

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	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	16-0033	I	FROM 7/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 6/30/2009	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
	I		I		I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/20/2009 TIME 8:55

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:
 GENESIS MEDICAL CENTER 16-0033
 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	937,023	-6,553	0	
2	SUBPROVIDER	0	8,476	0	0	
2 .01	SUBPROVIDER II	0	16,652	0	0	
100	TOTAL	0	962,151	-6,553	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.

25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR TIME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)	N	N		
26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			0	
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /				
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /				
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N	/	/	
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02				
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)		1	2	3 4
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY		0.00	0	
A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)					
28.03	STAFFING		0.00%		N
28.04	RECRUITMENT		0.00%		N
28.05	RETENTION		0.00%		N
28.06	TRAINING		0.00%		N
28.07			0.00%		
28.08			0.00%		
28.09			0.00%		
28.10			0.00%		
28.11			0.00%		
28.12			0.00%		
28.13			0.00%		
28.14			0.00%		
28.15			0.00%		
28.16			0.00%		
28.17			0.00%		
28.18			0.00%		
28.19			0.00%		
28.20			0.00%		
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N			
30	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70	N			
30.01	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)	N			
30.02	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).	N			
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II	N			
30.04	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.01	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.02	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.03	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.04	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
MISCELLANEOUS COST REPORT INFORMATION					
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N			
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N			
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N			
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	1	2	3

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

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE NUMBER. (SEE INSTRUCTIONS). Y H55790
 40.01 NAME: GENESIS HEALTH SYSTEM FI/CONTRACTOR NAME WPS FI/CONTRACTOR # 05101
 40.02 STREET: 1227 EAST RUSHOLME STREET P.O. BOX:
 40.03 CITY: DAVENPORT, IA 52803-2459 STATE: ZIP CODE: -
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

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

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

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 1
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0

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

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

	DATE	Y OR N	LIMIT	Y OR N	FEES
	0	1	2	3	4
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.		N	0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0

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

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). N

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?

ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y N

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). N N 0

MULTI CAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO. N

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). / /

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 16-0033
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/20/2009
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	91,312,360		91,312,360	3,869,480.00	23.60	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	189,677		189,677	1,346.00	140.92	CONTRCT & TIME
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	103,435		103,435	734.00	140.92	CONTRACT & TIME
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R	485,377		485,377	20,224.00	24.00	ACCOUNT ANALYSI
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	6,240,645	122,389	6,363,034	146,969.00	43.30	RECLASS WP
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	2,247,104		2,247,104	56,178.00	40.00	INVOICES
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	2,736,731		2,736,731	18,245.00	150.00	CONTRCT & TIME
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	16,477,372		16,477,372	730,490.00	22.56	HO COST REPORT
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	23,153,968		23,153,968			CMS 339
14 WAGE-RELATED COSTS (OTHER)	1,212,709		1,212,709			CMS 339
15 EXCLUDED AREAS	1,529,270		1,529,270			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	8,054		8,054			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	4,392		4,392			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS						
22 ADMINISTRATIVE & GENERAL	1,673,275	-28,038	1,645,237	83,204.00	19.77	
22.01 A & G UNDER CONTRACT	51,061		51,061	2,924.00	17.46	
23 MAINTENANCE & REPAIRS	3,430,197		3,430,197	163,221.00	21.02	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE	159,279		159,279	15,242.00	10.45	
26 HOUSEKEEPING	2,904,390		2,904,390	230,554.00	12.60	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	2,702,587		2,702,587	199,504.00	13.55	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,957,024		1,957,024	64,451.00	30.36	
31 CENTRAL SERVICE AND SUPPLY	1,385,973		1,385,973	97,011.00	14.29	
32 PHARMACY	3,826,881		3,826,881	115,748.00	33.06	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY						
34 SOCIAL SERVICE	1,298,551		1,298,551	53,615.00	24.22	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	90,774,609		90,774,609	3,851,446.00	23.57	
2 EXCLUDED AREA SALARIES	6,240,645	122,389	6,363,034	146,969.00	43.30	
3 SUBTOTAL SALARIES	84,533,964	-122,389	84,411,575	3,704,477.00	22.79	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	21,461,207		21,461,207	804,913.00	26.66	
5 SUBTOTAL WAGE-RELATED COSTS	24,374,731		24,374,731		28.88	
6 TOTAL	130,369,902	-122,389	130,247,513	4,509,390.00	28.88	
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	19,389,218	-28,038	19,361,180	1,025,474.00	18.88	

HOSPITAL RENAL DIALYSIS DEPARTMENT
STATISTICAL DATA

PROVIDER NO: 16-0033
SATELLITE NO:
PERIOD: FROM 7/1/2008 TO 6/30/2009
PREPARED 11/20/2009
WORKSHEET S-5

DESCRIPTION	----- OUTPATIENT -----		----- TRAINING -----		----- HOME -----	
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD	127					
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00					
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	5.00					
4 CAPD EXCHANGES PER DAY						
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	312					
6 NUMBER OF STATIONS	24					
7 TREATMENT CAPACITY PER DAY PER STATION	3					
8 UTILIZATION (SEE INSTRUCTIONS)	.89					
9 AVERAGE TIMES DIALYZERS RE-USED						
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS						
TRANSPLANT INFORMATION						
11 NUMBER OF PATIENTS ON TRANSPLANT LIST	20					
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD	4					
EPOIETIN						
13 NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
13 . 1 EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
14 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT						
14 . 1 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						
PHYSICIAN PAYMENT METHOD (ENTER "X" IF METHOD(S) IS APPLICABLE)						
15 MCP [X] INITIAL METHOD []						
ARANESP						
16 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER	1,413,628					
17 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
18 NUMBER OF ARANESP UNITS FURNISHED RELATING TO RENAL DIALYSIS DEPARTMENT	6,705					
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO HOME DIALYSIS DEPARTMENT						

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
16-0033	FROM 7/ 1/2008	11/20/2009
	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	17,221,417
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	17,221,417
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.343454
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	57,574,312

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED 11/20/2009
16-0033	FROM 7/ 1/2008	WORKSHEET S-10
	TO 6/30/2009	

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	19,774,128
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	22,742,000
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	7,810,831
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	19,774,128

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 16-0033
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/20/2009
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		12,237,957	12,237,957	286,017	12,523,974
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		7,867,914	7,867,914		7,867,914
5	0500 EMPLOYEE BENEFITS		14,603,721	14,603,721		14,603,721
6.01	0610 A&G SHARED	1,196,945	53,140,824	54,337,769	-9,762,266	44,575,503
6.02	0661 OTHER ADMINSTRATIVE AND GENERAL	476,330	4,426,600	4,902,930	6,799,235	11,702,165
7	0700 MAINTENANCE & REPAIRS	3,430,197	4,193,738	7,623,935	-1,721,694	5,902,241
7.01	0701 MOB I				-92,722	-92,722
7.02	0702 MOB II				-97,398	-97,398
7.03	0703 BETT MED PARK				-162,304	-162,304
7.04	0704 NW CLINICS				-106,832	-106,832
7.05	0705 CPMP I				-155,313	-155,313
7.06	0706 CPMP II				-122,049	-122,049
7.07	0707 BETT PLAZA				-253,322	-253,322
7.08	0708 HEART INSTITUTE				-180,231	-180,231
7.09	0709 53RD STREET				-87,164	-87,164
7.10	0710 ELDRI DGE				-44,903	-44,903
8	0800 OPERATION OF PLANT				2,336,243	2,336,243
9	0900 LAUNDRY & LINEN SERVICE	159,279	1,071,398	1,230,677		1,230,677
10	1000 HOUSEKEEPING	2,904,390	964,790	3,869,180	687,689	4,556,869
11	1100 DIETARY	2,702,587	2,054,984	4,757,571		4,757,571
12	1200 CAFETERIA					
12.01	1201 EMPLOYEE CAFETERIA					
14	1400 NURSING ADMINISTRATION	1,957,024	249,706	2,206,730		2,206,730
15	1500 CENTRAL SERVICES & SUPPLY	1,385,973	1,055,042	2,441,015	-250,351	2,190,664
16	1600 PHARMACY	3,826,881	13,609,076	17,435,957	-12,831,057	4,604,900
17	1700 MEDICAL RECORDS & LIBRARY					
18	1800 SOCIAL SERVICE	1,298,551	228,488	1,527,039		1,527,039
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD				485,377	485,377
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD				2,161,487	2,161,487
24	2400 PARAMED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	22,849,294	6,016,286	28,865,580	-1,759,555	27,106,025
26	2600 INTENSIVE CARE UNIT	3,053,342	956,930	4,010,272	-247,157	3,763,115
27.01	2060 NICU	1,371,318	1,061,217	2,432,535	-4,984	2,427,551
31	3100 SUBPROVIDER I	2,585,189	518,416	3,103,605	-68,224	3,035,381
31.01	3101 SUBPRO II PSYCHIATRIC	2,428,324	364,410	2,792,734	-3,379	2,789,355
33	3300 NURSERY					
34	3400 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	6,743,255	24,119,918	30,863,173	-17,398,443	13,464,730
41	4100 RADIOLOGY-DIAGNOSTIC	4,969,121	3,948,733	8,917,854	-650,238	8,267,616
42	4200 RADIOLOGY-THERAPEUTIC	2,352,957	3,382,567	5,735,524	-63,037	5,672,487
44	4400 LABORATORY		8,891,062	8,891,062		8,891,062
47	4700 BLOOD STORING, PROCESSING & TRANS.		3,235,096	3,235,096		3,235,096
49	4900 RESPIRATORY THERAPY	2,343,631	685,745	3,029,376	-50,711	2,978,665
50	5000 PHYSICAL THERAPY	7,847,304	2,573,573	10,420,877	-115,330	10,305,547
53	5300 ELECTROCARDIOLOGY	3,510,522	1,604,874	5,115,396	-577,189	4,538,207
53.01	3120 CARDIAC CATH LAB	2,067,868	23,651,177	25,719,045	-21,165,223	4,553,822
54	5400 ELECTROENCEPHALOGRAPHY	804,777	202,619	1,007,396		1,007,396
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				41,821,666	41,821,666
56	5600 DRUGS CHARGED TO PATIENTS				11,417,429	11,417,429
57	5700 RENAL DIALYSIS OUTPAT SERVICE COST CNTRS	1,746,382	1,249,288	2,995,670	1,365,965	4,361,635
60.01	6003 FIRST MED					
60.02	6001 OP INSTITUTES	836,809	393,479	1,230,288	-9,742	1,220,546
60.03	6002 MARC				635,593	635,593
60.04	6004 BARIATRIC CLINIC	394,167	864,068	1,258,235	-68	1,258,167
60.05	6005 PAIN MANAGEMENT	316,133	436,874	753,007	-1,129	751,878
61	6100 EMERGENCY	4,526,678	8,496,608	13,023,286	-75,898	12,947,388
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES					
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS					
95	SUBTOTALS NONREIMBURS COST CENTERS	90,085,228	208,357,178	298,442,406	-61,212	298,381,194
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
96.01	9601 AUXILIARY	3,895	26,012	29,907		29,907
96.02	9602 FIRST MED CLINICS					
96.03	9603 EAP					
97	9700 RESEARCH	122,847	172,452	295,299		295,299
98.01	9801 NON REIMBURSEABLE COST	438,977	247,909	686,886	30,150	717,036
98.02	9802 FOUNDATION		87	87		87
98.03	9804 OP REHAB - DEWITT	499,310	42,680	541,990	31,102	573,092
98.04	9803 OUTREACH PROGRAMS	9,750	2,382,020	2,391,770		2,391,770
98.05	9805 PHASE III REHAB	152,353	151,893	304,246	-40	304,206
98.06	9806 AFFILIATES					
101	TOTAL	91,312,360	211,380,231	302,692,591	-0-	302,692,591

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 16-0033
PERIOD: FROM 7/ 1/2008 TO 6/30/2009
PREPARED 11/20/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-4,508,392	8,015,582
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	6,452,604	14,320,518
5	0500 EMPLOYEE BENEFITS	-3,176,626	11,427,095
6.01	0610 A&G SHARED	-18,770,064	25,805,439
6.02	0661 OTHER ADMINSTRATIVE AND GENERAL	18,887,455	30,589,620
7	0700 MAINTENANCE & REPAIRS	-223,316	5,678,925
7.01	0701 MOB I	611,253	518,531
7.02	0702 MOB II	668,121	570,723
7.03	0703 BETT MED PARK	698,514	536,210
7.04	0704 NW CLINICS	398,355	291,523
7.05	0705 CPMP I	709,047	553,734
7.06	0706 CPMP II	844,930	722,881
7.07	0707 BETT PLAZA	1,022,742	769,420
7.08	0708 HEART INSTITUTE	1,653,426	1,473,195
7.09	0709 53RD STREET	346,667	259,503
7.10	0710 ELDRI DGE	145,625	100,722
8	0800 OPERATION OF PLANT		2,336,243
9	0900 LAUNDRY & LINEN SERVICE	-43,508	1,187,169
10	1000 HOUSEKEEPING	-920,196	3,636,673
11	1100 DIETARY	-2,193,965	2,563,606
12	1200 CAFETERIA		
12.01	1201 EMPLOYEE CAFETERIA		
14	1400 NURSING ADMINISTRATION	-1,964	2,204,766
15	1500 CENTRAL SERVICES & SUPPLY	-10,244	2,180,420
16	1600 PHARMACY	-249,021	4,355,879
17	1700 MEDICAL RECORDS & LIBRARY		
18	1800 SOCIAL SERVICE		1,527,039
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		485,377
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		2,161,487
24	2400 PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-676,680	26,429,345
26	2600 INTENSIVE CARE UNIT		3,763,115
27.01	2060 NICU	-791,468	1,636,083
31	3100 SUBPROVIDER I		3,035,381
31.01	3101 SUB PROVIDER II PSYCHIATRIC	-103,581	2,685,774
33	3300 NURSERY		
34	3400 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-849,757	12,614,973
41	4100 RADIOLOGY-DIAGNOSTIC	-256,353	8,011,263
42	4200 RADIOLOGY-THERAPEUTIC	-993,113	4,679,374
44	4400 LABORATORY		8,891,062
47	4700 BLOOD STORING, PROCESSING & TRANS.		3,235,096
49	4900 RESPIRATORY THERAPY	-5,885	2,972,780
50	5000 PHYSICAL THERAPY	-860,037	9,445,510
53	5300 ELECTROCARDIOLOGY	-935,893	3,602,314
53.01	3120 CARDIAC CATH LAB	-83,232	4,470,590
54	5400 ELECTROENCEPHALOGRAPHY	-148,390	859,006
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		41,821,666
56	5600 DRUGS CHARGED TO PATIENTS	-282,415	11,135,014
57	5700 RENAL DIALYSIS OUTPAT SERVICE COST CNTRS	-209,043	4,152,592
60.01	6003 FIRST MED		
60.02	6001 OP INSTITUTES	-145,510	1,075,036
60.03	6002 MARC		635,593
60.04	6004 BARIATRIC CLINIC	-629,556	628,611
60.05	6005 PAIN MANAGEMENT	-490,746	261,132
61	6100 EMERGENCY	-6,955,784	5,991,604
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES	4,312,795	4,312,795
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS		
95	SUBTOTALS NONREIMBURS COST CENTERS	-7,763,205	290,617,989
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
96.01	9601 AUXILIARY	-493	29,414
96.02	9602 FIRST MED CLINICS		
96.03	9603 EAP		
97	9700 RESEARCH		295,299
98.01	9801 NON REIMBURSEABLE COST	-71,990	645,046
98.02	9802 FOUNDATION		87
98.03	9804 OP REHAB - DEWITT		573,092
98.04	9803 OUTREACH PROGRAMS	-13,656	2,378,114
98.05	9805 PHASE III REHAB		304,206
98.06	9806 AFFILIATES		
101	TOTAL	-7,849,344	294,843,247

COST CENTERS USED IN COST REPORT

PROVIDER NO: 16-0033
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/20/2009
 NOT A CMS WORKSHEET

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	A&G SHARED	0610	NONPATIENT TELEPHONES
6.02	OTHER ADMIN STRATIVE AND GENERAL	0661	OTHER ADMIN STRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
7.01	MOB I	0701	MAINTENANCE & REPAIRS
7.02	MOB II	0702	MAINTENANCE & REPAIRS
7.03	BETT MED PARK	0703	MAINTENANCE & REPAIRS
7.04	NW CLINICS	0704	MAINTENANCE & REPAIRS
7.05	CPMP I	0705	MAINTENANCE & REPAIRS
7.06	CPMP II	0706	MAINTENANCE & REPAIRS
7.07	BETT PLAZA	0707	MAINTENANCE & REPAIRS
7.08	HEART INSTITUTE	0708	MAINTENANCE & REPAIRS
7.09	53RD STREET	0709	MAINTENANCE & REPAIRS
7.10	ELDRIDGE	0710	MAINTENANCE & REPAIRS
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
12.01	EMPLOYEE CAFETERIA	1201	CAFETERIA
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM-(SPECIFY)	2400	
	INPAT ROUTINE SRVC		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27.01	NICU	2060	NEONATAL INTENSIVE CARE UNIT
31	SUBPROVIDER I	3100	
31.01	SUB PROVIDER PSYCHIATRIC	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC CATH LAB	3120	CARDIAC CATHETERIZATION LABORATORY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
60.01	FIRST MED	6003	CLINIC
60.02	OP INSTITUTES	6001	CLINIC
60.03	MARC	6002	CLINIC
60.04	BARIATRIC CLINIC	6004	CLINIC
60.05	PAIN MANAGEMENT	6005	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
95	SPEC PURPOSE COST CE SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	AUXILIARY	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.02	FIRST MED CLINICS	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.03	EAP	9603	GIFT, FLOWER, COFFEE SHOP & CANTEEN
97	RESEARCH	9700	
98.01	NON REIMBURSEABLE COST	9801	PHYSICIANS' PRIVATE OFFICES
98.02	FOUNDATION	9802	PHYSICIANS' PRIVATE OFFICES
98.03	OP REHAB - DEWITT	9804	PHYSICIANS' PRIVATE OFFICES
98.04	OUTREACH PROGRAMS	9803	PHYSICIANS' PRIVATE OFFICES
98.05	PHASE III REHAB	9805	PHYSICIANS' PRIVATE OFFICES
98.06	AFFILIATES	9806	PHYSICIANS' PRIVATE OFFICES
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
160033

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

PREPARED 11/20/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 CAD COST RECLASS 08	A	MARC	60.03		635,593
2 PATIENT SWITCHBOARD COSTS	B	NON REIMBURSEABLE COST	98.01	28,038	2,112
3 REHAB COORDINATOR	D	SUBPROVIDER I	31	67,372	10,295
4		OP REHAB - DEWITT	98.03	26,979	4,123
5 PROPERTY INSURANCE	E	NEW CAP REL COSTS-BLDG & FIXT	3		286,017
6 COST OF CHARGEABLE SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		41,821,666
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25 CARDIOLOGY ADMIN COSTS	G	CARDIAC CATH LAB	53.01	431,259	144,849
26 HOUSEKEEPING/PLANT/MAINT COSTS	H	MAINTENANCE & REPAIRS	7		614,549
27		HOUSEKEEPING	10		687,689
28					
29					
30					
31					
32					
33					
34					
35					
1 SURGICAL RECOVERY SERVICES	I	OPERATING ROOM	37	402,653	106,020
2 COST OF CHARGEABLE DRUGS	J	DRUGS CHARGED TO PATIENTS	56		12,831,057
3 RESIDENT AND TEACHING COSTS	L	I&R SERVICES-SALARY & FRINGES APPRVD	22		485,377
4		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		2,161,487
5 UTILITY EXPENSES	M	OPERATION OF PLANT	8		2,336,243
6 NON SHARED ADM EXPENSES	N	OTHER ADMINISTRATIVE AND GENERAL	6.02		7,085,252
7 ARANESP USAGE	Q	RENAL DIALYSIS	57		1,413,628
36 TOTAL RECLASSIFICATIONS				956,301	70,625,957

