

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	|	PROVIDER NO:	|	PERIOD	|	INTERMEDIARY USE ONLY	|	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	|	26-0091	|	FROM 1/1/2009	|	--AUDITED --DESK REVIEW	|	/ /
	|		|	TO 12/31/2009	|	--INITIAL --REOPENED	|	INTERMEDIARY NO:
	|		|		|	--FINAL 1-MCR CODE	|	
	|		|		|	00 - # OF REOPENINGS	|	

ELECTRONICALLY FILED COST REPORT DATE: 6/15/2010 TIME 11:59

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
 ST. MARY'S HEALTH CENTER 26-0091

FOR THE COST REPORTING PERIOD BEGINNING 1/1/2009 AND ENDING 12/31/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	
1	HOSPITAL	0	681,950	408,303	10,265,473
2	SUBPROVIDER	0	-10,279	45	-859,135
2.01	SUBPROVIDER II	0	592,526	0	612,034
100	TOTAL	0	1,264,197	408,348	10,018,372

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

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 26-0091
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 6/15/2010
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / O/P VISITS / NOT LTCH N/A 4	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	409	149,285			23,533	10,030
2 HMO					13,094	48,465
2 01 HMO - (IRF PPS SUBPROVIDER)						744
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS	409	149,285			23,533	10,030
6 INTENSIVE CARE UNIT	12	4,380			1,532	201
6 01 PEDIATRIC INTENSIVE CARE UNIT	19	6,935			50	554
7 CORONARY CARE UNIT	12	4,380			1,524	395
8 BURN INTENSIVE CARE UNIT						
9 SURGICAL INTENSIVE CARE UNIT						
10 NEONATAL INTENSIVE CARE UNIT	60	21,900				1,535
11 NURSERY						707
12 TOTAL	512	186,880			26,639	13,422
13 RPCH VISITS						
14 SUBPROVIDER	35	12,775			5,791	3,031
14 01 SUBPROVIDER 2	47	17,155			5,193	2,430
15 SKILLED NURSING FACILITY						
16 NURSING FACILITY						
16 01 ICF/MR						
17 OTHER LONG TERM CARE						
18 HOME HEALTH AGENCY						
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE						
23 CORF						
25 TOTAL	594					
26 OBSERVATION BED DAYS						586
26 01 OBSERVATION BED DAYS-SUB I						
26 02 OBSERVATION BED DAYS-SUB II						
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						
29 LABOR & DELIVERY DAYS						167

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL ADMITTED 6.01	O/P VISITS / OBSERVATION BEDS NOT ADMITTED 6.02	-- INTERNS & RES. FTES TOTAL 7	-- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			91,045				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			91,045				
6 INTENSIVE CARE UNIT			3,154				
6 01 PEDIATRIC INTENSIVE CARE UNIT			4,193				
7 CORONARY CARE UNIT			3,337				
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
10 NEONATAL INTENSIVE CARE UNIT			18,120				
11 NURSERY			5,972				
12 TOTAL			125,821			149.78	
13 RPCH VISITS							
14 SUBPROVIDER			11,468			1.25	
14 01 SUBPROVIDER 2			13,152				
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL						151.03	
26 OBSERVATION BED DAYS	41	545	9,673	828	8,845		
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			1,465				
28 01 EMP DISCOUNT DAYS -IRF			326				
29 LABOR & DELIVERY DAYS			1,529				

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DI SCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					5,461	2,375	23,459
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							

HOSPITAL AND HOSPITAL HEALTH CARE
 COMPLEX STATISTICAL DATA

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/15/2010
 WORKSHEET S-3
 PART I

COMPONENT	I & R FTES	--- FULL TIME	EQUIV ---	DISCHARGES			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	
4 ADULTS & PED-SB NF		10	11	12	13	14	15
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
6 01 PEDIATRIC INTENSIVE CARE UNI							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
10 NEONATAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	149.78	3,199.78			5,461	2,375	23,459
13 RPCH VISITS							
14 SUBPROVIDER	1.25	62.19			530	344	1,385
14 01 SUBPROVIDER 2		86.53			381	125	873
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL	151.03	3,348.50					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/15/2010
 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	184,371,774		184,371,774	7,022,810.73	26.25	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	298,393		298,393	2,798.00	106.65	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	640,923		640,923	7,067.00	90.69	
5 PHYSICIAN - PART B	1,673,634		1,673,634	16,398.00	102.06	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)	1,306,117		1,306,117	57,923.88	22.55	
6.01 CONTRACT SERVICES, I&R	8,770,014		8,770,014	247,495.00	35.44	
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	20,179,491	-2,983,644	17,195,847	584,762.54	29.41	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	11,752,645		11,752,645	311,030.00	37.79	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	7,592,388		7,592,388	59,505.00	127.59	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)	9,750,510		9,750,510	78,145.00	124.77	
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	16,416,687		16,416,687	325,089.00	50.50	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	50,391,638		50,391,638			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	4,563,680		4,563,680			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	50,712		50,712			CMS 339
18.01 PART A TEACHING PHYSICIANS	104,957		104,957			CMS 339
19 PHYSICIAN PART B	287,672		287,672			CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	360,260		360,260			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	133,101	1,033,642	1,166,743	36,125.83	32.30	
22 ADMINISTRATIVE & GENERAL	28,557,394	-286,192	28,271,202	1,040,256.45	27.18	
22.01 A & G UNDER CONTRACT	1,269,869		1,269,869	10,848.00	117.06	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	2,619,828		2,619,828	104,821.54	24.99	
25 LAUNDRY & LINEN SERVICE	255,442		255,442	21,024.90	12.15	
26 HOUSEKEEPING	3,745,047		3,745,047	305,046.04	12.28	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	3,066,691	-575,563	2,491,128	200,346.54	12.43	
27.01 DIETARY UNDER CONTRACT	359,840		359,840	14,776.00	24.35	
28 CAFETERIA		575,563	575,563	46,289.00	12.43	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	3,142,173	405,361	3,547,534	109,043.66	32.53	
31 CENTRAL SERVICE AND SUPPLY	986,943		986,943	64,314.09	15.35	
32 PHARMACY	5,581,587	-78,450	5,503,137	157,782.20	34.88	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	2,609,144	86,213	2,695,357	151,043.01	17.84	
34 SOCIAL SERVICE	1,719,405	251,468	1,970,873	69,418.35	28.39	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	173,610,795		173,610,795	6,719,550.85	25.84	
2 EXCLUDED AREA SALARIES	20,179,491	-2,983,644	17,195,847	584,762.54	29.41	
3 SUBTOTAL SALARIES	153,431,304	2,983,644	156,414,948	6,134,788.31	25.50	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	45,512,230		45,512,230	773,769.00	58.82	
5 SUBTOTAL WAGE-RELATED COSTS	50,442,350		50,442,350		32.25	
6 TOTAL	249,385,884	2,983,644	252,369,528	6,908,557.31	36.53	
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	54,046,464	1,412,042	55,458,506	2,331,135.61	23.79	

HOSPITAL RENAL DIALYSIS DEPARTMENT
 STATISTICAL DATA

PROVIDER NO: 26-0091
 SATELLITE NO:
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/15/2010
 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		6				
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00					
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	5.50					
4 CAPD EXCHANGES PER DAY						
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	365					
6 NUMBER OF STATIONS	4					
7 TREATMENT CAPACITY PER DAY PER STATION	3					
8 UTILIZATION (SEE INSTRUCTIONS)	17.63					
9 AVERAGE TIMES DIALYZERS RE-USED						
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS						
TRANSPLANT INFORMATION						
11 NUMBER OF PATIENTS ON TRANSPLANT LIST		2				
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		72,705				
13 . 1 EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
14 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT		1,355				
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 [] INITIAL METHOD [X]						
ARANESP						
16 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
17 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
18 NUMBER OF ARANESP UNITS FURNISHED RELATING TO RENAL DIALYSIS DEPARTMENT						
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO HOME DIALYSIS DEPARTMENT						

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
26-0091	FROM 1/ 1/2009	6/15/2010
	TO 12/31/2009	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 42,769,975
17.01	GROSS MEDICAID REVENUES 481,030,499
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 523,800,474
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) .310137
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 481,030,499

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
26-0091	FROM 1/ 1/2009	6/15/2010
	TO 12/31/2009	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	149,185,356
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	42,769,975
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	13,264,552
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	149,185,356

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/15/2010
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
1.01	0101 OLD CAP REL COSTS-BLDG & FIXT					
1.02	0102 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		11,973,553	11,973,553		11,973,553
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		10,037,809	10,037,809		10,037,809
5	0500 EMPLOYEE BENEFITS	133,101	38,745,607	38,878,708	8,909,128	47,787,836
6	0600 ADMINISTRATIVE & GENERAL	28,557,394	58,201,551	86,758,945	29,013,735	115,772,680
7	0700 MAINTENANCE & REPAIRS		3,582,076	3,582,076	19,829	3,601,905
8	0800 OPERATION OF PLANT	2,619,828	9,070,545	11,690,373		11,690,373
9	0900 LAUNDRY & LINEN SERVICE	255,442	1,420,063	1,675,505		1,675,505
10	1000 HOUSEKEEPING	3,745,047	2,186,159	5,931,206		5,931,206
11	1100 DIETARY	3,066,691	6,067,025	9,133,716	-1,861,674	7,272,042
12	1200 CAFETERIA				1,680,169	1,680,169
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	3,142,173	258,859	3,401,032	408,112	3,809,144
15	1500 CENTRAL SERVICES & SUPPLY	986,943	39,311,894	40,298,837	-31,458,658	8,840,179
16	1600 PHARMACY	5,581,587	23,319,427	28,901,014	-20,961,151	7,939,863
17	1700 MEDICAL RECORDS & LIBRARY	2,609,144	2,127,792	4,736,936	97,184	4,834,120
18	1800 SOCIAL SERVICE	1,719,405	405,551	2,124,956	260,464	2,385,420
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	1,306,117		1,306,117		1,306,117
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,919,443	29,491,498	31,410,941	-11,443,877	19,967,064
24	2400 PARAMED PRGM	231,249	3,716	234,965	126,050	361,015
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	35,998,258	5,819,840	41,818,098	-3,232,890	38,585,208
26	2600 INTENSIVE CARE UNIT	2,112,019	450,114	2,562,133	-248,276	2,313,857
26.01	2080 PEDIATRIC INTENSIVE CARE UNIT	3,447,972	822,429	4,270,401	-375,221	3,895,180
27	2700 CORONARY CARE UNIT	2,179,144	511,960	2,691,104	-319,553	2,371,551
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
30	2060 NEONATAL INTENSIVE CARE UNIT	11,371,462	1,560,469	12,931,931	621,936	13,553,867
31	3100 SUBPROVIDER	2,928,993	198,443	3,127,436	495,322	3,622,758
31.01	3101 SUBPROVIDER 2	6,994,370	6,690,668	13,685,038	-9,877,985	3,807,053
33	3300 NURSERY				411,060	411,060
34	3400 SKILLED NURSING FACILITY					
35	3500 NURSING FACILITY					
35.01	3510 ICF/MR					
36	3600 OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	9,190,674	18,717,614	27,908,288	-14,634,356	13,273,932
38	3800 RECOVERY ROOM	1,417,438	41,769	1,459,207	-16,327	1,442,880
39	3900 DELIVERY ROOM & LABOR ROOM	345,911	23,413	369,324	3,177,994	3,547,318
40	4000 ANESTHESIOLOGY	192,740	7,374,358	7,567,098	1,554,905	9,122,003
41	4100 RADIOLOGY-DIAGNOSTIC	5,112,090	1,788,585	6,900,675	561,722	7,462,397
42	4200 RADIOLOGY-THERAPEUTIC	482,557	455,064	937,621		937,621
42.01	3450 NUCLEAR MEDICINE-DIAGNOSTIC	217,571	1,067,798	1,285,369		1,285,369
43	4300 RADIOISOTOPE					
43.01	3630 ULTRA SOUND	671,804	78,869	750,673	20,811	771,484
44	4400 LABORATORY	5,799,434	5,547,084	11,346,518	-1,256	11,345,262
44.01	4401 ANATOMICAL PATHOLOGY	740,020	179,659	919,679	771,657	1,691,336
44.03	4403 LAB-STEM CELL		1,526	1,526		1,526
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
46.01	4601 MENTAL HYGIENE	142,936	42,657	185,593	-10,504	175,089
47	4700 BLOOD STORING, PROCESSING & TRANS.	1,110,222	2,861,390	3,971,612		3,971,612
48	4800 INTRAVENOUS THERAPY	1,290,033	443,447	1,733,480	-135,901	1,597,579
48.01	4801 PHARMACY-IV DRUG THERAPY					
49	4900 RESPIRATORY THERAPY	3,105,338	1,815,750	4,921,088	-210,775	4,710,313
49.01	4901 SLEEP DISORDER	361,431	186,517	547,948		547,948
49.02	4902 PAIN MANAGEMENT	565,366	179,913	745,279		745,279
50	5000 PHYSICAL THERAPY	645,114	688,162	1,333,276	325,818	1,659,094
51	5100 OCCUPATIONAL THERAPY	349,214	17,461	366,675	636,949	1,003,624
52	5200 SPEECH PATHOLOGY	569,085	60,847	629,932	414,167	1,044,099
53	5300 ELECTROCARDIOLOGY	1,336,018	365,180	1,701,198	110,637	1,811,835
54	5400 ELECTROENCEPHALOGRAPHY	284,765	38,930	323,695	64,635	388,330
54.01	3120 CARDIAC CATHETERIZATION LABORATORY	1,165,810	5,376,475	6,542,285	-5,153,602	1,388,683
54.02	5401 CARDIAC REHAB	367,107	9,075	376,182		376,182
54.03	3650 VASCULAR LAB	459,528	43,511	503,039		503,039
54.04	3330 ENDOSCOPY	1,741,809	884,764	2,626,573	-600,277	2,026,296
54.05	5402 CLINICAL NUTRITION	632,103	10,836	642,939	43	642,982
54.06	5403 PSYCHOTHERAPY	680,952	572,307	1,253,259	289,336	1,542,595
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				17,825,388	17,825,388
55.01	5501 IMPLANTS CHARGED TO PATIENTS				11,380,590	11,380,590
56	5600 DRUGS CHARGED TO PATIENTS				20,835,101	20,835,101
57	5700 RENAL DIALYSIS	222,342	1,125,161	1,347,503	-92,832	1,254,671
58	5800 ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	6,269,495	1,295,445	7,564,940	446,656	8,011,596
61	6100 EMERGENCY	7,972,206	1,900,241	9,872,447	-253,704	9,618,743
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS					
64	6400 HOME PROGRAM DIALYSIS					
65	6500 AMBULANCE SERVICES					
66	6600 DURABLE MEDICAL EQUIP-RENTED					

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0091
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 6/15/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	OTHER REIMBURS COST CNTRS					
67	6700 DURABLE MEDICAL EQUIP-SOLD					
68	5950 TRANSPORT					
69	6900 CORF					
70	7000 I&R SERVICES-NOT APPRVD PRGM					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
82	8200 LUNG ACQUISITION					
83	8300 KIDNEY ACQUISITION				193,918	193,918
84	8400 LIVER ACQUISITION				69,731	69,731
85	8500 HEART ACQUISITION				80,144	80,144
85.01	8510 PANCREAS ACQUISITION					
86	8600 OTHER ORGAN ACQUISITION					
88	8800 INTEREST EXPENSE		2,600,911	2,600,911		2,600,911
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
93	9300 HOSPICE					
95	SUBTOTALS	174,346,895	308,051,767	482,398,662	-85,628	482,313,034
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	59,053	220,088	279,141		279,141
96.01	9601 RESTAURANT					
96.02	9602 PHYSICIAN SERVICES	355,883	60,218	416,101		416,101
96.03	9603 COMMUNITY EDUCATION	384,159	23,224	407,383		407,383
97	9700 RESEARCH		186,603	186,603		186,603
98	9800 PHYSICIANS' PRIVATE OFFICES	4,128,728	6,682,192	10,810,920	-3,161	10,807,759
98.01	9801 HOTELING ROOMS					
98.02	9802 FOUNDATION				88,789	88,789
98.03	9803 VENDING					
98.04	9804 55 ALIVE					
98.05	9806 VACANT					
99	9900 NONPAID WORKERS					
99.12	9912 HOME HEALTH					
99.15	9915 POISON CONTROL	1,795,387	245,017	2,040,404		2,040,404
99.16	9916 BILLABLE DEPARTMENTS	957,083	19,728	976,811		976,811
99.17	9917 MISCELLANEOUS NONREIMBURSABLE	2,344,586	3,289,894	5,634,480		5,634,480
101	TOTAL	184,371,774	318,778,731	503,150,505	-0-	503,150,505

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0091
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 6/15/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
1.01 0101	OLD CAP REL COSTS-BLDG & FIXT		
1.02 0102	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	84,059	12,057,612
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	4,283,150	14,320,959
5 0500	EMPLOYEE BENEFITS	-6,515,120	41,272,716
6 0600	ADMINISTRATIVE & GENERAL	-8,425,839	107,346,841
7 0700	MAINTENANCE & REPAIRS	-1,926,891	1,675,014
8 0800	OPERATION OF PLANT	-101,295	11,589,078
9 0900	LAUNDRY & LINEN SERVICE	-5,440	1,670,065
10 1000	HOUSEKEEPING	-10,539	5,920,667
11 1100	DIETARY	-2,807,085	4,464,957
12 1200	CAFETERIA		1,680,169
13 1300	MAINTENANCE OF PERSONNEL		
14 1400	NURSING ADMINISTRATION	-1,515	3,807,629
15 1500	CENTRAL SERVICES & SUPPLY	-7,277,562	1,562,617
16 1600	PHARMACY	-2,597,803	5,342,060
17 1700	MEDICAL RECORDS & LIBRARY	-9,980	4,824,140
18 1800	SOCIAL SERVICE	-5,837	2,379,583
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		1,306,117
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	-3,581,044	16,386,020
24 2400	PARAMED ED PRGM		361,015
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-1,228,337	37,356,871
26 2600	INTENSIVE CARE UNIT	-69,700	2,244,157
26.01 2080	PEDIATRIC INTENSIVE CARE UNIT	-17,857	3,877,323
27 2700	CORONARY CARE UNIT	-29,721	2,341,830
28 2800	BURN INTENSIVE CARE UNIT		
29 2900	SURGICAL INTENSIVE CARE UNIT		
30 2060	NEONATAL INTENSIVE CARE UNIT	-633,275	12,920,592
31 3100	SUBPROVIDER	-22,636	3,600,122
31.01 3101	SUBPROVIDER 2	-8,322	3,798,731
33 3300	NURSERY		411,060
34 3400	SKILLED NURSING FACILITY		
35 3500	NURSING FACILITY		
35.01 3510	ICF/MR		
36 3600	OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-448,367	12,825,565
38 3800	RECOVERY ROOM		1,442,880
39 3900	DELIVERY ROOM & LABOR ROOM		3,547,318
40 4000	ANESTHESIOLOGY	-7,312,340	1,809,663
41 4100	RADIOLOGY-DIAGNOSTIC	-1,054,015	6,408,382
42 4200	RADIOLOGY-THERAPEUTIC	-38,000	899,621
42.01 3450	NUCLEAR MEDICINE-DIAGNOSTIC	-71,756	1,213,613
43 4300	RADIOISOTOPE		
43.01 3630	ULTRA SOUND		771,484
44 4400	LABORATORY	-261,843	11,083,419
44.01 4401	ANATOMICAL PATHOLOGY	-663,954	1,027,382
44.03 4403	LAB-STEM CELL		1,526
45 4500	PBP CLINICAL LAB SERVICES-PRGM ONLY		
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		
46.01 4601	MENTAL HYGIENE	-3,110	171,979
47 4700	BLOOD STORING, PROCESSING & TRANS.	-18	3,971,594
48 4800	INTRAVENOUS THERAPY	-19,993	1,577,586
48.01 4801	PHARMACY-IV DRUG THERAPY		
49 4900	RESPIRATORY THERAPY	-58,789	4,651,524
49.01 4901	SLEEP DISORDER	-60	547,888
49.02 4902	PAIN MANAGEMENT	-412,026	333,253
50 5000	PHYSICAL THERAPY		1,659,094
51 5100	OCCUPATIONAL THERAPY		1,003,624
52 5200	SPEECH PATHOLOGY		1,044,099
53 5300	ELECTROCARDIOLOGY	-321,250	1,490,585
54 5400	ELECTROENCEPHALOGRAPHY		388,330
54.01 3120	CARDIAC CATHETERIZATION LABORATORY	-29,097	1,359,586
54.02 5401	CARDIAC REHAB		376,182
54.03 3650	VASCULAR LAB	-5,821	497,218
54.04 3330	ENDOSCOPY	-4,540	2,021,756
54.05 5402	CLINICAL NUTRITION	-1,825	641,157
54.06 5403	PSYCHOTHERAPY	-467,481	1,075,114
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	-158,558	17,666,830
55.01 5501	IMPLANTS CHARGED TO PATIENTS		11,380,590
56 5600	DRUGS CHARGED TO PATIENTS		20,835,101
57 5700	RENAL DIALYSIS	-2,640	1,252,031
58 5800	ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC	-980,084	7,031,512
61 6100	EMERGENCY	-194,611	9,424,132
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
64 6400	HOME PROGRAM DIALYSIS		
65 6500	AMBULANCE SERVICES		
66 6600	DURABLE MEDICAL EQUIP-RENTED		

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0091
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 6/15/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
	OTHER REIMBURS COST CNTRS	6	7
67	6700 DURABLE MEDICAL EQUIP-SOLD		
68	5950 TRANSPORT		
69	6900 CORF		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
82	8200 LUNG ACQUISITION		
83	8300 KIDNEY ACQUISITION		193,918
84	8400 LIVER ACQUISITION		69,731
85	8500 HEART ACQUISITION		80,144
85.01	8510 PANCREAS ACQUISITION		
86	8600 OTHER ORGAN ACQUISITION		
88	8800 INTEREST EXPENSE	-2,600,911	-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D.P.)		
93	9300 HOSPICE		
95	SUBTOTALS	-46,019,678	436,293,356
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		279,141
96.01	9601 RESTAURANT		
96.02	9602 PHYSICIAN SERVICES		416,101
96.03	9603 COMMUNITY EDUCATION		407,383
97	9700 RESEARCH		186,603
98	9800 PHYSICIANS' PRIVATE OFFICES		10,807,759
98.01	9801 HOTELING ROOMS		
98.02	9802 FOUNDATION		88,789
98.03	9803 VENDING		
98.04	9804 55 ALIVE		
98.05	9806 VACANT		
99	9900 NONPAID WORKERS		
99.12	9912 HOME HEALTH		
99.15	9915 POISON CONTROL		2,040,404
99.16	9916 BILLABLE DEPARTMENTS		976,811
99.17	9917 MISCELLANEOUS NONREIMBURSABLE		5,634,480
101	TOTAL	-46,019,678	457,130,827

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 6/15/2010
 I 26-0091 I FROM 1/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 12/31/2009 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
1.01	OLD CAP REL COSTS-BLDG & FIXT	0101	OLD CAP REL COSTS-BLDG & FIXT
1.02	OLD CAP REL COSTS-BLDG & FIXT	0102	OLD CAP REL COSTS-BLDG & FIXT
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
26.01	PEDIATRIC INTENSIVE CARE UNIT	2080	PEDIATRIC INTENSIVE CARE UNIT
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
30	NEONATAL INTENSIVE CARE UNIT	2060	NEONATAL INTENSIVE CARE UNIT
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER 2	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
42.01	NUCLEAR MEDICINE-DIAGNOSTIC	3450	NUCLEAR MEDICINE-DIAGNOSTIC
43	RADIOISOTOPE	4300	
43.01	ULTRA SOUND	3630	ULTRA SOUND
44	LABORATORY	4400	
44.01	ANATOMICAL PATHOLOGY	4401	LABORATORY
44.03	LAB-STEM CELL	4403	LABORATORY
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
46.01	MENTAL HYGIENE	4601	WHOLE BLOOD & PACKED RED BLOOD CELLS
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
48.01	PHARMACY-IV DRUG THERAPY	4801	INTRAVENOUS THERAPY
49	RESPIRATORY THERAPY	4900	
49.01	SLEEP DISORDER	4901	RESPIRATORY THERAPY
49.02	PAIN MANAGEMENT	4902	RESPIRATORY THERAPY
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
54.01	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
54.02	CARDIAC REHAB	5401	ELECTROENCEPHALOGRAPHY
54.03	VASCULAR LAB	3650	VASCULAR LAB
54.04	ENDOSCOPY	3330	ENDOSCOPY
54.05	CLINICAL NUTRITION	5402	ELECTROENCEPHALOGRAPHY
54.06	PSYCHOTHERAPY	5403	ELECTROENCEPHALOGRAPHY
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.01	IMPLANTS CHARGED TO PATIENTS	5501	MEDICAL SUPPLIES CHARGED TO PATIENTS
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	

COST CENTERS USED IN COST REPORT

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/15/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	OTHER REIMBURS COST		
68	TRANSPORT	5950	OTHER REIMBURSABLE COST CENTERS
69	CORF	6900	
70	I & R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
85.01	PANCREAS ACQUISITION	8510	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D. P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	RESTAURANT	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.02	PHYSICIAN SERVICES	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.03	COMMUNITY EDUCATION	9603	GIFT, FLOWER, COFFEE SHOP & CANTEEN
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	HOTELING ROOMS	9801	PHYSICIANS' PRIVATE OFFICES
98.02	FOUNDATION	9802	PHYSICIANS' PRIVATE OFFICES
98.03	VENDING	9803	PHYSICIANS' PRIVATE OFFICES
98.04	55 ALIVE	9804	PHYSICIANS' PRIVATE OFFICES
98.05	VACANT	9806	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
99.12	HOME HEALTH	9912	NONPAID WORKERS
99.15	POISON CONTROL	9915	NONPAID WORKERS
99.16	BILLEABLE DEPARTMENTS	9916	NONPAID WORKERS
99.17	MISCELLANEOUS NONREIMBURSABLE	9917	NONPAID WORKERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
260091

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

PREPARED 6/15/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	INCREASE			
		COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 PHARMACY RECLASS	A	DRUGS CHARGED TO PATIENTS	56		20,835,101
2 ALLOCATE OVERHEAD OF REHAB SUBPROV	B	EMPLOYEE BENEFITS	5	15,818	2,056,955
3		ADMINISTRATIVE & GENERAL	6	1,387,999	849,536
4		MAINTENANCE & REPAIRS	7		19,829
5		NURSING ADMINISTRATION	14	405,361	2,751
6		MEDICAL RECORDS & LIBRARY	17	86,213	10,971
7		SOCIAL SERVICE	18	251,468	8,996
8		PHYSICAL THERAPY	50	518,495	11,033
9		OCCUPATIONAL THERAPY	51	496,150	22,786
10		SPEECH PATHOLOGY	52	331,847	4,954
11		CLINICAL NUTRITION	54.05	43	
12 SSMRI OT AND ST RECLASS	C	OCCUPATIONAL THERAPY	51		123,371
13		SPEECH PATHOLOGY	52		80,339
14 NETWORK BHM RECLASS	D	SUBPROVIDER	31	404,801	115,594
15		PSYCHOTHERAPY	54.06	225,067	64,269
16 DIETARY RECLASS	E	CAFETERIA	12	575,563	1,104,606
17		NEONATAL INTENSIVE CARE UNIT	30		181,505
18 SM PHARMACY RESIDENT RECLASS	F	PARAMED ED PRGM	24	78,450	
19 CG FOUNDATION RENTAL COST RECLASS	G	FOUNDATION	98.02		88,789
20 NETWORK HUMAN RESOURCES RECLASS	H	EMPLOYEE BENEFITS	5	1,017,824	5,818,531
21 FRA EXPENSE RECLASS	I	ADMINISTRATIVE & GENERAL	6		34,854,868
22 LABOR AND DELIVERY RECLASS	J	DELIVERY ROOM & LABOR ROOM	39	2,513,947	664,047
23 CHARGEABLE MEDICAL SUPPLIES	K	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		17,825,388
24		IMPLANTS CHARGED TO PATIENTS	55.01		11,380,590
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 CHARGEABLE MEDICAL SUPPLIES	K				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12 TEACHING PHYSICIAN COSTS PHARMACY	L	PARAMED ED PRGM	24		47,600
13 ORGAN ACQUISITION COSTS	M	KIDNEY ACQUISITION	83		114,600
14		LIVER ACQUISITION	84		49,901
15		HEART ACQUISITION	85		60,314
16 PRE-TRANSPLANT COSTS	N	KIDNEY ACQUISITION	83	17,665	61,653
17		LIVER ACQUISITION	84	4,417	15,413
18		HEART ACQUISITION	85	4,417	15,413
19 GENERAL EXPENSE RECLASS	O	CENTRAL SERVICES & SUPPLY	15		3,396,210
20 PHYSICIAN RECLASS	P	ADULTS & PEDIATRICS	25	380,789	2,502,984
21		PEDIATRIC INTENSIVE CARE UNIT	26.01		59,686
22		NEONATAL INTENSIVE CARE UNIT	30		1,265,355
23		OPERATING ROOM	37		1,097,398
24		ANESTHESIOLOGY	40		2,117,203
25		RADIOLOGY-DIAGNOSTIC	41		1,175,158
26		ULTRA SOUND	43.01		20,811
27		ANATOMIC PATHOLOGY	44.01		771,657
28		RESPIRATORY THERAPY	49		186,674
29		ELECTROCARDIOLOGY	53		133,021
30		ELECTROENCEPHALOGRAPHY	54		64,635
31		CARDIAC CATHETERIZATION LABORATORY	54.01		52,074
32		RENAL DIALYSIS	57		8,774
33		CLINIC	60		958,820
34		EMERGENCY	61		648,838
35 NURSERY RECLASS	Q	NURSERY	33	264,574	146,486
36 TOTAL RECLASSIFICATIONS				8,980,908	111,095,487

