

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		26-0179		FROM 7/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 11/24/2009 TIME 13:26

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. LUKE'S HOSPITAL 26-0179

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

\_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	
1	HOSPITAL	0	302,755	78,055	2,553,913
2	SUBPROVIDER	0	12,319	-6	0
5	HOSPITAL-BASED SNF	0	7,479	0	0
7	HOSPITAL-BASED HHA	0	1	0	0
100	TOTAL	0	322,554	78,049	2,553,913

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.







60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?  
ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW  
FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)      N

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

MULTI CAMPUS

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

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

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

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS  
ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH"  
DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY).      Y      10/19/2009

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

PROVIDER NO: 26-0179  
PERIOD: FROM 7/1/2008 TO 6/30/2009  
PREPARED 11/24/2009  
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 / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	377	134,377			38,968		852
2 HMO					9,028		1,512
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	377	134,377			38,968		852
6 INTENSIVE CARE UNIT	18	6,570			2,671		161
7 CORONARY CARE UNIT	16	5,472			1,557		27
11 NURSERY							86
12 TOTAL	411	146,419			43,196		1,126
13 RPCH VISITS							
14 SUBPROVIDER		2,512			1,133		
15 SKILLED NURSING FACILITY	38	13,870			10,376		
17 OTHER LONG TERM CARE	102	37,230					
18 HOME HEALTH AGENCY					120		
25 TOTAL	551						
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			70,910				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			70,910				
6 INTENSIVE CARE UNIT			4,415				
7 CORONARY CARE UNIT			2,982				
11 NURSERY			5,990				
12 TOTAL			84,297			38.75	
13 RPCH VISITS							
14 SUBPROVIDER			1,415				
15 SKILLED NURSING FACILITY			12,502			.05	
17 OTHER LONG TERM CARE			32,580				
18 HOME HEALTH AGENCY			400				
25 TOTAL						38.80	
26 OBSERVATION BED DAYS			1,356		1,356		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					7,826	189	17,565
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
11 NURSERY							
12 TOTAL	38.75	2,442.58			7,826	189	17,565
13 RPCH VISITS							
14 SUBPROVIDER		10.80			60		71
15 SKILLED NURSING FACILITY	.05	42.22					
17 OTHER LONG TERM CARE		62.83					810
18 HOME HEALTH AGENCY		.69					
25 TOTAL	38.80	2,559.12					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET S-3  
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	143,187,610	501,968	143,689,578	5,322,956.00	26.99	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B	67,134		67,134	1,155.00	58.12	
4 PHYSICIAN - PART A	2,189,571		2,189,571	16,961.00	129.09	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	1,260,682		1,260,682	10,161.00	124.07	
5 PHYSICIAN - PART B	12,553,212		12,553,212	141,902.00	88.46	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)	1,984,678		1,984,678	88,534.00	22.42	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	1,744,833	4,000	1,748,833	87,815.00	19.91	
8.01 EXCLUDED AREA SALARIES	7,656,286	350,208	8,006,494	394,309.00	20.31	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,694,633		1,694,633	31,315.00	54.12	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	317,001		317,001	2,855.00	111.03	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)	232,179		232,179	2,363.00	98.26	
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	28,861,893		28,861,893			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	2,439,657		2,439,657			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	16,552		16,552			CMS 339
18 PHYSICIAN PART A	310,997		310,997			CMS 339
18.01 PART A TEACHING PHYSICIANS	194,304		194,304			CMS 339
19 PHYSICIAN PART B	1,466,036		1,466,036			CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	489,320		489,320			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	953,521	-48	953,473	38,278.00	24.91	
22 ADMINISTRATIVE & GENERAL	15,838,086	-362,896	15,475,190	521,593.00	29.67	
22.01 A & G UNDER CONTRACT	3,700,514		3,700,514	65,971.00	56.09	
23 MAINTENANCE & REPAIRS	2,385,721		2,385,721	101,290.00	23.55	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE	113,801		113,801	9,476.00	12.01	
26 HOUSEKEEPING	2,612,495	192,171	2,804,666	227,271.00	12.34	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	2,597,490	-118,413	2,479,077	181,509.00	13.66	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	381,534		381,534	30,580.00	12.48	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,987,128		1,987,128	64,308.00	30.90	
31 CENTRAL SERVICE AND SUPPLY	1,105,773		1,105,773	68,665.00	16.10	
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,750,063	8,000	1,758,063	92,642.00	18.98	
34 SOCIAL SERVICE	731,101		731,101	28,476.00	25.67	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	131,022,418	501,968	131,524,386	5,147,175.00	25.55	
2 EXCLUDED AREA SALARIES	9,401,119	354,208	9,755,327	482,124.00	20.23	
3 SUBTOTAL SALARIES	121,621,299	147,760	121,769,059	4,665,051.00	26.10	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	2,243,813		2,243,813	36,533.00	61.42	
5 SUBTOTAL WAGE-RELATED COSTS	29,172,890		29,172,890		23.96	
6 TOTAL	153,038,002	147,760	153,185,762	4,701,584.00	32.58	
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	34,157,227	-281,186	33,876,041	1,430,059.00	23.69	

HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

PROVIDER NO: 26-0179  
HHA NO: 26-7561  
COUNTY: ST LOUIS

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

PREPARED 11/24/2009  
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
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1 HOME HEALTH AIDE HOURS	0	23	0	0
2 UNDUPLICATED CENSUS COUNT		10.00		

TOTAL  
5

1 HOME HEALTH AIDE HOURS	23
2 UNDUPLICATED CENSUS COUNT	10.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

STAFF 1	CONTRACT 2	TOTAL 3
------------	---------------	------------

3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	.14		.14
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL			
6 DIRECTING NURSING SERVICE	.40		.40
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	.13		.13
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.03		.03
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.01		.01
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.01		.01
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	.01		.01
17 HOME HEALTH AIDE SUPERVISOR			
18			

HOME HEALTH AGENCY MSA CODES 1 1.01

19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	1
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		41180

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

	FULL EPIISODES		LUPA EPIISODES 3	PEP ONLY EPIISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		

21 SKILLED NURSING VISITS	43	0	0	3
22 SKILLED NURSING VISIT CHARGES	7,525	0	0	525
23 PHYSICAL THERAPY VISITS	44	0	4	1
24 PHYSICAL THERAPY VISIT CHARGES	7,700	0	700	175
25 OCCUPATIONAL THERAPY VISITS	15	0	0	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	2,625	0	0	0
27 SPEECH PATHOLOGY VISITS	0	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	2	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	350	0	0	0
31 HOME HEALTH AIDE VISITS	8	0	0	0
32 HOME HEALTH AIDE VISIT CHARGES	600	0	0	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	112	0	4	4
34 OTHER CHARGES	77	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	18,877	0	700	700
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	10	0	1	1
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	76	0	0	0

HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
26-0179	FROM 7/ 1/2008	11/24/2009
HHA NO:	TO 6/30/2009	WORKSHEET S-4
26-7561		
COUNTY:	ST LOUIS	

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	46
22 SKILLED NURSING VISIT CHARGES	0	0	8,050
23 PHYSICAL THERAPY VISITS	0	0	49
24 PHYSICAL THERAPY VISIT CHARGES	0	0	8,575
25 OCCUPATIONAL THERAPY VISITS	0	0	15
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	2,625
27 SPEECH PATHOLOGY VISITS	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	0	0	2
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	350
31 HOME HEALTH AIDE VISITS	0	0	8
32 HOME HEALTH AIDE VISIT CHARGES	0	0	600
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	120
34 OTHER CHARGES	0	0	77
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	20,277
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	12
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	76

HOSPITAL RENAL DIALYSIS DEPARTMENT  
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
26-0179	FROM 7/ 1/2008	11/24/2009
SATELLITE NO:	TO 6/30/2009	WORKSHEET S-5

DESCRIPTION	----- OUTPATIENT -----		----- TRAINING -----		----- HOME -----	
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD		3				
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00					
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	5.00					
4 CAPD EXCHANGES PER DAY						
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	260					
6 NUMBER OF STATIONS	8					
7 TREATMENT CAPACITY PER DAY PER STATION	3					
8 UTILIZATION (SEE INSTRUCTIONS)	5.42					
9 AVERAGE TIMES DIALYZERS RE-USED						
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS						
TRANSPLANT INFORMATION						
11 NUMBER OF PATIENTS ON TRANSPLANT LIST						
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD		1				
EPOIETIN						
13 NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER		28,274				
13 . 1 EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
14 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT		30,380				
14 . 1 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						
PHYSICIAN PAYMENT METHOD (ENTER "X" IF METHOD(S) IS APPLICABLE)						
15 MCP [X] INITIAL METHOD [ ]						
ARANESP						
16 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
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						

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 26-0179  
PERIOD: FROM 7/1/2008 TO 6/30/2009  
PREPARED 11/24/2009  
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.02	4.03
1	2	3	3.01	4	4.01	4.02		4.03
1	RUC		207					
2	RUB		912					
3	RUA		25					
3.01	RUX		149					
3.02	RUL		1,128					
4	RVC		294					
5	RVB		1,498					
6	RVA							
6.01	RVX		268					
6.02	RVL		1,402					
7	RHC		1,187					
8	RHB		52					
9	RHA							
9.01	RHX							
9.02	RHL							
10	RMC		23					
11	RMB		170					
12	RMA		28					
12.01	RMX		1,204					
12.02	RML		1,517					
13	RLB							
14	RLA							
14.01	RLX							
15	SE3		96					
16	SE2		51					
17	SE1		1					
18	SSC		140					
19	SSB							
20	SSA		23					
21	CC2							
22	CC1							
23	CB2							
24	CB1							
25	CA2							
26	CA1							
27	IB2							
28	IB1							
29	IA2							
30	IA1							
31	BB2							
32	BB1							
33	BA2							
34	BA1							
35	PE2							
36	PE1							
37	PD2							
38	PD1							
39	PC2							
40	PC1							
41	PB2							
42	PB1							
43	PA2							
44	PA1							
45	AAA		1					
46	TOTAL		10,376					

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.9024  
 Wage Index Factor (after 10/01) : 0.9006  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 7040  
 SNF CBSA Code : 41180

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 26-0179  
PERIOD: FROM 7/1/2008 TO 6/30/2009  
PREPARED 11/24/2009  
WORKSHEET S-7

	GROUP(1) 1	M3PI REVENUE CODE 2	HIGH COST(2)	SWING BED SNF	TOTAL 5
			RUGs DAYS 4.05	DAYS 4.06	
1	RUC				
2	RUB				
3	RUA				
3 .01	RUX				
3 .02	RUL				
4	RVC				
5	RVB				
6	RVA				
6 .01	RVX				
6 .02	RVL				
7	RHC				
8	RHB				
9	RHA				
9 .01	RHX				
9 .02	RHL				
10	RMC				
11	RMB				
12	RMA				
12 .01	RMX				
12 .02	RML				
13	RLB				
14	RLA				
14 .01	RLX				
15	SE3				
16	SE2				
17	SE1				
18	SSC				
19	SSB				
20	SSA				
21	CC2				
22	CC1				
23	CB2				
24	CB1				
25	CA2				
26	CA1				
27	IB2				
28	IB1				
29	IA2				
30	IA1				
31	BB2				
32	BB1				
33	BA2				
34	BA1				
35	PE2				
36	PE1				
37	PD2				
38	PD1				
39	PC2				
40	PC1				
41	PB2				
42	PB1				
43	PA2				
44	PA1				
45	AAA				
46	TOTAL				

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.9024  
 Wage Index Factor (after 10/01) : 0.9006  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 7040  
 SNF CBSA Code : 41180

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
26-0179	FROM 7/ 1/2008	11/24/2009
	TO 6/30/2009	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	4,126,542
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	222,672
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	4,349,214
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)	.318837
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)	

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)  
PROVIDER NO:      PERIOD:      PREPARED 11/24/2009  
26-0179      FROM 7/ 1/2008      WORKSHEET S-10  
TO 6/30/2009

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	15,185,698
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	4,841,762
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	8,791,226
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	2,802,968
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	4,841,762

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				8,957,444	8,957,444
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		28,573,379	28,573,379	-12,207,024	16,366,355
4.01	0401 NEW CAP REL COSTS-MVBLE EQUIP SURREY		520,253	520,253	53,233	573,486
5	0500 EMPLOYEE BENEFITS	953,521	32,726,685	33,680,206	1,810,084	35,490,290
6.01	0610 NONPATIENT TELEPHONES	340,959	20,874	361,833	520,278	882,111
6.02	0660 OTHER ADMINISTRATIVE AND GENERAL					
6.03	0611 NONPATIENT TELEPHONES SURREY				12,139	12,139
6.04	0640 ADMITTING	671,249	11,961	683,210	40	683,250
6.05	0661 ADMINISTRATIVE AND GENERAL SURREY	487,316	250,267	737,583	-25,951	711,632
6.06	0662 OTHER ADMINISTRATIVE AND GENERAL	14,338,562	9,784,458	24,123,020	-1,042,231	23,080,789
7	0700 MAINTENANCE & REPAIRS	1,635,562	7,707,084	9,342,646	152,037	9,494,683
7.01	0701 PURCHASING	571,430	189,229	760,659	-3,877	756,782
7.02	0702 MAINTENANCE & REPAIRS SURREY	178,729	302,834	481,563	-5,068	476,495
9	0900 LAUNDRY & LINEN SERVICE	90,632	53,135	143,767	1,457,828	1,601,595
9.01	0901 LAUNDRY & LINEN SERVICE SURREY	23,169	231,515	254,684		254,684
10	1000 HOUSEKEEPING	2,424,165	558,445	2,982,610	220,907	3,203,517
10.01	1001 HOUSEKEEPING SURREY	188,330	63,496	251,826	-5,621	246,205
11	1100 DIETARY	2,041,805	555,992	2,597,797	1,232,760	3,830,557
11.01	1101 DIETARY SURREY	555,685	431,176	986,861	-1,320	985,541
12	1200 CAFETERIA	381,534	1,303,450	1,684,984	-1,201,928	483,056
12.01	1201 CAFETERIA SURREY					
14	1400 NURSING ADMINISTRATION	1,608,816	58,258	1,667,074	-6,117	1,660,957
14.01	1401 NURSING ADMINISTRATION SURREY	378,312	1,284	379,596		379,596
15	1500 CENTRAL SERVICES & SUPPLY	1,105,773	2,938,942	4,044,715	-2,703,154	1,341,561
17	1700 MEDICAL RECORDS & LIBRARY	1,705,701	1,076,367	2,782,068	-20,981	2,761,087
17.01	1701 MEDICAL RECORDS & LIBRARY SURREY	44,362	405	44,767		44,767
18	1800 SOCIAL SERVICE	644,874	67,371	712,245		712,245
18.01	1801 SOCIAL SERVICE SURREY	86,227	38	86,265		86,265
20	2000 NONPHYSICIAN ANESTHETISTS				67,134	67,134
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	1,984,678		1,984,678		1,984,678
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,617,360	491,279	2,108,639	221,020	2,329,659
24	2400 PARAMED ED PRGM					
24.01	2401 CLINICAL PASTORAL EDUCATION				137,899	137,899
24.02	2402 PHARMACY EDUCATION				153,479	153,479
25	2500 INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	31,612,190	4,449,529	36,061,719	-4,301,659	31,760,060
26	2600 INTENSIVE CARE UNIT	4,421,009	348,086	4,769,095	-381,495	4,387,600
27	2700 CORONARY CARE UNIT	3,080,448	231,616	3,312,064	-68,056	3,244,008
31	3100 SUBPROVIDER	493,965	59,758	553,723	-31,756	521,967
33	3300 NURSERY	1,581,464	110,746	1,692,210	2,756,562	4,448,772
34	3400 SKILLED NURSING FACILITY	1,744,833	141,505	1,886,338	-29,096	1,857,242
36	3600 OTHER LONG TERM CARE	2,144,907	132,671	2,277,578	-14,752	2,262,826
37	3700 ANCI LLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	12,482,655	22,275,208	34,757,863	-256,140	34,501,723
37.01	3701 VASCULAR ACCESS CENTER	507,630	1,249,096	1,756,726	207,570	1,964,296
37.02	3702 PAIN MANAGEMENT - BRAIN & SPI NE CENT	134,354	114,318	248,672	7,853	256,525
37.03	3703 PAIN MANAGEMENT CENTER	45,064	14,171	59,235	-89	59,146
37.04	3704 WOMEN'S DIAGNOSTICS/GI SERVICES	1,504,603	1,642,378	3,146,981	-209,534	2,937,447
38	3800 RECOVERY ROOM	1,058,643	143,372	1,202,015	-22,529	1,179,486
39	3900 DELIVERY ROOM & LABOR ROOM		25,460	25,460	1,015,183	1,040,643
40	4000 ANESTHESIOLOGY	285,051	1,414,975	1,700,026	-71,134	1,628,892
41	4100 RADIOLOGY-DIAGNOSTIC	6,001,528	4,173,709	10,175,237	-155,262	10,019,975
41.01	4101 MRI	284,038	173,285	457,323	1,857	459,180
41.02	4102 CT SCAN	614,858	1,033,807	1,648,665	-612,011	1,036,654
41.03	4103 TDOC RADIOLOGY	577,570	514,268	1,091,838	28,011	1,119,849
41.04	4104 CDI RADIOLOGY	1,272,496	9,946,997	11,219,493	-756,093	10,463,400
44	4400 LABORATORY	4,116,568	6,876,254	10,992,822	33,158	11,025,980
48	4800 INTRAVENOUS THERAPY	716,358	234,171	950,529	-6,164	944,365
48.01	4801 BRAIN & SPI NE INFUSION CENTER	197,048	6,999	204,047		204,047
49	4900 RESPIRATORY THERAPY	2,225,737	370,587	2,596,324	-10,753	2,585,571
49.01	4901 CARDIAC REHAB	1,496,719	113,166	1,609,885	-159,515	1,450,370
49.02	4902 RESPIRATORY THERAPY SURREY		8,393	8,393		8,393
50	5000 PHYSICAL THERAPY	2,133,235	367,763	2,500,998	-76,666	2,424,332
50.01	5001 PT/OT/SPEECH THERAPY SURREY	852,657	8,071	860,728		860,728
50.02	5002 THERAPY SERVICES BRAIN & SPI NE CENTE	54,341	912,323	966,664	-7,732	958,932
51	5100 OCCUPATIONAL THERAPY	422,039	34,259	456,298		456,298
52	5200 SPEECH PATHOLOGY	195,544	14,747	210,291		210,291
53	5300 ELECTROCARDIOLOGY	1,210,128	285,403	1,495,531	-6,042	1,489,489
53.01	5301 CARDIAC CATH LAB	934,633	4,632,165	5,566,798	47,848	5,614,646
53.02	5302 TDOC ELECTROCARDIOLOGY	449,578	80,127	529,705	35,636	565,341
54	5400 ELECTROENCEPHALOGRAPHY	152,722	64,373	217,095	-2,799	214,296
54.01	5401 SLEEP MEDICINE	2,251,413	602,332	2,853,745	-12,881	2,840,864
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				2,046,619	2,046,619
56	5600 DRUGS CHARGED TO PATIENTS	2,650,501	10,787,430	13,437,931	-206,951	13,230,980
57	5700 RENAL DIALYSIS	353,662	78,803	432,465	25,357	457,822
59	3950 NUTRITION/DIABETES EDUCATION	106,490	6,473	112,963	118,413	231,376
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC		4,562	4,562		4,562
61	6100 EMERGENCY	7,081,970	680,233	7,762,203	-172,200	7,590,003
61.01	6101 URGENT CARE CENTERS	6,662,796	1,812,627	8,475,423	464,436	8,939,859
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	66,978	56,252	123,230	-4,647	118,583
	SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	138,237,174	164,150,645	302,387,819	-3,014,443	299,373,376