(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:
160033

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

PREPARED 11/20/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	DECREASE				A-7 REF 10
		COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 CAD COST RECLASS 08	A	ADULTS & PEDIATRICS	25		635,593	
2 PATIENT SWITCHBOARD COSTS	B	A&G SHARED	6.01	28,038	2,112	
3 REHAB COORDINATOR	D	PHYSICAL THERAPY	50	94,351	14,418	
4						
5 PROPERTY INSURANCE	E	OTHER ADMINISTRATIVE AND GENERAL	6.02		286,017	9
6 COST OF CHARGEABLE SUPPLIES	F	CENTRAL SERVICES & SUPPLY	15		250,351	
7		ADULTS & PEDIATRICS	25		615,289	
8		INTENSIVE CARE UNIT	26		247,157	
9		NICU	27.01		4,984	
10		SUBPROVIDER I	31		145,891	
11		SUBPROVIDER II PSYCHIATRIC	31.01		3,379	
12		OPERATING ROOM	37		17,907,116	
13		RADIOLOGY-DIAGNOSTIC	41		650,238	
14		RADIOLOGY-THERAPEUTIC	42		63,037	
15		RESPIRATORY THERAPY	49		50,711	
16		PHYSICAL THERAPY	50		6,561	
17		ELECTROCARDIOLOGY	53		1,081	
18		CARDIAC CATH LAB	53.01		21,741,331	
19		RENAL DIALYSIS	57		47,663	
20		OP INSTITUTES	60.02		9,742	
21		BARITRIC CLINIC	60.04		68	
22		PAIN MANAGEMENT	60.05		1,129	
23		EMERGENCY	61		75,898	
24		PHASE III REHAB	98.05		40	
25 CARDIOLOGY ADMIN COSTS	G	ELECTROCARDIOLOGY	53	431,259	144,849	
26 HOUSEKEEPING/PLANT/MAINT COSTS	H	BETT MED PARK	7.03		162,304	
27		BETT PLAZA	7.07		253,322	
28		CPMP I	7.05		155,313	
29		CPMP II	7.06		122,049	
30		MOB I	7.01		92,722	
31		MOB II	7.02		97,398	
32		NW CLINICS	7.04		106,832	
33		HEART INSTITUTE	7.08		180,231	
34		53RD STREET	7.09		87,164	
35		ELDRI DGE	7.10		44,903	
1 SURGICAL RECOVERY SERVICES	I	ADULTS & PEDIATRICS	25	402,653	106,020	
2 COST OF CHARGEABLE DRUGS	J	PHARMACY	16		12,831,057	
3 RESIDENT AND TEACHING COSTS	L	A&G SHARED	6.01		2,646,864	
4						
5 UTILITY EXPENSES	M	MAINTENANCE & REPAIRS	7		2,336,243	
6 NON SHARED ADM EXPENSES	N	A&G SHARED	6.01		7,085,252	
7 ARANESP USAGE	Q	DRUGS CHARGED TO PATIENTS	56		1,413,628	
36 TOTAL RECLASSIFICATIONS				956,301	70,625,957	

(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:
160033

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

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

RECLASS CODE: A
EXPLANATION : CAD COST RECLASS 08

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MARC	60.03	635,593	ADULTS & PEDIATRICS	25	635,593	
TOTAL RECLASSIFICATIONS FOR CODE A			635,593				635,593

RECLASS CODE: B
EXPLANATION : PATIENT SWITCHBOARD COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NON REIMBURSEABLE COST	98.01	30,150	A&G SHARED	6.01	30,150	
TOTAL RECLASSIFICATIONS FOR CODE B			30,150				30,150

RECLASS CODE: D
EXPLANATION : REHAB COORDINATOR

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SUBPROVIDER I	31	77,667	PHYSICAL THERAPY	50	108,769	
2.00	OP REHAB - DEWITT	98.03	31,102			0	
TOTAL RECLASSIFICATIONS FOR CODE D			108,769				108,769

RECLASS CODE: E
EXPLANATION : PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	286,017	OTHER ADMINISTRATIVE AND GENER	6.02	286,017	
TOTAL RECLASSIFICATIONS FOR CODE E			286,017				286,017

RECLASS CODE: F
EXPLANATION : COST OF CHARGEABLE SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	41,821,666	CENTRAL SERVICES & SUPPLY	15	250,351	
2.00			0	ADULTS & PEDIATRICS	25	615,289	
3.00			0	INTENSIVE CARE UNIT	26	247,157	
4.00			0	NI CU	27.01	4,984	
5.00			0	SUBPROVIDER I	31	145,891	
6.00			0	SUBPROVIDER PSYCHIATRIC	31.01	3,379	
7.00			0	OPERATING ROOM	37	17,907,116	
8.00			0	RADIOLOGY-DIAGNOSTIC	41	650,238	
9.00			0	RADIOLOGY-THERAPEUTIC	42	63,037	
10.00			0	RESPIRATORY THERAPY	49	50,711	
11.00			0	PHYSICAL THERAPY	50	6,561	
12.00			0	ELECTROCARDIOLOGY	53	1,081	
13.00			0	CARDIAC CATH LAB	53.01	21,741,331	
14.00			0	RENAL DIALYSIS	57	47,663	
15.00			0	OP INSTITUTE	60.02	9,742	
16.00			0	BARITRIC CLINIC	60.04	68	
17.00			0	PAIN MANAGEMENT	60.05	1,129	
18.00			0	EMERGENCY	61	75,898	
19.00			0	PHASE III REHAB	98.05	40	
TOTAL RECLASSIFICATIONS FOR CODE F			41,821,666				41,821,666

RECLASS CODE: G
EXPLANATION : RADIOLOGY ADMIN COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CARDIAC CATH LAB	53.01	576,108	ELECTROCARDIOLOGY	53	576,108	
TOTAL RECLASSIFICATIONS FOR CODE G			576,108				576,108

RECLASS CODE: H
EXPLANATION : HOUSEKEEPING/PLANT/MAINT COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MAINTENANCE & REPAIRS	7	614,549	BETT MED PARK	7.03	162,304	
2.00	HOUSEKEEPING	10	687,689	BETT PLAZA	7.07	253,322	

RECLASSIFICATIONS

PROVIDER NO:
160033

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

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

RECLASS CODE: H
EXPLANATION: HOUSEKEEPING/PLANT/MAINT COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
3.00			0	CPMP I	7.05	155,313	
4.00			0	CPMP II	7.06	122,049	
5.00			0	MOB I	7.01	92,722	
6.00			0	MOB II	7.02	97,398	
7.00			0	NW CLINICS	7.04	106,832	
8.00			0	HEART INSTITUTE	7.08	180,231	
9.00			0	53RD STREET	7.09	87,164	
10.00			0	ELDRI DGE	7.10	44,903	
TOTAL RECLASSIFICATIONS FOR CODE H			1,302,238				1,302,238

RECLASS CODE: I
EXPLANATION: SURGICAL RECOVERY SERVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATING ROOM	37	508,673	ADULTS & PEDIATRICS	25	508,673	
TOTAL RECLASSIFICATIONS FOR CODE I			508,673				508,673

RECLASS CODE: J
EXPLANATION: COST OF CHARGEABLE DRUGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	12,831,057	PHARMACY	16	12,831,057	
TOTAL RECLASSIFICATIONS FOR CODE J			12,831,057				12,831,057

RECLASS CODE: L
EXPLANATION: RESIDENT AND TEACHING COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-SALARY & FRINGES	22	485,377	A&G SHARED	6.01	2,646,864	
2.00	I&R SERVICES-OTHER PRGM COSTS	23	2,161,487			0	
TOTAL RECLASSIFICATIONS FOR CODE L			2,646,864				2,646,864

RECLASS CODE: M
EXPLANATION: UTILITY EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	2,336,243	MAINTENANCE & REPAIRS	7	2,336,243	
TOTAL RECLASSIFICATIONS FOR CODE M			2,336,243				2,336,243

RECLASS CODE: N
EXPLANATION: NON SHARED ADM EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.02	7,085,252	A&G SHARED	6.01	7,085,252	
TOTAL RECLASSIFICATIONS FOR CODE N			7,085,252				7,085,252

RECLASS CODE: O
EXPLANATION: ARANESP USAGE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RENAL DIALYSIS	57	1,413,628	DRUGS CHARGED TO PATIENTS	56	1,413,628	
TOTAL RECLASSIFICATIONS FOR CODE O			1,413,628				1,413,628

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	5,402,730					5,402,730	
2 LAND IMPROVEMENTS	13,856,676	5,200		5,200		13,861,876	
3 BUILDINGS & FIXTURE	159,099,697	1,621,234		1,621,234		160,720,931	
4 BUILDING IMPROVEMEN	14,238,243					14,238,243	
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	135,986,069	2,058,189		2,058,189	3,112,073	134,932,185	
7 SUBTOTAL	328,583,415	3,684,623		3,684,623	3,112,073	329,155,965	
8 RECONCILING ITEMS							
9 TOTAL	328,583,415	3,684,623		3,684,623	3,112,073	329,155,965	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	
3	NEW CAP REL COSTS-BL	159,099,697		159,099,697	.539164			
4	NEW CAP REL COSTS-MV	135,986,069		135,986,069	.460836			
5	TOTAL	295,085,766		295,085,766	1.000000			

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
3	NEW CAP REL COSTS-BL	12,779,252					8,015,582	
4	NEW CAP REL COSTS-MV	14,320,518		-4,763,670			14,320,518	
5	TOTAL	27,099,770		-4,763,670			22,336,100	

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
3	NEW CAP REL COSTS-BL	12,237,957					12,237,957	
4	NEW CAP REL COSTS-MV	7,867,914					7,867,914	
5	TOTAL	20,105,871					20,105,871	

* 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

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF. 5
	1	2	3	4	5
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	-3,764,134	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-10,371,224			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	16,296,606			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 OTHER ADJUSTMENTS (SPECIFY)					
38 OTHER ADJUSTMENTS (SPECIFY)					
39 ADMINISTRATION - DISCOUNTS EARN	B	-121,227	A&G SHARED	6.01	
40 ADMINISTRATION - VENDOR REBATES	B	-119,811	A&G SHARED	6.01	
41 ADMINISTRATION - MISCELLANEOUS	B	-140,488	A&G SHARED	6.01	
42 OTHER ADJUSTMENTS (SPECIFY)					
43 OTHER ADJUSTMENTS (SPECIFY)					
44 MAINTENANCE/TRANSPORTATION - MISC					
45 ADVERTISING & PROMOTIONS	A	-17,820	A&G SHARED	6.01	
45.01 ADVERTISING & PROMOTIONS	A	-4,515	RADIOLOGY-THERAPEUTIC	42	
45.02 ADVERTISING & PROMOTIONS	A	-1,230	PHYSICAL THERAPY	50	
45.03 ADVERTISING & PROMOTIONS	A	-29,773	ELECTROCARDIOLOGY	53	
45.04 ADVERTISING & PROMOTIONS	A	-47	ELECTROENCEPHALOGRAPHY	54	
46 CAFETERIA SALES	B	-1,577,665	DIETARY	11	
46.01 VENDING	B	-190,665	DIETARY	11	
46.02 SENIOR MEALS	B	-6,812	DIETARY	11	
46.03 CAFETERIA REVENUE	B	-39,322	DIETARY	11	
46.04 VENDOR REBATES	B	-65,672	DIETARY	11	
46.05 CASH SALES	B	-6,819	CENTRAL SERVICES & SUPPLY	15	
46.06 CASH SALES	B	-130,744	PHARMACY	16	
47 OTHER ADJUSTMENTS (SPECIFY)					
47.01 MISC INCOME	B	-23,139	A&G SHARED	6.01	
47.02 MISC INCOME	B	-45,477	OTHER ADMINSTRATIVE AND	6.02	
47.03 MISC INCOME	B	-45,388	MAINTENANCE & REPAIRS	7	
47.04 MISC INCOME	B	-368	LAUNDRY & LINEN SERVICE	9	
47.05 MISC INCOME	B	-133,059	HOUSEKEEPING	10	
47.06 MISC INCOME	B	-108,737	DIETARY	11	
47.07 MISC INCOME	B	-12	PHARMACY	16	
47.08 MISC INCOME	B	-26,988	ADULTS & PEDIATRICS	25	
47.09 MISC INCOME	B	-50,387	RADIOLOGY-DIAGNOSTIC	41	
47.10 MISC INCOME	B	-45,537	RADIOLOGY-THERAPEUTIC	42	
47.11 MISC INCOME	B	-867	RESPIRATORY THERAPY	49	
47.12 MISC INCOME	B	-148,635	PHYSICAL THERAPY	50	
47.13 MISC INCOME	B	-888	ELECTROCARDIOLOGY	53	
47.14 MISC INCOME	B	-384	DRUGS CHARGED TO PATIENTS	56	
47.15 MISC INCOME	B	-17,538	OP INSTITUTES	60.02	
47.16 MISC INCOME	B	-7,895	BARIATRIC CLINIC	60.04	
47.17 MISC INCOME	B	-2,798	PAIN MANAGEMENT	60.05	
47.18 MISC INCOME					
48 OUTREACH REVENUE	B	-44,100	HOUSEKEEPING	10	
48.01 OUTREACH REVENUE	B	-2,013	OPERATING ROOM	37	
48.02 OUTREACH REVENUE	B	3,655	PHYSICAL THERAPY	50	
48.03 OUTREACH REVENUE	B	-90,117	RENAL DIALYSIS	57	
48.04 OTHER OPERATING REVENUE	B	-38,659	A&G SHARED	6.01	
48.05 OTHER OPERATING REVENUE	B	-106,125	OTHER ADMINSTRATIVE AND	6.02	
49 RENTAL INCOME	B	-98,388	RADIOLOGY-THERAPEUTIC	42	
49.01 INTERCOMPANY REVENUE	B	-115,525	A&G SHARED	6.01	
49.02 INTERCOMPANY REVENUE	B	-177,928	MAINTENANCE & REPAIRS	7	

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 16-0033
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/20/2009
 WORKSHEET A-8

DESCR IPTION (1)	(2)		EXPENSE CLASSIFICATION ON		WKST.
	BASIS/CODE	AMOUNT	WORKSHEET A TO/FROM WHICH THE	AMOUNT IS TO BE ADJUSTED	
	1	2	COST CENTER	LINE NO	A-7 REF.
			3	4	5
49.03 INTERCOMPANY REVENUE	B	-730,237	HOUSEKEEPING	10	
49.04 INTERCOMPANY REVENUE	B	-182,013	DIETARY	11	
49.05 INTERCOMPANY REVENUE	B	-118,265	PHARMACY	16	
49.06 INTERCOMPANY REVENUE	B	-196,931	PHYSICAL THERAPY	50	
49.07 INTERCOMPANY REVENUE	B	-14,250	ELECTROCARDIOLOGY	53	
49.08 INTERCOMPANY REVENUE	B	-134,121	ELECTROENCEPHALOGRAPHY	54	
49.09 INTERCOMPANY REVENUE	B	-334,594	PAIN MANAGEMENT	60.05	
49.10 PHARMACY WEST CASH SALES	B	-91,833	DRUGS CHARGED TO PATIENTS	56	
49.11 PHARMACY EAST CASH SALES	B	-38,911	DRUGS CHARGED TO PATIENTS	56	
49.12					
49.13 DONATIONS	A	-3,951	OTHER ADMINISTRATIVE AND	6.02	
49.14 DONATIONS	A	-1,000	NURSING ADMINISTRATION	14	
49.15 DONATIONS	A	-3,425	CENTRAL SERVICES & SUPPLY	15	
49.16 DONATIONS	A	-1,596	OPERATING ROOM	37	
49.17 DONATIONS	A	-16,205	RADIOLOGY-THERAPEUTIC	42	
49.18 DONATIONS	A	-50	PHYSICAL THERAPY	50	
49.19 DONATIONS	A	-82,828	CARDIAC CATH LAB	53.01	
49.20 DONATIONS	A	-493	AUXILIARY	96.01	
49.21 NONALLOWABLE LOBBYING FEES	A	-34,473	OTHER ADMINISTRATIVE AND	6.02	
49.22 SELF INSURANCE OFFSET	A	-3,245,973	EMPLOYEE BENEFITS	5	
49.23 INTEREST EXPENSE 97 BONDS	A	-999,536	NEW CAP REL COSTS-BLDG &	3	11
49.24					
49.25					
49.26					
49.27					
49.28					
49.29					
49.30					
50 TOTAL (SUM OF LINES 1 THRU 49)		-7,849,344			

(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						
2	6 1	A&G SHARED		100,816	-100,816	
3	10	HOUSEKEEPING		12,800	-12,800	
4	11	DIETARY		23,079	-23,079	
4.01	14	NURSING ADMINISTRATION		964	-964	
4.02	25	ADULTS & PEDIATRICS		758	-758	
4.03	37	OPERATING ROOM		356,000	-356,000	
4.04	41	RADIOLOGY-DIAGNOSTIC		205,966	-205,966	
4.05	42	RADIOLOGY-THERAPEUTIC		559,016	-559,016	
4.06	50	PHYSICAL THERAPY		338,400	-338,400	
4.07	53	ELECTROCARDIOLOGY		527,825	-527,825	
4.08	56	DRUGS CHARGED TO PATIENTS		151,287	-151,287	
4.09	57	RENAL DIALYSIS		118,926	-118,926	
4.10	60 2	OP INSTITUTES		67,995	-67,995	
4.11	60 5	PAIN MANAGEMENT		153,354	-153,354	
4.13	98 1	NON REIMBURSEABLE COST		71,990	-71,990	
4.14	98 4	OUTREACH PROGRAMS		13,656	-13,656	
4.15						
4.18	7 1	MOB I	GEN VEN BLDG COST	611,253	611,253	
4.19	7 2	MOB II	GEN VEN BLDG COST	668,121	668,121	
4.20	7 3	BETT MED PARK	GEN VEN BLDG COST	698,514	698,514	
4.21	7 4	NW CLINICS	GEN VEN BLDG COST	398,355	398,355	
4.22	7 5	CPMP I	GEN VEN BLDG COST	709,047	709,047	
4.23	7 6	CPMP II	GEN VEN BLDG COST	844,930	844,930	
4.24	7 7	BETT PLAZA	GEN VEN BLDG COST	1,022,742	1,022,742	
4.25	7 8	HEART INSTITUTE	GEN VEN BLDG COST	1,653,426	1,653,426	
4.26	7 9	53RD STREET	GEN VEN BLDG COST	346,667	346,667	
4.27	7 10	ELDRIDGE	GEN VEN BLDG COST	145,625	145,625	
4.28	3	NEW CAP REL COSTS-BLDG &	HOME OFFICE CAPITAL	255,278	255,278	9
4.29	4	NEW CAP REL COSTS-MVBLE E	HOME OFFICE CAPITAL	6,452,604	6,452,604	9
4.30	6 1	A&G SHARED	HOME OFFICE A&G	18,072,087	36,164,666	-18,092,579
4.31	6 2	OTHER ADMINISTRATIVE AND	HOME OFFICE A&G	22,876,674	3,392,520	19,484,154
4.32	9	LAUNDRY & LINEN SERVICE	CRESCENT LAUNDRY	814,570	857,710	-43,140
4.33	65	AMBULANCE SERVICES	MEDIC	4,312,795		4,312,795
4.34	6 2	OTHER ADMINISTRATIVE AND	MEDIC TRANSPORTATION	546,998	881,671	-334,673
4.36	5	EMPLOYEE BENEFITS	EMPLOYEE PRESCRIPTION	1,073,040	1,003,693	69,347
4.37	23	I&R SERVICES-OTHER PRGM C	I&R	2,426,292	2,426,292	
4.38	44	LABORATORY	LAB SERVICES	8,112,551	8,112,551	
4.39	42	RADIOLOGY-THERAPEUTIC	RENTAL EQUIPMENT-RELATED	1,345,330	1,548,358	-203,028
5		TOTALS		73,386,899	57,090,293	16,296,606