(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:
260091

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

PREPARED 6/15/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 PHARMACY RECLASS	A	PHARMACY	16		20,835,101	
2 ALLOCATE OVERHEAD OF REHAB SUBPROV	B	SUBPROVIDER 2	31.01	3,493,394	2,987,811	
3						
4						
5						
6						
7						
8						
9						
10						
11						
12 SSMRI OT AND ST RECLASS	C	PHYSICAL THERAPY	50		203,710	
13						
14 NETWORK BHM RECLASS	D	ADMINISTRATIVE & GENERAL	6	629,868	179,863	
15						
16 DIETARY RECLASS	E	DIETARY	11	575,563	1,286,111	
17						
18 SM PHARMACY RESIDENT RECLASS	F	PHARMACY	16	78,450		
19 CG FOUNDATION RENTAL COST RECLASS	G	ADMINISTRATIVE & GENERAL	6		88,789	
20 NETWORK HUMAN RESOURCES RECLASS	H	ADMINISTRATIVE & GENERAL	6	1,017,824	5,818,531	
21 FRA EXPENSE RECLASS	I	CENTRAL SERVICES & SUPPLY	15		34,854,868	
22 LABOR AND DELIVERY RECLASS	J	ADULTS & PEDIATRICS	25	2,513,947	664,047	
23 CHARGEABLE MEDICAL SUPPLIES	K	ADULTS & PEDIATRICS	25		2,527,609	
24		INTENSIVE CARE UNIT	26		248,276	
25		PEDIATRIC INTENSIVE CARE UNIT	26.01		434,907	
26		CORONARY CARE UNIT	27		319,553	
27		NEONATAL INTENSIVE CARE UNIT	30		824,924	
28		SUBPROVIDER	31		25,073	
29		SUBPROVIDER 2	31.01		570	
30		OPERATING ROOM	37		15,731,754	
31		RECOVERY ROOM	38		16,327	
32		ANESTHESIOLOGY	40		562,298	
33		RADIOLOGY-DIAGNOSTIC	41		613,436	
34		LABORATORY	44		1,256	
35		MENTAL HYGIENE	46.01		10,504	
1 CHARGEABLE MEDICAL SUPPLIES	K	INTRAVENOUS THERAPY	48		135,901	
2		RESPIRATORY THERAPY	49		397,449	
3		OCCUPATIONAL THERAPY	51		5,358	
4		SPEECH PATHOLOGY	52		2,973	
5		ELECTROCARDIOLOGY	53		22,384	
6		CARDIAC CATHETERIZATION LABORATORY	54.01		5,205,676	
7		ENDOSCOPY	54.04		600,277	
8		RENAL DIALYSIS	57		101,606	
9		CLINIC	60		512,164	
10		EMERGENCY	61		902,542	
11		PHYSICIANS' PRIVATE OFFICES	98		3,161	
12 TEACHING PHYSICIAN COSTS PHARMACY	L	PHARMACY	16		47,600	
13 ORGAN ACQUISITION COSTS	M	ADMINISTRATIVE & GENERAL	6		224,815	
14						
15						
16 PRE-TRANSPLANT COSTS	N	ADMINISTRATIVE & GENERAL	6	26,499	92,479	
17						
18						
19 GENERAL EXPENSE RECLASS	O	SUBPROVIDER 2	31.01		3,396,210	
20 PHYSICIAN RECLASS	P	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	380,789	11,063,088	
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35 NURSERY RECLASS	Q	ADULTS & PEDIATRICS	25	264,574	146,486	
36 TOTAL RECLASSIFICATIONS				8,980,908	111,095,487	

(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:
260091

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

PREPARED 6/15/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : PHARMACY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	20,835,101	PHARMACY	16	20,835,101	
TOTAL RECLASSIFICATIONS FOR CODE A			20,835,101				20,835,101

RECLASS CODE: B
EXPLANATION : ALLOCATE OVERHEAD OF REHAB SUBPROV

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	2,072,773	SUBPROVIDER 2	31.01	6,481,205	
2.00	ADMINISTRATIVE & GENERAL	6	2,237,535			0	
3.00	MAINTENANCE & REPAIRS	7	19,829			0	
4.00	NURSING ADMINISTRATION	14	408,112			0	
5.00	MEDICAL RECORDS & LIBRARY	17	97,184			0	
6.00	SOCIAL SERVICE	18	260,464			0	
7.00	PHYSICAL THERAPY	50	529,528			0	
8.00	OCCUPATIONAL THERAPY	51	518,936			0	
9.00	SPEECH PATHOLOGY	52	336,801			0	
10.00	CLINICAL NUTRITION	54.05	43			0	
TOTAL RECLASSIFICATIONS FOR CODE B			6,481,205				6,481,205

RECLASS CODE: C
EXPLANATION : SSMRI OT AND ST RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OCCUPATIONAL THERAPY	51	123,371	PHYSICAL THERAPY	50	203,710	
2.00	SPEECH PATHOLOGY	52	80,339			0	
TOTAL RECLASSIFICATIONS FOR CODE C			203,710				203,710

RECLASS CODE: D
EXPLANATION : NETWORK BHM RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SUBPROVIDER	31	520,395	ADMINISTRATIVE & GENERAL	6	809,731	
2.00	PSYCHOTHERAPY	54.06	289,336			0	
TOTAL RECLASSIFICATIONS FOR CODE D			809,731				809,731

RECLASS CODE: E
EXPLANATION : DIETARY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,680,169	DIETARY	11	1,861,674	
2.00	NEONATAL INTENSIVE CARE UNIT	30	181,505			0	
TOTAL RECLASSIFICATIONS FOR CODE E			1,861,674				1,861,674

RECLASS CODE: F
EXPLANATION : SM PHARMACY RESIDENT RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PARAMED PRGM	24	78,450	PHARMACY	16	78,450	
TOTAL RECLASSIFICATIONS FOR CODE F			78,450				78,450

RECLASS CODE: G
EXPLANATION : CG FOUNDATION RENTAL COST RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	FOUNDATION	98.02	88,789	ADMINISTRATIVE & GENERAL	6	88,789	
TOTAL RECLASSIFICATIONS FOR CODE G			88,789				88,789

RECLASS CODE: H
EXPLANATION : NETWORK HUMAN RESOURCES RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	6,836,355	ADMINISTRATIVE & GENERAL	6	6,836,355	
TOTAL RECLASSIFICATIONS FOR CODE H			6,836,355				6,836,355

RECLASSIFICATIONS

PROVIDER NO:
260091

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

PREPARED 6/15/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION : FRA EXPENSE RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	34,854,868
TOTAL RECLASSIFICATIONS FOR CODE I			34,854,868

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	34,854,868	
			34,854,868

RECLASS CODE: J
EXPLANATION : LABOR AND DELIVERY RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DELIVERY ROOM & LABOR ROOM	39	3,177,994
TOTAL RECLASSIFICATIONS FOR CODE J			3,177,994

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	3,177,994	
			3,177,994

RECLASS CODE: K
EXPLANATION : CHARGEABLE MEDICAL SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	17,825,388
2.00	IMPLANTS CHARGED TO PATIENTS	55.01	11,380,590
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
TOTAL RECLASSIFICATIONS FOR CODE K			29,205,978

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	2,527,609	
INTENSIVE CARE UNIT	26	248,276	
PEDIATRIC INTENSIVE CARE UNIT	26.01	434,907	
CORONARY CARE UNIT	27	319,553	
NEONATAL INTENSIVE CARE UNIT	30	824,924	
SUBPROVIDER	31	25,073	
SUBPROVIDER 2	31.01	570	
OPERATING ROOM	37	15,731,754	
RECOVERY ROOM	38	16,327	
ANESTHESIOLOGY	40	562,298	
RADIOLOGY-DIAGNOSTIC	41	613,436	
LABORATORY	44	1,256	
MENTAL HYGIENE	46.01	10,504	
INTRAVENOUS THERAPY	48	135,901	
RESPIRATORY THERAPY	49	397,449	
OCCUPATIONAL THERAPY	51	5,358	
SPEECH PATHOLOGY	52	2,973	
ELECTROCARDIOLOGY	53	22,384	
CARDIAC CATHETERIZATION LABORA	54.01	5,205,676	
ENDOSCOPY	54.04	600,277	
RENAL DIALYSIS	57	101,606	
CLINIC	60	512,164	
EMERGENCY	61	902,542	
PHYSICIANS' PRIVATE OFFICES	98	3,161	
			29,205,978

RECLASS CODE: L
EXPLANATION : TEACHING PHYSICIAN COSTS PHARMACY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PARAMED PRGM	24	47,600
TOTAL RECLASSIFICATIONS FOR CODE L			47,600

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	47,600	
			47,600

RECLASS CODE: M
EXPLANATION : ORGAN ACQUISITION COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	KIDNEY ACQUISITION	83	114,600
2.00	LIVER ACQUISITION	84	49,901
3.00	HEART ACQUISITION	85	60,314
TOTAL RECLASSIFICATIONS FOR CODE M			224,815

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	224,815	
			0
			0
			224,815

RECLASS CODE: N
EXPLANATION : PRE-TRANSPLANT COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	KIDNEY ACQUISITION	83	79,318
2.00	LIVER ACQUISITION	84	19,830
3.00	HEART ACQUISITION	85	19,830
TOTAL RECLASSIFICATIONS FOR CODE N			118,978

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	118,978	
			0
			0
			118,978

RECLASS CODE: O
EXPLANATION : GENERAL EXPENSE RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CENTRAL SERVICES & SUPPLY	15	3,396,210
TOTAL RECLASSIFICATIONS FOR CODE O			3,396,210

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
SUBPROVIDER 2	31.01	3,396,210	
			3,396,210

RECLASSIFICATIONS

PROVIDER NO:
260091

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

PREPARED 6/15/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: P
EXPLANATION : PHYSICIAN RECLASS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	ADULTS & PEDIATRICS	2,883,773	25	I&R SERVICES-OTHER PRGM COSTS	11,443,877
2.00	PEDIATRIC INTENSIVE CARE UNIT	59,686	26.01		0
3.00	NEONATAL INTENSIVE CARE UNIT	1,265,355	30		0
4.00	OPERATING ROOM	1,097,398	37		0
5.00	ANESTHESIOLOGY	2,117,203	40		0
6.00	RADIOLOGY-DIAGNOSTIC	1,175,158	41		0
7.00	ULTRA SOUND	20,811	43.01		0
8.00	ANATOMIC PATHOLOGY	771,657	44.01		0
9.00	RESPIRATORY THERAPY	186,674	49		0
10.00	ELECTROCARDIOLOGY	133,021	53		0
11.00	ELECTROENCEPHALOGRAPHY	64,635	54		0
12.00	CARDIAC CATHETERIZATION LABORATORY	52,074	54.01		0
13.00	RENAL DIALYSIS	8,774	57		0
14.00	CLINIC	958,820	60		0
15.00	EMERGENCY	648,838	61		0
TOTAL RECLASSIFICATIONS FOR CODE P		11,443,877			

RECLASS CODE: Q
EXPLANATION : NURSERY RECLASS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	NURSERY	411,060	33	ADULTS & PEDIATRICS	411,060
TOTAL RECLASSIFICATIONS FOR CODE Q		411,060			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	8,114,844			8,114,844		8,114,844	
2 LAND IMPROVEMENTS	7,795,293	8,750		8,750		7,804,043	
3 BUILDINGS & FIXTURE	328,586,622	15,122,594		15,122,594		343,709,216	
4 BUILDING IMPROVEMENT	9,377,192	260,556		260,556	2,619,902	7,017,846	
5 FIXED EQUIPMENT	44,152,644	1,063,971		1,063,971		45,216,615	
6 MOVABLE EQUIPMENT	158,261,076	11,737,611		11,737,611	3,315,595	166,683,092	
7 SUBTOTAL	556,287,671	28,193,482		28,193,482	5,935,497	578,545,656	
8 RECONCILING ITEMS							
9 TOTAL	556,287,671	28,193,482		28,193,482	5,935,497	578,545,656	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	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		OTHER CAPITAL RELATED COSTS 7
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-BL							
1 02	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	411,862,563		411,862,563	.711893			
4	NEW CAP REL COSTS-MV	166,683,093		166,683,093	.288107			
5	TOTAL	578,545,656		578,545,656	1.000000			

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	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		
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-BL							
1 02	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	12,057,612					12,057,612	
4	NEW CAP REL COSTS-MV	14,320,959					14,320,959	
5	TOTAL	26,378,571					26,378,571	

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-BL							
1 02	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	11,973,553					11,973,553	
4	NEW CAP REL COSTS-MV	10,037,809					10,037,809	
5	TOTAL	22,011,362					22,011,362	

* 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

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
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	-13,940,536			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-4,400,233			
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			UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP		-14,937	NEW CAP REL COSTS-MVBLE E	4	9
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 MIS REVENUE	B	-63	EMPLOYEE BENEFITS	5	
37.01 MIS REVENUE	B	-548,706	ADMINISTRATIVE & GENERAL	6	
37.02 MIS REVENUE	B	-8,500	MAINTENANCE & REPAIRS	7	
37.03 MIS REVENUE	B	-101,295	OPERATION OF PLANT	8	
37.04 MIS REVENUE	B	-5,440	LAUNDRY & LINEN SERVICE	9	
37.05 MIS REVENUE	B	-10,539	HOUSEKEEPING	10	
37.06 MIS REVENUE	B	-2,807,085	DIETARY	11	
37.07 MIS REVENUE	B	-583	NURSING ADMINISTRATION	14	
37.08 MIS REVENUE	B	-19,806	CENTRAL SERVICES & SUPPLY	15	
37.09 MIS REVENUE	B	-2,576,125	PHARMACY	16	
37.10 MIS REVENUE	B	-9,768	MEDICAL RECORDS & LIBRARY	17	
37.11 MIS REVENUE	B	-4,326	SOCIAL SERVICE	18	
37.12 MIS REVENUE	B	-14,261	ADULTS & PEDIATRICS	25	
37.13 MIS REVENUE	B	-1,945	NEONATAL INTENSIVE CARE U	30	
37.14 MIS REVENUE	B	-2,336	SUBPROVIDER 2	31.01	
37.15 MIS REVENUE	B	-5,177	RADIOLOGY-DIAGNOSTIC	41	
37.16 MIS REVENUE	B	-1,516	NUCLEAR MEDICINE-DIAGNOST	42.01	
37.17 MIS REVENUE	B	-7,418	LABORATORY	44	
37.18 MIS REVENUE	B	-3,151	ANATOMIC PATHOLOGY	44.01	
37.19 MIS REVENUE	B	-18	BLOOD STORING, PROCESSING	47	
37.20 MIS REVENUE	B	-250	INTRAVENOUS THERAPY	48	
37.21 MIS REVENUE	B	-2,923	RESPIRATORY THERAPY	49	
37.22 MIS REVENUE	B	20	PAIN MANAGEMENT	49.02	
37.23 MIS REVENUE	B	-808	ELECTROCARDIOLOGY	53	
37.24 MIS REVENUE	B	-13,488	CARDIAC CATHETERIZATION L	54.01	
37.25 MIS REVENUE	B	-25	VASCULAR LAB	54.03	
37.26 MIS REVENUE	B	-1,825	CLINICAL NUTRITION	54.05	
37.27 MIS REVENUE	B	-65,915	CLINIC	60	
37.28 MIS REVENUE	B	195	EMERGENCY	61	
38 INTEREST EXPENSE	B	-2,600,911	INTEREST EXPENSE	88	
38.01 INTEREST EXPENSE	B	-489,793	ADMINISTRATIVE & GENERAL	6	
39 TEACHING PHYSICIAN RCE OFFSET	A	-3,580,178	I&R SERVICES-OTHER PRGM C	23	
39.01 TEACHING PHYSICIAN RCE OFFSET	A	-19,533	PHARMACY	16	
39.02 TEACHING PHYSICIAN RCE OFFSET	A	-17,499	INTENSIVE CARE UNIT	26	
39.03 TEACHING PHYSICIAN OFFSET	A	-30,676	CLINIC	60	
40 NONALLOWABLE A&G	A	-619,172	ADMINISTRATIVE & GENERAL	6	
41 TELEPHONE EXPENSE	A	-19,666	NEW CAP REL COSTS-MVBLE E	4	9
41.01 TELEPHONE EXPENSE	A	-8,939	EMPLOYEE BENEFITS	5	
41.02 TELEPHONE EXPENSE	A	-63,487	ADMINISTRATIVE & GENERAL	6	
42 FRA EXPENSE MCR ADJUSTMENT	A	-5,273,415	ADMINISTRATIVE & GENERAL	6	
43 LOBBYING EXPENSE	A	-65,966	ADMINISTRATIVE & GENERAL	6	
44 BAD DEBT EXPENSE	A	-7,257,756	CENTRAL SERVICES & SUPPLY	15	
45 NON MED TRANSPORTATION	A	-16,404	SUBPROVIDER	31	
45.01 NON MED TRANSPORTATION	A	-2,641	SUBPROVIDER 2	31.01	
45.02 NON MED TRANSPORTATION	A	-455,043	PSYCHOTHERAPY	54.06	
45.03 NON MED TRANSPORTATION	A	-21,079	CLINIC	60	
45.04 NON MED TRANSPORTATION	A	-138	EMERGENCY	61	
46 ADVERTISING	A	-66,216	ADMINISTRATIVE & GENERAL	6	
46.01 ADVERTISING	A	-167	ADULTS & PEDIATRICS	25	

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	
46.02 ADVERTISING	A	-1,802	SUBPROVIDER 2	31.01	
46.03 ADVERTISING	A	-1,010	RADIOLOGY-DIAGNOSTIC	41	
46.04 ADVERTISING	A	-83	CARDIAC CATHETERIZATION L	54.01	
47 ENTERTAINMENT	A	-7,587	ADMINISTRATIVE & GENERAL	6	
47.01 ENTERTAINMENT	A	-1,985	PHARMACY	16	
47.02 ENTERTAINMENT	A	-212	MEDICAL RECORDS & LIBRARY	17	
47.03 ENTERTAINMENT	A	-53	ADULTS & PEDIATRICS	25	
47.04 ENTERTAINMENT	A	-250	INTRAVENOUS THERAPY	48	
47.05 ENTERTAINMENT	A	-139	ELECTROCARDIOLOGY	53	
48 AMORT OF GOODWILL	A	-395,986	NEW CAP REL COSTS-BLDG &	3	9
49 PHYSICIAN PARKING GARAGE	A	-265,047	ADMINISTRATIVE & GENERAL	6	
49.01 CONTRIBUTIONS	A	-121,627	ADMINISTRATIVE & GENERAL	6	
49.02 CONTRIBUTIONS	A	-932	NURSING ADMINISTRATION	14	
49.03 CONTRIBUTIONS	A	-160	PHARMACY	16	
49.04 CONTRIBUTIONS	A	-1,511	SOCIAL SERVICE	18	
49.05 CONTRIBUTIONS	A	-866	I&R SERVICES-OTHER PRGM C	23	
49.06 CONTRIBUTIONS	A	-37,372	ADULTS & PEDIATRICS	25	
49.07 CONTRIBUTIONS	A	-13	SUBPROVIDER	31	
49.08 CONTRIBUTIONS	A	-1,543	SUBPROVIDER 2	31.01	
49.09 CONTRIBUTIONS	A	-23	OPERATING ROOM	37	
49.10 CONTRIBUTIONS	A	98	RADIOLOGY-DIAGNOSTIC	41	
49.11 CONTRIBUTIONS	A	-25	LABORATORY	44	
49.12 CONTRIBUTIONS	A	-2,420	INTRAVENOUS THERAPY	48	
49.13 CONTRIBUTIONS	A	-133	RESPIRATORY THERAPY	49	
49.14 CONTRIBUTIONS	A	-60	SLEEP DISORDER	49.01	
49.15 CONTRIBUTIONS	A	-76	ELECTROCARDIOLOGY	53	
49.16 CONTRIBUTIONS	A	-386	CLINIC	60	
49.17 CONTRIBUTIONS	A	-1,013	EMERGENCY	61	
50 TOTAL (SUM OF LINES 1 THRU 49)		-46,019,678			

(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	5	EMPLOYEE BENEFITS	HOME OFFICE	21,844,734	28,350,852	-6,506,118	
2	3	NEW CAP REL COSTS-BLDG &	HOME OFFICE	480,045		480,045	9
3	4	NEW CAP REL COSTS-MVBLE E	HOME OFFICE	4,317,753		4,317,753	9
4	6	ADMINISTRATIVE & GENERAL	HOME OFFICE	26,654,356	22,457,650	4,196,706	
4.01	54	4 ENDOSCOPY	HOME OFFICE CES		4,540	-4,540	
4.02	7	MAINTENANCE & REPAIRS	HOME OFFICE CES		1,918,391	-1,918,391	
4.03	55	MEDICAL SUPPLIES CHARGED	HOME OFFICE		158,558	-158,558	
4.04	3	NEW CAP REL COSTS-BLDG &	HOME OFFICE INTEREST	2,747,878	2,747,878		11
4.05	6	ADMINISTRATIVE & GENERAL	HOME OFFICE BOND EXPENSE	489,793	489,793		
4.06	6	ADMINISTRATIVE & GENERAL	NETWORK--CORP 130	28,145,245	32,952,375	-4,807,130	
4.07	5	EMPLOYEE BENEFITS	OTHER INTERCO	107,579	107,579		
4.08	6	ADMINISTRATIVE & GENERAL	OTHER INTERCO	6,880,168	6,880,168		
4.09	6	ADMINISTRATIVE & GENERAL	SISTER SERVICES	31,967	31,967		
4.10	18	SOCIAL SERVICE	SISTER SERVICES	22,181	22,181		
5		TOTALS		91,721,699	96,121,932	-4,400,233	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	G	SSM HEALTH CARE	100.00	FRAN SISTERS OF MARY	0.00	HOME OFFICE
2	G	SSM HEALTH CARE ST LOUIS	0.00	FRAN SISTERS OF MARY	100.00	ST LOUIS NETWORK
3	G	SSM INFO CENTER	0.00	FRAN SISTERS OF MARY	100.00	DATA PROCESSING SERVICES
4			0.00		0.00	
5			0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED: 6/15/2010
 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	ADMINISTRATIVE & GENERAL	597,939	235,128	362,811	177,200	3,563	303,540	15,177
2 25	ADULTS & PEDIATRICS	1,562,982	301,972	1,261,010	177,200	9,213	784,877	39,244
3 25	ADULTS & PEDIATRICS	27,287	2,487	24,800	177,200	248	21,128	1,056
4 26	INTENSIVE CARE UNIT	72,221	46,391	25,830	177,200	235	20,020	1,001
5 27	CORONARY CARE UNIT	30,727	29,721	1,006	177,200	12	1,022	51
6 31	SUBPROVIDER	24,000		24,000	154,100	240	17,781	889
7 37	OPERATING ROOM	98,943	73,943	25,000	208,000	250	25,000	1,250
8 40	ANESTHESIOLOGY	6,175,996	6,175,996		200,300			
9 41	RADIOLOGY-DIAGNOSTIC	14,204	13,204	1,000	225,300	10	1,083	54
10 42	RADIOLOGY-THERAPEUTIC	38,000	38,000		225,300			
11 42 1	NUCLEAR MEDICINE-DIAGNOSTIC	70,240	70,240		225,300			
12 44	LABORATORY	254,400	254,400		215,700			
13 44 1	ANATOMICAL PATHOLOGY	105,675	95,875	9,800	215,700	98	10,163	508
14 46 1	MENTAL HYGIENE	12,000		12,000	154,100	120	8,890	445
15 48	INTRAVENOUS THERAPY	17,073	17,073		177,200			
16 49 2	PAIN MANAGEMENT	412,046	412,046		177,200			
17 53	ELECTROCARDIOLOGY	266,565	230,535	36,030	177,200	100	8,519	426
18 54 3	VASCULAR LAB	5,796	5,796		177,200			
19 54 6	PSYCHOTHERAPY	84,000		84,000	177,200	840	71,562	3,578
20 60	CLINICAL	760,077	607,560	152,517	177,200	1,287	109,643	5,482
21 25	ADULTS & PEDIATRICS	577,163		577,163	140,600	2,736	184,943	9,247
22 26 1	PEDIATRIC INTENSIVE CARE	59,686		59,686	177,200	491	41,829	2,091
23 30	NEONATAL INTENSIVE CARE U	1,265,355		1,265,355	177,200	10,420	887,704	44,385
24 30	NEONATAL INTENSIVE CARE U	253,679	253,679		177,200			
25 37	OPERATING ROOM	802,401		802,401	208,000	4,280	428,000	21,400
26 40	ANESTHESIOLOGY	2,033,072	1,016,536	1,016,536	200,300	9,312	896,728	44,836
27 41	RADIOLOGY-DIAGNOSTIC	1,170,112	1,034,721	135,390	225,300	1,300	140,813	7,041
28 43 1	ULTRA SOUND	20,811		20,811	225,300	200	21,663	1,083
29 44 1	ANATOMICAL PATHOLOGY	771,657	564,928	206,729	215,700	2,101	217,878	10,894
30 49	RESPIRATORY THERAPY	186,674		186,674	177,200	1,537	130,941	6,547
31 53	ELECTROCARDIOLOGY	133,021		133,021	177,200	1,095	93,286	4,664
32 53	ELECTROCARDIOLOGY	30,624		30,624	177,200	96	8,178	409
33 54	ELECTROENCEPHALOGRAPHY	64,635		64,635	177,200	842	71,732	3,587
34 54 1	CARDIAC CATHETERIZATION L	52,074		52,074	177,200	429	36,548	1,827
35 57	RENAL DIALYSIS	8,774		8,774	177,200	72	6,134	307
36 60	CLINICAL	708,776		708,776	177,200	5,836	497,182	24,859
37 61	EMERGENCY	648,838		648,838	177,200	5,343	455,183	22,759
38 49	RESPIRATORY THERAPY							
39 49	RESPIRATORY THERAPY							
40 49	RESPIRATORY THERAPY							
41 49	RESPIRATORY THERAPY							
101	TOTAL	19,417,523	11,480,231	7,937,291		62,306	5,501,970	275,097

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
26-0091

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

PREPARED 6/15/2010
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 6	ADMINISTRATIVE & GENERAL					303,540	59,271	294,399
2 25	ADULTS & PEDIATRICS					784,877	476,133	778,105
3 25	ADULTS & PEDIATRICS					21,128	3,672	6,159
4 26	INTENSIVE CARE UNIT					20,020	5,810	52,201
5 27	CORONARY CARE UNIT					1,022		29,721
6 31	SUBPROVIDER					17,781	6,219	6,219
7 37	OPERATING ROOM					25,000		73,943
8 40	ANESTHESIOLOGY							6,175,996
9 41	RADIOLOGY-DIAGNOSTIC					1,083		13,204
10 42	RADIOLOGY-THERAPEUTIC							38,000
11 42 1	NUCLEAR MEDICINE-DIAGNOSTIC							70,240
12 44	LABORATORY							254,400
13 44 1	ANATOMICAL PATHOLOGY					10,163		95,875
14 46 1	MENTAL HYGIENE					8,890	3,110	3,110
15 48	INTRAVENOUS THERAPY							17,073
16 49 2	PAIN MANAGEMENT							412,046
17 53	ELECTROCARDIOLOGY					8,519	27,511	258,046
18 54 3	VASCULAR LAB							5,796
19 54 6	PSYCHOTHERAPY					71,562	12,438	12,438
20 60	CLINIC					109,643	42,874	650,434
21 25	ADULTS & PEDIATRICS					184,943	392,220	392,220
22 26 1	PEDIATRIC INTENSIVE CARE					41,829	17,857	17,857
23 30	NEONATAL INTENSIVE CARE U					887,704	377,651	377,651
24 30	NEONATAL INTENSIVE CARE U							253,679
25 37	OPERATING ROOM					428,000	374,401	374,401
26 40	ANESTHESIOLOGY					896,728	119,808	1,136,344
27 41	RADIOLOGY-DIAGNOSTIC					140,813		1,034,722
28 43 1	ULTRASOUND					21,663		
29 44 1	ANATOMICAL PATHOLOGY					217,878		564,928
30 49	RESPIRATORY THERAPY					130,941	55,733	55,733
31 53	ELECTROCARDIOLOGY					93,286	39,735	39,735
32 53	ELECTROCARDIOLOGY					8,178	22,446	22,446
33 54	ELECTROENCEPHALOGRAPHY					71,732		
34 54 1	CARDIAC CATHETERIZATION L					36,548	15,526	15,526
35 57	RENAL DIALYSIS					6,134	2,640	2,640
36 60	CLINIC					497,182	211,594	211,594
37 61	EMERGENCY					455,183	193,655	193,655
38 49	RESPIRATORY THERAPY							
39 49	RESPIRATORY THERAPY							
40 49	RESPIRATORY THERAPY							
41 49	RESPIRATORY THERAPY							
101	TOTAL					5,501,970	2,460,304	13,940,536

COST ALLOCATION STATISTICS

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/15/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
1.01	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
1.02	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	1	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE FEET	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12	CAFETERIA	11	FTE'S	ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
16	PHARMACY	15	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	GROSS REVENUE	ENTERED
18	SOCIAL SERVICE	17	TIME SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	19	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	20	ASSIGNED TIME	ENTERED
24	PARAMED ED PRGM	22	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/15/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E
	0	1	1.01	1.02	2	3	4
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &	12,057,612					12,057,612	
004 NEW CAP REL COSTS-MVBLE E	14,320,959						14,320,959
005 EMPLOYEE BENEFITS	41,272,716					75,403	10,575
006 ADMINISTRATIVE & GENERAL	107,346,841					1,115,285	708,400
007 MAINTENANCE & REPAIRS	1,675,014					19,402	
008 OPERATION OF PLANT	11,589,078					1,227,776	840,112
009 LAUNDRY & LINEN SERVICE	1,670,065					126,691	2,708
010 HOUSEKEEPING	5,920,667					208,745	14,962
011 DIETARY	4,464,957					306,368	241,495
012 CAFETERIA	1,680,169					218,979	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	3,807,629					37,959	201,028
015 CENTRAL SERVICES & SUPPLY	1,562,617					237,554	62,321
016 PHARMACY	5,342,060					97,944	25,263
017 MEDICAL RECORDS & LIBRARY	4,824,140					141,496	19,437
018 SOCIAL SERVICE	2,379,583					22,176	11,011
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	1,306,117						
023 I&R SERVICES-OTHER PRGM C	16,386,020					200,893	4,778
024 PARAMEDICAL PRGM	361,015						
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	37,356,871					2,093,796	1,034,784
026 01 INTENSIVE CARE UNIT	2,244,157					86,891	51,508
027 01 PEDIATRIC INTENSIVE CARE	3,877,323					61,025	259,745
027 CORONARY CARE UNIT	2,341,830					74,869	53,095
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U	12,920,592					428,257	821,916
031 SUBPROVIDER	3,600,122					146,093	5,001
031 01 SUBPROVIDER 2	3,798,731					417,116	197,227
033 NURSERY	411,060					7,531	
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	12,825,565					1,217,034	2,445,421
038 RECOVERY ROOM	1,442,880					39,764	25,153
039 DELIVERY ROOM & LABOR ROO	3,547,318					47,625	89,528
040 ANESTHESIOLOGY	1,809,663					32,251	365,193
041 RADIOLOGY-DIAGNOSTIC	6,408,382					257,792	1,605,896
042 RADIOLOGY-THERAPEUTIC	899,621					88,936	524,089
042 01 NUCLEAR MEDICINE-DIAGNOST	1,213,613					79,671	74,522
043 RADIOISOTOPE							
043 01 ULTRASOUND	771,484					21,376	103,754
044 LABORATORY	11,083,419					255,391	272,910
044 01 ANATOMICAL PATHOLOGY	1,027,382					56,063	134,918
044 03 LAB-STEM CELL	1,526						
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
046 01 MENTAL HYGIENE	171,979					30,526	4,058
047 BLOOD STORING, PROCESSING	3,971,594					10,199	37,210
048 INTRAVENOUS THERAPY	1,577,586					35,505	37,350
048 01 PHARMACY-IV DRUG THERAPY							
049 RESPIRATORY THERAPY	4,651,524					47,918	233,560
049 01 SLEEP DISORDER	547,888					5,291	29,304
049 02 PAIN MANAGEMENT	333,253						20,887
050 PHYSICAL THERAPY	1,659,094					119,204	6,453
051 OCCUPATIONAL THERAPY	1,003,624					55,956	819
052 SPEECH PATHOLOGY	1,044,099					22,016	15,396
053 ELECTROCARDIOLOGY	1,490,585					48,354	385,495
054 ELECTROENCEPHALOGRAPHY	388,330					25,155	42,695
054 01 CARDIAC CATHETERIZATION L	1,359,586					112,882	1,375,575
054 02 CARDIAC REHAB	376,182					59,451	4,237
054 03 VASCULAR LAB	497,218					11,728	150,159
054 04 ENDOSCOPY	2,021,756					123,472	577,682
054 05 CLINICAL NUTRITION	641,157					6,207	88
054 06 PSYCHOTHERAPY	1,075,114					49,305	594
055 MEDICAL SUPPLIES CHARGED	17,666,830						
055 01 IMPLANTS CHARGED TO PATIE	11,380,590						
056 DRUGS CHARGED TO PATIENTS	20,835,101						
057 RENAL DIALYSIS	1,252,031					19,384	34,970
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	7,031,512					485,441	143,699
062 EMERGENCY	9,424,132					384,981	662,977
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-BLDG & 1.01	OLD CAP REL C OSTS-BLDG & 1.02	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
068 DURABLE MEDICAL EQUIP-SOL							
069 TRANSPORT							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION	193,918					89	
086 LIVER ACQUISITION	69,731					133	
085 01 HEART ACQUISITION	80,144					71	
086 01 PANCREAS ACQUISITION							
092 OTHER ORGAN ACQUISITION							
093 AMBULATORY SURGICAL CENTE							
095 HOSPICE							
096 SUBTOTALS	436,293,356					11,101,420	13,969,958
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	279,141					16,165	
096 02 RESTAURANT							
096 02 PHYSICIAN SERVICES	416,101					6,535	933
096 03 COMMUNITY EDUCATION	407,383					21,972	
097 RESEARCH	186,603					62,243	3,164
098 PHYSICIANS' PRIVATE OFFIC	10,807,759					495,133	155,083
098 01 HOTELING ROOMS						26,996	
098 02 FOUNDATION	88,789						
098 03 VENDING						4,108	
098 04 55 ALIVE							
098 05 VACANT						267,155	
099 NONPAID WORKERS							
099 12 HOME HEALTH							
099 15 POISON CONTROL	2,040,404						1,248
099 16 BILLEABLE DEPARTMENTS	976,811						9,272
099 17 MISCELLANEOUS NONREIMBURS	5,634,480					55,885	181,301
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	457,130,827					12,057,612	14,320,959