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0179  
PERIOD: FROM 7/1/2008 TO 6/30/2009  
PREPARED 11/24/2009  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	SPEC PURPOSE COST CENTERS					
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	75,800	123,908	199,708	-110,620	89,088
98	9800 PHYSICIANS' PRIVATE OFFICES	2,043,658	2,427,036	4,470,694	3,016,559	7,487,253
100	7950 OTHER NONREIMBURSABLE COST CENTERS					
100.01	7951 DEVELOPMENT	223,636	252,383	476,019	-6	476,013
100.02	7952 COMMUNITY OUTREACH	369,289	117,499	486,788	25,023	511,811
100.03	7953 FOUNTAIN CAFE	27,506	67,715	95,221	-57,771	37,450
100.04	7954 SLEEP RESEARCH	669,558	-669,558		-4,000	-4,000
100.05	7955 MEALS ON WHEELS					
100.06	7956 GUEST MEALS					
100.07	7957 PHYSICIAN REFERRAL	257,166	15,546	272,712	-1,764	270,948
100.09	7959 UNUSED SPACE				36	36
100.10	7960 TV STORAGE (MAINTENANCE)					
100.11	7961 MARKETING	507,882	944,134	1,452,016	-24	1,451,992
100.12	7962 CHILDBIRTH INSTRUCTION	47,339	36,634	83,973		83,973
100.13	7963 VOLUNTEERS	180,806	33,073	213,879	-4,000	209,879
100.14	7964 RETAIL PHARMACY	413,320	2,728,479	3,141,799	25,198	3,166,997
100.15	7965 REHAB HOSPITAL COVERAGE	104,976	51,773	156,749	636	157,385
100.16	7966 EXECUTIVE HEALTH PROGRAM		14,614	14,614		14,614
100.17	7967 VALET SERVICES	29,500	36	29,536	125,176	154,712
101	TOTAL	143,187,610	170,293,917	313,481,527	-0-	313,481,527

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0179  
PERIOD: FROM 7/1/2008 TO 6/30/2009  
PREPARED 11/24/2009  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-928,428	8,029,016
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-3,257,979	13,108,376
4.01	0401 NEW CAP REL COSTS-MVBLE EQUIP SURREY	-53,306	520,180
5	0500 EMPLOYEE BENEFITS	-124,023	35,366,267
6.01	0610 NONPATIENT TELEPHONES	-203,391	678,720
6.02	0660 OTHER ADMINISTRATIVE AND GENERAL		
6.03	0611 NONPATIENT TELEPHONES SURREY		12,139
6.04	0640 ADMIN TTING	-103	683,147
6.05	0661 ADMINISTRATIVE AND GENERAL SURREY	-35,658	675,974
6.06	0662 OTHER ADMINISTRATIVE AND GENERAL	6,674,117	29,754,906
7	0700 MAINTENANCE & REPAIRS	-2,384	9,492,299
7.01	0701 PURCHASING	-49	756,733
7.02	0702 MAINTENANCE & REPAIRS SURREY	-1,224	475,271
9	0900 LAUNDRY & LINEN SERVICE		1,601,595
9.01	0901 LAUNDRY & LINEN SERVICE SURREY		254,684
10	1000 HOUSEKEEPING	-2,206	3,201,311
10.01	1001 HOUSEKEEPING SURREY		246,205
11	1100 DIETARY	-1,856,336	1,974,221
11.01	1101 DIETARY SURREY	-16,274	969,267
12	1200 CAFETERIA	-288	482,768
12.01	1201 CAFETERIA SURREY		
14	1400 NURSING ADMINISTRATION	-1,320	1,659,637
14.01	1401 NURSING ADMINISTRATION SURREY		379,596
15	1500 CENTRAL SERVICES & SUPPLY		1,341,561
17	1700 MEDICAL RECORDS & LIBRARY	-843	2,760,244
17.01	1701 MEDICAL RECORDS & LIBRARY SURREY		44,767
18	1800 SOCIAL SERVICE	-750	711,495
18.01	1801 SOCIAL SERVICE SURREY		86,265
20	2000 NONPHYSICIAN ANESTHETISTS	-67,134	
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		1,984,678
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	-1,267,006	1,062,653
24	2400 PARAMED ED PRGM		
24.01	2401 CLINICAL PASTORAL EDUCATION		137,899
24.02	2402 PHARMACY EDUCATION		153,479
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRCS	-5,383,205	26,376,855
26	2600 INTENSIVE CARE UNIT	-1,114,738	3,272,862
27	2700 CORONARY CARE UNIT	-710,751	2,533,257
31	3100 SUBPROVIDER	-41,862	480,105
33	3300 NURSERY	-50,117	4,398,655
34	3400 SKILLED NURSING FACILITY	-795	1,856,447
36	3600 OTHER LONG TERM CARE	-483	2,262,343
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-720,373	33,781,350
37.01	3701 VASCULAR ACCESS CENTER	-220,443	1,743,853
37.02	3702 PAIN MANAGEMENT - BRAIN & SPI NE CENT	-67,141	189,384
37.03	3703 PAIN MANAGEMENT CENTER		59,146
37.04	3704 WOMEN'S DIAGNOSTICS/GI SERVICES	-254,146	2,683,301
38	3800 RECOVERY ROOM	-20	1,179,466
39	3900 DELIVERY ROOM & LABOR ROOM		1,040,643
40	4000 ANESTHESIOLOGY	-360,000	1,268,892
41	4100 RADIOLOGY-DIAGNOSTIC	-263,753	9,756,222
41.01	4101 MRI	-301	458,879
41.02	4102 CT SCAN	-245	1,036,409
41.03	4103 TDOC RADIOLOGY	-6,910	1,112,939
41.04	4104 CDI RADIOLOGY	-2,730,487	7,732,913
44	4400 LABORATORY	-155,351	10,870,629
48	4800 INTRAVENOUS THERAPY	-1	944,364
48.01	4801 BRAIN & SPI NE INFUSION CENTER	-165,926	38,121
49	4900 RESPIRATORY THERAPY	-300	2,585,271
49.01	4901 CARDIAC REHAB	-90,517	1,359,853
49.02	4902 RESPIRATORY THERAPY SURREY		8,393
50	5000 PHYSICAL THERAPY	-62,757	2,361,575
50.01	5001 PT/OT/SPEECH THERAPY SURREY		860,728
50.02	5002 THERAPY SERVICES BRAIN & SPI NE CENTE	-75,078	883,854
51	5100 OCCUPATIONAL THERAPY		456,298
52	5200 SPEECH PATHOLOGY		210,291
53	5300 ELECTROCARDIOLOGY	-262	1,489,227
53.01	5301 CARDIAC CATH LAB	-13,028	5,601,618
53.02	5302 TDOC ELECTROCARDIOLOGY		565,341
54	5400 ELECTROENCEPHALOGRAPHY	-41,919	172,377
54.01	5401 SLEEP MEDICINE	-1,143,233	1,697,631
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		2,046,619
56	5600 DRUGS CHARGED TO PATIENTS		13,230,980
57	5700 RENAL DIALYSIS	-16,886	440,936
59	3950 NUTRITION/DIABETES EDUCATION	-14,678	216,698
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-2,885	1,677
61	6100 EMERGENCY	-4,160,644	3,429,359
61.01	6101 URGENT CARE CENTERS	-3,533,296	5,406,563
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY	-48,607	69,976
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-22,595,723	276,777,653

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0179  
PERIOD: FROM 7/1/2008 TO 6/30/2009  
PREPARED 11/24/2009  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	SPEC PURPOSE COST CENTERS		
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		89,088
98	9800 PHYSICIANS' PRIVATE OFFICES	-187,159	7,300,094
100	7950 OTHER NONREIMBURSABLE COST CENTERS		
100.01	7951 DEVELOPMENT		476,013
100.02	7952 COMMUNITY OUTREACH	184,111	695,922
100.03	7953 FOUNTAIN CAFE	-4,180	33,270
100.04	7954 SLEEP RESEARCH	829,268	825,268
100.05	7955 MEALS ON WHEELS		
100.06	7956 GUEST MEALS		
100.07	7957 PHYSICIAN REFERRAL	-6,120	264,828
100.09	7959 UNUSED SPACE		36
100.10	7960 TV STORAGE (MAINTENANCE)		
100.11	7961 MARKETING		1,451,992
100.12	7962 CHILDBIRTH INSTRUCTION		83,973
100.13	7963 VOLUNTEERS		209,879
100.14	7964 RETAIL PHARMACY	-14,200	3,152,797
100.15	7965 REHAB HOSPITAL COVERAGE		157,385
100.16	7966 EXECUTIVE HEALTH PROGRAM		14,614
100.17	7967 VALET SERVICES		154,712
101	TOTAL	-21,794,003	291,687,524

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2009  
 I 26-0179 I FROM 7/ 1/2008 I NOT A CMS WORKSHEET  
 I I TO 6/30/2009 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
4.01	NEW CAP REL COSTS-MVBLE EQUIP SURREY	0401	NEW CAP REL COSTS-MVBLE EQUIP
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	OTHER ADMINSTRATIVE AND GENERAL	0660	OTHER ADMINSTRATIVE AND GENERAL
6.03	NONPATIENT TELEPHONES SURREY	0611	NONPATIENT TELEPHONES
6.04	ADMINSTRATIVE	0640	ADMINSTRATIVE
6.05	ADMINSTRATIVE AND GENERAL SURREY	0661	OTHER ADMINSTRATIVE AND GENERAL
6.06	OTHER ADMINSTRATIVE AND GENERAL	0662	OTHER ADMINSTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
7.01	PURCHASING	0701	MAINTENANCE & REPAIRS
7.02	MAINTENANCE & REPAIRS SURREY	0702	MAINTENANCE & REPAIRS
9	LAUNDRY & LINEN SERVICE	0900	
9.01	LAUNDRY & LINEN SERVICE SURREY	0901	LAUNDRY & LINEN SERVICE
10	HOUSEKEEPING	1000	
10.01	HOUSEKEEPING SURREY	1001	HOUSEKEEPING
11	DIETARY	1100	
11.01	DIETARY SURREY	1101	DIETARY
12	CAFETERIA	1200	
12.01	CAFETERIA SURREY	1201	CAFETERIA
14	NURSING ADMINISTRATION	1400	
14.01	NURSING ADMINISTRATION SURREY	1401	NURSING ADMINISTRATION
15	CENTRAL SERVICES & SUPPLY	1500	
17	MEDICAL RECORDS & LIBRARY	1700	
17.01	MEDICAL RECORDS & LIBRARY SURREY	1701	MEDICAL RECORDS & LIBRARY
18	SOCIAL SERVICE	1800	
18.01	SOCIAL SERVICE SURREY	1801	SOCIAL SERVICE
20	NONPHYSICIAN ANESTHETISTS	2000	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
24.01	CLINICAL PASTORAL EDUCATION	2401	PARAMED ED PRGM
24.02	PHARMACY EDUCATION	2402	PARAMED ED PRGM
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	VASCULAR ACCESS CENTER	3701	OPERATING ROOM
37.02	PAIN MANAGEMENT - BRAIN & SPINE CENT	3702	OPERATING ROOM
37.03	PAIN MANAGEMENT CENTER	3703	OPERATING ROOM
37.04	WOMEN'S DIAGNOSTICS/GI SERVICES	3704	OPERATING ROOM
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	MRI	4101	RADIOLOGY-DIAGNOSTIC
41.02	CT SCAN	4102	RADIOLOGY-DIAGNOSTIC
41.03	TDOC RADIOLOGY	4103	RADIOLOGY-DIAGNOSTIC
41.04	CDI RADIOLOGY	4104	RADIOLOGY-DIAGNOSTIC
44	LABORATORY	4400	
48	INTRAVENOUS THERAPY	4800	
48.01	BRAIN & SPINE INFUSION CENTER	4801	INTRAVENOUS THERAPY
49	RESPIRATORY THERAPY	4900	
49.01	CARDIAC REHAB	4901	RESPIRATORY THERAPY
49.02	RESPIRATORY THERAPY SURREY	4902	RESPIRATORY THERAPY
50	PHYSICAL THERAPY	5000	
50.01	PT/OT/SPEECH THERAPY SURREY	5001	PHYSICAL THERAPY
50.02	THERAPY SERVICES BRAIN & SPINE CENTE	5002	PHYSICAL THERAPY
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC CATH LAB	5301	ELECTROCARDIOLOGY
53.02	TDOC ELECTROCARDIOLOGY	5302	ELECTROCARDIOLOGY
54	ELECTROENCEPHALOGRAPHY	5400	
54.01	SLEEP MEDICINE	5401	ELECTROENCEPHALOGRAPHY
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	NUTRITION/DIABETES EDUCATION	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
61.01	URGENT CARE CENTERS	6101	EMERGENCY
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	

COST CENTERS USED IN COST REPORT

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 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	DEVELOPMENT	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	COMMUNITY OUTREACH	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	FOUNTAIN CAFE	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	SLEEP RESEARCH	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	MEALS ON WHEELS	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	GUEST MEALS	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	PHYSICIAN REFERRAL	7957	OTHER NONREIMBURSABLE COST CENTERS
100.09	UNUSED SPACE	7959	OTHER NONREIMBURSABLE COST CENTERS
100.10	TV STORAGE (MAINTENANCE)	7960	OTHER NONREIMBURSABLE COST CENTERS
100.11	MARKETING	7961	OTHER NONREIMBURSABLE COST CENTERS
100.12	CHILD BIRTH INSTRUCTION	7962	OTHER NONREIMBURSABLE COST CENTERS
100.13	VOLUNTEERS	7963	OTHER NONREIMBURSABLE COST CENTERS
100.14	RETAIL PHARMACY	7964	OTHER NONREIMBURSABLE COST CENTERS
100.15	REHAB HOSPITAL COVERAGE	7965	OTHER NONREIMBURSABLE COST CENTERS
100.16	EXECUTIVE HEALTH PROGRAM	7966	OTHER NONREIMBURSABLE COST CENTERS
100.17	VALET SERVICES	7967	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO: 260179	PERIOD: FROM 7/1/2008 TO 6/30/2009	PREPARED 11/24/2009 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 MEDICAL SUPPLIES	A	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		2,046,619
2 NUTRITIONAL/DIABETIC EDUCATION	B	NUTRITION/DIABETES EDUCATION	59	118,413	
3 EMPLOYEE BENEFITS	C	EMPLOYEE BENEFITS	5		604,002
4		CORONARY CARE UNIT	27		1,813
5		LABORATORY	44		1,164
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1 EMPLOYEE BENEFITS	C				
2					
3 LAUNDRY/LINEN	D	LAUNDRY & LINEN SERVICE	9		1,457,828
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RECLASSIFICATIONS

PROVIDER NO: 260179	PERIOD: FROM 7/1/2008 TO 6/30/2009	PREPARED 11/24/2009 WORKSHEET A-6 CONTD
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----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RENTAL/LEASES	E	NEW CAP REL COSTS-MVBLE EQUIP	4		1,525,033
2		NEW CAP REL COSTS-MVBLE EQUIP SURREY	4.01		29,195
3		PAIN MANAGEMENT - BRAIN & SPINE CENT	37.02		10,000
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24					
25 INSURANCE & FEES	F	OTHER ADMINISTRATIVE AND GENERAL	6.06		1,660,338
26 TELEPHONE EXPENSE	G	NONPATIENT TELEPHONES	6.01		520,278
27		NONPATIENT TELEPHONES SURREY	6.03		12,139
28 MOB DEPRECIATION	H	NEW CAP REL COSTS-BLDG & FIXT	3		6,478,464
29		NEW CAP REL COSTS-MVBLE EQUIP SURREY	4.01		14,226
30		URGENT CARE CENTERS	61.01		494,236
31		LABORATORY	44		36,054
32		VASCULAR ACCESS CENTER	37.01		224,841
33		PHYSICIANS' PRIVATE OFFICES	98		2,317,193
34 INTEREST ON BONDS	I	NEW CAP REL COSTS-BLDG & FIXT	3		2,240,142
35		PHYSICIANS' PRIVATE OFFICES	98		266,563
1 CRNA	J	NONPHYSICIAN ANESTHETISTS	20	67,134	
2 CLINICAL PASTORAL EDUCATION	K	CLINICAL PASTORAL EDUCATION	24.01	106,360	31,539
3 ALLOCATION OF SECURITY	L	PHYSICIANS' PRIVATE OFFICES	98	100,480	
4 ALLOCATION OF MAINTENANCE & HOUSEKEEP	M	MAINTENANCE & REPAIRS	7		190,154
5		HOUSEKEEPING	10	192,171	39,902
6 MOB PROPERTY TAX	N	PHYSICIANS' PRIVATE OFFICES	98		648,075
7 PROPERTY INSURANCE	O	NEW CAP REL COSTS-BLDG & FIXT	3		238,838
8		NEW CAP REL COSTS-MVBLE EQUIP SURREY	4.01		9,812
9		PHYSICIANS' PRIVATE OFFICES	98		74,862
10 WORKMEN'S COMPENSATION EXPENSE	P	EMPLOYEE BENEFITS	5		1,207,269
11 MARYVILLE RENTAL	Q	EMPLOYEE BENEFITS	5		24
12		ADMINISTRATIVE	6.04		40
13		MAINTENANCE & REPAIRS	7		4
14		PURCHASING	7.01		56
15		PHYSICIANS' PRIVATE OFFICES	98		56
16		DEVELOPMENT	100.01		12
17		UNUSED SPACE	100.09		36
18		MARKETING	100.11		28
19 CAFETERIA	R	DIETARY	11		1,360,118
20					
21					
22 EPOETIN COST	S	RENAL DIALYSIS	57		28,274
23 LOAN FORGIVENESS	T	EMPLOYEE BENEFITS	5		48
24		OTHER ADMINISTRATIVE AND GENERAL	6.06	4,000	
25		MEDICAL RECORDS & LIBRARY	17	8,000	
26		ADULTS & PEDIATRICS	25	270,128	
27		INTENSIVE CARE UNIT	26	32,130	
28		CORONARY CARE UNIT	27	24,928	
29		SUBPROVIDER	31	6,000	
30		NURSERY	33	5,115	
31		SKILLED NURSING FACILITY	34	4,000	
32		OTHER LONG TERM CARE	36	4,000	
33		OPERATING ROOM	37	15,229	
34		RECOVERY ROOM	38	6,000	
35		RADIOLOGY-DIAGNOSTIC	41	45,429	

RECLASSIFICATIONS

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CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	INCREASE			
		COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 LOAN FORGIVENESS	T	CT SCAN	41.02	6,122	
2		LABORATORY	44	9,724	
3		RESPIRATORY THERAPY	49	15,674	
4		PHYSICAL THERAPY	50	16,241	
5		ELECTROCARDIOLOGY	53	2,000	
6		CARDIAC CATH LAB	53.01	2,000	
7		DRUGS CHARGED TO PATIENTS	56	12,000	
8		EMERGENCY	61	4,000	
9		URGENT CARE CENTERS	61.01	9,296	
10 AUDIO/VISUAL	U	PHYSICIANS' PRIVATE OFFICES	98	17,205	2,123
11		COMMUNITY OUTREACH	100.02	22,322	2,754
12 PHARMACY EDUCATION	V	PHARMACY EDUCATION	24.02	153,479	
13 LDRP ROUTINE EXPENSE	W	NURSERY	33	2,510,730	251,832
14		DELIVERY ROOM & LABOR ROOM	39	922,640	92,543
15 PHYSICIAN RECLASSIFICATION	X	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	139,344	86,754
16		ADULTS & PEDIATRICS	25	257,023	4,427
17		ELECTROCARDIOLOGY	53	43,933	5,037
18					
19					
20					
21					
22 SUPERVISOR RECLASSIFICATION	Y	MRI	41.01	21,909	
23		CT SCAN	41.02	8,546	
24		TDOC RADIOLOGY	41.03	53,319	
25		CARDIAC CATH LAB	53.01	113,087	
26		TDOC ELECTROCARDIOLOGY	53.02	51,171	
27		RETAIL PHARMACY	100.14	25,198	
28 VALET RECLASSIFICATION	Z	VALET SERVICES	100.17	125,176	
29 PATIENT BILLING	AA	OTHER ADMINISTRATIVE AND GENERAL	6.06	4,647	488,866
30					
31 MERCY CLINICAL ENGINEERING	AB	GIFT, FLOWER, COFFEE SHOP & CANTEEN	96		40
32		PHYSICIANS' PRIVATE OFFICES	98		37,401
33		COMMUNITY OUTREACH	100.02		44
34		REHAB HOSPITAL COVERAGE	100.15		636
36 TOTAL RECLASSIFICATIONS				5,556,303	24,741,732