* 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) NAME	PERCENTAGE OF OWNERSHIP	AND/OR HOME OFFICE TYPE OF BUSINESS
1	2	3	4	5	6
1	C	GENVENTURES		0.00	0.00
2	C	DAVENPORT HOSPITAL AMB. C		0.00	0.00
3	C	GEN MED ED FOUNDATION		0.00	0.00
4	C	GENESIS MEDICAL GROUP		0.00	0.00
5	C	EA I A LI THOTRI PSY		0.00	0.00
5.01	C	METRO LAB		0.00	0.00
5.02	C	CRESCENT LAUNDRY		0.00	0.00
5.03	C	GENESIS HEALTH SYSTEM		0.00	0.00
5.04	C	GENMED		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: 16-0033
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/20/2009
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6 2	QUALITY MANAGMENT	72,000	72,000		171,400	576	47,465	2,373
2 25	A&P	649,000		649,000	136,700	1	66	3
3 27 1	NICU	791,542		791,542	154,100	1	74	4
4 31 1	SUB I I	103,650		103,650	142,500	1	69	3
5 37	ANESTHESIA	490,148	490,148		204,100			
6 41	RADIOLOGY				231,100			
7 42	RAD THERAPY	69,555	64,774	4,781	171,400	38	3,131	157
8 49	PULMONARY	6,500	4,000	2,500	154,100	20	1,482	74
9 50	PT	289,362	137,763	151,599	171,400	1,346	110,916	5,546
10 53	EKG	367,973	358,185	9,788	154,100	65	4,816	241
11 53 1	CARDIAC CATH LAB	700		700	154,100	4	296	15
12 54	EEG	25,483	2,675	22,808	154,100	152	11,261	563
13 60 2	OSTOMY	84,533	47,283	37,250	171,400	298	24,556	1,228
14 60 4	BARIATRIC CLINIC	623,639	620,114	3,525	171,400	24	1,978	99
15 61	ER	7,006,792	6,938,098	68,694	171,400	619	51,008	2,550
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	10,580,877	8,735,040	1,845,837		3,145	257,118	12,856

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 16-0033
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/20/2009
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 6	2 QUALITY MANAGMENT					47,465		72,000
2 25	A&P					66	648,934	648,934
3 27	1 NICU					74	791,468	791,468
4 31	1 SUB I I					69	103,581	103,581
5 37	ANESTHESIA							490,148
6 41	RADIOLOGY							
7 42	RAD THERAPY					3,131	1,650	66,424
8 49	PULMONARY					1,482	1,018	5,018
9 50	PT					110,916	40,683	178,446
10 53	EKG					4,816	4,972	363,157
11 53	1 CARDIAC CATH LAB					296	404	404
12 54	EEG					11,261	11,547	14,222
13 60	2 OSTOMY					24,556	12,694	59,977
14 60	4 BARIATRIC CLINIC					1,978	1,547	621,661
15 61	ER					51,008	17,686	6,955,784
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					257,118	1,636,184	10,371,224

COST ALLOCATION STATISTICS

PROVIDER NO: 16-0033
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/20/2009
 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	2	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	ENTERED
6.01	A&G SHARED	4	TOTAL COST	ENTERED
6.02	OTHER ADMINISTRATIVE AND GENERAL	-5	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE FEET	ENTERED
7.01	MOB I	7	SQUARE FEET	ENTERED
7.02	MOB II	8	SQUARE FEET	ENTERED
7.03	BETT MED PARK	9	SQUARE FEET	ENTERED
7.04	NW CLINICS	10	SQUARE FEET	ENTERED
7.05	CPMP I	11	SQUARE FEET	ENTERED
7.06	CPMP II	12	SQUARE FEET	ENTERED
7.07	BETT PLAZA	13	SQUARE FEET	ENTERED
7.08	HEART INSTITUTE	14	SQUARE FEET	ENTERED
7.09	53RD STREET	15	SQUARE FEET	ENTERED
7.10	ELDRIDGE	16	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	17	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	18	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	19	SQUARE FEET	ENTERED
11	DIETARY	20	MEALS SERVED	ENTERED
12	CAFETERIA	21	MEALS	ENTERED
12.01	EMPLOYEE CAFETERIA	22	FTE'S	ENTERED
14	NURSING ADMINISTRATION	23	NURSING HOURS	ENTERED
15	CENTRAL SERVICES & SUPPLY	24	COSTED REQUIS.	ENTERED
16	PHARMACY	25	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	26	GROSS REVENUE	ENTERED
18	SOCIAL SERVICE	27	TIME SPENT	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	28	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	28	ASSIGNED TIME	ENTERED
24	PARAMED ED PRGM-(SPECIFY)	29	ASSIGNED TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	A&G SHARED 6.01	SUBTOTAL 6a.01	OTHER ADMINI STRATIVE AND 6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	8,015,582	8,015,582					
005 NEW CAP REL COSTS-MVBLE E	14,320,518		14,320,518				
006 EMPLOYEE BENEFITS	11,427,095	36,096	28,125	11,491,316			
006 01 A&G SHARED	25,805,439	902,429	2,835,325	147,102	29,690,295		
006 02 OTHER ADMINI STRATIVE AND	30,589,620	167,766	391,224	59,944	24,227,221	55,435,775	55,435,775
007 MAINTENANCE & REPAIRS	5,678,925	988,047	2,231,633	431,677		9,330,282	2,160,464
007 01 MOB I	518,531					518,531	120,068
007 02 MOB II	570,723					570,723	132,153
007 03 BETT MED PARK	536,210					536,210	124,162
007 04 NW CLINICS	291,523					291,523	67,503
007 05 CPMP I	553,734					553,734	128,219
007 06 CPMP II	722,881					722,881	167,386
007 07 BETT PLAZA	769,420					769,420	178,162
007 08 HEART INSTI TUTE	1,473,195					1,473,195	341,124
007 09 53RD STREET	259,503					259,503	60,089
007 10 ELDRI DGE	100,722					100,722	23,323
008 OPERATION OF PLANT	2,336,243					2,336,243	540,966
009 LAUNDRY & LINEN SERVICE	1,187,169	34,154	311,995	20,045		1,553,363	359,687
010 HOUSEKEEPING	3,636,673	65,641	2,412	365,506		4,070,232	942,479
011 DIETARY	2,563,606	172,813	83,950	340,110		3,160,479	731,822
012 CAFETERIA		92,982				92,982	21,530
012 01 EMPLOYEE CAFETERIA							
014 NURSING ADMINI STRATION	2,204,766	35,945	373,870	246,284		2,860,865	662,445
015 CENTRAL SERVICES & SUPPLY	2,180,420	242,412	97,445	174,419		2,694,696	623,968
016 PHARMACY	4,355,879	120,912	323,648	481,598		5,282,037	1,223,077
017 MEDICAL RECORDS & LIBRARY		91,642	1,701			93,343	21,614
018 SOCIAL SERVICE	1,527,039	35,895	69	163,417		1,726,420	399,759
022 I&R SERVICES-SALARY & FRI	485,377					485,377	112,391
023 I&R SERVICES-OTHER PRGM C	2,161,487	218,503				2,379,990	551,096
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	26,429,345	1,719,359	509,691	2,824,841		31,483,236	7,290,069
026 INTENSIVE CARE UNIT	3,763,115	147,865	54,427	384,251		4,349,658	1,007,181
027 01 NICU	1,636,083	30,660	124,416	172,575		1,963,734	454,710
031 SUBPROVIDER I	3,035,381	229,612	34,432	333,814		3,633,239	841,291
031 01 SUBPROVIDER PSYCHIATRIC	2,685,774	248,549	18,185	305,595		3,258,103	754,427
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	12,614,973	615,743	1,966,545	899,284		16,096,545	3,727,219
042 RADIOLOGY-DIAGNOSTIC	8,011,263	330,610	1,647,711	625,344		10,614,928	2,457,929
042 RADIOLOGY-THERAPEUTIC	4,679,374	16,069	844,643	296,110		5,836,196	1,351,395
044 LABORATORY	8,891,062	209,322	3,965	9,104,349		9,104,349	2,108,148
047 BLOOD STORING, PROCESSING	3,235,096	4,233	4,107			3,243,436	751,031
049 RESPIRATORY THERAPY	2,972,780	74,909	126,883	294,937		3,469,509	803,379
050 PHYSICAL THERAPY	9,445,510	445,472	96,099	975,678		10,962,759	2,538,471
053 ELECTROCARDIOLOGY	3,602,314	30,059	268,846	387,513		4,288,732	993,073
053 01 CARDIAC CATH LAB	4,470,590	136,893	1,287,683	314,505		6,209,671	1,437,874
054 ELECTROENCEPHALOGRAPHY	859,006	65,503	169,741	101,278		1,195,528	276,829
055 MEDICAL SUPPLIES CHARGED	41,821,666	9,894				41,831,560	9,686,282
056 DRUGS CHARGED TO PATIENTS	11,135,014					11,135,014	2,578,357
057 RENAL DIALYSIS	4,152,592	1,778	76,950	219,775		4,451,095	1,030,669
060 01 FIRST MED							
060 02 OP INSTITUTES	1,075,036		19,727	105,309		1,200,072	277,881
060 03 MARC	635,593					635,593	147,174
060 04 BARIATRIC CLINIC	628,611		9,365	49,604		687,580	159,212
060 05 PAIN MANAGEMENT	261,132		15,587	39,784		316,503	73,288
061 EMERGENCY	5,991,604	222,310	260,881	569,664		7,044,459	1,631,173
062 OBSERVATION BEDS (NON-DIS)							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES	4,312,795	24,197				4,336,992	1,004,248
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	290,617,989	7,768,274	14,221,281	11,329,963	24,227,221	284,647,017	53,074,797
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		3,219	468			3,687	854
096 01 AUXILIARY	29,414	66,981	7,041	490		103,926	24,064
096 02 FIRST MED CLINICS							
096 03 EAP							
097 RESEARCH	295,299		3,605	15,460		314,364	72,792
098 01 NON REIMBURSEABLE COST	645,046	130,718	74,674	58,772		909,210	210,531
098 02 FOUNDATION	87	5,335	5,615			11,037	2,556
098 03 OP REHAB - DEWITT	573,092		4,603	66,231		643,926	149,104
098 04 OUTREACH PROGRAMS	2,378,114	10,032	1,995	1,227		2,391,368	553,731
098 05 PHASE III REHAB	304,206	31,023	1,236	19,173		355,638	82,349
098 06 AFFILIATES					5,463,074	5,463,074	1,264,997
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	294,843,247	8,015,582	14,320,518	11,491,316	29,690,295	294,843,247	55,435,775

COST CENTER DESCRIPTION	MAINTENANCE & MOB I REPAIRS	MOB II	BETT MED PARK NW CLINICS	CPMP I	CPMP II		
	7	7.01	7.02	7.03	7.04	7.05	7.06
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 A&G SHARED							
006 02 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS	11,490,746	638,599	702,876	660,372	359,026	681,953	890,267
007 01 MOB I							
007 02 MOB II							
007 03 BETT MED PARK							
007 04 NW CLINICS							
007 05 CPMP I							
007 06 CPMP II							
007 07 BETT PLAZA							
007 08 HEART INSTITUTE							
007 09 53RD STREET							
007 10 ELDRI DGE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	66,280						
010 HOUSEKEEPING	127,383	13,158	3,548	748		651	
011 DIETARY	335,361					17,329	
012 CAFETERIA	180,441						
012 01 EMPLOYEE CAFETERIA							
014 NURSING ADMINISTRATION	69,755		1,379			1,912	
015 CENTRAL SERVICES & SUPPLY	470,424						
016 PHARMACY	234,641						
017 MEDICAL RECORDS & LIBRARY	177,840						
018 SOCIAL SERVICE	69,658	3,985					4,598
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	424,026						
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	3,336,576		1,379				
026 INTENSIVE CARE UNIT	286,945						
027 01 NICU	59,499						
031 SUBPROVIDER I	445,584						
031 01 SUBPROVIDER PSYCHIATRIC	482,334						
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	1,194,909					224,596	
042 RADIOLOGY-DIAGNOSTIC	641,580						
042 RADIOLOGY-THERAPEUTIC	31,183	56,503	892			163,062	24,245
044 LABORATORY	406,210						
047 BLOOD STORING, PROCESSING	8,215						
049 RESPIRATORY THERAPY	145,368						
050 PHYSICAL THERAPY	864,482	2,163					
053 ELECTROCARDIOLOGY	58,332						
053 01 CARDIAC CATH LAB	265,654						
054 ELECTROENCEPHALOGRAPHY	127,115						
055 MEDICAL SUPPLIES CHARGED	19,201						
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	3,451	117,593					
060 01 OUTPAT SERVICE COST CNTRS							
060 02 FIRST MED						1,872	31,256
060 03 OP INSTITUTES							
060 04 MARC							
060 05 BARIATRIC CLINIC							
060 06 PAIN MANAGEMENT							
061 EMERGENCY	431,415						
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES	46,957						
095 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	11,010,819	193,402	7,198	748		409,422	60,099
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	6,246						
096 02 AUXILIARY	129,983						
096 03 FIRST MED CLINICS				97,402	142,136		
096 04 EAP							
097 RESEARCH							
098 01 NON REIMBURSEABLE COST	253,672	445,197	695,678	562,222	216,890	272,531	830,168
098 02 FOUNDATION	10,354						
098 03 OP REHAB - DEWITT							
098 04 OUTREACH PROGRAMS	19,468						
098 05 PHASE III REHAB	60,204						
098 06 AFFILIATES							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	11,490,746	638,599	702,876	660,372	359,026	681,953	890,267

COST CENTER DESCRIPTION	BETT PLAZA 7.07	HEART INSTITUTE 7.08	53RD STREET 7.09	ELDRIDGE 7.10	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 A&G SHARED							
006 02 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
007 01 MOB I							
007 02 MOB II							
007 03 BETT MED PARK							
007 04 NW CLINICS							
007 05 CPMP I							
007 06 CPMP II							
007 07 BETT PLAZA	947,582						
007 08 HEART INSTITUTE		1,814,319					
007 09 53RD STREET			319,592				
007 10 ELDRIDGE				124,045			
008 OPERATION OF PLANT					2,877,209		
009 LAUNDRY & LINEN SERVICE					16,596	1,995,926	
010 HOUSEKEEPING					31,896		5,190,095
011 DIETARY					83,972		154,071
012 CAFETERIA					45,181		82,898
012 01 EMPLOYEE CAFETERIA							
014 NURSING ADMINISTRATION					17,466		32,047
015 CENTRAL SERVICES & SUPPLY					117,791		216,122
016 PHARMACY					58,753		107,799
017 MEDICAL RECORDS & LIBRARY	35,503				44,530		81,703
018 SOCIAL SERVICE					17,442		32,002
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C					106,173	122	194,806
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS					835,457	995,239	1,532,884
026 ADULTS & PEDIATRICS					71,849	63,899	131,828
027 INTENSIVE CARE UNIT					14,898	9,146	27,335
031 01 SUBPROVIDER I					111,571	127,446	204,710
031 01 SUBPROVIDER II PSYCHIATRIC					120,773	25,946	221,593
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM					299,198	165,077	548,964
042 RADIOLOGY-DIAGNOSTIC	19,603				160,648	184,414	294,754
044 RADIOLOGY-THERAPEUTIC					7,808	36,272	14,326
047 LABORATORY					101,712		186,621
049 BLOOD STORING, PROCESSING					2,057		3,774
050 RESPIRATORY THERAPY					36,399		66,785
053 PHYSICAL THERAPY	177,949				216,461	6,964	397,159
053 01 ELECTROCARDIOLOGY		753,589			14,606	45,591	26,799
054 01 CARDIAC CATH LAB					66,518	41,705	122,047
055 01 ELECTROENCEPHALOGRAPHY					31,829		58,399
056 01 MEDICAL SUPPLIES CHARGED					4,808		8,821
057 01 DRUGS CHARGED TO PATIENTS							
060 01 RENAL DIALYSIS					864	2,960	1,586
060 02 OUTPAT SERVICE COST CNTRS							
060 02 FIRST MED							
060 02 OP INSTITUTE	51,570					6,638	
060 03 MARC							
060 04 BARIATRIC CLINIC							
060 05 PAIN MANAGEMENT	104,782					1,704	
061 EMERGENCY					108,023	275,486	198,200
062 OBSERVATION BEDS (NON-DIS)							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES					11,758	3,752	21,573
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	389,407	753,589			2,757,037	1,992,361	4,969,606
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP					1,564		2,870
096 02 AUXILIARY					32,547		59,717
096 02 FIRST MED CLINICS							
096 03 EAP							
097 RESEARCH							
098 01 NON REIMBURSEABLE COST	558,175	1,060,730	319,592	124,045	63,518	3,565	116,542
098 02 FOUNDATION					2,593		4,757
098 03 OP REHAB - DEWITT							
098 04 OUTREACH PROGRAMS					4,875		8,944
098 05 PHASE III REHAB					15,075		27,659
098 06 AFFILIATES							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	947,582	1,814,319	319,592	124,045	2,877,209	1,995,926	5,190,095

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	EMPLOYEE CATERIA	CAFE NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	11	12	12.01	14	15	16	17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 A&G SHARED							
006 02 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
007 01 MOB I							
007 02 MOB II							
007 03 BETT MED PARK							
007 04 NW CLINICS							
007 05 CPMP I							
007 06 CPMP II							
007 07 BETT PLAZA							
007 08 HEART INSTITUTE							
007 09 53RD STREET							
007 10 ELDRI DGE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	4,483,034						
012 CAFETERIA	3,349,179	3,772,211					
012 01 EMPLOYEE CAFETERIA		3,240,520	3,240,520				
014 NURSING ADMINISTRATION			65,740	3,711,609			
015 CENTRAL SERVICES & SUPPLY			98,938		4,221,939		
016 PHARMACY			118,051		20,157	7,044,515	
017 MEDICAL RECORDS & LIBRARY							454,533
018 SOCIAL SERVICE			54,687		329		
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	850,181		1,004,719	1,891,555	194,362	1,766	47,389
026 INTENSIVE CARE UNIT	29,859		119,345	234,770	52,408	47	8,519
027 01 NICU			52,460	99,615	7,215		2,942
031 SUBPROVIDER I	132,504		127,449	247,436	21,687		6,010
031 01 SUBPROVIDER II PSYCHIATRIC	121,311		92,892	162,419	3,006		4,548
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			262,449	435,831	1,709,229	86,934	76,198
041 RADIOLOGY-DIAGNOSTIC			196,858	23,860	136,403	75,739	48,444
042 RADIOLOGY-THERAPEUTIC			79,995	28,406	16,359	1,094	11,978
044 LABORATORY					805		28,318
047 BLOOD STORING, PROCESSING					11		4,051
049 RESPIRATORY THERAPY			99,617		30,788	1,516	15,052
050 PHYSICAL THERAPY			285,571	8,784	12,548	1,824	14,763
053 ELECTROCARDIOLOGY			103,753	61,847	8,521	9	9,516
053 01 CARDIAC CATH LAB			76,940	73,050	1,857,863	44,085	90,966
054 ELECTROENCEPHALOGRAPHY			32,859	4	5,051	10	3,329
055 MEDICAL SUPPLIES CHARGED					19,085		
056 DRUGS CHARGED TO PATIENTS						6,699,856	43,458
057 RENAL DIALYSIS			79,634	77,729	55,142	15,702	4,281
060 01 OUTPAT SERVICE COST CNTRS							
060 02 FIRST MED							
060 02 OP INSTITUTES			32,308	28,711	6,984		263
060 03 MARC					1,436		
060 04 BARIATRIC CLINIC			15,358	9,617	4,149	18,210	252
060 05 PAIN MANAGEMENT			12,643	11,994		97,704	912
061 EMERGENCY			187,970	298,173	57,263	19	29,539
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES							3,725
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	4,483,034	3,240,520	3,200,236	3,693,801	4,220,801	7,044,515	454,453
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							
096 01 AUXILIARY			339		142		
096 02 FIRST MED CLINICS							
096 03 EAP							
097 RESEARCH			5,155		55		
098 01 NON REIMBURSEABLE COST		531,691	10,543	9,105	672		
098 02 FOUNDATION					1		
098 03 OP REHAB - DEWITT			18,286		12		
098 04 OUTREACH PROGRAMS			403	4			
098 05 PHASE III REHAB			5,558	8,699	256		80
098 06 AFFILIATES							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	4,483,034	3,772,211	3,240,520	3,711,609	4,221,939	7,044,515	454,533