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	5	5a.00	6	7	8	9	10
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	41,358,694						
006 ADMINISTRATIVE & GENERAL	6,382,252	115,552,778	115,552,778				
007 MAINTENANCE & REPAIRS		1,694,416	573,206	2,267,622			
008 OPERATION OF PLANT	591,429	14,248,395	4,820,104	256,661	19,325,160		
009 LAUNDRY & LINEN SERVICE	57,666	1,857,130	628,250	26,484	254,510	2,766,374	
010 HOUSEKEEPING	845,448	6,989,822	2,364,594	43,637	419,348	66,760	9,884,161
011 DIETARY	562,375	5,575,195	1,886,038	64,045	615,465		326,162
012 CAFETERIA	129,934	2,029,082	686,420	45,777	439,908		233,127
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	800,859	4,847,475	1,639,857	7,935	76,257		40,412
015 CENTRAL SERVICES & SUPPLY	222,803	2,085,295	705,437	49,660	477,224		252,902
016 PHARMACY	1,242,339	6,707,606	2,269,123	20,475	196,759		104,272
017 MEDICAL RECORDS & LIBRARY	608,480	5,593,553	1,892,249	29,579	284,252		150,638
018 SOCIAL SERVICE	444,927	2,857,697	966,733	4,636	44,550		23,609
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	294,857	1,600,974	541,595				
023 I&R SERVICES-OTHER PRGM C	347,353	16,939,044	5,730,326	41,996	403,575	1,430	213,873
024 PARAMED PRGM	69,915	430,930	145,780				
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	7,585,329	48,070,780	16,261,910	437,697	4,206,237	1,047,670	2,229,073
026 INTENSIVE CARE UNIT	476,790	2,859,346	967,291	18,164	174,556	109,487	92,505
026 01 PEDIATRIC INTENSIVE CARE	778,383	4,976,476	1,683,497	12,757	122,593	10,477	64,967
027 CORONARY CARE UNIT	491,944	2,961,738	1,001,929	15,651	150,405	58,575	79,706
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U	2,567,119	16,737,884	5,662,276	89,525	860,329	67,773	455,927
031 SUBPROVIDER	752,607	4,503,823	1,523,603	30,540	293,487	47,066	155,532
031 01 SUBPROVIDER 2	790,349	5,203,423	1,760,271	87,196	837,946	131,500	444,065
033 NURSERY	59,728	478,319	161,811	1,574	15,130	22,889	8,018
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,074,804	18,562,824	6,279,636	254,415	2,444,907	233,407	1,295,666
038 RECOVERY ROOM	319,988	1,827,785	618,323	8,313	79,883	62,237	42,333
039 DELIVERY ROOM & LABOR ROO	645,616	4,330,087	1,464,829	9,956	95,673	157,635	50,702
040 ANESTHESIOLOGY	43,511	2,250,618	761,364	6,742	64,789		34,334
041 RADIOLOGY-DIAGNOSTIC	1,154,059	9,426,129	3,188,775	53,890	517,880	130,662	274,448
042 RADIOLOGY-THERAPEUTIC	108,938	1,621,584	548,567	18,592	178,664	1,479	94,682
042 01 NUCLEAR MEDICINE-DIAGNOST	49,117	1,416,923	479,332	16,655	160,051	8,169	84,818
043 RADIOISOTOPE							
043 01 ULTRA SOUND	151,660	1,048,274	354,622	4,469	42,942	4,292	22,757
044 LABORATORY	1,309,228	12,920,948	4,371,040	53,388	513,057		271,892
044 01 ANATOMY C PATHOLOGY	167,060	1,385,423	468,676	11,720	112,625		59,685
044 03 LAB-STEM CELL		1,526	516				
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
046 01 MENTAL HYGIENE	32,268	238,831	80,794	6,381	61,323		32,498
047 BLOOD STORING, PROCESSING	250,634	4,269,637	1,444,380	2,132	20,489		10,858
048 INTRAVENOUS THERAPY	291,226	1,941,667	656,848	7,422	71,326	1,717	37,799
048 01 PHARMACY-IV DRUG THERAPY							
049 RESPIRATORY THERAPY	701,033	5,634,035	1,905,943	10,017	96,263		51,014
049 01 SLEEP DISORDER	81,593	664,076	224,651	1,106	10,628		5,632
049 02 PAIN MANAGEMENT	127,632	481,772	162,979			5,007	
050 PHYSICAL THERAPY	262,686	2,047,437	692,630	24,919	239,469	39,307	126,906
051 OCCUPATIONAL THERAPY	190,842	1,251,241	423,284	11,697	112,411	16,518	59,572
052 SPEECH PATHOLOGY	203,386	1,284,897	434,669	4,602	44,228		23,439
053 ELECTROCARDIOLOGY	301,607	2,226,041	753,050	10,108	97,138	506	51,478
054 ELECTROENCEPHALOGRAPHY	64,286	520,466	176,069	5,259	50,534	24,968	26,780
054 01 CARDIAC CATHETERIZATION L	263,183	3,111,226	1,052,500	23,590	226,769	42,697	120,175
054 02 CARDIAC REHAB	82,875	522,745	176,840	12,428	119,431	5,674	63,292
054 03 VASCULAR LAB	103,739	762,844	258,063	2,452	23,561	3,576	12,486
054 04 ENDOSCOPY	393,215	3,116,125	1,054,157	25,811	248,044	42,989	131,449
054 05 CLINICAL NUTRITION	142,708	790,160	267,304	1,297	12,468		6,607
054 06 PSYCHOTHERAPY	204,535	1,329,548	449,774	10,307	99,050		52,491
055 MEDICAL SUPPLIES CHARGED		17,666,830	5,976,530				
055 01 IMPLANTS CHARGED TO PATIE		11,380,590	3,849,951				
056 DRUGS CHARGED TO PATIENTS		20,835,101	7,048,327				
057 RENAL DIALYSIS	50,194	1,356,579	458,918	4,052	38,941		20,637
058 ASC (NON-DIAGNOSTIC PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	1,415,345	9,075,997	3,070,328	101,479	975,205	110,150	516,805
062 EMERGENCY	1,799,733	12,271,823	4,151,447	80,478	773,390	299,515	409,854
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	5	5a.00	6	7	8	9	10
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
068 DURABLE MEDICAL EQUIP-SOL							
069 TRANSPORT							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION	3,988	197,995	66,980		19	179	95
086 LIVER ACQUISITION	997	70,861	23,972		28	268	142
092 HEART ACQUISITION	997	81,212	27,473		15	143	76
093 01 PANCREAS ACQUISITION							
095 OTHER ORGAN ACQUISITION							
096 AMBULATORY SURGICAL CENTE							
099 HOSPICE							
099 SUBTOTALS	39,095,569	432,723,038	107,295,841	2,067,735	17,404,260	2,754,132	8,866,190
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	13,331	308,637	104,409	3,379	32,475		17,210
096 01 RESTAURANT							
096 02 PHYSICIAN SERVICES	80,341	503,910	170,468	1,366	13,129		6,958
096 03 COMMUNITY EDUCATION	86,724	516,079	174,585	4,593	44,139		23,391
097 RESEARCH		252,010	85,253	13,012	125,040		66,264
098 PHYSICIANS' PRIVATE OFFIC	932,064	12,390,039	4,191,439	103,505	994,675	12,242	527,123
098 01 HOTELING ROOMS		26,996	9,133	5,643	54,232		28,740
098 02 FOUNDATION		88,789	30,037				
098 03 VENDING		4,108	1,390	859	8,253		4,373
098 04 55 ALIVE							
098 05 VACANT		267,155	90,376	55,847	536,689		284,416
099 NONPAID WORKERS							
099 12 HOME HEALTH							
099 15 POISON CONTROL	405,310	2,446,962	827,785				
099 16 BILLEABLE DEPARTMENTS	216,062	1,202,145	406,675				
099 17 MISCELLANEOUS NONREIMBURS	529,293	6,400,959	2,165,387	11,683	112,268		59,496
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	41,358,694	457,130,827	115,552,778	2,267,622	19,325,160	2,766,374	9,884,161

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	11	12	13	14	15	16	17
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	8,466,905						
012 CAFETERIA		3,434,314					
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		68,377		6,680,313			
015 CENTRAL SERVICES & SUPPLY		42,632			3,613,150		
016 PHARMACY		106,747			118,764	9,523,746	
017 MEDICAL RECORDS & LIBRARY		101,516		18,679	40		8,070,506
018 SOCIAL SERVICE		46,464		45,853			
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C		11,386		844	487		
024 PARAMED PRGM		6,106					
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	5,254,545	797,163		2,565,747	45,129	27,321	1,070,890
026 INTENSIVE CARE UNIT	104,022	44,461		142,004	1,621	134	64,864
026 01 PEDIATRIC INTENSIVE CARE	154,512	89,192		268,592	2,032	1,903	110,575
027 CORONARY CARE UNIT	104,846	48,150		148,755	4,099	492	68,185
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U	273,616	246,379		710,244	5,952	3,512	420,828
031 SUBPROVIDER	718,769	89,383		193,089	1,224	41	93,441
031 01 SUBPROVIDER 2	858,619	113,426		331,267	21,534	2,200	86,800
033 NURSERY		7,998		11,140			48,143
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,008	228,347		501,514	9,382	13,466	681,573
038 RECOVERY ROOM		27,096		88,443	1,563	612	74,978
039 DELIVERY ROOM & LABOR ROO		111,709		175,986	1,189		204,403
040 ANESTHESIOLOGY		8,221		27,849	45,717	62,210	175,371
041 RADIOLOGY-DIAGNOSTIC		139,521		31,563	11,805	747	772,968
042 RADIOLOGY-THERAPEUTIC		11,656		5,907	628	31	69,472
042 01 NUCLEAR MEDICINE-DIAGNOST		4,405			960	28	69,265
043 RADIOISOTOPE							
043 01 ULTRASOUND		13,755			6,282	940	70,321
044 LABORATORY		159,143		2,813	87,185	3,056	843,355
044 01 ANATOMICAL PATHOLOGY		21,547			15,164	7	63,709
044 03 LAB-STEM CELL							18
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
046 01 MENTAL HYGIENE		3,339		10,408	639		8,152
047 BLOOD STORING, PROCESSING		32,821			16,965		102,022
048 INTRAVENOUS THERAPY		27,271		62,169	13,490	4,051	30,960
048 01 PHARMACY-IV DRUG THERAPY							
049 RESPIRATORY THERAPY		76,073				3,508	251,355
049 01 SLEEP DISORDER		11,052		394	3,059	563	34,594
049 02 PAIN MANAGEMENT		5,899		10,183	1,749		12,599
050 PHYSICAL THERAPY		22,787			679	2	72,892
051 OCCUPATIONAL THERAPY		23,216					47,203
052 SPEECH PATHOLOGY	6,836	23,137			1,273		24,904
053 ELECTROCARDIOLOGY		33,107		32,238	456	2	127,621
054 ELECTROENCEPHALOGRAPHY		8,348			1,753	229	15,277
054 01 CARDIAC CATHETERIZATION L	6,176	23,487		59,356	306	700	197,810
054 02 CARDIAC REHAB		7,633		25,655	406	20	5,311
054 03 VASCULAR LAB		10,241		1,013	790	4,419	94,952
054 04 ENDOSCOPY	128	40,231		101,889	405	1,230	149,617
054 05 CLINICAL NUTRITION		18,923			13		1,251
054 06 PSYCHOTHERAPY	52,616	19,686		18,791	30		51,972
055 MEDICAL SUPPLIES CHARGED					1,896,828		182,695
055 01 IMPLANTS CHARGED TO PATIE					1,211,031		137,936
056 DRUGS CHARGED TO PATIENTS						7,292,896	880,821
057 RENAL DIALYSIS	495	4,437		15,697	1,216	5,116	33,436
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	143,919	168,477		311,013	10,512	3,137	93,356
061 EMERGENCY	30,917	201,934		490,375	2,490	5,617	524,611
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							

COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	PR	SUBTOTAL
	18	20	21	22	23	24		25
066 OTHER REIMBURS COST CNTRS								
067 DURABLE MEDICAL EQUIP-REN								
068 DURABLE MEDICAL EQUIP-SOL								
069 TRANSPORT								
070 CORF								
071 I&R SERVICES-NOT APPRVD P								
082 HOME HEALTH AGENCY								
083 LUNG ACQUISITION								
084 SPEC PURPOSE COST CENTERS								
085 KIDNEY ACQUISITION								266,975
086 LIVER ACQUISITION								95,720
092 HEART ACQUISITION								109,368
093 01 PANCREAS ACQUISITION								
095 086 OTHER ORGAN ACQUISITION								
096 092 AMBULATORY SURGICAL CENTE								
097 HOSPICE								
095 SUBTOTALS	3,989,542			2,142,569	23,342,961	582,816		418,009,688
096 NONREIMBURS COST CENTERS								
096 01 GIFT, FLOWER, COFFEE SHOP								1,222,565
096 02 RESTAURANT								
096 03 PHYSICIAN SERVICES								702,653
097 03 COMMUNITY EDUCATION								796,391
098 RESEARCH								541,580
098 01 PHYSICIANS' PRIVATE OFFIC								20,440,355
098 02 HOTELING ROOMS								124,744
098 03 FOUNDATION								118,882
098 04 VENDING								18,983
098 05 55 ALIVE								
099 05 VACANT								1,234,483
099 NONPAID WORKERS								
099 12 HOME HEALTH								
099 15 POISON CONTROL								3,391,339
099 16 BILLEABLE DEPARTMENTS								1,657,734
099 17 MISCELLANEOUS NONREIMBURS								8,871,430
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	3,989,542			2,142,569	23,342,961	582,816		457,130,827

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	I & R COST POST STEP-DOWN ADJ 26	TOTAL 27
001 GENERAL SERVICE COST CNTR		
001 01 OLD CAP REL COSTS-BLDG &		
001 02 OLD CAP REL COSTS-BLDG &		
002 OLD CAP REL COSTS-MVBLE E		
003 NEW CAP REL COSTS-BLDG &		
004 NEW CAP REL COSTS-MVBLE E		
005 EMPLOYEE BENEFITS		
006 ADMINISTRATIVE & GENERAL		
007 MAINTENANCE & REPAIRS		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
013 MAINTENANCE OF PERSONNEL		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SUPPLY		
016 PHARMACY		
017 MEDICAL RECORDS & LIBRARY		
018 SOCIAL SERVICE		
020 NONPHYSICIAN ANESTHETISTS		
021 NURSING SCHOOL		
022 I & R SERVICES-SALARY & FRI		
023 I & R SERVICES-OTHER PRGM C		
024 PARAMED ED PRGM		
025 INPAT ROUTINE SRVC CNTRS		
026 ADULTS & PEDIATRICS	-17,620,106	84,773,748
026 INTENSIVE CARE UNIT	-856,146	4,717,229
026 01 PEDIATRIC INTENSIVE CARE		7,634,827
027 CORONARY CARE UNIT		4,785,295
028 BURN INTENSIVE CARE UNIT		
029 SURGICAL INTENSIVE CARE U		
030 NEONATAL INTENSIVE CARE U		26,191,711
031 SUBPROVIDER	-210,666	7,936,476
031 01 SUBPROVIDER 2		10,213,801
033 NURSERY		755,022
034 SKILLED NURSING FACILITY		
035 NURSING FACILITY		
035 01 ICF/MR		
036 OTHER LONG TERM CARE		
037 ANCILLARY SRVC COST CNTRS		
037 OPERATING ROOM	-2,640,909	30,506,145
038 RECOVERY ROOM		2,831,566
039 DELIVERY ROOM & LABOR ROO		6,602,169
040 ANESTHESIOLOGY	-1,065,127	3,437,215
041 RADIOLOGY-DIAGNOSTIC	-766,824	14,548,388
042 RADIOLOGY-THERAPEUTIC		2,551,262
042 01 NUCLEAR MEDICINE-DIAGNOST		2,240,606
043 RADIOISOTOPE		
043 01 ULTRASOUND		1,568,654
044 LABORATORY		19,225,877
044 01 ANATOMIC PATHOLOGY	-603,347	2,138,556
044 03 LAB-STEM CELL		2,060
045 PBP CLINICAL LAB SERVICES		
046 WHOLE BLOOD & PACKED RED		
046 01 MENTAL HYGIENE		442,365
047 BLOOD STORING, PROCESSING		5,899,304
048 INTRAVENOUS THERAPY		2,854,720
048 01 PHARMACY-IV DRUG THERAPY		
049 RESPIRATORY THERAPY	-126,399	8,028,208
049 01 SLEEP DISORDER		955,755
049 02 PAIN MANAGEMENT		680,188
050 PHYSICAL THERAPY		3,267,028
051 OCCUPATIONAL THERAPY		1,945,142
052 SPEECH PATHOLOGY		1,847,985
053 ELECTROCARDIOLOGY	-117,973	3,331,745
054 ELECTROENCEPHALOGRAPHY	-873,000	829,683
054 01 CARDIAC CATHETERIZATION L		4,864,799
054 02 CARDIAC REHAB		939,435
054 03 VASCULAR LAB		1,174,397
054 04 ENDOSCOPY		4,912,075
054 05 CLINICAL NUTRITION		1,098,023
054 06 PSYCHOTHERAPY		2,084,265
055 MEDICAL SUPPLIES CHARGED		25,722,883
055 01 IMPLANTS CHARGED TO PATIE		16,579,508
056 DRUGS CHARGED TO PATIENTS		36,057,145
057 RENAL DIALYSIS	-72,705	1,866,819
058 ASC (NON-DISTINCT PART)		
060 OUTPAT SERVICE COST CNTRS		
061 CLINIC		14,694,860
061 EMERGENCY	-605,033	19,242,451
062 OBSERVATION BEDS (NON-DIS		
062 OTHER REIMBURS COST CNTRS		
064 HOME PROGRAM DIALYSIS		
065 AMBULANCE SERVICES		

COST ALLOCATION - GENERAL SERVICE COSTS

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 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST POST STEP-DOWN ADJ 26	TOTAL
OTHER REIMBURS COST CNTRS		27
066 DURABLE MEDICAL EQUIP-REN		
067 DURABLE MEDICAL EQUIP-SOL		
068 TRANSPORT		
069 CORF		
070 I&R SERVICES-NOT APPRVD P		
071 HOME HEALTH AGENCY		
082 LUNG ACQUISITION		
SPEC PURPOSE COST CENTERS		
083 KIDNEY ACQUISITION		266,975
084 LIVER ACQUISITION		95,720
085 HEART ACQUISITION		109,368
085 01 PANCREAS ACQUISITION		
086 OTHER ORGAN ACQUISITION		
092 AMBULATORY SURGICAL CENTE		
093 HOSPICE		
095 SUBTOTALS	-25,558,235	392,451,453
NONREIMBURS COST CENTERS		
096 GIFT, FLOWER, COFFEE SHOP		1,222,565
096 01 RESTAURANT		
096 02 PHYSICIAN SERVICES		702,653
096 03 COMMUNITY EDUCATION		796,391
097 RESEARCH		541,580
098 PHYSICIANS' PRIVATE OFFIC		20,440,355
098 01 HOTELING ROOMS		124,744
098 02 FOUNDATION		118,882
098 03 VENDING		18,983
098 04 55 ALIVE		
098 05 VACANT		1,234,483
099 NONPAID WORKERS		
099 12 HOME HEALTH		
099 15 POISON CONTROL		3,391,339
099 16 BILLABLE DEPARTMENTS		1,657,734
099 17 MISCELLANEOUS NONREIMBURS		8,871,430
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 TOTAL	-25,558,235	431,572,592

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PART III

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-BLDG & 1.01	OLD CAP REL C OSTS-BLDG & 1.02	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	132					75,403	10,575
006 ADMINISTRATIVE & GENERAL	5,132,170					1,115,285	708,400
007 MAINTENANCE & REPAIRS						19,402	
008 OPERATION OF PLANT	5,603					1,227,776	840,112
009 LAUNDRY & LINEN SERVICE	28,093					126,691	2,708
010 HOUSEKEEPING	1,450					208,745	14,962
011 DIETARY	5,421					306,368	241,495
012 CAFETERIA						218,979	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	10,660					37,959	201,028
015 CENTRAL SERVICES & SUPPLY	614,514					237,554	62,321
016 PHARMACY	836,928					97,944	25,263
017 MEDICAL RECORDS & LIBRARY	17,488					141,496	19,437
018 SOCIAL SERVICE	4,359					22,176	11,011
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	2,663					200,893	4,778
024 PARAMEDICAL PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	79,105					2,093,796	1,034,784
026 01 INTENSIVE CARE UNIT	7,111					86,891	51,508
026 01 PEDIATRIC INTENSIVE CARE	24,852					61,025	259,745
027 CORONARY CARE UNIT	1,852					74,869	53,095
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U	20,117					428,257	821,916
031 SUBPROVIDER	2,264					146,093	5,001
031 01 SUBPROVIDER 2	140,134					417,116	197,227
033 NURSERY						7,531	
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	182,838					1,217,034	2,445,421
038 RECOVERY ROOM						39,764	25,153
039 DELIVERY ROOM & LABOR ROO	1,870					47,625	89,528
040 ANESTHESIOLOGY						32,251	365,193
041 RADIOLOGY-DIAGNOSTIC	268,286					257,792	1,605,896
042 RADIOLOGY-THERAPEUTIC	1,592					88,936	524,089
042 01 NUCLEAR MEDICINE-DIAGNOST	1,656					79,671	74,522
043 RADIOISOTOPE							
043 01 ULTRASOUND						21,376	103,754
044 LABORATORY	167,788					255,391	272,910
044 01 ANATOMICAL PATHOLOGY	5,837					56,063	134,918
044 03 LAB-STEM CELL	263,254						
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
046 01 MENTAL HYGIENE						30,526	4,058
047 BLOOD STORING, PROCESSING						10,199	37,210
048 INTRAVENOUS THERAPY	21,969					35,505	37,350
048 01 PHARMACY-IV DRUG THERAPY							
049 RESPIRATORY THERAPY	112,982					47,918	233,560
049 01 SLEEP DISORDER	270					5,291	29,304
049 02 PAIN MANAGEMENT	65,315						20,887
050 PHYSICAL THERAPY	16,334					119,204	6,453
051 OCCUPATIONAL THERAPY	720					55,956	819
052 SPEECH PATHOLOGY	1,229					22,016	15,396
053 ELECTROCARDIOLOGY	4,850					48,354	385,495
054 ELECTROENCEPHALOGRAPHY	597					25,155	42,695
054 01 CARDIAC CATHETERIZATION L	43					112,882	1,375,575
054 02 CARDIAC REHAB	617					59,451	4,237
054 03 VASCULAR LAB	2,141					11,728	150,159
054 04 ENDOSCOPY	3,968					123,472	577,682
054 05 CLINICAL NUTRITION						6,207	88
054 06 PSYCHOTHERAPY	1,151					49,305	594
055 MEDICAL SUPPLIES CHARGED							
055 01 IMPLANTS CHARGED TO PATIE							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS						19,384	34,970
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	107,678					485,441	143,699
061 EMERGENCY	11,056					384,981	662,977
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	4a	5	6	7	8	9	10
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	86,110	86,110					
006 ADMINISTRATIVE & GENERAL	6,955,855	13,287	6,969,142				
007 MAINTENANCE & REPAIRS	19,402		34,571	53,973			
008 OPERATION OF PLANT	2,073,491	1,231	290,710	6,109	2,371,541		
009 LAUNDRY & LINEN SERVICE	157,492	120	37,891	630	31,233	227,366	
010 HOUSEKEEPING	225,157	1,760	142,613	1,039	51,462	5,487	427,518
011 DIETARY	553,284	1,171	113,751	1,524	75,528		14,107
012 CAFETERIA	218,979	271	41,399	1,090	53,985		10,083
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	249,647	1,667	98,903	189	9,358		1,748
015 CENTRAL SERVICES & SUPPLY	914,389	464	42,546	1,182	58,564		10,939
016 PHARMACY	960,135	2,586	136,855	487	24,146		4,510
017 MEDICAL RECORDS & LIBRARY	178,421	1,267	114,125	704	34,883		6,515
018 SOCIAL SERVICE	37,546	926	58,306	110	5,467		1,021
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI		614	32,665				
023 I&R SERVICES-OTHER PRGM C	208,334	723	345,607	1,000	49,526	118	9,251
024 PARAMED ED PRGM		146	8,792				
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	3,207,685	15,792	980,715	10,420	516,180	86,108	96,413
026 01 INTENSIVE CARE UNIT	145,510	993	58,339	432	21,421	8,999	4,001
026 01 PEDIATRIC INTENSIVE CARE	345,622	1,621	101,535	304	15,044	861	2,810
027 CORONARY CARE UNIT	129,816	1,024	60,428	373	18,457	4,814	3,448
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U	1,270,290	5,345	341,503	2,131	105,578	5,570	19,720
031 SUBPROVIDER	153,358	1,567	91,892	727	36,016	3,868	6,727
031 01 SUBPROVIDER 2	754,477	1,645	106,165	2,075	102,831	10,808	19,207
033 NURSERY	7,531	124	9,759	37	1,857	1,881	347
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3,845,293	4,320	378,737	6,055	300,034	19,183	56,041
038 RECOVERY ROOM	64,917	666	37,292	198	9,803	5,115	1,831
039 DELIVERY ROOM & LABOR ROO	139,023	1,344	88,347	237	11,741	12,956	2,193
040 ANESTHESIOLOGY	397,444	91	45,919	160	7,951		1,485
041 RADIOLOGY-DIAGNOSTIC	2,131,974	2,403	192,321	1,283	63,553	10,739	11,871
042 RADIOLOGY-THERAPEUTIC	614,617	227	33,085	443	21,925	122	4,095
042 01 NUCLEAR MEDICINE-DIAGNOST	155,849	102	28,909	396	19,641	671	3,669
043 RADIOISOTOPE							
043 01 ULTRA SOUND	125,130	316	21,388	106	5,270	353	984
044 LABORATORY	696,089	2,726	263,626	1,271	62,961		11,760
044 01 ANATOMY PATHOLOGY	196,818	348	28,267	279	13,821		2,582
044 03 LAB-STEM CELL	263,254		31				
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
046 01 MENTAL HYGIENE	34,584	67	4,873	152	7,525		1,406
047 BLOOD STORING, PROCESSING	47,409	522	87,113	51	2,514		470
048 INTRAVENOUS THERAPY	94,824	606	39,616	177	8,753	141	1,635
048 01 PHARMACY-IV DRUG THERAPY							
049 RESPIRATORY THERAPY	394,460	1,460	114,951	238	11,813		2,206
049 01 SLEEP DISORDER	34,865	170	13,549	26	1,304		244
049 02 PAIN MANAGEMENT	86,202	266	9,830			411	
050 PHYSICAL THERAPY	141,991	547	41,774	593	29,387	3,231	5,489
051 OCCUPATIONAL THERAPY	57,495	397	25,529	278	13,795	1,358	2,577
052 SPEECH PATHOLOGY	38,641	423	26,216	110	5,428		1,014
053 ELECTROCARDIOLOGY	438,699	628	45,418	241	11,921	42	2,227
054 ELECTROENCEPHALOGRAPHY	68,447	134	10,619	125	6,201	2,052	1,158
054 01 CARDIAC CATHETERIZATION L	1,488,500	548	63,478	562	27,829	3,509	5,198
054 02 CARDIAC REHAB	64,305	173	10,666	296	14,656	466	2,738
054 03 VASCULAR LAB	164,028	216	15,564	58	2,891	294	540
054 04 ENDOSCOPY	705,122	819	63,578	614	30,439	3,533	5,686
054 05 CLINICAL NUTRITION	6,295	297	16,122	31	1,530		286
054 06 PSYCHOTHERAPY	51,050	426	27,127	245	12,155		2,270
055 MEDICAL SUPPLIES CHARGED			360,456				
055 01 IMPLANTS CHARGED TO PATIE			232,198				
056 DRUGS CHARGED TO PATIENTS			425,099				
057 RENAL DIALYSIS	54,354	105	27,678	96	4,779		893
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	736,818	2,947	185,178	2,415	119,675	9,053	22,353
062 EMERGENCY	1,059,014	3,747	250,382	1,916	94,909	24,617	17,727
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	4a	5	6	7	8	9	10
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
068 DURABLE MEDICAL EQUIP-SOL							
069 TRANSPORT							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION	89	8	4,040		22		4
084 LIVER ACQUISITION	133	2	1,446	1	33		6
085 HEART ACQUISITION	71	2	1,657		18		3
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	33,250,335	81,397	6,471,149	49,216	2,135,813	226,360	383,488
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	16,165	28	6,297	80	3,985		744
096 01 RESTAURANT							
096 02 PHYSICIAN SERVICES	7,468	167	10,281	33	1,611		301
096 03 COMMUNITY EDUCATION	21,972	181	10,530	109	5,417		1,012
097 RESEARCH	72,244		5,142	310	15,345		2,866
098 PHYSICIANS' PRIVATE OFFIC	971,312	1,941	252,794	2,464	122,064	1,006	22,800
098 01 HOTELING ROOMS	26,996		551	134	6,655		1,243
098 02 FOUNDATION	88,789		1,812				
098 03 VENDING	4,108		84	20	1,013		189
098 04 55 ALIVE							
098 05 VACANT	267,155		5,451	1,329	65,861		12,302
099 NONPAID WORKERS							
099 12 HOME HEALTH							
099 15 POISON CONTROL	70,242	844	49,925				
099 16 BILLABLE DEPARTMENTS	245,392	450	24,527				
099 17 MISCELLANEOUS NONREIMBURS	243,500	1,102	130,599	278	13,777		2,573
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	35,285,678	86,110	6,969,142	53,973	2,371,541	227,366	427,518

