
21		LABORATORY	44		49,886	
22		RESPIRATORY THERAPY	49		10,626	
23		PHYSICAL THERAPY	50		59	
24		OCCUPATIONAL THERAPY	51		760	
25		CARDIAC CATHETERIZATION LABORATORY	53.01		20,750	
26		CARDIOPULMONARY	53.02		899	
27		ELECTROENCEPHALOGRAPHY	54		3,080	
28		DIAGNOSTIC TREATMENT CENTER	61.01		87	
29		MARKETING	100.04		5,695	
30		WELBORN PROFESSIONAL SVC	100.09		3,569	
31 PHYSICIAN SALARY	H	OTHER ADMINISTRATIVE AND GENERAL	6.08	65,025		
32		INTENSIVE CARE UNIT	26	270,681		
33		SUBPROVIDER	31	338,026		
34		SUBPROVIDER 2	31.01	1		
35		OPERATING ROOM	37	4,844		

RECLASSIFICATIONS

PROVIDER NO:
150100

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

PREPARED 11/24/2009
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10
	CODE (1) 1	COST CENTER 6	LINE NO 7	SALARY 8	
1 PHYSICIAN SALARY	H	RADIOLOGY-DIAGNOSTIC	41	11,500	
2		ELECTROCARDIOLOGY	53	2,774	
3		DIABETES CENTER	53.03	32,036	
4		ELECTROENCEPHALOGRAPHY	54	769	
5		SENIOR HEALTH	60.01	12,491	
6		BARIATRICS	60.04	19,231	
7		PHYSICIANS' PRIVATE OFFICES	98	79,059	
36 TOTAL RECLASSIFICATIONS				2,959,995	44,724,464

(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:
150100

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

PREPARED 11/24/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION: RENT

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	3,866,524
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
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
26.00			0
27.00			0
28.00			0
TOTAL RECLASSIFICATIONS FOR CODE A			3,866,524

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	15,662	
OTHER ADMINISTRATIVE AND GENER	6.08	338,038	
NURSING ADMINISTRATION	14	24,069	
CENTRAL SERVICES & SUPPLY	15	31,200	
MEDICAL RECORDS & LIBRARY	17	2,796	
I&R SERVICES-SALARY & FRINGES	22	19,548	
ADULTS & PEDIATRICS	25	5,125	
OPERATING ROOM	37	71,227	
RECOVERY ROOM	38	245,673	
RADIOLOGY-DIAGNOSTIC	41	362,954	
CAT SCAN	41.01	106,802	
DIAGNOSTIC ULTRASOUND	41.02	46,775	
NUCLEAR MEDICINE	41.03	187,871	
RADIOLOGY-THERAPEUTIC	42	202,481	
LABORATORY	44	201,085	
PHYSICAL THERAPY	50	260,953	
CARDIOPULMONARY	53.02	268,807	
DIABETES CENTER	53.03	100,267	
OUTREACH CLINIC	59.01	45,000	
CLINIC	60	26,178	
BARITRICS	60.04	94,841	
PHYSICIANS' PRIVATE OFFICES	98	886,386	
ST. MARY'S APOTHECARY	100.01	41,179	
OCCUPATIONAL MEDICINE	100.02	10,159	
CANCER CTR/PHYS RECRUITMENT	100.03	11,789	
MARKETING	100.04	156,147	
WELBORN PROFESSIONAL SVC	100.09	103,512	
TOTAL RECLASSIFICATIONS FOR CODE A			3,866,524

RECLASS CODE: B
EXPLANATION: CAFETERIA

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	3,331,133
TOTAL RECLASSIFICATIONS FOR CODE B			3,331,133

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	3,331,133	
TOTAL RECLASSIFICATIONS FOR CODE B			3,331,133

RECLASS CODE: C
EXPLANATION: X-RAY INSTRUCTOR

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PARAMED ED PRGM	24	85,498
TOTAL RECLASSIFICATIONS FOR CODE C			85,498

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
RADIOLOGY-DIAGNOSTIC	41	85,498	
TOTAL RECLASSIFICATIONS FOR CODE C			85,498

RECLASS CODE: D
EXPLANATION: NURSERY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	594,399
TOTAL RECLASSIFICATIONS FOR CODE D			594,399

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	594,399	
TOTAL RECLASSIFICATIONS FOR CODE D			594,399

RECLASS CODE: E
EXPLANATION: MEDICAL SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	26,319,799
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
14.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.08	78	
OPERATION OF PLANT	8	610	
HOUSEKEEPING	10	21	
DIETARY	11	120	
NURSING ADMINISTRATION	14	1	
CENTRAL SERVICES & SUPPLY	15	28,576	
PHARMACY	16	179	
I&R SERVICES-SALARY & FRINGES	22	253	
ADULTS & PEDIATRICS	25	4,574	
INTENSIVE CARE UNIT	26	3,775	
NEONATAL ICU	26.02	974	
CORONARY CARE UNIT	27	250	
SUBPROVIDER 2	31.01	5	

RECLASSIFICATIONS

PROVIDER NO:
150100

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

PREPARED 11/24/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: E
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
15.00			0	OPERATING ROOM	37	20,283,865	
16.00			0	RECOVERY ROOM	38	2,739	
17.00			0	DELIVERY ROOM & LABOR ROOM	39	21,966	
18.00			0	ANESTHESIOLOGY	40	10,429	
19.00			0	RADIOLOGY-DIAGNOSTIC	41	31,185	
20.00			0	CAT SCAN	41.01	709	
21.00			0	DIAGNOSTIC ULTRASOUND	41.02	650	
22.00			0	LABORATORY	44	2,501	
23.00			0	INTRAVENOUS THERAPY	48	138,293	
24.00			0	RESPIRATORY THERAPY	49	109,717	
25.00			0	PHYSICAL THERAPY	50	488	
26.00			0	CARDIAC CATHETERIZATION LABORA	53.01	5,589,111	
27.00			0	CARDIOPULMONARY	53.02	2,803	
29.00			0	RENAL DIALYSIS	57	329	
30.00			0	ANCILLARY PSYCH	59	87	
31.00			0	OUTREACH CLINIC	59.01	32	
32.00			0	CLINIC	60	9,717	
34.00			0	EMERGENCY	61	8,758	
35.00			0	DIAGNOSTIC TREATMENT CENTER	61.01	63,511	
36.00			0	AMBULANCE SERVICES	65	710	
38.00			0	MARKETING	100.04	108	
39.00			0	WELBORN PROFESSIONAL SVC	100.09	2,675	
TOTAL RECLASSIFICATIONS FOR CODE E			26,319,799			26,319,799	

RECLASS CODE: F
EXPLANATION : DRUGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	11,760,302	EMPLOYEE BENEFITS	5	64,571	
2.00	RECOVERY ROOM	38	222	OPERATION OF PLANT	8	43	
3.00	PHYSICIANS' PRIVATE OFFICES	98	151	DIETARY	11	1,571	
4.00			0	NURSING ADMINISTRATION	14	31	
5.00			0	CENTRAL SERVICES & SUPPLY	15	10,800	
6.00			0	PHARMACY	16	10,937,051	
7.00			0	MEDICAL RECORDS & LIBRARY	17	5	
8.00			0	I&R SERVICES-SALARY & FRINGES	22	359	
9.00			0	ADULTS & PEDIATRICS	25	23,661	
10.00			0	INTENSIVE CARE UNIT	26	12,620	
11.00			0	NEONATAL ICU	26.02	8,115	
12.00			0	CORONARY CARE UNIT	27	1,621	
13.00			0	SUBPROVIDER	31	132	
14.00			0	SUBPROVIDER 2	31.01	198	
15.00			0	OPERATING ROOM	37	58,877	
17.00			0	DELIVERY ROOM & LABOR ROOM	39	2,775	
18.00			0	ANESTHESIOLOGY	40	233,227	
19.00			0	RADIOLOGY-DIAGNOSTIC	41	13,561	
20.00			0	CAT SCAN	41.01	3,525	
21.00			0	DIAGNOSTIC ULTRASOUND	41.02	1,211	
22.00			0	NUCLEAR MEDICINE	41.03	1,308	
23.00			0	RADIOLOGY-THERAPEUTIC	42	43	
24.00			0	LABORATORY	44	341	
25.00			0	BLOOD STORING, PROCESSING & TR	47	44	
26.00			0	INTRAVENOUS THERAPY	48	81,998	
27.00			0	RESPIRATORY THERAPY	49	8,764	
28.00			0	PHYSICAL THERAPY	50	796	
29.00			0	OCCUPATIONAL THERAPY	51	3	
30.00			0	ELECTROCARDIOLOGY	53	2,718	
31.00			0	CARDIAC CATHETERIZATION LABORA	53.01	2,164	
32.00			0	CARDIOPULMONARY	53.02	33	
33.00			0	DIABETES CENTER	53.03	102	
34.00			0	ELECTROENCEPHALOGRAPHY	54	4	
35.00			0	RENAL DIALYSIS	57	9,950	
36.00			0	ANCILLARY PSYCH	59	48	
37.00			0	OUTREACH CLINIC	59.01	153	
38.00			0	CLINIC	60	1,004	
39.00			0	BARITRICS	60.04	16	
40.00			0	EMERGENCY	61	25,806	
41.00			0	DIAGNOSTIC TREATMENT CENTER	61.01	11,530	
42.00			0	AMBULANCE SERVICES	65	8,498	
44.00			0	ST. MARY'S APOTHECARY	100.01	116,349	
45.00			0	MARKETING	100.04	70,239	
46.00			0	WELBORN PROFESSIONAL SVC	100.09	44,788	
47.00			0	OTHER ADMINISTRATIVE AND GENER	6.08	22	
TOTAL RECLASSIFICATIONS FOR CODE F			11,760,675			11,760,675	

RECLASSIFICATIONS

PROVIDER NO:
150100

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

PREPARED 11/24/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: G
EXPLANATION : RENT- EQUIPMENT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	889,853	PURCHASING, RECEIVING AND STOR	6.03	1,340	
2.00	DIETARY	11	141	OTHER ADMINISTRATIVE AND GENER	6.08	207	
3.00			0	OPERATION OF PLANT	8	261	
4.00			0	LAUNDRY & LINEN SERVICE	9	50	
5.00			0	HOUSEKEEPING	10	21	
7.00			0	PHARMACY	16	155,670	
8.00			0	MEDICAL RECORDS & LIBRARY	17	16,000	
9.00			0	ADULTS & PEDIATRICS	25	102,406	
10.00			0	INTENSIVE CARE UNIT	26	68,554	
11.00			0	NEONATAL ICU	26.02	1,984	
12.00			0	SUBPROVIDER	31	642	
13.00			0	SUBPROVIDER 2	31.01	15,433	
14.00			0	OPERATING ROOM	37	2,624	
15.00			0	DELIVERY ROOM & LABOR ROOM	39	11,100	
16.00			0	RADIOLOGY-DIAGNOSTIC	41	418,291	
17.00			0	LABORATORY	44	49,886	
18.00			0	RESPIRATORY THERAPY	49	10,626	
19.00			0	PHYSICAL THERAPY	50	59	
20.00			0	OCCUPATIONAL THERAPY	51	760	
21.00			0	CARDIAC CATHETERIZATION LABORA	53.01	20,750	
22.00			0	CARDIOPULMONARY	53.02	899	
23.00			0	ELECTROENCEPHALOGRAPHY	54	3,080	
24.00			0	DIAGNOSTIC TREATMENT CENTER	61.01	87	
25.00			0	MARKETING	100.04	5,695	
26.00			0	WELBORN PROFESSIONAL SVC	100.09	3,569	
TOTAL RECLASSIFICATIONS FOR CODE G			889,994				889,994

RECLASS CODE: H
EXPLANATION : PHYSICIAN SALARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.08	65,025	OTHER ADMINISTRATIVE AND GENER	6.08	65,025	
2.00	INTENSIVE CARE UNIT	26	270,681	INTENSIVE CARE UNIT	26	270,681	
3.00	SUBPROVIDER	31	338,026	SUBPROVIDER	31	338,026	
4.00	SUBPROVIDER 2	31.01	1	SUBPROVIDER 2	31.01	1	
5.00	OPERATING ROOM	37	4,844	OPERATING ROOM	37	4,844	
6.00	RADIOLOGY-DIAGNOSTIC	41	11,500	RADIOLOGY-DIAGNOSTIC	41	11,500	
7.00	ELECTROCARDIOLOGY	53	2,774	ELECTROCARDIOLOGY	53	2,774	
8.00	DIABETES CENTER	53.03	32,036	DIABETES CENTER	53.03	32,036	
9.00	ELECTROENCEPHALOGRAPHY	54	769	ELECTROENCEPHALOGRAPHY	54	769	
10.00	SENIOR HEALTH	60.01	12,491	SENIOR HEALTH	60.01	12,491	
11.00	BARITRICS	60.04	19,231	BARITRICS	60.04	19,231	
12.00	PHYSICIANS' PRIVATE OFFICES	98	79,059	PHYSICIANS' PRIVATE OFFICES	98	79,059	
TOTAL RECLASSIFICATIONS FOR CODE H			836,437				836,437

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	10,016,328					10,016,328	
2 LAND IMPROVEMENTS	8,978,750	62,453		62,453		9,041,203	
3 BUILDINGS & FIXTURE	147,440,619	4,180,303		4,180,303		151,620,922	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	155,157,665	2,682,040		2,682,040		157,839,705	
7 SUBTOTAL	321,593,362	6,924,796		6,924,796		328,518,158	
8 RECONCILING ITEMS							
9 TOTAL	321,593,362	6,924,796		6,924,796		328,518,158	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS			RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO		INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	170,678,453		170,678,453	.519540				
4	NEW CAP REL COSTS-MV	157,839,705		157,839,705	.480460				
5	TOTAL	328,518,158		328,518,158	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	3,170,289	3,866,524	3,865,414	2,606			10,904,833
4	NEW CAP REL COSTS-MV	9,142,073		792,582	18,617			9,953,272
5	TOTAL	12,312,362	3,866,524	4,657,996	21,223			20,858,105

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

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	3,850,651		4,906,565	2,606			8,759,822
4	NEW CAP REL COSTS-MV	12,349,382			18,617			12,367,999
5	TOTAL	16,200,033		4,906,565	21,223			21,127,821

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

1	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
				3 COST CENTER	4 LINE NO	
1	INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3	INVST INCOME-NEW BLDGS AND FIXTURES	B	-68,893	NEW CAP REL COSTS-BLDG &	3	11
4	INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-97,271	NEW CAP REL COSTS-MVBLE E	4	11
5	INVESTMENT INCOME-OTHER					
6	TRADE, QUANTITY AND TIME DISCOUNTS	B	-39,009	OTHER ADMINISTRATIVE AND	6.08	
7	REFUNDS AND REBATES OF EXPENSES					
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS	B	-972,258	NEW CAP REL COSTS-BLDG &	3	11
9	TELEPHONE SERVICES					
10	TELEVISION AND RADIO SERVICE	A	-11,518	OPERATION OF PLANT	8	
11	PARKING LOT					
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-6,286,175			
13	SALE OF SCRAP, WASTE, ETC.					
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1	-2,461,681			
15	LAUNDRY AND LINEN SERVICE	B	-108,969	LAUNDRY & LINEN SERVICE	9	
16	CAFETERIA--EMPLOYEES AND GUESTS	B	-1,680,631	CAFETERIA	12	
17	RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18	SALE OF MED AND SURG SUPPLIES					
19	SALE OF DRUGS TO OTHER THAN PATIENTS	B	-46,143	PHARMACY	16	
20	SALE OF MEDICAL RECORDS & ABSTRACTS	B	-6,115	MEDICAL RECORDS & LIBRARY	17	
21	NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22	VENDING MACHINES					
23	INCOME FROM IMPOSITION OF INTEREST					
24	INTRST EXP ON MEDICARE OVERPAYMENTS					
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28	UTILIZATION REVIEW-PHYSIAN COMP					
29	DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	89	
30	DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	1	
31	DEPRECIATION-NEW BLDGS AND FIXTURES			**COST CENTER DELETED**	2	
32	DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-BLDG &	3	
33	NON-PHYSICIAN ANESTHETIST			NEW CAP REL COSTS-MVBLE E	4	
34	PHYSICIANS' ASSISTANT			**COST CENTER DELETED**	20	
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37	MISC HR INCOME	B	-7,428	EMPLOYEE BENEFITS	5	
38	MISC COMMUNICATIONS INCOME	B	-83,792	COMMUNICATION	6.01	
39	MISC A&G INCOME	B	-729,941	OTHER ADMINISTRATIVE AND	6.08	
40	MISC PLANT OPS INCOME	B	-135,878	OPERATION OF PLANT	8	
41	MISC HOUSEKEEPING INCOME	B	-479	HOUSEKEEPING	10	
42	MISC DIETARY INCOME	B	-7,614	DIETARY	11	
43	MISC NURSING ADMIN INCOME	B	-19,226	NURSING ADMINISTRATION	14	
44	MISC CENTRAL SUPPLY INCOME	B	-6,695	CENTRAL SERVICES & SUPPLY	15	
45	MISC ADULTS & PEDS INCOME	B	-30,909	ADULTS & PEDIATRICS	25	
46	MISC PSYCH INCOME	B	-42,156	SUBPROVIDER	31	
47	MISC SURGERY INCOME	B	-41,275	OPERATING ROOM	37	
48	MISC ANESTHESIOLOGY INCOME	B	-929	ANESTHESIOLOGY	40	
49	MISC RADIOLOGY INCOME	B	-8,196	RADIOLOGY-DIAGNOSTIC	41	
49.01	MISC ULTRASOUND INCOME	B	-5,160	DIAGNOSTIC ULTRASOUND	41.02	
49.02	MISC RADIOLOGY-THERAPEUTIC INCOME	B	-100	RADIOLOGY-THERAPEUTIC	42	
49.03	MISC LAB INCOME	B	-367,744	LABORATORY	44	
49.04	MISC IV THERAPY INCOME	B	-93,835	INTRAVENOUS THERAPY	48	
49.05	MISC RT INCOME	B	-162	RESPIRATORY THERAPY	49	
49.06	MISC PT INCOME	B	-44,721	PHYSICAL THERAPY	50	
49.07	MISC CARDIAC CATH INCOME	B	-61,619	CARDIAC CATHETERIZATION L	53.01	
49.08	MISC CARDIOPULMONARY INCOME	B	-98,429	CARDIOPULMONARY	53.02	
49.09	MISC ELECTROENCEPHLAGRAPHY INCOME	B	-100	ELECTROENCEPHALOGRAPHY	54	
49.10	MISC RENAL DIALYSIS INCOME	B	-1,710,804	RENAL DIALYSIS	57	
49.11	MISC OUTREACH CLINIC INCOME	B	-60,310	OUTREACH CLINIC	59.01	
49.12	MISC FAMILY PRACTICE INCOME	B	-42,308	SENIOR HEALTH	60.01	
49.13	MISC ER INCOME	B	-30,500	EMERGENCY	61	
49.14	MISC DIAGNOSTIC TREATMENT CTR INCOME	B	-317	DIAGNOSTIC TREATMENT CENT	61.01	
49.15	MISC AMBULANCE INCOME	B	-10,430	AMBULANCE SERVICES	65	
49.16	MISC OT INCOME	B	-2,422	OCCUPATIONAL THERAPY	51	
49.17	MISC ST INCOME	B	-683	SPEECH PATHOLOGY	52	
49.18	MISC NICU INCOME	B	-19,676	NEONATAL ICU	26.02	
49.19	MISC NON-ALLOWABLE EXPENSES	A	-131	EMPLOYEE BENEFITS	5	
49.20	MISC NON-ALLOWABLE EXPENSES	A	-730	PURCHASING, RECEIVING AND	6.03	
49.21	MISC NON-ALLOWABLE EXPENSES	A	-439,199	OTHER ADMINISTRATIVE AND	6.08	
49.22	MISC NON-ALLOWABLE EXPENSES	A	-5	OPERATION OF PLANT	8	
49.23	MISC NON-ALLOWABLE EXPENSES	A	-4,004	NURSING ADMINISTRATION	14	
49.24	MISC NON-ALLOWABLE EXPENSES	A	-1,532	I & R SERVICES-OTHER PRGM C	23	
49.25	MISC NON-ALLOWABLE EXPENSES	A	-45	ADULTS & PEDIATRICS	25	
49.26	MISC NON-ALLOWABLE EXPENSES	A	-542	INTENSIVE CARE UNIT	26	
49.27	MISC NON-ALLOWABLE EXPENSES	A	-89	NEONATAL ICU	26.02	
49.28	MISC NON-ALLOWABLE EXPENSES	A	-1,172	OPERATING ROOM	37	
49.29	MISC NON-ALLOWABLE EXPENSES	A	-261	LABORATORY	44	
49.30	MISC NON-ALLOWABLE EXPENSES	A	7	PHYSICAL THERAPY	50	
49.31	MISC NON-ALLOWABLE EXPENSES	A	-80	CARDIAC CATHETERIZATION L	53.01	
49.32	MISC NON-ALLOWABLE EXPENSES	A	-2,344	EMERGENCY	61	
49.33	ADVERTISING EXPENSE	A	-5,185	ADULTS & PEDIATRICS	25	
49.34	ADVERTISING EXPENSE	A	-300	SUBPROVIDER 2	31.01	
49.35	ADVERTISING EXPENSE	A	-29	RADIOLOGY-DIAGNOSTIC	41	
49.36	ADVERTISING EXPENSE	A	-533	LABORATORY	44	