(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

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260179

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

PREPARED 11/24/2009  
WORKSHEET A-6

----- DECREASE -----

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1 MEDICAL SUPPLIES	A	CENTRAL SERVICES & SUPPLY	15		2,046,619	
2 NUTRITIONAL/DIABETIC EDUCATION	B	DIETARY	11	118,413		
3 EMPLOYEE BENEFITS	C	ADMINISTRATIVE AND GENERAL SURREY	6.05		4,000	
4		OTHER ADMINISTRATIVE AND GENERAL	6.06		37,635	
5		PURCHASING	7.01		3,933	
6		DIETARY	11		8,945	
7		DIETARY SURREY	11.01		1,320	
8		NURSING ADMINISTRATION	14		6,117	
9		CENTRAL SERVICES & SUPPLY	15		5,377	
10		MEDICAL RECORDS & LIBRARY	17		20,981	
11		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		5,078	
12		ADULTS & PEDIATRICS	25		97,297	
13		INTENSIVE CARE UNIT	26		18,136	
14		SUBPROVIDER	31		2,000	
15		NURSERY	33		6,000	
16		SKILLED NURSING FACILITY	34		7,892	
17		OTHER LONG TERM CARE	36		11,829	
18		OPERATING ROOM	37		16,902	
19		VASCULAR ACCESS CENTER	37.01		4,000	
20		ANESTHESIOLOGY	40		4,000	
21		RADIOLOGY-DIAGNOSTIC	41		6,943	
22		CT SCAN	41.02		982	
23		CDI RADIOLOGY	41.04		267,227	
24		INTRAVENOUS THERAPY	48		4,000	
25		RESPIRATORY THERAPY	49		2,000	
26		CARDIAC REHAB	49.01		3,110	
27		PHYSICAL THERAPY	50		8,489	
28		THERAPY SERVICES BRAIN & SPINE CENTE	50.02		2,730	
29		ELECTROCARDIOLOGY	53		11,672	
30		CARDIAC CATH LAB	53.01		2,130	
31		SLEEP MEDICINE	54.01		8,000	
32		EMERGENCY	61		10,248	
33		URGENT CARE CENTERS	61.01		5,233	
34		PHYSICIANS' PRIVATE OFFICES	98		3,009	
35		SLEEP RESEARCH	100.04		4,000	
1 EMPLOYEE BENEFITS	C	PHYSICIAN REFERRAL	100.07		1,764	
2		VOLUNTEERS	100.13		4,000	
3 LAUNDRY/LINEN	D	EMPLOYEE BENEFITS	5		1,211	
4		OTHER ADMINISTRATIVE AND GENERAL	6.06		32	
5		HOUSEKEEPING	10		11,166	
6		HOUSEKEEPING SURREY	10.01		5,621	
7		CENTRAL SERVICES & SUPPLY	15		82,172	
8		ADULTS & PEDIATRICS	25		677,334	
9		INTENSIVE CARE UNIT	26		45,200	
10		CORONARY CARE UNIT	27		41,757	
11		SUBPROVIDER	31		13,142	
12		OPERATING ROOM	37		187,876	
13		VASCULAR ACCESS CENTER	37.01		13,271	
14		PAIN MANAGEMENT - BRAIN & SPINE CENT	37.02		2,147	
15		PAIN MANAGEMENT CENTER	37.03		89	
16		WOMEN'S DIAGNOSTICS/GI SERVICES	37.04		41,269	
17		RECOVERY ROOM	38		22,529	
18		RADIOLOGY-DIAGNOSTIC	41		62,324	
19		MRI	41.01		20,052	
20		TDOC RADIOLOGY	41.03		25,308	
21		LABORATORY	44		85	
22		INTRAVENOUS THERAPY	48		1,678	
23		RESPIRATORY THERAPY	49		4,057	
24		CARDIAC REHAB	49.01		2,243	
25		PHYSICAL THERAPY	50		37,687	
26		THERAPY SERVICES BRAIN & SPINE CENTE	50.02		5,002	
27		ELECTROCARDIOLOGY	53		11,471	
28		CARDIAC CATH LAB	53.01		11,794	
29		TDOC ELECTROCARDIOLOGY	53.02		15,535	
30		ELECTROENCEPHALOGRAPHY	54		2,799	
31		SLEEP MEDICINE	54.01		3	
32		RENAL DIALYSIS	57		2,917	
33		EMERGENCY	61		77,539	
34		URGENT CARE CENTERS	61.01		24,567	
35		PHYSICIANS' PRIVATE OFFICES	98		7,951	

RECLASSIFICATIONS

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CONTD

EXPLANATION OF RECLASSIFICATION		CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	A-7 REF
		1	6	7	8	9	10
1	RENTAL/LEASES	E	OTHER ADMINISTRATIVE AND GENERAL	6.06		60,878	10
2			MAINTENANCE & REPAIRS SURREY	7.02		5,068	10
3			CAFETERIA	12		7,084	
4			CENTRAL SERVICES & SUPPLY	15		568,986	
5			ADULTS & PEDIATRICS	25		10,733	
6			CORONARY CARE UNIT	27		1,332	
7			SKI LLED NURSING FACILITY	34		21,204	
8			OTHER LONG TERM CARE	36		2,923	
9			OPERATING ROOM	37		51,362	
10			WOMEN'S DIAGNOSTICS/GI SERVICES	37.04		83,652	
11			RADIOLOGY-DIAGNOSTIC	41		2,221	
12			CT SCAN	41.02		619,575	
13			INTRAVENOUS THERAPY	48		486	
14			RESPIRATORY THERAPY	49		4,696	
15			PHYSICAL THERAPY	50		30,490	
16			ELECTROCARDIOLOGY	53		21,773	
17			CARDIAC CATH LAB	53.01		5,417	
18			SLEEP MEDICINE	54.01		4,878	
19			EMERGENCY	61		43,934	
20			GIFT, FLOWER, COFFEE SHOP & CANTEEN	96		3,157	
21			PHYSICIANS' PRIVATE OFFICES	98		14,212	
22			DEVELOPMENT	100.01		18	
23			COMMUNITY OUTREACH	100.02		97	
24			MARKETING	100.11		52	
25	INSURANCE & FEES	F	NEW CAP REL COSTS-MVBLE EQUIP	4		1,660,338	12
26	TELEPHONE EXPENSE	G	OTHER ADMINISTRATIVE AND GENERAL	6.06		520,278	
27			ADMINISTRATIVE AND GENERAL SURREY	6.05		12,139	
28	MOB DEPRECIATION	H	NEW CAP REL COSTS-MVBLE EQUIP	4		9,565,014	9
29							9
30							
31							
32							
33							
34	INTEREST ON BONDS	I	NEW CAP REL COSTS-MVBLE EQUIP	4		2,506,705	11
35							
1	CRNA	J	ANESTHESIOLOGY	40	67,134		
2	CLINICAL PASTORAL EDUCATION	K	OTHER ADMINISTRATIVE AND GENERAL	6.06	106,360	31,539	
3	ALLOCATION OF SECURITY	L	OTHER ADMINISTRATIVE AND GENERAL	6.06	100,480		
4	ALLOCATION OF MAINTENANCE & HOUSEKEEP	M	PHYSICIANS' PRIVATE OFFICES	98	192,171	230,056	
5							
6	MOB PROPERTY TAX	N	OTHER ADMINISTRATIVE AND GENERAL	6.06		648,075	
7	PROPERTY INSURANCE	O	ADMINISTRATIVE AND GENERAL SURREY	6.05		9,812	12
8			OTHER ADMINISTRATIVE AND GENERAL	6.06		313,700	12
9							
10	WORKMEN'S COMPENSATION EXPENSE	P	OTHER ADMINISTRATIVE AND GENERAL	6.06		1,207,269	
11	MARYVILLE RENTAL	Q	OTHER ADMINISTRATIVE AND GENERAL	6.06		256	
12							
13							
14							
15							
16							
17							
18							
19	CAFETERIA	R	CAFETERIA	12		1,194,844	
20			GIFT, FLOWER, COFFEE SHOP & CANTEEN	96		107,503	
21			FOUNTAIN CAFE	100.03		57,771	
22	EPOETIN COST	S	DRUGS CHARGED TO PATIENTS	56		28,274	
23	LOAN FORGIVENESS	T	EMPLOYEE BENEFITS	5	48		
24			OTHER ADMINISTRATIVE AND GENERAL	6.06		4,000	
25			MEDICAL RECORDS & LIBRARY	17		8,000	
26			ADULTS & PEDIATRICS	25		270,128	
27			INTENSIVE CARE UNIT	26		32,130	
28			CORONARY CARE UNIT	27		24,928	
29			SUBPROVIDER	31		6,000	
30			NURSERY	33		5,115	
31			SKI LLED NURSING FACILITY	34		4,000	
32			OTHER LONG TERM CARE	36		4,000	
33			OPERATING ROOM	37		15,229	
34			RECOVERY ROOM	38		6,000	
35			RADIOLOGY-DIAGNOSTIC	41		45,429	

RECLASSIFICATIONS

PROVIDER NO: 260179	PERIOD: FROM 7/1/2008 TO 6/30/2009	PREPARED 11/24/2009 WORKSHEET A-6 CONTD
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 LOAN FORGIVENESS	T		41.02		6,122	
2			44		9,724	
3			49		15,674	
4			50		16,241	
5			53		2,000	
6			53.01		2,000	
7			56		12,000	
8			61		4,000	
9			61.01		9,296	
10 AUDIO/VISUAL	U		6.06	39,527	4,877	
11						
12 PHARMACY EDUCATION	V		56	153,479		
13 LDRP ROUTINE EXPENSE	W		25	3,433,370	344,375	
14						
15 PHYSICIAN RECLASSIFICATION	X		26	285,004	33,155	
16			27	23,988	2,792	
17			31	13,194	3,420	
18			37.04	59,827	24,786	
19			44		3,975	
20			53.01	24,375	21,523	
21			61	33,912	6,567	
22 SUPERVISOR RECLASSIFICATION	Y		41	83,774		
23			49.01	154,162		
24			56	25,198		
25			53	10,096		
26						
27						
28 VALET RECLASSIFICATION	Z		6.06	125,176		
29 PATIENT BILLING	AA		41.04		488,866	
30			71	4,647		
31 MERCY CLINICAL ENGINEERING	AB		7		38,121	
32						
33						
34						
36 TOTAL RECLASSIFICATIONS				5,054,335	25,243,700	

(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:  
260179

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

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

RECLASS CODE: A  
EXPLANATION: MEDICAL SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	2,046,619
TOTAL RECLASSIFICATIONS FOR CODE A			2,046,619

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	2,046,619	
		2,046,619	

RECLASS CODE: B  
EXPLANATION: NUTRITIONAL/DIABETIC EDUCATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NUTRITION/DIABETES EDUCATION	59	118,413
TOTAL RECLASSIFICATIONS FOR CODE B			118,413

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	118,413	
		118,413	

RECLASS CODE: C  
EXPLANATION: EMPLOYEE BENEFITS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	604,002
2.00	CORONARY CARE UNIT	27	1,813
3.00	LABORATORY	44	1,164
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
25.00			0
26.00			0
27.00			0
28.00			0
29.00			0
30.00			0
31.00			0
32.00			0
33.00			0
34.00			0
35.00			0
TOTAL RECLASSIFICATIONS FOR CODE C			606,979

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE AND GENERAL SUR	6.05	4,000	
OTHER ADMINISTRATIVE AND GENER	6.06	37,635	
PURCHASING	7.01	3,933	
DIETARY	11	8,945	
DIETARY SURREY	11.01	1,320	
NURSING ADMINISTRATION	14	6,117	
CENTRAL SERVICES & SUPPLY	15	5,377	
MEDICAL RECORDS & LIBRARY	17	20,981	
I&R SERVICES-OTHER PRGM COSTS	23	5,078	
ADULTS & PEDIATRICS	25	97,297	
INTENSIVE CARE UNIT	26	18,136	
SUBPROVIDER	31	2,000	
NURSERY	33	6,000	
SKILLED NURSING FACILITY	34	7,892	
OTHER LONG TERM CARE	36	11,829	
OPERATING ROOM	37	16,902	
VASCULAR ACCESS CENTER	37.01	4,000	
ANESTHESIOLOGY	40	4,000	
RADIOLOGY-DIAGNOSTIC	41	6,943	
CT SCAN	41.02	982	
CDI RADIOLOGY	41.04	267,227	
INTRAVENOUS THERAPY	48	4,000	
RESPIRATORY THERAPY	49	2,000	
CARDIAC REHAB	49.01	3,110	
PHYSICAL THERAPY	50	8,489	
THERAPY SERVICES BRAIN & SPINE	50.02	2,730	
ELECTROCARDIOLOGY	53	11,672	
CARDIAC CATH LAB	53.01	2,130	
SLEEP MEDICINE	54.01	8,000	
EMERGENCY	61	10,248	
URGENT CARE CENTERS	61.01	5,233	
PHYSICIANS' PRIVATE OFFICES	98	3,009	
SLEEP RESEARCH	100.04	4,000	
PHYSICIAN REFERRAL	100.07	1,764	
VOLUNTEERS	100.13	4,000	
		606,979	

RECLASS CODE: D  
EXPLANATION: LAUNDRY/LINEN

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	LAUNDRY & LINEN SERVICE	9	1,457,828
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	1,211	
OTHER ADMINISTRATIVE AND GENER	6.06	32	
HOUSEKEEPING	10	11,166	
HOUSEKEEPING SURREY	10.01	5,621	
CENTRAL SERVICES & SUPPLY	15	82,172	
ADULTS & PEDIATRICS	25	677,334	
INTENSIVE CARE UNIT	26	45,200	
CORONARY CARE UNIT	27	41,757	
SUBPROVIDER	31	13,142	
OPERATING ROOM	37	187,876	
VASCULAR ACCESS CENTER	37.01	13,271	
PAIN MANAGEMENT - BRAIN & SPIN	37.02	2,147	
PAIN MANAGEMENT CENTER	37.03	89	

RECLASSIFICATIONS

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TO 6/30/2009

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NOT A CMS WORKSHEET

RECLASS CODE: D  
EXPLANATION : LAUNDRY/LINEN

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
14.00			0	WOMEN'S DIAGNOSTICS/GI SERVICE	37.04	41,269	
15.00			0	RECOVERY ROOM	38	22,529	
16.00			0	RADIOLOGY-DIAGNOSTIC	41	62,324	
17.00			0	MRI	41.01	20,052	
18.00			0	TDOC RADIOLOGY	41.03	25,308	
19.00			0	LABORATORY	44	85	
20.00			0	INTRAVENOUS THERAPY	48	1,678	
21.00			0	RESPIRATORY THERAPY	49	4,057	
22.00			0	CARDIAC REHAB	49.01	2,243	
23.00			0	PHYSICAL THERAPY	50	37,687	
24.00			0	THERAPY SERVICES BRAIN & SPINE	50.02	5,002	
25.00			0	ELECTROCARDIOLOGY	53	11,471	
26.00			0	CARDIAC CATH LAB	53.01	11,794	
27.00			0	TDOC ELECTROCARDIOLOGY	53.02	15,535	
28.00			0	ELECTROENCEPHALOGRAPHY	54	2,799	
29.00			0	SLEEP MEDICINE	54.01	3	
30.00			0	RENAL DIALYSIS	57	2,917	
31.00			0	EMERGENCY	61	77,539	
32.00			0	URGENT CARE CENTERS	61.01	24,567	
33.00			0	PHYSICIANS' PRIVATE OFFICES	98	7,951	
TOTAL RECLASSIFICATIONS FOR CODE D			1,457,828				1,457,828

RECLASS CODE: E  
EXPLANATION : RENTAL/LEASES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,525,033	OTHER ADMINISTRATIVE AND GENER	6.06	60,878	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4.01	29,195	MAINTENANCE & REPAIRS SURREY	7.02	5,068	
3.00	PAIN MANAGEMENT - BRAIN & SPIN	37.02	10,000	CAFETERIA	12	7,084	
4.00			0	CENTRAL SERVICES & SUPPLY	15	568,986	
5.00			0	ADULTS & PEDIATRICS	25	10,733	
6.00			0	CORONARY CARE UNIT	27	1,332	
7.00			0	SKILLED NURSING FACILITY	34	21,204	
8.00			0	OTHER LONG TERM CARE	36	2,923	
9.00			0	OPERATING ROOM	37	51,362	
10.00			0	WOMEN'S DIAGNOSTICS/GI SERVICE	37.04	83,652	
11.00			0	RADIOLOGY-DIAGNOSTIC	41	2,221	
12.00			0	CT SCAN	41.02	619,575	
13.00			0	INTRAVENOUS THERAPY	48	486	
14.00			0	RESPIRATORY THERAPY	49	4,696	
15.00			0	PHYSICAL THERAPY	50	30,490	
16.00			0	ELECTROCARDIOLOGY	53	21,773	
17.00			0	CARDIAC CATH LAB	53.01	5,417	
18.00			0	SLEEP MEDICINE	54.01	4,878	
19.00			0	EMERGENCY	61	43,934	
20.00			0	GI FT, FLOWER, COFFEE SHOP & CA	96	3,157	
21.00			0	PHYSICIANS' PRIVATE OFFICES	98	14,212	
22.00			0	DEVELOPMENT	100.01	18	
23.00			0	COMMUNITY OUTREACH	100.02	97	
24.00			0	MARKETING	100.11	52	
TOTAL RECLASSIFICATIONS FOR CODE E			1,564,228				1,564,228

RECLASS CODE: F  
EXPLANATION : INSURANCE & FEES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	1,660,338	NEW CAP REL COSTS-MVBLE EQUIP	4	1,660,338	
TOTAL RECLASSIFICATIONS FOR CODE F			1,660,338				1,660,338

RECLASS CODE: G  
EXPLANATION : TELEPHONE EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	NONPATIENT TELEPHONES	6.01	520,278	OTHER ADMINISTRATIVE AND GENER	6.06	520,278	
2.00	NONPATIENT TELEPHONES SURREY	6.03	12,139	ADMINISTRATIVE AND GENERAL SUR	6.05	12,139	
TOTAL RECLASSIFICATIONS FOR CODE G			532,417				532,417

RECLASS CODE: H  
EXPLANATION : MOB DEPRECIATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	6,478,464	NEW CAP REL COSTS-MVBLE EQUIP	4	9,565,014	

RECLASSIFICATIONS

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TO 6/30/2009

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RECLASS CODE: H  
EXPLANATION: MOB DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4.01	14,226			0	
3.00	URGENT CARE CENTERS	61.01	494,236			0	
4.00	LABORATORY	44	36,054			0	
5.00	VASCULAR ACCESS CENTER	37.01	224,841			0	
6.00	PHYSICIANS' PRIVATE OFFICES	98	2,317,193			0	
TOTAL RECLASSIFICATIONS FOR CODE H			9,565,014			9,565,014	

RECLASS CODE: I  
EXPLANATION: INTEREST ON BONDS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,240,142	NEW CAP REL COSTS-MVBLE EQUIP	4	2,506,705	
2.00	PHYSICIANS' PRIVATE OFFICES	98	266,563			0	
TOTAL RECLASSIFICATIONS FOR CODE I			2,506,705			2,506,705	

RECLASS CODE: J  
EXPLANATION: CRNA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONPHYSICIAN ANESTHETISTS	20	67,134	ANESTHESIOLOGY	40	67,134	
TOTAL RECLASSIFICATIONS FOR CODE J			67,134			67,134	

RECLASS CODE: K  
EXPLANATION: CLINICAL PASTORAL EDUCATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CLINICAL PASTORAL EDUCATION	24.01	137,899	OTHER ADMINISTRATIVE AND GENER	6.06	137,899	
TOTAL RECLASSIFICATIONS FOR CODE K			137,899			137,899	

RECLASS CODE: L  
EXPLANATION: ALLOCATION OF SECURITY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	100,480	OTHER ADMINISTRATIVE AND GENER	6.06	100,480	
TOTAL RECLASSIFICATIONS FOR CODE L			100,480			100,480	

RECLASS CODE: M  
EXPLANATION: ALLOCATION OF MAINTENANCE & HOUSEKEEP

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MAINTENANCE & REPAIRS	7	190,154	PHYSICIANS' PRIVATE OFFICES	98	422,227	
2.00	HOUSEKEEPING	10	232,073			0	
TOTAL RECLASSIFICATIONS FOR CODE M			422,227			422,227	

RECLASS CODE: N  
EXPLANATION: MOB PROPERTY TAX

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	648,075	OTHER ADMINISTRATIVE AND GENER	6.06	648,075	
TOTAL RECLASSIFICATIONS FOR CODE N			648,075			648,075	

RECLASS CODE: O  
EXPLANATION: PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	238,838	ADMINISTRATIVE AND GENERAL SUR	6.05	9,812	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4.01	9,812	OTHER ADMINISTRATIVE AND GENER	6.06	313,700	
3.00	PHYSICIANS' PRIVATE OFFICES	98	74,862			0	
TOTAL RECLASSIFICATIONS FOR CODE O			323,512			323,512	