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PART III

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY
	11	12	13	14	15	16	17
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	759,365						
012 CAFETERIA		325,807					
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		6,487		367,999			
015 CENTRAL SERVICES & SUPPLY		4,044			1,032,128		
016 PHARMACY		10,127			33,925	1,172,771	
017 MEDICAL RECORDS & LIBRARY		9,631		1,029	11		346,586
018 SOCIAL SERVICE		4,408		2,526			
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C		1,080		46	139		
024 PARAMED PRGM		579					
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	471,260	75,621		141,337	12,891	3,364	45,564
026 INTENSIVE CARE UNIT	9,329	4,218		7,823	463	16	2,790
026 01 PEDIATRIC INTENSIVE CARE	13,858	8,461		14,796	580	234	4,755
027 CORONARY CARE UNIT	9,403	4,568		8,194	1,171	61	2,932
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U	24,540	23,374		39,125	1,700	432	18,098
031 SUBPROVIDER	64,464	8,480		10,637	350	5	4,018
031 01 SUBPROVIDER 2	77,006	10,761		18,249	6,151	271	3,733
033 NURSERY		759		614			2,070
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	90	21,663		27,627	2,680	1,658	29,312
038 RECOVERY ROOM		2,571		4,872	447	75	3,224
039 DELIVERY ROOM & LABOR ROO		10,598		9,695	340		8,790
040 ANESTHESIOLOGY		780		1,534	13,059	7,661	7,542
041 RADIOLOGY-DIAGNOSTIC		13,236		1,739	3,372	92	33,242
042 RADIOLOGY-THERAPEUTIC		1,106		325	179	4	2,988
042 01 NUCLEAR MEDICINE-DIAGNOST		418			274	3	2,979
043 RADIOISOTOPE							
043 01 ULTRASOUND		1,305			1,795	116	3,024
044 LABORATORY		15,098		155	24,905	376	36,269
044 01 ANATOMICAL PATHOLOGY		2,044			4,332	1	2,740
044 03 LAB-STEM CELL							1
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
046 01 MENTAL HYGIENE		317		573	182		351
047 BLOOD STORING, PROCESSING		3,114			4,846		4,388
048 INTRAVENOUS THERAPY		2,587		3,425	3,853	499	1,331
048 01 PHARMACY-IV DRUG THERAPY							
049 RESPIRATORY THERAPY		7,217				432	10,810
049 01 SLEEP DISORDER		1,048		22	874	69	1,488
049 02 PAIN MANAGEMENT		560		561	500		542
050 PHYSICAL THERAPY		2,162			194		3,135
051 OCCUPATIONAL THERAPY		2,202					2,030
052 SPEECH PATHOLOGY	613	2,195			364		1,071
053 ELECTROCARDIOLOGY		3,141		1,776	130		5,488
054 ELECTROENCEPHALOGRAPHY		792			501	28	657
054 01 CARDIAC CATHETERIZATION L	554	2,228		3,270	87	86	8,507
054 02 CARDIAC REHAB		724		1,413	116	2	228
054 03 VASCULAR LAB		972		56	226	544	4,083
054 04 ENDOSCOPY	12	3,817		5,613	116	151	6,434
054 05 CLINICAL NUTRITION		1,795			4		54
054 06 PSYCHOTHERAPY	4,719	1,868		1,035	8		2,235
055 MEDICAL SUPPLIES CHARGED					541,856		7,857
055 01 IMPLANTS CHARGED TO PATIE					345,936		5,932
056 DRUGS CHARGED TO PATIENTS						898,065	37,880
057 RENAL DIALYSIS	44	421		865	347	630	1,438
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	12,908	15,983		17,133	3,003	386	4,015
061 EMERGENCY	2,773	19,157		27,013	711	692	22,561
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							

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COST CENTER DESCRIPTION	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY
	11	12	13	14	15	16	17
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
068 DURABLE MEDICAL EQUIP-SOL							
069 TRANSPORT							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION		39		71			
086 LIVER ACQUISITION		11		19			
092 HEART ACQUISITION		11		19			
093 01 PANCREAS ACQUISITION							
095 OTHER ORGAN ACQUISITION							
096 AMBULATORY SURGICAL CENTE							
097 HOSPICE							
095 SUBTOTALS	691,573	313,778		353,187	1,012,618	915,953	346,586
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	67,608	249			1		
096 02 RESTAURANT							
096 03 PHYSICIAN SERVICES		647					
097 03 COMMUNITY EDUCATION		769		1,404	2		
098 RESEARCH							
098 01 PHYSICIANS' PRIVATE OFFIC	184	3,485		5,263	2,149	256,071	
098 02 HOTELING ROOMS							
098 03 FOUNDATION				3			
098 04 VENDING							
098 05 55 ALIVE							
099 05 VACANT							
099 NONPAID WORKERS							
099 12 HOME HEALTH							
099 15 POISON CONTROL		3,065		4,643			
099 16 BILLABLE DEPARTMENTS				2,250	603	733	
099 17 MISCELLANEOUS NONREIMBURS		3,814		1,249	16,755	14	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	759,365	325,807		367,999	1,032,128	1,172,771	346,586

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	SUBTOTAL
	18	20	21	22	23	24	25
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE	110,310						
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI				33,279			
023 I&R SERVICES-OTHER PRGM C					615,824		
024 PARAMED ED PRGM						9,517	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	68,245						5,731,595
026 INTENSIVE CARE UNIT	2,206						266,540
026 01 PEDIATRIC INTENSIVE CARE	3,795						514,276
027 CORONARY CARE UNIT	2,317						247,006
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U	16,548						1,873,954
031 SUBPROVIDER	7,921						390,030
031 01 SUBPROVIDER 2	9,278						1,122,657
033 NURSERY							24,979
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM							4,692,693
038 RECOVERY ROOM							131,011
039 DELIVERY ROOM & LABOR ROO							285,264
040 ANESTHESIOLOGY							483,626
041 RADIOLOGY-DIAGNOSTIC							2,465,825
042 RADIOLOGY-THERAPEUTIC							679,116
042 01 NUCLEAR MEDICINE-DIAGNOST							212,911
043 RADIOISOTOPE							
043 01 ULTRASOUND							159,787
044 LABORATORY							1,115,236
044 01 ANATOMIC PATHOLOGY							251,232
044 03 LAB-STEM CELL							263,286
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
046 01 MENTAL HYGIENE							50,030
047 BLOOD STORING, PROCESSING							150,427
048 INTRAVENOUS THERAPY							157,447
048 01 PHARMACY-IV DRUG THERAPY							
049 RESPIRATORY THERAPY							543,587
049 01 SLEEP DISORDER							53,659
049 02 PAIN MANAGEMENT							98,872
050 PHYSICAL THERAPY							228,503
051 OCCUPATIONAL THERAPY							105,661
052 SPEECH PATHOLOGY							76,075
053 ELECTROCARDIOLOGY							509,711
054 ELECTROENCEPHALOGRAPHY							90,714
054 01 CARDIAC CATHETERIZATION L							1,604,356
054 02 CARDIAC REHAB							95,783
054 03 VASCULAR LAB							189,472
054 04 ENDOSCOPY							825,934
054 05 CLINICAL NUTRITION							26,414
054 06 PSYCHOTHERAPY							103,138
055 MEDICAL SUPPLIES CHARGED							910,169
055 01 IMPLANTS CHARGED TO PATIE							584,066
056 DRUGS CHARGED TO PATIENTS							1,361,044
057 RENAL DIALYSIS							91,650
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							1,131,867
061 EMERGENCY							1,525,219
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							

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 PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL
	18	20	21	22	23	24	25
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
068 DURABLE MEDICAL EQUIP-SOL							
069 TRANSPORT							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION							4,273
086 LIVER ACQUISITION							1,651
085 01 HEART ACQUISITION							1,781
086 01 PANCREAS ACQUISITION							
092 OTHER ORGAN ACQUISITION							
093 AMBULATORY SURGICAL CENTE							
095 HOSPICE							
095 SUBTOTALS	110,310						31,432,527
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							95,157
096 01 RESTAURANT							
096 02 PHYSICIAN SERVICES							20,508
096 03 COMMUNITY EDUCATION							41,396
097 RESEARCH							95,907
098 PHYSICIANS' PRIVATE OFFIC							1,641,533
098 01 HOTELING ROOMS							35,579
098 02 FOUNDATION							90,604
098 03 VENDING							5,414
098 04 55 ALIVE							
098 05 VACANT							352,098
099 NONPAID WORKERS							
099 12 HOME HEALTH							
099 15 POISON CONTROL							128,719
099 16 BILLABLE DEPARTMENTS							273,955
099 17 MISCELLANEOUS NONREIMBURS							413,661
101 CROSS FOOT ADJUSTMENTS				33,279	615,824	9,517	658,620
102 NEGATIVE COST CENTER							
103 TOTAL	110,310			33,279	615,824	9,517	35,285,678

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PART III

	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
001	GENERAL SERVICE COST CNTR	
001 01	OLD CAP REL COSTS-BLDG &	
001 02	OLD CAP REL COSTS-BLDG &	
002	OLD CAP REL COSTS-MVBLE E	
003	NEW CAP REL COSTS-BLDG &	
004	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	ADMINISTRATIVE & GENERAL	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
013	MAINTENANCE OF PERSONNEL	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
020	NONPHYSICIAN ANESTHETISTS	
021	NURSING SCHOOL	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
024	PARAMED ED PRGM	
025	INPAT ROUTINE SRVC CNTRS	
026	ADULTS & PEDIATRICS	5,731,595
026	INTENSIVE CARE UNIT	266,540
026 01	PEDIATRIC INTENSIVE CARE	514,276
027	CORONARY CARE UNIT	247,006
028	BURN INTENSIVE CARE UNIT	
029	SURGICAL INTENSIVE CARE U	
030	NEONATAL INTENSIVE CARE U	1,873,954
031	SUBPROVIDER	390,030
031 01	SUBPROVIDER 2	1,122,657
033	NURSERY	24,979
034	SKILLED NURSING FACILITY	
035	NURSING FACILITY	
035 01	ICF/MR	
036	OTHER LONG TERM CARE	
037	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	4,692,693
038	RECOVERY ROOM	131,011
039	DELIVERY ROOM & LABOR ROO	285,264
040	ANESTHESIOLOGY	483,626
041	RADIOLOGY-DIAGNOSTIC	2,465,825
042	RADIOLOGY-THERAPEUTIC	679,116
042 01	NUCLEAR MEDICINE-DIAGNOST	212,911
043	RADIOISOTOPE	
043 01	ULTRASOUND	159,787
044	LABORATORY	1,115,236
044 01	ANATOMICAL PATHOLOGY	251,232
044 03	LAB-STEM CELL	263,286
045	PBP CLINICAL LAB SERVICES	
046	WHOLE BLOOD & PACKED RED	
046 01	MENTAL HYGIENE	50,030
047	BLOOD STORING, PROCESSING	150,427
048	INTRAVENOUS THERAPY	157,447
048 01	PHARMACY-IV DRUG THERAPY	
049	RESPIRATORY THERAPY	543,587
049 01	SLEEP DISORDER	53,659
049 02	PAIN MANAGEMENT	98,872
050	PHYSICAL THERAPY	228,503
051	OCCUPATIONAL THERAPY	105,661
052	SPEECH PATHOLOGY	76,075
053	ELECTROCARDIOLOGY	509,711
054	ELECTROENCEPHALOGRAPHY	90,714
054 01	CARDIAC CATHETERIZATION L	1,604,356
054 02	CARDIAC REHAB	95,783
054 03	VASCULAR LAB	189,472
054 04	ENDOSCOPY	825,934
054 05	CLINICAL NUTRITION	26,414
054 06	PSYCHOTHERAPY	103,138
055	MEDICAL SUPPLIES CHARGED	910,169
055 01	IMPLANTS CHARGED TO PATIE	584,066
056	DRUGS CHARGED TO PATIENTS	1,361,044
057	RENAL DIALYSIS	91,650
058	ASC (NON-DISTINCT PART)	
060	OUTPAT SERVICE COST CNTRS	
061	CLINIC	1,131,867
061	EMERGENCY	1,525,219
062	OBSERVATION BEDS (NON-DIS	
062	OTHER REIMBURS COST CNTRS	
064	HOME PROGRAM DIALYSIS	
065	AMBULANCE SERVICES	

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PART III

	POST STEPDOWN ADJUSTMENT	TOTAL
	26	27
066	OTHER REIMBURS COST CNTRS	
067	DURABLE MEDICAL EQUIP-REN	
068	DURABLE MEDICAL EQUIP-SOL	
069	TRANSPORT	
070	CORF	
071	I&R SERVICES-NOT APPRVD P	
082	HOME HEALTH AGENCY	
	LUNG ACQUISITION	
	SPEC PURPOSE COST CENTERS	
083	KIDNEY ACQUISITION	4,273
084	LIVER ACQUISITION	1,651
085	HEART ACQUISITION	1,781
085 01	PANCREAS ACQUISITION	
086	OTHER ORGAN ACQUISITION	
092	AMBULATORY SURGICAL CENTE	
093	HOSPICE	
095	SUBTOTALS	31,432,527
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	95,157
096 01	RESTAURANT	
096 02	PHYSICIAN SERVICES	20,508
096 03	COMMUNITY EDUCATION	41,396
097	RESEARCH	95,907
098	PHYSICIANS' PRIVATE OFFIC	1,641,533
098 01	HOTELING ROOMS	35,579
098 02	FOUNDATION	90,604
098 03	VENDING	5,414
098 04	55 ALIVE	
098 05	VACANT	352,098
099	NONPAID WORKERS	
099 12	HOME HEALTH	
099 15	POISON CONTROL	128,719
099 16	BILLEABLE DEPARTMENTS	273,955
099 17	MISCELLANEOUS NONREIMBURS	413,661
101	CROSS FOOT ADJUSTMENTS	658,620
102	NEGATIVE COST CENTER	
103	TOTAL	35,285,678

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/15/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION		OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE)
		1	1.01	1.02	2	3	4
001	GENERAL SERVICE COST						
001	01 OLD CAP REL COSTS-BLD	1,356,032					
001	02 OLD CAP REL COSTS-BLD		1,356,032				
002	02 OLD CAP REL COSTS-MVB			1,356,032			
003	03 OLD CAP REL COSTS-MVB				10,037,808		
004	04 NEW CAP REL COSTS-BLD					1,356,032	
004	04 NEW CAP REL COSTS-MVB						10,037,808
005	05 EMPLOYEE BENEFITS	8,480	8,480	8,480	7,412	8,480	7,412
006	06 ADMINISTRATIVE & GENE	125,428	125,428	125,428	496,530	125,428	496,530
007	07 MAINTENANCE & REPAIRS	2,182	2,182	2,182		2,182	
008	08 OPERATION OF PLANT	138,079	138,079	138,079	588,849	138,079	588,849
009	09 LAUNDRY & LINEN SERVI	14,248	14,248	14,248	1,898	14,248	1,898
010	10 HOUSEKEEPING	23,476	23,476	23,476	10,487	23,476	10,487
011	11 DIETARY	34,455	34,455	34,455	169,268	34,455	169,268
012	12 CAFETERIA	24,627	24,627	24,627		24,627	
013	13 MAINTENANCE OF PERSON						
014	14 NURSING ADMINISTRATIO	4,269	4,269	4,269	140,904	4,269	140,904
015	15 CENTRAL SERVICES & SU	26,716	26,716	26,716	43,682	26,716	43,682
016	16 PHARMACY	11,015	11,015	11,015	17,707	11,015	17,707
017	17 MEDICAL RECORDS & LIB	15,913	15,913	15,913	13,624	15,913	13,624
018	18 SOCIAL SERVICE	2,494	2,494	2,494	7,718	2,494	7,718
020	20 NONPHYSICIAN ANESTHET						
021	21 NURSING SCHOOL						
022	22 I&R SERVICES-SALARY &						
023	23 I&R SERVICES-OTHER PR	22,593	22,593	22,593	3,349	22,593	3,349
024	24 PARAMED ED PRGM						
025	25 INPAT ROUTINE SRVC CN						
026	26 ADULTS & PEDIATRICS	235,474	235,474	235,474	725,298	235,474	725,298
026	01 INTENSIVE CARE UNIT	9,772	9,772	9,772	36,103	9,772	36,103
026	01 PEDIATRIC INTENSIVE C	6,863	6,863	6,863	182,060	6,863	182,060
027	02 CORONARY CARE UNIT	8,420	8,420	8,420	37,215	8,420	37,215
028	03 BURN INTENSIVE CARE U						
029	04 SURGICAL INTENSIVE CA						
030	05 NEONATAL INTENSIVE CA	48,163	48,163	48,163	576,095	48,163	576,095
031	06 SUBPROVIDER	16,430	16,430	16,430	3,505	16,430	3,505
031	01 SUBPROVIDER 2	46,910	46,910	46,910	138,240	46,910	138,240
033	03 NURSERY	847	847	847		847	
034	04 SKILLED NURSING FACIL						
035	05 NURSING FACILITY						
035	01 ICF/MR						
036	06 OTHER LONG TERM CARE						
037	07 ANCILLARY SRVC COST C						
037	08 OPERATING ROOM	136,871	136,871	136,871	1,714,040	136,871	1,714,040
038	09 RECOVERY ROOM	4,472	4,472	4,472	17,630	4,472	17,630
039	10 DELIVERY ROOM & LABOR	5,356	5,356	5,356	62,752	5,356	62,752
040	11 ANESTHESIOLOGY	3,627	3,627	3,627	255,970	3,627	255,970
041	12 RADIOLOGY-DIAGNOSTIC	28,992	28,992	28,992	1,125,600	28,992	1,125,600
042	13 RADIOLOGY-THERAPEUTIC	10,002	10,002	10,002	367,343	10,002	367,343
042	01 NUCLEAR MEDICINE-DIAG	8,960	8,960	8,960	52,234	8,960	52,234
043	02 RADIOISOTOPE						
043	01 ULTRA SOUND	2,404	2,404	2,404	72,723	2,404	72,723
044	02 LABORATORY	28,722	28,722	28,722	191,287	28,722	191,287
044	01 ANATOMIC PATHOLOGY	6,305	6,305	6,305	94,566	6,305	94,566
044	03 LAB-STEM CELL						
045	04 PBP CLINICAL LAB SERV						
046	05 WHOLE BLOOD & PACKED						
046	01 MENTAL HYGIENE	3,433	3,433	3,433	2,844	3,433	2,844
047	02 BLOOD STORING, PROCES	1,147	1,147	1,147	26,081	1,147	26,081
048	03 INTRAVENOUS THERAPY	3,993	3,993	3,993	26,179	3,993	26,179
048	01 PHARMACY-IV DRUG THER						
049	02 RESPIRATORY THERAPY	5,389	5,389	5,389	163,706	5,389	163,706
049	01 SLEEP DISORDER	595	595	595	20,540	595	20,540
049	02 PAIN MANAGEMENT				14,640		14,640
050	03 PHYSICAL THERAPY	13,406	13,406	13,406	4,523	13,406	4,523
051	04 OCCUPATIONAL THERAPY	6,293	6,293	6,293	574	6,293	574
052	05 SPEECH PATHOLOGY	2,476	2,476	2,476	10,791	2,476	10,791
053	06 ELECTROCARDIOLOGY	5,438	5,438	5,438	270,200	5,438	270,200
054	07 ELECTROENCEPHALOGRAPH	2,829	2,829	2,829	29,926	2,829	29,926
054	01 CARDIAC CATHETERIZATI	12,695	12,695	12,695	964,164	12,695	964,164
054	02 CARDIAC REHAB	6,686	6,686	6,686	2,970	6,686	2,970
054	03 VASCULAR LAB	1,319	1,319	1,319	105,249	1,319	105,249
054	04 ENDOSCOPY	13,886	13,886	13,886	404,907	13,886	404,907
054	05 CLINICAL NUTRITION	698	698	698	62	698	62
054	06 PSYCHOTHERAPY	5,545	5,545	5,545	416	5,545	416
055	07 MEDICAL SUPPLIES CHAR						
055	01 IMPLANTS CHARGED TO P						
056	02 DRUGS CHARGED TO PATI						
057	03 RENAL DIALYSIS	2,180	2,180	2,180	24,511	2,180	24,511
058	04 ASC (NON-DISTINCT PAR						
058	05 OUTPAT SERVICE COST C						
060	06 CLINIC	54,594	54,594	54,594	100,721	54,594	100,721
061	07 EMERGENCY	43,296	43,296	43,296	464,692	43,296	464,692

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C
	OSTS-BLDG & (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)
	1	1.01	1.02	2	3	4
062 OUTPAT SERVICE COST C OBSERVATION BEDS (NON OTHER REIMBURS COST C						
064 HOME PROGRAM DIALYSIS						
065 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIP						
067 DURABLE MEDICAL EQUIP						
068 TRANSPORT						
069 CORF						
070 I&R SERVICES-NOT APPR						
071 HOME HEALTH AGENCY						
082 LUNG ACQUISITION SPEC PURPOSE COST CEN						
083 KIDNEY ACQUISITION	10	10	10		10	
084 LIVER ACQUISITION	15	15	15		15	
085 HEART ACQUISITION	8	8	8		8	
085 01 PANCREAS ACQUISITION						
086 OTHER ORGAN ACQUISITI						
092 AMBULATORY SURGICAL C						
093 HOSPICE						
095 SUBTOTALS	1,248,496	1,248,496	1,248,496	9,791,785	1,248,496	9,791,785
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	1,818	1,818	1,818		1,818	
096 01 RESTAURANT						
096 02 PHYSICIAN SERVICES	735	735	735	654	735	654
096 03 COMMUNITY EDUCATION	2,471	2,471	2,471		2,471	
097 RESEARCH	7,000	7,000	7,000	2,218	7,000	2,218
098 PHYSICIANS' PRIVATE O	55,684	55,684	55,684	108,700	55,684	108,700
098 01 HOTELING ROOMS	3,036	3,036	3,036		3,036	
098 02 FOUNDATION						
098 03 VENDING	462	462	462		462	
098 04 55 ALIVE						
098 05 VACANT	30,045	30,045	30,045		30,045	
099 NONPAID WORKERS						
099 12 HOME HEALTH						
099 15 POISON CONTROL				875		875
099 16 BILLEABLE DEPARTMENTS				6,499		6,499
099 17 MISCELLANEOUS NONREIM	6,285	6,285	6,285	127,077	6,285	127,077
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)					12,057,612	14,320,959
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)					8.891834	1.426702
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)						
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)						

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	(GROSS SALARIES	) RECONCILIATION	(ACCUM. COST	(SQUARE FEET	(SQUARE FEET	(POUNDS OF LAUNDRY	(SQUARE FEET
	5	6a.00	6	7	8	9	10
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-BLD							
001 02 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS	183,205,032						
006 ADMINISTRATIVE & GENERAL	28,271,202	-115,552,778	341,578,049				
007 MAINTENANCE & REPAIRS			1,694,416	1,219,942			
008 OPERATION OF PLANT	2,619,828		14,248,395	138,079	1,081,863		
009 LAUNDRY & LINEN SERVICE	255,442		1,857,130	14,248	14,248	2,684,812	
010 HOUSEKEEPING	3,745,047		6,989,822	23,476	23,476	64,792	1,044,139
011 DIETARY	2,491,128		5,575,195	34,455	34,455		34,455
012 CAFETERIA	575,563		2,029,082	24,627	24,627		24,627
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATIVE	3,547,534		4,847,475	4,269	4,269		4,269
015 CENTRAL SERVICES & SUPPLIES	986,943		2,085,295	26,716	26,716		26,716
016 PHARMACY	5,503,137		6,707,606	11,015	11,015		11,015
017 MEDICAL RECORDS & LIBRARY	2,695,357		5,593,553	15,913	15,913		15,913
018 SOCIAL SERVICE	1,970,873		2,857,697	2,494	2,494		2,494
020 NONPHYSICIAN ANESTHESIOLOGIST							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS	1,306,117		1,600,974				
023 I&R SERVICES-OTHER PERSONNEL	1,538,654		16,939,044	22,593	22,593	1,388	22,593
024 PARAMEDICAL PROGRAM	309,699		430,930				
INPATIENT ROUTINE SERVICES							
025 ADULTS & PEDIATRICS	33,600,526		48,070,780	235,474	235,474	1,016,783	235,474
026 INTENSIVE CARE UNIT	2,112,019		2,859,346	9,772	9,772	106,259	9,772
026 01 PEDIATRIC INTENSIVE CARE	3,447,972		4,976,476	6,863	6,863	10,168	6,863
027 CORONARY CARE UNIT	2,179,144		2,961,738	8,420	8,420	56,848	8,420
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE							
030 NEONATAL INTENSIVE CARE	11,371,462		16,737,884	48,163	48,163	65,775	48,163
031 SUBPROVIDER	3,333,794		4,503,823	16,430	16,430	45,678	16,430
031 01 SUBPROVIDER 2	3,500,976		5,203,423	46,910	46,910	127,623	46,910
033 NURSERY	264,574		478,319	847	847	22,214	847
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	9,190,674		18,562,824	136,871	136,871	226,525	136,871
038 RECOVERY ROOM	1,417,438		1,827,785	4,472	4,472	60,402	4,472
039 DELIVERY ROOM & LABOR	2,859,858		4,330,087	5,356	5,356	152,987	5,356
040 ANESTHESIOLOGY	192,740		2,250,618	3,627	3,627		3,627
041 RADIOLOGY-DIAGNOSTIC	5,112,090		9,426,129	28,992	28,992	126,810	28,992
042 RADIOLOGY-THERAPEUTIC	482,557		1,621,584	10,002	10,002	1,435	10,002
042 01 NUCLEAR MEDICINE-DIAGNOSTIC	217,571		1,416,923	8,960	8,960	7,928	8,960
043 RADIOISOTOPE							
043 01 ULTRA SOUND	671,804		1,048,274	2,404	2,404	4,165	2,404
044 LABORATORY	5,799,434		12,920,948	28,722	28,722		28,722
044 01 ANATOMICAL PATHOLOGY	740,020		1,385,423	6,305	6,305		6,305
044 03 LAB-STEM CELL			1,526				
045 PBP CLINICAL LAB SERVICE							
046 WHOLE BLOOD & PACKED							
046 01 MENTAL HYGIENE	142,936		238,831	3,433	3,433		3,433
047 BLOOD STORAGE, PROCESSING	1,110,222		4,269,637	1,147	1,147		1,147
048 INTRAVENOUS THERAPY	1,290,033		1,941,667	3,993	3,993	1,666	3,993
048 01 PHARMACY-IV DRUG THERAPY							
049 RESPIRATORY THERAPY	3,105,338		5,634,035	5,389	5,389		5,389
049 01 SLEEP DISORDER	361,431		664,076	595	595		595
049 02 PAIN MANAGEMENT	565,366		481,772			4,859	
050 PHYSICAL THERAPY	1,163,609		2,047,437	13,406	13,406	38,148	13,406
051 OCCUPATIONAL THERAPY	845,364		1,251,241	6,293	6,293	16,031	6,293
052 SPEECH PATHOLOGY	900,932		1,284,897	2,476	2,476		2,476
053 ELECTROCARDIOLOGY	1,336,018		2,226,041	5,438	5,438	491	5,438
054 ELECTROENCEPHALOGRAPHY	284,765		520,466	2,829	2,829	24,232	2,829
054 01 CARDIAC CATHETERIZATION	1,165,810		3,111,226	12,695	12,695	41,438	12,695
054 02 CARDIAC REHABILITATION	367,107		522,745	6,686	6,686	5,507	6,686
054 03 VASCULAR LAB	459,528		762,844	1,319	1,319	3,471	1,319
054 04 ENDOSCOPY	1,741,809		3,116,125	13,886	13,886	41,722	13,886
054 05 CLINICAL NUTRITION	632,146		790,160	698	698		698
054 06 PSYCHOTHERAPY	906,019		1,329,548	5,545	5,545		5,545
055 MEDICAL SUPPLIES CHARGED TO PATIENTS			17,666,830				
055 01 IMPLANTS CHARGED TO PATIENTS			11,380,590				
056 DRUGS CHARGED TO PATIENTS			20,835,101				
057 RENAL DIALYSIS	222,342		1,356,579	2,180	2,180		2,180
058 ASC (NON-DISTINCT) PARAPATIENT SERVICE COST CENTER							
060 CLINIC	6,269,495		9,075,997	54,594	54,594	106,902	54,594
061 EMERGENCY	7,972,206		12,271,823	43,296	43,296	290,684	43,296

COST ALLOCATION - STATISTICAL BASIS

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 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/15/2010
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COST CENTER DESCRIPTION	EMPLOYEE BENEFITS		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	(GROSS SALARIES	) RECONCILIATION	(ACCUM. COST	(SQUARE FEET	(SQUARE FEET	(POUNDS OF LAUNDRY	(SQUARE FEET
	5	6a.00	6	7	8	9	10
062 OUTPAT SERVICE COST C							
064 OBSERVATION BEDS (NON							
065 OTHER REIMBURS COST C							
066 HOME PROGRAM DIALYSIS							
067 AMBULANCE SERVICES							
068 DURABLE MEDICAL EQUIP							
069 DURABLE MEDICAL EQUIP							
070 TRANSPORT							
071 CORF							
072 I&R SERVICES-NOT APPR							
073 HOME HEALTH AGENCY							
074 LUNG ACQUISITION							
075 SPEC PURPOSE COST CEN							
083 KIDNEY ACQUISITION	17,666		197,995	10	10		10
084 LIVER ACQUISITION	4,417		70,861	15	15		15
085 HEART ACQUISITION	4,417		81,212	8	8		8
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITI							
092 AMBULATORY SURGICAL C							
093 HOSPICE							
095 SUBTOTALS	173,180,153	-115,552,778	317,170,260	1,112,406	974,327	2,672,931	936,603
096 NONREIMBURS COST CENT							
096 01 GIFT, FLOWER, COFFEE	59,053		308,637	1,818	1,818		1,818
096 02 RESTAURANT							
096 02 PHYSICIAN SERVICES	355,883		503,910	735	735		735
096 03 COMMUNITY EDUCATION	384,159		516,079	2,471	2,471		2,471
097 RESEARCH			252,010	7,000	7,000		7,000
098 PHYSICIANS' PRIVATE O	4,128,728		12,390,039	55,684	55,684	11,881	55,684
098 01 HOTELING ROOMS			26,996	3,036	3,036		3,036
098 02 FOUNDATION			88,789				
098 03 VENDING			4,108	462	462		462
098 04 55 ALIVE							
098 05 VACANT			267,155	30,045	30,045		30,045
099 NONPAID WORKERS							
099 12 HOME HEALTH							
099 15 POISON CONTROL	1,795,387		2,446,962				
099 16 BILLABLE DEPARTMENTS	957,083		1,202,145				
099 17 MISCELLANEOUS NONREIM	2,344,586		6,400,959	6,285	6,285		6,285
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	41,358,694		115,552,778	2,267,622	19,325,160	2,766,374	9,884,161
104 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER				1.858795		1.030379	
105 (WRKSHT B, PT I)	.225751		.338291		17.862853		9.466327
105 COST TO BE ALLOCATED							
106 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
107 (WRKSHT B, PT II)	86,110		6,969,142	53,973	2,371,541	227,366	427,518
107 COST TO BE ALLOCATED							
108 (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER	.000470		.020403	.044242	2.192090	.084686	.409445
108 (WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