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	18	22	23	24	25	26	27
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 A&G SHARED							
006 02 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
007 01 MOB I							
007 02 MOB II							
007 03 BETT MED PARK							
007 04 NW CLINICS							
007 05 CPMP I							
007 06 CPMP II							
007 07 BETT PLAZA							
007 08 HEART INSTITUTE							
007 09 53RD STREET							
007 10 ELDRI DGE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
012 01 EMPLOYEE CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE	2,308,880						
022 I&R SERVICES-SALARY & FRI		597,768					
023 I&R SERVICES-OTHER PRGM C			3,656,213				
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,436,981	452,129	2,765,419		54,119,341	-3,217,548	50,901,793
026 INTENSIVE CARE UNIT	55,241	25,874	158,257		6,595,680	-184,131	6,411,549
027 01 NICU	39,408	28,461	174,083		2,933,506	-202,544	2,730,962
031 SUBPROVIDER I	211,817				6,110,744		6,110,744
031 01 SUBPROVIDER I PSYCHIATRIC	119,279				5,366,631		5,366,631
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	142,854	16,406	100,349		25,086,758	-116,755	24,970,003
041 RADIOLOGY-DIAGNOSTIC		32,480	198,660		15,086,300	-231,140	14,855,160
042 RADIOLOGY-THERAPEUTIC	47,149				7,706,863		7,706,863
044 LABORATORY		1,588	9,711		11,947,462	-11,299	11,936,163
047 BLOOD STORING, PROCESSING					4,012,575		4,012,575
049 RESPIRATORY THERAPY					4,668,413		4,668,413
050 PHYSICAL THERAPY					15,489,898		15,489,898
053 ELECTROCARDIOLOGY	2,111				6,366,479		6,366,479
053 01 CARDIAC CATH LAB					10,286,373		10,286,373
054 ELECTROENCEPHALOGRAPHY					1,730,953		1,730,953
055 MEDICAL SUPPLIES CHARGED					51,569,757		51,569,757
056 DRUGS CHARGED TO PATIENTS					20,456,685		20,456,685
057 RENAL DIALYSIS	214,984				6,055,690	-1,413,628	4,642,062
060 01 OUTPAT SERVICE COST CNTRS							
060 01 FIRST MED							
060 02 OP INSTITUTES	704				1,638,259		1,638,259
060 03 MARC					784,203		784,203
060 04 BARIATRIC CLINIC					894,378		894,378
060 05 PAIN MANAGEMENT	26,389				645,919		645,919
061 EMERGENCY	9,852	40,830	249,734		10,562,136	-290,564	10,271,572
062 OBSERVATION BEDS (NON-DIS)							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES	2,111				5,431,116		5,431,116
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,308,880	597,768	3,656,213		275,546,119	-5,667,609	269,878,510
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					15,221		15,221
096 01 AUXILIARY					350,718		350,718
096 02 FIRST MED CLINICS					239,538		239,538
096 03 EAP							
097 RESEARCH					392,366		392,366
098 01 NON REIMBURSEABLE COST					7,194,277		7,194,277
098 02 FOUNDATION					31,298		31,298
098 03 OP REHAB - DEWITT					811,328		811,328
098 04 OUTREACH PROGRAMS					2,978,793		2,978,793
098 05 PHASE III REHAB					555,518		555,518
098 06 AFFILIATES					6,728,071		6,728,071
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,308,880	597,768	3,656,213		294,843,247	-5,667,609	289,175,638

ALLOCATION OF NEW CAPITAL RELATED COSTS

16-0033

FROM 7/ 1/2008

WORKSHEET B

TO 6/30/2009

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 BENE A&G SHARED FITS	OTHER ADMINI S TRATIVE AND	
	0	3	4	4a	5	6.01	6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		36,096	28,125	64,221	64,221		
006 01 A&G SHARED	196,734	902,429	2,835,325	3,934,488	822	3,935,310	
006 02 OTHER ADMINISTRATIVE AND	3,349	167,766	391,224	562,339	335	3,211,189	3,773,863
007 MAINTENANCE & REPAIRS	24,644	988,047	2,231,633	3,244,324	2,411		147,073
007 01 MOB I	382,630			382,630			8,174
007 02 MOB II	491,329			491,329			8,996
007 03 BETT MED PARK	418,019			418,019			8,452
007 04 NW CLINICS	254,994			254,994			4,595
007 05 CPMP I	365,559			365,559			8,729
007 06 CPMP II	523,204			523,204			11,395
007 07 BETT PLAZA	581,135			581,135			12,128
007 08 HEART INSTITUTE	1,244,301			1,244,301			23,222
007 09 53RD STREET	228,988			228,988			4,091
007 10 ELDRIDGE	72,983			72,983			1,588
008 OPERATION OF PLANT							36,826
009 LAUNDRY & LINEN SERVICE	31,488	34,154	311,995	377,637	112		24,486
010 HOUSEKEEPING	4,822	65,641	2,412	72,875	2,042		64,159
011 DIETARY	3,113	172,813	83,950	259,876	1,900		49,819
012 CAFETERIA		92,982		92,982			1,466
012 01 EMPLOYEE CAFETERIA							
014 NURSING ADMINISTRATION	18,290	35,945	373,870	428,105	1,376		45,096
015 CENTRAL SERVICES & SUPPLY	253,587	242,412	97,445	593,444	974		42,476
016 PHARMACY	15,953	120,912	323,648	460,513	2,690		83,261
017 MEDICAL RECORDS & LIBRARY		91,642	1,701	93,343			1,471
018 SOCIAL SERVICE	4,294	35,895	69	40,258	913		27,214
022 I&R SERVICES-SALARY & FRI							7,651
023 I&R SERVICES-OTHER PRGM C		218,503		218,503			37,516
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	58,142	1,719,359	509,691	2,287,192	15,809		496,270
026 INTENSIVE CARE UNIT	8,497	147,865	54,427	210,789	2,146		68,564
027 01 NICU	248	30,660	124,416	155,324	964		30,954
031 SUBPROVIDER I	9,413	229,612	34,432	273,457	1,865		57,271
031 01 SUBPROVIDER II PSYCHIATRIC	5,085	248,549	18,185	271,819	1,707		51,357
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	151,877	615,743	1,966,545	2,734,165	5,024		253,730
041 RADIOLOGY-DIAGNOSTIC	20,250	330,610	1,647,711	1,998,571	3,493		167,323
042 RADIOLOGY-THERAPEUTIC	523,091	16,069	844,643	1,383,803	1,654		91,996
044 LABORATORY	169	209,322	3,965	213,456			143,512
047 BLOOD STORING, PROCESSING		4,233	4,107	8,340			51,126
049 RESPIRATORY THERAPY	79,384	74,909	126,883	281,176	1,648		54,690
050 PHYSICAL THERAPY	495,519	445,472	96,099	1,037,090	5,450		172,806
053 ELECTROCARDIOLOGY	38,008	30,059	268,846	336,913	2,165		67,603
053 01 CARDIAC CATH LAB	37,794	136,893	1,287,683	1,462,370	1,757		97,883
054 ELECTROENCEPHALOGRAPHY	7,415	65,503	169,741	242,659	566		18,845
055 MEDICAL SUPPLIES CHARGED		9,894		9,894			659,474
056 DRUGS CHARGED TO PATIENTS							175,521
057 RENAL DIALYSIS	13,843	1,778	76,950	92,571	1,228		70,163
060 01 OUTPAT SERVICE COST CNTRS							
060 02 FIRST MED CLINICS	4,901		19,727	24,628	588		18,917
060 03 MARC							10,019
060 04 BARIATRIC CLINIC	4,129		9,365	13,494	277		10,838
060 05 PAIN MANAGEMENT	2,114		15,587	17,701	222		4,989
061 EMERGENCY	12,499	222,310	260,881	495,690	3,182		111,042
062 OBSERVATION BEDS (NON-DIS)							
065 OTHER REIMBURS COST CNTRS		24,197		24,197			68,364
071 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	6,591,794	7,768,274	14,221,281	28,581,349	63,320	3,211,189	3,613,141
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		3,219	468	3,687			58
096 01 AUXILIARY	1,904	66,981	7,041	75,926	3		1,638
096 02 FIRST MED CLINICS							
096 03 EAP							
097 RESEARCH	2,462		3,605	6,067	86		4,955
098 01 NON REIMBURSEABLE COST	3,495	130,718	74,674	208,887	328		14,332
098 02 FOUNDATION		5,335	5,615	10,950			174
098 03 OP REHAB - DEWITT	169		4,603	4,772	370		10,150
098 04 OUTREACH PROGRAMS	1,208	10,032	1,995	13,235	7		37,695
098 05 PHASE III REHAB	125,151	31,023	1,236	157,410	107		5,606
098 06 AFFILIATES						724,121	86,114
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	6,726,183	8,015,582	14,320,518	29,062,283	64,221	3,935,310	3,773,863

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MAINTENANCE & MOB I REPAIRS	MOB I I	BETT MED PARK NW CLINICS	CPMP I	CPMP II		
	7	7.01	7.02	7.03	7.04	7.05	7.06
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 A&G SHARED							
006 02 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS	3,393,808						
007 01 MOB I		390,804					
007 02 MOB I I			500,325				
007 03 BETT MED PARK				426,471			
007 04 NW CLINICS					259,589		
007 05 CPMP I						374,288	
007 06 CPMP II							534,599
007 07 BETT PLAZA							
007 08 HEART INSTITUTE							
007 09 53RD STREET							
007 10 ELDRI DGE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	19,576						
010 HOUSEKEEPING	37,623	8,052	2,526	483		357	
011 DIETARY	99,049					9,511	
012 CAFETERIA	53,293						
012 01 EMPLOYEE CAFETERIA							
014 NURSING ADMINISTRATION	20,602		981			1,049	
015 CENTRAL SERVICES & SUPPLY	138,940						
016 PHARMACY	69,302						
017 MEDICAL RECORDS & LIBRARY	52,525						
018 SOCIAL SERVICE	20,574	2,439					2,761
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	125,237						
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	985,462		981				
026 INTENSIVE CARE UNIT	84,750						
027 01 NICU	17,573						
031 SUBPROVIDER I	131,604						
031 01 SUBPROVIDER II PSYCHIATRIC	142,458						
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	352,918					123,269	
042 RADIOLOGY-DIAGNOSTIC	189,492						
042 RADIOLOGY-THERAPEUTIC	9,210	34,578	635			89,496	14,559
044 LABORATORY	119,975						
047 BLOOD STORING, PROCESSING	2,426						
049 RESPIRATORY THERAPY	42,935						
050 PHYSICAL THERAPY	255,326	1,324					
053 ELECTROCARDIOLOGY	17,228						
053 01 CARDIAC CATH LAB	78,461						
054 ELECTROENCEPHALOGRAPHY	37,544						
055 MEDICAL SUPPLIES CHARGED	5,671						
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	1,019	71,964					
060 01 OUTPAT SERVICE COST CNTRS							
060 02 FIRST MED						1,028	18,769
060 03 OP INSTITUTES							
060 04 MARC							
060 05 BARIATRIC CLINIC							
060 06 PAIN MANAGEMENT							
061 EMERGENCY	127,419						
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES	13,869						
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	3,252,061	118,357	5,123	483		224,710	36,089
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	1,845						
096 01 AUXILIARY	38,391						
096 02 FIRST MED CLINICS				62,903	102,769		
096 03 EAP							
097 RESEARCH							
098 01 NON REIMBURSEABLE COST	74,922	272,447	495,202	363,085	156,820	149,578	498,510
098 02 FOUNDATION	3,058						
098 03 OP REHAB - DEWITT							
098 04 OUTREACH PROGRAMS	5,750						
098 05 PHASE III REHAB	17,781						
098 06 AFFILIATES							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	3,393,808	390,804	500,325	426,471	259,589	374,288	534,599

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 16-0033
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/20/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	BETT PLAZA 7.07	HEART INSTITUTE 7.08	53RD STREET 7.09	ELDRIDGE 7.10	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 A&G SHARED							
006 02 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
007 01 MOB I							
007 02 MOB II							
007 03 BETT MED PARK							
007 04 NW CLINICS							
007 05 CPMP I							
007 06 CPMP II							
007 07 BETT PLAZA	593,263						
007 08 HEART INSTITUTE		1,267,523					
007 09 53RD STREET			233,079				
007 10 ELDRIDGE				74,571			
008 OPERATION OF PLANT					36,826		
009 LAUNDRY & LINEN SERVICE					212	422,023	
010 HOUSEKEEPING					408		188,525
011 DIETARY					1,075		5,596
012 CAFETERIA					578		3,011
012 01 EMPLOYEE CAFETERIA							
014 NURSING ADMINISTRATION					224		1,164
015 CENTRAL SERVICES & SUPPLY					1,508		7,850
016 PHARMACY					752		3,916
017 MEDICAL RECORDS & LIBRARY	22,228				570		2,968
018 SOCIAL SERVICE					223		1,162
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C					1,359	26	7,076
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS					10,692	210,436	55,682
026 INTENSIVE CARE UNIT					920	13,511	4,789
027 01 NICU					191	1,934	993
031 SUBPROVIDER I					1,428	26,947	7,436
031 01 SUBPROVIDER II PSYCHIATRIC					1,546	5,486	8,049
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM					3,830	34,904	19,941
042 RADIOLOGY-DIAGNOSTIC	12,273				2,056	38,993	10,707
044 RADIOLOGY-THERAPEUTIC					100	7,670	520
047 LABORATORY					1,302		6,779
049 BLOOD STORING, PROCESSING					26		137
050 RESPIRATORY THERAPY					466		2,426
053 PHYSICAL THERAPY	111,411				2,771	1,472	14,426
053 01 ELECTROCARDIOLOGY		526,473			187	9,640	973
054 CARDIAC CATH LAB					851	8,818	4,433
055 ELECTROENCEPHALOGRAPHY					407		2,121
056 MEDICAL SUPPLIES CHARGED					62		320
057 DRUGS CHARGED TO PATIENTS							
060 01 RENAL DIALYSIS					11	626	58
060 02 OUTPAT SERVICE COST CNTRS							
060 01 FIRST MED							
060 02 OP INSTITUTES	32,287					1,404	
060 03 MARC							
060 04 BARIATRIC CLINIC							
060 05 PAIN MANAGEMENT	65,602					360	
061 EMERGENCY					1,383	58,249	7,199
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES					150	793	784
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	243,801	526,473			35,288	421,269	180,516
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP					20		104
096 02 AUXILIARY					417		2,169
096 03 FIRST MED CLINICS							
096 04 EAP							
097 RESEARCH							
098 01 NON REIMBURSEABLE COST	349,462	741,050	233,079	74,571	813	754	4,233
098 02 FOUNDATION					33		173
098 03 OP REHAB - DEWITT							
098 04 OUTREACH PROGRAMS					62		325
098 05 PHASE III REHAB					193		1,005
098 06 AFFILIATES							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	593,263	1,267,523	233,079	74,571	36,826	422,023	188,525

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 16-0033
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/20/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	11	12	12.01	14	15	16	17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 A&G SHARED							
006 02 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
007 01 MOB I							
007 02 MOB II							
007 03 BETT MED PARK							
007 04 NW CLINICS							
007 05 CPMP I							
007 06 CPMP II							
007 07 BETT PLAZA							
007 08 HEART INSTITUTE							
007 09 53RD STREET							
007 10 ELDRI DGE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	426,826						
012 CAFETERIA	318,872	470,202					
012 01 EMPLOYEE CAFETERIA		403,927	403,927				
014 NURSING ADMINISTRATION			8,194	506,791			
015 CENTRAL SERVICES & SUPPLY			12,333		797,525		
016 PHARMACY			14,715		3,808	638,957	
017 MEDICAL RECORDS & LIBRARY							173,105
018 SOCIAL SERVICE			6,817		62		
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	80,945		125,239	258,277	36,716	160	18,073
026 INTENSIVE CARE UNIT	2,843		14,876	32,056	9,900	4	3,249
027 01 NICU			6,539	13,602	1,363		1,122
031 SUBPROVIDER I	12,616		15,886	33,785	4,097		2,292
031 01 SUBPROVIDER II PSYCHIATRIC	11,550		11,579	22,177	568		1,734
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			32,714	59,509	322,878	7,885	29,060
041 RADIOLOGY-DIAGNOSTIC			24,538	3,258	25,767	6,870	18,475
042 RADIOLOGY-THERAPEUTIC			9,971	3,879	3,090	99	4,568
044 LABORATORY					152		10,800
047 BLOOD STORING, PROCESSING					2		1,545
049 RESPIRATORY THERAPY			12,417		5,816	137	5,740
050 PHYSICAL THERAPY			35,596	1,199	2,370	165	5,630
053 ELECTROCARDIOLOGY			12,933	8,445	1,610	1	3,629
053 01 CARDIAC CATH LAB			9,590	9,974	350,946	3,999	34,453
054 ELECTROENCEPHALOGRAPHY			4,096	1	954	1	1,270
055 MEDICAL SUPPLIES CHARGED					3,605		
056 DRUGS CHARGED TO PATIENTS						607,696	16,574
057 RENAL DIALYSIS			9,926	10,613	10,416	1,424	1,632
060 01 OUTPAT SERVICE COST CNTRS							
060 02 FIRST MED			4,027	3,920	1,319		100
060 03 OP INSTITUTES					271		
060 04 MARC							
060 04 BARIATRIC CLINIC			1,914	1,313	784	1,652	96
060 05 PAIN MANAGEMENT			1,576	1,638		8,862	348
061 EMERGENCY			23,430	40,713	10,817	2	11,265
062 OBSERVATION BEDS (NON-DIS)							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES							1,420
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	426,826	403,927	398,906	504,359	797,311	638,957	173,075
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 AUXILIARY			42		27		
096 02 FIRST MED CLINICS							
096 03 EAP							
097 RESEARCH			643		10		
098 01 NON REIMBURSEABLE COST		66,275	1,314	1,243	127		
098 02 FOUNDATION							
098 03 OP REHAB - DEWITT			2,279		2		
098 04 OUTREACH PROGRAMS			50	1			
098 05 PHASE III REHAB			693	1,188	48		30
098 06 AFFILIATES							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	426,826	470,202	403,927	506,791	797,525	638,957	173,105

	SOCIAL SERVICE	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	18	22	23	24	25	26	27
003	GENERAL SERVICE COST CNTR						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
006 01	A&G SHARED						
006 02	OTHER ADMINISTRATIVE AND						
007	MAINTENANCE & REPAIRS						
007 01	MOB I						
007 02	MOB II						
007 03	BETT MED PARK						
007 04	NW CLINICS						
007 05	CPMP I						
007 06	CPMP II						
007 07	BETT PLAZA						
007 08	HEART INSTITUTE						
007 09	53RD STREET						
007 10	ELDRIDGE						
008	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING						
011	DIETARY						
012	CAFETERIA						
012 01	EMPLOYEE CAFETERIA						
014	NURSING ADMINISTRATION						
015	CENTRAL SERVICES & SUPPLY						
016	PHARMACY						
017	MEDICAL RECORDS & LIBRARY						
018	SOCIAL SERVICE	102,423					
022	I&R SERVICES-SALARY & FRI		7,651				
023	I&R SERVICES-OTHER PRGM C			389,717			
024	PARAMED ED PRGM-(SPECIFY)						
025	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS	63,744			4,645,678		4,645,678
026	INTENSIVE CARE UNIT	2,451			450,848		450,848
027 01	NICU	1,748			232,307		232,307
031	SUBPROVIDER I	9,396			578,080		578,080
031 01	SUBPROVIDER II PSYCHIATRIC	5,291			535,321		535,321
033	NURSERY						
034	SKILLED NURSING FACILITY						
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM	6,337			3,986,164		3,986,164
041	RADIOLOGY-DIAGNOSTIC				2,501,816		2,501,816
042	RADIOLOGY-THERAPEUTIC	2,092			1,657,920		1,657,920
044	LABORATORY				495,976		495,976
047	BLOOD STORING, PROCESSING				63,602		63,602
049	RESPIRATORY THERAPY				407,451		407,451
050	PHYSICAL THERAPY				1,647,036		1,647,036
053	ELECTROCARDIOLOGY	94			987,894		987,894
053 01	CARDIAC CATH LAB				2,063,535		2,063,535
054	ELECTROENCEPHALOGRAPHY				308,464		308,464
055	MEDICAL SUPPLIES CHARGED				679,026		679,026
056	DRUGS CHARGED TO PATIENTS				799,791		799,791
057	RENAL DIALYSIS	9,537			281,188		281,188
060 01	OUTPAT SERVICE COST CNTRS						
060 01	FIRST MED						
060 02	OP INSTITUTES	31			107,018		107,018
060 03	MARC				10,290		10,290
060 04	BARITRIC CLINIC				30,368		30,368
060 05	PAIN MANAGEMENT	1,171			102,469		102,469
061	EMERGENCY	437			890,828		890,828
062	OBSERVATION BEDS (NON-DIS						
065	OTHER REIMBURS COST CNTRS						
065	AMBULANCE SERVICES	94			109,671		109,671
071	HOME HEALTH AGENCY						
095	SPEC PURPOSE COST CENTERS						
095	SUBTOTALS	102,423			23,572,741		23,572,741
096	NONREIMBURS COST CENTERS						
096	GI FT, FLOWER, COFFEE SHOP				5,714		5,714
096 01	AUXILIARY				118,613		118,613
096 02	FIRST MED CLINICS				165,672		165,672
096 03	EAP						
097	RESEARCH				11,761		11,761
098 01	NON REIMBURSEABLE COST				3,707,032		3,707,032
098 02	FOUNDATION				14,388		14,388
098 03	OP REHAB - DEWITT				17,573		17,573
098 04	OUTREACH PROGRAMS				57,125		57,125
098 05	PHASE III REHAB				184,061		184,061
098 06	AFFILIATES				810,235		810,235
101	CROSS FOOT ADJUSTMENTS		7,651	389,717	397,368		397,368
102	NEGATIVE COST CENTER						
103	TOTAL	102,423	7,651	389,717	29,062,283		29,062,283