ADJUSTMENTS TO EXPENSES

DESCRIPTION (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
49.37 ADVERTISING EXPENSE	A	-704	PHYSICAL THERAPY	50	
49.38 ADVERTISING EXPENSE	A	-313	AMBULANCE SERVICES	65	
49.39 PATIENT TELEPHONES	A	-37,814	COMMUNICATION	6.01	
49.40 PATIENT TELEPHONES	A	-724	CASHIERING/ACCOUNTS RECEI	6.06	
49.41 PATIENT TELEPHONES	A	-27	OTHER ADMINISTRATIVE AND	6.08	
49.42 PATIENT TELEPHONES	A	-56	DIETARY	11	
49.43 PATIENT TELEPHONES	A	-5	PHARMACY	16	
49.44 PATIENT TELEPHONES	A	-1,008	MEDICAL RECORDS & LIBRARY	17	
49.45 PATIENT TELEPHONES	A	-14	ADULTS & PEDIATRICS	25	
49.46 PATIENT TELEPHONES	A	-1	INTENSIVE CARE UNIT	26	
49.47 PATIENT TELEPHONES	A	-4	OPERATING ROOM	37	
49.48 PATIENT TELEPHONES	A	112	LABORATORY	44	
49.49 FY07 MINOR EQ DEPRECIATION	A	-401,324	NEW CAP REL COSTS-MVBLE E	4	9
49.50 FY06 MINOR EQ DEPRECIATION	A	-198,561	NEW CAP REL COSTS-MVBLE E	4	9
49.51 PV LAB BENEFIT	A	-53,196	EMPLOYEE BENEFITS	5	
49.52 PV LAB PROFIT	A	-872,528	INTRAVENOUS THERAPY	48	
49.53 FREESTANDING LAB BENEFIT	A	-51,848	EMPLOYEE BENEFITS	5	
49.54 FREESTANDING LAB PROFIT	A	-829,668	CARDIAC CATHETERIZATION L	53.01	
49.55 PHYSICIAN BILLING	A	-13,733	SUBPROVIDER	31	
49.56 PHYSICIAN BILLING	A	-14,554	BARIATRICS	60.04	
49.57 PHYSICIAN BILLING	A	-148,094	NEONATAL ICU	26.02	
49.58 PHYSICIAN BILLING	A	-10,810	INTENSIVE CARE UNIT	26	
49.59 PHYSICIAN BILLING	A	-30,464	OUTREACH CLINIC	59.01	
49.60 SELF - INSURANCE	A	-3,263,442	EMPLOYEE BENEFITS	5	
49.61 PROFESSIONAL LIABILITY INSURANCE	A	-158,699	OTHER ADMINISTRATIVE AND	6.08	
49.62 LOBBYING DUES	A	-5,619	OTHER ADMINISTRATIVE AND	6.08	
49.63					
49.64					
49.65					
49.66					
49.67					
49.68					
49.69					
49.70					
49.71					
49.72					
49.73					
49.74					
49.75					
50 TOTAL (SUM OF LINES 1 THRU 49)		-21,991,773			

(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	3	NEW CAP REL COSTS-BLDG & ASCENSION CRC - BLD	28,787		28,787	9
2	4	NEW CAP REL COSTS-MVBLE E ASCENSION CRC - EQUIPMENT	125,902		125,902	9
3	6 8	OTHER ADMINISTRATIVE AND ASCENSION A&G/MGMT FEES	2,251,250	6,999,996	-4,748,746	
4	3	NEW CAP REL COSTS-BLDG & AHI S CRC - BLD	5,534		5,534	9
4.01	4	NEW CAP REL COSTS-MVBLE E AHI S CRC - EQUIPMENT	1,296,071	818,730	477,341	9
4.02	6 8	OTHER ADMINISTRATIVE AND AHI S A&G /MGMT FEES	14,701,693	15,575,310	-873,617	
4.03	3	NEW CAP REL COSTS-BLDG & BOND AMORTIZATION	4,302,875	4,353,822	-50,947	9
4.04	6 8	OTHER ADMINISTRATIVE AND BOND AMORTIZATION - A&G	398,111	552,743	-154,632	
4.05	3	NEW CAP REL COSTS-BLDG & CHAN ALLOCATION - CAPITAL	3,846		3,846	9
4.06	6 8	OTHER ADMINISTRATIVE AND CHAN ALLOCATION - NON-CAP	166,251		166,251	
4.07	3	NEW CAP REL COSTS-BLDG & SMMC HO EXP ON WKST A		667,582	-667,582	9
4.08	4	NEW CAP REL COSTS-MVBLE E SMMC HO EXP ON WKST A		3,210,667	-3,210,667	9
4.09	5	EMPLOYEE BENEFITS		1,369,761	-1,369,761	
4.10	6 1	COMMUNICATION		62,203	-62,203	
4.11	6 3	PURCHASING, RECEIVING AND SMMC HO EXP ON WKST A		515,277	-515,277	
4.12	6 8	OTHER ADMINISTRATIVE AND SMMC HO EXP ON WKST A	32,628,847	23,602,838	9,026,009	
4.13	10	HOUSEKEEPING		260,185	-260,185	
4.14	12	CAFETERIA		95,365	-95,365	
4.15	17	MEDICAL RECORDS & LIBRARY		286,369	-286,369	
4.16						
4.17						
4.18						
4.19						
4.20						
5		TOTALS	55,909,167	58,370,848	-2,461,681	

* 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	0.00	ASCENSION HEALTH	100.00	HOME OFFICE
2	B	0.00	ST MARY'S HEALTH SYSTEM	100.00	SYSTEM HOME OFFICE
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0100
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6 8	MISC A&G	85,631	85,631		142,500			
2 22	INTERNS & RESIDENTS	4,572	4,572		142,500			
3 25	ADULTS & PEDS				142,500			
4 26	INTENSIVE CARE UNIT	270,681	270,681		142,500			
5 31	PSYCH	288,026	288,026		138,700			
6 31 1	REHAB	1	1		142,500			
7 37	OPERATING ROOM	1,147,022	1,147,022		182,900			
8 39	LABOR & DELIVERY	340,505	340,505		200,300			
9 40	ANESTHESIOLOGY	2,437,476	2,437,476		200,300			
10 41	RADIOLOGY	11,500	11,500		217,600			
11 42	RADIATION ONCOLOGY	15,900	15,900		217,600			
12 44	LABORTORY	405,034	405,031		142,500			
13 50	PHYSICAL THERAPY	8,679	8,679		142,500			
14 53	ELECTROCARDIOLOGY	133,522	133,522		142,500			
15 53 3	DIABETES CENTER	32,036	32,036		142,500			
16 54	ELECTROENCEPHALOGRAPHY				142,500			
17 60 1	SENIOR HEALTH	552,848	552,848		142,500			
18 60 4	BARIATRICS	250,242	250,242		142,500			
19 61	EMERGENCY	302,500	302,500		142,500			
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	6,286,175	6,286,172					

COST ALLOCATION STATISTICS

PROVIDER NO: 15-0100
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	6	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	NOT ENTERED
6.01	COMMUNICATION	9	NONPATIENT	T T TEL	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	10	SUPPLIES	EXPENSE	ENTERED
6.05	ADMITTING	C	GROSS	CHARGES	NOT ENTERED
6.06	CASHIERING/ACCOUNTS RECEIVABLE	C	GROSS	CHARGES	NOT ENTERED
6.07	PATIENT PLACEMENT	5	ASSIGNED TIME		ENTERED
6.08	OTHER ADMINISTRATIVE AND GENERAL	-13	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	8	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	16	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	8	SQUARE	FEET	ENTERED
11	DIETARY	19	MEALS	SERVED	ENTERED
12	CAFETERIA	20	MAN HOURS		ENTERED
14	NURSING ADMINISTRATION	21	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	23	ASSIGNED	TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	ASSIGNED	TIME	ENTERED
24	PARAMED ED PRGM	22	ASSIGNED	TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C COSTS-BLDG & OSTS-3	NEW CAP REL C COSTS-MVBLE E OSTS-4	EMPLOYEE BENEFITS	COMMUNICATION	PURCHASING, RECEIVING AND	R ADMINISTRATION	6.05
	0	3	4	5	6.01	6.03		
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &	10,904,833	10,904,833						
005 NEW CAP REL COSTS-MVBLE E	9,953,272		9,953,272					
006 EMPLOYEE BENEFITS	26,014,246	68,475	2,814	26,085,535				
006 01 COMMUNICATION	155,509	13,908	50,802	43,534	263,753			
006 03 PURCHASING, RECEIVING AND	301,595	172,903	4,024	139,025	2,115	619,662		
006 05 ADMINISTRATION	2,304,159	193,295	198	424,807	5,136	5,114		2,932,709
006 06 CASHIERING/ACCOUNTS RECEI	4,464,343	90,214	7,800	215,231	11,481	1,919		
006 07 PATIENT PLACEMENT	493,202	9,030		117,373		87		
006 08 OTHER ADMINISTRATIVE AND	39,441,815	952,353	2,589,344	2,107,832	51,864	20,232		
008 OPERATION OF PLANT	8,788,618	1,297,254	40,334	736,618	10,474	15,717		
009 LAUNDRY & LINEN SERVICE	1,045,519	131,530	75,746	155,512	201	3,262		
010 HOUSEKEEPING	2,369,371	215,543	6,127	521,005	1,309	12,654		
011 DIETARY	670,727	284,053	74,339	72,777	2,820	57,356		
012 CAFETERIA	1,555,137			356,545				
014 NURSING ADMINISTRATION	3,044,586	19,509	144,324	687,034	2,921	2,611		
015 CENTRAL SERVICES & SUPPLY	2,558,449	194,280		299,734	1,309	72,945		
016 PHARMACY	3,850,874	70,976		815,546	5,438	18,274		
017 MEDICAL RECORDS & LIBRARY	3,342,260	111,840	26,540	605,037	17,725	2,083		
022 I&R SERVICES-SALARY & FRI	109,809			32,200	1,108			
023 I&R SERVICES-OTHER PRGM C	46,361					718		
024 PARAMED ED PRGM	85,498			20,462				
025 INPAT ROUTINE SRVC CNTRS								
026 ADULTS & PEDIATRICS	15,802,581	1,828,989	358,001	3,458,303	22,558	35,521		145,480
026 INTENSIVE CARE UNIT	7,466,414	476,578	190,141	1,473,886	5,942	12,663		52,425
026 02 NEONATAL ICU	4,132,262	143,910	85,247	954,058	3,928	8,083		63,715
027 CORONARY CARE UNIT	1,081,431	63,870	54,665	247,807	1,712	2,127		8,113
031 SUBPROVIDER	1,050,002	133,149	173	235,309	2,014	635		8,816
031 01 SUBPROVIDER 2	2,337,233	399,627	28,350	513,088	5,438	3,151		16,672
033 NURSERY	594,399			131,226				
037 ANCILLARY SRVC COST CNTRS								
038 OPERATING ROOM	32,097,927	472,652	1,362,377	1,577,221	11,581	91,989		398,148
038 RECOVERY ROOM	1,263,209	39,087	27,654	294,307	1,712	1,584		42,740
039 DELIVERY ROOM & LABOR ROO	2,116,638	274,117	26,974	456,421	1,913	10,844		28,615
040 ANESTHESIOLOGY	43,678		9,910	8,001	403	8		32,520
041 RADIOLOGY-DIAGNOSTIC	4,448,505	224,325	958,346	608,257	10,272			163,629
041 01 CAT SCAN	1,345,143	29,491	1,132,234	158,059	604	2,806		176,160
041 02 DIAGNOSTIC ULTRASOUND	550,421	8,023	132,211	107,890	403	2,849		39,591
041 03 NUCLEAR MEDICINE	1,347,023	33,576	264,269	106,950	906	1,121		60,324
042 RADIOLOGY-THERAPEUTIC	638,564		442,256	2,153	2,618	287		17,515
044 LABORATORY	8,119,484	145,053	266,587	1,164,980	8,963	20,448		182,587
047 BLOOD STORING, PROCESSING	2,848,349	7,016	10,714	80,490		2,125		24,795
048 INTRAVENOUS THERAPY	1,223,566	5,771	87,566	97,557	403	53,784		19,871
049 RESPIRATORY THERAPY	2,932,092	28,959	118,079	573,673	1,007	22,638		78,575
050 PHYSICAL THERAPY	2,395,210	66,801	26,703	542,922	3,021	4,072		48,809
051 OCCUPATIONAL THERAPY	987,300		9,024	233,790	403	338		21,142
052 SPEECH PATHOLOGY	281,811		656	65,207	101	117		8,252
053 ELECTROCARDIOLOGY	4,102,954	47,733	48,936	107,733	4,230	1,738		100,008
053 01 CARDIAC CATHETERIZATION L	3,691,133	145,574	882,716	289,467	5,136	28,702		142,317
053 02 CARDIOPULMONARY	387,571	2,071	19,303	111,851	2,014	510		2,309
053 03 DIABETES CENTER	318,813		1,034	49,164	3,424	176		960
054 ELECTROENCEPHALOGRAPHY	669,074	76,420	2,658	25,546	705	331		17,762
055 MEDICAL SUPPLIES CHARGED	26,319,799		88,261					461,709
056 DRUGS CHARGED TO PATIENTS	11,760,302		17,998					296,520
057 RENAL DIALYSIS	-30,531	3,316	12,702	308,555	403	16,908		7,979
059 ANCILLARY PSYCH	68,353			15,452		205		2,365
059 01 OUTREACH CLINIC	480,174		1,630	111,388	4,633	2,349		1,935
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC	309,359	30,905	206	66,823	1,007	1,356		1,907
060 01 SENIOR HEALTH	-539,874	150,157		8,803	15,106	7		31
060 02 OB-PEDS CLINIC		87,068						
060 04 BARIATRICS	167,852		8,612	85,870	3,021	978		939
061 EMERGENCY	8,008,949	474,202	74,373	1,181,184	9,467	21,820		197,427
061 01 DIAGNOSTIC TREATMENT CENT	2,270,617	133,680	90,238	408,618	4,028	27,651		37,673
062 OBSERVATION BEDS (NON-DIS								
062 OTHER REIMBURS COST CNTRS								
065 AMBULANCE SERVICES	2,622,697		11,980	195,045	806	1,308		22,374
066 DURABLE MEDICAL EQUIP-REN		65,624						
066 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	277,210,667	9,422,907	9,875,176	23,407,326	253,783	594,201		2,932,709
096 NONREIMBURS COST CENTERS								
097 GIFT, FLOWER, COFFEE SHOP								
097 RESEARCH	34,372			321				
098 PHYSICIANS' PRIVATE OFFICE	8,407,092	342,626	10,475	1,430,507	3,223	2,044		
100 FITNESS CENTER/DAYCARE		238,097						
100 01 ST. MARY'S APOTHECARY	4,370,264	2,060	6,573	111,363	1,208	1,510		
100 02 OCCUPATIONAL MEDICINE	813,945	447,144		47,053		9,665		
100 03 CANCER CTR/PHYS RECRUITME	106,019			16,485	504	170		
100 04 MARKETING	1,978,406		19,490	311,847	2,921	3,525		
100 05 WIRTH HOSPITAL MGMT								
100 06 MOB	647,519							
100 07 SENIOR PARTNERS	79,557				302	509		
100 08 PSYCH FREESTANDING CLINIC	454,183			19,961	201	6		
100 09 WELBORN PROFESSIONAL SVC	3,214,980	65,861	41,558	628,737	1,611	7,587		
100 10 VALET SERVICES								
100 11 ST ELIZABETH		17,563						

Health Financial Systems		MCRI F32	FOR ST. MARY'S MEDICAL CENTER		IN LIEU OF FORM CMS-2552-96(7/2009)CONTD			
COST ALLOCATION - GENERAL SERVICE COSTS				PROVIDER NO:	PERIOD:	PREPARED 11/24/2009		
				15-0100	FROM 7/ 1/2008	WORKSHEET B		
					TO 6/30/2009	PART I		
COST CENTER DESCRIPTION		CASHIERING/AC COUNTS RECEI	PATIENT PLACE MENT	SUBTOTAL	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING
		6.06	6.07	6a.07	6.08	8	9	10
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
006	01 COMMUNICATION							
006	03 PURCHASING, RECEIVING AND							
006	05 ADMINITTING							
006	06 CASHIERING/ACCOUNTS RECEI	4,790,988						
006	07 PATIENT PLACEMENT		619,692					
006	08 OTHER ADMINISTRATIVE AND			45,163,440	45,163,440			
008	OPERATION OF PLANT			10,889,015	1,944,735	12,833,750		
009	LAUNDRY & LINEN SERVICE			1,411,770	252,136	161,494	1,825,400	
010	HOUSEKEEPING			3,126,009	558,293	264,646		3,948,948
011	DIETARY			1,162,072	207,541	348,763		111,000
012	CAFETERIA			1,911,682	341,419			
014	NURSING ADMINISTRATION			3,900,985	696,700	23,954		7,624
015	CENTRAL SERVICES & SUPPLY			3,126,717	558,419	238,539		75,919
016	PHARMACY			4,761,108	850,315	87,146		27,736
017	MEDICAL RECORDS & LIBRARY			4,105,485	733,223	137,318		43,704
022	I&R SERVICES-SALARY & FRI			143,117	25,560			
023	I&R SERVICES-OTHER PRGM C			47,079	8,408			
024	PARAMED ED PRGM			105,960	18,924			
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	237,652		21,889,085	3,909,303	2,245,647	1,081,746	714,720
026	INTENSIVE CARE UNIT	85,641		9,763,690	1,743,756	585,148	236,080	186,234
026	02 NEONATAL ICU	104,083		5,495,286	981,436	176,695	60,356	56,236
027	CORONARY CARE UNIT	13,253		1,472,978	263,068	78,420	25,032	24,959
031	SUBPROVIDER	14,401		1,444,499	257,982	163,481		52,031
031	01 SUBPROVIDER 2	27,235		3,330,794	594,866	490,666	42,294	156,163
033	NURSERY			725,625	129,594			
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	650,403		36,662,298	6,547,795	620,704	12,732	197,550
038	RECOVERY ROOM	69,819		1,740,112	310,777	130,163	66,985	41,427
039	DELIVERY ROOM & LABOR ROO	46,745		2,962,267	529,049	336,563	32,458	107,117
040	ANESTHESIOLOGY	53,124		147,644	26,369			
041	RADIOLOGY-DIAGNOSTIC	267,299		6,680,633	1,193,134	548,064		174,431
041	01 CAT SCAN	287,770		3,132,267	559,410	72,098		22,946
041	02 DIAGNOSTIC ULTRASOUND	64,674		906,062	161,819	25,871		8,234
041	03 NUCLEAR MEDICINE	98,544		1,912,713	341,603	97,719		31,101
042	RADIOLOGY-THERAPEUTIC	28,612		1,132,005	202,172			
044	LABORATORY	298,269		10,206,371	1,822,817	338,620		107,772
047	BLOOD STORING, PROCESSING	40,504		3,013,993	538,287	8,615		2,742
048	INTRAVENOUS THERAPY	32,461		1,520,979	271,641	7,086		2,255
049	RESPIRATORY THERAPY	128,357		3,883,380	693,556	35,556		11,316
050	PHYSICAL THERAPY	79,732		3,167,270	565,662	339,579		108,077
051	OCCUPATIONAL THERAPY	34,537		1,286,534	229,770			
052	SPEECH PATHOLOGY	13,480		369,624	66,013			
053	ELECTROCARDIOLOGY	163,370		4,576,702	817,381	63,358	225,589	20,165
053	01 CARDIAC CATHETERIZATION L	232,485		5,417,530	967,549	178,737		56,886
053	02 CARDIOPULMONARY	3,771		529,400	94,549	106,445	42,128	33,878
053	03 DIABETES CENTER	1,568		375,139	66,998	64,400		20,497
054	ELECTROENCEPHALOGRAPHY	29,015		821,511	146,719	93,829		29,863
055	MEDICAL SUPPLIES CHARGED	754,437		27,624,206	4,933,573			
056	DRUGS CHARGED TO PATIENTS	484,387		12,559,207	2,243,024			
057	RENAL DIALYSIS	13,034		332,366	59,359	4,071		1,296
059	ANCILLARY PSYCH	3,863		90,238	16,116			
059	01 OUTREACH CLINIC	3,162		605,271	108,099			
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC	3,115		414,678	74,060	37,946		12,077
060	01 SENIOR HEALTH	51		-365,719		297,312		94,625
060	02 OB-PEDS CLINIC			87,068	15,550	106,903		34,024
060	04 BARIATRICS	1,534		268,806	48,008			
061	EMERGENCY	322,511		10,289,933	1,837,741	582,230		185,305
061	01 DIAGNOSTIC TREATMENT CENT	61,541		3,034,046	541,868	164,134		52,239
062	OBSERVATION BEDS (NON-DIS							
062	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES	36,549		2,890,759	516,278			
066	DURABLE MEDICAL EQUIP-REN			65,624	11,720	96,663		30,765
066	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	4,790,988		272,317,313	40,634,144	9,358,583	1,825,400	2,842,914
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
097	RESEARCH			34,693	6,196			
098	PHYSICIANS' PRIVATE OFFIC			10,195,967	1,820,959	420,680		133,889
100	FITNESS CENTER/DAYCARE			238,097	42,523	292,338		93,042
100	01 ST. MARY'S APOTHECARY			4,492,978	802,428	42,545		13,541
100	02 OCCUPATIONAL MEDICINE			1,317,807	235,355	549,009		174,732
100	03 CANCER CTR/PHYS RECRUITME			123,178	21,999			
100	04 MARKETING			2,316,189	413,662	173,833		55,325
100	05 WIRTH HOSPITAL MGMT							
100	06 MOB			647,519	115,644			
100	07 SENIOR PARTNERS		619,692	700,060	125,028			
100	08 PSYCH FREESTANDING CLINIC			474,351	84,717			
100	09 WELBORN PROFESSIONAL SVC			3,960,334	707,300	171,179		54,481
100	10 VALET SERVICES							
100	11 ST ELIZABETH			17,563	3,137	21,564		6,863

COST CENTER DESCRIPTION		CASHIERING/AC COUNTS RECEI	PATIENT PLACE MENT	SUBTOTAL	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING
		6.06	6.07	6a.07	6.08	8	9	10
NONREIMBURS COST CENTERS								
100	12 REGINA CLOSE OUT							
100	13 TR SUP / DR T							
100	14 FREE STANDING CATH LAB			11,724	2,094	14,395		4,581
100	15 FAMILY PRACTICE			173,786	31,037	993,226		316,112
100	16 SURGICARE							
100	17 FOUNDATION			656,326	117,217	796,398		253,468
100	18 SMHS EMPLOYEES IN SMMC							
100	19 SMMC DEPTS TO SMHS							
100	20 STOREROOM / DI STRIBUTION							
100	21 PRINT SHOP							
100	22 MAIL ROOM - SMHS HO COST							
100	23 ACCOUNTING - SMHS HO COST							
100	24 IS APPLI CATIONS - SMHS HO							
100	25 PRI MARYH SOURCE VERI FICAT							
100	26 CMO DR GALLAGHER - SMHS H							
100	27 I NFECTION DI SEASE - SMHS							
100	28 SMHS WARRICK							
100	29 COMPANY 10 AND OTHER							
100	30 STARS PROGRAM							
100	31 EMPLOYEE HEALTH							
100	32 MAT MGMT PURCHASI NG							
100	33 DECI SION SUPPORT							
100	34 PLANETREE							
100	35 EDUCATI ON							
100	36 QUALI TY							
100	37 EMS SECURI TY							
100	38 MOTOR SERVI CE							
100	39 MEDI CAL LI BRARY							
100	40 MGMT PATI ENT RELATI ONS							
100	41 SUBSI DARY SUPPORT							
100	42 MI SSION SERVI CE							
101	CROSS FOOT ADJUSTMENT							
102	NEGATI VE COST CENTER							
103	TOTAL	4,790,988	619,692	297,677,885	45,163,440	12,833,750	1,825,400	3,948,948