RECLASS CODE: P  
EXPLANATION: WORKMEN'S COMPENSATION EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	1,207,269	OTHER ADMINISTRATIVE AND GENER	6.06	1,207,269	
TOTAL RECLASSIFICATIONS FOR CODE P			1,207,269			1,207,269	

RECLASSIFICATIONS

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RECLASS CODE: Q  
EXPLANATION : MARYVILLE RENTAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	24	OTHER ADMINISTRATIVE AND GENER	6.06	256	
2.00	ADMITTING	6.04	40			0	
3.00	MAINTENANCE & REPAIRS	7	4			0	
4.00	PURCHASING	7.01	56			0	
5.00	PHYSICIANS' PRIVATE OFFICES	98	56			0	
6.00	DEVELOPMENT	100.01	12			0	
7.00	UNUSED SPACE	100.09	36			0	
8.00	MARKETING	100.11	28			0	
TOTAL RECLASSIFICATIONS FOR CODE Q			256				256

RECLASS CODE: R  
EXPLANATION : CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DIETARY	11	1,360,118	CAFETERIA	12	1,194,844	
2.00			0	GIFT, FLOWER, COFFEE SHOP & CA	96	107,503	
3.00			0	FOUNTAIN CAFE	100.03	57,771	
TOTAL RECLASSIFICATIONS FOR CODE R			1,360,118				1,360,118

RECLASS CODE: S  
EXPLANATION : EPOETIN COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RENAL DIALYSIS	57	28,274	DRUGS CHARGED TO PATIENTS	56	28,274	
TOTAL RECLASSIFICATIONS FOR CODE S			28,274				28,274

RECLASS CODE: T  
EXPLANATION : LOAN FORGIVENESS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	48	EMPLOYEE BENEFITS	5	48	
2.00	OTHER ADMINISTRATIVE AND GENER	6.06	4,000	OTHER ADMINISTRATIVE AND GENER	6.06	4,000	
3.00	MEDICAL RECORDS & LIBRARY	17	8,000	MEDICAL RECORDS & LIBRARY	17	8,000	
4.00	ADULTS & PEDIATRICS	25	270,128	ADULTS & PEDIATRICS	25	270,128	
5.00	INTENSIVE CARE UNIT	26	32,130	INTENSIVE CARE UNIT	26	32,130	
6.00	CORONARY CARE UNIT	27	24,928	CORONARY CARE UNIT	27	24,928	
7.00	SUBPROVIDER	31	6,000	SUBPROVIDER	31	6,000	
8.00	NURSERY	33	5,115	NURSERY	33	5,115	
9.00	SKILLED NURSING FACILITY	34	4,000	SKILLED NURSING FACILITY	34	4,000	
10.00	OTHER LONG TERM CARE	36	4,000	OTHER LONG TERM CARE	36	4,000	
11.00	OPERATING ROOM	37	15,229	OPERATING ROOM	37	15,229	
12.00	RECOVERY ROOM	38	6,000	RECOVERY ROOM	38	6,000	
13.00	RADIOLOGY-DIAGNOSTIC	41	45,429	RADIOLOGY-DIAGNOSTIC	41	45,429	
14.00	CT SCAN	41.02	6,122	CT SCAN	41.02	6,122	
15.00	LABORATORY	44	9,724	LABORATORY	44	9,724	
16.00	RESPIRATORY THERAPY	49	15,674	RESPIRATORY THERAPY	49	15,674	
17.00	PHYSICAL THERAPY	50	16,241	PHYSICAL THERAPY	50	16,241	
18.00	ELECTROCARDIOLOGY	53	2,000	ELECTROCARDIOLOGY	53	2,000	
19.00	CARDIAC CATH LAB	53.01	2,000	CARDIAC CATH LAB	53.01	2,000	
20.00	DRUGS CHARGED TO PATIENTS	56	12,000	DRUGS CHARGED TO PATIENTS	56	12,000	
21.00	EMERGENCY	61	4,000	EMERGENCY	61	4,000	
22.00	URGENT CARE CENTERS	61.01	9,296	URGENT CARE CENTERS	61.01	9,296	
TOTAL RECLASSIFICATIONS FOR CODE T			502,064				502,064

RECLASS CODE: U  
EXPLANATION : AUDIO/VISUAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	19,328	OTHER ADMINISTRATIVE AND GENER	6.06	44,404	
2.00	COMMUNITY OUTREACH	100.02	25,076			0	
TOTAL RECLASSIFICATIONS FOR CODE U			44,404				44,404

RECLASS CODE: V  
EXPLANATION : PHARMACY EDUCATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHARMACY EDUCATION	24.02	153,479	DRUGS CHARGED TO PATIENTS	56	153,479	
TOTAL RECLASSIFICATIONS FOR CODE V			153,479				153,479

RECLASSIFICATIONS

PROVIDER NO:  
260179

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

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

RECLASS CODE: W  
EXPLANATION: LDRP ROUTINE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	2,762,562	ADULTS & PEDIATRICS	25	3,777,745	
2.00	DELIVERY ROOM & LABOR ROOM	39	1,015,183			0	
TOTAL RECLASSIFICATIONS FOR CODE W			3,777,745				3,777,745

RECLASS CODE: X  
EXPLANATION: PHYSICIAN RECLASSIFICATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	226,098	INTENSIVE CARE UNIT	26	318,159	
2.00	ADULTS & PEDIATRICS	25	261,450	CORONARY CARE UNIT	27	26,780	
3.00	ELECTROCARDIOLOGY	53	48,970	SUBPROVIDER	31	16,614	
4.00			0	WOMEN'S DIAGNOSTICS/GI SERVICE	37.04	84,613	
5.00			0	LABORATORY	44	3,975	
6.00			0	CARDIAC CATH LAB	53.01	45,898	
7.00			0	EMERGENCY	61	40,479	
TOTAL RECLASSIFICATIONS FOR CODE X			536,518				536,518

RECLASS CODE: Y  
EXPLANATION: SUPERVISOR RECLASSIFICATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MRI	41.01	21,009	RADIOLOGY-DIAGNOSTIC	41	83,774	
2.00	CT SCAN	41.02	8,546	CARDIAC REHAB	49.01	154,162	
3.00	TDOC RADIOLOGY	41.03	53,319	DRUGS CHARGED TO PATIENTS	56	25,198	
4.00	CARDIAC CATH LAB	53.01	113,087	ELECTROCARDIOLOGY	53	10,096	
5.00	TDOC ELECTROCARDIOLOGY	53.02	51,171			0	
6.00	RETAIL PHARMACY	100.14	25,198			0	
TOTAL RECLASSIFICATIONS FOR CODE Y			273,230				273,230

RECLASS CODE: Z  
EXPLANATION: VALET RECLASSIFICATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	VALET SERVICES	100.17	125,176	OTHER ADMINISTRATIVE AND GENER	6.06	125,176	
TOTAL RECLASSIFICATIONS FOR CODE Z			125,176				125,176

RECLASS CODE: AA  
EXPLANATION: PATIENT BILLING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	493,513	CDI RADIOLOGY	41.04	488,866	
2.00			0	HOME HEALTH AGENCY	71	4,647	
TOTAL RECLASSIFICATIONS FOR CODE AA			493,513				493,513

RECLASS CODE: AB  
EXPLANATION: MERCY CLINICAL ENGINEERING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	GIFT, FLOWER, COFFEE SHOP & CA	96	40	MAINTENANCE & REPAIRS	7	38,121	
2.00	PHYSICIANS' PRIVATE OFFICES	98	37,401			0	
3.00	COMMUNITY OUTREACH	100.02	44			0	
4.00	REHAB HOSPITAL COVERAGE	100.15	636			0	
TOTAL RECLASSIFICATIONS FOR CODE AB			38,121				38,121

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	14,869,227	310,010		310,010		15,179,237	
2 LAND IMPROVEMENTS	7,248,977	1,566,294		1,566,294	14,727	8,800,544	
3 BUILDINGS & FIXTURE	239,178,652	14,307,159		14,307,159	66,807	253,419,004	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	156,294,151	2,280,321		2,280,321	2,563,603	156,010,869	
7 SUBTOTAL	417,591,007	18,463,784		18,463,784	2,645,137	433,409,654	
8 RECONCILING ITEMS							
9 TOTAL	417,591,007	18,463,784		18,463,784	2,645,137	433,409,654	

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	
3	NEW CAP REL COSTS-BL	277,398,785		277,398,785	.640038				
4	NEW CAP REL COSTS-MV	156,010,869		156,010,869	.359962				
4 01	NEW CAP REL COSTS-MV								
5	TOTAL	433,409,654		433,409,654	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	6,438,266		1,351,912	238,838			8,029,016
4	NEW CAP REL COSTS-MV	11,583,343	1,525,033					13,108,376
4 01	NEW CAP REL COSTS-MV	404,183	29,195	76,990	9,812			520,180
5	TOTAL	18,425,792	1,554,228	1,428,902	248,650			21,657,572

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV	21,160,869		5,752,172	1,660,338			28,573,379
4 01	NEW CAP REL COSTS-MV	389,957		130,296				520,253
5	TOTAL	21,550,826		5,882,468	1,660,338			29,093,632

\* 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).

PROVIDER NO:  
26-0179

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

PREPARED 11/24/2009  
WORKSHEET A-8

ADJUSTMENTS TO EXPENSES

DESCR IPTION (1)	(2) BASIS/ CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF.
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-916,470	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-200,151	NONPATIENT TELEPHONES	6.01	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-16,512,294			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-2,730,487			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-1,541,436	DIETARY	11	
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	B	-483	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-134,324	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			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 INTEREST INCOME	B	-53,306	NEW CAP REL COSTS-MVBLE E	4.01	11
37.01 INTEREST INCOME	B	-109,054	PHYSICIANS' PRIVATE OFFIC	98	
38 NON-ALLOWABLE INTEREST	A	-3,245,467	NEW CAP REL COSTS-MVBLE E	4	11
39 TELEPHONE BENEFITS	A	-18,196	EMPLOYEE BENEFITS	5	
39.01 TELEPHONE DEPRECIATION	A	-2,342	NEW CAP REL COSTS-MVBLE E	4	9
40 SNF COMMISSIONS	B	-1,362	ADMINISTRATIVE AND GENERA	6.05	
41 CHAPLAIN INCOME	B	-12,134	OTHER ADMINISTRATIVE AND	6.06	
42 REHAB HOSPITAL INCOME	B	-1,674	MAINTENANCE & REPAIRS	7	
42.01 DIALYSIS REHAB HOSPITAL INCOME	B	-16,885	RENAL DIALYSIS	57	
43 CONSULTATION SERVICES	B	-12,463	NUTRITION/DIABETES EDUCAT	59	
43.01 NUTRITION REFERENCE BOOKS	B	-2,215	NUTRITION/DIABETES EDUCAT	59	
43.02 MEALS ON WHEELS	B	-42,970	DIETARY	11	
43.03 PHYSICIAN MEALS	B	-7,980	DIETARY	11	
43.04 CAFETERIA MEALS	B	-16,198	DIETARY SURREY	11.01	
43.05 CORNER GORMET INCOME	B	-126,759	DIETARY	11	
43.06 CORNER GORMET INCOME	B	-2,744	DIETARY	11	
44 MATERNITY SERVICES INCOME	B	-490	ADULTS & PEDIATRICS	25	
44.01 LACTATION CENTER INCOME	B	-79,518	ADULTS & PEDIATRICS	25	
44.02 TDOC CARDIOLOGY REHAB INCOME	B	-5	CARDIAC REHAB	49.01	
44.03 PHYSICAL THERAPY INCOME	B	-14,655	PHYSICAL THERAPY	50	
44.04 SPORTS MEDICINE INCOME	B	-47,545	PHYSICAL THERAPY	50	
45 SLEEP MEDICINE CLINIC	B	-8,927	SLEEP MEDICINE	54.01	
46 PHYSICIAN EQUIPMENT RENTAL	B	-10,140	NEW CAP REL COSTS-MVBLE E	4	9
46.01 MISCELLANEOUS INCOME	B	-31,543	OTHER ADMINISTRATIVE AND	6.06	
47 MOONLIGHTERS SALARIES	A	-394,677	I&R SERVICES-OTHER PRGM C	23	
47.01 MOONLIGHTERS BENEFITS	A	-92,820	EMPLOYEE BENEFITS	5	
48 ADVERTISING	A	-2,331	ADMINISTRATIVE AND GENERA	6.05	
48.01 ADVERTISING	A	-75	OTHER ADMINISTRATIVE AND	6.06	
48.02 ADVERTISING	A	-1,104	NURSING ADMINISTRATION	14	
48.03 ADVERTISING	A	-1,506	ADULTS & PEDIATRICS	25	
48.04 ADVERTISING	A	-98	INTENSIVE CARE UNIT	26	
48.05 ADVERTISING	A	-117	CORONARY CARE UNIT	27	
48.06 ADVERTISING	A	-106	NURSERY	33	
48.07 ADVERTISING	A	-3,942	VASCULAR ACCESS CENTER	37.01	
48.08 ADVERTISING	A	-1	INTRAVENOUS THERAPY	48	
48.09 ADVERTISING	A	-144	RESPIRATORY THERAPY	49	
48.10 ADVERTISING	A	-1,066	CARDIAC REHAB	49.01	
48.11 ADVERTISING	A	-485	PHYSICAL THERAPY	50	
48.12 ADVERTISING	A	-82	ELECTROCARDIOLOGY	53	
48.13 ADVERTISING	A	-2	CARDIAC CATH LAB	53.01	
48.14 ADVERTISING	A	-1	RENAL DIALYSIS	57	
48.15 ADVERTISING	A	-179	URGENT CARE CENTERS	61.01	
49 EDUCATION CENTER DEPRECIATION	A	-60,516	NEW CAP REL COSTS-BLDG &	3	9
49.01 ASSET LIVES	A	20,318	NEW CAP REL COSTS-BLDG &	3	9
49.02 ASSET LIVES	A	-30	NEW CAP REL COSTS-MVBLE E	4	9
49.03 ASSET LIVES	A	-42,274	PHYSICIANS' PRIVATE OFFIC	98	
49.04 LOSS ON REFINANCING	A	28,240	NEW CAP REL COSTS-BLDG &	3	11
49.05 LOSS ON REFINANCING	A	7,060	PHYSICIANS' PRIVATE OFFIC	98	

ADJUSTMENTS TO EXPENSES

PROVIDER NO:  
26-0179

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

PREPARED 11/24/2009  
WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON	WKST.
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	
49.06 FRA TAX	A	7,749,228	OTHER ADMINISTRATIVE AND	6.06
49.07 RENT EXPENSE PAID FOR MOB SPACE	A	-3,240	NONPATIENT TELEPHONES	6.01
49.08 RENT EXPENSE PAID FOR MOB SPACE	A	-108,643	OTHER ADMINISTRATIVE AND	6.06
49.09 RENT EXPENSE PAID FOR MOB SPACE	A	-75,000	I&R SERVICES-OTHER PRGM C	23
49.10 RENT EXPENSE PAID FOR MOB SPACE	A	-52,267	ADULTS & PEDIATRICS	25
49.11 RENT EXPENSE PAID FOR MOB SPACE	A	-8,084	SUBPROVIDER	31
49.12 RENT EXPENSE PAID FOR MOB SPACE	A	-20,317	OPERATING ROOM	37
49.13 RENT EXPENSE PAID FOR MOB SPACE	A	-22,050	PAIN MANAGEMENT - BRAIN &	37.02
49.14 RENT EXPENSE PAID FOR MOB SPACE	A	-244,127	WOMEN'S DIAGNOSTICS/GI SE	37.04
49.15 RENT EXPENSE PAID FOR MOB SPACE	A	-261,877	RADIOLOGY-DIAGNOSTIC	41
49.16 RENT EXPENSE PAID FOR MOB SPACE	A	-91,800	LABORATORY	44
49.17 RENT EXPENSE PAID FOR MOB SPACE	A	-5,852	BRAIN & SPINE INFUSION CE	48.01
49.18 RENT EXPENSE PAID FOR MOB SPACE	A	-18,940	CARDIAC REHAB	49.01
49.19 RENT EXPENSE PAID FOR MOB SPACE	A	-73,527	THERAPY SERVICES BRAIN &	50.02
49.20 RENT EXPENSE PAID FOR MOB SPACE	A	-41,919	ELECTROENCEPHALOGRAPHY	54
49.21 RENT EXPENSE PAID FOR MOB SPACE	A	-240,000	SLEEP MEDICINE	54.01
49.22 RENT EXPENSE PAID FOR MOB SPACE	A	-44,077	PHYSICIANS' PRIVATE OFFIC	98
49.23 RENT EXPENSE PAID FOR MOB SPACE	A	-4,180	FOUNTAIN CAFE	100.03
49.24 RENT EXPENSE PAID FOR MOB SPACE	A	-21,863	SLEEP RESEARCH	100.04
49.25 RENT EXPENSE PAID FOR MOB SPACE	A	-6,120	PHYSICIAN REFERRAL	100.07
49.26 RENT EXPENSE PAID FOR MOB SPACE	A	-14,200	RETAIL PHARMACY	100.14
49.27 NON-ALLOWABLE	A	-850,808	OTHER ADMINISTRATIVE AND	6.06
49.28 NON-ALLOWABLE	A	-5,045	EMPLOYEE BENEFITS	5
49.29 NON-ALLOWABLE	A	-103	ADMINISTRATIVE	6.04
49.30 NON-ALLOWABLE	A	-14,063	ADMINISTRATIVE AND GENERA	6.05
49.31 NON-ALLOWABLE	A	-48,599	OTHER ADMINISTRATIVE AND	6.06
49.32 NON-ALLOWABLE	A	-710	MAINTENANCE & REPAIRS	7
49.33 NON-ALLOWABLE	A	-49	PURCHASING	7.01
49.34 NON-ALLOWABLE	A	-1,224	MAINTENANCE & REPAIRS SUR	7.02
49.35 NON-ALLOWABLE	A	-2,206	HOUSEKEEPING	10
49.36 NON-ALLOWABLE	A	-123	DIETARY	11
49.37 NON-ALLOWABLE	A	-76	DIETARY SURREY	11.01
49.38 NON-ALLOWABLE	A	-288	CAFETERIA	12
49.39 NON-ALLOWABLE	A	-216	NURSING ADMINISTRATION	14
49.40 NON-ALLOWABLE	A	-360	MEDICAL RECORDS & LIBRARY	17
49.41 NON-ALLOWABLE	A	-750	SOCIAL SERVICE	18
49.42 NON-ALLOWABLE	A	-6,811	I&R SERVICES-OTHER PRGM C	23
49.43 NON-ALLOWABLE	A	-36,927	ADULTS & PEDIATRICS	25
49.44 NON-ALLOWABLE	A	-105	INTENSIVE CARE UNIT	26
49.45 NON-ALLOWABLE	A	-11	NURSERY	33
49.46 NON-ALLOWABLE	A	-795	SKILLED NURSING FACILITY	34
49.47 NON-ALLOWABLE	A	-483	OTHER LONG TERM CARE	36
49.48 NON-ALLOWABLE	A	-76	OPERATING ROOM	37
49.49 NON-ALLOWABLE	A	-1,386	VASCULAR ACCESS CENTER	37.01
49.50 NON-ALLOWABLE	A	-52	PAIN MANAGEMENT - BRAIN &	37.02
49.51 NON-ALLOWABLE	A	-20	RECOVERY ROOM	38
49.52 NON-ALLOWABLE	A	-1,876	RADIOLOGY-DIAGNOSTIC	41
49.53 NON-ALLOWABLE	A	-301	MRI	41.01
49.54 NON-ALLOWABLE	A	-245	CT SCAN	41.02
49.55 NON-ALLOWABLE	A	-204	LABORATORY	44
49.56 NON-ALLOWABLE	A	-156	RESPIRATORY THERAPY	49
49.57 NON-ALLOWABLE	A	-79	CARDIAC REHAB	49.01
49.58 NON-ALLOWABLE	A	-72	PHYSICAL THERAPY	50
49.59 NON-ALLOWABLE	A	-1,551	THERAPY SERVICES BRAIN &	50.02
49.60 NON-ALLOWABLE	A	-180	ELECTROCARDIOLOGY	53
49.61 NON-ALLOWABLE	A	-10,601	SLEEP MEDICINE	54.01
49.62 NON-ALLOWABLE	A	-51	EMERGENCY	61
49.63 NON-ALLOWABLE	A	-4,023	URGENT CARE CENTERS	61.01
49.64 LOBBYING	A	-42,479	OTHER ADMINISTRATIVE AND	6.06
49.65 PHYSICIAN BILLING	A	-325,533	ADULTS & PEDIATRICS	25
49.66 PHYSICIAN BILLING	A	-2,134	CORONARY CARE UNIT	27
49.67 PHYSICIAN BILLING	A	-6,225	SUBPROVIDER	31
49.68 PHYSICIAN BILLING	A	-68,239	SLEEP MEDICINE	54.01
49.69 PHYSICIAN BILLING	A	-208,211	EMERGENCY	61
49.70 PHYSICIAN BILLING	A	-219,022	URGENT CARE CENTERS	61.01
49.71 CRNA SALARY	A	-67,134	NONPHYSICIAN ANESTHETISTS	20
49.72 CRNA BENEFITS	A	-15,789	EMPLOYEE BENEFITS	5
49.73 MEDICAL GROUP ADMINISTRATIVE SALARY	A	-105,000	OTHER ADMINISTRATIVE AND	6.06
49.74 MEDICAL GROUP ADMINISTRATIVE BENEFIT	A	-24,694	EMPLOYEE BENEFITS	5
49.75 REVENUE ADD BACK	A	32,521	EMPLOYEE BENEFITS	5
49.76 REVENUE ADD BACK	A	1,186	PHYSICIANS' PRIVATE OFFIC	98
49.77 REVENUE ADD BACK	A	184,111	COMMUNITY OUTREACH	100.02
49.78 REVENUE ADD BACK	A	851,131	SLEEP RESEARCH	100.04
49.79 MARYVILLE CENTRE LOSS ON LEASE	A	197,047	OTHER ADMINISTRATIVE AND	6.06
49.80 HOME HEALTH START UP COSTS	A	-10,000	OTHER ADMINISTRATIVE AND	6.06
49.81 HOME HEALTH START UP COSTS	A	-49,600	HOME HEALTH AGENCY	71
49.82 HOME HEALTH AMORTIZATION	A	993	HOME HEALTH AGENCY	71
49.84 RCE	A	-17,902	ADMINISTRATIVE AND GENERA	6.05
49.85 RCE	A	-62,877	OTHER ADMINISTRATIVE AND	6.06
49.86 RCE	A	-790,518	I&R SERVICES-OTHER PRGM C	23
50 TOTAL (SUM OF LINES 1 THRU 49)		-21,794,003		