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:	PERIOD:	PREPARED
16-0033	FROM 7/ 1/2008	11/20/2009
	TO 6/30/2009	WORKSHEET B
		PART III

COST CENTER
DESCRIPTION

003 GENERAL SERVICE COST CNTR
 004 NEW CAP REL COSTS-BLDG &
 005 NEW CAP REL COSTS-MVBLE E
 006 EMPLOYEE BENEFITS
 006 01 A&G SHARED
 006 02 OTHER ADMINISTRATIVE AND
 007 MAINTENANCE & REPAIRS
 007 01 MOB I
 007 02 MOB II
 007 03 BETT MED PARK
 007 04 NW CLINICS
 007 05 CPMP I
 007 06 CPMP II
 007 07 BETT PLAZA
 007 08 HEART INSTITUTE
 007 09 53RD STREET
 007 10 ELDRI DGE
 008 OPERATION OF PLANT
 009 LAUNDRY & LINEN SERVICE
 010 HOUSEKEEPING
 011 DIETARY
 012 CAFETERIA
 012 01 EMPLOYEE CAFETERIA
 014 NURSING ADMINISTRATION
 015 CENTRAL SERVICES & SUPPLY
 016 PHARMACY
 017 MEDICAL RECORDS & LIBRARY
 018 SOCIAL SERVICE
 022 I&R SERVICES-SALARY & FRI
 023 I&R SERVICES-OTHER PRGM C
 024 PARAMED ED PRGM-(SPECIFY)
 INPAT ROUTINE SRVC CNTRS
 025 ADULTS & PEDIATRICS
 026 INTENSIVE CARE UNIT
 027 01 NICU
 031 SUBPROVIDER I
 031 01 SUBPROVIDER I PSYCHIATRIC
 033 NURSERY
 034 SKILLED NURSING FACILITY
 ANCILLARY SRVC COST CNTRS
 037 OPERATING ROOM
 041 RADIOLOGY-DIAGNOSTIC
 042 RADIOLOGY-THERAPEUTIC
 044 LABORATORY
 047 BLOOD STORING, PROCESSING
 049 RESPIRATORY THERAPY
 050 PHYSICAL THERAPY
 053 ELECTROCARDIOLOGY
 053 01 CARDIAC CATH LAB
 054 ELECTROENCEPHALOGRAPHY
 055 MEDICAL SUPPLIES CHARGED
 056 DRUGS CHARGED TO PATIENTS
 057 RENAL DIALYSIS
 OUTPAT SERVICE COST CNTRS
 060 01 FIRST MED
 060 02 OP INSTITUTES
 060 03 MARC
 060 04 BARIATRIC CLINIC
 060 05 PAIN MANAGEMENT
 061 EMERGENCY
 062 OBSERVATION BEDS (NON-DIS
 OTHER REIMBURS COST CNTRS
 065 AMBULANCE SERVICES
 071 HOME HEALTH AGENCY
 SPEC PURPOSE COST CENTERS
 095 SUBTOTALS
 NONREIMBURS COST CENTERS
 096 GIFT, FLOWER, COFFEE SHOP
 096 01 AUXILIARY
 096 02 FIRST MED CLINICS
 096 03 EAP
 097 RESEARCH
 098 01 NON REIMBURSEABLE COST
 098 02 FOUNDATION
 098 03 OP REHAB - DEWITT
 098 04 OUTREACH PROGRAMS
 098 05 PHASE III REHAB
 098 06 AFFILIATES
 101 CROSS FOOT ADJUSTMENTS
 102 NEGATIVE COST CENTER
 103 TOTAL

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-MVBLE & OSTS	EMPLOYEE BENEFITS	A&G SHARED	RECONCILIATION	OTHER ADMINISTRATIVE AND
	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	(TOTAL COST)		(ACCUM. COST)
	3	4	5	6.01	6a.02	6.02
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	639,991					
005 NEW CAP REL COSTS-MVB		15,149,284				
006 EMPLOYEE BENEFITS	2,882	29,753	91,312,360			
006 01 A&G SHARED	72,053	2,999,409	1,168,907	303,469,885		
006 02 OTHER ADMINISTRATIVE	13,395	413,865	476,330	247,630,786	-55,435,775	239,407,472
007 MAINTENANCE & REPAIRS	78,889	2,360,784	3,430,197			9,330,282
007 01 MOB I						518,531
007 02 MOB II						570,723
007 03 BETT MED PARK						536,210
007 04 NW CLINICS						291,523
007 05 CPMP I						553,734
007 06 CPMP II						722,881
007 07 BETT PLAZA						769,420
007 08 HEART INSTITUTE						1,473,195
007 09 53RD STREET						259,503
007 10 ELDRI DGE						100,722
008 OPERATION OF PLANT						2,336,243
009 LAUNDRY & LINEN SERVI	2,727	330,051	159,279			1,553,363
010 HOUSEKEEPING	5,241	2,552	2,904,390			4,070,232
011 DIETARY	13,798	88,808	2,702,587			3,160,479
012 CAFETERIA	7,424					92,982
012 01 EMPLOYEE CAFETERIA						
014 NURSING ADMINISTRATIO	2,870	395,507	1,957,024			2,860,865
015 CENTRAL SERVICES & SU	19,355	103,084	1,385,973			2,694,696
016 PHARMACY	9,654	342,379	3,826,881			5,282,037
017 MEDICAL RECORDS & LIB	7,317	1,799				93,343
018 SOCIAL SERVICE	2,866	73	1,298,551			1,726,420
022 I&R SERVICES-SALARY &						485,377
023 I&R SERVICES-OTHER PR	17,446					2,379,990
024 PARAMED ED PRGM-(SPEC						
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	137,279	539,188	22,446,641			31,483,236
026 INTENSIVE CARE UNIT	11,806	57,577	3,053,342			4,349,658
027 01 NICU	2,448	131,616	1,371,318			1,963,734
031 SUBPROVIDER I	18,333	36,425	2,652,561			3,633,239
031 01 SUBPROVIDER II PSYCHIATRI	19,845	19,237	2,428,324			3,258,103
033 NURSERY						
034 SKILLED NURSING FACIL						
034 ANCILLARY SRVC COST C						
037 OPERATING ROOM	49,163	2,080,355	7,145,908			16,096,545
041 RADIOLOGY-DIAGNOSTIC	26,397	1,743,069	4,969,121			10,614,928
042 RADIOLOGY-THERAPEUTIC	1,283	893,525	2,352,957			5,836,196
044 LABORATORY	16,713	4,194				9,104,349
047 BLOOD STORING, PROCES	338	4,345				3,243,436
049 RESPIRATORY THERAPY	5,981	134,226	2,343,631			3,469,509
050 PHYSICAL THERAPY	35,568	101,661	7,752,953			10,962,759
053 ELECTROCARDIOLOGY	2,400	284,405	3,079,263			4,288,732
053 01 CARDIAC CATH LAB	10,930	1,362,205	2,499,127			6,209,671
054 ELECTROENCEPHALOGRAPH	5,230	179,564	804,777			1,195,528
055 MEDICAL SUPPLIES CHAR	790					41,831,560
056 DRUGS CHARGED TO PATI						11,135,014
057 RENAL DIALYSIS	142	81,403	1,746,382			4,451,095
060 01 OUTPAT SERVICE COST C						
060 02 FIRST MED						
060 02 OP INSTITUTES		20,869	836,809			1,200,072
060 03 MARC						635,593
060 04 BARIATRIC CLINIC		9,907	394,167			687,580
060 05 PAIN MANAGEMENT		16,489	316,133			316,503
061 EMERGENCY	17,750	275,979	4,526,678			7,044,459
062 OBSERVATION BEDS (NON						
062 OTHER REIMBURS COST C						
065 AMBULANCE SERVICES	1,932					4,336,992
071 HOME HEALTH AGENCY						
071 SPEC PURPOSE COST CEN						
095 SUBTOTALS	620,245	15,044,303	90,030,211	247,630,786	-55,435,775	229,211,242
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	257	495				3,687
096 01 AUXILIARY	5,348	7,449	3,895			103,926
096 02 FIRST MED CLINICS						
096 03 EAP						
097 RESEARCH		3,814	122,847			314,364
098 01 NON REIMBURSEABLE COS	10,437	78,996	467,015			909,210
098 02 FOUNDATION	426	5,940				11,037
098 03 OP REHAB - DEWITT		4,869	526,289			643,926
098 04 OUTREACH PROGRAMS	801	2,110	9,750			2,391,368
098 05 PHASE III REHAB	2,477	1,308	152,353			355,638
098 06 AFFILIATES				55,839,099		5,463,074
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	8,015,582	14,320,518	11,491,316	29,690,295		55,435,775

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	A&G SHARED	OTHER ADMINIS	
	OSTS-BLDG &	OSTS-MVBLE E	FITS		TRATIVE AND	
	(SQUARE FEET	(DOLLAR VALUE	(GROSS SALARIES	(TOTAL COST	RECONCI L- IATION	(ACCUM. COST)
	3	4	5	6.01	6a.02	6.02
NONREIMBURS COST CENT (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	12.524523		.125846			
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		.945293		.097836		.231554
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)			64,221	3,935,310		3,773,863
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)			.000703		.012968	.015763

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MAINTENANCE & MOB I REPAIRS		MOB II	BETT MED PARK NW CLINICS		CPMP I	CPMP II
	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)
GENERAL SERVICE COST	7	7.01	7.02	7.03	7.04	7.05	7.06
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 A&G SHARED							
006 02 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS	472,772						
007 01 MOB I		39,263					
007 02 MOB II			34,664				
007 03 BETT MED PARK				22,943			
007 04 NW CLINICS					10,225		
007 05 CPMP I						51,357	
007 06 CPMP II							46,854
007 07 BETT PLAZA							
007 08 HEART INSTITUTE							
007 09 53RD STREET							
007 10 ELDRI DGE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI	2,727						
010 HOUSEKEEPING	5,241	809	175	26		49	
011 DIETARY	13,798					1,305	
012 CAFETERIA	7,424						
012 01 EMPLOYEE CAFETERIA							
014 NURSING ADMINISTRATIO	2,870		68			144	
015 CENTRAL SERVICES & SU	19,355						
016 PHARMACY	9,654						
017 MEDICAL RECORDS & LIB	7,317						
018 SOCIAL SERVICE	2,866	245					242
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR	17,446						
024 PARAMED ED PRGM-(SPEC							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	137,279		68				
026 INTENSIVE CARE UNIT	11,806						
027 01 NICU	2,448						
031 SUBPROVIDER I	18,333						
031 01 SUBPRO II PSYCHIATRI	19,845						
033 NURSERY							
034 SKILLED NURSING FACIL							
037 ANCILLARY SRVC COST C							
041 OPERATING ROOM	49,163					16,914	
042 RADIOLOGY-DIAGNOSTIC	26,397						
042 RADIOLOGY-THERAPEUTIC	1,283	3,474	44			12,280	1,276
044 LABORATORY	16,713						
047 BLOOD STORING, PROCES	338						
049 RESPIRATORY THERAPY	5,981						
050 PHYSICAL THERAPY	35,568	133					
053 ELECTROCARDIOLOGY	2,400						
053 01 CARDIAC CATH LAB	10,930						
054 ELECTROENCEPHALOGRAPH	5,230						
055 MEDICAL SUPPLIES CHAR	790						
056 DRUGS CHARGED TO PATI							
057 RENAL DIALYSIS	142	7,230					
060 01 OUTPAT SERVICE COST C							
060 02 FIRST MED							
060 03 OP INSTITUTES						141	1,645
060 04 MARC							
060 05 BARIATRIC CLINIC							
060 06 PAIN MANAGEMENT							
061 EMERGENCY	17,750						
062 OBSERVATION BEDS (NON							
065 OTHER REIMBURS COST C							
071 AMBULANCE SERVICES	1,932						
095 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CEN							
095 SUBTOTALS	453,026	11,891	355	26		30,833	3,163
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	257						
096 01 AUXILIARY	5,348						
096 02 FIRST MED CLINICS				3,384	4,048		
096 03 EAP							
097 RESEARCH							
098 01 NON REIMBURSEABLE COS	10,437	27,372	34,309	19,533	6,177	20,524	43,691
098 02 FOUNDATION	426						
098 03 OP REHAB - DEWITT							
098 04 OUTREACH PROGRAMS	801						
098 05 PHASE III REHAB	2,477						
098 06 AFFILIATES							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	11,490,746	638,599	702,876	660,372	359,026	681,953	890,267

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 16-0033
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/20/2009
 WORKSHEET B-1

	COST CENTER DESCRIPTION	MAINTENANCE & MOB I REPAIRS		MOB II	BETT MED PARK NW CLINICS		CPMP I	CPMP II
		(SQUARE FEET	(SQUARE)FEET	(SQUARE)FEET	(SQUARE)FEET	(SQUARE)FEET	(SQUARE)FEET	(SQUARE)FEET
	NONREIMBURS COST CENT (WRKSHT B, PART I)	7	7.01	7.02	7.03	7.04	7.05	7.06
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		16.264651		28.783158		13.278677	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	24.305048		20.276829		35.112567		19.000875
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	3,393,808	390,804	500,325	426,471	259,589	374,288	534,599
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	7.178530	9.953493	14.433562	18.588284	25.387677	7.287965	11.409890

COST CENTER DESCRIPTION	BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)
	7.07	7.08	7.09	7.10	8	9	10
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 A&G SHARED							
006 02 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
007 01 MOB I							
007 02 MOB II							
007 03 BETT MED PARK							
007 04 NW CLINICS							
007 05 CPMP I							
007 06 CPMP II							
007 07 BETT PLAZA	56,557						
007 08 HEART INSTITUTE		75,097					
007 09 53RD STREET			13,636				
007 10 ELDRIDGE				7,560			
008 OPERATION OF PLANT					472,772		
009 LAUNDRY & LINEN SERVICE					2,727	1,788,456	
010 HOUSEKEEPING					5,241		464,804
011 DIETARY					13,798		13,798
012 CAFETERIA					7,424		7,424
012 01 EMPLOYEE CAFETERIA							
014 NURSING ADMINISTRATION					2,870		2,870
015 CENTRAL SERVICES & SUPPLY					19,355		19,355
016 PHARMACY					9,654		9,654
017 MEDICAL RECORDS & LIBRARY	2,119				7,317		7,317
018 SOCIAL SERVICE					2,866		2,866
022 I&R SERVICES-SALARY & BENEFITS						109	17,446
023 I&R SERVICES-OTHER PERSONNEL					17,446		17,446
024 PARAMEDICAL PROGRAMS (SPECIALTY)							
025 ADULTS & PEDIATRICS					137,279	891,788	137,279
026 INTENSIVE CARE UNIT					11,806	57,257	11,806
027 01 NICU					2,448	8,195	2,448
031 SUBPROVIDER I					18,333	114,198	18,333
031 01 SUBPROVIDER II PSYCHIATRY					19,845	23,249	19,845
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 OPERATING ROOM					49,163	147,918	49,163
041 RADIOLOGY-DIAGNOSTIC	1,170				26,397	165,245	26,397
042 RADIOLOGY-THERAPEUTIC					1,283	32,502	1,283
044 LABORATORY					16,713		16,713
047 BLOOD STORAGE, PROCESSING					338		338
049 RESPIRATORY THERAPY					5,981		5,981
050 PHYSICAL THERAPY	10,621				35,568	6,240	35,568
053 ELECTROCARDIOLOGY		31,192			2,400	40,852	2,400
053 01 CARDIAC CATH LAB					10,930	37,370	10,930
054 ELECTROENCEPHALOGRAPHY					5,230		5,230
055 MEDICAL SUPPLIES CHARACTERIZED					790		790
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS					142	2,652	142
060 01 FIRST MEDICAL CENTER							
060 02 OPINSTITUTES	3,078					5,948	
060 03 MARC							
060 04 BARIATRIC CLINIC							
060 05 PAIN MANAGEMENT	6,254					1,527	
061 EMERGENCY					17,750	246,850	17,750
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
065 AMBULANCE SERVICES					1,932	3,362	1,932
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTER							
095 SUBTOTALS	23,242	31,192			453,026	1,785,262	445,058
096 NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE					257		257
096 01 AUXILIARY					5,348		5,348
096 02 FIRST MEDICAL CLINICS							
096 03 EAP							
097 RESEARCH							
098 01 NONREIMBURSEABLE COST CENTER	33,315	43,905	13,636	7,560	10,437	3,194	10,437
098 02 FOUNDATION					426		426
098 03 OP REHAB - DEWITT							
098 04 OUTREACH PROGRAMS					801		801
098 05 PHASE III REHAB					2,477		2,477
098 06 AFFILIATES							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	947,582	1,814,319	319,592	124,045	2,877,209	1,995,926	5,190,095

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 16-0033
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/20/2009
 WORKSHEET B-1

	COST CENTER DESCRIPTION	BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
		(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF) LAUNDRY	(SQUARE FEET)
	NONREIMBURS COST CENT (WRKSHT B, PART I)	7.07	7.08	7.09	7.10	8	9	10
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	16.754460	24.159673	23.437372	16.408069	6.085828	1.116005	11.166201
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)	593,263	1,267,523	233,079	74,571	36,826	422,023	188,525
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	10.489648	16.878477	17.092916	9.863889	.077894	.235971	.405601