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SERVICES-SALARY & FRI
	11	12	14	15	16	17	22
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATION							
006 03 PURCHASING, RECEIVING AND							
006 05 ADMINISTRATION							
006 06 CASHIERING/ACCOUNTS RECEI							
006 07 PATIENT PLACEMENT							
006 08 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	1,829,376						
012 CAFETERIA		2,253,101					
014 NURSING ADMINISTRATION			4,708,586				
015 CENTRAL SERVICES & SUPPLY				4,050,525			
016 PHARMACY					5,796,534		
017 MEDICAL RECORDS & LIBRARY						5,117,729	
022 I&R SERVICES-SALARY & FRI							173,590
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM		1,424					
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,455,647	434,471	2,529,007			253,849	173,590
026 INTENSIVE CARE UNIT	73,064	159,420	1,010,773			91,477	
026 02 NEONATAL ICU	5,563	92,610	288,610			111,176	
027 CORONARY CARE UNIT	25,924	24,397	116,529			14,156	
031 SUBPROVIDER	54,263	24,610	99,609			15,382	
031 01 SUBPROVIDER 2	178,072	59,292	332,029			29,092	
033 NURSERY		14,804					
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		156,917				694,731	
038 RECOVERY ROOM		29,751				74,578	
039 DELIVERY ROOM & LABOR ROO		46,330	332,029			49,931	
040 ANESTHESIOLOGY		1,413				56,744	
041 RADIOLOGY-DIAGNOSTIC		69,978				285,517	
041 01 CAT SCAN		16,553				307,382	
041 02 DIAGNOSTIC ULTRASOUND		10,284				69,082	
041 03 NUCLEAR MEDICINE		10,655				105,260	
042 RADIOLOGY-THERAPEUTIC		238				30,562	
044 LABORATORY		153,495				318,597	
047 BLOOD STORING, PROCESSING		7,609				43,265	
048 INTRAVENOUS THERAPY		8,475				34,673	
049 RESPIRATORY THERAPY		60,195				137,105	
050 PHYSICAL THERAPY		56,068				85,166	
051 OCCUPATIONAL THERAPY		23,571				36,891	
052 SPEECH PATHOLOGY		5,868				14,399	
053 ELECTROCARDIOLOGY		14,554				174,504	
053 01 CARDIAC CATHETERIZATION L		27,190				248,330	
053 02 CARDIOPULMONARY		11,975				4,028	
053 03 DIABETES CENTER		6,558				1,674	
054 ELECTROENCEPHALOGRAPHY		2,901				30,992	
055 MEDICAL SUPPLIES CHARGED				4,050,525		806,075	
056 DRUGS CHARGED TO PATIENTS					5,796,534	517,400	
057 RENAL DIALYSIS		29,025				13,922	
059 ANCILLARY PSYCH		1,580				4,126	
059 01 OUTREACH CLINIC		11,899				3,377	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		7,228				3,327	
060 01 SENIOR HEALTH		1,143				55	
060 02 OB-PEDS CLINIC							
060 04 BARIATRICS		8,747				1,638	
061 EMERGENCY	647	139,024				344,491	
061 01 DIAGNOSTIC TREATMENT CENT	36,196	40,507				65,735	
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		16,301				39,040	
066 DURABLE MEDICAL EQUIP-REN							
066 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,829,376	2,090,455	4,708,586	4,050,525	5,796,534	5,117,729	173,590
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE		50,513					
100 FITNESS CENTER/DAYCARE							
100 01 ST. MARY'S APOTHECARY		9,797					
100 02 OCCUPATIONAL MEDICINE		5,280					
100 03 CANCER CTR/PHYS RECRUITME		2,915					
100 04 MARKETING		28,905					
100 05 WIRTH HOSPITAL MGMT							
100 06 MOB							
100 07 SENIOR PARTNERS							
100 08 PSYCH FREESTANDING CLINIC		1,422					
100 09 WELBORN PROFESSIONAL SVC		52,412					
100 10 VALET SERVICES							
100 11 ST ELIZABETH							

COST CENTER DESCRIPTION	I&R SERVICES- PARAMED ED PR SUBTOTAL OTHER PRGM C GM			I&R COST POST STEP-DOWN ADJ 26	TOTAL
	23	24	25		
003 GENERAL SERVICE COST CNTR					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
006 01 COMMUNICATION					
006 03 PURCHASING, RECEIVING AND					
006 05 ADMINISTRATION					
006 06 CASHIERING/ACCOUNTS RECEI					
006 07 PATIENT PLACEMENT					
006 08 OTHER ADMINISTRATIVE AND					
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					
022 I&R SERVICES-SALARY & FRI					
023 I&R SERVICES-OTHER PRGM C	55,487				
024 PARAMED ED PRGM		126,308			
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	55,487		34,742,552	-229,077	34,513,475
026 INTENSIVE CARE UNIT			13,849,642		13,849,642
026 02 NEONATAL ICU			7,267,968		7,267,968
027 CORONARY CARE UNIT			2,045,463		2,045,463
031 SUBPROVIDER			2,111,857		2,111,857
031 01 SUBPROVIDER 2			5,213,268		5,213,268
033 NURSERY			870,023		870,023
037 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM			44,892,727		44,892,727
038 RECOVERY ROOM			2,393,793		2,393,793
039 DELIVERY ROOM & LABOR ROO			4,395,744		4,395,744
040 ANESTHESIOLOGY			232,170		232,170
041 RADIOLOGY-DIAGNOSTIC		126,308	9,078,065		9,078,065
041 01 CAT SCAN			4,110,656		4,110,656
041 02 DIAGNOSTIC ULTRASOUND			1,181,352		1,181,352
041 03 NUCLEAR MEDICINE			2,499,051		2,499,051
042 RADIOLOGY-THERAPEUTIC			1,364,977		1,364,977
044 LABORATORY			12,947,672		12,947,672
047 BLOOD STORING, PROCESSING			3,614,511		3,614,511
048 INTRAVENOUS THERAPY			1,845,109		1,845,109
049 RESPIRATORY THERAPY			4,821,108		4,821,108
050 PHYSICAL THERAPY			4,321,822		4,321,822
051 OCCUPATIONAL THERAPY			1,576,766		1,576,766
052 SPEECH PATHOLOGY			455,904		455,904
053 ELECTROCARDIOLOGY			5,892,253		5,892,253
053 01 CARDIAC CATHETERIZATION L			6,896,222		6,896,222
053 02 CARDIOPULMONARY			822,403		822,403
053 03 DIABETES CENTER			535,266		535,266
054 ELECTROENCEPHALOGRAPHY			1,125,815		1,125,815
055 MEDICAL SUPPLIES CHARGED			37,414,379		37,414,379
056 DRUGS CHARGED TO PATIENTS			21,116,165		21,116,165
057 RENAL DIALYSIS			440,039		440,039
059 ANCILLARY PSYCH			112,060		112,060
059 01 OUTREACH CLINIC			728,646		728,646
060 OUTPAT SERVICE COST CNTRS					
060 CLINIC			549,316		549,316
060 01 SENIOR HEALTH			27,416		27,416
060 02 OB-PEDS CLINIC			243,545		243,545
060 04 BARIATRICS			327,199		327,199
061 EMERGENCY			13,379,371		13,379,371
061 01 DIAGNOSTIC TREATMENT CENT			3,934,725		3,934,725
062 OBSERVATION BEDS (NON-DIS					
062 OTHER REIMBURS COST CNTRS					
065 AMBULANCE SERVICES			3,462,378		3,462,378
066 DURABLE MEDICAL EQUIP-REN			204,772		204,772
066 SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	55,487	126,308	263,044,170	-229,077	262,815,093
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP					
097 RESEARCH			40,889		40,889
098 PHYSICIANS' PRIVATE OFFIC			12,622,008		12,622,008
100 FITNESS CENTER/DAYCARE			666,000		666,000
100 01 ST. MARY'S APOTHECARY			5,361,289		5,361,289
100 02 OCCUPATIONAL MEDICINE			2,282,183		2,282,183
100 03 CANCER CTR/PHYS RECRUITME			148,092		148,092
100 04 MARKETING			2,987,914		2,987,914
100 05 WIRTH HOSPITAL MGMT					
100 06 MOB			763,163		763,163
100 07 SENIOR PARTNERS			825,088		825,088
100 08 PSYCH FREESTANDING CLINIC			560,490		560,490
100 09 WELBORN PROFESSIONAL SVC			4,945,706		4,945,706
100 10 VALET SERVICES					
100 11 ST ELIZABETH			49,127		49,127

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0100
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION		I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
		23	24	25	26	27
NONREIMBURS COST CENTERS						
100	12 REGINA CLOSE OUT					
100	13 TR SUP / DR T					
100	14 FREE STANDING CATH LAB			32,794		32,794
100	15 FAMILY PRACTICE			1,514,161		1,514,161
100	16 SURGICARE					
100	17 FOUNDATION			1,834,811		1,834,811
100	18 SMHS EMPLOYEES IN SMMC					
100	19 SMMC DEPTS TO SMHS					
100	20 STOREROOM / DISTRIBUTION					
100	21 PRINT SHOP					
100	22 MAIL ROOM - SMHS HO COST					
100	23 ACCOUNTING - SMHS HO COST					
100	24 IS APPLICATIONS - SMHS HO					
100	25 PRIMARYH SOURCE VERIFICATION					
100	26 CMO DR GALLAGHER - SMHS H					
100	27 INFECTION DISEASE - SMHS					
100	28 SMHS WARRICK					
100	29 COMPANY 10 AND OTHER					
100	30 STARS PROGRAM					
100	31 EMPLOYEE HEALTH					
100	32 MAT MGMT PURCHASING					
100	33 DECISION SUPPORT					
100	34 PLANETREE					
100	35 EDUCATION					
100	36 QUALITY					
100	37 EMS SECURITY					
100	38 MOTOR SERVICE					
100	39 MEDICAL LIBRARY					
100	40 MGMT PATIENT RELATIONS					
100	41 SUBSIDIARY SUPPORT					
100	42 MISSION SERVICE					
101	CROSS FOOT ADJUSTMENT					
102	NEGATIVE COST CENTER					
103	TOTAL	55,487	126,308	297,677,885	-229,077	297,448,808

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0100
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET B PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5	COMMUNICATION 6.01	PURCHASING, RECEIVING AND 6.03
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS		68,475	2,814	71,289	71,289		
006 01 COMMUNICATION		13,908	50,802	64,710	119	64,829	
006 03 PURCHASING, RECEIVING AND		172,903	4,024	176,927	380	520	177,827
006 05 ADMINISTRATION		193,295	198	193,493	1,161	1,262	1,468
006 06 CASHIERING/ACCOUNTS RECEI		90,214	7,800	98,014	588	2,822	551
006 07 PATIENT PLACEMENT		9,030		9,030	321		25
006 08 OTHER ADMINISTRATIVE AND	2,997,785	952,353	2,589,344	6,539,482	5,760	12,743	5,806
008 OPERATION OF PLANT		1,297,254	40,334	1,337,588	2,013	2,574	4,510
009 LAUNDRY & LINEN SERVICE		131,530	75,746	207,276	425	50	936
010 HOUSEKEEPING		215,543	6,127	221,670	1,424	322	3,632
011 DIETARY		284,053	74,339	358,392	199	693	16,460
012 CAFETERIA					974		
014 NURSING ADMINISTRATION		19,509	144,324	163,833	1,877	718	749
015 CENTRAL SERVICES & SUPPLY		194,280		194,280	819	322	20,933
016 PHARMACY		70,976		70,976	2,229	1,337	5,244
017 MEDICAL RECORDS & LIBRARY		111,840	26,540	138,380	1,653	4,357	598
022 I&R SERVICES-SALARY & FRI					88	272	
023 I&R SERVICES-OTHER PRGM C							206
024 PARAMEDICAL PRGM					56		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		1,828,989	358,001	2,186,990	9,455	5,545	10,194
026 INTENSIVE CARE UNIT		476,578	190,141	666,719	4,028	1,460	3,634
026 02 NEONATAL ICU		143,910	85,247	229,157	2,607	965	2,320
027 CORONARY CARE UNIT		63,870	54,665	118,535	677	421	610
031 SUBPROVIDER		133,149	173	133,322	643	495	182
031 01 SUBPROVIDER 2		399,627	28,350	427,977	1,402	1,337	904
033 NURSERY					359		
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		472,652	1,362,377	1,835,029	4,310	2,847	26,397
038 RECOVERY ROOM		39,087	27,654	66,741	804	421	454
039 DELIVERY ROOM & LABOR ROO		274,117	26,974	301,091	1,247	470	3,112
040 ANESTHESIOLOGY			9,910	9,910	22	99	2
041 RADIOLOGY-DIAGNOSTIC		224,325	958,346	1,182,671	1,662	2,525	
041 01 CAT SCAN		29,491	1,132,234	1,161,725	432	149	805
041 02 DIAGNOSTIC ULTRASOUND		8,023	132,211	140,234	295	99	818
041 03 NUCLEAR MEDICINE		33,576	264,269	297,845	292	223	322
042 RADIOLOGY-THERAPEUTIC			442,256	442,256	6	644	82
044 LABORATORY		145,053	266,587	411,640	3,183	2,203	5,868
047 BLOOD STORING, PROCESSING		7,016	10,714	17,730	220		610
048 INTRAVENOUS THERAPY		5,771	87,566	93,337	267	99	15,435
049 RESPIRATORY THERAPY		28,959	118,079	147,038	1,568	248	6,497
050 PHYSICAL THERAPY		66,801	26,703	93,504	1,484	743	1,169
051 OCCUPATIONAL THERAPY			9,024	9,024	639	99	97
052 SPEECH PATHOLOGY			656	656	178	25	34
053 ELECTROCARDIOLOGY		47,733	48,936	96,669	294	1,040	499
053 01 CARDIAC CATHETERIZATION L		145,574	882,716	1,028,290	791	1,262	8,237
053 02 CARDIOPULMONARY		2,071	19,303	21,374	306	495	146
053 03 DIABETES CENTER			1,034	1,034	134	842	50
054 ELECTROENCEPHALOGRAPHY		76,420	2,658	79,078	70	173	95
055 MEDICAL SUPPLIES CHARGED			88,261	88,261			
056 DRUGS CHARGED TO PATIENTS			17,998	17,998			
057 RENAL DIALYSIS		3,316	12,702	16,018	843	99	4,852
059 ANCILLARY PSYCH					42		59
059 01 OUTREACH CLINIC			1,630	1,630	304	1,139	674
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		30,905	206	31,111	183	248	389
060 01 SENIOR HEALTH		150,157		150,157	24	3,713	2
060 02 OB-PEDS CLINIC		87,068		87,068			
060 04 BARIATRICS			8,612	8,612	235	743	281
061 EMERGENCY		474,202	74,373	548,575	3,228	2,327	6,262
061 01 DIAGNOSTIC TREATMENT CENT		133,680	90,238	223,918	1,117	990	7,935
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES			11,980	11,980	533	198	375
066 DURABLE MEDICAL EQUIP-REN		65,624		65,624			
066 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,997,785	9,422,907	9,875,176	22,295,868	63,970	62,378	170,520
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH					1		
098 PHYSICIANS' PRIVATE OFFICE		342,626	10,475	353,101	3,909	792	587
100 FITNESS CENTER/DAYCARE		238,097		238,097			
100 01 ST. MARY'S APOTHECARY		2,060	6,573	8,633	304	297	433
100 02 OCCUPATIONAL MEDICINE		447,144		447,144	129		2,774
100 03 CANCER CTR/PHYS RECRUITME					45	124	49
100 04 MARKETING			19,490	19,490	852	718	1,011
100 05 WIRTH HOSPITAL MGMT							
100 06 MOB							
100 07 SENIOR PARTNERS						74	146
100 08 PSYCH FREESTANDING CLINIC					55	50	2
100 09 WELBORN PROFESSIONAL SVC		65,861	41,558	107,419	1,718	396	2,177
100 10 VALET SERVICES							
100 11 ST ELIZABETH		17,563		17,563			

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0100
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE FITS	BENE COMMUNI CATION PURCHASING, R ECEIVING AND
	0	3	4	4a	5	6.01 6.03
NONREIMBURS COST CENTERS						
100 12 REGINA CLOSE OUT						
100 13 TR SUP / DR T						
100 14 FREE STANDING CATH LAB		11,724		11,724		
100 15 FAMILY PRACTICE		173,786		173,786		
100 16 SURGICARE						
100 17 FOUNDATION		183,065		183,065	306	128
100 18 SMHS EMPLOYEES IN SMMC						
100 19 SMMC DEPTS TO SMHS						
100 20 STOREROOM / DISTRIBUTION						
100 21 PRINT SHOP						
100 22 MAIL ROOM - SMHS HO COST						
100 23 ACCOUNTING - SMHS HO COST						
100 24 IS APPLI CATIONS - SMHS HO						
100 25 PRI MARYH SOURCE VERI FICAT						
100 26 CMO DR GALLAGHER - SMHS H						
100 27 INFECTION DISEASE - SMHS						
100 28 SMHS WARRICK						
100 29 COMPANY 10 AND OTHER						
100 30 STARS PROGRAM						
100 31 EMPLOYEE HEALTH						
100 32 MAT MGMT PURCHASING						
100 33 DECISION SUPPORT						
100 34 PLANETREE						
100 35 EDUCATION						
100 36 QUALI TY						
100 37 EMS SECURI TY						
100 38 MOTOR SERVI CE						
100 39 MEDI CAL LI BRARY						
100 40 MGMT PATI ENT RELATI ONS						
100 41 SUBSI DARY SUPPORT						
100 42 MI SSION SERVI CE						
101 CROSS FOOT ADJUSTMENTS						
102 NEGATI VE COST CENTER						
103 TOTAL	2,997,785	10,904,833	9,953,272	23,855,890	71,289	64,829 177,827

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0100
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET B PART III

COST CENTER DESCRIPTION	ADMINING	CASHIERING/AC COUNTS RECEI	PATIENT PLACE MENT	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING
	6.05	6.06	6.07	6.08	8	9	10
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATION							
006 03 PURCHASING, RECEIVING AND							
006 05 ADMINING	197,384						
006 06 CASHIERING/ACCOUNTS RECEI		101,975					
006 07 PATIENT PLACEMENT			9,376				
006 08 OTHER ADMINIS TRATIVE AND				6,563,791			
008 OPERATION OF PLANT				282,635	1,629,320		
009 LAUNDRY & LINEN SERVICE				36,644	20,503	265,834	
010 HOUSEKEEPING				81,139	33,598		341,785
011 DIETARY				30,163	44,277		9,607
012 CAFETERIA				49,620			
014 NURSING ADMINISTRATION				101,254	3,041		660
015 CENTRAL SERVICES & SUPPLY				81,157	30,284		6,571
016 PHARMACY				123,579	11,064		2,401
017 MEDICAL RECORDS & LIBRARY				106,562	17,433		3,783
022 I&R SERVICES-SALARY & FRI				3,715			
023 I&R SERVICES-OTHER PRGM C				1,222			
024 PARAMED ED PRGM				2,750			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	9,810	5,051		568,153	285,097	157,536	61,860
026 INTENSIVE CARE UNIT	3,535	1,820		253,426	74,288	34,380	16,119
026 02 NEONATAL ICU	4,296	2,212		142,636	22,432	8,790	4,867
027 CORONARY CARE UNIT	547	282		38,233	9,956	3,645	2,160
031 SUBPROVIDER	594	306		37,493	20,755		4,503
031 01 SUBPROVIDER 2	1,124	579		86,454	62,293	6,159	13,516
033 NURSERY				18,834			
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	26,848	13,824		951,640	78,802	1,854	17,098
038 RECOVERY ROOM	2,882	1,484		45,166	16,525	9,755	3,586
039 DELIVERY ROOM & LABOR ROO	1,930	994		76,889	42,729	4,727	9,271
040 ANESTHESIOLOGY	2,193	1,129		3,832			
041 RADIOLOGY-DIAGNOSTIC	11,034	5,681		173,403	69,580		15,097
041 01 CAT SCAN	11,879	6,116		81,301	9,153		1,986
041 02 DIAGNOSTIC ULTRASOUND	2,670	1,375		23,518	3,285		713
041 03 NUCLEAR MEDICINE	4,068	2,094		49,646	12,406		2,692
042 RADIOLOGY-THERAPEUTIC	1,181	608		29,382			
044 LABORATORY	12,312	6,339		264,917	42,990		9,328
047 BLOOD STORING, PROCESSING	1,672	861		78,231	1,094		237
048 INTRAVENOUS THERAPY	1,340	690		39,479	900		195
049 RESPIRATORY THERAPY	5,298	2,728		100,797	4,514		979
050 PHYSICAL THERAPY	3,291	1,695		82,210	43,112		9,354
051 OCCUPATIONAL THERAPY	1,426	734		33,393			
052 SPEECH PATHOLOGY	556	287		9,594			
053 ELECTROCARDIOLOGY	6,744	3,472		118,793	8,044	32,853	1,745
053 01 CARDIAC CATHETERIZATION L	9,597	4,941		140,617	22,692		4,924
053 02 CARDIOPULMONARY	156	80		13,741	13,514	6,135	2,932
053 03 DIABETES CENTER	65	33		9,737	8,176		1,774
054 ELECTROENCEPHALOGRAPHY	1,198	617		21,323	11,912		2,585
055 MEDICAL SUPPLIES CHARGED	30,759	16,182		717,014			
056 DRUGS CHARGED TO PATIENTS	19,995	10,295		325,987			
057 RENAL DIALYSIS	538	277		8,627	517		112
059 ANCILLARY PSYCH	159	82		2,342			
059 01 OUTREACH CLINIC	131	67		15,710			
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	129	66		10,763	4,817		1,045
060 01 SENIOR HEALTH	2	1			37,745		8,190
060 02 OB-PEDS CLINIC				2,260	13,572		2,945
060 04 BARIATRICS	63	33		6,977			
061 EMERGENCY	13,313	6,855		267,086	73,918		16,038
061 01 DIAGNOSTIC TREATMENT CENT	2,540	1,308		78,752	20,838		4,521
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	1,509	777		75,033			
066 DURABLE MEDICAL EQUIP-REN				1,703	12,272		2,663
066 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	197,384	101,975		5,905,532	1,188,128	265,834	246,057
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH				900			
098 PHYSICIANS' PRIVATE OFFIC				264,647	53,408		11,588
100 FITNESS CENTER/DAYCARE				6,180	37,114		8,053
100 01 ST. MARY'S APOTHECARY				116,620	5,401		1,172
100 02 OCCUPATIONAL MEDICINE				34,205	69,700		15,123
100 03 CANCER CTR/PHYS RECRUITME				3,197			
100 04 MARKETING				60,119	22,069		4,788
100 05 WIRTH HOSPITAL MGMT							
100 06 MOB				16,807			
100 07 SENIOR PARTNERS			9,376	18,171			
100 08 PSYCH FREESTANDING CLINIC				12,312			
100 09 WELBORN PROFESSIONAL SVC				102,794	21,732		4,715
100 10 VALET SERVICES							
100 11 ST ELIZABETH				456	2,738		594