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET A-8

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	COST CENTER 3	LINE NO 4		
50 TOTAL (SUM OF LINES 1 THRU 49)		-21,794,003				

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.  
 (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	41 4 CDI RADIOLOGY	EQUIP, SUPPL, MGMT, BILLING	4,779,572	6,912,163	-2,132,591	
2	41 4 CDI RADIOLOGY	EQUIP, SUPPL, MGMT, BILLING	966,007	1,563,903	-597,896	
3						
4						
5	TOTALS		5,745,579	8,476,066	-2,730,487	

\* 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 XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	C	0.00	ST LUKE'S CENTER FOR DIAG	31.00	RADIOLOGY MANAGEMENT SERV
2	C	0.00	ST LUKE'S CDI WHC, LLC	43.30	RADIOLOGY MANAGEMENT SERV
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	25	5,679,513	4,598,786	1,080,727	177,200	8,549	728,309	36,415
2	26	1,168,395	881,176	287,219	177,200	515	43,874	2,194
3	27	717,270	691,363	25,907	177,200	85	7,241	362
4	31	46,346		46,346	177,200	212	18,061	903
5	33	50,000	50,000		177,200			
6	37	924,879	465,811	459,068	208,000	1,911	191,100	9,555
7	37 1	215,115	215,115		208,000			
8	37 2	53,934		53,934	208,000	81	8,100	405
9	37 4	21,460		21,460	208,000	91	9,100	455
10	40	428,844	360,000	68,844	200,300	765	73,668	3,683
11	41 3	6,910	6,910		225,300			
12	44	186,026		186,026	215,700	1,183	122,679	6,134
13	48 1	167,230	148,944	18,286	177,200	84	7,156	358
14	49 1	70,427	70,427		177,200			
15	53	48,970		48,970	177,200	718	61,168	3,058
16	53 1	81,047		81,047	177,200	788	67,132	3,357
17	54 1	815,466	815,466		177,200			
18	60	2,885	2,885		177,200			
19	61	4,104,737	3,859,462	245,275	177,200	1,643	139,971	6,999
20	61 1	3,406,230	3,276,996	129,234	177,200	1,078	91,837	4,592
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	18,195,684	15,443,341	2,752,343		17,703	1,569,396	78,470

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	25			337,597	64,240	792,549	288,178	4,886,964
2	26			40,621	9,986	53,860	233,359	1,114,535
3	27			42,327	1,529	8,770	17,137	708,500
4	31			732	732	18,793	27,553	27,553
5	33							50,000
6	37			68,094	33,799	224,899	234,169	699,980
7	37 1							215,115
8	37 2			795	795	8,895	45,039	45,039
9	37 4			2,341	2,341	11,441	10,019	10,019
10	40			2,376	381	74,049		360,000
11	41 3							6,910
12	44					122,679	63,347	63,347
13	48 1					7,156	11,130	160,074
14	49 1							70,427
15	53			831	831	61,999		
16	53 1			889	889	68,021	13,026	13,026
17	54 1			16,119				815,466
18	60							2,885
19	61			207,255	12,384	152,355	92,920	3,952,382
20	61 1			113,893	4,321	96,158	33,076	3,310,072
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL			833,870	132,228	1,701,624	1,068,953	16,512,294

COST ALLOCATION STATISTICS

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE FEET	ENTERED
4.01	NEW CAP REL COSTS-MVBLE EQUIP SURREY	6	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	23	# OF PHONES	ENTERED
6.02	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM. COST	NOT ENTERED
6.03	NONPATIENT TELEPHONES SURREY	24	# OF PHONES	ENTERED
6.04	ADMITTING	25	GROSS CHARGES	ENTERED
6.05	ADMINISTRATIVE AND GENERAL SURREY	12	ACCUM. COST	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	3	SQUARE FEET	ENTERED
7.01	PURCHASING	26	PURCHASES	ENTERED
7.02	MAINTENANCE & REPAIRS SURREY	6	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
9.01	LAUNDRY & LINEN SERVICE SURREY	27	TOTAL DAYS	ENTERED
10	HOUSEKEEPING	3	SQUARE FEET	ENTERED
10.01	HOUSEKEEPING SURREY	6	SQUARE FEET	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
11.01	DIETARY SURREY	11	MEALS SERVED	ENTERED
12	CAFETERIA	28	FULL TIME EMPLOYEES	ENTERED
12.01	CAFETERIA SURREY	29	FULL TIME EMPLOYEES	ENTERED
14	NURSING ADMINISTRATION	30	NURSING FTES	ENTERED
14.01	NURSING ADMINISTRATION SURREY	27	TOTAL DAYS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	25	GROSS CHARGES	ENTERED
17.01	MEDICAL RECORDS & LIBRARY SURREY	32	GROSS CHARGES	ENTERED
18	SOCIAL SERVICE	17	TIME SPENT	ENTERED
18.01	SOCIAL SERVICE SURREY	27	TOTAL DAYS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED TIME	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
24.01	CLINICAL PASTORAL EDUCATION	22	ASSIGNED TIME	ENTERED
24.02	PHARMACY EDUCATION	33	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	NEW CAP REL C OSTS-MVBLE E 4.01	EMPLOYEE BENE FITS 5	NONPATIENT TELEPHONES 6.01	SUBTOTAL 6a.01
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	8,029,016	8,029,016					
004 NEW CAP REL COSTS-MVBLE E	13,108,376		13,108,376				
004 01 NEW CAP REL COSTS-MVBLE E	520,180			520,180			
005 EMPLOYEE BENEFITS	35,366,267	56,776	92,694		35,515,737		
006 01 NONPATIENT TELEPHONES	678,720	17,776	29,022		84,878	810,396	
006 02 OTHER ADMINISTRATIVE AND							
006 03 NONPATIENT TELEPHONES SUR	12,139						12,139
006 04 ADMINISTRATION	683,147	19,480	31,803		167,099	8,257	909,786
006 05 ADMINISTRATIVE AND GENERAL	675,974			24,658	121,311	7,018	828,961
006 06 OTHER ADMINISTRATIVE AND	29,754,906	739,353	1,207,086		3,479,075	118,071	35,298,491
007 MAINTENANCE & REPAIRS	9,492,299	979,056	1,598,431		407,154	14,862	12,491,802
007 01 PURCHASING	756,733	27,972	45,668		142,251	4,954	977,578
007 02 MAINTENANCE & REPAIRS SUR	475,271			16,818	44,492	2,477	539,058
009 LAUNDRY & LINEN SERVICE	1,601,595	42,072	68,688		22,562	413	1,735,330
009 01 LAUNDRY & LINEN SERVICES	254,684			8,629	5,768	413	269,494
010 HOUSEKEEPING	3,201,311	51,584	84,218		651,308	4,128	3,992,549
010 01 HOUSEKEEPING SURREY	246,205				46,882	413	293,500
011 DIETARY	1,974,221	182,363	297,730		478,805	11,972	2,945,091
011 01 DIETARY SURREY	969,267			19,352	138,331	2,064	1,129,014
012 CAFETERIA	482,768	169,926	277,426		94,978	2,064	1,027,162
012 01 CAFETERIA SURREY				35,775			35,775
014 NURSING ADMINISTRATION	1,659,637	21,452	35,023		400,495	10,734	2,127,341
014 01 NURSING ADMINISTRATION SU	379,596			1,763	94,176	3,303	478,838
015 CENTRAL SERVICES & SUPPLY	1,341,561	208,202	339,916		275,269	6,605	2,171,553
017 MEDICAL RECORDS & LIBRARY	2,760,244	69,065	112,758		426,605	16,513	3,385,185
017 01 MEDICAL RECORDS & LIBRARY	44,767				11,043	2,477	58,287
018 SOCIAL SERVICE	711,495	14,127	23,064		160,534	4,954	914,174
018 01 SOCIAL SERVICE SURREY	86,265			1,010	21,465	413	109,153
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI	1,984,678				494,062		2,478,740
023 I&R SERVICES-OTHER PRGM C	1,062,653	58,802	96,002		437,310	2,890	1,657,657
024 PARAMEDICAL PRGM							
024 01 CLINICAL PASTORAL EDUCATI	137,899	7,593	12,397		26,477	826	185,192
024 02 PHARMACY EDUCATION	153,479	2,656	4,337		38,207	413	199,092
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	26,376,855	1,614,414	2,635,729		7,146,018	141,596	37,914,612
026 INTENSIVE CARE UNIT	3,272,862	113,190	184,797		1,037,607	7,018	4,615,474
027 CORONARY CARE UNIT	2,533,257	143,698	234,605		767,075	11,147	3,689,782
031 SUBPROVIDER	480,105	37,913	61,898		121,176	413	701,505
033 NURSERY	4,398,655	208,068	339,697		1,019,976	28,486	5,994,882
034 SKILLED NURSING FACILITY	1,856,447			87,495	435,351	5,367	2,384,660
036 OTHER LONG TERM CARE	2,262,343			301,253	534,945	11,147	3,109,688
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	33,781,350	670,569	1,094,789		3,111,198	55,733	38,713,639
037 01 VASCULAR ACCESS CENTER	1,743,853				126,368	2,064	1,872,285
037 02 PAIN MANAGEMENT - BRAIN &	189,384	13,295	21,706		33,446	1,239	259,070
037 03 PAIN MANAGEMENT CENTER	59,146	4,535	7,403		11,218		82,302
037 04 WOMEN'S DIAGNOSTICS/GI SE	2,683,301	106,724	174,240		359,660	11,147	3,335,072
038 RECOVERY ROOM	1,179,466	62,679	102,332		265,030	6,193	1,615,700
039 DELIVERY ROOM & LABOR ROO	1,040,643	65,523	106,975		229,680	7,018	1,449,839
040 ANESTHESIOLOGY	1,268,892	3,273	5,344		54,248	2,064	1,333,821
041 RADIOLOGY-DIAGNOSTIC	9,756,222	565,294	922,914		1,484,463	49,953	12,778,846
041 01 MRI	458,879	55,274	90,241		76,162	2,064	682,620
041 02 CT SCAN	1,036,409	49,223	80,363		156,713	4,128	1,326,836
041 03 TDOC RADIOLOGY	1,112,939	82,843	135,252		157,052	6,193	1,494,279
041 04 CDI RADIOLOGY	7,732,913				316,773		8,049,686
044 LABORATORY	10,870,629	236,818	386,636		1,027,191	28,898	12,550,172
048 INTRAVENOUS THERAPY	944,364	9,177	14,982		178,329	3,303	1,150,155
048 01 BRAIN & SPINE INFUSION CE	38,121	3,528	5,761		49,053	413	96,876
049 RESPIRATORY THERAPY	2,585,271	50,283	82,093		557,972	6,193	3,281,812
049 01 CARDIAC REHAB	1,359,853	148,689	242,753		334,213	8,257	2,093,765
049 02 RESPIRATORY THERAPY SURRE	8,393			1,542			9,935
050 PHYSICAL THERAPY	2,361,575	152,902	249,631		535,086	7,018	3,306,212
050 01 PT/OT/SPEECH THERAPY SURR	860,728			18,911	212,259	2,477	1,094,375
050 02 THERAPY SERVICES BRAIN &	883,854	49,465	80,757		13,528	3,303	1,030,907
051 OCCUPATIONAL THERAPY	456,298				105,062	826	562,186
052 SPEECH PATHOLOGY	210,291	1,006	1,643		48,678	826	262,444
053 ELECTROCARDIOLOGY	1,489,227	59,298	96,812		310,168	3,716	1,959,221
053 01 CARDIAC CATH LAB	5,601,618	88,009	143,685		255,247	7,018	6,095,577
053 02 TDOC ELECTROCARDIOLOGY	565,341	60,264	98,389		124,655	13,211	861,860
054 ELECTROENCEPHALOGRAPHY	172,377	25,276	41,266		38,018	3,303	280,240
054 01 SLEEP MEDICINE	1,697,631	110,212	179,935		560,462	14,036	2,562,276
055 MEDICAL SUPPLIES CHARGED	2,046,619						2,046,619
056 DRUGS CHARGED TO PATIENTS	13,230,980	58,292	95,169		618,318	11,972	14,014,731
057 RENAL DIALYSIS	440,936	22,525	36,776		88,040	2,064	590,341
059 NUTRITION/DIABETES EDUCAT	216,698	25,531	41,682		55,987	1,239	341,137
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,677					413	2,090
061 EMERGENCY	3,429,359	128,968	210,556		1,755,525	14,862	5,539,270
061 01 URGENT CARE CENTERS	5,406,563				1,660,937		7,067,500
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	69,976	657	1,073		15,517	413	87,636
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	276,777,653	7,695,670	12,564,147	517,206	34,258,941	712,965	274,542,877

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	NEW CAP REL C OSTS-MVBLE E 4.01	EMPLOYEE BENE FITS 5	NONPATIENT TELEPHONES 6.01	SUBTOTAL 6a.01
SPEC PURPOSE COST CENTERS							
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	89,088	20,607	33,643	2,974	18,870	2,064	167,246
098 PHYSICIANS' PRIVATE OFFICE	7,300,094	69,924	114,160		490,199	70,595	8,044,972
100 OTHER NONREIMBURSABLE COSTS							
100 01 DEVELOPMENT	476,013	14,207	23,196		55,671	2,477	571,564
100 02 COMMUNITY OUTREACH	695,922	16,421	26,810		97,487	4,954	841,594
100 03 FOUNTAIN CAFE	33,270	36,760	60,015		6,847	413	137,305
100 04 SLEEP RESEARCH	825,268	12,839	20,961		166,678	3,716	1,029,462
100 05 MEALS ON WHEELS							
100 06 GUEST MEALS							
100 07 PHYSICIAN REFERRAL	264,828	4,105	6,702		64,018	2,064	341,717
100 09 UNUSED SPACE	36	85,138	138,998				224,172
100 10 TV STORAGE (MAINTENANCE)		1,248	2,037				3,285
100 11 MARKETING	1,451,992	20,754	33,884		126,431	3,716	1,636,777
100 12 CHILDBIRTH INSTRUCTION	83,973				11,784		95,757
100 13 VOLUNTEERS	209,879	17,709	28,912		45,009	5,780	307,289
100 14 RETAIL PHARMACY	3,152,797	28,120	45,909		109,164	1,239	3,337,229
100 15 REHAB HOSPITAL COVERAGE	157,385				26,133		183,518
100 16 EXECUTIVE HEALTH PROGRAM	14,614	5,514	9,002			413	29,543
100 17 VALET SERVICES	154,712				38,505		193,217
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	291,687,524	8,029,016	13,108,376	520,180	35,515,737	810,396	291,687,524

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE AND	NONPATIENT TELEPHONES SUR	ADMINISTRATIVE AND GENERAL	ADMINISTRATIVE AND GENERAL	SUBTOTAL	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS
	6.02	6.03	6.04	6.05		6.06	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 OTHER ADMINISTRATIVE AND							
006 03 NONPATIENT TELEPHONES SUR		12,139					
006 04 ADMINISTRATION			909,786				
006 05 ADMINISTRATIVE AND GENERAL		2,375		831,336			
006 06 OTHER ADMINISTRATIVE AND					35,298,491	35,298,491	
007 MAINTENANCE & REPAIRS					12,491,802	1,719,821	14,211,623
007 01 PURCHASING					977,578	134,589	63,947
007 02 MAINTENANCE & REPAIRS SUR		792		47,135	586,985	80,814	
009 LAUNDRY & LINEN SERVICE					1,735,330	238,913	96,181
009 01 LAUNDRY & LINEN SERVICE S		132		23,541	293,167	40,362	
010 HOUSEKEEPING					3,992,549	549,678	117,926
010 01 HOUSEKEEPING SURREY		132		25,637	319,269	43,956	
011 DIETARY					2,945,091	405,468	416,897
011 01 DIETARY SURREY		792		98,644	1,228,450	169,128	
012 CAFETERIA					1,027,162	141,416	388,466
012 01 CAFETERIA SURREY				3,124	38,899	5,355	
014 NURSING ADMINISTRATION					2,127,341	292,884	49,041
014 01 NURSING ADMINISTRATION SU		1,056		41,900	521,794	71,839	
015 CENTRAL SERVICES & SUPPLY					2,171,553	298,971	475,968
017 MEDICAL RECORDS & LIBRARY					3,385,185	466,059	157,889
017 01 MEDICAL RECORDS & LIBRARY		792		5,158	64,237	8,844	
018 SOCIAL SERVICE					914,174	125,860	32,296
018 01 SOCIAL SERVICE SURREY		132		9,542	118,827	16,360	
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI					2,478,740	341,263	
023 I&R SERVICES-OTHER PRGM C					1,657,657	228,220	134,427
024 PARAMEDICAL PRGM							
024 01 CLINICAL PASTORAL EDUCATI					185,192	25,496	17,359
024 02 PHARMACY EDUCATION					199,092	27,410	6,073
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			78,017		37,992,629	5,230,673	3,690,682
026 INTENSIVE CARE UNIT			11,640		4,627,114	637,043	258,763
027 CORONARY CARE UNIT			8,452		3,698,234	509,158	328,506
031 SUBPROVIDER			1,121		702,626	96,735	86,673
033 NURSERY			5,626		6,000,508	826,126	475,661
034 SKILLED NURSING FACILITY		1,715		208,357	2,594,732	357,232	
036 OTHER LONG TERM CARE		3,429		271,809	3,384,926	466,023	
036 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			124,941		38,838,580	5,347,017	1,532,979
037 01 VASCULAR ACCESS CENTER			12,152		1,884,437	259,442	
037 02 PAIN MANAGEMENT - BRAIN &			2,941		262,011	36,073	30,394
037 03 PAIN MANAGEMENT CENTER			345		82,647	11,379	10,366
037 04 WOMEN'S DIAGNOSTICS/GI SE			12,784		3,347,856	460,919	243,980
038 RECOVERY ROOM			9,202		1,624,902	223,710	143,290
039 DELIVERY ROOM & LABOR ROO			5,499		1,455,338	200,365	149,792
040 ANESTHESIOLOGY			16,817		1,350,638	185,950	7,483
041 RADIOLOGY-DIAGNOSTIC			75,542		12,854,388	1,769,741	1,292,311
041 01 MRI			16,320		698,940	96,227	126,360
041 02 CT SCAN			56,485		1,383,321	190,450	112,528
041 03 TDOC RADIOLOGY			32,881		1,527,160	210,253	189,387
041 04 CDI RADIOLOGY			31,416		8,081,102	1,112,574	
044 LABORATORY			122,038		12,672,210	1,744,659	541,387
048 INTRAVENOUS THERAPY			2,722		1,152,877	158,723	20,978
048 01 BRAIN & SPINE INFUSION CE			129		97,005	13,355	8,066
049 RESPIRATORY THERAPY			14,079		3,295,891	453,765	114,951
049 01 CARDIAC REHAB			2,461		2,096,226	288,600	339,916
049 02 RESPIRATORY THERAPY SURRE				867	10,802	1,487	
050 PHYSICAL THERAPY			12,130		3,318,342	456,856	349,546
050 01 PT/OT/SPEECH THERAPY SURR		792	16	95,622	1,190,805	163,945	
050 02 THERAPY SERVICES BRAIN &			2,534		1,033,441	142,280	113,080
051 OCCUPATIONAL THERAPY			2,342		564,528	77,722	
052 SPEECH PATHOLOGY			1,161		263,605	36,292	2,300
053 ELECTROCARDIOLOGY			28,464		1,987,685	273,657	135,561
053 01 CARDIAC CATH LAB			33,063		6,128,640	843,767	201,195
053 02 TDOC ELECTROCARDIOLOGY			15,671		877,531	120,815	137,770
054 ELECTROENCEPHALOGRAPHY			2,033		282,273	38,862	57,782
054 01 SLEEP MEDICINE			5,841		2,568,117	353,568	251,954
055 MEDICAL SUPPLIES CHARGED			23,507		2,070,126	285,007	
056 DRUGS CHARGED TO PATIENTS			83,452		14,098,183	1,940,981	133,261
057 RENAL DIALYSIS			2,835		593,176	81,666	51,495
059 NUTRITION/DIABETES EDUCAT			238		341,375	46,999	58,365
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			5		2,095	288	
061 EMERGENCY			32,395		5,571,665	767,085	294,831
061 01 URGENT CARE CENTERS			20,489		7,087,989	975,846	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY					87,636	12,065	1,503
071 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		12,139	909,786	831,336	274,542,877	32,938,086	13,449,566