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FROM 1/ 1/2009

WORKSHEET B-1

TO 12/31/2009

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	MAINTENANCE	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	(MEALS SERVED)	(FTE'S)	(NUMBER HOUSED)	(DIRECT SING HRS)	NR(COSTED)EQUI S.	R(COSTED)EQUI S.	R(GROSS)EVENUE
	11	12	13	14	15	16	17
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-BLD							
001 02 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	462,001						
012 CAFETERIA		215,973					
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		4,300		118,737			
015 CENTRAL SERVICES & SUPPLY		2,681			33,954,402		
016 PHARMACY		6,713			1,116,074	25,619,681	
017 MEDICAL RECORDS & LIBRARY		6,384		332	378		1271,407,974
018 SOCIAL SERVICE		2,922		815			
020 NONPHYSICIAN ANESTHETIC							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL		716		15	4,572		
024 PARAMEDICAL PROGRAM		384					
INPATIENT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRICS	286,717	50,131		45,604	424,093	73,495	168,758,709
026 INTENSIVE CARE UNIT	5,676	2,796		2,524	15,233	360	10,218,028
026 01 PEDIATRIC INTENSIVE CARE	8,431	5,609		4,774	19,092	5,120	17,418,874
027 CORONARY CARE UNIT	5,721	3,028		2,644	38,524	1,324	10,741,167
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE							
030 NEONATAL INTENSIVE CARE	14,930	15,494		12,624	55,930	9,448	66,293,065
031 SUBPROVIDER	39,220	5,621		3,432	11,503	110	14,719,680
031 01 SUBPROVIDER 2	46,851	7,133		5,888	202,364	5,918	13,673,600
033 NURSERY		503		198			7,583,991
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
ANCILLARY SERVICE CENTER							
037 OPERATING ROOM	55	14,360		8,914	88,170	36,224	107,368,215
038 RECOVERY ROOM		1,704		1,572	14,691	1,645	11,811,240
039 DELIVERY ROOM & LABOR		7,025		3,128	11,171		32,199,620
040 ANESTHESIOLOGY		517		495	429,627	167,349	27,626,225
041 RADIOLOGY-DIAGNOSTIC		8,774		561	110,934	2,010	121,765,606
042 RADIOLOGY-THERAPEUTIC		733		105	5,898	84	10,943,978
042 01 NUCLEAR MEDICINE-DIAGNOSTIC		277			9,022	76	10,911,248
043 RADIOISOTOPE							
043 01 ULTRA SOUND		865			59,036	2,530	11,077,675
044 LABORATORY		10,008		50	819,315	8,222	132,853,670
044 01 ANATOMICAL PATHOLOGY		1,355			142,504	19	10,036,015
044 03 LAB-STEM CELL							2,858
045 PBP CLINICAL LAB SERVICE							
046 WHOLE BLOOD & PACKED							
046 01 MENTAL HYGIENE		210		185	6,001		1,284,201
047 BLOOD STORAGE, PROCESSING		2,064			159,423		16,071,597
048 INTRAVENOUS THERAPY		1,715		1,105	126,769	10,897	4,877,093
048 01 PHARMACY-IV DRUG THERAPY							
049 RESPIRATORY THERAPY		4,784				9,438	39,595,988
049 01 SLEEP DISORDER		695		7	28,743	1,514	5,449,546
049 02 PAIN MANAGEMENT		371		181	16,437		1,984,674
050 PHYSICAL THERAPY		1,433			6,385	6	11,482,677
051 OCCUPATIONAL THERAPY		1,460					7,435,851
052 SPEECH PATHOLOGY	373	1,455			11,961		3,923,162
053 ELECTROCARDIOLOGY		2,082		573	4,284	6	20,104,129
054 ELECTROENCEPHALOGRAPHY		525			16,475	617	2,406,614
054 01 CARDIAC CATHETERIZATION	337	1,477		1,055	2,877	1,883	31,160,989
054 02 CARDIAC REHAB		480		456	3,814	53	836,683
054 03 VASCULAR LAB		644		18	7,427	11,887	14,957,783
054 04 ENDOSCOPY	7	2,530		1,811	3,807	3,308	23,569,223
054 05 CLINICAL NUTRITION		1,190			126		197,048
054 06 PSYCHOTHERAPY	2,871	1,238		334	279		8,187,150
055 MEDICAL SUPPLIES CHARACTERIZED					17,825,388		28,779,929
055 01 IMPLANTS CHARGED TO PATIENTS					11,380,590		21,729,121
056 DRUGS CHARGED TO PATIENTS						19,618,511	138,755,654
057 RENAL DIALYSIS	27	279		279	11,424	13,763	5,267,134
058 ASC (NON-DISTINCT) PARAPATIENT SERVICE COST CENTER							
060 CLINICAL	7,853	10,595		5,528	98,789	8,440	14,706,341
061 EMERGENCY	1,687	12,699		8,716	23,400	15,111	82,641,923

COST ALLOCATION - STATISTICAL BASIS

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26-0091

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

PREPARED 6/15/2010
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COST CENTER DESCRIPTION	DIETARY (MEALS SERVED)	CAFETERIA S(FTE'S)	MAINTENANCE F PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT)SING HRS	CENTRAL SERVICES & SUPPLY NR(COSTED)EQUI S.	PHARMACY R(COSTED)EQUI S.	MEDICAL RECORDS & LIBRARY R(GROSS)VENUE	R
	11	12	13	14	15	16	17	
062 OUTPAT SERVICE COST C OBSERVATION BEDS (NON OTHER REIMBURS COST C								
064 HOME PROGRAM DIALYSIS								
065 AMBULANCE SERVICES								
066 DURABLE MEDICAL EQUIP								
067 DURABLE MEDICAL EQUIP								
068 TRANSPORT								
069 CORF								
070 I&R SERVICES-NOT APPR								
071 HOME HEALTH AGENCY								
082 LUNG ACQUISITION SPEC PURPOSE COST CEN								
083 KIDNEY ACQUISITION		26		23				
084 LIVER ACQUISITION		7		6				
085 HEART ACQUISITION		7		6				
085 01 PANCREAS ACQUISITION								
086 OTHER ORGAN ACQUISITI								
092 AMBULATORY SURGICAL C HOSPICE								
093 SUBTOTALS	420,756	207,999		113,958	33,312,530	20,009,368	1271,407,974	
095 NONREIMBURS COST CENT								
096 GIFT, FLOWER, COFFEE	41,133	165			25			
096 01 RESTAURANT								
096 02 PHYSICIAN SERVICES		429						
096 03 COMMUNITY EDUCATION		510		453	75			
097 RESEARCH					5			
098 PHYSICIANS' PRIVATE O	112	2,310		1,698	70,710	5,593,996		
098 01 HOTELING ROOMS								
098 02 FOUNDATION				1				
098 03 VENDING								
098 04 55 ALIVE								
098 05 VACANT								
099 NONPAID WORKERS								
099 12 HOME HEALTH								
099 15 POISON CONTROL		2,032		1,498				
099 16 BILLEABLE DEPARTMENTS				726	19,847	16,022		
099 17 MISCELLANEOUS NONREIM		2,528		403	551,210	295		
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	8,466,905	3,434,314		6,680,313	3,613,150	9,523,746	8,070,506	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	18.326595	15.901590		56.261427	.106412	.371736	.006348	
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)	759,365	325,807		367,999	1,032,128	1,172,771	346,586	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	1.643644	1.508554		3.099278	.030397	.045776	.000273	

COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM	PARAMED ED PRGM
	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
GENERAL SERVICE COST	18	20	21	22	23	24
001 OLD CAP REL COSTS-BLD						
001 01 OLD CAP REL COSTS-BLD						
001 02 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
006 ADMINISTRATIVE & GENE						
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO						
015 CENTRAL SERVICES & SU						
016 PHARMACY						
017 MEDICAL RECORDS & LIB						
018 SOCIAL SERVICE	9,999					
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &				15,122		
023 I&R SERVICES-OTHER PR					15,122	
024 PARAMED ED PRGM						168
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	6,186			10,455	10,455	84
026 INTENSIVE CARE UNIT	200			508	508	17
026 01 PEDIATRIC INTENSIVE C	344					
027 CORONARY CARE UNIT	210					17
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
030 NEONATAL INTENSIVE CA	1,500					17
031 SUBPROVIDER	718			125	125	
031 01 SUBPROVIDER 2	841					
033 NURSERY						
034 SKILLED NURSING FACIL						
035 NURSING FACILITY						
035 01 ICF/MR						
036 OTHER LONG TERM CARE						
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM				1,567	1,567	
038 RECOVERY ROOM						
039 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY				632	632	
041 RADIOLOGY-DIAGNOSTIC				455	455	
042 RADIOLOGY-THERAPEUTIC						
042 01 NUCLEAR MEDICINE-DIAG						
043 RADIOISOTOPE						
043 01 ULTRA SOUND						
044 LABORATORY						
044 01 ANATOMI C PATHOLOGY				358	358	
044 03 LAB-STEM CELL						
045 PBP CLINICAL LAB SERV						
046 WHOLE BLOOD & PACKED						
046 01 MENTAL HYGIENE						
047 BLOOD STORING, PROCES						
048 INTRAVENOUS THERAPY						
048 01 PHARMACY-IV DRUG THER						
049 RESPIRATORY THERAPY				75	75	
049 01 SLEEP DISORDER						
049 02 PAIN MANAGEMENT						
050 PHYSICAL THERAPY						
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY				70	70	
054 ELECTROENCEPHALOGRAPH				518	518	
054 01 CARDIAC CATHETERIZATI						
054 02 CARDIAC REHAB						
054 03 VASCULAR LAB						
054 04 ENDOSCOPY						
054 05 CLINICAL NUTRITION						
054 06 PSYCHOTHERAPY						
055 MEDICAL SUPPLIES CHAR						
055 01 IMPLANTS CHARGED TO P						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS						
058 ASC (NON-DISTINCT PAR						
060 OUTPAT SERVICE COST C						
060 CLINIC						33
061 EMERGENCY				359	359	

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/15/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM
	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	18	20	21	22	23	24
062 OUTPAT SERVICE COST C						
064 OBSERVATION BEDS (NON						
065 OTHER REIMBURS COST C						
066 HOME PROGRAM DIALYSIS						
067 AMBULANCE SERVICES						
068 DURABLE MEDICAL EQUIP						
069 DURABLE MEDICAL EQUIP						
070 TRANSPORT						
071 CORF						
072 I&R SERVICES-NOT APPR						
073 HOME HEALTH AGENCY						
074 LUNG ACQUISITION						
075 SPEC PURPOSE COST CEN						
076 KIDNEY ACQUISITION						
077 LIVER ACQUISITION						
078 HEART ACQUISITION						
079 01 PANCREAS ACQUISITION						
080 01 OTHER ORGAN ACQUISITI						
081 02 AMBULATORY SURGICAL C						
082 02 HOSPICE						
083 02 SUBTOTALS	9,999			15,122	15,122	168
084 01 NONREIMBURS COST CENT						
085 01 GIFT, FLOWER, COFFEE						
086 01 RESTAURANT						
087 02 PHYSICIAN SERVICES						
088 03 COMMUNITY EDUCATION						
089 03 RESEARCH						
090 01 PHYSICIANS' PRIVATE O						
091 01 HOTELING ROOMS						
092 02 FOUNDATION						
093 03 VENDING						
094 04 55 ALIVE						
095 05 VACANT						
096 01 NONPAID WORKERS						
097 12 HOME HEALTH						
098 15 POISON CONTROL						
099 16 BILLEABLE DEPARTMENTS						
100 17 MISCELLANEOUS NONREIM						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	3,989,542			2,142,569	23,342,961	582,816
104 (PER WRKSHT B, PART						
UNIT COST MULTIPLIER				141.685557		3,469.142857
105 (WRKSHT B, PT I)	398.994099				1,543.642441	
106 COST TO BE ALLOCATED						
107 (PER WRKSHT B, PART						
UNIT COST MULTIPLIER						
108 (WRKSHT B, PT I I)	110,310			33,279	615,824	9,517
109 COST TO BE ALLOCATED						
110 (PER WRKSHT B, PART						
UNIT COST MULTIPLIER				2.200701		56.648810
111 (WRKSHT B, PT I I I)	11.032103				40.723714	

POST STEP DOWN ADJUSTMENTS

PROVIDER NO:
26-0091

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

PREPARED 6/15/2010
WORKSHEET B-2

	DESCRIPTION	WORKSHEET		AMOUNT
		PART	LINE NO.	
	1	2	3	4
1	ADJ FOR EPO COSTS IN RENAL DIA	1	57	-72,705
2	ADJ FOR EPO COSTS IN HOME PROG	1	64	
3	ADJ FOR ARANESP IN RENAL DIALY	1	57	
4	ADJ FOR ARANESP IN HOME PROGRA	1	64	

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	84,773,748		84,773,748	872,025	85,645,773
26	INTENSIVE CARE UNIT	4,717,229		4,717,229	5,810	4,723,039
26	01 PEDIATRIC INTENSIVE CARE	7,634,827		7,634,827	17,857	7,652,684
27	CORONARY CARE UNIT	4,785,295		4,785,295		4,785,295
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
30	NEONATAL INTENSIVE CARE U	26,191,711		26,191,711	377,651	26,569,362
31	SUBPROVIDER	7,936,476		7,936,476	6,219	7,942,695
31	01 SUBPROVIDER 2	10,213,801		10,213,801		10,213,801
33	NURSERY	755,022		755,022		755,022
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	30,506,145		30,506,145	374,401	30,880,546
38	RECOVERY ROOM	2,831,566		2,831,566		2,831,566
39	DELIVERY ROOM & LABOR ROO	6,602,169		6,602,169		6,602,169
40	ANESTHESIOLOGY	3,437,215		3,437,215	119,808	3,557,023
41	RADIOLOGY-DIAGNOSTIC	14,548,388		14,548,388		14,548,388
42	RADIOLOGY-THERAPEUTIC	2,551,262		2,551,262		2,551,262
42	01 NUCLEAR MEDICINE-DIAGNOST	2,240,606		2,240,606		2,240,606
43	RADIOISOTOPE					
43	01 ULTRA SOUND	1,568,654		1,568,654		1,568,654
44	LABORATORY	19,225,877		19,225,877		19,225,877
44	01 ANATOMIC PATHOLOGY	2,138,556		2,138,556		2,138,556
44	03 LAB-STEM CELL	2,060		2,060		2,060
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
46	01 MENTAL HYGIENE	442,365		442,365	3,110	445,475
47	BLOOD STORING, PROCESSING	5,899,304		5,899,304		5,899,304
48	INTRAVENOUS THERAPY	2,854,720		2,854,720		2,854,720
48	01 PHARMACY-IV DRUG THERAPY					
49	RESPIRATORY THERAPY	8,028,208		8,028,208	55,733	8,083,941
49	01 SLEEP DISORDER	955,755		955,755		955,755
49	02 PAIN MANAGEMENT	680,188		680,188		680,188
50	PHYSICAL THERAPY	3,267,028		3,267,028		3,267,028
51	OCCUPATIONAL THERAPY	1,945,142		1,945,142		1,945,142
52	SPEECH PATHOLOGY	1,847,985		1,847,985		1,847,985
53	ELECTROCARDIOLOGY	3,331,745		3,331,745	89,692	3,421,437
54	ELECTROENCEPHALOGRAPHY	829,683		829,683		829,683
54	01 CARDIAC CATHETERIZATION L	4,864,799		4,864,799	15,526	4,880,325
54	02 CARDIAC REHAB	939,435		939,435		939,435
54	03 VASCULAR LAB	1,174,397		1,174,397		1,174,397
54	04 ENDOSCOPY	4,912,075		4,912,075		4,912,075
54	05 CLINICAL NUTRITION	1,098,023		1,098,023		1,098,023
54	06 PSYCHOTHERAPY	2,084,265		2,084,265	12,438	2,096,703
55	MEDICAL SUPPLIES CHARGED	25,722,883		25,722,883		25,722,883
55	01 IMPLANTS CHARGED TO PATIE	16,579,508		16,579,508		16,579,508
56	DRUGS CHARGED TO PATIENTS	36,057,145		36,057,145		36,057,145
57	RENAL DIALYSIS	1,866,819		1,866,819	2,640	1,869,459
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	14,694,860		14,694,860	254,468	14,949,328
61	EMERGENCY	19,242,451		19,242,451	193,655	19,436,106
62	OBSERVATION BEDS (NON-DIS	8,225,436		8,225,436		8,225,436
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
68	TRANSPORT					
101	SUBTOTAL	400,204,826		400,204,826	2,401,033	402,605,859
102	LESS OBSERVATION BEDS	8,225,436		8,225,436		8,225,436
103	TOTAL	391,979,390		391,979,390	2,401,033	394,380,423

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	166,150,186		166,150,186			
26	INTENSIVE CARE UNIT	10,131,465		10,131,465			
26 01	PEDIATRIC INTENSIVE CARE	17,336,357		17,336,357			
27	CORONARY CARE UNIT	10,636,647		10,636,647			
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U	65,557,700		65,557,700			
31	SUBPROVIDER	14,670,987		14,670,987			
31 01	SUBPROVIDER 2	13,340,918		13,340,918			
33	NURSERY	7,479,184		7,479,184			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	42,644,711	60,721,352	103,366,063	.295127	.295127	.298749
38	RECOVERY ROOM	4,032,151	7,401,503	11,433,654	.247652	.247652	.247652
39	DELIVERY ROOM & LABOR ROO	21,977,556	10,175,778	32,153,334	.205334	.205334	.205334
40	ANESTHESIOLOGY	13,820,390	13,060,729	26,881,119	.127867	.127867	.132324
41	RADIOLOGY-DIAGNOSTIC	42,199,847	75,398,527	117,598,374	.123712	.123712	.123712
42	RADIOLOGY-THERAPEUTIC	506,768	10,283,110	10,789,878	.236450	.236450	.236450
42 01	NUCLEAR MEDICINE-DIAGNOST	3,496,359	7,063,943	10,560,302	.212173	.212173	.212173
43	RADIOISOTOPE						
43 01	ULTRA SOUND	3,621,463	7,157,768	10,779,231	.145526	.145526	.145526
44	LABORATORY	78,685,037	50,915,734	129,600,771	.148347	.148347	.148347
44 01	ANATOMIC PATHOLOGY	3,082,129	6,654,012	9,736,141	.219651	.219651	.219651
44 03	LAB-STEM CELL	2,858		2,858	.720784	.720784	.720784
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
46 01	MENTAL HYGIENE	565,781	715,580	1,281,361	.345231	.345231	.347658
47	BLOOD STORING, PROCESSING	12,216,172	3,623,797	15,839,969	.372432	.372432	.372432
48	INTRAVENOUS THERAPY	1,104,293	3,677,791	4,782,084	.596961	.596961	.596961
48 01	PHARMACY-IV DRUG THERAPY						
49	RESPIRATORY THERAPY	36,419,900	2,798,290	39,218,190	.204706	.204706	.206127
49 01	SLEEP DISORDER	65,876	5,196,128	5,262,004	.181633	.181633	.181633
49 02	PAIN MANAGEMENT	198	1,868,482	1,868,680	.363994	.363994	.363994
50	PHYSICAL THERAPY	8,938,256	2,376,760	11,315,016	.288734	.288734	.288734
51	OCCUPATIONAL THERAPY	6,430,234	868,369	7,298,603	.266509	.266509	.266509
52	SPEECH PATHOLOGY	2,923,217	945,657	3,868,874	.477654	.477654	.477654
53	ELECTROCARDIOLOGY	7,876,196	11,890,148	19,766,344	.168556	.168556	.173094
54	ELECTROENCEPHALOGRAPHY	915,009	1,455,565	2,370,574	.349992	.349992	.349992
54 01	CARDIAC CATHETERIZATION L	15,874,478	14,456,435	30,330,913	.160391	.160391	.160903
54 02	CARDIAC REHAB	5,024	813,044	818,068	1.148358	1.148358	1.148358
54 03	VASCULAR LAB	10,561,401	4,088,380	14,649,781	.080165	.080165	.080165
54 04	ENDOSCOPY	3,704,994	18,836,602	22,541,596	.217912	.217912	.217912
54 05	CLINICAL NUTRITION	467	194,473	194,940	5.632620	5.632620	5.632620
54 06	PSYCHOTHERAPY	3,817	8,163,997	8,167,814	.255180	.255180	.256703
55	MEDICAL SUPPLIES CHARGED	22,266,332	6,513,598	28,779,930	.893779	.893779	.893779
55 01	IMPLANTS CHARGED TO PATIE	13,223,610	8,505,511	21,729,121	.763009	.763009	.763009
56	DRUGS CHARGED TO PATIENTS	88,685,274	47,868,316	136,553,590	.264051	.264051	.264051
57	RENAL DIALYSIS	4,210,642	1,034,702	5,245,344	.355900	.355900	.356404
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	53,179	14,517,739	14,570,918	1.008506	1.008506	1.025970
61	EMERGENCY	25,099,221	56,263,784	81,363,005	.236501	.236501	.238881
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		17,867,996	17,867,996	.460345	.460345	.460345
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	TRANSPORT						
101	SUBTOTAL	780,516,284	483,373,600	1263,889,884			
102	LESS OBSERVATION BEDS						
103	TOTAL	780,516,284	483,373,600	1263,889,884			

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	30,506,145	4,692,693	25,813,452			30,506,145
38	RECOVERY ROOM	2,831,566	131,011	2,700,555			2,831,566
39	DELIVERY ROOM & LABOR ROO	6,602,169	285,264	6,316,905			6,602,169
40	ANESTHESIOLOGY	3,437,215	483,626	2,953,589			3,437,215
41	RADIOLOGY-DIAGNOSTIC	14,548,388	2,465,825	12,082,563			14,548,388
42	RADIOLOGY-THERAPEUTIC	2,551,262	679,116	1,872,146			2,551,262
42 01	NUCLEAR MEDICINE-DIAGNOST	2,240,606	212,911	2,027,695			2,240,606
43	RADIOISOTOPE						
43 01	ULTRA SOUND	1,568,654	159,787	1,408,867			1,568,654
44	LABORATORY	19,225,877	1,115,236	18,110,641			19,225,877
44 01	ANATOMIC PATHOLOGY	2,138,556	251,232	1,887,324			2,138,556
44 03	LAB-STEM CELL	2,060	263,286	-261,226			2,060
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
46 01	MENTAL HYGIENE	442,365	50,030	392,335			442,365
47	BLOOD STORING, PROCESSING	5,899,304	150,427	5,748,877			5,899,304
48	INTRAVENOUS THERAPY	2,854,720	157,447	2,697,273			2,854,720
48 01	PHARMACY-IV DRUG THERAPY						
49	RESPIRATORY THERAPY	8,028,208	543,587	7,484,621			8,028,208
49 01	SLEEP DISORDER	955,755	53,659	902,096			955,755
49 02	PAIN MANAGEMENT	680,188	98,872	581,316			680,188
50	PHYSICAL THERAPY	3,267,028	228,503	3,038,525			3,267,028
51	OCCUPATIONAL THERAPY	1,945,142	105,661	1,839,481			1,945,142
52	SPEECH PATHOLOGY	1,847,985	76,075	1,771,910			1,847,985
53	ELECTROCARDIOLOGY	3,331,745	509,711	2,822,034			3,331,745
54	ELECTROENCEPHALOGRAPHY	829,683	90,714	738,969			829,683
54 01	CARDIAC CATHETERIZATION L	4,864,799	1,604,356	3,260,443			4,864,799
54 02	CARDIAC REHAB	939,435	95,783	843,652			939,435
54 03	VASCULAR LAB	1,174,397	189,472	984,925			1,174,397
54 04	ENDOSCOPY	4,912,075	825,934	4,086,141			4,912,075
54 05	CLINICAL NUTRITION	1,098,023	26,414	1,071,609			1,098,023
54 06	PSYCHOTHERAPY	2,084,265	103,138	1,981,127			2,084,265
55	MEDICAL SUPPLIES CHARGED	25,722,883	910,169	24,812,714			25,722,883
55 01	IMPLANTS CHARGED TO PATIE	16,579,508	584,066	15,995,442			16,579,508
56	DRUGS CHARGED TO PATIENTS	36,057,145	1,361,044	34,696,101			36,057,145
57	RENAL DIALYSIS	1,866,819	91,650	1,775,169			1,866,819
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	14,694,860	1,131,867	13,562,993			14,694,860
61	EMERGENCY	19,242,451	1,525,219	17,717,232			19,242,451
62	OBSERVATION BEDS (NON-DIS	8,225,436	550,463	7,674,973			8,225,436
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	TRANSPORT						
101	SUBTOTAL	253,196,717	21,804,248	231,392,469			253,196,717
102	LESS OBSERVATION BEDS	8,225,436	550,463	7,674,973			8,225,436
103	TOTAL	244,971,281	21,253,785	223,717,496			244,971,281

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	103,366,063	.295127	.295127
38	RECOVERY ROOM	11,433,654	.247652	.247652
39	DELIVERY ROOM & LABOR ROO	32,153,334	.205334	.205334
40	ANESTHESIOLOGY	26,881,119	.127867	.127867
41	RADIOLOGY-DIAGNOSTIC	117,598,374	.123712	.123712
42	RADIOLOGY-THERAPEUTIC	10,789,878	.236450	.236450
42 01	NUCLEAR MEDICINE-DIAGNOST	10,560,302	.212173	.212173
43	RADIOISOTOPE			
43 01	ULTRA SOUND	10,779,231	.145526	.145526
44	LABORATORY	129,600,771	.148347	.148347
44 01	ANATOMIC PATHOLOGY	9,736,141	.219651	.219651
44 03	LAB-STEM CELL	2,858	.720784	.720784
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
46 01	MENTAL HYGIENE	1,281,361	.345231	.345231
47	BLOOD STORING, PROCESSING	15,839,969	.372432	.372432
48	INTRAVENOUS THERAPY	4,782,084	.596961	.596961
48 01	PHARMACY-IV DRUG THERAPY			
49	RESPIRATORY THERAPY	39,218,190	.204706	.204706
49 01	SLEEP DISORDER	5,262,004	.181633	.181633
49 02	PAIN MANAGEMENT	1,868,680	.363994	.363994
50	PHYSICAL THERAPY	11,315,016	.288734	.288734
51	OCCUPATIONAL THERAPY	7,298,603	.266509	.266509
52	SPEECH PATHOLOGY	3,868,874	.477654	.477654
53	ELECTROCARDIOLOGY	19,766,344	.168556	.168556
54	ELECTROENCEPHALOGRAPHY	2,370,574	.349992	.349992
54 01	CARDIAC CATHETERIZATION L	30,330,913	.160391	.160391
54 02	CARDIAC REHAB	818,068	1.148358	1.148358
54 03	VASCULAR LAB	14,649,781	.080165	.080165
54 04	ENDOSCOPY	22,541,596	.217912	.217912
54 05	CLINICAL NUTRITION	194,940	5.632620	5.632620
54 06	PSYCHOTHERAPY	8,167,814	.255180	.255180
55	MEDICAL SUPPLIES CHARGED	28,779,930	.893779	.893779
55 01	IMPLANTS CHARGED TO PATIE	21,729,121	.763009	.763009
56	DRUGS CHARGED TO PATIENTS	136,553,590	.264051	.264051
57	RENAL DIALYSIS	5,245,344	.355900	.355900
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	14,570,918	1.008506	1.008506
61	EMERGENCY	81,363,005	.236501	.236501
62	OBSERVATION BEDS (NON-DIS	17,867,996	.460345	.460345
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
68	TRANSPORT			
101	SUBTOTAL	958,586,440		
102	LESS OBSERVATION BEDS	17,867,996		
103	TOTAL	940,718,444		

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	33,147,054	4,692,693	28,454,361	469,269	1,650,353	31,027,432
38	RECOVERY ROOM	2,831,566	131,011	2,700,555	13,101	156,632	2,661,833
39	DELIVERY ROOM & LABOR ROO	6,602,169	285,264	6,316,905	28,526	366,380	6,207,263
40	ANESTHESIOLOGY	4,502,342	483,626	4,018,716	48,363	233,086	4,220,893
41	RADIOLOGY-DIAGNOSTIC	15,315,212	2,465,825	12,849,387	246,583	745,264	14,323,365
42	RADIOLOGY-THERAPEUTIC	2,551,262	679,116	1,872,146	67,912	108,584	2,374,766
01	NUCLEAR MEDICINE-DIAGNOST	2,240,606	212,911	2,027,695	21,291	117,606	2,101,709
43	RADIOISOTOPE						
43	01 ULTRA SOUND	1,568,654	159,787	1,408,867	15,979	81,714	1,470,961
44	LABORATORY	19,225,877	1,115,236	18,110,641	111,524	1,050,417	18,063,936
44	01 ANATOMIC PATHOLOGY	2,741,903	251,232	2,490,671	25,123	144,459	2,572,321
44	03 LAB-STEM CELL	2,060	263,286	-261,226	26,329	-15,151	-9,118
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
46	01 MENTAL HYGIENE	442,365	50,030	392,335	5,003	22,755	414,607
47	BLOOD STORING, PROCESSING	5,899,304	150,427	5,748,877	15,043	333,435	5,550,826
48	INTRAVENOUS THERAPY	2,854,720	157,447	2,697,273	15,745	156,442	2,682,533
48	01 PHARMACY-IV DRUG THERAPY						
49	RESPIRATORY THERAPY	8,154,607	543,587	7,611,020	54,359	441,439	7,658,809
49	01 SLEEP DISORDER	955,755	53,659	902,096	5,366	52,322	898,067
49	02 PAIN MANAGEMENT	680,188	98,872	581,316	9,887	33,716	636,585
50	PHYSICAL THERAPY	3,267,028	228,503	3,038,525	22,850	176,234	3,067,944
51	OCCUPATIONAL THERAPY	1,945,142	105,661	1,839,481	10,566	106,690	1,827,886
52	SPEECH PATHOLOGY	1,847,985	76,075	1,771,910	7,608	102,771	1,737,606
53	ELECTROCARDIOLOGY	3,449,718	509,711	2,940,007	50,971	170,520	3,228,227
54	ELECTROENCEPHALOGRAPHY	1,702,683	90,714	1,611,969	9,071	93,494	1,600,118
54	01 CARDIAC CATHETERIZATION L	4,864,799	1,604,356	3,260,443	160,436	189,106	4,515,257
54	02 CARDIAC REHAB	939,435	95,783	843,652	9,578	48,932	880,925
54	03 VASCULAR LAB	1,174,397	189,472	984,925	18,947	57,126	1,098,324
54	04 ENDOSCOPY	4,912,075	825,934	4,086,141	82,593	236,996	4,592,486
54	05 CLINICAL NUTRITION	1,098,023	26,414	1,071,609	2,641	62,153	1,033,229
54	06 PSYCHOTHERAPY	2,084,265	103,138	1,981,127	10,314	114,905	1,959,046
55	MEDICAL SUPPLIES CHARGED	25,722,883	910,169	24,812,714	91,017	1,439,137	24,192,729
55	01 IMPLANTS CHARGED TO PATIE	16,579,508	584,066	15,995,442	58,407	927,736	15,593,365
56	DRUGS CHARGED TO PATIENTS	36,057,145	1,361,044	34,696,101	136,104	2,012,374	33,908,667
57	RENAL DIALYSIS	1,866,819	91,650	1,775,169	9,165	102,960	1,754,694
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	14,694,860	1,131,867	13,562,993	113,187	786,654	13,795,019
61	EMERGENCY	19,847,484	1,525,219	18,322,265	152,522	1,062,691	18,632,271
62	OBSERVATION BEDS (NON-DIS	8,225,436	550,463	7,674,973	55,046	445,148	7,725,242
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	TRANSPORT						
101	SUBTOTAL	259,995,329	21,804,248	238,191,081	2,180,426	13,815,080	243,999,823
102	LESS OBSERVATION BEDS	8,225,436	550,463	7,674,973	55,046	445,148	7,725,242
103	TOTAL	251,769,893	21,253,785	230,516,108	2,125,380	13,369,932	236,274,581