COST CENTER DESCRIPTION	DIETARY (MEALS SERVED)	CAFETERIA (MEALS)	EMPLOYEE CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)
	11	12	12.01	14	15	16	17
003 GENERAL SERVICE COST							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
006 01 A&G SHARED							
006 02 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
007 01 MOB I							
007 02 MOB II							
007 03 BETT MED PARK							
007 04 NW CLINICS							
007 05 CPMP I							
007 06 CPMP II							
007 07 BETT PLAZA							
007 08 HEART INSTITUTE							
007 09 53RD STREET							
007 10 ELDRI DGE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	1,099,037						
012 CAFETERIA	821,067	821,067					
012 01 EMPLOYEE CAFETERIA		705,338	152,760				
014 NURSING ADMINISTRATION			3,099	1,841,026			
015 CENTRAL SERVICES & SU			4,664		51,587,400		
016 PHARMACY			5,565		246,291	13,491,121	
017 MEDICAL RECORDS & LIB							798,182,385
018 SOCIAL SERVICE			2,578		4,022		
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM-(SPEC							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	208,426		47,363	938,247	2,374,877	3,382	83,284,601
026 INTENSIVE CARE UNIT	7,320		5,626	116,450	640,362	90	14,971,471
027 01 NICU			2,473	49,411	88,160		5,170,234
031 SUBPROVIDER I	32,484		6,008	122,733	264,985		10,562,181
031 01 SUBPRO II PSYCHIATRI	29,740		4,379	80,563	36,732		7,992,787
033 NURSERY							
034 SKILLED NURSING FACIL							
037 ANCILLARY SRVC COST C							
041 OPERATING ROOM			12,372	216,180	20,884,752	166,489	133,915,791
042 RADIOLOGY-DIAGNOSTIC			9,280	11,835	1,666,681	145,049	85,139,321
044 RADIOLOGY-THERAPEUTIC			3,771	14,090	199,883	2,095	21,050,430
047 LABORATORY					9,834		49,768,214
049 BLOOD STORING, PROCES					137		7,119,945
050 RESPIRATORY THERAPY			4,696		376,193	2,903	26,453,607
053 PHYSICAL THERAPY			13,462	4,357	153,320	3,493	25,945,852
053 ELECTROCARDIOLOGY			4,891	30,677	104,116	17	16,723,607
053 01 CARDIAC CATH LAB			3,627	36,234	22,701,208	84,429	159,225,553
054 ELECTROENCEPHALOGRAPH			1,549	2	61,712	19	5,851,378
055 MEDICAL SUPPLIES CHAR					233,196		
056 DRUGS CHARGED TO PATI						12,831,057	76,376,364
057 RENAL DIALYSIS			3,754	38,555	673,764	30,072	7,522,940
060 01 OUTPAT SERVICE COST C							
060 02 FIRST MED							
060 02 OP INSTITUTES			1,523	14,241	85,336		462,597
060 03 MARC					17,541		
060 04 BARIATRIC CLINIC			724	4,770	50,697	34,874	442,773
060 05 PAIN MANAGEMENT			596	5,949		187,116	1,603,223
061 EMERGENCY			8,861	147,899	699,692	36	51,913,591
062 OBSERVATION BEDS (NON							
065 OTHER REIMBURS COST C							
071 AMBULANCE SERVICES							6,545,995
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CEN							
095 SUBTOTALS	1,099,037	705,338	150,861	1,832,193	51,573,491	13,491,121	798,042,455
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
096 01 AUXILIARY			16		1,739		
096 02 FIRST MED CLINICS							
096 03 EAP							
097 RESEARCH			243		673		
098 01 NON REIMBURSEABLE COS		115,729	497	4,516	8,212		
098 02 FOUNDATION					10		
098 03 OP REHAB - DEWITT			862		142		
098 04 OUTREACH PROGRAMS			19	2			
098 05 PHASE III REHAB			262	4,315	3,133		139,930
098 06 AFFILIATES							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	4,483,034	3,772,211	3,240,520	3,711,609	4,221,939	7,044,515	454,533

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	DIETARY (MEALS SERVED)	CAFETERIA (MEALS)	EMPLOYEE CAFE TERIA (FTE'S)	NURSING ADMIN ISTRATION (NURSING HOURS)	CENTRAL SERVI CES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECOR DS & LIBRARY (GROSS REVENUE)
	NONREIMBURS COST CENT (WRKSHT B, PART I)	11	12	12.01	14	15	16	17
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		4.594279		2.016055		.522159	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	4.079056		21.213145		.081841		.000569
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	426,826	470,202	403,927	506,791	797,525	638,957	173,105
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.388364	.572672	2.644194	.275276	.015460	.047361	.000217

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 16-0033
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/20/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE (TIME SPENT)	I&R SERVICES-SALARY & FRI (ASSIGNED TIME)	I&R SERVICES-OTHER PRGM C (ASSIGNED TIME)	PARAMED ED PRGM-(SPECIFY) (ASSIGNED TIME)
GENERAL SERVICE COST	18	22	23	24
003 NEW CAP REL COSTS-BLD				
004 NEW CAP REL COSTS-MVB				
005 EMPLOYEE BENEFITS				
006 01 A&G SHARED				
006 02 OTHER ADMINISTRATIVE				
007 MAINTENANCE & REPAIRS				
007 01 MOB I				
007 02 MOB II				
007 03 BETT MED PARK				
007 04 NW CLINICS				
007 05 CPMP I				
007 06 CPMP II				
007 07 BETT PLAZA				
007 08 HEART INSTITUTE				
007 09 53RD STREET				
007 10 ELDRI DGE				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
012 01 EMPLOYEE CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SU				
016 PHARMACY				
017 MEDICAL RECORDS & LIB				
018 SOCIAL SERVICE	6,562			
022 I&R SERVICES-SALARY &		30,496		
023 I&R SERVICES-OTHER PR			30,496	
024 PARAMED ED PRGM-(SPEC				3,113
INPAT ROUTINE SRVC CN				
025 ADULTS & PEDIATRICS	4,084	23,066	23,066	1,813
026 INTENSIVE CARE UNIT	157	1,320	1,320	413
027 01 NICU	112	1,452	1,452	9
031 SUBPROVIDER I	602			243
031 01 SUBPROVIDER II PSYCHIATRI	339			11
033 NURSERY				
034 SKILLED NURSING FACIL				
AUXILIARY SRVC COST C				
037 OPERATING ROOM	406	837	837	387
041 RADIOLOGY-DIAGNOSTIC		1,657	1,657	
042 RADIOLOGY-THERAPEUTIC	134			
044 LABORATORY		81	81	
047 BLOOD STORING, PROCES				
049 RESPIRATORY THERAPY				
050 PHYSICAL THERAPY				
053 ELECTROCARDIOLOGY	6			5
053 01 CARDIAC CATH LAB				25
054 ELECTROENCEPHALOGRAPH				
055 MEDICAL SUPPLIES CHAR				
056 DRUGS CHARGED TO PATI				
057 RENAL DIALYSIS	611			
OUTPAT SERVICE COST C				
060 01 FIRST MED				
060 02 OP INSTITUTES	2			
060 03 MARC				
060 04 BARIATRIC CLINIC				
060 05 PAIN MANAGEMENT	75			
061 EMERGENCY	28	2,083	2,083	207
062 OBSERVATION BEDS (NON				
OTHER REIMBURS COST C				
065 AMBULANCE SERVICES	6			
071 HOME HEALTH AGENCY				
SPEC PURPOSE COST CEN				
095 SUBTOTALS	6,562	30,496	30,496	3,113
NONREIMBURS COST CENT				
GIFT, FLOWER, COFFEE				
096 01 AUXILIARY				
096 02 FIRST MED CLINICS				
096 03 EAP				
097 RESEARCH				
098 01 NON REIMBURSEABLE COS				
098 02 FOUNDATION				
098 03 OP REHAB - DEWITT				
098 04 OUTREACH PROGRAMS				
098 05 PHASE III REHAB				
098 06 AFFILIATES				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED	2,308,880	597,768	3,656,213	

POST STEP DOWN ADJUSTMENTS

PROVIDER NO:
16-0033

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

PREPARED 11/20/2009
WORKSHEET B-2

	DESCRIPTION	WORKSHEET		AMOUNT
		PART	LINE NO.	
	1	2	3	4
1	ADJ FOR EPO COSTS IN RENAL DIA	1	57	
2	ADJ FOR EPO COSTS IN HOME PROG	1	64	
3	ADJ FOR ARANESP IN RENAL DIALY	1	57	-1, 413, 628
4	ADJ FOR ARANESP IN HOME PROGRA	1	64	

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 16-0033
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/20/2009
 WORKSHEET C
 PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	50,901,793		50,901,793	648,934	51,550,727
26	INTENSIVE CARE UNIT	6,411,549		6,411,549		6,411,549
27	01 NICU	2,730,962		2,730,962	791,468	3,522,430
31	SUBPROVIDER I	6,110,744		6,110,744		6,110,744
31	01 SUBPROVIDER II PSYCHIATRIC	5,366,631		5,366,631	103,581	5,470,212
33	NURSERY					
34	SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	24,970,003		24,970,003		24,970,003
41	RADIOLOGY-DIAGNOSTIC	14,855,160		14,855,160		14,855,160
42	RADIOLOGY-THERAPEUTIC	7,706,863		7,706,863	1,650	7,708,513
44	LABORATORY	11,936,163		11,936,163		11,936,163
47	BLOOD STORAGE, PROCESSING	4,012,575		4,012,575		4,012,575
49	RESPIRATORY THERAPY	4,668,413		4,668,413	1,018	4,669,431
50	PHYSICAL THERAPY	15,489,898		15,489,898	40,683	15,530,581
53	ELECTROCARDIOLOGY	6,366,479		6,366,479	4,972	6,371,451
53	01 CARDIAC CATH LAB	10,286,373		10,286,373	404	10,286,777
54	ELECTROENCEPHALOGRAPHY	1,730,953		1,730,953	11,547	1,742,500
55	MEDICAL SUPPLIES CHARGED	51,569,757		51,569,757		51,569,757
56	DRUGS CHARGED TO PATIENTS	20,456,685		20,456,685		20,456,685
57	RENAL DIALYSIS	4,642,062		4,642,062		4,642,062
	OUTPAT SERVICE COST CNTRS					
60	01 FIRST MED					
60	02 OPINSTITUTES	1,638,259		1,638,259	12,694	1,650,953
60	03 MARC	784,203		784,203		784,203
60	04 BARIATRIC CLINIC	894,378		894,378	1,547	895,925
60	05 PAIN MANAGEMENT	645,919		645,919		645,919
61	EMERGENCY	10,271,572		10,271,572	17,686	10,289,258
62	OBSERVATION BEDS (NON-DIS)	2,870,526		2,870,526		2,870,526
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	5,431,116		5,431,116		5,431,116
101	SUBTOTAL	272,749,036		272,749,036	1,636,184	274,385,220
102	LESS OBSERVATION BEDS	2,870,526		2,870,526		2,870,526
103	TOTAL	269,878,510		269,878,510	1,636,184	271,514,694

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	69,399,586		69,399,586			
26	INTENSIVE CARE UNIT	13,393,376		13,393,376			
27	01 NICU	5,162,997		5,162,997			
31	SUBPROVIDER I	9,963,132		9,963,132			
31	01 SUBPROVIDER II PSYCHIATRIC	6,394,134		6,394,134			
33	NURSERY						
34	SKILLED NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	42,093,748	29,222,027	71,315,775	.350133	.350133	.350133
41	RADIOLOGY-DIAGNOSTIC	24,943,331	56,271,917	81,215,248	.182911	.182911	.182911
42	RADIOLOGY-THERAPEUTIC	549,610	19,588,498	20,138,108	.382700	.382700	.382782
44	LABORATORY	32,767,695	16,185,286	48,952,981	.243829	.243829	.243829
47	BLOOD STORAGE, PROCESSING	5,883,035	1,190,890	7,073,925	.567235	.567235	.567235
49	RESPIRATORY THERAPY	23,693,122	2,644,280	26,337,402	.177254	.177254	.177293
50	PHYSICAL THERAPY	15,911,097	9,479,016	25,390,113	.610076	.610076	.611678
53	ELECTROCARDIOLOGY	7,666,076	8,673,452	16,339,528	.389637	.389637	.389941
53	01 CARDIAC CATH LAB	37,438,786	35,824,553	73,263,339	.140403	.140403	.140408
54	ELECTROENCEPHALOGRAPHY	595,244	5,103,063	5,698,307	.303766	.303766	.305793
55	MEDICAL SUPPLIES CHARGED	108,090,072	50,666,111	158,756,183	.324836	.324836	.324836
56	DRUGS CHARGED TO PATIENTS	53,084,940	40,503,586	93,588,526	.218581	.218581	.218581
57	RENAL DIALYSIS	1,109,461	6,306,984	7,416,445	.625915	.625915	.625915
	OUTPAT SERVICE COST CNTRS						
60	01 FIRST MED						
60	02 OP INSTITUTES	167,380	3,310,973	3,478,353	.470987	.470987	.474636
60	03 MARC	527,852	678,652	1,206,504	.649980	.649980	.649980
60	04 BARIATRIC CLINIC	41,974	400,799	442,773	2.019947	2.019947	2.023441
60	05 PAIN MANAGEMENT	4,900	1,505,636	1,510,536	.427609	.427609	.427609
61	EMERGENCY	6,742,612	21,867,990	28,610,602	.359013	.359013	.359631
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	511,146	3,305,623	3,816,769	.752083	.752083	.752083
65	AMBULANCE SERVICES		6,912,911	6,912,911	.785648	.785648	.785648
101	SUBTOTAL	466,135,306	319,642,247	785,777,553			
102	LESS OBSERVATION BEDS						
103	TOTAL	466,135,306	319,642,247	785,777,553			

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	24,970,003	3,986,164	20,983,839			24,970,003
41	RADIOLOGY-DIAGNOSTIC	14,855,160	2,501,816	12,353,344			14,855,160
42	RADIOLOGY-THERAPEUTIC	7,706,863	1,657,920	6,048,943			7,706,863
44	LABORATORY	11,936,163	495,976	11,440,187			11,936,163
47	BLOOD STORING, PROCESSING	4,012,575	63,602	3,948,973			4,012,575
49	RESPIRATORY THERAPY	4,668,413	407,451	4,260,962			4,668,413
50	PHYSICAL THERAPY	15,489,898	1,647,036	13,842,862			15,489,898
53	ELECTROCARDIOLOGY	6,366,479	987,894	5,378,585			6,366,479
53	01 CARDIAC CATH LAB	10,286,373	2,063,535	8,222,838			10,286,373
54	ELECTROENCEPHALOGRAPHY	1,730,953	308,464	1,422,489			1,730,953
55	MEDICAL SUPPLIES CHARGED	51,569,757	679,026	50,890,731			51,569,757
56	DRUGS CHARGED TO PATIENTS	20,456,685	799,791	19,656,894			20,456,685
57	RENAL DIALYSIS	4,642,062	281,188	4,360,874			4,642,062
	OUTPAT SERVICE COST CNTRS						
60	01 FIRST MED						
60	02 OP INSTITUTES	1,638,259	107,018	1,531,241			1,638,259
60	03 MARC	784,203	10,290	773,913			784,203
60	04 BARIATRIC CLINIC	894,378	30,368	864,010			894,378
60	05 PAIN MANAGEMENT	645,919	102,469	543,450			645,919
61	EMERGENCY	10,271,572	890,828	9,380,744			10,271,572
62	OBSERVATION BEDS (NON-DIS)	2,870,526	258,689	2,611,837			2,870,526
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	5,431,116	109,671	5,321,445			5,431,116
101	SUBTOTAL	201,227,357	17,389,196	183,838,161			201,227,357
102	LESS OBSERVATION BEDS	2,870,526	258,689	2,611,837			2,870,526
103	TOTAL	198,356,831	17,130,507	181,226,324			198,356,831

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	71,315,775	.350133	.350133
41	RADIOLOGY-DIAGNOSTIC	81,215,248	.182911	.182911
42	RADIOLOGY-THERAPEUTIC	20,138,108	.382700	.382700
44	LABORATORY	48,952,981	.243829	.243829
47	BLOOD STORING, PROCESSING	7,073,925	.567235	.567235
49	RESPIRATORY THERAPY	26,337,402	.177254	.177254
50	PHYSICAL THERAPY	25,390,113	.610076	.610076
53	ELECTROCARDIOLOGY	16,339,528	.389637	.389637
53	01 CARDIAC CATH LAB	73,263,339	.140403	.140403
54	ELECTROENCEPHALOGRAPHY	5,698,307	.303766	.303766
55	MEDICAL SUPPLIES CHARGED	158,756,183	.324836	.324836
56	DRUGS CHARGED TO PATIENTS	93,588,526	.218581	.218581
57	RENAL DIALYSIS	7,416,445	.625915	.625915
	OUTPAT SERVICE COST CNTRS			
60	01 FIRST MED			
60	02 OP INSTITUTES	3,478,353	.470987	.470987
60	03 MARC	1,206,504	.649980	.649980
60	04 BARIATRIC CLINIC	442,773	2.019947	2.019947
60	05 PAIN MANAGEMENT	1,510,536	.427609	.427609
61	EMERGENCY	28,610,602	.359013	.359013
62	OBSERVATION BEDS (NON-DIS)	3,816,769	.752083	.752083
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	6,912,911	.785648	.785648
101	SUBTOTAL	681,464,328		
102	LESS OBSERVATION BEDS	3,816,769		
103	TOTAL	677,647,559		

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	25,086,758	3,986,164	21,100,594	398,616	1,223,834	23,464,308
41	RADIOLOGY-DIAGNOSTIC	15,086,300	2,501,816	12,584,484	250,182	729,900	14,106,218
42	RADIOLOGY-THERAPEUTIC	7,706,863	1,657,920	6,048,943	165,792	350,839	7,190,232
44	LABORATORY	11,947,462	495,976	11,451,486	49,598	664,186	11,233,678
47	BLOOD STORING, PROCESSING	4,012,575	63,602	3,948,973	6,360	229,040	3,777,175
49	RESPIRATORY THERAPY	4,668,413	407,451	4,260,962	40,745	247,136	4,380,532
50	PHYSICAL THERAPY	15,489,898	1,647,036	13,842,862	164,704	802,886	14,522,308
53	ELECTROCARDIOLOGY	6,366,479	987,894	5,378,585	98,789	311,958	5,955,732
53	01 CARDIAC CATH LAB	10,286,373	2,063,535	8,222,838	206,354	476,925	9,603,094
54	ELECTROENCEPHALOGRAPHY	1,730,953	308,464	1,422,489	30,846	82,504	1,617,603
55	MEDICAL SUPPLIES CHARGED	51,569,757	679,026	50,890,731	67,903	2,951,662	48,550,192
56	DRUGS CHARGED TO PATIENTS	20,456,685	799,791	19,656,894	79,979	1,140,100	19,236,606
57	RENAL DIALYSIS	4,642,062	281,188	4,360,874	28,119	252,931	4,361,012
	OUTPAT SERVICE COST CNTRS						
60	01 FIRST MED						
60	02 OP INSTITUTES	1,638,259	107,018	1,531,241	10,702	88,812	1,538,745
60	03 MARC	784,203	10,290	773,913	1,029	44,887	738,287
60	04 BARI ATRIC CLINIC	894,378	30,368	864,010	3,037	50,113	841,228
60	05 PAIN MANAGEMENT	645,919	102,469	543,450	10,247	31,520	604,152
61	EMERGENCY	10,562,136	890,828	9,671,308	89,083	560,936	9,912,117
62	OBSERVATION BEDS (NON-DIS)	2,870,526	258,689	2,611,837	25,869	151,487	2,693,170
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	5,431,116	109,671	5,321,445	10,967	308,644	5,111,505
101	SUBTOTAL	201,877,115	17,389,196	184,487,919	1,738,921	10,700,300	189,437,894
102	LESS OBSERVATION BEDS	2,870,526	258,689	2,611,837	25,869	151,487	2,693,170
103	TOTAL	199,006,589	17,130,507	181,876,082	1,713,052	10,548,813	186,744,724

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	71,315,775	.329020	.346181
41	RADIOLOGY-DIAGNOSTIC	81,215,248	.173689	.182677
42	RADIOLOGY-THERAPEUTIC	20,138,108	.357046	.374468
44	LABORATORY	48,952,981	.229479	.243047
47	BLOOD STORING, PROCESSING	7,073,925	.533957	.566336
49	RESPIRATORY THERAPY	26,337,402	.166324	.175707
50	PHYSICAL THERAPY	25,390,113	.571967	.603589
53	ELECTROCARDIOLOGY	16,339,528	.364498	.383591
53	01 CARDIAC CATH LAB	73,263,339	.131076	.137586
54	ELECTROENCEPHALOGRAPHY	5,698,307	.283874	.298353
55	MEDICAL SUPPLIES CHARGED	158,756,183	.305816	.324408
56	DRUGS CHARGED TO PATIENTS	93,588,526	.205544	.217727
57	RENAL DIALYSIS	7,416,445	.588019	.622123
	OUTPAT SERVICE COST CNTRS			
60	01 FIRST MED			
60	02 OP INSTITUTES	3,478,353	.442377	.467910
60	03 MARC	1,206,504	.611923	.649127
60	04 BARIATRIC CLINIC	442,773	1.899908	2.013088
60	05 PAIN MANAGEMENT	1,510,536	.399959	.420825
61	EMERGENCY	28,610,602	.346449	.366055
62	OBSERVATION BEDS (NON-DIS)	3,816,769	.705615	.745305
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	6,912,911	.739414	.784062
101	SUBTOTAL	681,464,328		
102	LESS OBSERVATION BEDS	3,816,769		
103	TOTAL	677,647,559		