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0100
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADMITTING	CASHIERING/AC COUNTS RECEI	PATIENT PLACE MENT	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING
	6.05	6.06	6.07	6.08	8	9	10
NONREIMBURS COST CENTERS							
100 12 REGINA CLOSE OUT							
100 13 TR SUP / DR T							
100 14 FREE STANDING CATH LAB				304	1,827		397
100 15 FAMILY PRACTICE				4,511	126,096		27,360
100 16 SURGICARE							
100 17 FOUNDATION				17,036	101,107		21,938
100 18 SMHS EMPLOYEES IN SMMC							
100 19 SMMC DEPTS TO SMHS							
100 20 STOREROOM / DI STRIBUTION							
100 21 PRINT SHOP							
100 22 MAIL ROOM - SMHS HO COST							
100 23 ACCOUNTING - SMHS HO COST							
100 24 IS APPLI CATIONS - SMHS HO							
100 25 PRI MARYH SOURCE VERI FI CAT							
100 26 CMO DR GALLAGHER - SMHS H							
100 27 INFECTI ON DI SEASE - SMHS							
100 28 SMHS WARRICK							
100 29 COMPANY 10 AND OTHER							
100 30 STARS PROGRAM							
100 31 EMPLOYEE HEALTH							
100 32 MAT MGMT PURCHASI NG							
100 33 DECI SION SUPPORT							
100 34 PLANETREE							
100 35 EDUCATI ON							
100 36 QUALI TY							
100 37 EMS SECU RI TY							
100 38 MOTOR SERVI CE							
100 39 MEDI CAL LI BRARY							
100 40 MGMT PATI ENT RELATI ONS							
100 41 SUBSI DARY SUPPORT							
100 42 MI SSION SERVI CE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATI VE COST CENTER							
103 TOTAL	197,384	101,975	9,376	6,563,791	1,629,320	265,834	341,785

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0100
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SERVICES-SALARY & FRI
	11	12	14	15	16	17	22
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATION							
006 03 PURCHASING, RECEIVING AND							
006 05 ADMINISTRATION							
006 06 CASHIERING/ACCOUNTS RECEI							
006 07 PATIENT PLACEMENT							
006 08 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	459,791						
012 CAFETERIA		50,594					
014 NURSING ADMINISTRATION			273,913				
015 CENTRAL SERVICES & SUPPLY				335,510			
016 PHARMACY					218,407		
017 MEDICAL RECORDS & LIBRARY						274,967	
022 I&R SERVICES-SALARY & FRI							4,185
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM		32					
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	365,859	9,756	147,120			13,650	
026 INTENSIVE CARE UNIT	18,364	3,580	58,800			4,919	
026 02 NEONATAL ICU	1,398	2,080	16,789			5,978	
027 CORONARY CARE UNIT	6,516	548	6,779			761	
031 SUBPROVIDER	13,638	553	5,795			827	
031 01 SUBPROVIDER 2	44,756	1,331	19,315			1,564	
033 NURSERY		332					
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		3,524				37,358	
038 RECOVERY ROOM		668				4,010	
039 DELIVERY ROOM & LABOR ROO		1,040	19,315			2,685	
040 ANESTHESIOLOGY		32				3,051	
041 RADIOLOGY-DIAGNOSTIC		1,571				15,353	
041 01 CAT SCAN		372				16,529	
041 02 DIAGNOSTIC ULTRASOUND		231				3,715	
041 03 NUCLEAR MEDICINE		239				5,660	
042 RADIOLOGY-THERAPEUTIC		5				1,643	
044 LABORATORY		3,447				17,132	
047 BLOOD STORING, PROCESSING		171				2,327	
048 INTRAVENOUS THERAPY		190				1,865	
049 RESPIRATORY THERAPY		1,352				7,373	
050 PHYSICAL THERAPY		1,259				4,580	
051 OCCUPATIONAL THERAPY		529				1,984	
052 SPEECH PATHOLOGY		132				774	
053 ELECTROCARDIOLOGY		327				9,384	
053 01 CARDIAC CATHETERIZATION L		611				13,354	
053 02 CARDIOPULMONARY		269				217	
053 03 DIABETES CENTER		147				90	
054 ELECTROENCEPHALOGRAPHY		65				1,667	
055 MEDICAL SUPPLIES CHARGED				335,510		43,112	
056 DRUGS CHARGED TO PATIENTS					218,407	27,823	
057 RENAL DIALYSIS		652				749	
059 ANCILLARY PSYCH		35				222	
059 01 OUTREACH CLINIC		267				182	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		162				179	
060 01 SENIOR HEALTH		26				3	
060 02 OB-PEDS CLINIC							
060 04 BARIATRICS		196				88	
061 EMERGENCY	163	3,122				18,525	
061 01 DIAGNOSTIC TREATMENT CENT	9,097	910				3,535	
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		366				2,099	
066 DURABLE MEDICAL EQUIP-REN							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	459,791	46,942	273,913	335,510	218,407	274,967	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE		1,134					
100 FITNESS CENTER/DAYCARE							
100 01 ST. MARY'S APOTHECARY		220					
100 02 OCCUPATIONAL MEDICINE		119					
100 03 CANCER CTR/PHYS RECRUITME		65					
100 04 MARKETING		649					
100 05 WIRTH HOSPITAL MGMT							
100 06 MOB							
100 07 SENIOR PARTNERS							
100 08 PSYCH FREESTANDING CLINIC		32					
100 09 WELBORN PROFESSIONAL SVC		1,177					
100 10 VALET SERVICES							
100 11 ST ELIZABETH							

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0100
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SERVICES-SALARY & FRI
	11	12	14	15	16	17	22
NONREIMBURS COST CENTERS							
100 12 REGINA CLOSE OUT							
100 13 TR SUP / DR T							
100 14 FREE STANDING CATH LAB							
100 15 FAMILY PRACTICE							
100 16 SURGICARE							
100 17 FOUNDATION			256				
100 18 SMHS EMPLOYEES IN SMMC							
100 19 SMMC DEPTS TO SMHS							
100 20 STOREROOM / DISTRIBUTION							
100 21 PRINT SHOP							
100 22 MAIL ROOM - SMHS HO COST							
100 23 ACCOUNTING - SMHS HO COST							
100 24 IS APPLICATIONS - SMHS HO							
100 25 PRIMARY SOURCE VERIFICATION							
100 26 CMO DR GALLAGHER - SMHS H							
100 27 INFECTION DISEASE - SMHS							
100 28 SMHS WARRICK							
100 29 COMPANY 10 AND OTHER							
100 30 STARS PROGRAM							
100 31 EMPLOYEE HEALTH							
100 32 MAT MGMT PURCHASING							
100 33 DECISION SUPPORT							
100 34 PLANETREE							
100 35 EDUCATION							
100 36 QUALITY							
100 37 EMS SECURITY							
100 38 MOTOR SERVICE							
100 39 MEDICAL LIBRARY							
100 40 MGMT PATIENT RELATIONS							
100 41 SUBSIDIARY SUPPORT							
100 42 MISSION SERVICE							
101 CROSS FOOT ADJUSTMENTS							4,185
102 NEGATIVE COST CENTER							
103 TOTAL	459,791	50,594	273,913	335,510	218,407	274,967	4,185

ALLOCATION OF NEW CAPITAL RELATED COSTS

15-0100

FROM 7/ 1/2008

WORKSHEET B

TO 6/30/2009

PART III

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	23	24	25	26	27
003 GENERAL SERVICE COST CNTR					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
006 01 COMMUNICATION					
006 03 PURCHASING, RECEIVING AND					
006 05 ADMINISTRATION					
006 06 CASHIERING/ACCOUNTS RECEI					
006 07 PATIENT PLACEMENT					
006 08 OTHER ADMINISTRATIVE AND					
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					
022 I&R SERVICES-SALARY & FRI					
023 I&R SERVICES-OTHER PRGM C	1,428				
024 PARAMED ED PRGM		2,838			
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRIC			3,836,076		3,836,076
026 INTENSIVE CARE UNIT			1,145,072		1,145,072
026 02 NEONATAL ICU			446,527		446,527
027 CORONARY CARE UNIT			189,670		189,670
031 SUBPROVIDER			219,106		219,106
031 01 SUBPROVIDER 2			668,711		668,711
033 NURSERY			19,525		19,525
037 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM			2,999,531		2,999,531
038 RECOVERY ROOM			152,496		152,496
039 DELIVERY ROOM & LABOR ROO			465,500		465,500
040 ANESTHESIOLOGY			20,270		20,270
041 RADIOLOGY-DIAGNOSTIC			1,478,577		1,478,577
041 01 CAT SCAN			1,290,447		1,290,447
041 02 DIAGNOSTIC ULTRASOUND			176,953		176,953
041 03 NUCLEAR MEDICINE			375,487		375,487
042 RADIOLOGY-THERAPEUTIC			475,807		475,807
044 LABORATORY			779,359		779,359
047 BLOOD STORING, PROCESSING			103,153		103,153
048 INTRAVENOUS THERAPY			153,797		153,797
049 RESPIRATORY THERAPY			278,392		278,392
050 PHYSICAL THERAPY			242,401		242,401
051 OCCUPATIONAL THERAPY			47,925		47,925
052 SPEECH PATHOLOGY			12,236		12,236
053 ELECTROCARDIOLOGY			279,864		279,864
053 01 CARDIAC CATHETERIZATION L			1,235,316		1,235,316
053 02 CARDIOPULMONARY			59,365		59,365
053 03 DIABETES CENTER			22,082		22,082
054 ELECTROENCEPHALOGRAPHY			118,783		118,783
055 MEDICAL SUPPLIES CHARGED			1,230,838		1,230,838
056 DRUGS CHARGED TO PATIENTS			620,505		620,505
057 RENAL DIALYSIS			33,284		33,284
059 ANCILLARY PSYCH			2,941		2,941
059 01 OUTREACH CLINIC			20,104		20,104
060 OUTPAT SERVICE COST CNTRS					
060 CLINIC			49,092		49,092
060 01 SENIOR HEALTH			199,863		199,863
060 02 OB-PEDS CLINIC			105,845		105,845
060 04 BARIATRICS			17,228		17,228
061 EMERGENCY			959,412		959,412
061 01 DIAGNOSTIC TREATMENT CENT			355,461		355,461
062 OBSERVATION BEDS (NON-DIS					
062 OTHER REIMBURS COST CNTRS					
065 AMBULANCE SERVICES			92,870		92,870
066 DURABLE MEDICAL EQUIP-REN			82,262		82,262
066 SPEC PURPOSE COST CENTERS					
095 SUBTOTALS			21,062,133		21,062,133
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP					
097 RESEARCH			901		901
098 PHYSICIANS' PRIVATE OFFIC			689,166		689,166
100 FITNESS CENTER/DAYCARE			289,444		289,444
100 01 ST. MARY'S APOTHECARY			133,080		133,080
100 02 OCCUPATIONAL MEDICINE			569,194		569,194
100 03 CANCER CTR/PHYS RECRUITME			3,480		3,480
100 04 MARKETING			109,696		109,696
100 05 WIRTH HOSPITAL MGMT					
100 06 MOB			16,807		16,807
100 07 SENIOR PARTNERS			27,767		27,767
100 08 PSYCH FREESTANDING CLINIC			12,451		12,451
100 09 WELBORN PROFESSIONAL SVC			242,128		242,128
100 10 VALET SERVICES					
100 11 ST ELIZABETH			21,351		21,351

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:
15-0100

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

PREPARED 11/24/2009
WORKSHEET B
PART III

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	23	24	25	26	27
NONREIMBURS COST CENTERS					
100 12 REGINA CLOSE OUT					
100 13 TR SUP / DR T					
100 14 FREE STANDING CATH LAB			14,252		14,252
100 15 FAMILY PRACTICE			331,753		331,753
100 16 SURGICARE					
100 17 FOUNDATION			323,836		323,836
100 18 SMHS EMPLOYEES IN SMMC					
100 19 SMMC DEPTS TO SMHS					
100 20 STOREROOM / DISTRIBUTION					
100 21 PRINT SHOP					
100 22 MAIL ROOM - SMHS HO COST					
100 23 ACCOUNTING - SMHS HO COST					
100 24 IS APPLICATIONS - SMHS HO					
100 25 PRIMARYH SOURCE VERIFICATION					
100 26 CMO DR GALLAGHER - SMHS H					
100 27 INFECTION DISEASE - SMHS					
100 28 SMHS WARRICK					
100 29 COMPANY 10 AND OTHER					
100 30 STARS PROGRAM					
100 31 EMPLOYEE HEALTH					
100 32 MAT MGMT PURCHASING					
100 33 DECISION SUPPORT					
100 34 PLANETREE					
100 35 EDUCATION					
100 36 QUALITY					
100 37 EMS SECURITY					
100 38 MOTOR SERVICE					
100 39 MEDICAL LIBRARY					
100 40 MGMT PATIENT RELATIONS					
100 41 SUBSIDIARY SUPPORT					
100 42 MISSION SERVICE					
101 CROSS FOOT ADJUSTMENTS	1,428	2,838	8,451		8,451
102 NEGATIVE COST CENTER					
103 TOTAL	1,428	2,838	23,855,890		23,855,890

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-MVBLE E	EMPLOYEE BENEFITS	COMMUNICATION	PURCHASING, RECEIVING AND	ADMITTING
	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	(NONPATIENT TEL)	(SUPPLIES EXPENSE)	(GROSS CHARGES)
	3	4	5	6.01	6.03	6.05
GENERAL SERVICE COST						
003 NEW CAP REL COSTS-BLD	963,632					
004 NEW CAP REL COSTS-MVB		10,462,574				
005 EMPLOYEE BENEFITS	6,051	2,958	108,993,442			
006 01 COMMUNICATION	1,229	53,402	181,898	2,619		
006 03 PURCHASING, RECEIVING	15,279	4,230	580,891	21	10,471,594	
006 05 ADMITTING	17,081	208	1,774,977	51	86,418	841,542,155
006 06 CASHIERING/ACCOUNTS R	7,972	8,199	899,303	114	32,428	
006 07 PATIENT PLACEMENT	798		490,420		1,470	
006 08 OTHER ADMINISTRATIVE	84,157	2,721,843	8,807,182	515	341,887	
008 OPERATION OF PLANT	114,635	42,398	3,077,820	104	265,593	
009 LAUNDRY & LINEN SERVI	11,623	79,622	649,780	2	55,116	
010 HOUSEKEEPING	19,047	6,440	2,176,921	13	213,845	
011 DIETARY	25,101	78,143	304,087	28	969,247	
012 CAFETERIA			1,489,755			
014 NURSING ADMINISTRATION	1,724	151,709	2,870,643	29	44,122	
015 CENTRAL SERVICES & SU	17,168		1,252,384	13	1,232,681	
016 PHARMACY	6,272		3,407,605	54	308,812	
017 MEDICAL RECORDS & LIB	9,883	27,898	2,528,035	176	35,204	
022 I&R SERVICES-SALARY &			134,541	11		
023 I&R SERVICES-OTHER PR					12,139	
024 PARAMEDICAL PRGM			85,498			
025 INPATIENT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	161,623	376,319	14,449,758	224	600,257	41,744,566
026 INTENSIVE CARE UNIT	42,114	199,870	6,158,360	59	213,990	15,043,135
026 02 NEONATAL ICU	12,717	89,609	3,986,355	39	136,591	18,282,582
027 CORONARY CARE UNIT	5,644	57,462	1,035,416	17	35,941	2,327,987
031 SUBPROVIDER	11,766	182	983,196	20	10,737	2,529,568
031 01 SUBPROVIDER 2	35,314	29,801	2,143,844	54	53,246	4,784,000
033 NURSERY			548,305			
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	41,767	1,432,088	6,590,126	115	1,554,594	114,246,135
038 RECOVERY ROOM	3,454	29,069	1,229,707	17	26,763	12,264,034
039 DELIVERY ROOM & LABOR	24,223	28,354	1,907,070	19	183,255	8,211,025
040 ANESTHESIOLOGY		10,417	33,430	4	133	9,331,404
041 RADIOLOGY-DIAGNOSTIC	19,823	1,007,383	2,541,488	102		46,952,247
041 01 CAT SCAN	2,606	1,190,169	660,418	6	47,420	50,548,002
041 02 DIAGNOSTIC ULTRASOUND	709	138,976	450,798	4	48,150	11,360,267
041 03 NUCLEAR MEDICINE	2,967	277,791	446,870	9	18,950	17,309,638
042 RADIOLOGY-THERAPEUTIC		464,886	8,994	26	4,857	5,025,785
044 LABORATORY	12,818	280,228	4,867,653	89	345,546	52,392,209
047 BLOOD STORAGE, PROCES	620	11,262	336,314		35,911	7,114,784
048 INTRAVENOUS THERAPY	510	92,047	407,624	4	908,880	5,701,923
049 RESPIRATORY THERAPY	2,559	124,121	2,396,985	10	382,557	22,546,510
050 PHYSICAL THERAPY	5,903	28,069	2,268,498	30	68,812	14,005,334
051 OCCUPATIONAL THERAPY		9,486	976,849	4	5,710	6,066,625
052 SPEECH PATHOLOGY		690	272,456	1	1,980	2,367,867
053 ELECTROCARDIOLOGY	4,218	51,440	450,141	42	29,372	28,696,619
053 01 CARDIAC CATHETERIZATI	12,864	927,884	1,209,482	51	485,030	40,836,997
053 02 CARDIOPULMONARY	183	20,291	467,348	20	8,618	662,470
053 03 DIABETES CENTER		1,087	205,424	34	2,967	275,361
054 ELECTROENCEPHALOGRAPH	6,753	2,794	106,740	7	5,601	5,096,566
055 MEDICAL SUPPLIES CHAR		92,777				132,504,407
056 DRUGS CHARGED TO PATI		18,919				85,084,692
057 RENAL DIALYSIS	293	13,352	1,289,239	4	285,721	2,289,417
059 ANCILLARY PSYCH			64,565		3,456	678,584
059 01 OUTREACH CLINIC		1,713	465,415	46	39,696	555,337
060 OUTPAT SERVICE COST C						
060 CLINIC	2,731	217	279,209	10	22,920	547,149
060 01 SENIOR HEALTH	13,269		36,780	150	118	9,005
060 02 OB-PEDS CLINIC	7,694					
060 04 BARIATRICS		9,053	358,791	30	16,529	269,439
061 EMERGENCY	41,904	78,179	4,935,359	94	368,739	56,650,441
061 01 DIAGNOSTIC TREATMENT	11,813	94,855	1,707,335	40	467,262	10,809,979
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
065 AMBULANCE SERVICES		12,593	814,958	8	22,097	6,420,065
066 DURABLE MEDICAL EQUIP	5,799					
SPEC PURPOSE COST CEN						
095 SUBTOTALS	832,678	10,380,483	97,803,040	2,520	10,041,368	841,542,155
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
097 RESEARCH			1,342			
098 PHYSICIANS' PRIVATE O	30,277	11,011	5,977,108	32	34,545	
100 FITNESS CENTER/DAYCAR	21,040					
100 01 ST. MARY'S APOTHECARY	182	6,909	465,311	12	25,516	
100 02 OCCUPATIONAL MEDICINE	39,513		196,603		163,323	
100 03 CANCER CTR/PHYS RECRU			68,878	5	2,866	
100 04 MARKETING		20,487	1,302,996	29	59,561	
100 05 WIRTH HOSPITAL MGMT						
100 06 MOB						
100 07 SENIOR PARTNERS				3	8,596	

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE	EMPLOYEE BENE (GROSS SALARIES	COMMUNICATI ON (NONPATIENT T T TEL	PURCHASING, R ADMITTING ECEIVING AND (SUPPLIES)EXPENSE	(GROSS CHARGES)
	3	4	5	6.01	6.03	6.05
NONREIMBURS COST CENT						
100 08 PSYCH FREESTANDING CL			83,404	2	93	
100 09 WELBORN PROFESSIONAL	5,820	43,684	2,627,060	16	128,204	
100 10 VALET SERVICES						
100 11 ST ELIZABETH	1,552					
100 12 REGINA CLOSE OUT						
100 13 TR SUP / DR T						
100 14 FREE STANDING CATH LA	1,036					
100 15 FAMILY PRACTICE	15,357					
100 16 SURGICARE						
100 17 FOUNDATION	16,177		467,700		7,522	
100 18 SMHS EMPLOYEES IN SMM						
100 19 SMMC DEPTS TO SMHS						
100 20 STOREROOM / DISTRIBUT						
100 21 PRINT SHOP						
100 22 MAIL ROOM - SMHS HO C						
100 23 ACCOUNTING - SMHS HO						
100 24 IS APPLICATIONS - SMH						
100 25 PRIMARYH SOURCE VERIF						
100 26 CMO DR GALLAGHER - SM						
100 27 INFECTION DISEASE - S						
100 28 SMHS WARRICK						
100 29 COMPANY 10 AND OTHER						
100 30 STARS PROGRAM						
100 31 EMPLOYEE HEALTH						
100 32 MAT MGMT PURCHASING						
100 33 DECISION SUPPORT						
100 34 PLANETREE						
100 35 EDUCATION						
100 36 QUALITY						
100 37 EMS SECURITY						
100 38 MOTOR SERVICE						
100 39 MEDICAL LIBRARY						
100 40 MGMT PATIENT RELATION						
100 41 SUBSIDIARY SUPPORT						
100 42 MISSION SERVICE						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	10,904,833	9,953,272	26,085,535	263,753	619,662	2,932,709
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	11.316387	.951322	.239331	100.707522	.059176	.003485
105 COST TO BE ALLOCATED (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)			71,289	64,829	177,827	197,384
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)			.000654	24.753341	.016982	.000235