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	103,366,063	.300170	.316136
38	RECOVERY ROOM	11,433,654	.232807	.246506
39	DELIVERY ROOM & LABOR ROO	32,153,334	.193052	.204447
40	ANESTHESIOLOGY	26,881,119	.157021	.165692
41	RADIOLOGY-DIAGNOSTIC	117,598,374	.121799	.128136
42	RADIOLOGY-THERAPEUTIC	10,789,878	.220092	.230156
42 01	NUCLEAR MEDICINE-DIAGNOST	10,560,302	.199020	.210156
43	RADIOISOTOPE			
43 01	ULTRA SOUND	10,779,231	.136463	.144043
44	LABORATORY	129,600,771	.139381	.147486
44 01	ANATOMIC PATHOLOGY	9,736,141	.264203	.279041
44 03	LAB-STEM CELL	2,858	-3.190343	-8.491603
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
46 01	MENTAL HYGIENE	1,281,361	.323568	.341326
47	BLOOD STORING, PROCESSING	15,839,969	.350432	.371482
48	INTRAVENOUS THERAPY	4,782,084	.560955	.593669
48 01	PHARMACY-IV DRUG THERAPY			
49	RESPIRATORY THERAPY	39,218,190	.195287	.206543
49 01	SLEEP DISORDER	5,262,004	.170670	.180614
49 02	PAIN MANAGEMENT	1,868,680	.340660	.358703
50	PHYSICAL THERAPY	11,315,016	.271139	.286714
51	OCCUPATIONAL THERAPY	7,298,603	.250443	.265061
52	SPEECH PATHOLOGY	3,868,874	.449124	.475688
53	ELECTROCARDIOLOGY	19,766,344	.163319	.171946
54	ELECTROENCEPHALOGRAPHY	2,370,574	.674992	.714431
54 01	CARDIAC CATHETERIZATION L	30,330,913	.148867	.155101
54 02	CARDIAC REHAB	818,068	1.076836	1.136650
54 03	VASCULAR LAB	14,649,781	.074972	.078871
54 04	ENDOSCOPY	22,541,596	.203734	.214248
54 05	CLINICAL NUTRITION	194,940	5.300241	5.619073
54 06	PSYCHOTHERAPY	8,167,814	.239849	.253918
55	MEDICAL SUPPLIES CHARGED	28,779,930	.840611	.890616
55 01	IMPLANTS CHARGED TO PATIE	21,729,121	.717625	.760321
56	DRUGS CHARGED TO PATIENTS	136,553,590	.248318	.263055
57	RENAL DIALYSIS	5,245,344	.334524	.354153
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	14,570,918	.946750	1.000738
61	EMERGENCY	81,363,005	.229002	.242063
62	OBSERVATION BEDS (NON-DIS	17,867,996	.432351	.457264
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
68	TRANSPORT			
101	SUBTOTAL	958,586,440		
102	LESS OBSERVATION BEDS	17,867,996		
103	TOTAL	940,718,444		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 26-0091 PERIOD: FROM 1/1/2009 TO 12/31/2009 PREPARED 6/15/2010 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				5,731,595		5,731,595
26	INTENSIVE CARE UNIT				266,540		266,540
26 01	PEDIATRIC INTENSIVE CARE				514,276		514,276
27	CORONARY CARE UNIT				247,006		247,006
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U				1,873,954		1,873,954
31	SUBPROVIDER				390,030		390,030
31 01	SUBPROVIDER 2				1,122,657		1,122,657
33	NURSERY				24,979		24,979
101	TOTAL				10,171,037		10,171,037

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/15/2010
 WORKSHEET D
 PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	100,718	23,533			56.91	1,339,263
26	INTENSIVE CARE UNIT	3,154	1,532			84.51	129,469
26	01 PEDIATRIC INTENSIVE CARE	4,193	50			122.65	6,133
27	CORONARY CARE UNIT	3,337	1,524			74.02	112,806
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U	18,120				103.42	
31	SUBPROVIDER	11,468	5,791			34.01	196,952
31	01 SUBPROVIDER 2	13,152	5,193			85.36	443,274
33	NURSERY	5,972				4.18	
101	TOTAL	160,114	37,623				2,227,897

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		4,692,693	103,366,063	14,174,160		
38	RECOVERY ROOM		131,011	11,433,654	1,510,444		
39	DELIVERY ROOM & LABOR ROO		285,264	32,153,334	789,963		
40	ANESTHESIOLOGY		483,626	26,881,119	2,362,520		
41	RADIOLOGY-DIAGNOSTIC		2,465,825	117,598,374	13,660,101		
42	RADIOLOGY-THERAPEUTIC		679,116	10,789,878	219,251		
42	01 NUCLEAR MEDICINE-DIAGNOST		212,911	10,560,302	1,539,023		
43	RADIOISOTOPE						
43	01 ULTRA SOUND		159,787	10,779,231			
44	LABORATORY		1,115,236	129,600,771	21,530,664		
44	01 ANATOMIC PATHOLOGY		251,232	9,736,141	574,500		
44	03 LAB-STEM CELL		263,286	2,858			
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
46	01 MENTAL HYGIENE		50,030	1,281,361			
47	BLOOD STORING, PROCESSING		150,427	15,839,969	3,920,254		
48	INTRAVENOUS THERAPY		157,447	4,782,084	106,899		
48	01 PHARMACY-IV DRUG THERAPY						
49	RESPIRATORY THERAPY		543,587	39,218,190	5,726,677		
49	01 SLEEP DISORDER		53,659	5,262,004	24,787		
49	02 PAIN MANAGEMENT		98,872	1,868,680			
50	PHYSICAL THERAPY		228,503	11,315,016	1,536,910		
51	OCCUPATIONAL THERAPY		105,661	7,298,603	312,715		
52	SPEECH PATHOLOGY		76,075	3,868,874	311,707		
53	ELECTROCARDIOLOGY		509,711	19,766,344	1,945,264		
54	ELECTROENCEPHALOGRAPHY		90,714	2,370,574			
54	01 CARDIAC CATHETERIZATION L		1,604,356	30,330,913	3,606,150		
54	02 CARDIAC REHAB		95,783	818,068	2,712		
54	03 VASCULAR LAB		189,472	14,649,781	4,875,750		
54	04 ENDOSCOPY		825,934	22,541,596	1,241,699		
54	05 CLINICAL NUTRITION		26,414	194,940			
54	06 PSYCHOTHERAPY		103,138	8,167,814	410		
55	MEDICAL SUPPLIES CHARGED		910,169	28,779,930	6,936,843		
55	01 IMPLANTS CHARGED TO PATIE		584,066	21,729,121	4,658,474		
56	DRUGS CHARGED TO PATIENTS		1,361,044	136,553,590	19,151,776		
57	RENAL DIALYSIS		91,650	5,245,344	2,194,434		
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		1,131,867	14,570,918	7,285		
61	EMERGENCY		1,525,219	81,363,005	7,535,913		
62	OBSERVATION BEDS (NON-DIS		550,463	17,867,996			
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	TRANSPORT						
101	TOTAL		21,804,248	958,586,440	120,457,285		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 COMPONENT NO: 26-0091
 PREPARED 6/15/2010
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.045399	643,493
38	RECOVERY ROOM	.011458	17,307
39	DELIVERY ROOM & LABOR ROO	.008872	7,009
40	ANESTHESIOLOGY	.017991	42,504
41	RADIOLOGY-DIAGNOSTIC	.020968	286,425
42	RADIOLOGY-THERAPEUTIC	.062940	13,800
42 01	NUCLEAR MEDICINE-DIAGNOST	.020161	31,028
43	RADIOISOTOPE		
43 01	ULTRA SOUND	.014824	
44	LABORATORY	.008605	185,271
44 01	ANATOMIC PATHOLOGY	.025804	14,824
44 03	LAB-STEM CELL	92.122463	
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
46 01	MENTAL HYGIENE	.039044	
47	BLOOD STORING, PROCESSING	.009497	37,231
48	INTRAVENOUS THERAPY	.032924	3,520
48 01	PHARMACY-IV DRUG THERAPY		
49	RESPIRATORY THERAPY	.013861	79,377
49 01	SLEEP DISORDER	.010197	253
49 02	PAIN MANAGEMENT	.052910	
50	PHYSICAL THERAPY	.020195	31,038
51	OCCUPATIONAL THERAPY	.014477	4,527
52	SPEECH PATHOLOGY	.019663	6,129
53	ELECTROCARDIOLOGY	.025787	50,163
54	ELECTROENCEPHALOGRAPHY	.038267	
54 01	CARDIAC CATHETERIZATION L	.052895	190,747
54 02	CARDIAC REHAB	.117084	318
54 03	VASCULAR LAB	.012933	63,058
54 04	ENDOSCOPY	.036640	45,496
54 05	CLINICAL NUTRITION	.135498	
54 06	PSYCHOTHERAPY	.012627	5
55	MEDICAL SUPPLIES CHARGED	.031625	219,378
55 01	IMPLANTS CHARGED TO PATIE	.026879	125,215
56	DRUGS CHARGED TO PATIENTS	.009967	190,886
57	RENAL DIALYSIS	.017473	38,343
58	ASC (NON-DISTINCT PART)		
60	OUTPAT SERVICE COST CNTRS		
	CLINIC	.077680	566
61	EMERGENCY	.018746	141,268
62	OBSERVATION BEDS (NON-DIS	.030807	
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
68	TRANSPORT		
101	TOTAL		2,469,179

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

PROVIDER NO: 26-0091
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 6/15/2010
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			291,409			291,409
26	INTENSIVE CARE UNIT			58,975			58,975
26	01 PEDIATRIC INTENSIVE CARE						
27	CORONARY CARE UNIT			58,975			58,975
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U			58,975			58,975
31	SUBPROVIDER						
31	01 SUBPROVIDER 2						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
101	TOTAL			468,334			468,334

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

PROVIDER NO: 26-0091
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 6/15/2010
WORKSHEET D
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	100,718	2.89	23,533	68,010
26	INTENSIVE CARE UNIT	3,154	18.70	1,532	28,648
26 01	PEDIATRIC INTENSIVE CARE	4,193		50	
27	CORONARY CARE UNIT	3,337	17.67	1,524	26,929
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE U				
30	NEONATAL INTENSIVE CARE U	18,120	3.25		
31	SUBPROVIDER	11,468		5,791	
31 01	SUBPROVIDER 2	13,152		5,193	
33	NURSERY	5,972			
34	SKILLED NURSING FACILITY				
35	NURSING FACILITY				
35 01	ICF/MR				
101	TOTAL	160,114		37,623	123,587

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS											
37	OPERATING ROOM											
38	RECOVERY ROOM											
39	DELIVERY ROOM & LABOR ROO											
40	ANESTHESIOLOGY											
41	RADIOLOGY-DIAGNOSTIC											
42	RADIOLOGY-THERAPEUTIC											
42	01 NUCLEAR MEDICINE-DIAGNOST											
43	RADIOISOTOPE											
43	01 ULTRA SOUND											
44	LABORATORY											
44	01 ANATOMIC PATHOLOGY											
44	03 LAB-STEM CELL											
45	PBP CLINICAL LAB SERVICES											
46	WHOLE BLOOD & PACKED RED											
46	01 MENTAL HYGIENE											
47	BLOOD STORING, PROCESSING											
48	INTRAVENOUS THERAPY											
48	01 PHARMACY-IV DRUG THERAPY											
49	RESPIRATORY THERAPY											
49	01 SLEEP DISORDER											
49	02 PAIN MANAGEMENT											
50	PHYSICAL THERAPY											
51	OCCUPATIONAL THERAPY											
52	SPEECH PATHOLOGY											
53	ELECTROCARDIOLOGY											
54	ELECTROENCEPHALOGRAPHY											
54	01 CARDIAC CATHETERIZATION L											
54	02 CARDIAC REHAB											
54	03 VASCULAR LAB											
54	04 ENDOSCOPY											
54	05 CLINICAL NUTRITION											
54	06 PSYCHOTHERAPY											
55	MEDICAL SUPPLIES CHARGED											
55	01 IMPLANTS CHARGED TO PATIE											
56	DRUGS CHARGED TO PATIENTS											
57	RENAL DIALYSIS											
58	ASC (NON-DISTINCT PART)											
	OUTPAT SERVICE COST CNTRS											
60	CLINIC									114,482		
61	EMERGENCY											
62	OBSERVATION BEDS (NON-DIS									27,983		
	OTHER REIMBURS COST CNTRS											
64	HOME PROGRAM DIALYSIS											
65	AMBULANCE SERVICES											
66	DURABLE MEDICAL EQUIP-REN											
67	DURABLE MEDICAL EQUIP-SOL											
68	TRANSPORT											
101	TOTAL									142,465		

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			103,366,063			14,174,160		
38	RECOVERY ROOM			11,433,654			1,510,444		
39	DELIVERY ROOM & LABOR ROO			32,153,334			789,963		
40	ANESTHESIOLOGY			26,881,119			2,362,520		
41	RADIOLOGY-DIAGNOSTIC			117,598,374			13,660,101		
42	RADIOLOGY-THERAPEUTIC			10,789,878			219,251		
42	01 NUCLEAR MEDICINE-DIAGNOST			10,560,302			1,539,023		
43	RADIOISOTOPE								
43	01 ULTRA SOUND			10,779,231					
44	LABORATORY			129,600,771			21,530,664		
44	01 ANATOMIC PATHOLOGY			9,736,141			574,500		
44	03 LAB-STEM CELL			2,858					
45	PBP CLINICAL LAB SERVICES								
46	WHOLE BLOOD & PACKED RED								
46	01 MENTAL HYGIENE			1,281,361					
47	BLOOD STORING, PROCESSING			15,839,969			3,920,254		
48	INTRAVENOUS THERAPY			4,782,084			106,899		
48	01 PHARMACY-IV DRUG THERAPY								
49	RESPIRATORY THERAPY			39,218,190			5,726,677		
49	01 SLEEP DISORDER			5,262,004			24,787		
49	02 PAIN MANAGEMENT			1,868,680					
50	PHYSICAL THERAPY			11,315,016			1,536,910		
51	OCCUPATIONAL THERAPY			7,298,603			312,715		
52	SPEECH PATHOLOGY			3,868,874			311,707		
53	ELECTROCARDIOLOGY			19,766,344			1,945,264		
54	ELECTROENCEPHALOGRAPHY			2,370,574					
54	01 CARDIAC CATHETERIZATION L			30,330,913			3,606,150		
54	02 CARDIAC REHAB			818,068			2,712		
54	03 VASCULAR LAB			14,649,781			4,875,750		
54	04 ENDOSCOPY			22,541,596			1,241,699		
54	05 CLINICAL NUTRITION			194,940					
54	06 PSYCHOTHERAPY			8,167,814			410		
55	MEDICAL SUPPLIES CHARGED			28,779,930			6,936,843		
55	01 IMPLANTS CHARGED TO PATIE			21,729,121			4,658,474		
56	DRUGS CHARGED TO PATIENTS			136,553,590			19,151,776		
57	RENAL DIALYSIS			5,245,344			2,194,434		
58	ASC (NON-DISTINCT PART)								
60	OUTPAT SERVICE COST CNTRS								
	CLINIC	114,482	114,482	14,570,918	.007857	.007857	7,285		57
61	EMERGENCY			81,363,005			7,535,913		
62	OBSERVATION BEDS (NON-DIS	27,983	27,983	17,867,996	.001566	.001566			
	OTHER REIMBURS COST CNTRS								
64	HOME PROGRAM DIALYSIS								
65	AMBULANCE SERVICES								
66	DURABLE MEDICAL EQUIP-REN								
67	DURABLE MEDICAL EQUIP-SOL								
68	TRANSPORT								
101	TOTAL	142,465	142,465	958,586,440			120,457,285		57

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	10,154,169					
38	RECOVERY ROOM	2,798,960					
39	DELIVERY ROOM & LABOR ROO	839,255					
40	ANESTHESIOLOGY	1,577,375					
41	RADIOLOGY-DIAGNOSTIC	12,148,765					
42	RADIOLOGY-THERAPEUTIC	3,512,627					
42 01	NUCLEAR MEDICINE-DIAGNOST	2,397,152					
43	RADIOISOTOPE						
43 01	ULTRA SOUND						
44	LABORATORY	154,423					
44 01	ANATOMIC PATHOLOGY	852,826					
44 03	LAB-STEM CELL						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
46 01	MENTAL HYGIENE	383,096					
47	BLOOD STORING, PROCESSING	678,974					
48	INTRAVENOUS THERAPY	692,899					
48 01	PHARMACY-IV DRUG THERAPY						
49	RESPIRATORY THERAPY	91,877					
49 01	SLEEP DISORDER	185,543					
49 02	PAIN MANAGEMENT	67,875					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	858,835					
54	ELECTROENCEPHALOGRAPHY						
54 01	CARDIAC CATHETERIZATION L	1,799,235					
54 02	CARDIAC REHAB	296,571					
54 03	VASCULAR LAB	1,439,199					
54 04	ENDOSCOPY	3,438,071					
54 05	CLINICAL NUTRITION						
54 06	PSYCHOTHERAPY	4,014					
55	MEDICAL SUPPLIES CHARGED	1,628,373					
55 01	IMPLANTS CHARGED TO PATIE	2,454,445					
56	DRUGS CHARGED TO PATIENTS	538,326					
57	RENAL DIALYSIS	81,321					
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	9,285,045			72,953		
61	EMERGENCY	4,766,729					
62	OBSERVATION BEDS (NON-DIS	2,106,150			3,298		
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	TRANSPORT						
101	TOTAL	65,232,130			76,251		

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		4,692,693	103,366,063	9,490		
39	RECOVERY ROOM		131,011	11,433,654	8,164		
40	DELIVERY ROOM & LABOR ROO		285,264	32,153,334	8,745		
41	ANESTHESIOLOGY		483,626	26,881,119	86,370		
42	RADIOLOGY-DIAGNOSTIC		2,465,825	117,598,374	188,878		
43	RADIOLOGY-THERAPEUTIC		679,116	10,789,878			
44	01 NUCLEAR MEDICINE-DIAGNOST		212,911	10,560,302	1,487		
45	01 RADIOSOTOPE						
46	01 ULTRA SOUND		159,787	10,779,231			
47	LABORATORY		1,115,236	129,600,771	555,164		
48	01 ANATOMIC PATHOLOGY		251,232	9,736,141	561		
49	03 LAB-STEM CELL		263,286	2,858			
50	PBP CLINICAL LAB SERVICES						
51	WHOLE BLOOD & PACKED RED						
52	01 MENTAL HYGIENE		50,030	1,281,361	241,554		
53	BLOOD STORING, PROCESSING		150,427	15,839,969	6,358		
54	INTRAVENOUS THERAPY		157,447	4,782,084	166		
55	01 PHARMACY-IV DRUG THERAPY						
56	RESPIRATORY THERAPY		543,587	39,218,190	43,039		
57	01 SLEEP DISORDER		53,659	5,262,004	1,759		
58	02 PAIN MANAGEMENT		98,872	1,868,680			
59	PHYSICAL THERAPY		228,503	11,315,016	51,284		
60	OCCUPATIONAL THERAPY		105,661	7,298,603	3,168		
61	SPEECH PATHOLOGY		76,075	3,868,874	8,257		
62	ELECTROCARDIOLOGY		509,711	19,766,344	68,896		
63	ELECTROENCEPHALOGRAPHY		90,714	2,370,574			
64	01 CARDIAC CATHETERIZATION L		1,604,356	30,330,913			
65	02 CARDIAC REHAB		95,783	818,068			
66	03 VASCULAR LAB		189,472	14,649,781	30,917		
67	04 ENDOSCOPY		825,934	22,541,596	5,295		
68	05 CLINICAL NUTRITION		26,414	194,940			
69	06 PSYCHOTHERAPY		103,138	8,167,814	2,417		
70	MEDICAL SUPPLIES CHARGED		910,169	28,779,930	31,492		
71	01 IMPLANTS CHARGED TO PATIE		584,066	21,729,121			
72	DRUGS CHARGED TO PATIENTS		1,361,044	136,553,590	1,172,877		
73	RENAL DIALYSIS		91,650	5,245,344	49,180		
74	ASC (NON-DISTINCT PART)						
75	OUTPAT SERVICE COST CNTRS						
76	CLINIC		1,131,867	14,570,918	179		
77	EMERGENCY		1,525,219	81,363,005	319,474		
78	OBSERVATION BEDS (NON-DIS		550,463	17,867,996			
79	OTHER REIMBURS COST CNTRS						
80	HOME PROGRAM DIALYSIS						
81	AMBULANCE SERVICES						
82	DURABLE MEDICAL EQUIP-REN						
83	DURABLE MEDICAL EQUIP-SOL						
84	TRANSPORT						
101	TOTAL		21,804,248	958,586,440	2,895,171		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0091
 COMPONENT NO: 26-S091
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/15/2010
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.045399	431
38	RECOVERY ROOM	.011458	94
39	DELIVERY ROOM & LABOR ROO	.008872	78
40	ANESTHESIOLOGY	.017991	1,554
41	RADIOLOGY-DIAGNOSTIC	.020968	3,960
42	RADIOLOGY-THERAPEUTIC	.062940	
42 01	NUCLEAR MEDICINE-DIAGNOST	.020161	30
43	RADIOISOTOPE		
43 01	ULTRA SOUND	.014824	
44	LABORATORY	.008605	4,777
44 01	ANATOMIC PATHOLOGY	.025804	14
44 03	LAB-STEM CELL	92.122463	
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
46 01	MENTAL HYGIENE	.039044	9,431
47	BLOOD STORING, PROCESSING	.009497	60
48	INTRAVENOUS THERAPY	.032924	5
48 01	PHARMACY-IV DRUG THERAPY		
49	RESPIRATORY THERAPY	.013861	597
49 01	SLEEP DISORDER	.010197	18
49 02	PAIN MANAGEMENT	.052910	
50	PHYSICAL THERAPY	.020195	1,036
51	OCCUPATIONAL THERAPY	.014477	46
52	SPEECH PATHOLOGY	.019663	162
53	ELECTROCARDIOLOGY	.025787	1,777
54	ELECTROENCEPHALOGRAPHY	.038267	
54 01	CARDIAC CATHETERIZATION L	.052895	
54 02	CARDIAC REHAB	.117084	
54 03	VASCULAR LAB	.012933	400
54 04	ENDOSCOPY	.036640	194
54 05	CLINICAL NUTRITION	.135498	
54 06	PSYCHOTHERAPY	.012627	31
55	MEDICAL SUPPLIES CHARGED	.031625	996
55 01	IMPLANTS CHARGED TO PATIE	.026879	
56	DRUGS CHARGED TO PATIENTS	.009967	11,690
57	RENAL DIALYSIS	.017473	859
58	ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.077680	14
61	EMERGENCY	.018746	5,989
62	OBSERVATION BEDS (NON-DIS	.030807	
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
68	TRANSPORT		
101	TOTAL		44,243

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
38	OPERATING ROOM										
39	RECOVERY ROOM										
40	DELIVERY ROOM & LABOR ROO										
41	ANESTHESIOLOGY										
42	RADIOLOGY-DIAGNOSTIC										
43	RADIOLOGY-THERAPEUTIC										
44	01 NUCLEAR MEDICINE-DIAGNOST										
44	03 RADIOISOTOPE										
45	01 ULTRA SOUND										
46	LABORATORY										
47	01 ANATOMIC PATHOLOGY										
48	03 LAB-STEM CELL										
49	PBP CLINICAL LAB SERVICES										
50	01 WHOLE BLOOD & PACKED RED										
51	01 MENTAL HYGIENE										
52	BLOOD STORING, PROCESSING										
53	01 INTRAVENOUS THERAPY										
54	01 PHARMACY-IV DRUG THERAPY										
55	01 RESPIRATORY THERAPY										
56	01 SLEEP DISORDER										
57	02 PAIN MANAGEMENT										
58	01 PHYSICAL THERAPY										
59	01 OCCUPATIONAL THERAPY										
60	01 SPEECH PATHOLOGY										
61	01 ELECTROCARDIOLOGY										
62	01 ELECTROENCEPHALOGRAPHY										
63	01 CARDIAC CATHETERIZATION L										
64	02 CARDIAC REHAB										
65	03 VASCULAR LAB										
66	04 ENDOSCOPY										
67	05 CLINICAL NUTRITION										
68	06 PSYCHOTHERAPY										
69	01 MEDICAL SUPPLIES CHARGED										
70	01 IMPLANTS CHARGED TO PATIE										
71	01 DRUGS CHARGED TO PATIENTS										
72	01 RENAL DIALYSIS										
73	01 ASC (NON-DISTINCT PART)										
74	01 OUTPAT SERVICE COST CNTRS										
75	01 CLINIC								114,482		
76	01 EMERGENCY										
77	01 OBSERVATION BEDS (NON-DIS									27,983	
78	01 OTHER REIMBURS COST CNTRS										
79	01 HOME PROGRAM DIALYSIS										
80	01 AMBULANCE SERVICES										
81	01 DURABLE MEDICAL EQUIP-REN										
82	01 DURABLE MEDICAL EQUIP-SOL										
83	01 TRANSPORT										
84	101 TOTAL									142,465	

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			103,366,063			9,490	
38	RECOVERY ROOM			11,433,654			8,164	
39	DELIVERY ROOM & LABOR ROO			32,153,334			8,745	
40	ANESTHESIOLOGY			26,881,119			86,370	
41	RADIOLOGY-DIAGNOSTIC			117,598,374			188,878	
42	RADIOLOGY-THERAPEUTIC			10,789,878				
42	01 NUCLEAR MEDICINE-DIAGNOST			10,560,302			1,487	
43	RADIOISOTOPE							
43	01 ULTRA SOUND			10,779,231				
44	LABORATORY			129,600,771			555,164	
44	01 ANATOMIC PATHOLOGY			9,736,141			561	
44	03 LAB-STEM CELL			2,858				
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
46	01 MENTAL HYGIENE			1,281,361			241,554	
47	BLOOD STORING, PROCESSING			15,839,969			6,358	
48	INTRAVENOUS THERAPY			4,782,084			166	
48	01 PHARMACY-IV DRUG THERAPY							
49	RESPIRATORY THERAPY			39,218,190			43,039	
49	01 SLEEP DISORDER			5,262,004			1,759	
49	02 PAIN MANAGEMENT			1,868,680				
50	PHYSICAL THERAPY			11,315,016			51,284	
51	OCCUPATIONAL THERAPY			7,298,603			3,168	
52	SPEECH PATHOLOGY			3,868,874			8,257	
53	ELECTROCARDIOLOGY			19,766,344			68,896	
54	ELECTROENCEPHALOGRAPHY			2,370,574				
54	01 CARDIAC CATHETERIZATION L			30,330,913				
54	02 CARDIAC REHAB			818,068				
54	03 VASCULAR LAB			14,649,781			30,917	
54	04 ENDOSCOPY			22,541,596			5,295	
54	05 CLINICAL NUTRITION			194,940				
54	06 PSYCHOTHERAPY			8,167,814			2,417	
55	MEDICAL SUPPLIES CHARGED			28,779,930			31,492	
55	01 IMPLANTS CHARGED TO PATIE			21,729,121				
56	DRUGS CHARGED TO PATIENTS			136,553,590			1,172,877	
57	RENAL DIALYSIS			5,245,344			49,180	
58	ASC (NON-DISTINCT PART)							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC	114,482	114,482	14,570,918	.007857	.007857	179	1
61	EMERGENCY			81,363,005			319,474	
62	OBSERVATION BEDS (NON-DIS	27,983	27,983	17,867,996	.001566	.001566		
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
68	TRANSPORT							
101	TOTAL	142,465	142,465	958,586,440			2,895,171	1

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						
38	OPERATING ROOM						
39	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	836					
40	ANESTHESIOLOGY	630					
41	RADIOLOGY-DIAGNOSTIC	6,387					
42	RADIOLOGY-THERAPEUTIC						
42	01 NUCLEAR MEDICINE-DIAGNOST						
43	RADIOISOTOPE						
43	01 ULTRA SOUND						
44	LABORATORY						
44	01 ANATOMIC PATHOLOGY						
44	03 LAB-STEM CELL						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
46	01 MENTAL HYGIENE	710					
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY	309					
48	01 PHARMACY-IV DRUG THERAPY						
49	RESPIRATORY THERAPY	87					
49	01 SLEEP DISORDER						
49	02 PAIN MANAGEMENT						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,913					
54	ELECTROENCEPHALOGRAPHY						
54	01 CARDIAC CATHETERIZATION L						
54	02 CARDIAC REHAB						
54	03 VASCULAR LAB						
54	04 ENDOSCOPY						
54	05 CLINICAL NUTRITION						
54	06 PSYCHOTHERAPY	8,006,738					
55	MEDICAL SUPPLIES CHARGED	575					
55	01 IMPLANTS CHARGED TO PATIE						
56	DRUGS CHARGED TO PATIENTS	97					
57	RENAL DIALYSIS	7,931					
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	5,737			45		
61	EMERGENCY	985					
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	TRANSPORT						
101	TOTAL	8,032,935			45		