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COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE AND	NONPATIENT TELEPHONES SUR	ADMINISTRATIVE	ADMINISTRATIVE AND GENERAL	SUBTOTAL	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS
	6.02	6.03	6.04	6.05	6a.05	6.06	7
SPEC PURPOSE COST CENTERS							
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					167,246	23,026	47,109
098 PHYSICIANS' PRIVATE OFFICE					8,044,972	1,107,600	159,852
100 OTHER NONREIMBURSABLE COSTS							
100 01 DEVELOPMENT					571,564	78,691	32,480
100 02 COMMUNITY OUTREACH					841,594	115,867	37,540
100 03 FOUNTAIN CAFE					137,305	18,904	84,036
100 04 SLEEP RESEARCH					1,029,462	141,732	29,351
100 05 MEALS ON WHEELS							
100 06 GUEST MEALS							
100 07 PHYSICIAN REFERRAL					341,717	47,046	9,385
100 09 UNUSED SPACE					224,172	30,863	194,632
100 10 TV STORAGE (MAINTENANCE)					3,285	452	2,852
100 11 MARKETING					1,636,777	225,345	47,447
100 12 CHILDBIRTH INSTRUCTION					95,757	13,183	
100 13 VOLUNTEERS					307,289	42,306	40,484
100 14 RETAIL PHARMACY					3,337,229	459,456	64,284
100 15 REHAB HOSPITAL COVERAGE					183,518	25,266	
100 16 EXECUTIVE HEALTH PROGRAM					29,543	4,067	12,605
100 17 VALET SERVICES					193,217	26,601	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL		12,139	909,786	831,336	291,687,524	35,298,491	14,211,623

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003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 OTHER ADMINISTRATIVE AND							
006 03 NONPATIENT TELEPHONES SUR							
006 04 ADMINITTING							
006 05 ADMINISTRATIVE AND GENERA							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
007 01 PURCHASING	1,176,114						
007 02 MAINTENANCE & REPAIRS SUR	777	668,576					
009 LAUNDRY & LINEN SERVICE	3		2,070,427				
009 01 LAUNDRY & LINEN SERVICE S	273	12,052	119	345,973			
010 HOUSEKEEPING	8,809		8,452		4,677,414		
010 01 HOUSEKEEPING SURREY	1,103					364,328	
011 DIETARY	14,431				139,950		3,921,837
011 01 DIETARY SURREY	10,962	27,027				14,998	
012 CAFETERIA	35,735				130,406		1,855,083
012 01 CAFETERIA SURREY		49,964				27,727	
014 NURSING ADMINISTRATION	406				16,463		
014 01 NURSING ADMINISTRATION SU	9	2,462				1,366	
015 CENTRAL SERVICES & SUPPLY	5,351		4,244		159,780		
017 MEDICAL RECORDS & LIBRARY	657				53,002		
017 01 MEDICAL RECORDS & LIBRARY	3						
018 SOCIAL SERVICE	132				10,841		
018 01 SOCIAL SERVICE SURREY		1,410				783	
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	829				45,126		
024 PARAMED ED PRGM							
024 01 CLINICAL PASTORAL EDUCATI					5,827		
024 02 PHARMACY EDUCATION					2,039		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	42,590		1,011,165		1,238,939		1,485,652
026 INTENSIVE CARE UNIT	4,618		74,579		86,865		92,501
027 CORONARY CARE UNIT	3,366		65,694		110,278		62,479
031 SUBPROVIDER	238		23,210		29,096		29,645
033 NURSERY	6,930		81,256		159,677		
034 SKILLED NURSING FACILITY	2,456	122,199		95,944		67,813	
036 OTHER LONG TERM CARE	2,683	420,742		250,029		233,484	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	545,921		309,031		514,612		
037 01 VASCULAR ACCESS CENTER	20,453						
037 02 PAIN MANAGEMENT - BRAIN &	1,299		3,707		10,203		
037 03 PAIN MANAGEMENT CENTER	355		154		3,480		
037 04 WOMEN'S DIAGNOSTICS/GI SE	25,749		69,483		81,903		
038 RECOVERY ROOM	2,795		42,045		48,102		
039 DELIVERY ROOM & LABOR ROO	2,791		29,863		50,284		
040 ANESTHESIOLOGY	26,694				2,512		
041 RADIOLOGY-DIAGNOSTIC	64,862		102,089		433,821		
041 01 MRI	3,413		35,537		42,418		
041 02 CT SCAN	9,746				37,775		
041 03 TDOC RADIOLOGY	12,132				63,576		
041 04 CDI RADIOLOGY	6						
044 LABORATORY	69,331		27		181,740		
048 INTRAVENOUS THERAPY	5,579		2,950		7,042		
048 01 BRAIN & SPINE INFUSION CE	23				2,708		
049 RESPIRATORY THERAPY	8,386				38,588		
049 01 CARDIAC REHAB	977		5,935		114,108		
049 02 RESPIRATORY THERAPY SURRE	216	2,154				1,195	
050 PHYSICAL THERAPY	1,446		2,585		117,340		
050 01 PT/OT/SPEECH THERAPY SURR	76	26,412				14,657	
050 02 THERAPY SERVICES BRAIN &	252		8,078		37,960		
051 OCCUPATIONAL THERAPY	88						
052 SPEECH PATHOLOGY	257				772		
053 ELECTROCARDIOLOGY	2,154		15,453		45,507		
053 01 CARDIAC CATH LAB	116,066		18,963		67,540		
053 02 TDOC ELECTROCARDIOLOGY	512		18		46,248		
054 ELECTROENCEPHALOGRAPHY	347		4,858		19,397		
054 01 SLEEP MEDICINE	2,182		6		84,579		200
055 MEDICAL SUPPLIES CHARGED	52,645						
056 DRUGS CHARGED TO PATIENTS	7,337				44,735		
057 RENAL DIALYSIS	1,729		5,550		17,287		
059 NUTRITION/DIABETES EDUCAT	41				19,593		
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	37						
061 EMERGENCY	6,797		136,486		98,973		
061 01 URGENT CARE CENTERS	13,579		50				
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	91				504		
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,148,725	664,422	2,061,587	345,973	4,421,596	362,023	3,525,560

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SPEC PURPOSE COST CENTERS							
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	3,216	4,154			15,814	2,305	179,892
098 PHYSICIANS' PRIVATE OFFICE	11,726		8,840		53,661		
100 OTHER NONREIMBURSABLE COSTS							
100 01 DEVELOPMENT	3,206				10,903		
100 02 COMMUNITY OUTREACH	1,687				12,602		
100 03 FOUNTAIN CAFE	1,686				28,210		109,463
100 04 SLEEP RESEARCH	235				9,853		
100 05 MEALS ON WHEELS							93,249
100 06 GUEST MEALS							13,673
100 07 PHYSICIAN REFERRAL	51				3,150		
100 09 UNUSED SPACE					65,337		
100 10 TV STORAGE (MAINTENANCE)					958		
100 11 MARKETING	2,066				15,928		
100 12 CHILDBIRTH INSTRUCTION	714						
100 13 VOLUNTEERS	210				13,590		
100 14 RETAIL PHARMACY	1,240				21,580		
100 15 REHAB HOSPITAL COVERAGE	1,267						
100 16 EXECUTIVE HEALTH PROGRAM	85				4,232		
100 17 VALET SERVICES							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,176,114	668,576	2,070,427	345,973	4,677,414	364,328	3,921,837

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COST CENTER DESCRIPTION	DIETARY SURREY	CAFETERIA 12	CAFETERIA SURREY 12.01	NURSING ADMINISTRATION 14	NURSING ADMINISTRATION SU 14.01	CENTRAL SERVICES & SUPPLY 15	MEDICAL RECORDS & LIBRARY 17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 OTHER ADMINISTRATIVE AND							
006 03 NONPATIENT TELEPHONES SUR							
006 04 ADMINISTRATION							
006 05 ADMINISTRATIVE AND GENERAL							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
007 01 PURCHASING							
007 02 MAINTENANCE & REPAIRS SUR							
009 LAUNDRY & LINEN SERVICE							
009 01 LAUNDRY & LINEN SERVICES							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING SURREY							
011 DIETARY							
011 01 DIETARY SURREY	1,450,565						
012 CAFETERIA		3,578,268					
012 01 CAFETERIA SURREY	55,363		177,308				
014 NURSING ADMINISTRATION		57,747		2,543,882			
014 01 NURSING ADMINISTRATION SU			6,315		603,785		
015 CENTRAL SERVICES & SUPPLY		72,840				3,188,707	
017 MEDICAL RECORDS & LIBRARY							4,062,792
017 01 MEDICAL RECORDS & LIBRARY			1,343				
018 SOCIAL SERVICE		26,568					8
018 01 SOCIAL SERVICE SURREY			2,194				
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI		93,914					
023 I&R SERVICES-OTHER PRGM C		2,383					4
024 PARAMEDICAL PRGM							
024 01 CLINICAL PASTORAL EDUCATI		5,186					
024 02 PHARMACY EDUCATION		5,825					
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		1,059,659		1,692,003		141,265	348,272
026 INTENSIVE CARE UNIT		113,597		221,887		17,173	51,961
027 CORONARY CARE UNIT		85,859		179,435		12,596	37,732
031 SUBPROVIDER		23,523		33,185		284	5,004
033 NURSERY		147,931		272,415		24,771	25,115
034 SKILLED NURSING FACILITY	385,356		56,129		167,440	8,553	2
036 OTHER LONG TERM CARE	1,004,247		83,527		436,345	6,876	
036 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		400,147				1,407,409	559,210
037 01 VASCULAR ACCESS CENTER						91,895	54,245
037 02 PAIN MANAGEMENT - BRAIN &		4,038				5,635	13,129
037 03 PAIN MANAGEMENT CENTER		1,964				1,575	1,540
037 04 WOMEN'S DIAGNOSTICS/GI SE		52,694				115,864	57,068
038 RECOVERY ROOM		37,579				12,372	41,077
039 DELIVERY ROOM & LABOR ROO		36,564		66,266		10,602	24,550
040 ANESTHESIOLOGY		12,136				126,453	75,072
041 RADIOLOGY-DIAGNOSTIC		257,733				231,102	337,222
041 01 MRI		11,519				15,399	72,851
041 02 CT SCAN		22,331				51,174	252,149
041 03 TDOC RADIOLOGY		22,441				55,262	146,784
041 04 CDI RADIOLOGY							140,243
044 LABORATORY		182,708				310,271	544,783
048 INTRAVENOUS THERAPY		23,280		51,977		25,017	12,149
048 01 BRAIN & SPINE INFUSION CE		1,214		2,796		63	575
049 RESPIRATORY THERAPY		95,480				29,337	62,851
049 01 CARDIAC REHAB		38,836				2,160	10,986
049 02 RESPIRATORY THERAPY SURRE						37	1
050 PHYSICAL THERAPY		74,407				2,537	54,147
050 01 PT/OT/SPEECH THERAPY SURR			20,660			99	70
050 02 THERAPY SERVICES BRAIN &		4,524				466	11,314
051 OCCUPATIONAL THERAPY		16,219				124	10,454
052 SPEECH PATHOLOGY		6,465				676	5,185
053 ELECTROCARDIOLOGY		46,207				7,770	127,066
053 01 CARDIAC CATH LAB		32,172				149,332	147,596
053 02 TDOC ELECTROCARDIOLOGY		21,823				1,646	69,957
054 ELECTROENCEPHALOGRAPHY		6,245				1,371	9,073
054 01 SLEEP MEDICINE		66,463				3,807	26,075
055 MEDICAL SUPPLIES CHARGED						246,767	104,938
056 DRUGS CHARGED TO PATIENTS		76,040	1,250			16,447	372,530
057 RENAL DIALYSIS		10,150		23,763		6,562	12,654
059 NUTRITION/DIABETES EDUCAT		3,509				1	1,062
060 OUTPAT SERVICE COST CNTRS							22
061 CLINIC							
061 EMERGENCY		144,688				24,180	144,613
061 01 URGENT CARE CENTERS						20,623	91,464
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY						207	
071 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,444,966	3,404,608	171,418	2,543,727	603,785	3,185,772	4,062,791

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COST CENTER DESCRIPTION	DIETARY	SURR	CAFETERIA	CAFETERIA	SUR	NURSING	ADMIN	NURSING	ADMIN	CENTRAL	SERVI	MEDICAL	RECOR
	11.01	12	12.01	14	14.01	15	17						
SPEC PURPOSE COST CENTERS													
NONREIMBURS COST CENTERS													
096 GIFT, FLOWER, COFFEE SHOP		6,708										1	
098 PHYSICIANS' PRIVATE OFFICE		80,762										1,691	
100 OTHER NONREIMBURSABLE COSTS													
100 01 DEVELOPMENT		4,369											
100 02 COMMUNITY OUTREACH												230	
100 03 FOUNTAIN CAFE		2,383											
100 04 SLEEP RESEARCH		35,637										180	
100 05 MEALS ON WHEELS													
100 06 GUEST MEALS	5,599												
100 07 PHYSICIAN REFERRAL		9,157											
100 09 UNUSED SPACE													
100 10 TV STORAGE (MAINTENANCE)													
100 11 MARKETING												18	
100 12 CHILDBIRTH INSTRUCTION		1,633											
100 13 VOLUNTEERS		9,643										1	
100 14 RETAIL PHARMACY		11,496										468	
100 15 REHAB HOSPITAL COVERAGE			4,414			155						160	
100 16 EXECUTIVE HEALTH PROGRAM												186	
100 17 VALET SERVICES		11,872	1,476										1
101 CROSS FOOT ADJUSTMENT													
102 NEGATIVE COST CENTER													
103 TOTAL	1,450,565	3,578,268	177,308	2,543,882	603,785	3,188,707	4,062,792						

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	17.01	18	18.01	20	22	23	24
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 OTHER ADMINISTRATIVE AND							
006 03 NONPATIENT TELEPHONES SUR							
006 04 ADMINITTING							
006 05 ADMINISTRATIVE AND GENERA							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
007 01 PURCHASING							
007 02 MAINTENANCE & REPAIRS SUR							
009 LAUNDRY & LINEN SERVICE							
009 01 LAUNDRY & LINEN SERVICE S							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING SURREY							
011 DIETARY							
011 01 DIETARY SURREY							
012 CAFETERIA							
012 01 CAFETERIA SURREY							
014 NURSING ADMINISTRATION							
014 01 NURSING ADMINISTRATION SU							
015 CENTRAL SERVICES & SUPPLY							
017 MEDICAL RECORDS & LIBRARY							
017 01 MEDICAL RECORDS & LIBRARY	74,427						
018 SOCIAL SERVICE							
018 01 SOCIAL SERVICE SURREY		1,109,879		139,574			
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI					2,913,917		
023 I&R SERVICES-OTHER PRGM C						2,068,646	
024 PARAMED ED PRGM							
024 01 CLINICAL PASTORAL EDUCATI							
024 02 PHARMACY EDUCATION							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		952,079			1,918,190	1,361,760	
026 INTENSIVE CARE UNIT		23,243			259,755	184,405	
027 CORONARY CARE UNIT		2,593			13,321	9,457	
031 SUBPROVIDER		9,508					
033 NURSERY		49,655					
034 SKILLED NURSING FACILITY	12,155		38,706		5,395	3,830	
036 OTHER LONG TERM CARE	31,938		100,868				
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM							
037 01 VASCULAR ACCESS CENTER							
037 02 PAIN MANAGEMENT - BRAIN &							
037 03 PAIN MANAGEMENT CENTER							
037 04 WOMEN'S DIAGNOSTICS/GI SE					13,321	9,457	
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY					13,321	9,457	
041 RADIOLOGY-DIAGNOSTIC	276				59,943	42,555	
041 01 MRI							
041 02 CT SCAN	9						
041 03 TDOC RADIOLOGY							
041 04 CDI RADIOLOGY							
044 LABORATORY	1,874						
048 INTRAVENOUS THERAPY	3						
048 01 BRAIN & SPINE INFUSION CE							
049 RESPIRATORY THERAPY					79,925	56,740	
049 01 CARDIAC REHAB							
049 02 RESPIRATORY THERAPY SURRE	176						
050 PHYSICAL THERAPY					6,660	4,728	
050 01 PT/OT/SPEECH THERAPY SURR	21,846						
050 02 THERAPY SERVICES BRAIN &							
051 OCCUPATIONAL THERAPY	3						
052 SPEECH PATHOLOGY	16						
053 ELECTROCARDIOLOGY	36				6,660	4,728	
053 01 CARDIAC CATH LAB							
053 02 TDOC ELECTROCARDIOLOGY	29						
054 ELECTROENCEPHALOGRAPHY	3						
054 01 SLEEP MEDICINE							
055 MEDICAL SUPPLIES CHARGED	1,531						
056 DRUGS CHARGED TO PATIENTS	4,532				6,660	4,728	
057 RENAL DIALYSIS		38,129					
059 NUTRITION/DIABETES EDUCAT							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC					430,860	305,876	
061 EMERGENCY		19,305			99,906	70,925	
061 01 URGENT CARE CENTERS							
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
071 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	74,427	1,094,512	139,574		2,913,917	2,068,646	

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SOCIAL SERVICE SURREY	NONPHYSICIAN ANESTHETISTS	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM	PARAMED ED PRGM
SPEC PURPOSE COST CENTERS	17.01	18	18.01	20	22	23	24
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFICE		15,367					
100 OTHER NONREIMBURSABLE COSTS							
100 01 DEVELOPMENT							
100 02 COMMUNITY OUTREACH							
100 03 FOUNTAIN CAFE							
100 04 SLEEP RESEARCH							
100 05 MEALS ON WHEELS							
100 06 GUEST MEALS							
100 07 PHYSICIAN REFERRAL							
100 09 UNUSED SPACE							
100 10 TV STORAGE (MAINTENANCE)							
100 11 MARKETING							
100 12 CHILDBIRTH INSTRUCTION							
100 13 VOLUNTEERS							
100 14 RETAIL PHARMACY							
100 15 REHAB HOSPITAL COVERAGE							
100 16 EXECUTIVE HEALTH PROGRAM							
100 17 VALET SERVICES							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	74,427	1,109,879	139,574		2,913,917	2,068,646	

COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	CLINICAL PAST PHARMACY EDUC SUBTOTAL			I&R COST POST STEP-DOWN ADJ 26	TOTAL
	24. 01	24. 02	25		
003 GENERAL SERVICE COST CNTR					
004 NEW CAP REL COSTS-BLDG &					
004 01 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 OTHER ADMINISTRATIVE AND					
006 03 NONPATIENT TELEPHONES SUR					
006 04 ADMINITTING					
006 05 ADMINISTRATIVE AND GENERA					
006 06 OTHER ADMINISTRATIVE AND					
007 MAINTENANCE & REPAIRS					
007 01 PURCHASING					
007 02 MAINTENANCE & REPAIRS SUR					
009 LAUNDRY & LINEN SERVICE					
009 01 LAUNDRY & LINEN SERVICE S					
010 HOUSEKEEPING					
010 01 HOUSEKEEPING SURREY					
011 DIETARY					
011 01 DIETARY SURREY					
012 CAFETERIA					
012 01 CAFETERIA SURREY					
014 NURSING ADMINISTRATION					
014 01 NURSING ADMINISTRATION SU					
015 CENTRAL SERVICES & SUPPLY					
017 MEDICAL RECORDS & LIBRARY					
017 01 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE					
018 01 SOCIAL SERVICE SURREY					
020 NONPHYSICIAN ANESTHETISTS					
022 I&R SERVICES-SALARY & FRI					
023 I&R SERVICES-OTHER PRGM C					
024 PARAMED ED PRGM					
024 01 CLINICAL PASTORAL EDUCATI	239,060				
024 02 PHARMACY EDUCATION		240,439			
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	135,828		58,301,386	-3,279,950	55,021,436
026 INTENSIVE CARE UNIT	8,457		6,661,961	-444,160	6,217,801
027 CORONARY CARE UNIT	5,712		5,124,420	-22,778	5,101,642
031 SUBPROVIDER	2,710		1,042,437		1,042,437
033 NURSERY			8,070,045		8,070,045
034 SKILLED NURSING FACILITY	23,947		3,941,889	-9,225	3,932,664
036 OTHER LONG TERM CARE	62,406		6,484,094		6,484,094
036 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM			49,454,906		49,454,906
037 01 VASCULAR ACCESS CENTER			2,310,472		2,310,472
037 02 PAIN MANAGEMENT - BRAIN &			366,489		366,489
037 03 PAIN MANAGEMENT CENTER			113,460		113,460
037 04 WOMEN'S DIAGNOSTICS/GI SE			4,478,294	-22,778	4,455,516
038 RECOVERY ROOM			2,175,872		2,175,872
039 DELIVERY ROOM & LABOR ROO			2,026,415		2,026,415
040 ANESTHESIOLOGY			1,809,716	-22,778	1,786,938
041 RADIOLOGY-DIAGNOSTIC			17,446,043	-102,498	17,343,545
041 01 MRI			1,102,664		1,102,664
041 02 CT SCAN			2,059,483		2,059,483
041 03 TDOC RADIOLOGY			2,226,995		2,226,995
041 04 CDI RADIOLOGY			9,333,925		9,333,925
044 LABORATORY			16,248,990		16,248,990
048 INTRAVENOUS THERAPY			1,460,575		1,460,575
048 01 BRAIN & SPINE INFUSION CE			125,805		125,805
049 RESPIRATORY THERAPY			4,235,914	-136,665	4,099,249
049 01 CARDIAC REHAB			2,897,744		2,897,744
049 02 RESPIRATORY THERAPY SURRE			16,068		16,068
050 PHYSICAL THERAPY			4,388,594	-11,388	4,377,206
050 01 PT/OT/SPEECH THERAPY SURR			1,438,570		1,438,570
050 02 THERAPY SERVICES BRAIN &			1,351,395		1,351,395
051 OCCUPATIONAL THERAPY			669,138		669,138
052 SPEECH PATHOLOGY			315,568		315,568
053 ELECTROCARDIOLOGY			2,652,484	-11,388	2,641,096
053 01 CARDIAC CATH LAB			7,705,271		7,705,271
053 02 TDOC ELECTROCARDIOLOGY			1,276,349		1,276,349
054 ELECTROENCEPHALOGRAPHY			420,211		420,211
054 01 SLEEP MEDICINE			3,356,951		3,356,951
055 MEDICAL SUPPLIES CHARGED			2,761,014		2,761,014
056 DRUGS CHARGED TO PATIENTS		240,439	16,947,123	-11,388	16,935,735
057 RENAL DIALYSIS			842,161	-28,274	813,887
059 NUTRITION/DIABETES EDUCAT			470,945		470,945
060 OUTPAT SERVICE COST CNTRS					
060 CLINIC			739,178	-736,736	2,442
061 EMERGENCY			7,379,454	-170,831	7,208,623
061 01 URGENT CARE CENTERS			8,189,551		8,189,551
062 OBSERVATION BEDS (NON-DIS					
062 OTHER REIMBURS COST CNTRS					
071 HOME HEALTH AGENCY			102,006		102,006
095 SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	239,060	240,439	270,522,025	-5,010,837	265,511,188

COST ALLOCATION - GENERAL SERVICE COSTS

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 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CLINICAL PAST PHARMACY EDUC SUBTOTAL			I&R COST POST STEP- DOWN ADJ 26	TOTAL
	ORAL EDUCATI	ATION			
	24.01	24.02	25		27
SPEC PURPOSE COST CENTERS					
NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			449,471		449,471
098 PHYSICIANS' PRIVATE OFFIC			9,484,471		9,484,471
100 OTHER NONREIMBURSABLE COS					
100 01 DEVELOPMENT			701,213		701,213
100 02 COMMUNITY OUTREACH			1,009,520		1,009,520
100 03 FOUNTAIN CAFE			381,987		381,987
100 04 SLEEP RESEARCH			1,246,450		1,246,450
100 05 MEALS ON WHEELS			93,249		93,249
100 06 GUEST MEALS			19,272		19,272
100 07 PHYSICIAN REFERRAL			410,506		410,506
100 09 UNUSED SPACE			515,004		515,004
100 10 TV STORAGE (MAINTENANCE)			7,547		7,547
100 11 MARKETING			1,927,581		1,927,581
100 12 CHILDBIRTH INSTRUCTION			111,287		111,287
100 13 VOLUNTEERS			413,523		413,523
100 14 RETAIL PHARMACY			3,895,753		3,895,753
100 15 REHAB HOSPITAL COVERAGE			214,780		214,780
100 16 EXECUTIVE HEALTH PROGRAM			50,719		50,719
100 17 VALET SERVICES			233,166		233,166
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	239,060	240,439	291,687,524	-5,010,837	286,676,687

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES
	0	3	4	4.01	4a	5	6.01
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	24	56,776	92,694		149,494	149,494	
006 01 NONPATIENT TELEPHONES		17,776	29,022		46,798	357	47,155
006 02 OTHER ADMINISTRATIVE AND							
006 03 NONPATIENT TELEPHONES SUR							
006 04 ADMIN TTING	40	19,480	31,803		51,323	703	480
006 05 ADMIN STRATIVE AND GENERA				24,658	24,658	511	408
006 06 OTHER ADMIN STRATIVE AND	1,118	739,353	1,207,086		1,947,557	14,647	6,870
007 MAINTENANCE & REPAIRS	4	979,056	1,598,431		2,577,491	1,714	865
007 01 PURCHASING	56	27,972	45,668		73,696	599	288
007 02 MAINTENANCE & REPAIRS SUR				16,818	16,818	187	144
009 LAUNDRY & LINEN SERVICE		42,072	68,688		110,760	95	24
009 01 LAUNDRY & LINEN SERVICE S				8,629	8,629	24	24
010 HOUSEKEEPING		51,584	84,218		135,802	2,742	240
010 01 HOUSEKEEPING SURREY						197	24
011 DIETARY		182,363	297,730		480,093	2,016	697
011 01 DIETARY SURREY				19,352	19,352	582	120
012 CAFETERIA		169,926	277,426		447,352	400	120
012 01 CAFETERIA SURREY				35,775	35,775		
014 NURSING ADMINISTRATION		21,452	35,023		56,475	1,686	625
014 01 NURSING ADMINISTRATION SU				1,763	1,763	396	192
015 CENTRAL SERVICES & SUPPLY		208,202	339,916		548,118	1,159	384
017 MEDICAL RECORDS & LIBRARY		69,065	112,758		181,823	1,796	961
017 01 MEDICAL RECORDS & LIBRARY						46	144
018 SOCIAL SERVICE		14,127	23,064		37,191	676	288
018 01 SOCIAL SERVICE SURREY				1,010	1,010	90	24
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI						2,080	
023 I&R SERVICES-OTHER PRGM C		58,802	96,002		154,804	1,841	168
024 PARAMED ED PRGM							
024 01 CLINICAL PASTORAL EDUCATI		7,593	12,397		19,990	111	48
024 02 PHARMACY EDUCATION		2,656	4,337		6,993	161	24
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		1,614,414	2,635,729		4,250,143	30,061	8,244
026 INTENSIVE CARE UNIT		113,190	184,797		297,987	4,368	408
027 CORONARY CARE UNIT		143,698	234,605		378,303	3,229	649
031 SUBPROVIDER		37,913	61,898		99,811	510	24
033 NURSERY		208,068	339,697		547,765	4,294	1,658
034 SKILLED NURSING FACILITY				87,495	87,495	1,833	312
036 OTHER LONG TERM CARE				301,253	301,253	2,252	649
036 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		670,569	1,094,789		1,765,358	13,098	3,243
037 01 VASCULAR ACCESS CENTER	404,431				404,431	532	120
037 02 PAIN MANAGEMENT - BRAIN &		13,295	21,706		35,001	141	72
037 03 PAIN MANAGEMENT CENTER		4,535	7,403		11,938	47	
037 04 WOMEN'S DIAGNOSTICS/GI SE	161,328	106,724	174,240		442,292	1,514	649
038 RECOVERY ROOM		62,679	102,332		165,011	1,116	360
039 DELIVERY ROOM & LABOR ROO		65,523	106,975		172,498	967	408
040 ANESTHESIOLOGY		3,273	5,344		8,617	228	120
041 RADIOLOGY-DIAGNOSTIC		565,294	922,914		1,488,208	6,249	2,907
041 01 MRI		55,274	90,241		145,515	321	120
041 02 CT SCAN		49,223	80,363		129,586	660	240
041 03 TDOC RADIOLOGY		82,843	135,252		218,095	661	360
041 04 CDI RADIOLOGY	2,437,063				2,437,063	1,334	
044 LABORATORY	78,364	236,818	386,636		701,818	4,324	1,682
048 INTRAVENOUS THERAPY		9,177	14,982		24,159	751	192
048 01 BRAIN & SPINE INFUSION CE		3,528	5,761		9,289	207	24
049 RESPIRATORY THERAPY		50,283	82,093		132,376	2,349	360
049 01 CARDIAC REHAB		148,689	242,753		391,442	1,407	480
049 02 RESPIRATORY THERAPY SURRE				1,542	1,542		
050 PHYSICAL THERAPY	97,368	152,902	249,631		499,901	2,253	408
050 01 PT/OT/SPEECH THERAPY SURR				18,911	18,911	894	144
050 02 THERAPY SERVICES BRAIN &		49,465	80,757		130,222	57	192
051 OCCUPATIONAL THERAPY						442	48
052 SPEECH PATHOLOGY		1,006	1,643		2,649	205	48
053 ELECTROCARDIOLOGY	49,527	59,298	96,812		205,637	1,306	216
053 01 CARDIAC CATH LAB		88,009	143,685		231,694	1,075	408
053 02 TDOC ELECTROCARDIOLOGY		60,264	98,389		158,653	525	769
054 ELECTROENCEPHALOGRAPHY		25,276	41,266		66,542	160	192
054 01 SLEEP MEDICINE	24,914	110,212	179,935		315,061	2,359	817
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS		58,292	95,169		153,461	2,603	697
057 RENAL DIALYSIS		22,525	36,776		59,301	371	120
059 NUTRITION/DIABETES EDUCAT		25,531	41,682		67,213	236	72
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							24
061 EMERGENCY		128,968	210,556		339,524	7,391	865
061 01 URGENT CARE CENTERS	1,184,816				1,184,816	6,992	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		657	1,073		1,730	65	24
071 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	4,439,053	7,695,670	12,564,147	517,206	25,216,076	144,203	41,487

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE FITS	BENE LEPHONES	NONPATIENT TE
	0	3	4	4.01	4a	5		6.01
SPEC PURPOSE COST CENTERS								
NONREIMBURS COST CENTERS								
096	GIFT, FLOWER, COFFEE SHOP	20,607	33,643	2,974	57,224	79		120
098	PHYSICIANS' PRIVATE OFFIC	69,924	114,160		184,084	2,064		4,108
100	OTHER NONREIMBURSABLE COS							
100	01 DEVELOPMENT	14,207	23,196		37,403	234		144
100	02 COMMUNITY OUTREACH	16,421	26,810		43,231	410		288
100	03 FOUNTAIN CAFE	36,760	60,015		96,775	29		24
100	04 SLEEP RESEARCH	12,839	20,961		33,800	702		216
100	05 MEALS ON WHEELS							
100	06 GUEST MEALS							
100	07 PHYSICIAN REFERRAL	4,105	6,702		10,807	270		120
100	09 UNUSED SPACE	85,138	138,998		224,136			
100	10 TV STORAGE (MAINTENANCE)	1,248	2,037		3,285			
100	11 MARKETING	20,754	33,884		54,638	532		216
100	12 CHILDBIRTH INSTRUCTION					50		
100	13 VOLUNTEERS	17,709	28,912		46,621	189		336
100	14 RETAIL PHARMACY	28,120	45,909		74,029	460		72
100	15 REHAB HOSPITAL COVERAGE					110		
100	16 EXECUTIVE HEALTH PROGRAM	5,514	9,002		14,516			24
100	17 VALET SERVICES					162		
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	4,439,053	8,029,016	13,108,376	520,180	26,096,625	149,494	47,155

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	OTHER ADMINIS TRATIVE AND	NONPATIENT TELEPHONES SUR	ADMINISTRATIVE AND GENERAL	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	PURCHASING
	6.02	6.03	6.04	6.05	6.06	7.01
003 GENERAL SERVICE COST CNTR						
004 NEW CAP REL COSTS-BLDG &						
004 01 NEW CAP REL COSTS-MVBLE E						
005 EMPLOYEE BENEFITS						
006 01 NONPATIENT TELEPHONES						
006 02 OTHER ADMINIS TRATIVE AND						
006 03 NONPATIENT TELEPHONES SUR						
006 04 ADMINIS TRATIVE AND			52,506			
006 05 ADMINIS TRATIVE AND GENERAL				25,577		
006 06 OTHER ADMINIS TRATIVE AND					1,969,074	
007 MAINTENANCE & REPAIRS					95,937	2,676,007
007 01 PURCHASING					7,508	12,041
007 02 MAINTENANCE & REPAIRS SUR				1,450	4,508	94,132
009 LAUNDRY & LINEN SERVICE					13,327	18,111
009 01 LAUNDRY & LINEN SERVICE S				724	2,252	22
010 HOUSEKEEPING					30,663	22,205
010 01 HOUSEKEEPING SURREY				789	2,452	705
011 DIETARY					22,618	78,501
011 01 DIETARY SURREY				3,035	9,434	877
012 CAFETERIA					7,889	73,147
012 01 CAFETERIA SURREY				96	299	2,860
014 NURSING ADMINISTRATION					16,338	9,234
014 01 NURSING ADMINISTRATION SU				1,289	4,007	33
015 CENTRAL SERVICES & SUPPLY					16,678	89,623
017 MEDICAL RECORDS & LIBRARY					25,998	29,730
017 01 MEDICAL RECORDS & LIBRARY				159	493	53
018 SOCIAL SERVICE					7,021	6,081
018 01 SOCIAL SERVICE SURREY				294	913	11
020 NONPHYSICIAN ANESTHETISTS						
022 I&R SERVICES-SALARY & FRI					19,037	
023 I&R SERVICES-OTHER PRGM C					12,731	25,312
024 PARAMED ED PRGM						66
024 01 CLINICAL PASTORAL EDUCATI					1,422	3,269
024 02 PHARMACY EDUCATION					1,529	1,143
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS			4,490		291,783	694,942
026 INTENSIVE CARE UNIT			670		35,536	48,724
027 CORONARY CARE UNIT			486		28,402	61,857
031 SUBPROVIDER			65		5,396	16,320
033 NURSERY			324		46,084	89,566
034 SKILLED NURSING FACILITY				6,410	19,928	197
036 OTHER LONG TERM CARE				8,362	25,996	215
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM			7,335		298,288	288,655
037 01 VASCULAR ACCESS CENTER			699		14,472	43,691
037 02 PAIN MANAGEMENT - BRAIN &			169		2,012	1,637
037 03 PAIN MANAGEMENT CENTER			20		635	104
037 04 WOMEN'S DIAGNOSTICS/GI SE			736		25,712	1,952
038 RECOVERY ROOM			530		12,479	45,941
039 DELIVERY ROOM & LABOR ROO			317		11,177	26,981
040 ANESTHESIOLOGY			968		10,373	28,205
041 RADIOLOGY-DIAGNOSTIC			4,348		98,722	21,137
041 01 MRI			939		5,368	1,409
041 02 CT SCAN			3,251		10,624	243,338
041 03 TDOC RADIOLOGY			1,892		11,729	5,192
041 04 CDI RADIOLOGY			1,808		62,063	23,793
044 LABORATORY			7,024		97,323	21,189
048 INTRAVENOUS THERAPY			157		8,854	35,661
048 01 BRAIN & SPINE INFUSION CE			7		745	101,942
049 RESPIRATORY THERAPY			810		25,312	3,950
049 01 CARDIAC REHAB			142		16,099	1,519
049 02 RESPIRATORY THERAPY SURRE				27	83	2
050 PHYSICAL THERAPY			698		25,485	65,819
050 01 PT/OT/SPEECH THERAPY SURR			1	2,942	9,145	116
050 02 THERAPY SERVICES BRAIN &			146		7,937	6
051 OCCUPATIONAL THERAPY			135		4,336	20
052 SPEECH PATHOLOGY			67		2,024	7
053 ELECTROCARDIOLOGY			1,638		15,265	433
053 01 CARDIAC CATH LAB			1,903		47,068	25,526
053 02 TDOC ELECTROCARDIOLOGY			902		6,739	37,884
054 ELECTROENCEPHALOGRAPHY			117		2,168	25,942
054 01 SLEEP MEDICINE			336		19,723	10,880
055 MEDICAL SUPPLIES CHARGED			1,353		15,899	47,442
056 DRUGS CHARGED TO PATIENTS			4,803		108,274	175
057 RENAL DIALYSIS			163		4,556	25,093
059 NUTRITION/DIABETES EDUCAT			14		2,622	9,696
060 OUTPAT SERVICE COST CNTRS						10,990
060 CLINIC					16	3
061 EMERGENCY			1,864		42,790	55,516
061 01 URGENT CARE CENTERS			1,179		54,436	544
062 OBSERVATION BEDS (NON-DIS						1,087
062 OTHER REIMBURS COST CNTRS						
071 HOME HEALTH AGENCY					673	283
095 SPEC PURPOSE COST CENTERS						7
095 SUBTOTALS			52,506	25,577	1,837,405	2,532,511
						91,940

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE AND	NONPATIENT TELEPHONES SUR	ADMITTING	ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	PURCHASING
	6.02	6.03	6.04	6.05	6.06	7	7.01
SPEC PURPOSE COST CENTERS							
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					1,284	8,871	257
098 PHYSICIANS' PRIVATE OFFICE					61,785	30,100	939
100 OTHER NONREIMBURSABLE COSTS							
100 01 DEVELOPMENT					4,390	6,116	257
100 02 COMMUNITY OUTREACH					6,463	7,069	135
100 03 FOUNTAIN CAFE					1,055	15,824	135
100 04 SLEEP RESEARCH					7,906	5,527	19
100 05 MEALS ON WHEELS							
100 06 GUEST MEALS							
100 07 PHYSICIAN REFERRAL					2,624	1,767	4
100 09 UNUSED SPACE					1,722	36,649	
100 10 TV STORAGE (MAINTENANCE)					25	537	
100 11 MARKETING					12,570	8,934	165
100 12 CHILDBIRTH INSTRUCTION					735		57
100 13 VOLUNTEERS					2,360	7,623	17
100 14 RETAIL PHARMACY					25,630	12,105	99
100 15 REHAB HOSPITAL COVERAGE					1,409		101
100 16 EXECUTIVE HEALTH PROGRAM					227	2,374	7
100 17 VALET SERVICES					1,484		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL			52,506	25,577	1,969,074	2,676,007	94,132