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI	PATIENT PLACE RECEI	MENT	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING
	(GROSS CHARGES)	(ASSIGNED TIME)	RECONCI L- IATION	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF)	(SQUARE FEET)
	6.06	6.07	6a.08	6.08	8	9	10
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATION							
006 03 PURCHASING, RECEIVING							
006 05 ADMINITTING							
006 06 CASHIERING/ACCOUNTS R	841,542,155						
006 07 PATIENT PLACEMENT		100					
006 08 OTHER ADMINIS TRATIVE			-45,163,440	252,880,164			
008 OPERATION OF PLANT				10,889,015	923,665		
009 LAUNDRY & LINEN SERVI				1,411,770	11,623	3,836,377	
010 HOUSEKEEPING				3,126,009	19,047		892,995
011 DIETARY				1,162,072	25,101		25,101
012 CAFETERIA				1,911,682			
014 NURSING ADMINIS TRATIO				3,900,985	1,724		1,724
015 CENTRAL SERVICES & SU				3,126,717	17,168		17,168
016 PHARMACY				4,761,108	6,272		6,272
017 MEDICAL RECORDS & LIB				4,105,485	9,883		9,883
022 I&R SERVICES-SALARY &				143,117			
023 I&R SERVICES-OTHER PR				47,079			
024 PARAMED ED PRGM				105,960			
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICALS	41,744,566			21,889,085	161,623	2,273,470	161,623
026 INTENSIVE CARE UNIT	15,043,135			9,763,690	42,114	496,160	42,114
026 02 NEONATAL ICU	18,282,582			5,495,286	12,717	126,847	12,717
027 CORONARY CARE UNIT	2,327,987			1,472,978	5,644	52,609	5,644
031 SUBPROVIDER	2,529,568			1,444,499	11,766		11,766
031 01 SUBPROVIDER 2	4,784,000			3,330,794	35,314	88,887	35,314
033 NURSERY				725,625			
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	114,246,135			36,662,298	44,673	26,758	44,673
038 RECOVERY ROOM	12,264,034			1,740,112	9,368	140,779	9,368
039 DELIVERY ROOM & LABOR	8,211,025			2,962,267	24,223	68,216	24,223
040 ANESTHESIOLOGY	9,331,404			147,644			
041 RADIOLOGY-DIAGNOSTIC	46,952,247			6,680,633	39,445		39,445
041 01 CAT SCAN	50,548,002			3,132,267	5,189		5,189
041 02 DIAGNOSTIC ULTRASOUND	11,360,267			906,062	1,862		1,862
041 03 NUCLEAR MEDICINE	17,309,638			1,912,713	7,033		7,033
042 RADIOLOGY-THERAPEUTIC	5,025,785			1,132,005			
044 LABORATORY	52,392,209			10,206,371	24,371		24,371
047 BLOOD STORING, PROCES	7,114,784			3,013,993	620		620
048 INTRAVENOUS THERAPY	5,701,923			1,520,979	510		510
049 RESPIRATORY THERAPY	22,546,510			3,883,380	2,559		2,559
050 PHYSICAL THERAPY	14,005,334			3,167,270	24,440		24,440
051 OCCUPATIONAL THERAPY	6,066,625			1,286,534			
052 SPEECH PATHOLOGY	2,367,867			369,624			
053 ELECTROCARDIOLOGY	28,696,619			4,576,702	4,560	474,112	4,560
053 01 CARDIAC CATHETERIZATI	40,836,997			5,417,530	12,864		12,864
053 02 CARDIOPULMONARY	662,470			529,400	7,661	88,539	7,661
053 03 DIABETES CENTER	275,361			375,139	4,635		4,635
054 ELECTROENCEPHALOGRAPH	5,096,566			821,511	6,753		6,753
055 MEDICAL SUPPLIES CHAR	132,504,407			27,624,206			
056 DRUGS CHARGED TO PATI	85,084,692			12,559,207			
057 RENAL DIALYSIS	2,289,417			332,366	293		293
059 ANCILLARY PSYCH	678,584			90,238			
059 01 OUTREACH CLINIC	555,337			605,271			
060 OUTPAT SERVICE COST C							
060 CLINIC	547,149			414,678	2,731		2,731
060 01 SENIOR HEALTH	9,005		365,719		21,398		21,398
060 02 OB-PEDS CLINIC				87,068	7,694		7,694
060 04 BARIATRICALS	269,439			268,806			
061 EMERGENCY	56,650,441			10,289,933	41,904		41,904
061 01 DIAGNOSTIC TREATMENT	10,809,979			3,034,046	11,813		11,813
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
065 AMBULANCE SERVICES	6,420,065			2,890,759			
066 DURABLE MEDICAL EQUIP				65,624	6,957		6,957
SPEC PURPOSE COST CEN							
095 SUBTOTALS	841,542,155		-44,797,721	227,519,592	673,552	3,836,377	642,882
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
097 RESEARCH				34,693			
098 PHYSICIANS' PRIVATE O				10,195,967	30,277		30,277
100 FITNESS CENTER/DAYCAR				238,097	21,040		21,040
100 01 ST. MARY'S APOTHECARY				4,492,978	3,062		3,062
100 02 OCCUPATIONAL MEDICINE				1,317,807	39,513		39,513
100 03 CANCER CTR/PHYS RECRU				123,178			
100 04 MARKETING				2,316,189	12,511		12,511
100 05 WIRTH HOSPITAL MGMT							
100 06 MOB				647,519			
100 07 SENIOR PARTNERS		100		700,060			

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0100
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	CASHIERING/AC PATIENT PLACE COUNTS RECEI MENT			OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING
	(GROSS CHARGES)	(ASSIGNED TIME)	RECONCI L- IATION	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF)LAUNDRY	(SQUARE)FEET)
NONREIMBURS COST CENT	6.06	6.07	6a.08	6.08	8	9	10
100 08 PSYCH FREESTANDING CL				474,351			
100 09 WELBORN PROFESSIONAL				3,960,334	12,320		12,320
100 10 VALET SERVICES							
100 11 ST ELIZABETH				17,563	1,552		1,552
100 12 REGINA CLOSE OUT							
100 13 TR SUP / DR T							
100 14 FREE STANDING CATH LA				11,724	1,036		1,036
100 15 FAMILY PRACTICE				173,786	71,484		71,484
100 16 SURGICARE							
100 17 FOUNDATION				656,326	57,318		57,318
100 18 SMHS EMPLOYEES IN SMM							
100 19 SMMC DEPTS TO SMHS							
100 20 STOREROOM / DI STRIBUT							
100 21 PRINT SHOP							
100 22 MAIL ROOM - SMHS HO C							
100 23 ACCOUNTING - SMHS HO							
100 24 IS APPLI CATIONS - SMH							
100 25 PRIMARYH SOURCE VERIF							
100 26 CMO DR GALLAGHER - SM							
100 27 INFECTION DI SEASE - S							
100 28 SMHS WARRICK							
100 29 COMPANY 10 AND OTHER							
100 30 STARS PROGRAM							
100 31 EMPLOYEE HEALTH							
100 32 MAT MGMT PURCHASING							
100 33 DECISION SUPPORT							
100 34 PLANETREE							
100 35 EDUCATION							
100 36 QUALITY							
100 37 EMS SECURI TY							
100 38 MOTOR SERVI CE							
100 39 MEDI CAL LI BRARY							
100 40 MGMT PATI ENT RELATION							
100 41 SUBSI DARY SUPPORT							
100 42 MI SSION SERVI CE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	4,790,988	619,692		45,163,440	12,833,750	1,825,400	3,948,948
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.005693	6,196.920000		.178596	13.894377	.475814	4.422139
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	101,975	9,376		6,563,791	1,629,320	265,834	341,785
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000121	93.760000		.025956	1.763973	.069293	.382740

COST CENTER DESCRIPTION	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED) EQUI S.	PHARMACY (COSTED) EQUI S.	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	I&R SERVICES-SALARY & FRI (ASSIGNED TIME)
	11	12	14	15	16	17	22
003 GENERAL SERVICE COST							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATION							
006 03 PURCHASING, RECEIVING							
006 05 ADMITTING							
006 06 CASHIERING/ACCOUNTS R							
006 07 PATIENT PLACEMENT							
006 08 OTHER ADMINISTRATIVE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY	212,122						
012 CAFETERIA		3,291,618					
014 NURSING ADMINISTRATION		115,885	29,497				
015 CENTRAL SERVICES & SU		74,406		100			
016 PHARMACY		102,599			100		
017 MEDICAL RECORDS & LIB		143,169				841,542,155	
022 I&R SERVICES-SALARY &		7,177					100
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM		2,080					
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	168,787	634,733	15,843			41,744,566	100
026 INTENSIVE CARE UNIT	8,472	232,901	6,332			15,043,135	
026 02 NEONATAL ICU	645	135,297	1,808			18,282,582	
027 CORONARY CARE UNIT	3,006	35,643	730			2,327,987	
031 SUBPROVIDER	6,292	35,954	624			2,529,568	
031 01 SUBPROVIDER 2	20,648	86,622	2,080			4,784,000	
033 NURSERY		21,627					
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM		229,245				114,246,135	
038 RECOVERY ROOM		43,464				12,264,034	
039 DELIVERY ROOM & LABOR		67,685	2,080			8,211,025	
040 ANESTHESIOLOGY		2,064				9,331,404	
041 RADIOLOGY-DIAGNOSTIC		102,233				46,952,247	
041 01 CAT SCAN		24,183				50,548,002	
041 02 DIAGNOSTIC ULTRASOUND		15,024				11,360,267	
041 03 NUCLEAR MEDICINE		15,566				17,309,638	
042 RADIOLOGY-THERAPEUTIC		348				5,025,785	
044 LABORATORY		224,245				52,392,209	
047 BLOOD STORING, PROCES		11,116				7,114,784	
048 INTRAVENOUS THERAPY		12,382				5,701,923	
049 RESPIRATORY THERAPY		87,941				22,546,510	
050 PHYSICAL THERAPY		81,911				14,005,334	
051 OCCUPATIONAL THERAPY		34,436				6,066,625	
052 SPEECH PATHOLOGY		8,573				2,367,867	
053 ELECTROCARDIOLOGY		21,262				28,696,619	
053 01 CARDIAC CATHETERIZATI		39,722				40,836,997	
053 02 CARDIOPULMONARY		17,494				662,470	
053 03 DIABETES CENTER		9,581				275,361	
054 ELECTROENCEPHALOGRAPH		4,238				5,096,566	
055 MEDICAL SUPPLIES CHAR				100		132,504,407	
056 DRUGS CHARGED TO PATI					100	85,084,692	
057 RENAL DIALYSIS		42,404				2,289,417	
059 ANCILLARY PSYCH		2,308				678,584	
059 01 OUTREACH CLINIC		17,383				555,337	
060 OUTPAT SERVICE COST C							
060 CLINIC		10,560				547,149	
060 01 SENIOR HEALTH		1,670				9,005	
060 02 OB-PEDS CLINIC							
060 04 BARIATRICS		12,779				269,439	
061 EMERGENCY	75	203,104				56,650,441	
061 01 DIAGNOSTIC TREATMENT	4,197	59,178				10,809,979	
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
065 AMBULANCE SERVICES		23,814				6,420,065	
066 DURABLE MEDICAL EQUIP							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	212,122	3,054,006	29,497	100	100	841,542,155	100
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
097 RESEARCH							
098 PHYSICIANS' PRIVATE O		73,796					
100 FITNESS CENTER/DAYCAR							
100 01 ST. MARY'S APOTHECARY		14,312					
100 02 OCCUPATIONAL MEDICINE		7,714					
100 03 CANCER CTR/PHYS RECRU		4,258					
100 04 MARKETING		42,228					
100 05 WIRTH HOSPITAL MGMT							
100 06 MOB							
100 07 SENIOR PARTNERS							

COST CENTER DESCRIPTION	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED) EQUI S.	PHARMACY (COSTED) EQUI S.	MEDICAL RECORDS & LIBRARY (GROSS) CHARGES	I&R SERVICES-SALARY & FRI (ASSIGNED) TIME
	11	12	14	15	16	17	22
NONREIMBURS COST CENT							
100 08 PSYCH FREESTANDING CL		2,077					
100 09 WELBORN PROFESSIONAL		76,570					
100 10 VALET SERVICES							
100 11 ST ELIZABETH							
100 12 REGINA CLOSE OUT							
100 13 TR SUP / DR T							
100 14 FREE STANDING CATH LA							
100 15 FAMILY PRACTICE							
100 16 SURGICARE							
100 17 FOUNDATION		16,657					
100 18 SMHS EMPLOYEES IN SMM							
100 19 SMMC DEPTS TO SMHS							
100 20 STOREROOM / DISTRIBUT							
100 21 PRINT SHOP							
100 22 MAIL ROOM - SMHS HO C							
100 23 ACCOUNTING - SMHS HO							
100 24 IS APPLICATIONS - SMH							
100 25 PRIMARY SOURCE VERIF							
100 26 CMO DR GALLAGHER - SM							
100 27 INFECTION DISEASE - S							
100 28 SMHS WARRICK							
100 29 COMPANY 10 AND OTHER							
100 30 STARS PROGRAM							
100 31 EMPLOYEE HEALTH							
100 32 MAT MGMT PURCHASING							
100 33 DECISION SUPPORT							
100 34 PLANETREE							
100 35 EDUCATION							
100 36 QUALITY							
100 37 EMS SECURITY							
100 38 MOTOR SERVICE							
100 39 MEDICAL LIBRARY							
100 40 MGMT PATIENT RELATION							
100 41 SUBSIDIARY SUPPORT							
100 42 MISSION SERVICE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,829,376	2,253,101	4,708,586	4,050,525	5,796,534	5,117,729	173,590
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	8.624169	.684496	159.629318	40,505.250000	57,965.340000	.006081	1,735.900000
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	459,791	50,594	273,913	335,510	218,407	274,967	4,185
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	2.167578	.015371	9.286131	3,355.100000	2,184.070000	.000327	41.850000

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0100
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C GM	PARAMED ED PR
	(ASSIGNED TIME)	(ASSIGNED TIME)
	23	24
003 GENERAL SERVICE COST		
004 NEW CAP REL COSTS-BLD		
005 NEW CAP REL COSTS-MVB		
006 EMPLOYEE BENEFITS		
006 01 COMMUNICATION		
006 03 PURCHASING, RECEIVING		
006 05 ADMITTING		
006 06 CASHIERING/ACCOUNTS R		
006 07 PATIENT PLACEMENT		
006 08 OTHER ADMINISTRATIVE		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVI		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SU		
016 PHARMACY		
017 MEDICAL RECORDS & LIB		
022 I&R SERVICES-SALARY &		
023 I&R SERVICES-OTHER PR	100	
024 PARAMED ED PRGM		100
025 INPAT ROUTINE SRVC CN		
026 ADULTS & PEDIATRICS	100	
026 INTENSIVE CARE UNIT		
026 02 NEONATAL ICU		
027 CORONARY CARE UNIT		
031 SUBPROVIDER		
031 01 SUBPROVIDER 2		
033 NURSERY		
037 ANCILLARY SRVC COST C		
038 OPERATING ROOM		
039 RECOVERY ROOM		
040 DELIVERY ROOM & LABOR		
040 ANESTHESIOLOGY		
041 RADIOLOGY-DIAGNOSTIC		100
041 01 CAT SCAN		
041 02 DIAGNOSTIC ULTRASOUND		
041 03 NUCLEAR MEDICINE		
042 RADIOLOGY-THERAPEUTIC		
044 LABORATORY		
047 BLOOD STORAGE, PROCES		
048 INTRAVENOUS THERAPY		
049 RESPIRATORY THERAPY		
050 PHYSICAL THERAPY		
051 OCCUPATIONAL THERAPY		
052 SPEECH PATHOLOGY		
053 ELECTROCARDIOLOGY		
053 01 CARDIAC CATHETERIZATI		
053 02 CARDIOPULMONARY		
053 03 DIABETES CENTER		
054 ELECTROENCEPHALOGRAPH		
055 MEDICAL SUPPLIES CHAR		
056 DRUGS CHARGED TO PATI		
057 RENAL DIALYSIS		
059 ANCILLARY PSYCH		
059 01 OUTREACH CLINIC		
060 OUTPAT SERVICE COST C		
060 CLINIC		
060 01 SENIOR HEALTH		
060 02 OB-PEDS CLINIC		
060 04 BARIATRICS		
061 EMERGENCY		
061 01 DIAGNOSTIC TREATMENT		
062 OBSERVATION BEDS (NON		
OTHER REIMBURS COST C		
065 AMBULANCE SERVICES		
066 DURABLE MEDICAL EQUIP		
SPEC PURPOSE COST CEN		
095 SUBTOTALS	100	100
096 NONREIMBURS COST CENT		
097 GIFT, FLOWER, COFFEE		
097 RESEARCH		
098 PHYSICIANS' PRIVATE O		
100 FITNESS CENTER/DAYCAR		
100 01 ST. MARY'S APOTHECARY		
100 02 OCCUPATIONAL MEDICINE		
100 03 CANCER CTR/PHYS RECRU		
100 04 MARKETING		
100 05 WIRTH HOSPITAL MGMT		
100 06 MOB		
100 07 SENIOR PARTNERS		

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0100
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C GM	(ASSIGNED TIME)	(ASSIGNED TIME)
NONREIMBURS COST CENT		23	24
100 08 PSYCH FREESTANDING CL			
100 09 WELBORN PROFESSIONAL			
100 10 VALET SERVICES			
100 11 ST ELIZABETH			
100 12 REGINA CLOSE OUT			
100 13 TR SUP / DR T			
100 14 FREE STANDING CATH LA			
100 15 FAMILY PRACTICE			
100 16 SURGICARE			
100 17 FOUNDATION			
100 18 SMHS EMPLOYEES IN SMM			
100 19 SMMC DEPTS TO SMHS			
100 20 STOREROOM / DISTRIBUT			
100 21 PRINT SHOP			
100 22 MAIL ROOM - SMHS HO C			
100 23 ACCOUNTING - SMHS HO			
100 24 IS APPLICATIONS - SMH			
100 25 PRIMARYH SOURCE VERIF			
100 26 CMO DR GALLAGHER - SM			
100 27 INFECTION DISEASE - S			
100 28 SMHS WARRICK			
100 29 COMPANY 10 AND OTHER			
100 30 STARS PROGRAM			
100 31 EMPLOYEE HEALTH			
100 32 MAT MGMT PURCHASING			
100 33 DECISION SUPPORT			
100 34 PLANETREE			
100 35 EDUCATION			
100 36 QUALITY			
100 37 EMS SECURITY			
100 38 MOTOR SERVICE			
100 39 MEDICAL LIBRARY			
100 40 MGMT PATIENT RELATION			
100 41 SUBSIDIARY SUPPORT			
100 42 MISSION SERVICE			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED (PER WRKSHT B, PART	55,487	126,308	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	554.870000	1,263.080000	
105 COST TO BE ALLOCATED (PER WRKSHT B, PART			
106 UNIT COST MULTIPLIER (WRKSHT B, PT I I)			
107 COST TO BE ALLOCATED (PER WRKSHT B, PART	1,428	2,838	
108 UNIT COST MULTIPLIER (WRKSHT B, PT I I I)	14.280000	28.380000	

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	34,513,475		34,513,475		34,513,475
26	INTENSIVE CARE UNIT	13,849,642		13,849,642		13,849,642
26	02 NEONATAL ICU	7,267,968		7,267,968		7,267,968
27	CORONARY CARE UNIT	2,045,463		2,045,463		2,045,463
31	SUBPROVIDER	2,111,857		2,111,857		2,111,857
31	01 SUBPROVIDER 2	5,213,268		5,213,268		5,213,268
33	NURSERY	870,023		870,023		870,023
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	44,892,727		44,892,727		44,892,727
38	RECOVERY ROOM	2,393,793		2,393,793		2,393,793
39	DELIVERY ROOM & LABOR ROO	4,395,744		4,395,744		4,395,744
40	ANESTHESIOLOGY	232,170		232,170		232,170
41	RADIOLOGY-DIAGNOSTIC	9,078,065		9,078,065		9,078,065
41	01 CAT SCAN	4,110,656		4,110,656		4,110,656
41	02 DIAGNOSTIC ULTRASOUND	1,181,352		1,181,352		1,181,352
41	03 NUCLEAR MEDICINE	2,499,051		2,499,051		2,499,051
42	RADIOLOGY-THERAPEUTIC	1,364,977		1,364,977		1,364,977
44	LABORATORY	12,947,672		12,947,672		12,947,672
47	BLOOD STORAGE, PROCESSING	3,614,511		3,614,511		3,614,511
48	INTRAVENOUS THERAPY	1,845,109		1,845,109		1,845,109
49	RESPIRATORY THERAPY	4,821,108		4,821,108		4,821,108
50	PHYSICAL THERAPY	4,321,822		4,321,822		4,321,822
51	OCCUPATIONAL THERAPY	1,576,766		1,576,766		1,576,766
52	SPEECH PATHOLOGY	455,904		455,904		455,904
53	ELECTROCARDIOLOGY	5,892,253		5,892,253		5,892,253
53	01 CARDIAC CATHETERIZATION L	6,896,222		6,896,222		6,896,222
53	02 CARDIOPULMONARY	822,403		822,403		822,403
53	03 DIABETES CENTER	535,266		535,266		535,266
54	ELECTROENCEPHALOGRAPHY	1,125,815		1,125,815		1,125,815
55	MEDICAL SUPPLIES CHARGED	37,414,379		37,414,379		37,414,379
56	DRUGS CHARGED TO PATIENTS	21,116,165		21,116,165		21,116,165
57	RENAL DIALYSIS	440,039		440,039		440,039
59	ANCILLARY PSYCH	112,060		112,060		112,060
59	01 OUTREACH CLINIC	728,646		728,646		728,646
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	549,316		549,316		549,316
60	01 SENIOR HEALTH	27,416		27,416		27,416
60	02 OB-PEDS CLINIC	243,545		243,545		243,545
60	04 BARIATRICS	327,199		327,199		327,199
61	EMERGENCY	13,379,371		13,379,371		13,379,371
61	01 DIAGNOSTIC TREATMENT CENT	3,934,725		3,934,725		3,934,725
62	OBSERVATION BEDS (NON-DIS	3,583,102		3,583,102		3,583,102
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	3,462,378		3,462,378		3,462,378
66	DURABLE MEDICAL EQUIP-REN	204,772		204,772		204,772
101	SUBTOTAL	266,398,195		266,398,195		266,398,195
102	LESS OBSERVATION BEDS	3,583,102		3,583,102		3,583,102
103	TOTAL	262,815,093		262,815,093		262,815,093