TITLE XVIII, PART B SUBPROVIDER 1

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM		836			
40 ANESTHESIOLOGY		630			
41 RADIOLOGY-DIAGNOSTIC		6,387			
42 RADIOLOGY-THERAPEUTIC					
42 01 NUCLEAR MEDICINE-DIAGNOSTIC					
43 RADIOISOTOPE					
43 01 ULTRA SOUND					
44 LABORATORY					
44 01 ANATOMIC PATHOLOGY					
44 03 LAB-STEM CELL					
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
46 01 MENTAL HYGIENE		710			
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY		309			
48 01 PHARMACY-IV DRUG THERAPY					
49 RESPIRATORY THERAPY		87			
49 01 SLEEP DISORDER					
49 02 PAIN MANAGEMENT					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		1,913			
54 ELECTROENCEPHALOGRAPHY					
54 01 CARDIAC CATHETERIZATION LABORATORY					
54 02 CARDIAC REHAB					
54 03 VASCULAR LAB					
54 04 ENDOSCOPY					
54 05 CLINICAL NUTRITION					
54 06 PSYCHOTHERAPY		8,006,738			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		575			
55 01 IMPLANTS CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS		97			
57 RENAL DIALYSIS		7,931			
58 ASC (NON-DISTINCT PART)					
58 OUTPAT SERVICE COST CNTRS					
60 CLINIC		5,737			
61 EMERGENCY		985			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
62 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
68 TRANSPORT					
101 SUBTOTAL		8,032,935			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES		8,032,935			

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 COMPONENT NO: 26-T091
 PREPARED 6/15/2010
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.045399	1,177
38	RECOVERY ROOM	.011458	30
39	DELIVERY ROOM & LABOR ROO	.008872	110
40	ANESTHESIOLOGY	.017991	54
41	RADIOLOGY-DIAGNOSTIC	.020968	4,623
42	RADIOLOGY-THERAPEUTIC	.062940	459
42 01	NUCLEAR MEDICINE-DIAGNOST	.020161	358
43	RADIOISOTOPE		
43 01	ULTRA SOUND	.014824	
44	LABORATORY	.008605	6,163
44 01	ANATOMIC PATHOLOGY	.025804	14
44 03	LAB-STEM CELL	92.122463	
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
46 01	MENTAL HYGIENE	.039044	
47	BLOOD STORING, PROCESSING	.009497	239
48	INTRAVENOUS THERAPY	.032924	
48 01	PHARMACY-IV DRUG THERAPY		
49	RESPIRATORY THERAPY	.013861	4,317
49 01	SLEEP DISORDER	.010197	106
49 02	PAIN MANAGEMENT	.052910	
50	PHYSICAL THERAPY	.020195	33,993
51	OCCUPATIONAL THERAPY	.014477	24,134
52	SPEECH PATHOLOGY	.019663	13,488
53	ELECTROCARDIOLOGY	.025787	589
54	ELECTROENCEPHALOGRAPHY	.038267	
54 01	CARDIAC CATHETERIZATION L	.052895	
54 02	CARDIAC REHAB	.117084	
54 03	VASCULAR LAB	.012933	984
54 04	ENDOSCOPY	.036640	82
54 05	CLINICAL NUTRITION	.135498	
54 06	PSYCHOTHERAPY	.012627	
55	MEDICAL SUPPLIES CHARGED	.031625	8,984
55 01	IMPLANTS CHARGED TO PATIE	.026879	21
56	DRUGS CHARGED TO PATIENTS	.009967	15,553
57	RENAL DIALYSIS	.017473	4,590
58	ASC (NON-DISTINCT PART)		
60	OUTPAT SERVICE COST CNTRS		
	CLINIC	.077680	
61	EMERGENCY	.018746	21
62	OBSERVATION BEDS (NON-DIS	.030807	
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
68	TRANSPORT		
101	TOTAL		120,089

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
	OPERATING ROOM											
38	RECOVERY ROOM											
39	DELIVERY ROOM & LABOR ROO											
40	ANESTHESIOLOGY											
41	RADIOLOGY-DIAGNOSTIC											
42	RADIOLOGY-THERAPEUTIC											
42	01 NUCLEAR MEDICINE-DIAGNOST											
43	RADIOISOTOPE											
43	01 ULTRA SOUND											
44	LABORATORY											
44	01 ANATOMIC PATHOLOGY											
44	03 LAB-STEM CELL											
45	PBP CLINICAL LAB SERVICES											
46	WHOLE BLOOD & PACKED RED											
46	01 MENTAL HYGIENE											
47	BLOOD STORING, PROCESSING											
48	INTRAVENOUS THERAPY											
48	01 PHARMACY-IV DRUG THERAPY											
49	RESPIRATORY THERAPY											
49	01 SLEEP DISORDER											
49	02 PAIN MANAGEMENT											
50	PHYSICAL THERAPY											
51	OCCUPATIONAL THERAPY											
52	SPEECH PATHOLOGY											
53	ELECTROCARDIOLOGY											
54	ELECTROENCEPHALOGRAPHY											
54	01 CARDIAC CATHETERIZATION L											
54	02 CARDIAC REHAB											
54	03 VASCULAR LAB											
54	04 ENDOSCOPY											
54	05 CLINICAL NUTRITION											
54	06 PSYCHOTHERAPY											
55	MEDICAL SUPPLIES CHARGED											
55	01 IMPLANTS CHARGED TO PATIE											
56	DRUGS CHARGED TO PATIENTS											
57	RENAL DIALYSIS											
58	ASC (NON-DISTINCT PART)											
	OUTPAT SERVICE COST CNTRS											
60	CLINIC									114,482		
61	EMERGENCY											
62	OBSERVATION BEDS (NON-DIS											
	OTHER REIMBURS COST CNTRS									27,983		
64	HOME PROGRAM DIALYSIS											
65	AMBULANCE SERVICES											
66	DURABLE MEDICAL EQUIP-REN											
67	DURABLE MEDICAL EQUIP-SOL											
68	TRANSPORT											
101	TOTAL									142,465		

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			103,366,063			25,922	
38	RECOVERY ROOM			11,433,654			2,613	
39	DELIVERY ROOM & LABOR ROO			32,153,334			12,420	
40	ANESTHESIOLOGY			26,881,119			2,982	
41	RADIOLOGY-DIAGNOSTIC			117,598,374			220,488	
42	RADIOLOGY-THERAPEUTIC			10,789,878			7,295	
42	01 NUCLEAR MEDICINE-DIAGNOST			10,560,302			17,743	
43	RADIOISOTOPE							
43	01 ULTRA SOUND			10,779,231				
44	LABORATORY			129,600,771			716,246	
44	01 ANATOMIC PATHOLOGY			9,736,141			556	
44	03 LAB-STEM CELL			2,858				
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
46	01 MENTAL HYGIENE			1,281,361				
47	BLOOD STORING, PROCESSING			15,839,969			25,184	
48	INTRAVENOUS THERAPY			4,782,084				
48	01 PHARMACY-IV DRUG THERAPY							
49	RESPIRATORY THERAPY			39,218,190			311,452	
49	01 SLEEP DISORDER			5,262,004			10,349	
49	02 PAIN MANAGEMENT			1,868,680				
50	PHYSICAL THERAPY			11,315,016			1,683,251	
51	OCCUPATIONAL THERAPY			7,298,603			1,667,038	
52	SPEECH PATHOLOGY			3,868,874			685,937	
53	ELECTROCARDIOLOGY			19,766,344			22,848	
54	ELECTROENCEPHALOGRAPHY			2,370,574				
54	01 CARDIAC CATHETERIZATION L			30,330,913				
54	02 CARDIAC REHAB			818,068				
54	03 VASCULAR LAB			14,649,781			76,111	
54	04 ENDOSCOPY			22,541,596			2,250	
54	05 CLINICAL NUTRITION			194,940				
54	06 PSYCHOTHERAPY			8,167,814				
55	MEDICAL SUPPLIES CHARGED			28,779,930			284,075	
55	01 IMPLANTS CHARGED TO PATIE			21,729,121			763	
56	DRUGS CHARGED TO PATIENTS			136,553,590			1,560,497	
57	RENAL DIALYSIS			5,245,344			262,711	
58	ASC (NON-DISTINCT PART)							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC	114,482	114,482	14,570,918	.007857	.007857		
61	EMERGENCY			81,363,005			1,102	
62	OBSERVATION BEDS (NON-DIS	27,983	27,983	17,867,996	.001566	.001566		
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
68	TRANSPORT							
101	TOTAL	142,465	142,465	958,586,440			7,599,833	

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
42	01 NUCLEAR MEDICINE-DIAGNOST						
43	RADIOISOTOPE						
43	01 ULTRA SOUND						
44	LABORATORY						
44	01 ANATOMIC PATHOLOGY						
44	03 LAB-STEM CELL						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
46	01 MENTAL HYGIENE						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
48	01 PHARMACY-IV DRUG THERAPY						
49	RESPIRATORY THERAPY						
49	01 SLEEP DISORDER						
49	02 PAIN MANAGEMENT						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54	01 CARDIAC CATHETERIZATION L						
54	02 CARDIAC REHAB						
54	03 VASCULAR LAB						
54	04 ENDOSCOPY						
54	05 CLINICAL NUTRITION						
54	06 PSYCHOTHERAPY						
55	MEDICAL SUPPLIES CHARGED						
55	01 IMPLANTS CHARGED TO PATIE						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	TRANSPORT						
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	9,673
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	850.35
85	OBSERVATION BED COST	8,225,436

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	85,645,773		8,225,436	
87	NEW CAPITAL-RELATED COST	5,731,595	.066922	8,225,436	550,463
88	NON PHYSICIAN ANESTHETIST			8,225,436	
89	MEDICAL EDUCATION			8,225,436	
89.01	MEDICAL EDUCATION - ALLIED HEA	291,409	.003402	8,225,436	27,983
89.02	MEDICAL EDUCATION - ALL OTHER			8,225,436	

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	692.60
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	7,942,695			
87	NEW CAPITAL-RELATED COST	390,030	.049105		
88	NON PHYSICIAN ANESTHETIST	7,942,695			
89	MEDICAL EDUCATION	7,942,695			
89.01	MEDICAL EDUCATION - ALLIED HEA	7,942,695			
89.02	MEDICAL EDUCATION - ALL OTHER	7,942,695			

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
	ADULTS & PEDIATRICS		38,235,109	
26	INTENSIVE CARE UNIT		4,825,548	
26	01 PEDIATRIC INTENSIVE CARE UNIT		312,942	
27	CORONARY CARE UNIT		4,825,548	
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.298749	14,174,160	4,234,516
38	RECOVERY ROOM	.247652	1,510,444	374,064
39	DELIVERY ROOM & LABOR ROOM	.205334	789,963	162,206
40	ANESTHESIOLOGY	.132324	2,362,520	312,618
41	RADIOLOGY-DIAGNOSTIC	.123712	13,660,101	1,689,918
42	RADIOLOGY-THERAPEUTIC	.236450	219,251	51,842
42	01 NUCLEAR MEDICINE-DIAGNOSTIC	.212173	1,539,023	326,539
43	RADIOISOTOPE			
43	01 ULTRA SOUND	.145526		
44	LABORATORY	.148347	21,530,664	3,194,009
44	01 ANATOMICAL PATHOLOGY	.219651	574,500	126,189
44	03 LAB-STEM CELL	.720784		
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
46	01 MENTAL HYGIENE	.347658		
47	BLOOD STORING, PROCESSING & TRANS.	.372432	3,920,254	1,460,028
48	INTRAVENOUS THERAPY	.596961	106,899	63,815
48	01 PHARMACY-IV DRUG THERAPY			
49	RESPIRATORY THERAPY	.206127	5,726,677	1,180,423
49	01 SLEEP DISORDER	.181633	24,787	4,502
49	02 PAIN MANAGEMENT	.363994		
50	PHYSICAL THERAPY	.288734	1,536,910	443,758
51	OCCUPATIONAL THERAPY	.266509	312,715	83,341
52	SPEECH PATHOLOGY	.477654	311,707	148,888
53	ELECTROCARDIOLOGY	.173094	1,945,264	336,714
54	ELECTROENCEPHALOGRAPHY	.349992		
54	01 CARDIAC CATHETERIZATION LABORATORY	.160903	3,606,150	580,240
54	02 CARDIAC REHAB	1.148358	2,712	3,114
54	03 VASCULAR LAB	.080165	4,875,750	390,864
54	04 ENDOSCOPY	.217912	1,241,699	270,581
54	05 CLINICAL NUTRITION	5.632620		
54	06 PSYCHOTHERAPY	.256703	410	105
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.893779	6,936,843	6,200,005
55	01 IMPLANTS CHARGED TO PATIENTS	.763009	4,658,474	3,554,458
56	DRUGS CHARGED TO PATIENTS	.264051	19,151,776	5,057,046
57	RENAL DIALYSIS	.356404	2,194,434	782,105
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.025970	7,285	7,474
61	EMERGENCY	.238881	7,535,913	1,800,186
62	OBSERVATION BEDS (NON-DISTINCT PART)	.460345		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
68	TRANSPORT			
101	TOTAL		120,457,285	32,839,548
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		120,457,285	

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26	01 PEDIATRIC INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		7,392,656	
31	01 SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.298749	9,490	2,835
38	RECOVERY ROOM	.247652	8,164	2,022
39	DELIVERY ROOM & LABOR ROOM	.205334	8,745	1,796
40	ANESTHESIOLOGY	.132324	86,370	11,429
41	RADIOLOGY-DIAGNOSTIC	.123712	188,878	23,366
42	RADIOLOGY-THERAPEUTIC	.236450		
42	01 NUCLEAR MEDICINE-DIAGNOSTIC	.212173	1,487	316
43	RADIOISOTOPE			
43	01 ULTRA SOUND	.145526		
44	LABORATORY	.148347	555,164	82,357
44	01 ANATOMICAL PATHOLOGY	.219651	561	123
44	03 LAB-STEM CELL	.720784		
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
46	01 MENTAL HYGIENE	.347658	241,554	83,978
47	BLOOD STORING, PROCESSING & TRANS.	.372432	6,358	2,368
48	INTRAVENOUS THERAPY	.596961	166	99
48	01 PHARMACY-IV DRUG THERAPY			
49	RESPIRATORY THERAPY	.206127	43,039	8,871
49	01 SLEEP DISORDER	.181633	1,759	319
49	02 PAIN MANAGEMENT	.363994		
50	PHYSICAL THERAPY	.288734	51,284	14,807
51	OCCUPATIONAL THERAPY	.266509	3,168	844
52	SPEECH PATHOLOGY	.477654	8,257	3,944
53	ELECTROCARDIOLOGY	.173094	68,896	11,925
54	ELECTROENCEPHALOGRAPHY	.349992		
54	01 CARDIAC CATHETERIZATION LABORATORY	.160903		
54	02 CARDIAC REHAB	1.148358		
54	03 VASCULAR LAB	.080165	30,917	2,478
54	04 ENDOSCOPY	.217912	5,295	1,154
54	05 CLINICAL NUTRITION	5.632620		
54	06 PSYCHOTHERAPY	.256703	2,417	620
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.893779	31,492	28,147
55	01 IMPLANTS CHARGED TO PATIENTS	.763009		
56	DRUGS CHARGED TO PATIENTS	.264051	1,172,877	309,699
57	RENAL DIALYSIS	.356404	49,180	17,528
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.025970	179	184
61	EMERGENCY	.238881	319,474	76,316
62	OBSERVATION BEDS (NON-DISTINCT PART)	.460345		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
68	TRANSPORT			
101	TOTAL		2,895,171	687,525
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,895,171	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 26-0091
 COMPONENT NO: 26-T091
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/15/2010
 WORKSHEET D-4

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
	ADULTS & PEDIATRICS			
25	INTENSIVE CARE UNIT			
26	01 PEDIATRIC INTENSIVE CARE UNIT			
26	CORONARY CARE UNIT			
27	BURN INTENSIVE CARE UNIT			
28	SURGICAL INTENSIVE CARE UNIT			
29	NEONATAL INTENSIVE CARE UNIT			
30	SUBPROVIDER			
31	01 SUBPROVIDER 2		5,268,597	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.298749	25,922	7,744
38	RECOVERY ROOM	.247652	2,613	647
39	DELIVERY ROOM & LABOR ROOM	.205334	12,420	2,550
40	ANESTHESIOLOGY	.132324	2,982	395
41	RADIOLOGY-DIAGNOSTIC	.123712	220,488	27,277
42	RADIOLOGY-THERAPEUTIC	.236450	7,295	1,725
42	01 NUCLEAR MEDICINE-DIAGNOSTIC	.212173	17,743	3,765
43	RADIOISOTOPE			
43	01 ULTRA SOUND	.145526		
44	LABORATORY	.148347	716,246	106,253
44	01 ANATOMICAL PATHOLOGY	.219651	556	122
44	03 LAB-STEM CELL	.720784		
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
46	01 MENTAL HYGIENE	.347658		
47	BLOOD STORING, PROCESSING & TRANS.	.372432	25,184	9,379
48	INTRAVENOUS THERAPY	.596961		
48	01 PHARMACY-IV DRUG THERAPY			
49	RESPIRATORY THERAPY	.206127	311,452	64,199
49	01 SLEEP DISORDER	.181633	10,349	1,880
49	02 PAIN MANAGEMENT	.363994		
50	PHYSICAL THERAPY	.288734	1,683,251	486,012
51	OCCUPATIONAL THERAPY	.266509	1,667,038	444,281
52	SPEECH PATHOLOGY	.477654	685,937	327,641
53	ELECTROCARDIOLOGY	.173094	22,848	3,955
54	ELECTROENCEPHALOGRAPHY	.349992		
54	01 CARDIAC CATHETERIZATION LABORATORY	.160903		
54	02 CARDIAC REHAB	1.148358		
54	03 VASCULAR LAB	.080165	76,111	6,101
54	04 ENDOSCOPY	.217912	2,250	490
54	05 CLINICAL NUTRITION	5.632620		
54	06 PSYCHOTHERAPY	.256703		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.893779	284,075	253,900
55	01 IMPLANTS CHARGED TO PATIENTS	.763009	763	582
56	DRUGS CHARGED TO PATIENTS	.264051	1,560,497	412,051
57	RENAL DIALYSIS	.356404	262,711	93,631
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.025970		
61	EMERGENCY	.238881	1,102	263
62	OBSERVATION BEDS (NON-DISTINCT PART)	.460345		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
68	TRANSPORT			
101	TOTAL		7,599,833	2,254,843
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		7,599,833	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 26-0091
 COMPONENT NO: 26-0091
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/15/2010
 WORKSHEET D-4

TITLE XIX

HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		18,622,140	
26	INTENSIVE CARE UNIT		639,206	
26	01 PEDIATRIC INTENSIVE CARE UNIT		2,339,618	
27	CORONARY CARE UNIT		1,247,601	
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT		5,957,289	
31	SUBPROVIDER			
31	01 SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.320676	3,243,523	1,040,120
38	RECOVERY ROOM	.247652	297,023	73,558
39	DELIVERY ROOM & LABOR ROOM	.205334	2,152,300	441,940
40	ANESTHESIOLOGY	.167491	1,132,505	189,684
41	RADIOLOGY-DIAGNOSTIC	.130233	4,470,925	582,262
42	RADIOLOGY-THERAPEUTIC	.236450	136,423	32,257
42	01 NUCLEAR MEDICINE-DIAGNOSTIC	.212173	323,270	68,589
43	RADIOISOTOPE			
43	01 ULTRA SOUND	.145526	415,558	60,474
44	LABORATORY	.148347	8,613,904	1,277,847
44	01 ANATOMICAL PATHOLOGY	.281621	293,836	82,750
44	03 LAB-STEM CELL	.720784	1,888	1,361
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
46	01 MENTAL HYGIENE	.345231	710	245
47	BLOOD STORING, PROCESSING & TRANS.	.372432	1,221,063	454,763
48	INTRAVENOUS THERAPY	.596961	146,199	87,275
48	01 PHARMACY-IV DRUG THERAPY			
49	RESPIRATORY THERAPY	.207929	4,257,473	885,252
49	01 SLEEP DISORDER	.181633	10,280	1,867
49	02 PAIN MANAGEMENT	.363994	122	44
50	PHYSICAL THERAPY	.288734	347,180	100,243
51	OCCUPATIONAL THERAPY	.266509	216,935	57,815
52	SPEECH PATHOLOGY	.477654	68,193	32,573
53	ELECTROCARDIOLOGY	.174525	707,745	123,519
54	ELECTROENCEPHALOGRAPHY	.718258	131,208	94,241
54	01 CARDIAC CATHETERIZATION LABORATORY	.160391	985,173	158,013
54	02 CARDIAC REHAB	1.148358	140	161
54	03 VASCULAR LAB	.080165	898,201	72,004
54	04 ENDOSCOPY	.217912	323,065	70,400
54	05 CLINICAL NUTRITION	5.632620	274	1,543
54	06 PSYCHOTHERAPY	.255180		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.893779	1,904,755	1,702,430
55	01 IMPLANTS CHARGED TO PATIENTS	.763009	664,216	506,803
56	DRUGS CHARGED TO PATIENTS	.264051	9,421,015	2,487,628
57	RENAL DIALYSIS	.355900	382,726	136,212
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.008506	7,655	7,720
61	EMERGENCY	.243937	2,567,668	626,349
62	OBSERVATION BEDS (NON-DISTINCT PART)	.460345		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
68	TRANSPORT			
101	TOTAL		45,343,151	11,457,942
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		45,343,151	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 26-0091
 COMPONENT NO: 26-S091
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/15/2010
 WORKSHEET D-4

TITLE XIX

SUBPROVIDER 1

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26	01 PEDIATRIC INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		3,880,924	
31	01 SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.320676	4,795	1,538
38	RECOVERY ROOM	.247652	1,410	349
39	DELIVERY ROOM & LABOR ROOM	.205334		
40	ANESTHESIOLOGY	.167491	82,639	13,841
41	RADIOLOGY-DIAGNOSTIC	.130233	67,059	8,733
42	RADIOLOGY-THERAPEUTIC	.236450		
42	01 NUCLEAR MEDICINE-DIAGNOSTIC	.212173	160	34
43	RADIOISOTOPE			
43	01 ULTRA SOUND	.145526	3,926	571
44	LABORATORY	.148347	297,701	44,163
44	01 ANATOMICAL PATHOLOGY	.281621	310	87
44	03 LAB-STEM CELL	.720784		
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
46	01 MENTAL HYGIENE	.345231	213,210	73,607
47	BLOOD STORING, PROCESSING & TRANS.	.372432	1,050	391
48	INTRAVENOUS THERAPY	.596961	428	255
48	01 PHARMACY-IV DRUG THERAPY			
49	RESPIRATORY THERAPY	.207929	7,527	1,565
49	01 SLEEP DISORDER	.181633		
49	02 PAIN MANAGEMENT	.363994		
50	PHYSICAL THERAPY	.288734	4,589	1,325
51	OCCUPATIONAL THERAPY	.266509		
52	SPEECH PATHOLOGY	.477654	1,333	637
53	ELECTROCARDIOLOGY	.174525	32,279	5,633
54	ELECTROENCEPHALOGRAPHY	.718258		
54	01 CARDIAC CATHETERIZATION LABORATORY	.160391		
54	02 CARDIAC REHAB	1.148358		
54	03 VASCULAR LAB	.080165	4,899	393
54	04 ENDOSCOPY	.217912	3,257	710
54	05 CLINICAL NUTRITION	5.632620		
54	06 PSYCHOTHERAPY	.255180		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.893779	6,485	5,796
55	01 IMPLANTS CHARGED TO PATIENTS	.763009		
56	DRUGS CHARGED TO PATIENTS	.264051	574,757	151,765
57	RENAL DIALYSIS	.355900	3,418	1,216
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.008506	179	181
61	EMERGENCY	.243937	233,345	56,921
62	OBSERVATION BEDS (NON-DISTINCT PART)	.460345		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
68	TRANSPORT			
101	TOTAL		1,544,756	369,711
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,544,756	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26	01 PEDIATRIC INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2		2,502,527	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.320676	12,814	4,109
38	RECOVERY ROOM	.247652	4,770	1,181
39	DELIVERY ROOM & LABOR ROOM	.205334		
40	ANESTHESIOLOGY	.167491	2,664	446
41	RADIOLOGY-DIAGNOSTIC	.130233	94,729	12,337
42	RADIOLOGY-THERAPEUTIC	.236450		
42	01 NUCLEAR MEDICINE-DIAGNOSTIC	.212173	12,516	2,656
43	RADIOISOTOPE			
43	01 ULTRA SOUND	.145526	6,863	999
44	LABORATORY	.148347	267,622	39,701
44	01 ANATOMICAL PATHOLOGY	.281621	997	281
44	03 LAB-STEM CELL	.720784		
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
46	01 MENTAL HYGIENE	.345231		
47	BLOOD STORING, PROCESSING & TRANS.	.372432	10,817	4,029
48	INTRAVENOUS THERAPY	.596961	3,616	2,159
48	01 PHARMACY-IV DRUG THERAPY			
49	RESPIRATORY THERAPY	.207929	90,260	18,768
49	01 SLEEP DISORDER	.181633		
49	02 PAIN MANAGEMENT	.363994		
50	PHYSICAL THERAPY	.288734	777,603	224,520
51	OCCUPATIONAL THERAPY	.266509	772,835	205,967
52	SPEECH PATHOLOGY	.477654	400,768	191,428
53	ELECTROCARDIOLOGY	.174525	6,923	1,208
54	ELECTROENCEPHALOGRAPHY	.718258		
54	01 CARDIAC CATHETERIZATION LABORATORY	.160391		
54	02 CARDIAC REHAB	1.148358		
54	03 VASCULAR LAB	.080165	33,163	2,659
54	04 ENDOSCOPY	.217912	7,793	1,698
54	05 CLINICAL NUTRITION	5.632620		
54	06 PSYCHOTHERAPY	.255180		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.893779	230,633	206,135
55	01 IMPLANTS CHARGED TO PATIENTS	.763009	2,441	1,863
56	DRUGS CHARGED TO PATIENTS	.264051	717,775	189,529
57	RENAL DIALYSIS	.355900	73,201	26,052
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.008506		
61	EMERGENCY	.243937		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.460345		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
68	TRANSPORT			
101	TOTAL		3,530,803	1,137,725
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,530,803	

KIDNEY

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES	PER DIEM COSTS FROM WKST. D-1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3) 4
		1 D	2	3	
1	ADULTS & PEDIATRICS	38	850.35		
2	INTENSIVE CARE UNIT	43	1,497.48		
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	1,825.11		
3	CORONARY CARE UNIT	44	1,434.01		
4	BURN INTENSIVE CARE UNIT	45			
5	SURGICAL INTENSIVE CARE UNIT	46			
6	NEONATAL INTENSIVE CARE UNIT	47	1,466.30		
7	TOTAL (SUM OF LINES 1-6)				

COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
C		1	2	3
8	OPERATING ROOM	37	.295127	13,033
9	RECOVERY ROOM	38	.247652	3,846
10	DELIVERY ROOM & LABOR ROO	39	.205334	
11	ANESTHESIOLOGY	40	.127867	2,501
12	RADIOLOGY-DIAGNOSTIC	41	.123712	316
13	RADIOLOGY-THERAPEUTIC	42	.236450	39
13.01	NUCLEAR MEDICINE-DIAGNOST	42.01	.212173	
14	RADIOISOTOPE	43		
14.01	ULTRA SOUND	43.01	.145526	
15	LABORATORY	44	.148347	5,971
15.01	ANATOMIC PATHOLOGY	44.01	.219651	886
15.03	LAB-STEM CELL	44.03	.720784	
16	PBP CLINICAL LAB SERVICES	45		
17	WHOLE BLOOD & PACKED RED	46		
17.01	MENTAL HYGIENE	46.01	.345231	
18	BLOOD STORING, PROCESSING	47	.372432	
19	INTRAVENOUS THERAPY	48	.596961	
19.01	PHARMACY-IV DRUG THERAPY	48.01		
20	RESPIRATORY THERAPY	49	.204706	1,661
20.01	SLEEP DISORDER	49.01	.181633	340
20.02	PAIN MANAGEMENT	49.02	.363994	
21	PHYSICAL THERAPY	50	.288734	
22	OCCUPATIONAL THERAPY	51	.266509	
23	SPEECH PATHOLOGY	52	.477654	
24	ELECTROCARDIOLOGY	53	.168556	
25	ELECTROENCEPHALOGRAPHY	54	.349992	
25.01	CARDIAC CATHETERIZATION L	54.01	.160391	
25.02	CARDIAC REHAB	54.02	1.148358	
25.03	VASCULAR LAB	54.03	.080165	
25.04	ENDOSCOPY	54.04	.217912	
25.05	CLINICAL NUTRITION	54.05	5.632620	
25.06	PSYCHOTHERAPY	54.06	.255180	
26	MEDICAL SUPPLIES CHARGED	55	.893779	
26.01	IMPLANTS CHARGED TO PATIE	55.01	.763009	
27	DRUGS CHARGED TO PATIENTS	56	.264051	
28	RENAL DIALYSIS	57	.355900	
29	ASC (NON-DISTINCT PART)	58		
31	CLINIC	60	1.008506	
32	EMERGENCY	61	.236501	
33	OBSERVATION BEDS (NON-DIS	62	.460345	
35	TOTAL (SUM OF LINES 8-34)			23,482
				5,431

KIDNEY

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS
		1	2	3
36	ADULTS & PEDIATRICS			D
				2
37	INTENSIVE CARE UNIT			3
37.01	PEDIATRIC INTENSIVE CARE UNIT			3.01
38	CORONARY CARE UNIT			4
39	BURN INTENSIVE CARE UNIT			5
40	SURGICAL INTENSIVE CARE UNIT			6
41	NEONATAL INTENSIVE CARE UNIT			7
42	TOTAL (SUM OF LINES 36-41)			

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS
		1	2	3
43	CLINIC			D
				20
44	EMERGENCY			21
45	OBSERVATION BEDS (NON-DISTINCT PART)			22
47	TOTAL (SUM OF LINES 43-46)			

KIDNEY

PART III - SUMMARY OF COSTS AND CHARGES

	C O S T		C H A R G E S	
	PART A 1	PART B 2	PART A 3	PART B 4
48 ROUTINE & ANCILLARY FROM PT 1	5,431		23,482	
49 INTERNS & RESIDENTS (INPATIENT)				
50 INTERNS & RESIDENTS (OUTPATIENT)				
51 DIRECT ORGAN ACQUISITION	266,975		114,600	
52 COST OF SERVS OF TEACHING PHYSICIANS				
53 TOTAL (SUM OF LINES 48-52)	272,406		138,082	
54 TOTAL USABLE ORGANS		10		
55 MEDICARE USABLE ORGANS		8		
56 RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.800000		
57 MEDICARE COST/CHARGES	217,925		110,466	
58 REVENUE FOR ORGANS SOLD			30,618	
59 SUBTOTAL (LN 57 MINUS LN 58)	217,925		79,848	
60 ORGANS FURNISHED PART B				
61 NET ORGAN ACQUISITION COST & CHARGES	217,925		79,848	

PART IV - STATISTICS

	LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62 ORGANS EXCISED IN PROVIDER (1)			6
63 ORGANS PURCH OTHER TRANSPLANT HOSPS(2)			
64 ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65 ORGANS PURCHASED FROM OPOS			4
66 TOTAL (SUM OF LINES 62-65)			10
67 ORGANS TRANSPLANTED			4
68 ORGANS SOLD TO OTHER HOSPITALS			
69 ORGANS SOLD TO OPOS		6	30,618
70 ORGANS SOLD TO TRANSPLANT HOSPITALS			
71 ORGANS SOLD TO MILITARY OR VA HOSPS			
72 ORGANS SOLD OUTSIDE UNITED STATES			
73 ORGANS SENT OUTSIDE U.S. NO REVENUE			
74 ORGANS USED FOR RESEARCH			
75 UNUSABLE/DISCARDED ORGANS			
76 TOTAL (SUM LNS 67-75 SHOULD = LN 66)		10	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team are included in the count.