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	64,633	31,833			71.88	2,288,156
26	INTENSIVE CARE UNIT	5,139	2,918			87.73	255,996
27	01 NICU	3,532				65.77	
31	SUBPROVIDER I	11,232	6,025			51.47	310,107
31	01 SUB PROVIDER PSYCHIATRIC	9,060	2,887			59.09	170,593
33	NURSERY	4,613					
101	TOTAL	98,209	43,663				3,024,852

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		3,986,164	71,315,775	22,991,892		
41	RADIOLOGY-DIAGNOSTIC		2,501,816	81,215,248	16,743,550		
42	RADIOLOGY-THERAPEUTIC		1,657,920	20,138,108	212,019		
44	LABORATORY		495,976	48,952,981	16,391,549		
47	BLOOD STORING, PROCESSING		63,602	7,073,925	4,676,722		
49	RESPIRATORY THERAPY		407,451	26,337,402	5,743,299		
50	PHYSICAL THERAPY		1,647,036	25,390,113	4,389,639		
53	ELECTROCARDIOLOGY		987,894	16,339,528	1,911,252		
53	01 CARDIAC CATH LAB		2,063,535	73,263,339	29,651,412		
54	ELECTROENCEPHALOGRAPHY		308,464	5,698,307	268,481		
55	MEDICAL SUPPLIES CHARGED		679,026	158,756,183	56,752,830		
56	DRUGS CHARGED TO PATIENTS		799,791	93,588,526	27,776,318		
57	RENAL DIALYSIS		281,188	7,416,445	662,168		
	OUTPAT SERVICE COST CNTRS						
60	01 FIRST MED						
60	02 OP INSTITUTES		107,018	3,478,353	34,721		
60	03 MARC		10,290	1,206,504	143,348		
60	04 BARIATRIC CLINIC		30,368	442,773			
60	05 PAIN MANAGEMENT		102,469	1,510,536			
61	EMERGENCY		890,828	28,610,602	5,058,986		
62	OBSERVATION BEDS (NON-DIS)		258,689	3,816,769	192,251		
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		17,279,525	674,551,417	193,600,437		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 11/20/2009
16-0033	FROM 7/ 1/2008	WORKSHEET D
COMPONENT NO:	TO 6/30/2009	PART II
16-0033		

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.055895	1,285,132
41	RADIOLOGY-DIAGNOSTIC	.030805	515,785
42	RADIOLOGY-THERAPEUTIC	.082327	17,455
44	LABORATORY	.010132	166,079
47	BLOOD STORING, PROCESSING	.008991	42,048
49	RESPIRATORY THERAPY	.015470	88,849
50	PHYSICAL THERAPY	.064869	284,751
53	ELECTROCARDIOLOGY	.060460	115,554
53 01	CARDIAC CATH LAB	.028166	835,162
54	ELECTROENCEPHALOGRAPHY	.054133	14,534
55	MEDICAL SUPPLIES CHARGED	.004277	242,732
56	DRUGS CHARGED TO PATIENTS	.008546	237,376
57	RENAL DIALYSIS	.037914	25,105
	OUTPAT SERVICE COST CNTRS		
60 01	FIRST MED		
60 02	OP INSTITUTES	.030767	1,068
60 03	MARC	.008529	1,223
60 04	BARITRIC CLINIC	.068586	
60 05	PAIN MANAGEMENT	.067836	
61	EMERGENCY	.031136	157,517
62	OBSERVATION BEDS (NON-DIS)	.067777	13,030
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		4,043,400

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

PROVIDER NO:	PERIOD:	PREPARED 11/20/2009
16-0033	FROM 7/ 1/2008	WORKSHEET D
	TO 6/30/2009	PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					64,633	
26	INTENSIVE CARE UNIT					5,139	
27	01 NICU					3,532	
31	SUBPROVIDER I					11,232	
31	01 SUB PROVIDER PSYCHIATRIC					9,060	
33	NURSERY					4,613	
34	SKILLED NURSING FACILITY						
101	TOTAL					98,209	

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

PROVIDER NO:	PERIOD:	PREPARED 11/20/2009
16-0033	FROM 7/1/2008	WORKSHEET D
	TO 6/30/2009	PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	31,833	
26	INTENSIVE CARE UNIT	2,918	
27 01	NICU		
31	SUBPROVIDER I	6,025	
31 01	SUB PROVIDER PSYCHIATRIC	2,887	
33	NURSERY		
34	SKILLED NURSING FACILITY		
101	TOTAL	43,663	

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						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC CATH LAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	01 FIRST MED						
60	02 OP INSTITUTES						
60	03 MARC						
60	04 BARIATRIC CLINIC						
60	05 PAIN MANAGEMENT						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A		HOSPITAL		PPS				
WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			71,315,775			22,991,892	
41	RADIOLOGY-DIAGNOSTIC			81,215,248			16,743,550	
42	RADIOLOGY-THERAPEUTIC			20,138,108			212,019	
44	LABORATORY			48,952,981			16,391,549	
47	BLOOD STORING, PROCESSING			7,073,925			4,676,722	
49	RESPIRATORY THERAPY			26,337,402			5,743,299	
50	PHYSICAL THERAPY			25,390,113			4,389,639	
53	ELECTROCARDIOLOGY			16,339,528			1,911,252	
53	01 CARDIAC CATH LAB			73,263,339			29,651,412	
54	ELECTROENCEPHALOGRAPHY			5,698,307			268,481	
55	MEDICAL SUPPLIES CHARGED			158,756,183			56,752,830	
56	DRUGS CHARGED TO PATIENTS			93,588,526			27,776,318	
57	RENAL DIALYSIS OUTPAT SERVICE COST CNTRS			7,416,445			662,168	
60	01 FIRST MED							
60	02 OP INSTITUTES			3,478,353			34,721	
60	03 MARC			1,206,504			143,348	
60	04 BARIATRIC CLINIC			442,773				
60	05 PAIN MANAGEMENT			1,510,536				
61	EMERGENCY			28,610,602			5,058,986	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			3,816,769			192,251	
65	AMBULANCE SERVICES							
101	TOTAL			674,551,417			193,600,437	

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	6,208,140					
41	RADIOLOGY-DIAGNOSTIC	15,334,822					
42	RADIOLOGY-THERAPEUTIC	7,088,468					
44	LABORATORY	5,310,597					
47	BLOOD STORING, PROCESSING	538,804					
49	RESPIRATORY THERAPY	398,726					
50	PHYSICAL THERAPY	219,984					
53	ELECTROCARDIOLOGY	3,096,743					
53	01 CARDIAC CATH LAB	14,107,869					
54	ELECTROENCEPHALOGRAPHY	1,192,988					
55	MEDICAL SUPPLIES CHARGED	17,950,629					
56	DRUGS CHARGED TO PATIENTS	6,734,583					
57	RENAL DIALYSIS	185,380					
	OUTPAT SERVICE COST CNTRS						
60	01 FIRST MED						
60	02 OP INSTITUTES	302,051					
60	03 MARC	116,996					
60	04 BARIATRIC CLINIC	75,229					
60	05 PAIN MANAGEMENT	553,988					
61	EMERGENCY	5,894,313					
62	OBSERVATION BEDS (NON-DIS)						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	85,310,310					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST	PROVIDER NO: 16-0033	PERIOD: FROM 7/1/2008 TO 6/30/2009	PREPARED 11/20/2009 WORKSHEET D PART VI
TITLE XVIII, PART B	COMPONENT NO: 16-0033		

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.218581
3	PROGRAM COSTS	50,431
		11,023

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 11/20/2009
16-0033	FROM 7/ 1/2008	WORKSHEET D
COMPONENT NO:	TO 6/30/2009	PART II
16-T033		

PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.055895	1,746
41	RADIOLOGY-DIAGNOSTIC	.030805	7,679
42	RADIOLOGY-THERAPEUTIC	.082327	147
44	LABORATORY	.010132	5,101
47	BLOOD STORING, PROCESSING	.008991	159
49	RESPIRATORY THERAPY	.015470	5,733
50	PHYSICAL THERAPY	.064869	261,010
53	ELECTROCARDIOLOGY	.060460	2,566
53 01	CARDIAC CATH LAB	.028166	4,584
54	ELECTROENCEPHALOGRAPHY	.054133	248
55	MEDICAL SUPPLIES CHARGED	.004277	1,681
56	DRUGS CHARGED TO PATIENTS	.008546	11,084
57	RENAL DIALYSIS	.037914	3,052
	OUTPAT SERVICE COST CNTRS		
60 01	FIRST MED		
60 02	OP INSTITUTES	.030767	153
60 03	MARC	.008529	
60 04	BARITRIC CLINIC	.068586	
60 05	PAIN MANAGEMENT	.067836	
61	EMERGENCY	.031136	139
62	OBSERVATION BEDS (NON-DIS	.067777	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		305,082

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
	OPERATING ROOM											
41	RADIOLOGY-DIAGNOSTIC											
42	RADIOLOGY-THERAPEUTIC											
44	LABORATORY											
47	BLOOD STORING, PROCESSING											
49	RESPIRATORY THERAPY											
50	PHYSICAL THERAPY											
53	ELECTROCARDIOLOGY											
53	01 CARDIAC CATH LAB											
54	ELECTROENCEPHALOGRAPHY											
55	MEDICAL SUPPLIES CHARGED											
56	DRUGS CHARGED TO PATIENTS											
57	RENAL DIALYSIS											
	OUTPAT SERVICE COST CNTRS											
60	01 FIRST MED											
60	02 OP INSTITUTES											
60	03 MARC											
60	04 BARIATRIC CLINIC											
60	05 PAIN MANAGEMENT											
61	EMERGENCY											
62	OBSERVATION BEDS (NON-DIS											
	OTHER REIMBURS COST CNTRS											
65	AMBULANCE SERVICES											
101	TOTAL											

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			71,315,775			31,238	
41	OPERATING ROOM			81,215,248			249,273	
42	RADIOLOGY-DIAGNOSTIC			20,138,108			1,785	
44	LABORATORY			48,952,981			503,429	
47	BLOOD STORING, PROCESSING			7,073,925			17,683	
49	RESPIRATORY THERAPY			26,337,402			370,596	
50	PHYSICAL THERAPY			25,390,113			4,023,641	
53	ELECTROCARDIOLOGY			16,339,528			42,437	
53 01	CARDIAC CATH LAB			73,263,339			162,736	
54	ELECTROENCEPHALOGRAPHY			5,698,307			4,586	
55	MEDICAL SUPPLIES CHARGED			158,756,183			392,975	
56	DRUGS CHARGED TO PATIENTS			93,588,526			1,296,948	
57	RENAL DIALYSIS			7,416,445			80,508	
	OUTPAT SERVICE COST CNTRS							
60 01	FIRST MED							
60 02	OP INSTITUTES			3,478,353			4,972	
60 03	MARC			1,206,504				
60 04	BARITRIC CLINIC			442,773				
60 05	PAIN MANAGEMENT			1,510,536				
61	EMERGENCY			28,610,602			4,462	
62	OBSERVATION BEDS (NON-DIS			3,816,769				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			674,551,417			7,187,269	

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						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC CATH LAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	01 FIRST MED						
60	02 OP INSTITUTES						
60	03 MARC						
60	04 BARIATRIC CLINIC						
60	05 PAIN MANAGEMENT						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

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		3,986,164	71,315,775	6,442		
41	RADIOLOGY-DIAGNOSTIC		2,501,816	81,215,248	87,904		
42	RADIOLOGY-THERAPEUTIC		1,657,920	20,138,108	453		
44	LABORATORY		495,976	48,952,981	241,143		
47	BLOOD STORING, PROCESSING		63,602	7,073,925	466		
49	RESPIRATORY THERAPY		407,451	26,337,402	14,545		
50	PHYSICAL THERAPY		1,647,036	25,390,113	453,405		
53	ELECTROCARDIOLOGY		987,894	16,339,528	1,654		
53 01	CARDIAC CATH LAB		2,063,535	73,263,339	23,913		
54	ELECTROENCEPHALOGRAPHY		308,464	5,698,307	5,253		
55	MEDICAL SUPPLIES CHARGED		679,026	158,756,183	9,386		
56	DRUGS CHARGED TO PATIENTS		799,791	93,588,526	351,281		
57	RENAL DIALYSIS		281,188	7,416,445	5,593		
	OUTPAT SERVICE COST CNTRS						
60 01	FIRST MED						
60 02	OP INSTITUTES		107,018	3,478,353	882		
60 03	MARC		10,290	1,206,504			
60 04	BARITRIC CLINIC		30,368	442,773			
60 05	PAIN MANAGEMENT		102,469	1,510,536			
61	EMERGENCY		890,828	28,610,602	187,455		
62	OBSERVATION BEDS (NON-DIS)		258,689	3,816,769			
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		17,279,525	674,551,417	1,389,775		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 11/20/2009
16-0033	FROM 7/ 1/2008	WORKSHEET D
COMPONENT NO:	TO 6/30/2009	PART II
16-S033		

PPS

TITLE XVIII, PART A SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.055895	360
41	RADIOLOGY-DIAGNOSTIC	.030805	2,708
42	RADIOLOGY-THERAPEUTIC	.082327	37
44	LABORATORY	.010132	2,443
47	BLOOD STORING, PROCESSING	.008991	4
49	RESPIRATORY THERAPY	.015470	225
50	PHYSICAL THERAPY	.064869	29,412
53	ELECTROCARDIOLOGY	.060460	100
53 01	CARDIAC CATH LAB	.028166	674
54	ELECTROENCEPHALOGRAPHY	.054133	284
55	MEDICAL SUPPLIES CHARGED	.004277	40
56	DRUGS CHARGED TO PATIENTS	.008546	3,002
57	RENAL DIALYSIS	.037914	212
	OUTPAT SERVICE COST CNTRS		
60 01	FIRST MED		
60 02	OP INSTITUTES	.030767	27
60 03	MARC	.008529	
60 04	BARIATRIC CLINIC	.068586	
60 05	PAIN MANAGEMENT	.067836	
61	EMERGENCY	.031136	5,837
62	OBSERVATION BEDS (NON-DIS	.067777	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		45,365

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		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						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC CATH LAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	01 FIRST MED						
60	02 OP INSTITUTES						
60	03 MARC						
60	04 BARIATRIC CLINIC						
60	05 PAIN MANAGEMENT						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

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			71,315,775			6,442	
41	OPERATING ROOM			81,215,248			87,904	
42	RADIOLOGY-DIAGNOSTIC			20,138,108			453	
44	LABORATORY			48,952,981			241,143	
47	BLOOD STORING, PROCESSING			7,073,925			466	
49	RESPIRATORY THERAPY			26,337,402			14,545	
50	PHYSICAL THERAPY			25,390,113			453,405	
53	ELECTROCARDIOLOGY			16,339,528			1,654	
53 01	CARDIAC CATH LAB			73,263,339			23,913	
54	ELECTROENCEPHALOGRAPHY			5,698,307			5,253	
55	MEDICAL SUPPLIES CHARGED			158,756,183			9,386	
56	DRUGS CHARGED TO PATIENTS			93,588,526			351,281	
57	RENAL DIALYSIS			7,416,445			5,593	
	OUTPAT SERVICE COST CNTRS							
60 01	FIRST MED							
60 02	OP INSTITUTES			3,478,353			882	
60 03	MARC			1,206,504				
60 04	BARITRIC CLINIC			442,773				
60 05	PAIN MANAGEMENT			1,510,536				
61	EMERGENCY			28,610,602			187,455	
62	OBSERVATION BEDS (NON-DIS			3,816,769				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			674,551,417			1,389,775	

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC CATH LAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	01 FIRST MED						
60	02 OP INSTITUTES						
60	03 MARC						
60	04 BARIATRIC CLINIC						
60	05 PAIN MANAGEMENT						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	3,599
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	797.59
85	OBSERVATION BED COST	2,870,526

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	51,550,727		2,870,526	
87	NEW CAPITAL-RELATED COST	4,645,678	.090119	2,870,526	258,689
88	NON PHYSICIAN ANESTHETIST	51,550,727		2,870,526	
89	MEDICAL EDUCATION	51,550,727		2,870,526	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	544.05
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	6,110,744			
87	NEW CAPITAL-RELATED COST	578,080	6,110,744		
88	NON PHYSICIAN ANESTHETIST		6,110,744	.094601	
89	MEDICAL EDUCATION		6,110,744		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SUBPROVIDER II PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	603.78
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	5,470,212			
87	NEW CAPITAL-RELATED COST	535,321	.097861		
88	NON PHYSICIAN ANESTHETIST	5,470,212			
89	MEDICAL EDUCATION	5,470,212			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 837.33
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 5,899,827
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 5,899,827

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	1	2	3	4	5
43 INTENSIVE CARE UNIT	6,595,680	5,139	1,283.46	441	566,006
44 CORONARY CARE UNIT					
44.01 NICU	2,933,506	3,532	830.55	2,081	1,728,375
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49 TOTAL PROGRAM INPATIENT COSTS					8,194,208

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
 52 TOTAL PROGRAM EXCLUDABLE COST
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	3,599
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	837.33
85	OBSERVATION BED COST	3,013,551

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

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		29,751,950	
26	INTENSIVE CARE UNIT		7,268,862	
27	01 NICU			
31	SUBPROVIDER I			
31	01 SUBPROVIDER I PSYCHIATRIC ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.350133	22,991,892	8,050,220
41	RADIOLOGY-DIAGNOSTIC	.182911	16,743,550	3,062,579
42	RADIOLOGY-THERAPEUTIC	.382782	212,019	81,157
44	LABORATORY	.243829	16,391,549	3,996,735
47	BLOOD STORAGE, PROCESSING & TRANS.	.567235	4,676,722	2,652,800
49	RESPIRATORY THERAPY	.177293	5,743,299	1,018,247
50	PHYSICAL THERAPY	.611678	4,389,639	2,685,046
53	ELECTROCARDIOLOGY	.389941	1,911,252	745,276
53	01 CARDIAC CATH LAB	.140408	29,651,412	4,163,295
54	ELECTROENCEPHALOGRAPHY	.305793	268,481	82,100
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.324836	56,752,830	18,435,362
56	DRUGS CHARGED TO PATIENTS	.218581	27,776,318	6,071,375
57	RENAL DIALYSIS	.625915	662,168	414,461
	OUTPAT SERVICE COST CNTRS			
60	01 FIRST MED			
60	02 OP INSTITUTES	.474636	34,721	16,480
60	03 MARC	.649980	143,348	93,173
60	04 BARIATRIC CLINIC	2.023441		
60	05 PAIN MANAGEMENT	.427609		
61	EMERGENCY	.359631	5,058,986	1,819,368
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.752083	192,251	144,589
65	AMBULANCE SERVICES			
101	TOTAL		193,600,437	53,532,263
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		193,600,437	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	01 NICU			
31	SUBPROVIDER I		5,357,075	
31	01 SUBPROVIDER I PSYCHIATRIC ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.350133	31,238	10,937
41	RADIOLOGY-DIAGNOSTIC	.182911	249,273	45,595
42	RADIOLOGY-THERAPEUTIC	.382782	1,785	683
44	LABORATORY	.243829	503,429	122,751
47	BLOOD STORAGE, PROCESSING & TRANS.	.567235	17,683	10,030
49	RESPIRATORY THERAPY	.177293	370,596	65,704
50	PHYSICAL THERAPY	.611678	4,023,641	2,461,173
53	ELECTROCARDIOLOGY	.389941	42,437	16,548
53	01 CARDIAC CATH LAB	.140408	162,736	22,849
54	ELECTROENCEPHALOGRAPHY	.305793	4,586	1,402
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.324836	392,975	127,652
56	DRUGS CHARGED TO PATIENTS	.218581	1,296,948	283,488
57	RENAL DIALYSIS	.625915	80,508	50,391
	OUTPAT SERVICE COST CNTRS			
60	01 FIRST MED			
60	02 OP INSTITUTES	.474636	4,972	2,360
60	03 MARC	.649980		
60	04 BARIATRIC CLINIC	2.023441		
60	05 PAIN MANAGEMENT	.427609		
61	EMERGENCY	.359631	4,462	1,605
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.752083		
65	AMBULANCE SERVICES			
101	TOTAL		7,187,269	3,223,168
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		7,187,269	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	01 NICU			
31	SUBPROVIDER I			
31	01 SUB PROVIDER PSYCHIATRIC ANCILLARY SRVC COST CNTRS		2,554,710	
37	OPERATING ROOM	.350133	6,442	2,256
41	RADIOLOGY-DIAGNOSTIC	.182911	87,904	16,079
42	RADIOLOGY-THERAPEUTIC	.382782	453	173
44	LABORATORY	.243829	241,143	58,798
47	BLOOD STORAGE, PROCESSING & TRANS.	.567235	466	264
49	RESPIRATORY THERAPY	.177293	14,545	2,579
50	PHYSICAL THERAPY	.611678	453,405	277,338
53	ELECTROCARDIOLOGY	.389941	1,654	645
53	01 CARDIAC CATH LAB	.140408	23,913	3,358
54	ELECTROENCEPHALOGRAPHY	.305793	5,253	1,606
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.324836	9,386	3,049
56	DRUGS CHARGED TO PATIENTS	.218581	351,281	76,783
57	RENAL DIALYSIS	.625915	5,593	3,501
	OUTPAT SERVICE COST CNTRS			
60	01 FIRST MED			
60	02 OP INSTITUTES	.474636	882	419
60	03 MARC	.649980		
60	04 BARIATRIC CLINIC	2.023441		
60	05 PAIN MANAGEMENT	.427609		
61	EMERGENCY	.359631	187,455	67,415
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.752083		
65	AMBULANCE SERVICES			
101	TOTAL		1,389,775	514,263
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,389,775	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	14,662,036	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	14,662,036	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	29,324,072	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	5,855,610	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	3,057,732	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	327.68	
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.	11.57	
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)	11.57	
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	10.04	
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	10.04	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	9.44	
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	8.28	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	9.25	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.028229	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.028707	
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)	.028229	
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	314,043	
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	224,417	
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1	448,834	
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	987,294	987,294
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	5.67	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	15.49	
4.02 SUM OF LINES 4 AND 4.01	21.16	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	6.68	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	3,917,696	
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)		