COMPUTATION OF RATIO OF COSTS TO CHARGES

15-0100

FROM 7/ 1/2008

WORKSHEET C

TO 6/30/2009

PART I

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	36,144,496		36,144,496			
26	INTENSIVE CARE UNIT	15,043,135		15,043,135			
26 02	NEONATAL ICU	18,282,582		18,282,582			
27	CORONARY CARE UNIT	2,327,987		2,327,987			
31	SUBPROVIDER	2,529,568		2,529,568			
31 01	SUBPROVIDER 2	4,784,000		4,784,000			
33	NURSERY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	39,825,278	74,420,857	114,246,135	.392947	.392947	.392947
38	RECOVERY ROOM	4,951,213	7,312,821	12,264,034	.195188	.195188	.195188
39	DELIVERY ROOM & LABOR ROO	7,004,932	1,206,093	8,211,025	.535347	.535347	.535347
40	ANESTHESIOLOGY	5,056,789	4,274,615	9,331,404	.024881	.024881	.024881
41	RADIOLOGY-DIAGNOSTIC	14,236,332	32,715,915	46,952,247	.193347	.193347	.193347
41 01	CAT SCAN	16,336,280	34,211,722	50,548,002	.081322	.081322	.081322
41 02	DIAGNOSTIC ULTRASOUND	4,627,220	6,733,047	11,360,267	.103990	.103990	.103990
41 03	NUCLEAR MEDICINE	5,163,264	12,146,374	17,309,638	.144373	.144373	.144373
42	RADIOLOGY-THERAPEUTIC	149,555	4,876,230	5,025,785	.271595	.271595	.271595
44	LABORATORY	22,386,373	30,005,836	52,392,209	.247130	.247130	.247130
47	BLOOD STORING, PROCESSING	5,636,233	1,478,551	7,114,784	.508028	.508028	.508028
48	INTRAVENOUS THERAPY	1,581,682	4,120,241	5,701,923	.323594	.323594	.323594
49	RESPIRATORY THERAPY	20,861,223	1,685,287	22,546,510	.213829	.213829	.213829
50	PHYSICAL THERAPY	9,201,611	4,803,723	14,005,334	.308584	.308584	.308584
51	OCCUPATIONAL THERAPY	5,969,207	97,418	6,066,625	.259908	.259908	.259908
52	SPEECH PATHOLOGY	2,237,681	130,186	2,367,867	.192538	.192538	.192538
53	ELECTROCARDIOLOGY	8,846,656	19,849,963	28,696,619	.205329	.205329	.205329
53 01	CARDIAC CATHETERIZATION L	23,784,670	17,052,327	40,836,997	.168872	.168872	.168872
53 02	CARDIOPULMONARY	1,159	661,311	662,470	1.241419	1.241419	1.241419
53 03	DIABETES CENTER		275,361	275,361	1.943870	1.943870	1.943870
54	ELECTROENCEPHALOGRAPHY	1,356,431	3,740,135	5,096,566	.220897	.220897	.220897
55	MEDICAL SUPPLIES CHARGED	90,157,447	42,346,960	132,504,407	.282363	.282363	.282363
56	DRUGS CHARGED TO PATIENTS	54,038,466	31,046,226	85,084,692	.248178	.248178	.248178
57	RENAL DIALYSIS	2,083,222	206,195	2,289,417	.192206	.192206	.192206
59	ANCILLARY PSYCH	330,578	348,006	678,584	.165138	.165138	.165138
59 01	OUTREACH CLINIC		555,337	555,337	1.312079	1.312079	1.312079
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	9,403	537,746	547,149	1.003961	1.003961	1.003961
60 01	SENIOR HEALTH		9,005	9,005	3.044531	3.044531	3.044531
60 02	OB-PEDS CLINIC						
60 04	BARIATRICS		269,439	269,439	1.214371	1.214371	1.214371
61	EMERGENCY	15,688,627	40,961,814	56,650,441	.236174	.236174	.236174
61 01	DIAGNOSTIC TREATMENT CENT	3,497,818	7,312,161	10,809,979	.363990	.363990	.363990
62	OBSERVATION BEDS (NON-DIS	150,258	5,449,812	5,600,070	.639832	.639832	.639832
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	16,900	6,403,165	6,420,065	.539306	.539306	.539306
66	DURABLE MEDICAL EQUIP-REN						
101	SUBTOTAL	444,298,276	397,243,879	841,542,155			
102	LESS OBSERVATION BEDS						
103	TOTAL	444,298,276	397,243,879	841,542,155			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	36,144,496		36,144,496			
26	INTENSIVE CARE UNIT	15,043,135		15,043,135			
26 02	NEONATAL ICU	18,282,582		18,282,582			
27	CORONARY CARE UNIT	2,327,987		2,327,987			
31	SUBPROVIDER	2,529,568		2,529,568			
31 01	SUBPROVIDER 2	4,784,000		4,784,000			
33	NURSERY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	39,825,278	74,420,857	114,246,135	.392947	.392947	.392947
38	RECOVERY ROOM	4,951,213	7,312,821	12,264,034	.195188	.195188	.195188
39	DELIVERY ROOM & LABOR ROO	7,004,932	1,206,093	8,211,025	.535347	.535347	.535347
40	ANESTHESIOLOGY	5,056,789	4,274,615	9,331,404	.024881	.024881	.024881
41	RADIOLOGY-DIAGNOSTIC	14,236,332	32,715,915	46,952,247	.193347	.193347	.193347
41 01	CAT SCAN	16,336,280	34,211,722	50,548,002	.081322	.081322	.081322
41 02	DIAGNOSTIC ULTRASOUND	4,627,220	6,733,047	11,360,267	.103990	.103990	.103990
41 03	NUCLEAR MEDICINE	5,163,264	12,146,374	17,309,638	.144373	.144373	.144373
42	RADIOLOGY-THERAPEUTIC	149,555	4,876,230	5,025,785	.271595	.271595	.271595
44	LABORATORY	22,386,373	30,005,836	52,392,209	.247130	.247130	.247130
47	BLOOD STORING, PROCESSING	5,636,233	1,478,551	7,114,784	.508028	.508028	.508028
48	INTRAVENOUS THERAPY	1,581,682	4,120,241	5,701,923	.323594	.323594	.323594
49	RESPIRATORY THERAPY	20,861,223	1,685,287	22,546,510	.213829	.213829	.213829
50	PHYSICAL THERAPY	9,201,611	4,803,723	14,005,334	.308584	.308584	.308584
51	OCCUPATIONAL THERAPY	5,969,207	97,418	6,066,625	.259908	.259908	.259908
52	SPEECH PATHOLOGY	2,237,681	130,186	2,367,867	.192538	.192538	.192538
53	ELECTROCARDIOLOGY	8,846,656	19,849,963	28,696,619	.205329	.205329	.205329
53 01	CARDIAC CATHETERIZATION L	23,784,670	17,052,327	40,836,997	.168872	.168872	.168872
53 02	CARDIOPULMONARY	1,159	661,311	662,470	1.241419	1.241419	1.241419
53 03	DIABETES CENTER		275,361	275,361	1.943870	1.943870	1.943870
54	ELECTROENCEPHALOGRAPHY	1,356,431	3,740,135	5,096,566	.220897	.220897	.220897
55	MEDICAL SUPPLIES CHARGED	90,157,447	42,346,960	132,504,407	.282363	.282363	.282363
56	DRUGS CHARGED TO PATIENTS	54,038,466	31,046,226	85,084,692	.248178	.248178	.248178
57	RENAL DIALYSIS	2,083,222	206,195	2,289,417	.192206	.192206	.192206
59	ANCILLARY PSYCH	330,578	348,006	678,584	.165138	.165138	.165138
59 01	OUTREACH CLINIC		555,337	555,337	1.312079	1.312079	1.312079
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	9,403	537,746	547,149	1.003961	1.003961	1.003961
60 01	SENIOR HEALTH		9,005	9,005	3.044531	3.044531	3.044531
60 02	OB-PEDS CLINIC						
60 04	BARIATRICS		269,439	269,439	1.214371	1.214371	1.214371
61	EMERGENCY	15,688,627	40,961,814	56,650,441	.236174	.236174	.236174
61 01	DIAGNOSTIC TREATMENT CENT	3,497,818	7,312,161	10,809,979	.363990	.363990	.363990
62	OBSERVATION BEDS (NON-DIS	150,258	5,449,812	5,600,070	.639832	.639832	.639832
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	16,900	6,403,165	6,420,065	.539306	.539306	.539306
66	DURABLE MEDICAL EQUIP-REN						
101	SUBTOTAL	444,298,276	397,243,879	841,542,155			
102	LESS OBSERVATION BEDS						
103	TOTAL	444,298,276	397,243,879	841,542,155			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	44,892,727	2,999,531	41,893,196			44,892,727
38	RECOVERY ROOM	2,393,793	152,496	2,241,297			2,393,793
39	DELIVERY ROOM & LABOR ROO	4,395,744	465,500	3,930,244			4,395,744
40	ANESTHESIOLOGY	232,170	20,270	211,900			232,170
41	RADIOLOGY-DIAGNOSTIC	9,078,065	1,478,577	7,599,488			9,078,065
41 01	CAT SCAN	4,110,656	1,290,447	2,820,209			4,110,656
41 02	DIAGNOSTIC ULTRASOUND	1,181,352	176,953	1,004,399			1,181,352
41 03	NUCLEAR MEDICINE	2,499,051	375,487	2,123,564			2,499,051
42	RADIOLOGY-THERAPEUTIC	1,364,977	475,807	889,170			1,364,977
44	LABORATORY	12,947,672	779,359	12,168,313			12,947,672
47	BLOOD STORING, PROCESSING	3,614,511	103,153	3,511,358			3,614,511
48	INTRAVENOUS THERAPY	1,845,109	153,797	1,691,312			1,845,109
49	RESPIRATORY THERAPY	4,821,108	278,392	4,542,716			4,821,108
50	PHYSICAL THERAPY	4,321,822	242,401	4,079,421			4,321,822
51	OCCUPATIONAL THERAPY	1,576,766	47,925	1,528,841			1,576,766
52	SPEECH PATHOLOGY	455,904	12,236	443,668			455,904
53	ELECTROCARDIOLOGY	5,892,253	279,864	5,612,389			5,892,253
53 01	CARDIAC CATHETERIZATION L	6,896,222	1,235,316	5,660,906			6,896,222
53 02	CARDIOPULMONARY	822,403	59,365	763,038			822,403
53 03	DIABETES CENTER	535,266	22,082	513,184			535,266
54	ELECTROENCEPHALOGRAPHY	1,125,815	118,783	1,007,032			1,125,815
55	MEDICAL SUPPLIES CHARGED	37,414,379	1,230,838	36,183,541			37,414,379
56	DRUGS CHARGED TO PATIENTS	21,116,165	620,505	20,495,660			21,116,165
57	RENAL DIALYSIS	440,039	33,284	406,755			440,039
59	ANCILLARY PSYCH	112,060	2,941	109,119			112,060
59 01	OUTREACH CLINIC	728,646	20,104	708,542			728,646
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	549,316	49,092	500,224			549,316
60 01	SENIOR HEALTH	27,416	199,863	-172,447			27,416
60 02	OB-PEDS CLINIC	243,545	105,845	137,700			243,545
60 04	BARIATRICS	327,199	17,228	309,971			327,199
61	EMERGENCY	13,379,371	959,412	12,419,959			13,379,371
61 01	DIAGNOSTIC TREATMENT CENT	3,934,725	355,461	3,579,264			3,934,725
62	OBSERVATION BEDS (NON-DIS	3,583,102	398,251	3,184,851			3,583,102
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	3,462,378	92,870	3,369,508			3,462,378
66	DURABLE MEDICAL EQUIP-REN	204,772	82,262	122,510			204,772
101	SUBTOTAL	200,526,499	14,935,697	185,590,802			200,526,499
102	LESS OBSERVATION BEDS	3,583,102	398,251	3,184,851			3,583,102
103	TOTAL	196,943,397	14,537,446	182,405,951			196,943,397

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	114,246,135	.392947	.392947
38	RECOVERY ROOM	12,264,034	.195188	.195188
39	DELIVERY ROOM & LABOR ROO	8,211,025	.535347	.535347
40	ANESTHESIOLOGY	9,331,404	.024881	.024881
41	RADIOLOGY-DIAGNOSTIC	46,952,247	.193347	.193347
41 01	CAT SCAN	50,548,002	.081322	.081322
41 02	DIAGNOSTIC ULTRASOUND	11,360,267	.103990	.103990
41 03	NUCLEAR MEDICINE	17,309,638	.144373	.144373
42	RADIOLOGY-THERAPEUTIC	5,025,785	.271595	.271595
44	LABORATORY	52,392,209	.247130	.247130
47	BLOOD STORING, PROCESSING	7,114,784	.508028	.508028
48	INTRAVENOUS THERAPY	5,701,923	.323594	.323594
49	RESPIRATORY THERAPY	22,546,510	.213829	.213829
50	PHYSICAL THERAPY	14,005,334	.308584	.308584
51	OCCUPATIONAL THERAPY	6,066,625	.259908	.259908
52	SPEECH PATHOLOGY	2,367,867	.192538	.192538
53	ELECTROCARDIOLOGY	28,696,619	.205329	.205329
53 01	CARDIAC CATHETERIZATION L	40,836,997	.168872	.168872
53 02	CARDIOPULMONARY	662,470	1.241419	1.241419
53 03	DIABETES CENTER	275,361	1.943870	1.943870
54	ELECTROENCEPHALOGRAPHY	5,096,566	.220897	.220897
55	MEDICAL SUPPLIES CHARGED	132,504,407	.282363	.282363
56	DRUGS CHARGED TO PATIENTS	85,084,692	.248178	.248178
57	RENAL DIALYSIS	2,289,417	.192206	.192206
59	ANCILLARY PSYCH	678,584	.165138	.165138
59 01	OUTREACH CLINIC	555,337	1.312079	1.312079
60	OUTPAT SERVICE COST CNTRS			
	CLINIC	547,149	1.003961	1.003961
60 01	SENIOR HEALTH	9,005	3.044531	3.044531
60 02	OB-PEDS CLINIC			
60 04	BARIATRICS	269,439	1.214371	1.214371
61	EMERGENCY	56,650,441	.236174	.236174
61 01	DIAGNOSTIC TREATMENT CENT	10,809,979	.363990	.363990
62	OBSERVATION BEDS (NON-DIS	5,600,070	.639832	.639832
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	6,420,065	.539306	.539306
66	DURABLE MEDICAL EQUIP-REN			
101	SUBTOTAL	762,430,387		
102	LESS OBSERVATION BEDS	5,600,070		
103	TOTAL	756,830,317		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	44,892,727	2,999,531	41,893,196	299,953	2,429,805	42,162,969
38	RECOVERY ROOM	2,393,793	152,496	2,241,297	15,250	129,995	2,248,548
39	DELIVERY ROOM & LABOR ROO	4,395,744	465,500	3,930,244	46,550	227,954	4,121,240
40	ANESTHESIOLOGY	232,170	20,270	211,900	2,027	12,290	217,853
41	RADIOLOGY-DIAGNOSTIC	9,078,065	1,478,577	7,599,488	147,858	440,770	8,489,437
41 01	CAT SCAN	4,110,656	1,290,447	2,820,209	129,045	163,572	3,818,039
41 02	DIAGNOSTIC ULTRASOUND	1,181,352	176,953	1,004,399	17,695	58,255	1,105,402
41 03	NUCLEAR MEDICINE	2,499,051	375,487	2,123,564	37,549	123,167	2,338,335
42	RADIOLOGY-THERAPEUTIC	1,364,977	475,807	889,170	47,581	51,572	1,265,824
44	LABORATORY	12,947,672	779,359	12,168,313	77,936	705,762	12,163,974
47	BLOOD STORING, PROCESSING	3,614,511	103,153	3,511,358	10,315	203,659	3,400,537
48	INTRAVENOUS THERAPY	1,845,109	153,797	1,691,312	15,380	98,096	1,731,633
49	RESPIRATORY THERAPY	4,821,108	278,392	4,542,716	27,839	263,478	4,529,791
50	PHYSICAL THERAPY	4,321,822	242,401	4,079,421	24,240	236,606	4,060,976
51	OCCUPATIONAL THERAPY	1,576,766	47,925	1,528,841	4,793	88,673	1,483,300
52	SPEECH PATHOLOGY	455,904	12,236	443,668	1,224	25,733	428,947
53	ELECTROCARDIOLOGY	5,892,253	279,864	5,612,389	27,986	325,519	5,538,748
53 01	CARDIAC CATHETERIZATION L	6,896,222	1,235,316	5,660,906	123,532	328,333	6,444,357
53 02	CARDIOPULMONARY	822,403	59,365	763,038	5,937	44,256	772,210
53 03	DIABETES CENTER	535,266	22,082	513,184	2,208	29,765	503,293
54	ELECTROENCEPHALOGRAPHY	1,125,815	118,783	1,007,032	11,878	58,408	1,055,529
55	MEDICAL SUPPLIES CHARGED	37,414,379	1,230,838	36,183,541	123,084	2,098,645	35,192,650
56	DRUGS CHARGED TO PATIENTS	21,116,165	620,505	20,495,660	62,051	1,188,748	19,865,366
57	RENAL DIALYSIS	440,039	33,284	406,755	3,328	23,592	413,119
59	ANCILLARY PSYCH	112,060	2,941	109,119	294	6,329	105,437
59 01	OUTREACH CLINIC	728,646	20,104	708,542	2,010	41,095	685,541
60	OUTPAT SERVICE COST CNTRS						
	CLINIC	549,316	49,092	500,224	4,909	29,013	515,394
60 01	SENIOR HEALTH	27,416	199,863	-172,447	19,986	-10,002	17,432
60 02	OB-PEDS CLINIC	243,545	105,845	137,700	10,585	7,987	224,973
60 04	BARIATRICS	327,199	17,228	309,971	1,723	17,978	307,498
61	EMERGENCY	13,379,371	959,412	12,419,959	95,941	720,358	12,563,072
61 01	DIAGNOSTIC TREATMENT CENT	3,934,725	355,461	3,579,264	35,546	207,597	3,691,582
62	OBSERVATION BEDS (NON-DIS	3,583,102	398,251	3,184,851	39,825	184,721	3,358,556
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	3,462,378	92,870	3,369,508	9,287	195,431	3,257,660
66	DURABLE MEDICAL EQUIP-REN	204,772	82,262	122,510	8,226	7,106	189,440
101	SUBTOTAL	200,526,499	14,935,697	185,590,802	1,493,571	10,764,266	188,268,662
102	LESS OBSERVATION BEDS	3,583,102	398,251	3,184,851	39,825	184,721	3,358,556
103	TOTAL	196,943,397	14,537,446	182,405,951	1,453,746	10,579,545	184,910,106

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	114,246,135	.369054	.390322
38	RECOVERY ROOM	12,264,034	.183345	.193945
39	DELIVERY ROOM & LABOR ROO	8,211,025	.501915	.529677
40	ANESTHESIOLOGY	9,331,404	.023346	.024663
41	RADIOLOGY-DIAGNOSTIC	46,952,247	.180810	.190198
41 01	CAT SCAN	50,548,002	.075533	.078769
41 02	DIAGNOSTIC ULTRASOUND	11,360,267	.097304	.102432
41 03	NUCLEAR MEDICINE	17,309,638	.135089	.142204
42	RADIOLOGY-THERAPEUTIC	5,025,785	.251866	.262127
44	LABORATORY	52,392,209	.232171	.245642
47	BLOOD STORING, PROCESSING	7,114,784	.477954	.506578
48	INTRAVENOUS THERAPY	5,701,923	.303693	.320897
49	RESPIRATORY THERAPY	22,546,510	.200909	.212595
50	PHYSICAL THERAPY	14,005,334	.289959	.306853
51	OCCUPATIONAL THERAPY	6,066,625	.244502	.259118
52	SPEECH PATHOLOGY	2,367,867	.181153	.192021
53	ELECTROCARDIOLOGY	28,696,619	.193010	.204354
53 01	CARDIAC CATHETERIZATION L	40,836,997	.157807	.165847
53 02	CARDIOPULMONARY	662,470	1.165653	1.232457
53 03	DIABETES CENTER	275,361	1.827757	1.935851
54	ELECTROENCEPHALOGRAPHY	5,096,566	.207106	.218566
55	MEDICAL SUPPLIES CHARGED	132,504,407	.265596	.281434
56	DRUGS CHARGED TO PATIENTS	85,084,692	.233478	.247449
57	RENAL DIALYSIS	2,289,417	.180447	.190752
59	ANCILLARY PSYCH	678,584	.155378	.164705
59 01	OUTREACH CLINIC	555,337	1.234459	1.308460
60	OUTPAT SERVICE COST CNTRS			
	CLINIC	547,149	.941963	.994989
60 01	SENIOR HEALTH	9,005	1.935813	.825097
60 02	OB-PEDS CLINIC			
60 04	BARIATRICS	269,439	1.141253	1.207977
61	EMERGENCY	56,650,441	.221765	.234481
61 01	DIAGNOSTIC TREATMENT CENT	10,809,979	.341498	.360702
62	OBSERVATION BEDS (NON-DIS	5,600,070	.599735	.632720
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	6,420,065	.507419	.537859
66	DURABLE MEDICAL EQUIP-REN			
101	SUBTOTAL	762,430,387		
102	LESS OBSERVATION BEDS	5,600,070		
103	TOTAL	756,830,317		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				3,836,076		3,836,076
26	INTENSIVE CARE UNIT				1,145,072		1,145,072
26	02 NEONATAL ICU				446,527		446,527
27	CORONARY CARE UNIT				189,670		189,670
31	SUBPROVIDER				219,106		219,106
31	01 SUBPROVIDER 2				668,711		668,711
33	NURSERY				19,525		19,525
101	TOTAL				6,524,687		6,524,687

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
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	54,692	25,151			70.14	1,764,091
26	INTENSIVE CARE UNIT	12,483	6,684			91.73	613,123
26	02 NEONATAL ICU	10,570				42.24	
27	CORONARY CARE UNIT	1,480	803			128.16	102,912
31	SUBPROVIDER	2,308	579			94.93	54,964
31	01 SUBPROVIDER 2	7,331	4,628			91.22	422,166
33	NURSERY	2,835				6.89	
101	TOTAL	91,699	37,845				2,957,256