LIVER

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES	PER DIEM COSTS FROM WKST. D-1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3) 4
		1 D	2	3	
1	ADULTS & PEDIATRICS	38	850.35		
2	INTENSIVE CARE UNIT	43	1,497.48		
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	1,825.11		
3	CORONARY CARE UNIT	44	1,434.01		
4	BURN INTENSIVE CARE UNIT	45			
5	SURGICAL INTENSIVE CARE UNIT	46			
6	NEONATAL INTENSIVE CARE UNIT	47	1,466.30		
7	TOTAL (SUM OF LINES 1-6)				

COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
C		1	2	3
8	OPERATING ROOM	37	295127	10,919
9	RECOVERY ROOM	38	247652	3,222
10	DELIVERY ROOM & LABOR ROOM	39	205334	
11	ANESTHESIOLOGY	40	127867	2,243
12	RADIOLOGY-DIAGNOSTIC	41	123712	267
13	RADIOLOGY-THERAPEUTIC	42	236450	33
13.01	NUCLEAR MEDICINE-DIAGNOSTIC	42.01	212173	
14	RADIOISOTOPE	43		
14.01	ULTRASOUND	43.01	145526	
15	LABORATORY	44	148347	7,533
15.01	ANATOMIC PATHOLOGY	44.01	219651	1,117
15.03	LAB-STEM CELL	44.03	720784	
16	PBP CLINICAL LAB SERVICES	45		
17	WHOLE BLOOD & PACKED RED	46		
17.01	MENTAL HYGIENE	46.01	345231	
18	BLOOD STORING, PROCESSING	47	372432	
19	INTRAVENOUS THERAPY	48	596961	
19.01	PHARMACY-IV DRUG THERAPY	48.01		
20	RESPIRATORY THERAPY	49	204706	1,360
20.01	SLEEP DISORDER	49.01	181633	278
20.02	PAIN MANAGEMENT	49.02	363994	
21	PHYSICAL THERAPY	50	288734	
22	OCCUPATIONAL THERAPY	51	266509	
23	SPEECH PATHOLOGY	52	477654	
24	ELECTROCARDIOLOGY	53	168556	
25	ELECTROENCEPHALOGRAPHY	54	349992	
25.01	CARDIAC CATHETERIZATION	54.01	160391	
25.02	CARDIAC REHAB	54.02	1,148,358	
25.03	VASCULAR LAB	54.03	80,165	
25.04	ENDOSCOPY	54.04	217,912	
25.05	CLINICAL NUTRITION	54.05	5,632,620	
25.06	PSYCHOTHERAPY	54.06	255,180	
26	MEDICAL SUPPLIES CHARGED	55	893,779	
26.01	IMPLANTS CHARGED TO PATIENT	55.01	763,009	
27	DRUGS CHARGED TO PATIENTS	56	264,051	
28	RENAL DIALYSIS	57	355,900	
29	ASC (NON-DISTINCT PART)	58		
31	CLINIC	60	1,008,506	
32	EMERGENCY	61	236,501	
33	OBSERVATION BEDS (NON-DISTINCT)	62	460,345	6,121
35	TOTAL (SUM OF LINES 8-34)			28,443
				2,818
				7,755

LIVER

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS
		1	2	3
36	ADULTS & PEDIATRICS			
	D			
	2			
37	INTENSIVE CARE UNIT			
	3			
37.01	PEDIATRIC INTENSIVE CARE UNIT			
	3.01			
38	CORONARY CARE UNIT			
	4			
39	BURN INTENSIVE CARE UNIT			
	5			
40	SURGICAL INTENSIVE CARE UNIT			
	6			
41	NEONATAL INTENSIVE CARE UNIT			
	7			
42	TOTAL (SUM OF LINES 36-41)			

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS
		1	2	3
43	CLINIC			
	D			
	20			
44	EMERGENCY			
	21			
45	OBSERVATION BEDS (NON-DISTINCT PART)			
	6,121			
47	TOTAL (SUM OF LINES 43-46)			
	6,121			

LIVER

PART III - SUMMARY OF COSTS AND CHARGES

	C O S T		C H A R G E S	
	PART A 1	PART B 2	PART A 3	PART B 4
48 ROUTINE & ANCILLARY FROM PT 1	7,755		28,443	
49 INTERNS & RESIDENTS (INPATIENT)				
50 INTERNS & RESIDENTS (OUTPATIENT)				
51 DIRECT ORGAN ACQUISITION	95,720		49,901	
52 COST OF SERVS OF TEACHING PHYSICIANS				
53 TOTAL (SUM OF LINES 48-52)	103,475		78,344	
54 TOTAL USABLE ORGANS		4		
55 MEDICARE USABLE ORGANS		3		
56 RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.750000		
57 MEDICARE COST/CHARGES	77,606		58,758	
58 REVENUE FOR ORGANS SOLD			28,443	
59 SUBTOTAL (LN 57 MINUS LN 58)	77,606		30,315	
60 ORGANS FURNISHED PART B				
61 NET ORGAN ACQUISITION COST & CHARGES	77,606		30,315	

PART IV - STATISTICS

	LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62 ORGANS EXCISED IN PROVIDER (1)			
63 ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64 ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65 ORGANS PURCHASED FROM OPOS			
66 TOTAL (SUM OF LINES 62-65)		1	
67 ORGANS TRANSPLANTED		4	
68 ORGANS SOLD TO OTHER HOSPITALS		1	
69 ORGANS SOLD TO OPOS			
70 ORGANS SOLD TO TRANSPLANT HOSPITALS		3	28,443
71 ORGANS SOLD TO MILITARY OR VA HOSPS			
72 ORGANS SOLD OUTSIDE UNITED STATES			
73 ORGANS SENT OUTSIDE U.S. NO REVENUE			
74 ORGANS USED FOR RESEARCH			
75 UNUSABLE/DISCARDED ORGANS			
76 TOTAL (SUM LNS 67-75 SHOULD = LN 66)		4	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team are included in the count.

HEART

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES	PER DIEM COSTS FROM WKST. D-1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3) 4
		1 D	2	3	
1	ADULTS & PEDIATRICS	38	850.35		
2	INTENSIVE CARE UNIT	43	1,497.48		
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	1,825.11		
3	CORONARY CARE UNIT	44	1,434.01		
4	BURN INTENSIVE CARE UNIT	45			
5	SURGICAL INTENSIVE CARE UNIT	46			
6	NEONATAL INTENSIVE CARE UNIT	47	1,466.30		
7	TOTAL (SUM OF LINES 1-6)				

COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS	
	C	1	2	3	
8	OPERATING ROOM	37	.295127	12,401	3,660
9	RECOVERY ROOM	38	.247652		
10	DELIVERY ROOM & LABOR ROO	39	.205334		
11	ANESTHESIOLOGY	40	.127867	3,243	415
12	RADIOLOGY-DIAGNOSTIC	41	.123712	414	51
13	RADIOLOGY-THERAPEUTIC	42	.236450		
13.01	NUCLEAR MEDICINE-DIAGNOST	42.01	.212173		
14	RADIOISOTOPE	43			
14.01	ULTRA SOUND	43.01	.145526		
15	LABORATORY	44	.148347	9,540	1,415
15.01	ANATOMIC PATHOLOGY	44.01	.219651		
15.03	LAB-STEM CELL	44.03	.720784		
16	PBP CLINICAL LAB SERVICES	45			
17	WHOLE BLOOD & PACKED RED	46			
17.01	MENTAL HYGIENE	46.01	.345231		
18	BLOOD STORING, PROCESSING	47	.372432		
19	INTRAVENOUS THERAPY	48	.596961		
19.01	PHARMACY-IV DRUG THERAPY	48.01			
20	RESPIRATORY THERAPY	49	.204706	3,167	648
20.01	SLEEP DISORDER	49.01	.181633		
20.02	PAIN MANAGEMENT	49.02	.363994		
21	PHYSICAL THERAPY	50	.288734		
22	OCCUPATIONAL THERAPY	51	.266509		
23	SPEECH PATHOLOGY	52	.477654		
24	ELECTROCARDIOLOGY	53	.168556	9,927	1,673
25	ELECTROENCEPHALOGRAPHY	54	.349992		
25.01	CARDIAC CATHETERIZATION L	54.01	.160391		
25.02	CARDIAC REHAB	54.02	1.148358		
25.03	VASCULAR LAB	54.03	.080165		
25.04	ENDOSCOPY	54.04	.217912		
25.05	CLINICAL NUTRITION	54.05	5.632620		
25.06	PSYCHOTHERAPY	54.06	.255180		
26	MEDICAL SUPPLIES CHARGED	55	.893779		
26.01	IMPLANTS CHARGED TO PATIE	55.01	.763009		
27	DRUGS CHARGED TO PATIENTS	56	.264051		
28	RENAL DIALYSIS	57	.355900		
29	ASC (NON-DISTINCT PART)	58			
31	CLINIC	60	1.008506		
32	EMERGENCY	61	.236501		
33	OBSERVATION BEDS (NON-DIS	62	.460345	11,751	5,410
35	TOTAL (SUM OF LINES 8-34)			50,443	13,272

HEART

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS
		1	2	3
36	ADULTS & PEDIATRICS			
	D			
	2			
37	INTENSIVE CARE UNIT			
	3			
37.01	PEDIATRIC INTENSIVE CARE UNIT			
	3.01			
38	CORONARY CARE UNIT			
	4			
39	BURN INTENSIVE CARE UNIT			
	5			
40	SURGICAL INTENSIVE CARE UNIT			
	6			
41	NEONATAL INTENSIVE CARE UNIT			
	7			
42	TOTAL (SUM OF LINES 36-41)			

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS
		1	2	3
43	CLINIC			
	D			
	20			
44	EMERGENCY			
	21			
45	OBSERVATION BEDS (NON-DISTINCT PART)	11,751		
	22			
47	TOTAL (SUM OF LINES 43-46)	11,751		

HEART

PART III - SUMMARY OF COSTS AND CHARGES

	C O S T		C H A R G E S	
	PART A 1	PART B 2	PART A 3	PART B 4
48 ROUTINE & ANCILLARY FROM PT 1	13,272		50,443	
49 INTERNS & RESIDENTS (INPATIENT)				
50 INTERNS & RESIDENTS (OUTPATIENT)				
51 DIRECT ORGAN ACQUISITION	109,368		60,314	
52 COST OF SERVS OF TEACHING PHYSICIANS				
53 TOTAL (SUM OF LINES 48-52)	122,640		110,757	
54 TOTAL USABLE ORGANS		4		
55 MEDICARE USABLE ORGANS		3		
56 RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.750000		
57 MEDICARE COST/CHARGES	91,980		83,068	
58 REVENUE FOR ORGANS SOLD			50,443	
59 SUBTOTAL (LN 57 MINUS LN 58)	91,980		32,625	
60 ORGANS FURNISHED PART B				
61 NET ORGAN ACQUISITION COST & CHARGES	91,980		32,625	

PART IV - STATISTICS

	LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62 ORGANS EXCISED IN PROVIDER (1)			
63 ORGANS PURCH OTHER TRANSPLANT HOSPS(2)			3
64 ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65 ORGANS PURCHASED FROM OPOS			1
66 TOTAL (SUM OF LINES 62-65)			4
67 ORGANS TRANSPLANTED			1
68 ORGANS SOLD TO OTHER HOSPITALS			
69 ORGANS SOLD TO OPOS		3	50,443
70 ORGANS SOLD TO TRANSPLANT HOSPITALS			
71 ORGANS SOLD TO MILITARY OR VA HOSPS			
72 ORGANS SOLD OUTSIDE UNITED STATES			
73 ORGANS SENT OUTSIDE U.S. NO REVENUE			
74 ORGANS USED FOR RESEARCH			
75 UNUSABLE/DISCARDED ORGANS			
76 TOTAL (SUM LNS 67-75 SHOULD = LN 66)		4	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team are included in the count.

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	30,168,849	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	9,691,385	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	11,403,818	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	3,922,059	
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)	1,387,377	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	487.77	
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.	141.25	
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)	1.00	
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)	142.25	
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	149.78	
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)	142.25	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	142.25	
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	142.25	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	142.25	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.291633	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.277431	
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)	.277431	
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	5,850,729	
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	1,915,888	
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	7,766,617	30,242
		7,796,859
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		6.92
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		48.34
4.02 SUM OF LINES 4 AND 4.01		55.26
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		34.80
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		13,871,361
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0091	FROM 1/1/2009	6/15/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E
26-0091		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	62,915,831	
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)	62,915,831	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	4,192,654	
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	2,972,674	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST	387,511	
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS	123,587	
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	57	
16 TOTAL	70,592,314	
17 PRIMARY PAYER PAYMENTS	17,120	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	70,575,194	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,917,051	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	197,112	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,438,661	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,007,063	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	67,468,094	
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	67,468,094	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	66,786,144	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	681,950	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	232,638	
----- 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
26-0091	FROM 1/ 1/2009	6/15/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E
26-0091		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	1,357
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	24,515,719
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	12,857,353
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.	76,251
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	1,357
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	5,140
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	5,140
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)	5,140
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	3,783
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	1,357
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	12,933,604
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	945
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,980,521
19	SUBTOTAL (SEE INSTRUCTIONS)	9,953,495
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	1,151,744
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	11,105,239
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	11,105,239
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	91,596
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	64,117
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	11,169,356
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	11,169,356
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	10,761,053
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	408,303
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
26-0091	FROM 1/ 1/2009	6/15/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E
26-S091		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).	2,054,308
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	1,908,800
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.	45
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)	1,908,845

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	384,276
19	SUBTOTAL (SEE INSTRUCTIONS)	1,524,569
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	1,524,569
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	1,524,569

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	1,524,569
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	1,524,569
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,524,524
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	45
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
26-0091	FROM 1/ 1/2009	6/15/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E
26-T091		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)

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

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	3,816,055
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	3,826,334
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-10,279
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

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

51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)

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

53 ENTER THE TIME VALUE OF MONEY.

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	4,122,254	1,062,148
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0444	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	684,962	128,064
1.05	OUTLIER PAYMENTS	64,452	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	6,061,880	
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 $\{((1 + (\text{LINE } 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.		
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)		
1.20	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)	36.032877	
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)	6,061,880	
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL	6,061,880	
7	DEDUCTIBLES	25,632	
8	SUBTOTAL	6,036,248	
9	COINSURANCE	80,846	
10	SUBTOTAL	5,955,402	
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	23,291	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	16,304	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL	5,971,706	
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		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		

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

	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	5,971,706
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	5,379,180
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	592,526
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

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

51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)

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

53 ENTER THE TIME VALUE OF MONEY.

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		25,289,370	
2	MEDICAL AND OTHER SERVICES		8,300,320	
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		33,589,690	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		33,589,690	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		29,700,669	
11	ANCILLARY SERVICE CHARGES		76,635,229	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		106,335,898	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		106,335,898	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		72,746,208	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		33,589,690	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		33,589,690	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		33,589,690	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		33,589,690	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		33,589,690	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		33,589,690	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		33,589,690	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		23,324,217	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		10,265,473	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0091	FROM 1/ 1/2009	6/15/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-3
-		PART III

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

TITLE XIX

HOSPITAL

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 COMPONENT NO: 26-S091
 PREPARED 6/15/2010
 WORKSHEET E-3
 PART III

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0091	FROM 1/ 1/2009	6/15/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-3
26-S091		PART III

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

TITLE XIX

SUBPROVIDER 1

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	SUBPROVIDER 2	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		3,024,863	
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		3,024,863	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		3,024,863	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		2,502,527	
11	ANCILLARY SERVICE CHARGES		3,530,803	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		6,033,330	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		6,033,330	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		3,008,467	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		3,024,863	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		3,024,863	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		3,024,863	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		3,024,863	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		3,024,863	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		3,024,863	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		3,024,863	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		2,412,829	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		612,034	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0091	FROM 1/ 1/2009	6/15/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-3
26-T091		PART III

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

TITLE XIX

SUBPROVIDER 2

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		141.30
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	1.00
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	1.00	142.30
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		151.03
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		142.30
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.		101.61
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.		39.72
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		141.33
3.10	SEE INSTRUCTIONS		133.16
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		37.42
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		38.18
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		35.30
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	36.97
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)		36.97
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		90,542.46
3.18	SEE INSTRUCTIONS		3,347,355
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		96.53
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		98.01
3.21	SEE INSTRUCTIONS	RES INIT YEARS	96.76
3.22	SEE INSTRUCTIONS		96.76
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		90,542.46
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		8,760,888
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		12,108,243

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		37,623
5	TOTAL INPATIENT DAYS		144,469
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.260423
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	3,153,265 22,165	3,175,430
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		13,094
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		144,469
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.		942,364
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	6,624	6,624

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		5,245,344
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)	68,407,760
13	ORGAN ACQUISITION COSTS	387,511
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	17,120
16	TOTAL PART A REASONABLE COST	68,778,151

PART B REASONABLE COST

17	REASONABLE COST	26,647,680
18	PRIMARY PAYER PAYMENTS	
19	TOTAL PART B REASONABLE COST	26,647,680
20	TOTAL REASONABLE COST	95,425,831
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.720750
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.279250

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)	4,124,418
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	2,972,674
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	1,151,744

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

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

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

5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)	1.00	
5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)		
6 DIRECT GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	8.73	
7 SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	.94	
8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	90,542.46	
9 MULTIPLY LINE 7 TIMES LINE 8	85,110	
10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.	260423	
11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)	22,165	
12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])	6,624	

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

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

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IIME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).	1.00	
17 IIME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	7.53	
18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)	1.00	
19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)	.002050	
20 IIME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.000548	
21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.	39,860,234	
22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	15,325,877	
23 ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	30,242	

ASSETS		GENERAL FUND	SPECIFIC FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	380,166			
2	TEMPORARY INVESTMENTS	266,002,096			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	66,274,955			
5	OTHER RECEIVABLES	933,216			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	7,370,431			
8	PREPAID EXPENSES	5,666,241			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	346,627,105			
FIXED ASSETS					
12	LAND	8,114,844			
12.01	LAND IMPROVEMENTS	7,804,043			
13.01	LESS ACCUMULATED DEPRECIATION	-6,680,756			
14	BUILDINGS	347,316,763			
14.01	LESS ACCUMULATED DEPRECIATION	-190,405,035			
15	LEASEHOLD IMPROVEMENTS	889,695			
15.01	LESS ACCUMULATED DEPRECIATION	-609,631			
16	FIXED EQUIPMENT	51,344,766			
16.01	LESS ACCUMULATED DEPRECIATION	-43,186,827			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	166,683,093			
18.01	LESS ACCUMULATED DEPRECIATION	-125,273,403			
19	MINOR EQUIPMENT DEPRECIABLE	1,901,863			
19.01	LESS ACCUMULATED DEPRECIATION	-154,270			
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	217,745,145			
OTHER ASSETS					
22	INVESTMENTS	53,114,107	7,442,295	11,115,611	260,195
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	1,325,649			
26	TOTAL OTHER ASSETS	54,439,756	7,442,295	11,115,611	260,195
27	TOTAL ASSETS	618,812,006	7,442,295	11,115,611	260,195

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	17,554,520			
29 SALARIES, WAGES & FEES PAYABLE	21,790,566			
30 PAYROLL TAXES PAYABLE	858,093			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	3,697,965			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	-14,579,233			
36 TOTAL CURRENT LIABILITIES	29,321,911			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	69,272,310			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	17,688,474			
42 TOTAL LONG-TERM LIABILITIES	86,960,784			
43 TOTAL LIABILITIES	116,282,695			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	502,529,311			
45 SPECIFIC PURPOSE FUND		7,442,295		
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED			11,115,611	
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				260,195
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	502,529,311	7,442,295	11,115,611	260,195
52 TOTAL LIABILITIES AND FUND BALANCES	618,812,006	7,442,295	11,115,611	260,195

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		461,751,100		10,156,317
2 NET INCOME (LOSS)		57,893,531		
3 TOTAL		519,644,631		10,156,317
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6 GAIN ON INVESTMENTS	1,593			
7 TRANSFERS FROM OTHER FUND	752,974		3,496,681	
8				
9				
10 TOTAL ADDITIONS		754,567		3,496,681
11 SUBTOTAL		520,399,198		13,652,998
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14 CORPORATE OFFICE	8,387,814			
15 TRANSFER TO RELATED ORGAN	9,482,075			
16 TRANSFER TO OTHER FUNDS			186,073	
17 LOSS ON INVESTMENTS			6,024,631	
18 TOTAL DEDUCTIONS		17,869,889		6,210,704
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		502,529,309		7,442,294

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD		10,236,502		628,860
2 NET INCOME (LOSS)				
3 TOTAL		10,236,502		628,860
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6 GAIN ON INVESTMENTS				
7 TRANSFERS FROM OTHER FUND	879,109			
8				
9				
10 TOTAL ADDITIONS		879,109		
11 SUBTOTAL		11,115,611		628,860
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14 CORPORATE OFFICE				
15 TRANSFER TO RELATED ORGAN			365,869	
16 TRANSFER TO OTHER FUNDS			2,796	
17 LOSS ON INVESTMENTS				
18 TOTAL DEDUCTIONS				368,665
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		11,115,611		260,195

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	197,696,321		197,696,321
2 00 SUBPROVIDER	14,687,226		14,687,226
2 01 SUBPROVIDER 2	33,027,581		33,027,581
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
7 01 ICF/MR			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	245,411,128		245,411,128
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	10,394,520		10,394,520
10 01 PEDIATRIC INTENSIVE CARE UNIT	17,648,271		17,648,271
11 00 CORONARY CARE UNIT	10,910,827		10,910,827
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
14 00 NEONATAL INTENSIVE CARE UNIT	66,406,331		66,406,331
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	105,359,949		105,359,949
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	350,771,077		350,771,077
17 00 ANCILLARY SERVICES	438,396,390		438,396,390
18 00 OUTPATIENT SERVICES		500,099,980	500,099,980
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D. P.)			
23 00 HOSPICE			
24 00 NON-REIMBURSEABLE/PRO FEES	3,797,684	23,258,982	27,056,666
25 00 TOTAL PATIENT REVENUES	792,965,151	523,358,962	1316,324,113

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		503,150,505	
ADD (SPECIFY)			
27 00 ADD IMMATERIAL DIFFERENCE	1		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		1	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		503,150,506	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/15/2010
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	1316,324,113
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	804,061,974
3	NET PATIENT REVENUES	512,262,139
4	LESS: TOTAL OPERATING EXPENSES	503,150,506
5	NET INCOME FROM SERVICE TO PATIENTS	9,111,633
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	8,176,955
7	INCOME FROM INVESTMENTS	6,931,374
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	29,652
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	97,092
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	2,807,085
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	2,576,125
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	9,768
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	4,315,919
24	SALE OF SERVICES	23,837,928
25	TOTAL OTHER INCOME	48,781,898
26	TOTAL	57,893,531
27	OTHER EXPENSES	
28	OTHER EXPENSES (SPECIFY)	
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	57,893,531

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 SATELLITE NO:
 PREPARED 6/15/2010
 WORKSHEET 1-1

CHECK ONE:

XX RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTEs PER 2080 HOURS 4
1 REGISTERED NURSES	222,342	HOURS OF SERVICE	6,615.00	3.18
2 LICENCED PRACTICAL NURSES		HOURS OF SERVICE		
3 NURSES AIDES		HOURS OF SERVICE		
4 TECHNICIANS		HOURS OF SERVICE		
5 SOCIAL WORKERS		HOURS OF SERVICE		
6 DIETICIANS		HOURS OF SERVICE		
7 PHYSICIANS	6,134	ACCUMULATED COST		
8 NON-PATIENT CARE SALARY		ACCUMULATED COST		
9 SUBTOTAL (SUM OF LINES 1-8)	228,476			
10 EMPLOYEE BENEFITS		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	1,627	PERCENTAGE OF TIME		
14 SUPPLIES	39,370	REQUIREMENTS		
15 DRUGS	703	REQUIREMENTS		
16 OTHER	981,855	ACCUMULATED COST		
17 SUBTOTAL (SUM OF LINES 9-16)*	1,252,031			
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	19,384	SQUARE FEET		
21 NEW CAPITAL RELATED COSTS-MOV. EQUIP.	34,970	PERCENTAGE OF TIME		
22 EMPLOYEE BENEFITS	50,194	SALARY		
23 ADMINISTRATIVE AND GENERAL	458,918	ACCUMULATED COST		
24 MAINT./REPAIRS-OPERERATION-HOUSEKEEPING	63,630	SQUARE FEET		
25 MEDICAL EDUCATION PROGRAM COSTS				
26 CENTRAL SERVICES & SUPPLIES	1,216	REQUIREMENTS		
27 PHARMACY	-67,589	REQUIREMENTS		
28 OTHER ALLOCATED COST	54,065	ACCUMULATED COST		
29 SUBTOTAL (SUM OF LINES 17-28)*	1,866,819			
30 LABORATORY (SEE INSTRUCTIONS)		CHARGES		
31 RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32 OTHER (SEE INSTRUCTIONS)		CHARGES		
33 TOTAL COSTS (SUM OF LINES 29-32)	1,866,819			

* 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 MODI LITI ES
 PROVIDER NO: 26-0091 PERIOD: FROM 1/ 1/2009 TO 12/31/2009 PREPARED 6/15/2010
 SATELLITE NO: WORKSHEET 1-2

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		CAPITAL AND RELATED COSTS EQUIPMENT		DIRECT PATIENT CARE SALARY OTHER		EMPLOYEE BENEFITS
		1	2	3	4	5
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	83,014	36,597	222,342		50,194
2	HEMODIALYSIS	16,412	7,243	44,001		9,931
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
12	CCDP					
13	OTHER BILLABLE SERVICES					
14	INPATIENT DIALYSIS	66,602	29,354	178,341		40,263
15	METHOD II HOME PATIENT					
16	EPO (INCLUDED IN RENAL DEPARTMENT)					
17	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
18	OTHER					
19	TOTAL (SUM OF LINES 2-15)	83,014	36,597	222,342		50,194
20	MEDICAL EDUCATION PROGRAM COSTS					
21	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	-66,886	40,586		365,847	1,500,972
2	HEMODIALYSIS	-13,233	8,029		72,383	296,968
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
12	CCDP					
13	OTHER BILLABLE SERVICES					
14	INPATIENT DIALYSIS	-53,653	32,557		293,464	1,204,004
15	METHOD II HOME PATIENT					
16	EPO (INCLUDED IN RENAL DEPARTMENT)	72,705				
17	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
18	OTHER					
19	TOTAL (SUM OF LINES 2-15)	-66,886	40,586		365,847	1,500,972
20	MEDICAL EDUCATION PROGRAM COSTS					
21	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		TOTAL (COL. 9 + COL. 10)
		11
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	1,866,819
2	HEMODIALYSIS	369,351
3	INTERMITTENT PERITONEAL TRAINING	
4	HEMODIALYSIS	
5	INTERMITTENT PERITONEAL	
6	CAPD	
7	CCDP	
8	HOME	
9	HEMODIALYSIS	
10	INTERMITTENT PERITONEAL	
11	CAPD	
12	CCDP	
13	OTHER BILLABLE SERVICES	
14	INPATIENT DIALYSIS	1,497,468
15	METHOD II HOME PATIENT	
16	EPO (INCLUDED IN RENAL DEPARTMENT)	
17	ARANESP (INCLUDED IN RENAL DEPARTMENT)	
18	OTHER	
19	TOTAL (SUM OF LINES 2-15)	1,866,819
20	MEDICAL EDUCATION PROGRAM COSTS	
21	TOTAL RENAL COSTS (LINE 16 + LINE 17)	1,866,819

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

COMPOSITE PAYMENT SERVICES		CAPITAL AND RELATED BUILDING COSTS	EQUIPMENT	DI RECT PATIENT CARE SALARY	EMPLOYEE BENEFITS
		1 (SQUARE FEET)	2 (% OF TIME)	3 (HOURS)	4 (HOURS)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	83,014	36,597	222,342	50,194
2	HEMODIALYSIS	431	19.79	1,149.00	43,991
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 3211	1,749	80.21	4,657.00	178,351
13	METHOD II HOME PATIENT				
14	EPO				
14.01	ARANESP				
15	OTHER				
16	TOTAL STATISTICAL BASIS	2,180	100.00	5,806.00	222,342
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	38.079817	365.970000	38.295212	.225751

COMPOSITE PAYMENT SERVICES		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6 (REQUI ST.)	7 (REQUI ST.)	8 (CHARGES)	9	10 (ACCUMULATED COST)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	-66,886	40,586		365,847	1,500,972
2	HEMODIALYSIS	2,723	2,260			
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 3211	11,040	9,164			
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	13,763	11,424			365,847
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	-4.859842	3.552696			4.102731

COMPUTATION OF AVERAGE COST PER TREATMENT
FOR OUTPATIENT RENAL DIALYSIS

PROVIDER NO: 26-0091
SATELLITE NO:
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 6/15/2010
WORKSHEET 1-4
RATE 0

CHECK ONE:

RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	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	2	3	4	
1 MAINTENANCE - HEMODIALYSIS	792	369,351	466.35	490	4.01
2 MAINTENANCE - PERITONEAL DIALYSIS					
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)	792	369,351		490	

	TOTAL PROGRAM EXPENSES	PAYMENT RATE PRIOR TO 4/1/2005	PAYMENT RATE ON OR AFTER 4/1/2005	TOTAL PROGRAM PAYMENT
	5	6	7	
1 MAINTENANCE - HEMODIALYSIS	228,512	221.74	6.01	108,653
2 MAINTENANCE - PERITONEAL DIALYSIS				
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)	228,512			108,653

PROVIDER NO:	PERIOD:	PREPARED
26-0091	FROM 1/ 1/2009	6/15/2010
SATELLITE NO:	TO 12/31/2009	WORKSHEET 1-5
		RATE 0

CALCULATION OF REIMBURSABLE
BAD DEBTS - TITLE XVIII - PART B

	DESCRIPTION	
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	228,512
2	TOTAL PAYMENT (FROM WORKSHEET I-4, COLUMN 7, LINE 11)	108,653
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%)	86,922
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.)	21,731
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
26-0091	FROM 1/ 1/2009	6/15/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET L
26-0091		PARTS I-IV

FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	3,264,480
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	119,563
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	332.37
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	143.25
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	12.93
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	422,097
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	6.92
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	48.34
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	55.26
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	11.84
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	386,514
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	4,192,654
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)	