PROVIDER NO: 16-0033
 COMPONENT NO: 16-0033
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/20/2009
 WORKSHEET E
 PART A

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	66,610,866	
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)	66,610,866	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	5,451,282	
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)	451,093	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	8,857	
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	72,522,098	
17 PRIMARY PAYER PAYMENTS	113,302	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	72,408,796	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	5,730,763	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	229,086	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	179,827	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	125,879	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	66,574,826	
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	66,574,826	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	65,637,803	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	937,023	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	873,857	
----- 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
16-0033	FROM 7/ 1/2008	11/20/2009
COMPONENT NO:	TO 6/30/2009	WORKSHEET E
16-0033		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	37,822
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	23,188,897
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	21,922,638
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)	37,822
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	125,198
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	125,198
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)	125,198
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	87,376
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	37,822
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	21,922,638
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	14,985
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	4,840,600
19	SUBTOTAL (SEE INSTRUCTIONS)	17,104,875
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	114,860
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	17,219,735
24	PRIMARY PAYER PAYMENTS	5,605
25	SUBTOTAL	17,214,130
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	109,969
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	76,978
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	17,291,108
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	17,291,108
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	17,297,661
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-6,553
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
16-0033	FROM 7/ 1/2008	11/20/2009
COMPONENT NO:	TO 6/30/2009	WORKSHEET E
16-T033		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

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

- COMPUTATION OF LESSER OF COST OR CHARGES

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

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

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

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
16-0033	FROM 7/ 1/2008	11/20/2009
COMPONENT NO:	TO 6/30/2009	WORKSHEET E
16-S033		PART B

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

- COMPUTATION OF LESSER OF COST OR CHARGES

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

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

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

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

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 16-0033
 COMPONENT NO: 16-0033
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/20/2009
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		65,185,303		17,097,061
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		452,500		200,600
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		65,637,803		17,297,661
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		937,023		
SETTLEMENT TO PROGRAM		.02		6,553
7 TOTAL MEDICARE PROGRAM LIABILITY		66,574,826		17,291,108

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 16-0033
 COMPONENT NO: 16-T033
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/20/2009
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		5,318,648		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99				
4 TOTAL INTERIM PAYMENTS		5,318,648		NONE
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		8,476		NONE
7 TOTAL MEDICARE PROGRAM LIABILITY		5,327,124		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 16-0033
 COMPONENT NO: 16-S033
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/20/2009
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 2

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,703,470		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99				
4 TOTAL INTERIM PAYMENTS		1,703,470		NONE
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		16,652		NONE
7 TOTAL MEDICARE PROGRAM LIABILITY		1,720,122		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		4,585,313
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		.0261
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		318,633
1.05	OUTLIER PAYMENTS		709,044
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		5,612,990
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)		30.772603
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)		5,612,990
5	PRIMARY PAYER PAYMENTS		8,956
6	SUBTOTAL		5,604,034
7	DEDUCTIBLES		28,064
8	SUBTOTAL		5,575,970
9	COINSURANCE		248,846
10	SUBTOTAL		5,327,124
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		5,327,124
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/20/2009
16-0033	FROM 7/ 1/2008	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2009	PART I
16-T033		

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	5,327,124
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	5,318,648
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	8,476
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	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	1,916,697
1.09	NET IPF PPS OUTLIER PAYMENTS	3,522
1.10	NET IPF PPS ECT PAYMENTS	23,282
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)	24.821918
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	1,943,501
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	1,943,501
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	1,943,501
5	PRIMARY PAYER PAYMENTS	1,432
6	SUBTOTAL	1,942,069
7	DEDUCTIBLES	235,940
8	SUBTOTAL	1,706,129
9	COINSURANCE	2,659
10	SUBTOTAL	1,703,470
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	23,788
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	16,652
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	1,720,122
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/20/2009
16-0033	FROM 7/ 1/2008	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2009	PART I
16-S033		

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,720,122
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,703,470
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	16,652
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		12.00
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)		12.00
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		10.06
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		10.06
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.		10.06
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.		10.06
3.10	SEE INSTRUCTIONS		10.06
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	
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)		
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		
3.18	SEE INSTRUCTIONS		
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		9.47
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		8.44
3.21	SEE INSTRUCTIONS	RES INIT YEARS	9.32
3.22	SEE INSTRUCTIONS		9.32
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		116,798.07
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		1,088,558
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		1,088,558

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		43,663
5	TOTAL INPATIENT DAYS		89,997
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.485161
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	528,126	528,126
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		3,642
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		89,997
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.		37,827
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		7,416,445
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)	91,320,974
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	123,690
16	TOTAL PART A REASONABLE COST	91,197,284

PART B REASONABLE COST

17	REASONABLE COST	23,226,719
18	PRIMARY PAYER PAYMENTS	5,605
19	TOTAL PART B REASONABLE COST	23,221,114
20	TOTAL REASONABLE COST	114,418,398
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.797051
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.202949

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)	565,953
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	451,093
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	114,860

TITLE XIX

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
- 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)
- 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.
- 3.12 SEE INSTRUCTIONS
- 3.13 TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)
- 3.14 TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)
- 3.15 ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS) RES INIT YEARS
- 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)
- 3.17 ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.
- 3.18 SEE INSTRUCTIONS
- 3.19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)
- 3.20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)
- 3.21 SEE INSTRUCTIONS RES INIT YEARS
- 3.22 SEE INSTRUCTIONS
- 3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001
- 3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001
- 3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001

COMPUTATION OF PROGRAM PATIENT LOAD

- 4 PROGRAM PART A INPATIENT DAYS 10,792
- 5 TOTAL INPATIENT DAYS 89,997
- 6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. LN 6 * LN 3.25 + E-3, 6 L 11 .119915
- 6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS
- 6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)
- 6.03 ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE. 89,997
- 6.04 ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS) 100.00
- 6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.
- 6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)
- 6.07 ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS) 100.00
- 6.08 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD PRIOR TO 422 E-3, 6 LN 12

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

- 7 RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS
- 8 RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES
- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES

TITLE XIX

- 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)
- 13 ORGAN ACQUISITION COSTS
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS
- 16 TOTAL PART A REASONABLE COST

PART B REASONABLE COST

- 17 REASONABLE COST
- 18 PRIMARY PAYER PAYMENTS
- 19 TOTAL PART B REASONABLE COST
- 20 TOTAL REASONABLE COST
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST

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)
- 24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY
- 25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	21,965,539			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	102,732,931			
5 OTHER RECEIVABLES	1,231,766			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-53,681,028			
7 INVENTORY	8,438,962			
8 PREPAID EXPENSES	1,137,576			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	81,825,746			
FIXED ASSETS				
12 LAND	5,402,730			
12.01 LAND IMPROVEMENTS	13,861,876			
13.01 LESS ACCUMULATED DEPRECIATION	-8,828,752			
14 BUILDINGS	160,720,930			
14.01 LESS ACCUMULATED DEPRECIATION	-85,901,931			
15 LEASEHOLD IMPROVEMENTS	14,238,243			
15.01 LESS ACCUMULATED DEPRECIATION	-9,581,550			
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	134,932,185			
18.01 LESS ACCUMULATED DEPRECIATION	-106,300,576			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	118,543,155			
OTHER ASSETS				
22 INVESTMENTS	143,304,746			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	6,689,849			
26 TOTAL OTHER ASSETS	149,994,595			
27 TOTAL ASSETS	350,363,496			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	17,600,214			
29 SALARIES, WAGES & FEES PAYABLE	8,575,049			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	3,905,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	4,663,442			
36 TOTAL CURRENT LIABILITIES	34,743,705			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	74,315,000			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	370,026			
42 TOTAL LONG-TERM LIABILITIES	74,685,026			
43 TOTAL LIABILITIES	109,428,731			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	240,934,765			
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	240,934,765			
52 TOTAL LIABILITIES AND FUND BALANCES	350,363,496			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		255,616,677		
2	NET INCOME (LOSS)		13,273,381		
3	TOTAL		268,890,058		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		268,890,058		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		268,890,058		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	74,393,092		74,393,092
2 00 SUBPROVIDER I	10,557,556		10,557,556
2 01 SUB PROVIDER PSYCHIATRIC	7,949,271		7,949,271
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	92,899,919		92,899,919
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	14,933,057		14,933,057
11 01 NICU	6,771,607		6,771,607
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	21,704,664		21,704,664
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	114,604,583		114,604,583
17 00 ANCILLARY SERVICES	357,269,736	292,256,516	649,526,252
18 00 OUTPATIENT SERVICES	14,491,288	45,618,575	60,109,863
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
24 00			
24 01 OTHER AND OUTREACH	450,886	145,908	596,794
25 00 TOTAL PATIENT REVENUES	486,816,493	338,020,999	824,837,492

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		302,692,591	
ADD (SPECIFY)			
27 00 BAD DEBTS	20,100,069		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		20,100,069	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		322,792,660	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 16-0033 PERIOD: FROM 7/1/2008 TO 6/30/2009 PREPARED 11/20/2009 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	824,837,492
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	495,228,574
3	NET PATIENT REVENUES	329,608,918
4	LESS: TOTAL OPERATING EXPENSES	322,792,660
5	NET INCOME FROM SERVICE TO PATIENTS	6,816,258
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	121,227
11	REBATES AND REFUNDS OF EXPENSES	185,483
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,577,665
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	190,765
22	RENTAL OF HOSPITAL SPACE	260,820
23	GOVERNMENTAL APPROPRIATIONS	
24	INTERCOMPANY REVENUE	2,608,314
24.01	OUTREACH REVENUE	132,575
24.02	MISCELLANEOUS REVENUE	13,636,028
24.03	NONOPERATING GAINS	
24.04	GAIN ON DISPOSAL	137,564
25	TOTAL OTHER INCOME	18,850,441
26	TOTAL	25,666,699
	OTHER EXPENSES	
27	UNREALIZED LOSSES	12,278,150
27.01	PROPERTY TAXES	115,168
28		
29		
30	TOTAL OTHER EXPENSES	12,393,318
31	NET INCOME (OR LOSS) FOR THE PERIOD	13,273,381

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

PROVIDER NO: 16-0033
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/20/2009
 WORKSHEET I-1

CHECK ONE:

XX RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTEs PER 2080 HOURS 4
1 REGISTERED NURSES	860,047	HOURS OF SERVICE	38,456.39	18.49
2 LICENSED PRACTICAL NURSES		HOURS OF SERVICE		
3 NURSES AIDES	2,208	HOURS OF SERVICE	98.75	.05
4 TECHNICIANS	645,987	HOURS OF SERVICE	28,884.86	13.89
5 SOCIAL WORKERS		HOURS OF SERVICE		
6 DIETICIANS	46,954	HOURS OF SERVICE	2,099.50	1.01
7 PHYSICIANS		ACCUMULATED COST		
8 NON-PATIENT CARE SALARY	191,186	ACCUMULATED COST		
9 SUBTOTAL (SUM OF LINES 1-8)	1,746,382			
10 EMPLOYEE BENEFITS	129,166	SALARY		
11 OLD & NEW CAPITAL RELATED COSTS-BLDGS. &		SQUARE FEET		
12 OLD & NEW CAPITAL RELATED COSTS-MOV. EQU		PERCENTAGE OF TIME		
13 MACHINE COSTS & REPAIRS		PERCENTAGE OF TIME		
14 SUPPLIES	553,997	REQUIREMENTS		
15 DRUGS	1,488,763	REQUIREMENTS		
16 OTHER	234,284	ACCUMULATED COST		
17 SUBTOTAL (SUM OF LINES 9-16)*	4,152,592			
18 OLD CAPITAL RELATED COSTS-BLDGS. & FIXTU		SQUARE FEET		
19 OLD CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME		
20 NEW CAPITAL RELATED COSTS-BLDGS. & FIXTU	1,778	SQUARE FEET		
21 NEW CAPITAL RELATED COSTS-MOV. EQUIP.	76,950	PERCENTAGE OF TIME		
22 EMPLOYEE BENEFITS	219,775	SALARY		
23 ADMINISTRATIVE AND GENERAL	1,030,669	ACCUMULATED COST		
24 MAINT./REPAIRS-OPERATION-HOUSEKEEPING	123,494	SQUARE FEET		
25 MEDICAL EDUCATION PROGRAM COSTS				
26 CENTRAL SERVICES & SUPPLIES	55,142	REQUIREMENTS		
27 PHARMACY	-1,397,926	REQUIREMENTS		
28 OTHER ALLOCATED COST	379,588	ACCUMULATED COST		
29 SUBTOTAL (SUM OF LINES 17-28)*	4,642,062			
30 LABORATORY (SEE INSTRUCTIONS)		CHARGES		
31 RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32 OTHER (SEE INSTRUCTIONS)		CHARGES		
33 TOTAL COSTS (SUM OF LINES 29-32)	4,642,062			

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES
 PROVIDER NO: 16-0033 PERIOD: FROM 7/1/2008 TO 6/30/2009 PREPARED 11/20/2009
 SATELLITE NO: WORKSHEET 1-2

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS
		BUILDING	EQUIPMENT	RNs	OTHER	
		1	2	3	4	5
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	125,272	76,950	860,047	695,149	348,941
2	HEMODIALYSIS	117,190	71,987	804,561	653,020	326,429
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
OTHER BILLABLE SERVICES						
12	INPATIENT DIALYSIS	8,082	4,963	55,486	42,129	22,512
13	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	125,272	76,950	860,047	695,149	348,941
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6	7	8	9	10
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	90,837	609,139		2,806,335	1,835,727
2	HEMODIALYSIS	84,977	569,841		2,628,005	1,719,075
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
OTHER BILLABLE SERVICES						
12	INPATIENT DIALYSIS	5,860	39,298		178,330	116,652
13	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)	1,413,628				
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	90,837	609,139		2,806,335	1,835,727
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		TOTAL (COL. 9 + COL. 10)
		11
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	4,642,062
2	HEMODIALYSIS	4,347,080
3	INTERMITTENT PERITONEAL TRAINING	
4	HEMODIALYSIS	
5	INTERMITTENT PERITONEAL	
6	CAPD	
7	CCDP	
8	HOME	
9	HEMODIALYSIS	
10	INTERMITTENT PERITONEAL	
11	CAPD	
11	CCDP	
OTHER BILLABLE SERVICES		
12	INPATIENT DIALYSIS	294,982
13	METHOD II HOME PATIENT	
14	EPO (INCLUDED IN RENAL DEPARTMENT)	
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)	
15	OTHER	
16	TOTAL (SUM OF LINES 2-15)	4,642,062
17	MEDICAL EDUCATION PROGRAM COSTS	
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)	4,642,062

	COMPOSITE PAYMENT SERVICES	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS (SALARY)
		BUILDING (SQUARE FEET)	EQUIPMENT (% OF TIME)	RNs (HOURS)	OTHER (HOURS)	
		1	2	3	4	5
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	125,272	76,950	860,047	695,149	348,941
2	HEMODIALYSIS	19,561	93.55	65,053.19	7,997.23	19,561
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
12	OTHER BILLABLE SERVICES INPATIENT DIALYSIS TREATMENTS	1169	1,349	6.45	4,486.31	515.94
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	20,910	100.00	69,539.50	8,513.17	20,910
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	5.991009	769.500000	12.367748	81.655717	16.687757

	COMPOSITE PAYMENT SERVICES	DRUGS (REQUI ST.)	MEDICAL SUPPLIES (REQUI ST.)	ROUTINE ANCI LLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD (ACCUMULATED COST)
				8 (CHARGES)	9	10
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	90,837	609,139		2,806,335	1,835,727
2	HEMODIALYSIS	19,561	19,561			
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
12	OTHER BILLABLE SERVICES INPATIENT DIALYSIS TREATMENTS	1169	1,349	1,349		
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	20,910	20,910			2,806,335
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	4.344189	29.131468			.654137

	NUMBER OF TOTAL TREATMENTS	TOTAL COST (FROM WKST. 1-2, COL 11)	AVERAGE COST OF PROGRAM TREATMENTS	NUMBER OF PROGRAM TREATMENTS PRIOR TO 4/1/2005	NUMBER OF PROGRAM TREATMENTS OR OR AFTER 4/1/2005
1 MAINTENANCE - HEMODIALYSIS	1	2	3	4	4.01
2 MAINTENANCE - PERITONEAL DIALYSIS	20,910	4,347,080	207.89	14,127	
3 TRAINING - HEMODIALYSIS					
4 TRAINING - PERITONEAL DIALYSIS					
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
7 HOME PROGRAM - HEMODIALYSIS					
8 HOME PROGRAM - PERITONEAL DIALYSIS					
		PATIENT WEEKS		PATIENT WEEKS	
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	20,910	4,347,080		14,127	

	TOTAL PROGRAM EXPENSES	PAYMENT RATE PRIOR TO 4/1/2005	PAYMENT RATE ON OR AFTER 4/1/2005	TOTAL PROGRAM PAYMENT
1 MAINTENANCE - HEMODIALYSIS	5	6	7	
2 MAINTENANCE - PERITONEAL DIALYSIS	2,936,862	154.96	2,189,120	
3 TRAINING - HEMODIALYSIS				
4 TRAINING - PERITONEAL DIALYSIS				
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS				
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS				
7 HOME PROGRAM - HEMODIALYSIS				
8 HOME PROGRAM - PERITONEAL DIALYSIS				
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS				
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS				
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	2,936,862		2,189,120	

CALCULATION OF REIMBURSABLE
BAD DEBTS - TITLE XVIII - PART B

PROVIDER NO:	PERIOD:	PREPARED 11/20/2009
16-0033	FROM 7/ 1/2008	
SATELLITE NO:	TO 6/30/2009	WORKSHEET 1-5
		RATE 0

	DESCRIPTION	
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	2,936,862
2	TOTAL PAYMENT (FROM WORKSHEET 1-4, COLUMN 7, LINE 11)	2,189,120
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 & 4 LESS LINE 5)	
7	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80%)	1,751,296
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 6 AND 7. IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9.)	437,824
9	REIMBURSABLE BAD DEBTS (LESSER OF LINE 8 OR LINE 5)(TRANSFER TO WORKSHEET E, PART B, LINE 26)	

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 11/20/2009
16-0033	FROM 7/1/2008	WORKSHEET L
COMPONENT NO:	TO 6/30/2009	PARTS I-IV
16-0033		

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	4,848,973
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	324,463
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	194.06
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	9.25
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	1.35
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	65,461
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	5.67
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	15.49
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	21.16
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.38
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	212,385
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	5,451,282
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)	