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		2,999,531	114,246,135	22,795,817		
38	RECOVERY ROOM		152,496	12,264,034	2,557,680		
39	DELIVERY ROOM & LABOR ROO		465,500	8,211,025	22,546		
40	ANESTHESIOLOGY		20,270	9,331,404	2,204,392		
41	RADIOLOGY-DIAGNOSTIC		1,478,577	46,952,247	1,977,104		
41 01	CAT SCAN		1,290,447	50,548,002	7,304,747		
41 02	DIAGNOSTIC ULTRASOUND		176,953	11,360,267	1,664,344		
41 03	NUCLEAR MEDICINE		375,487	17,309,638	2,674,769		
42	RADIOLOGY-THERAPEUTIC		475,807	5,025,785	65,359		
44	LABORATORY		779,359	52,392,209	10,812,098		
47	BLOOD STORING, PROCESSING		103,153	7,114,784	2,409,198		
48	INTRAVENOUS THERAPY		153,797	5,701,923	1,097,747		
49	RESPIRATORY THERAPY		278,392	22,546,510	8,411,053		
50	PHYSICAL THERAPY		242,401	14,005,334	2,828,865		
51	OCCUPATIONAL THERAPY		47,925	6,066,625	1,496,359		
52	SPEECH PATHOLOGY		12,236	2,367,867	680,976		
53	ELECTROCARDIOLOGY		279,864	28,696,619	4,585,131		
53 01	CARDIAC CATHETERIZATION L		1,235,316	40,836,997	12,257,387		
53 02	CARDIOPULMONARY		59,365	662,470	555		
53 03	DIABETES CENTER		22,082	275,361			
54	ELECTROENCEPHALOGRAPHY		118,783	5,096,566	543,403		
55	MEDICAL SUPPLIES CHARGED		1,230,838	132,504,407	41,013,350		
56	DRUGS CHARGED TO PATIENTS		620,505	85,084,692	24,270,943		
57	RENAL DIALYSIS		33,284	2,289,417	1,239,619		
59	ANCILLARY PSYCH		2,941	678,584	4,050		
59 01	OUTREACH CLINIC		20,104	555,337			
60	OUTPAT SERVICE COST CNTRS						
	CLINIC		49,092	547,149	4,273		
60 01	SENIOR HEALTH		199,863	9,005			
60 02	OB-PEDS CLINIC		105,845				
60 04	BARIATRICS		17,228	269,439			
61	EMERGENCY		959,412	56,650,441	6,773,639		
61 01	DIAGNOSTIC TREATMENT CENT		355,461	10,809,979	1,781,113		
62	OBSERVATION BEDS (NON-DIS		398,251	5,600,070	41,265		
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN		82,262				
101	TOTAL		14,842,827	756,010,322	161,517,782		

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

PROVIDER NO: 15-0100
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET D
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS						
26	INTENSIVE CARE UNIT						
26	02 NEONATAL ICU						
27	CORONARY CARE UNIT						
31	SUBPROVIDER						
31	01 SUBPROVIDER 2						
33	NURSERY						
101	TOTAL						

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

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
15-0100	FROM 7/ 1/2008	WORKSHEET D
	TO 6/30/2009	PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	54,692		25,151	
26	INTENSIVE CARE UNIT	12,483		6,684	
26	02 NEONATAL ICU	10,570			
27	CORONARY CARE UNIT	1,480		803	
31	SUBPROVIDER	2,308		579	
31	01 SUBPROVIDER 2	7,331		4,628	
33	NURSERY	2,835			
101	TOTAL	91,699		37,845	

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						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC				126,308		
41 01	CAT SCAN						
41 02	DIAGNOSTIC ULTRASOUND						
41 03	NUCLEAR MEDICINE						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53 01	CARDIAC CATHETERIZATION L						
53 02	CARDIOPULMONARY						
53 03	DIABETES CENTER						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	ANCILLARY PSYCH						
59 01	OUTREACH CLINIC						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60 01	SENIOR HEALTH						
60 02	OB-PEDS CLINIC						
60 04	BARIATRICS						
61	EMERGENCY						
61 01	DIAGNOSTIC TREATMENT CENT						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL				126,308		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			114,246,135			22,795,817	
38	RECOVERY ROOM			12,264,034			2,557,680	
39	DELIVERY ROOM & LABOR ROO			8,211,025			22,546	
40	ANESTHESIOLOGY			9,331,404			2,204,392	
41	RADIOLOGY-DIAGNOSTIC	126,308	126,308	46,952,247	.002690	.002690	1,977,104	5,318
41 01	CAT SCAN			50,548,002			7,304,747	
41 02	DIAGNOSTIC ULTRASOUND			11,360,267			1,664,344	
41 03	NUCLEAR MEDICINE			17,309,638			2,674,769	
42	RADIOLOGY-THERAPEUTIC			5,025,785			65,359	
44	LABORATORY			52,392,209			10,812,098	
47	BLOOD STORING, PROCESSING			7,114,784			2,409,198	
48	INTRAVENOUS THERAPY			5,701,923			1,097,747	
49	RESPIRATORY THERAPY			22,546,510			8,411,053	
50	PHYSICAL THERAPY			14,005,334			2,828,865	
51	OCCUPATIONAL THERAPY			6,066,625			1,496,359	
52	SPEECH PATHOLOGY			2,367,867			680,976	
53	ELECTROCARDIOLOGY			28,696,619			4,585,131	
53 01	CARDIAC CATHETERIZATION L			40,836,997			12,257,387	
53 02	CARDIOPULMONARY			662,470			555	
53 03	DIABETES CENTER			275,361				
54	ELECTROENCEPHALOGRAPHY			5,096,566			543,403	
55	MEDICAL SUPPLIES CHARGED			132,504,407			41,013,350	
56	DRUGS CHARGED TO PATIENTS			85,084,692			24,270,943	
57	RENAL DIALYSIS			2,289,417			1,239,619	
59	ANCILLARY PSYCH			678,584			4,050	
59 01	OUTREACH CLINIC			555,337				
60	OUTPAT SERVICE COST CNTRS							
	CLINIC			547,149			4,273	
60 01	SENIOR HEALTH			9,005				
60 02	OB-PEDS CLINIC							
60 04	BARIATRICS			269,439				
61	EMERGENCY			56,650,441			6,773,639	
61 01	DIAGNOSTIC TREATMENT CENT			10,809,979			1,781,113	
62	OBSERVATION BEDS (NON-DIS			5,600,070			41,265	
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
101	TOTAL	126,308	126,308	756,010,322			161,517,782	5,318

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	18,029,971					
38	RECOVERY ROOM	5,905,230					
39	DELIVERY ROOM & LABOR ROO	346					
40	ANESTHESIOLOGY	1,768,775					
41	RADIOLOGY-DIAGNOSTIC	9,571,397			25,747		
41 01	CAT SCAN	9,344,604					
41 02	DIAGNOSTIC ULTRASOUND	1,597,956					
41 03	NUCLEAR MEDICINE	6,726,692					
42	RADIOLOGY-THERAPEUTIC	1,622,975					
44	LABORATORY	763,948					
47	BLOOD STORING, PROCESSING	771,051					
48	INTRAVENOUS THERAPY	1,762,335					
49	RESPIRATORY THERAPY	545,395					
50	PHYSICAL THERAPY	28,479					
51	OCCUPATIONAL THERAPY	1,415					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	4,201,717					
53 01	CARDIAC CATHETERIZATION L	5,335,490					
53 02	CARDIOPULMONARY	315,438					
53 03	DIABETES CENTER	2,746					
54	ELECTROENCEPHALOGRAPHY	768,803					
55	MEDICAL SUPPLIES CHARGED	13,752,688					
56	DRUGS CHARGED TO PATIENTS	9,979,934					
57	RENAL DIALYSIS	84,675					
59	ANCILLARY PSYCH	205,450					
59 01	OUTREACH CLINIC						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	254,568					
60 01	SENIOR HEALTH	26,886					
60 02	OB-PEDS CLINIC						
60 04	BARIATRICS						
61	EMERGENCY	6,479,826					
61 01	DIAGNOSTIC TREATMENT CENT	1,675,082					
62	OBSERVATION BEDS (NON-DIS	1,496,208					
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL	103,020,080			25,747		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0100
 COMPONENT NO: 15-0100
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET D
 PART V

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.392947	.392947			
38 RECOVERY ROOM	.195188	.195188			
39 DELIVERY ROOM & LABOR ROOM	.535347	.535347			
40 ANESTHESIOLOGY	.024881	.024881			
41 RADIOLOGY-DIAGNOSTIC	.193347	.193347			
41 01 CAT SCAN	.081322	.081322			
41 02 DIAGNOSTIC ULTRASOUND	.103990	.103990			
41 03 NUCLEAR MEDICINE	.144373	.144373			
42 RADIOLOGY-THERAPEUTIC	.271595	.271595			
44 LABORATORY	.247130	.247130			
47 BLOOD STORING, PROCESSING & TRANS.	.508028	.508028			
48 INTRAVENOUS THERAPY	.323594	.323594			
49 RESPIRATORY THERAPY	.213829	.213829			
50 PHYSICAL THERAPY	.308584	.308584			
51 OCCUPATIONAL THERAPY	.259908	.259908			
52 SPEECH PATHOLOGY	.192538	.192538			
53 ELECTROCARDIOLOGY	.205329	.205329			
53 01 CARDIAC CATHETERIZATION LABORATORY	.168872	.168872			
53 02 CARDIOPULMONARY	1.241419	1.241419			
53 03 DIABETES CENTER	1.943870	1.943870			
54 ELECTROENCEPHALOGRAPHY	.220897	.220897			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.282363	.282363			
56 DRUGS CHARGED TO PATIENTS	.248178	.248178			
57 RENAL DIALYSIS	.192206	.192206			
59 ANCILLARY PSYCH	.165138	.165138			
59 01 OUTREACH CLINIC	1.312079	1.312079			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	1.003961	1.003961			
60 01 SENIOR HEALTH	3.044531	3.044531			
60 02 OB-PEDS CLINIC					
60 04 BARIATRICS	1.214371	1.214371			
61 EMERGENCY	.236174	.236174			
61 01 DIAGNOSTIC TREATMENT CENTER	.363990	.363990			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.639832	.639832			
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	.539306	.539306			
66 DURABLE MEDICAL EQUIP-RENTED					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XVIII, PART B		HOSPITAL				
		Outpati ent Radi al ogy	Other Outpati ent Di agnosti c	All Other	PPS Servi ces FYB to 12/31	Non-PPS Servi ces
Cost Center	Description	7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				7,084,823	
38	RECOVERY ROOM				1,152,630	
39	DELIVERY ROOM & LABOR ROOM				185	
40	ANESTHESIOLOGY				44,009	
41	RADIOLOGY-DIAGNOSTIC				1,850,601	
41 01	CAT SCAN				759,922	
41 02	DIAGNOSTIC ULTRASOUND				166,171	
41 03	NUCLEAR MEDICINE				971,153	
42	RADIOLOGY-THERAPEUTIC				440,792	
44	LABORATORY				188,794	
47	BLOOD STORING, PROCESSING & TRANS.				391,715	
48	INTRAVENOUS THERAPY				570,281	
49	RESPIRATORY THERAPY				116,621	
50	PHYSICAL THERAPY				8,788	
51	OCCUPATIONAL THERAPY				368	
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY				862,734	
53 01	CARDIAC CATHETERIZATION LABORATORY				901,015	
53 02	CARDIOPULMONARY				391,591	
53 03	DIABETES CENTER				5,338	
54	ELECTROENCEPHALOGRAPHY				169,826	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				3,883,250	
56	DRUGS CHARGED TO PATIENTS				2,476,800	2,132
57	RENAL DIALYSIS				16,275	
59	ANCILLARY PSYCH				33,928	
59 01	OUTREACH CLINIC					
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC				255,576	
60 01	SENIOR HEALTH				81,855	
60 02	OB-PEDS CLINIC					
60 04	BARIATRICS					
61	EMERGENCY				1,530,366	
61 01	DIAGNOSTIC TREATMENT CENTER				609,713	
62	OBSERVATION BEDS (NON-DISTINCT PART)				957,322	
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-RENTED					
101	SUBTOTAL				25,922,442	2,132
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES				25,922,442	2,132

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		2,999,531	114,246,135			
38	RECOVERY ROOM		152,496	12,264,034	174		
39	DELIVERY ROOM & LABOR ROO		465,500	8,211,025			
40	ANESTHESIOLOGY		20,270	9,331,404			
41	RADIOLOGY-DIAGNOSTIC		1,478,577	46,952,247	23,125		
41 01	CAT SCAN		1,290,447	50,548,002	11,055		
41 02	DIAGNOSTIC ULTRASOUND		176,953	11,360,267	1,790		
41 03	NUCLEAR MEDICINE		375,487	17,309,638			
42	RADIOLOGY-THERAPEUTIC		475,807	5,025,785			
44	LABORATORY		779,359	52,392,209	54,250		
47	BLOOD STORING, PROCESSING		103,153	7,114,784			
48	INTRAVENOUS THERAPY		153,797	5,701,923	5		
49	RESPIRATORY THERAPY		278,392	22,546,510	5,711		
50	PHYSICAL THERAPY		242,401	14,005,334	11,051		
51	OCCUPATIONAL THERAPY		47,925	6,066,625	9,522		
52	SPEECH PATHOLOGY		12,236	2,367,867	1,370		
53	ELECTROCARDIOLOGY		279,864	28,696,619	5,980		
53 01	CARDIAC CATHETERIZATION L		1,235,316	40,836,997			
53 02	CARDIOPULMONARY		59,365	662,470			
53 03	DIABETES CENTER		22,082	275,361			
54	ELECTROENCEPHALOGRAPHY		118,783	5,096,566	1,785		
55	MEDICAL SUPPLIES CHARGED		1,230,838	132,504,407	12,575		
56	DRUGS CHARGED TO PATIENTS		620,505	85,084,692	103,701		
57	RENAL DIALYSIS		33,284	2,289,417	2,449		
59	ANCILLARY PSYCH		2,941	678,584	73,293		
59 01	OUTREACH CLINIC		20,104	555,337			
60	OUTPAT SERVICE COST CNTRS						
	CLINIC		49,092	547,149			
60 01	SENIOR HEALTH		199,863	9,005			
60 02	OB-PEDS CLINIC		105,845				
60 04	BARIATRICS		17,228	269,439			
61	EMERGENCY		959,412	56,650,441	36,150		
61 01	DIAGNOSTIC TREATMENT CENT		355,461	10,809,979	1,635		
62	OBSERVATION BEDS (NON-DIS		398,251	5,600,070			
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN		82,262				
101	TOTAL		14,842,827	756,010,322	355,621		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0100
 COMPONENT NO: 15-S100
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.026255	
38	RECOVERY ROOM	.012434	2
39	DELIVERY ROOM & LABOR ROO	.056692	
40	ANESTHESIOLOGY	.002172	
41	RADIOLOGY-DIAGNOSTIC	.031491	728
41 01	CAT SCAN	.025529	282
41 02	DIAGNOSTIC ULTRASOUND	.015576	28
41 03	NUCLEAR MEDICINE	.021692	
42	RADIOLOGY-THERAPEUTIC	.094673	
44	LABORATORY	.014875	807
47	BLOOD STORING, PROCESSING	.014498	
48	INTRAVENOUS THERAPY	.026973	
49	RESPIRATORY THERAPY	.012347	71
50	PHYSICAL THERAPY	.017308	191
51	OCCUPATIONAL THERAPY	.007900	75
52	SPEECH PATHOLOGY	.005168	7
53	ELECTROCARDIOLOGY	.009753	58
53 01	CARDIAC CATHETERIZATION L	.030250	
53 02	CARDIOPULMONARY	.089612	
53 03	DIABETES CENTER	.080193	
54	ELECTROENCEPHALOGRAPHY	.023306	42
55	MEDICAL SUPPLIES CHARGED	.009289	117
56	DRUGS CHARGED TO PATIENTS	.007293	756
57	RENAL DIALYSIS	.014538	36
59	ANCILLARY PSYCH	.004334	318
59 01	OUTREACH CLINIC	.036201	
60	OUTPAT SERVICE COST CNTRS		
	CLINIC	.089723	
60 01	SENIOR HEALTH	22.194670	
60 02	OB-PEDS CLINIC		
60 04	BARIATRICS	.063940	
61	EMERGENCY	.016936	612
61 01	DIAGNOSTIC TREATMENT CENT	.032883	54
62	OBSERVATION BEDS (NON-DIS	.071115	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
101	TOTAL		4,184

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
41	01 CAT SCAN										
41	02 DIAGNOSTIC ULTRASOUND										
41	03 NUCLEAR MEDICINE										
42	RADIOLOGY-THERAPEUTIC										
44	LABORATORY										
47	BLOOD STORING, PROCESSING										
48	INTRAVENOUS THERAPY										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
53	01 CARDIAC CATHETERIZATION L										
53	02 CARDIOPULMONARY										
53	03 DIABETES CENTER										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
59	ANCILLARY PSYCH										
59	01 OUTREACH CLINIC										
60	OUTPAT SERVICE COST CNTRS										
	CLINIC										
60	01 SENIOR HEALTH										
60	02 OB-PEDS CLINIC										
60	04 BARIATRICS										
61	EMERGENCY										
61	01 DIAGNOSTIC TREATMENT CENT										
62	OBSERVATION BEDS (NON-DIS										
	OTHER REIMBURS COST CNTRS										
65	AMBULANCE SERVICES										
66	DURABLE MEDICAL EQUIP-REN										
101	TOTAL										

126,308

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			114,246,135				
38	RECOVERY ROOM			12,264,034			174	
39	DELIVERY ROOM & LABOR ROO			8,211,025				
40	ANESTHESIOLOGY			9,331,404				
41	RADIOLOGY-DIAGNOSTIC	126,308	126,308	46,952,247	.002690	.002690	23,125	62
41 01	CAT SCAN			50,548,002			11,055	
41 02	DIAGNOSTIC ULTRASOUND			11,360,267			1,790	
41 03	NUCLEAR MEDICINE			17,309,638				
42	RADIOLOGY-THERAPEUTIC			5,025,785				
44	LABORATORY			52,392,209			54,250	
47	BLOOD STORING, PROCESSING			7,114,784				
48	INTRAVENOUS THERAPY			5,701,923			5	
49	RESPIRATORY THERAPY			22,546,510			5,711	
50	PHYSICAL THERAPY			14,005,334			11,051	
51	OCCUPATIONAL THERAPY			6,066,625			9,522	
52	SPEECH PATHOLOGY			2,367,867			1,370	
53	ELECTROCARDIOLOGY			28,696,619			5,980	
53 01	CARDIAC CATHETERIZATION L			40,836,997				
53 02	CARDIOPULMONARY			662,470				
53 03	DIABETES CENTER			275,361				
54	ELECTROENCEPHALOGRAPHY			5,096,566			1,785	
55	MEDICAL SUPPLIES CHARGED			132,504,407			12,575	
56	DRUGS CHARGED TO PATIENTS			85,084,692			103,701	
57	RENAL DIALYSIS			2,289,417			2,449	
59	ANCILLARY PSYCH			678,584			73,293	
59 01	OUTREACH CLINIC			555,337				
60	OUTPAT SERVICE COST CNTRS							
	CLINIC			547,149				
60 01	SENIOR HEALTH			9,005				
60 02	OB-PEDS CLINIC							
60 04	BARIATRICS			269,439				
61	EMERGENCY			56,650,441			36,150	
61 01	DIAGNOSTIC TREATMENT CENT			10,809,979			1,635	
62	OBSERVATION BEDS (NON-DIS			5,600,070				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
101	TOTAL	126,308	126,308	756,010,322			355,621	62

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	CAT SCAN						
41 02	DIAGNOSTIC ULTRASOUND						
41 03	NUCLEAR MEDICINE						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53 01	CARDIAC CATHETERIZATION L						
53 02	CARDIOPULMONARY						
53 03	DIABETES CENTER						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	ANCILLARY PSYCH						
59 01	OUTREACH CLINIC						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60 01	SENIOR HEALTH						
60 02	OB-PEDS CLINIC						
60 04	BARIATRICS						
61	EMERGENCY						
61 01	DIAGNOSTIC TREATMENT CENT						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0100
 COMPONENT NO: 15-T100
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		2,999,531	114,246,135	42,570		
38	RECOVERY ROOM		152,496	12,264,034	4,971		
39	DELIVERY ROOM & LABOR ROO		465,500	8,211,025			
40	ANESTHESIOLOGY		20,270	9,331,404	1,215		
41	RADIOLOGY-DIAGNOSTIC		1,478,577	46,952,247	137,346		
41 01	CAT SCAN		1,290,447	50,548,002	161,071		
41 02	DIAGNOSTIC ULTRASOUND		176,953	11,360,267	211,889		
41 03	NUCLEAR MEDICINE		375,487	17,309,638			
42	RADIOLOGY-THERAPEUTIC		475,807	5,025,785			
44	LABORATORY		779,359	52,392,209	519,394		
47	BLOOD STORING, PROCESSING		103,153	7,114,784	27,570		
48	INTRAVENOUS THERAPY		153,797	5,701,923	6,803		
49	RESPIRATORY THERAPY		278,392	22,546,510	176,173		
50	PHYSICAL THERAPY		242,401	14,005,334	2,199,609		
51	OCCUPATIONAL THERAPY		47,925	6,066,625	2,040,313		
52	SPEECH PATHOLOGY		12,236	2,367,867	563,960		
53	ELECTROCARDIOLOGY		279,864	28,696,619	45,001		
53 01	CARDIAC CATHETERIZATION L		1,235,316	40,836,997	18,474		
53 02	CARDIOPULMONARY		59,365	662,470			
53 03	DIABETES CENTER		22,082	275,361			
54	ELECTROENCEPHALOGRAPHY		118,783	5,096,566	4,690		
55	MEDICAL SUPPLIES CHARGED		1,230,838	132,504,407	315,018		
56	DRUGS CHARGED TO PATIENTS		620,505	85,084,692	942,974		
57	RENAL DIALYSIS		33,284	2,289,417	150,909		
59	ANCILLARY PSYCH		2,941	678,584	225		
59 01	OUTREACH CLINIC		20,104	555,337			
60	OUTPAT SERVICE COST CNTRS						
	CLINIC		49,092	547,149	296		
60 01	SENIOR HEALTH		199,863	9,005			
60 02	OB-PEDS CLINIC		105,845				
60 04	BARIATRICS		17,228	269,439			
61	EMERGENCY		959,412	56,650,441	31,439		
61 01	DIAGNOSTIC TREATMENT CENT		355,461	10,809,979	24,581		
62	OBSERVATION BEDS (NON-DIS		398,251	5,600,070			
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN		82,262				
101	TOTAL		14,842,827	756,010,322	7,626,491		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0100
 COMPONENT NO: 15-T100
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.026255	1,118
38	RECOVERY ROOM	.012434	62
39	DELIVERY ROOM & LABOR ROO	.056692	
40	ANESTHESIOLOGY	.002172	3
41	RADIOLOGY-DIAGNOSTIC	.031491	4,325
41 01	CAT SCAN	.025529	4,112
41 02	DIAGNOSTIC ULTRASOUND	.015576	3,300
41 03	NUCLEAR MEDICINE	.021692	
42	RADIOLOGY-THERAPEUTIC	.094673	
44	LABORATORY	.014875	7,726
47	BLOOD STORING, PROCESSING	.014498	400
48	INTRAVENOUS THERAPY	.026973	183
49	RESPIRATORY THERAPY	.012347	2,175
50	PHYSICAL THERAPY	.017308	38,071
51	OCCUPATIONAL THERAPY	.007900	16,118
52	SPEECH PATHOLOGY	.005168	2,915
53	ELECTROCARDIOLOGY	.009753	439
53 01	CARDIAC CATHETERIZATION L	.030250	559
53 02	CARDIOPULMONARY	.089612	
53 03	DIABETES CENTER	.080193	
54	ELECTROENCEPHALOGRAPHY	.023306	109
55	MEDICAL SUPPLIES CHARGED	.009289	2,926
56	DRUGS CHARGED TO PATIENTS	.007293	6,877
57	RENAL DIALYSIS	.014538	2,194
59	ANCILLARY PSYCH	.004334	1
59 01	OUTREACH CLINIC	.036201	
60	OUTPAT SERVICE COST CNTRS		
	CLINIC	.089723	27
60 01	SENIOR HEALTH	22.194670	
60 02	OB-PEDS CLINIC		
60 04	BARIATRICS	.063940	
61	EMERGENCY	.016936	532
61 01	DIAGNOSTIC TREATMENT CENT	.032883	808
62	OBSERVATION BEDS (NON-DIS	.071115	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
101	TOTAL		94,980

TITLE XVIII, PART A SUBPROVIDER 2

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
				2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC				126,308		
41	01 CAT SCAN						
41	02 DIAGNOSTIC ULTRASOUND						
41	03 NUCLEAR MEDICINE						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC CATHETERIZATION L						
53	02 CARDIOPULMONARY						
53	03 DIABETES CENTER						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	ANCILLARY PSYCH						
59	01 OUTREACH CLINIC						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	01 SENIOR HEALTH						
60	02 OB-PEDS CLINIC						
60	04 BARIATRICS						
61	EMERGENCY						
61	01 DIAGNOSTIC TREATMENT CENT						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL				126,308		

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			114,246,135			42,570	
38	RECOVERY ROOM			12,264,034			4,971	
39	DELIVERY ROOM & LABOR ROO			8,211,025				
40	ANESTHESIOLOGY			9,331,404			1,215	
41	RADIOLOGY-DIAGNOSTIC	126,308	126,308	46,952,247	.002690	.002690	137,346	369
41 01	CAT SCAN			50,548,002			161,071	
41 02	DIAGNOSTIC ULTRASOUND			11,360,267			211,889	
41 03	NUCLEAR MEDICINE			17,309,638				
42	RADIOLOGY-THERAPEUTIC			5,025,785				
44	LABORATORY			52,392,209			519,394	
47	BLOOD STORING, PROCESSING			7,114,784			27,570	
48	INTRAVENOUS THERAPY			5,701,923			6,803	
49	RESPIRATORY THERAPY			22,546,510			176,173	
50	PHYSICAL THERAPY			14,005,334			2,199,609	
51	OCCUPATIONAL THERAPY			6,066,625			2,040,313	
52	SPEECH PATHOLOGY			2,367,867			563,960	
53	ELECTROCARDIOLOGY			28,696,619			45,001	
53 01	CARDIAC CATHETERIZATION L			40,836,997			18,474	
53 02	CARDIOPULMONARY			662,470				
53 03	DIABETES CENTER			275,361				
54	ELECTROENCEPHALOGRAPHY			5,096,566			4,690	
55	MEDICAL SUPPLIES CHARGED			132,504,407			315,018	
56	DRUGS CHARGED TO PATIENTS			85,084,692			942,974	
57	RENAL DIALYSIS			2,289,417			150,909	
59	ANCILLARY PSYCH			678,584			225	
59 01	OUTREACH CLINIC			555,337				
60	OUTPAT SERVICE COST CNTRS							
	CLINIC			547,149			296	
60 01	SENIOR HEALTH			9,005				
60 02	OB-PEDS CLINIC							
60 04	BARITRICS			269,439				
61	EMERGENCY			56,650,441			31,439	
61 01	DIAGNOSTIC TREATMENT CENT			10,809,979			24,581	
62	OBSERVATION BEDS (NON-DIS			5,600,070				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
101	TOTAL	126,308	126,308	756,010,322			7,626,491	369

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	CAT SCAN						
41 02	DIAGNOSTIC ULTRASOUND						
41 03	NUCLEAR MEDICINE						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	75					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53 01	CARDIAC CATHETERIZATION L						
53 02	CARDIOPULMONARY						
53 03	DIABETES CENTER						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	47					
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	ANCILLARY PSYCH						
59 01	OUTREACH CLINIC						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60 01	SENIOR HEALTH						
60 02	OB-PEDS CLINIC						
60 04	BARIATRICS						
61	EMERGENCY						
61 01	DIAGNOSTIC TREATMENT CENT						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL						122

TITLE XVIII, PART B

SUBPROVIDER 2

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
41 01 CAT SCAN					
41 02 DIAGNOSTIC ULTRASOUND					
41 03 NUCLEAR MEDICINE					
42 RADIOLOGY-THERAPEUTIC					
44 LABORATORY					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY			75		
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
53 01 CARDIAC CATHETERIZATION LABORATORY					
53 02 CARDIOPULMONARY					
53 03 DIABETES CENTER					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			47		
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
59 ANCILLARY PSYCH					
59 01 OUTREACH CLINIC					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 SENIOR HEALTH					
60 02 OB-PEDS CLINIC					
60 04 BARIATRICS					
61 EMERGENCY					
61 01 DIAGNOSTIC TREATMENT CENTER					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
101 SUBTOTAL			122		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES			122		

TITLE XIX - O/P

HOSPITAL

Cost Center Description	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
41 01 CAT SCAN					
41 02 DIAGNOSTIC ULTRASOUND					
41 03 NUCLEAR MEDICINE					
42 RADIOLOGY-THERAPEUTIC					
44 LABORATORY					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
53 01 CARDIAC CATHETERIZATION LABORATORY					
53 02 CARDIOPULMONARY					
53 03 DIABETES CENTER					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
59 ANCILLARY PSYCH					
59 01 OUTREACH CLINIC					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 SENIOR HEALTH					
60 02 OB-PEDS CLINIC					
60 04 BARIATRICS					
61 EMERGENCY					
61 01 DIAGNOSTIC TREATMENT CENTER					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		16,960,272	
26	INTENSIVE CARE UNIT		8,398,279	
26	02 NEONATAL ICU			
27	CORONARY CARE UNIT		1,281,077	
31	SUBPROVIDER			
31	01 SUBPROVIDER 2			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.392947	22,795,817	8,957,548
38	RECOVERY ROOM	.195188	2,557,680	499,228
39	DELIVERY ROOM & LABOR ROOM	.535347	22,546	12,070
40	ANESTHESIOLOGY	.024881	2,204,392	54,847
41	RADIOLOGY-DIAGNOSTIC	.193347	1,977,104	382,267
41	01 CAT SCAN	.081322	7,304,747	594,037
41	02 DIAGNOSTIC ULTRASOUND	.103990	1,664,344	173,075
41	03 NUCLEAR MEDICINE	.144373	2,674,769	386,164
42	RADIOLOGY-THERAPEUTIC	.271595	65,359	17,751
44	LABORATORY	.247130	10,812,098	2,671,994
47	BLOOD STORING, PROCESSING & TRANS.	.508028	2,409,198	1,223,940
48	INTRAVENOUS THERAPY	.323594	1,097,747	355,224
49	RESPIRATORY THERAPY	.213829	8,411,053	1,798,527
50	PHYSICAL THERAPY	.308584	2,828,865	872,942
51	OCCUPATIONAL THERAPY	.259908	1,496,359	388,916
52	SPEECH PATHOLOGY	.192538	680,976	131,114
53	ELECTROCARDIOLOGY	.205329	4,585,131	941,460
53	01 CARDIAC CATHETERIZATION LABORATORY	.168872	12,257,387	2,069,929
53	02 CARDIOPULMONARY	1.241419	555	689
53	03 DIABETES CENTER	1.943870		
54	ELECTROENCEPHALOGRAPHY	.220897	543,403	120,036
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.282363	41,013,350	11,580,653
56	DRUGS CHARGED TO PATIENTS	.248178	24,270,943	6,023,514
57	RENAL DIALYSIS	.192206	1,239,619	238,262
59	ANCILLARY PSYCH	.165138	4,050	669
59	01 OUTREACH CLINIC	1.312079		
60	OUTPAT SERVICE COST CNTRS CLINIC	1.003961	4,273	4,290
60	01 SENIOR HEALTH	3.044531		
60	02 OB-PEDS CLINIC			
60	04 BARIATRICS	1.214371		
61	EMERGENCY	.236174	6,773,639	1,599,757
61	01 DIAGNOSTIC TREATMENT CENTER	.363990	1,781,113	648,307
62	OBSERVATION BEDS (NON-DISTINCT PART)	.639832	41,265	26,403
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
101	TOTAL		161,517,782	41,773,613
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		161,517,782	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26	02 NEONATAL ICU			
27	CORONARY CARE UNIT			
31	SUBPROVIDER		600,696	
31	01 SUBPROVIDER 2			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.392947		
38	RECOVERY ROOM	.195188	174	34
39	DELIVERY ROOM & LABOR ROOM	.535347		
40	ANESTHESIOLOGY	.024881		
41	RADIOLOGY-DIAGNOSTIC	.193347	23,125	4,471
41	01 CAT SCAN	.081322	11,055	899
41	02 DIAGNOSTIC ULTRASOUND	.103990	1,790	186
41	03 NUCLEAR MEDICINE	.144373		
42	RADIOLOGY-THERAPEUTIC	.271595		
44	LABORATORY	.247130	54,250	13,407
47	BLOOD STORING, PROCESSING & TRANS.	.508028		
48	INTRAVENOUS THERAPY	.323594	5	2
49	RESPIRATORY THERAPY	.213829	5,711	1,221
50	PHYSICAL THERAPY	.308584	11,051	3,410
51	OCCUPATIONAL THERAPY	.259908	9,522	2,475
52	SPEECH PATHOLOGY	.192538	1,370	264
53	ELECTROCARDIOLOGY	.205329	5,980	1,228
53	01 CARDIAC CATHETERIZATION LABORATORY	.168872		
53	02 CARDIOPULMONARY	1.241419		
53	03 DIABETES CENTER	1.943870		
54	ELECTROENCEPHALOGRAPHY	.220897	1,785	394
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.282363	12,575	3,551
56	DRUGS CHARGED TO PATIENTS	.248178	103,701	25,736
57	RENAL DIALYSIS	.192206	2,449	471
59	ANCILLARY PSYCH	.165138	73,293	12,103
59	01 OUTREACH CLINIC	1.312079		
60	OUTPAT SERVICE COST CNTRS CLINIC	1.003961		
60	01 SENIOR HEALTH	3.044531		
60	02 OB-PEDS CLINIC			
60	04 BARIATRICS	1.214371		
61	EMERGENCY	.236174	36,150	8,538
61	01 DIAGNOSTIC TREATMENT CENTER	.363990	1,635	595
62	OBSERVATION BEDS (NON-DISTINCT PART)	.639832		
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
101	TOTAL		355,621	78,985
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		355,621	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26	02 NEONATAL ICU			
27	CORONARY CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2		3,004,648	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.392947	42,570	16,728
38	RECOVERY ROOM	.195188	4,971	970
39	DELIVERY ROOM & LABOR ROOM	.535347		
40	ANESTHESIOLOGY	.024881	1,215	30
41	RADIOLOGY-DIAGNOSTIC	.193347	137,346	26,555
41	01 CAT SCAN	.081322	161,071	13,099
41	02 DIAGNOSTIC ULTRASOUND	.103990	211,889	22,034
41	03 NUCLEAR MEDICINE	.144373		
42	RADIOLOGY-THERAPEUTIC	.271595		
44	LABORATORY	.247130	519,394	128,358
47	BLOOD STORING, PROCESSING & TRANS.	.508028	27,570	14,006
48	INTRAVENOUS THERAPY	.323594	6,803	2,201
49	RESPIRATORY THERAPY	.213829	176,173	37,671
50	PHYSICAL THERAPY	.308584	2,199,609	678,764
51	OCCUPATIONAL THERAPY	.259908	2,040,313	530,294
52	SPEECH PATHOLOGY	.192538	563,960	108,584
53	ELECTROCARDIOLOGY	.205329	45,001	9,240
53	01 CARDIAC CATHETERIZATION LABORATORY	.168872	18,474	3,120
53	02 CARDIOPULMONARY	1.241419		
53	03 DIABETES CENTER	1.943870		
54	ELECTROENCEPHALOGRAPHY	.220897	4,690	1,036
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.282363	315,018	88,949
56	DRUGS CHARGED TO PATIENTS	.248178	942,974	234,025
57	RENAL DIALYSIS	.192206	150,909	29,006
59	ANCILLARY PSYCH	.165138	225	37
59	01 OUTREACH CLINIC	1.312079		
60	OUTPAT SERVICE COST CNTRS CLINIC	1.003961	296	297
60	01 SENIOR HEALTH	3.044531		
60	02 OB-PEDS CLINIC			
60	04 BARIATRICS	1.214371		
61	EMERGENCY	.236174	31,439	7,425
61	01 DIAGNOSTIC TREATMENT CENTER	.363990	24,581	8,947
62	OBSERVATION BEDS (NON-DISTINCT PART)	.639832		
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
101	TOTAL		7,626,491	1,961,376
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		7,626,491	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	12,221,666	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	12,221,666	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	24,443,331	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	3,843	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	3,843	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1	7,686	
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	2,877,564	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	381.67	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	16.42	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005	
	E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	12.42	12.42
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.	3.00	
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	3.00	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	2.17	
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	3.30	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	2.82	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.007389	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.005784	
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)	.005784	
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	38,608	
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	38,608	
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1	77,216	
	SUM OF LINES 3.21 - 3.23	
	154,432	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		154,432
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		5.05
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		19.89
4.02 SUM OF LINES 4 AND 4.01		24.94
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		9.79
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		4,786,004
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	56,704,663	
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)	56,704,663	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	4,583,232	
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)	68,106	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	1,320	
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	5,318	
16 TOTAL	61,362,639	
17 PRIMARY PAYER PAYMENTS	37,157	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	61,325,482	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,639,308	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	346,618	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	703,697	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	492,588	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	595,537	
22 SUBTOTAL	56,832,144	
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	56,832,144	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	57,059,979	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-227,835	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	596,221	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
15-0100	FROM 7/1/2008	WORKSHEET E
COMPONENT NO:	TO 6/30/2009	PART B
15-0100		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	2,132
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	25,896,695
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	22,506,880
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.	25,747
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	2,132
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	8,591
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	8,591
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)	8,591
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	6,459
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	2,132
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	22,532,627
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	5,111,168
19	SUBTOTAL (SEE INSTRUCTIONS)	17,423,591
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	24,524
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	17,448,115
24	PRIMARY PAYER PAYMENTS	6,564
25	SUBTOTAL	17,441,551
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	650,511
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	455,358
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	564,863
28	SUBTOTAL	17,896,909
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	17,896,909
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	17,836,557
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	60,352
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
15-0100	FROM 7/ 1/2008	WORKSHEET E
COMPONENT NO:	TO 6/30/2009	PART B
15-S100		

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 B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 2

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	29
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	24
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)	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	7
19	SUBTOTAL (SEE INSTRUCTIONS)	17
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	17
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	17
	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	17
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	17
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	17
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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		
1.05	OUTLIER PAYMENTS		
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
	INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	368,902	
1.09	NET IPF PPS OUTLIER PAYMENTS	6,862	
1.10	NET IPF PPS ECT PAYMENTS	8,641	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	6.323288	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	384,405	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	384,405	
	INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)	384,405	
5	PRIMARY PAYER PAYMENTS	2,252	
6	SUBTOTAL	382,153	
7	DEDUCTIBLES	46,740	
8	SUBTOTAL	335,413	
9	COINSURANCE	1,602	
10	SUBTOTAL	333,811	
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL	333,811	
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	62	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		

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

	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	333,873
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	338,854
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-4,981
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

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

51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)

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

53 ENTER THE TIME VALUE OF MONEY.

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		4,710,423
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		.0216
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		202,223
1.05	OUTLIER PAYMENTS		249,987
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		5,162,633
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
	INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		
1.09	NET IPF PPS OUTLIER PAYMENTS		
1.10	NET IPF PPS ECT PAYMENTS		
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		
	INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		20.084932
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		5,162,633
5	PRIMARY PAYER PAYMENTS		15,674
6	SUBTOTAL		5,146,959
7	DEDUCTIBLES		35,267
8	SUBTOTAL		5,111,692
9	COINSURANCE		54,215
10	SUBTOTAL		5,057,477
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL		5,057,477
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		369
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		

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

17	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	5,057,846
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	5,073,728
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-15,882
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	
	IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

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

51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)

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

53 ENTER THE TIME VALUE OF MONEY.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		18.00
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	12.42	12.42
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		
3.10	SEE INSTRUCTIONS		
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.		3.00
3.12	SEE INSTRUCTIONS		3.00
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		1.73
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		1.12
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	1.95
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)		1.95
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		85,778.00
3.18	SEE INSTRUCTIONS		167,267
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)		1.21
3.21	SEE INSTRUCTIONS	RES INIT YEARS	.40
3.22	SEE INSTRUCTIONS		.40
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		90,692.00
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		36,277
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		203,544

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		37,845
5	TOTAL INPATIENT DAYS		83,186
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.454944
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	92,601	92,601
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		14
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		83,186
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.		29
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		2,289,417
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		

TITLE XVIII

- 10 MEDICARE OUTPATIENT ESRD CHARGES
- 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	72,031,986
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	55,083
16	TOTAL PART A REASONABLE COST	71,976,903

PART B REASONABLE COST

17	REASONABLE COST	25,924,603
18	PRIMARY PAYER PAYMENTS	6,564
19	TOTAL PART B REASONABLE COST	25,918,039
20	TOTAL REASONABLE COST	97,894,942
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.735246
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.264754

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)	92,630
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	68,106
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	24,524

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)	12.42	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	18.00	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	12.42	

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)	12.42
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	16.42
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP	12.42

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 FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	9,117,282			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	169,846,459			
5 OTHER RECEIVABLES	17,357,269			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-115,610,050			
7 INVENTORY	6,865,022			
8 PREPAID EXPENSES	4,706,645			
9 OTHER CURRENT ASSETS	162,709			
10 DUE FROM OTHER FUNDS	1,234,477			
11 TOTAL CURRENT ASSETS	93,679,813			
FIXED ASSETS				
12 LAND	10,016,328			
12.01 LAND IMPROVEMENTS	9,041,203			
13.01 LESS ACCUMULATED DEPRECIATION	-6,828,218			
14 BUILDINGS	147,223,428			
14.01 LESS ACCUMULATED DEPRECIATION	-104,050,588			
15 LEASEHOLD IMPROVEMENTS	4,397,494			
15.01 LESS ACCUMULATED DEPRECIATION	-3,290,123			
16 FIXED EQUIPMENT	7,307,301			
16.01 LESS ACCUMULATED DEPRECIATION	-3,928,879			
17 AUTOMOBILES AND TRUCKS	1,146,843			
17.01 LESS ACCUMULATED DEPRECIATION	-1,594,936			
18 MAJOR MOVABLE EQUIPMENT	147,496,442			
18.01 LESS ACCUMULATED DEPRECIATION	-99,330,198			
19 MINOR EQUIPMENT DEPRECIABLE	1,889,119			
19.01 LESS ACCUMULATED DEPRECIATION	-6,345,421			
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	103,149,795			
OTHER ASSETS				
22 INVESTMENTS	226,061,017			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	8,307,624			
26 TOTAL OTHER ASSETS	234,368,641			
27 TOTAL ASSETS	431,198,249			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	13,942,888			
29 SALARIES, WAGES & FEES PAYABLE	14,298,740			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	1,823,491			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	718,460			
35 OTHER CURRENT LIABILITIES	146,944,836			
36 TOTAL CURRENT LIABILITIES	177,728,415			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	1,115,326			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66	367,237			
41 OTHER LONG TERM LIABILITIES	29,264,099			
42 TOTAL LONG-TERM LIABILITIES	30,746,662			
43 TOTAL LIABILITIES	208,475,077			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	222,652,654			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	222,652,654			
52 TOTAL LIABILITIES AND FUND BALANCES	431,127,731			

STATEMENT OF CHANGES IN FUND BALANCES

PROVIDER NO: 15-0100 PERIOD: FROM 7/1/2008 TO 6/30/2009 PREPARED 11/24/2009 WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		243,189,994		
2	NET INCOME (LOSS)		26,172,337		
3	TOTAL		269,362,331		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY IDENTIFIED ON TB)		-46,709,677		
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS		-46,709,677		
11	SUBTOTAL		222,652,654		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		222,652,654		

		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 IDENTIFIED ON TB)				
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13					
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	44,270,095		44,270,095
2 00 SUBPROVIDER	2,529,568		2,529,568
2 01 SUBPROVIDER 2	4,784,000		4,784,000
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	51,583,663		51,583,663
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	28,952,402		28,952,402
10 02 NEONATAL ICU			
11 00 CORONARY CARE UNIT	2,333,307		2,333,307
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	31,285,709		31,285,709
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	82,869,372		82,869,372
17 00 ANCILLARY SERVICES	347,422,212	334,106,411	681,528,623
18 00 OUTPATIENT SERVICES	24,368,245	63,401,496	87,769,741
20 00 AMBULANCE SERVICES	16,900	6,403,165	6,420,065
24 00			
25 00 TOTAL PATIENT REVENUES	454,676,729	403,911,072	858,587,801

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		319,669,658	
ADD (SPECIFY)			
27 00 BAD DEBT	46,079,118		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		46,079,118	
DEDUCT (SPECIFY)			
34 00 ROUNDING		65	
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		65	
40 00 TOTAL OPERATING EXPENSES		365,748,711	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-0100
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	858,587,801
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	478,047,616
3	NET PATIENT REVENUES	380,540,185
4	LESS: TOTAL OPERATING EXPENSES	365,748,711
5	NET INCOME FROM SERVICE TO PATIENTS	14,791,474
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	83,792
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	39,009
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	7,614
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	6,695
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	38,673
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	6,115
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	972,258
23	GOVERNMENTAL APPROPRIATIONS	
24	IDENTIFIED ON TB	10,226,707
25	TOTAL OTHER INCOME	11,380,863
26	TOTAL	26,172,337
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	26,172,337

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
15-0100	FROM 7/1/2008	WORKSHEET L
COMPONENT NO:	TO 6/30/2009	PARTS I-IV
15-0100		

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	4,020,205
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	339,101
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	205.32
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	2.82
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.39
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	15,679
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	5.05
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	19.89
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	24.94
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	5.18
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	208,247
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	4,583,232
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)	