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COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING SURREY	DIETARY	DIETARY SURREY
	7.02	9	9.01	10	10.01	11	11.01
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 OTHER ADMINISTRATIVE AND							
006 03 NONPATIENT TELEPHONES SUR							
006 04 ADMINITTING							
006 05 ADMINISTRATIVE AND GENERA							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
007 01 PURCHASING							
007 02 MAINTENANCE & REPAIRS SUR	23,169						
009 LAUNDRY & LINEN SERVICE		142,317					
009 01 LAUNDRY & LINEN SERVICE S	418	8	12,101				
010 HOUSEKEEPING		581		192,938			
010 01 HOUSEKEEPING SURREY					3,550		
011 DIETARY				5,773		590,853	
011 01 DIETARY SURREY	937				146		34,483
012 CAFETERIA				5,379		279,482	
012 01 CAFETERIA SURREY	1,731				270		1,316
014 NURSING ADMINISTRATION				679			
014 01 NURSING ADMINISTRATION SU	85				13		
015 CENTRAL SERVICES & SUPPLY		292		6,591			
017 MEDICAL RECORDS & LIBRARY				2,186			
017 01 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE				447			
018 01 SOCIAL SERVICE SURREY	49				8		
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C				1,861			
024 PARAMED ED PRGM							
024 01 CLINICAL PASTORAL EDUCATI				240			
024 02 PHARMACY EDUCATION				84			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		69,506		51,105		223,824	
026 INTENSIVE CARE UNIT		5,126		3,583		13,936	
027 CORONARY CARE UNIT		4,516		4,549		9,413	
031 SUBPROVIDER		1,595		1,200		4,466	
033 NURSERY		5,585		6,586			
034 SKILLED NURSING FACILITY	4,235		3,356		661		9,161
036 OTHER LONG TERM CARE	14,580		8,745		2,275		23,873
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		21,242		21,227			
037 01 VASCULAR ACCESS CENTER							
037 02 PAIN MANAGEMENT - BRAIN &		255		421			
037 03 PAIN MANAGEMENT CENTER		11		144			
037 04 WOMEN'S DIAGNOSTICS/GI SE		4,776		3,378			
038 RECOVERY ROOM		2,890		1,984			
039 DELIVERY ROOM & LABOR ROO		2,053		2,074			
040 ANESTHESIOLOGY				104			
041 RADIOLOGY-DIAGNOSTIC		7,017		17,895			
041 01 MRI		2,443		1,750			
041 02 CT SCAN				1,558			
041 03 TDOC RADIOLOGY				2,622			
041 04 CDI RADIOLOGY							
044 LABORATORY		2		7,497			
048 INTRAVENOUS THERAPY		203		290			
048 01 BRAIN & SPINE INFUSION CE				112			
049 RESPIRATORY THERAPY				1,592			
049 01 CARDIAC REHAB		408		4,707			
049 02 RESPIRATORY THERAPY SURRE	75				12		
050 PHYSICAL THERAPY		178		4,840			
050 01 PT/OT/SPEECH THERAPY SURR	915				143		
050 02 THERAPY SERVICES BRAIN &		555		1,566			
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY				32			
053 ELECTROCARDIOLOGY		1,062		1,877			
053 01 CARDIAC CATH LAB		1,304		2,786			
053 02 TDOC ELECTROCARDIOLOGY		1		1,908			
054 ELECTROENCEPHALOGRAPHY		334		800			
054 01 SLEEP MEDICINE				3,489		30	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS				1,845			
057 RENAL DIALYSIS		381		713			
059 NUTRITION/DIABETES EDUCAT				808			
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY		9,382		4,083			
061 01 URGENT CARE CENTERS		3					
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY				21			
071 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	23,025	141,709	12,101	182,386	3,528	531,151	34,350

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COST CENTER DESCRIPTION	MAINTENANCE & LAUNDRY & LIN		LAUNDRY & LIN		HOUSEKEEPING	HOUSEKEEPING	DIETARY	DIETARY SURREY
	REPAIRS	SUR EN SERVICE	EN SERVICE	S	SURREY	SURREY		Y
	7.02	9	9.01	10	10.01	11	11.01	
SPEC PURPOSE COST CENTERS								
NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP	144			652	22	27,102		
098 PHYSICIANS' PRIVATE OFFICE		608		2,213				
100 OTHER NONREIMBURSABLE COSTS								
100 01 DEVELOPMENT				450				
100 02 COMMUNITY OUTREACH				520				
100 03 FOUNTAIN CAFE				1,164		16,491		
100 04 SLEEP RESEARCH				406				
100 05 MEALS ON WHEELS						14,049		
100 06 GUEST MEALS						2,060		133
100 07 PHYSICIAN REFERRAL				130				
100 09 UNUSED SPACE				2,695				
100 10 TV STORAGE (MAINTENANCE)				39				
100 11 MARKETING				657				
100 12 CHILDBIRTH INSTRUCTION								
100 13 VOLUNTEERS				561				
100 14 RETAIL PHARMACY				890				
100 15 REHAB HOSPITAL COVERAGE								
100 16 EXECUTIVE HEALTH PROGRAM				175				
100 17 VALET SERVICES								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	23,169	142,317	12,101	192,938	3,550	590,853		34,483

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COST CENTER DESCRIPTION	CAFETERIA 12	CAFETERIA SUR REY 12.01	NURSING ADMIN ISTRATION 14	NURSING ADMIN ISTRATION SU 14.01	CENTRAL SERVI CES & SUPPLY 15	MEDI CAL RECOR DS & LIBRARY 17	MEDI CAL RECOR DS & LIBRARY 17.01
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 OTHER ADMINI STRATIVE AND							
006 03 NONPATIENT TELEPHONES SUR							
006 04 ADMINI TTING							
006 05 ADMINI STRATIVE AND GENERA							
006 06 OTHER ADMINI STRATIVE AND							
007 MAINTENANCE & REPAIRS							
007 01 PURCHASING							
007 02 MAINTENANCE & REPAIRS SUR							
009 LAUNDRY & LINEN SERVICE							
009 01 LAUNDRY & LINEN SERVICE S							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING SURREY							
011 DIETARY							
011 01 DIETARY SURREY							
012 CAFETERIA	816,629						
012 01 CAFETERIA SURREY		39,487					
014 NURSING ADMINI STRATION	13,179		98,249				
014 01 NURSING ADMINI STRATION SU		1,406		9,152			
015 CENTRAL SERVI CES & SUPPLY	16,624				679,897		
017 MEDI CAL RECORDS & LIBRARY						242,547	
017 01 MEDI CAL RECORDS & LIBRARY		299					1,141
018 SOCIAL SERVICE	6,063				2		
018 01 SOCIAL SERVICE SURREY		489					
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI	21,433						
023 I&R SERVICES-OTHER PRGM C	544				1		
024 PARAMED ED PRGM							
024 01 CLINICAL PASTORAL EDUCATI	1,183						
024 02 PHARMACY EDUCATION	1,329						
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	241,835		65,348		30,121	20,767	
026 INTENSIVE CARE UNIT	25,925		8,570		3,662	3,098	
027 CORONARY CARE UNIT	19,595		6,930		2,686	2,250	
031 SUBPROVIDER	5,368		1,282		61	298	
033 NURSERY	33,761		10,521		5,282	1,498	
034 SKILLED NURSING FACILITY		12,500		2,538	1,824		187
036 OTHER LONG TERM CARE		18,602		6,614	1,466		489
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	91,321				300,083	33,633	
037 01 VASCULAR ACCESS CENTER					19,594	3,235	
037 02 PAIN MANAGEMENT - BRAIN &	922				1,202	783	
037 03 PAIN MANAGEMENT CENTER	448				336	92	
037 04 WOMEN'S DIAGNOSTICS/GI SE	12,026				24,705	3,403	
038 RECOVERY ROOM	8,576				2,638	2,449	
039 DELIVERY ROOM & LABOR ROO	8,345		2,559		2,261	1,464	
040 ANESTHESIOLOGY	2,770				26,963	4,476	
041 RADIOLOGY-DIAGNOSTIC	58,819				49,276	20,108	4
041 01 MRI	2,629				3,283	4,344	
041 02 CT SCAN	5,096				10,911	15,035	
041 03 TDOC RADIOLOGY	5,122				11,783	8,753	
041 04 CDI RADIOLOGY						8,363	
044 LABORATORY	41,697				66,157	32,485	29
048 INTRAVENOUS THERAPY	5,313		2,007		5,334	724	
048 01 BRAIN & SPINE INFUSION CE	277		108		13	34	
049 RESPIRATORY THERAPY	21,790				6,255	3,748	
049 01 CARDIAC REHAB	8,863				460	655	
049 02 RESPIRATORY THERAPY SURRE					8		3
050 PHYSICAL THERAPY	16,981				541	3,229	
050 01 PT/OT/SPEECH THERAPY SURR		4,601			21	4	335
050 02 THERAPY SERVICES BRAIN &	1,032				99	675	
051 OCCUPATIONAL THERAPY	3,701				26	623	
052 SPEECH PATHOLOGY	1,476				144	309	
053 ELECTROCARDIOLOGY	10,545				1,657	7,577	1
053 01 CARDIAC CATH LAB	7,342				31,841	8,801	
053 02 TDOC ELECTROCARDIOLOGY	4,981				351	4,171	
054 ELECTROENCEPHALOGRAPHY	1,425				292	541	
054 01 SLEEP MEDICINE	15,168				812	1,555	
055 MEDICAL SUPPLIES CHARGED					52,617	6,257	23
056 DRUGS CHARGED TO PATIENTS	17,354	278			3,507	22,214	70
057 RENAL DIALYSIS	2,317		918		1,399	755	
059 NUTRITION/DIABETES EDUCAT	801					63	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC						1	
061 EMERGENCY	33,020				5,156	8,623	
061 01 URGENT CARE CENTERS					4,397	5,454	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY					44		
071 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	776,996	38,175	98,243	9,152	679,271	242,547	1,141

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CAFETERIA 12	CAFETERIA SURVEY 12.01	NURSING ADMINISTRATION 14	NURSING ADMINISTRATION SU 14.01	CENTRAL SERVICES & SUPPLY 15	MEDICAL RECORDS & LIBRARY 17	MEDICAL RECORDS & LIBRARY 17.01
SPEC PURPOSE COST CENTERS							
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	1,531						
098 PHYSICIANS' PRIVATE OFFICE	18,431				361		
100 OTHER NONREIMBURSABLE COSTS							
100 01 DEVELOPMENT	997						
100 02 COMMUNITY OUTREACH					49		
100 03 FOUNTAIN CAFE	544						
100 04 SLEEP RESEARCH	8,133				38		
100 05 MEALS ON WHEELS							
100 06 GUEST MEALS							
100 07 PHYSICIAN REFERRAL	2,090						
100 09 UNUSED SPACE							
100 10 TV STORAGE (MAINTENANCE)							
100 11 MARKETING					4		
100 12 CHILDBIRTH INSTRUCTION	373						
100 13 VOLUNTEERS	2,201						
100 14 RETAIL PHARMACY	2,624				100		
100 15 REHAB HOSPITAL COVERAGE		983	6		34		
100 16 EXECUTIVE HEALTH PROGRAM					40		
100 17 VALET SERVICES	2,709	329					
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	816,629	39,487	98,249	9,152	679,897	242,547	1,141

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	SOCIAL SERVICE	SOCIAL SERVICE SURREY	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED PRGM C	ED PR	CLINICAL ORAL EDUCATI	PAST
	18	18.01	20	22	23	24		24.01	
003	GENERAL SERVICE COST CNTR								
004	NEW CAP REL COSTS-BLDG &								
004	NEW CAP REL COSTS-MVBLE E								
005	01 NEW CAP REL COSTS-MVBLE E								
006	EMPLOYEE BENEFITS								
006	01 NONPATIENT TELEPHONES								
006	02 OTHER ADMINISTRATIVE AND								
006	03 NONPATIENT TELEPHONES SUR								
006	04 ADMINISTRATION								
006	05 ADMINISTRATIVE AND GENERA								
006	06 OTHER ADMINISTRATIVE AND								
007	MAINTENANCE & REPAIRS								
007	01 PURCHASING								
007	02 MAINTENANCE & REPAIRS SUR								
009	LAUNDRY & LINEN SERVICE								
009	01 LAUNDRY & LINEN SERVICE S								
010	HOUSEKEEPING								
010	01 HOUSEKEEPING SURREY								
011	DIETARY								
011	01 DIETARY SURREY								
012	CAFETERIA								
012	01 CAFETERIA SURREY								
014	NURSING ADMINISTRATION								
014	01 NURSING ADMINISTRATION SU								
015	CENTRAL SERVICES & SUPPLY								
017	MEDICAL RECORDS & LIBRARY								
017	01 MEDICAL RECORDS & LIBRARY								
018	SOCIAL SERVICE	57,780							
018	01 SOCIAL SERVICE SURREY		2,877						
020	NONPHYSICIAN ANESTHETISTS								
022	I&R SERVICES-SALARY & FRI			42,550					
023	I&R SERVICES-OTHER PRGM C					197,328			
024	PARAMED PRGM								
024	01 CLINICAL PASTORAL EDUCATI								26,263
024	02 PHARMACY EDUCATION								
025	INPAT ROUTINE SRVC CNTRS								
025	ADULTS & PEDIATRICS	49,565							
026	INTENSIVE CARE UNIT	1,210							
027	CORONARY CARE UNIT	135							
031	SUBPROVIDER	495							
033	NURSERY	2,585							
034	SKILLED NURSING FACILITY		798						
036	OTHER LONG TERM CARE		2,079						
036	ANCILLARY SRVC COST CNTRS								
037	OPERATING ROOM								
037	01 VASCULAR ACCESS CENTER								
037	02 PAIN MANAGEMENT - BRAIN &								
037	03 PAIN MANAGEMENT CENTER								
037	04 WOMEN'S DIAGNOSTICS/GI SE								
038	RECOVERY ROOM								
039	DELIVERY ROOM & LABOR ROO								
040	ANESTHESIOLOGY								
041	RADIOLOGY-DIAGNOSTIC								
041	01 MRI								
041	02 CT SCAN								
041	03 TDOC RADIOLOGY								
041	04 CDI RADIOLOGY								
044	LABORATORY								
048	INTRAVENOUS THERAPY								
048	01 BRAIN & SPINE INFUSION CE								
049	RESPIRATORY THERAPY								
049	01 CARDIAC REHAB								
049	02 RESPIRATORY THERAPY SURRE								
050	PHYSICAL THERAPY								
050	01 PT/OT/SPEECH THERAPY SURR								
050	02 THERAPY SERVICES BRAIN &								
051	OCCUPATIONAL THERAPY								
052	SPEECH PATHOLOGY								
053	ELECTROCARDIOLOGY								
053	01 CARDIAC CATH LAB								
053	02 TDOC ELECTROCARDIOLOGY								
054	ELECTROENCEPHALOGRAPHY								
054	01 SLEEP MEDICINE								
055	MEDICAL SUPPLIES CHARGED								
056	DRUGS CHARGED TO PATIENTS								
057	RENAL DIALYSIS	1,985							
059	NUTRITION/DIABETES EDUCAT								
060	OUTPAT SERVICE COST CNTRS								
060	CLINIC								
061	EMERGENCY	1,005							
061	01 URGENT CARE CENTERS								
062	OBSERVATION BEDS (NON-DIS								
062	OTHER REIMBURS COST CNTRS								
071	HOME HEALTH AGENCY								
071	SPEC PURPOSE COST CENTERS								
095	SUBTOTALS	56,980	2,877						

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	SOCIAL SERVICE	SOCIAL SERVICE SURREY	NONPHYSICIAN ANESTHETISTS	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	CLINICAL ORAL	PAST EDUCATI
	18	18.01	20	22	23	24		24.01
	SPEC PURPOSE COST CENTERS							
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
098	PHYSICIANS' PRIVATE OFFICE							
100	OTHER NONREIMBURSABLE COSTS							
100	01 DEVELOPMENT							
100	02 COMMUNITY OUTREACH							
100	03 FOUNTAIN CAFE							
100	04 SLEEP RESEARCH							
100	05 MEALS ON WHEELS							
100	06 GUEST MEALS							
100	07 PHYSICIAN REFERRAL							
100	09 UNUSED SPACE							
100	10 TV STORAGE (MAINTENANCE)							
100	11 MARKETING							
100	12 CHILDBIRTH INSTRUCTION							
100	13 VOLUNTEERS							
100	14 RETAIL PHARMACY							
100	15 REHAB HOSPITAL COVERAGE							
100	16 EXECUTIVE HEALTH PROGRAM							
100	17 VALET SERVICES							
101	CROSS FOOT ADJUSTMENTS				42,550	197,328		26,263
102	NEGATIVE COST CENTER							
103	TOTAL	57,780	2,877	42,550	197,328			26,263

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COST CENTER DESCRIPTION	PHARMACY EDUCATION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24.02	25	26	27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
004 01 NEW CAP REL COSTS-MVBLE E				
005 EMPLOYEE BENEFITS				
006 01 NONPATIENT TELEPHONES				
006 02 OTHER ADMINISTRATIVE AND				
006 03 NONPATIENT TELEPHONES SUR				
006 04 ADMINITTING				
006 05 ADMINISTRATIVE AND GENERA				
006 06 OTHER ADMINISTRATIVE AND				
007 MAINTENANCE & REPAIRS				
007 01 PURCHASING				
007 02 MAINTENANCE & REPAIRS SUR				
009 LAUNDRY & LINEN SERVICE				
009 01 LAUNDRY & LINEN SERVICE S				
010 HOUSEKEEPING				
010 01 HOUSEKEEPING SURREY				
011 DIETARY				
011 01 DIETARY SURREY				
012 CAFETERIA				
012 01 CAFETERIA SURREY				
014 NURSING ADMINISTRATION				
014 01 NURSING ADMINISTRATION SU				
015 CENTRAL SERVICES & SUPPLY				
017 MEDICAL RECORDS & LIBRARY				
017 01 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE				
018 01 SOCIAL SERVICE SURREY				
020 NONPHYSICIAN ANESTHETISTS				
022 I&R SERVICES-SALARY & FRI				
023 I&R SERVICES-OTHER PRGM C				
024 PARAMED ED PRGM				
024 01 CLINICAL PASTORAL EDUCATI				
024 02 PHARMACY EDUCATION	11,263			
025 INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS		6,035,143		6,035,143
026 INTENSIVE CARE UNIT		453,173		453,173
027 CORONARY CARE UNIT		523,269		523,269
031 SUBPROVIDER		136,910		136,910
033 NURSERY		756,064		756,064
034 SKILLED NURSING FACILITY		151,435		151,435
036 OTHER LONG TERM CARE		417,450		417,450
037 ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		2,887,174		2,887,174
037 01 VASCULAR ACCESS CENTER		444,720		444,720
037 02 PAIN MANAGEMENT - BRAIN &		46,805		46,805
037 03 PAIN MANAGEMENT CENTER		15,651		15,651
037 04 WOMEN'S DIAGNOSTICS/GI SE		567,193		567,193
038 RECOVERY ROOM		225,238		225,238
039 DELIVERY ROOM & LABOR ROO		232,551		232,551
040 ANESTHESIOLOGY		58,165		58,165
041 RADIOLOGY-DIAGNOSTIC		2,002,083		2,002,083
041 01 MRI		190,778		190,778
041 02 CT SCAN		198,930		198,930
041 03 TDOC RADIOLOGY		297,649		297,649
041 04 CDI RADIOLOGY		2,510,631		2,510,631
044 LABORATORY		1,067,530		1,067,530
048 INTRAVENOUS THERAPY		52,381		52,381
048 01 BRAIN & SPINE INFUSION CE		12,337		12,337
049 RESPIRATORY THERAPY		216,908		216,908
049 01 CARDIAC REHAB		488,746		488,746
049 02 RESPIRATORY THERAPY SURRE		1,767		1,767
050 PHYSICAL THERAPY		620,449		620,449
050 01 PT/OT/SPEECH THERAPY SURR		38,062		38,062
050 02 THERAPY SERVICES BRAIN &		163,794		163,794
051 OCCUPATIONAL THERAPY		9,318		9,318
052 SPEECH PATHOLOGY		7,408		7,408
053 ELECTROCARDIOLOGY		272,479		272,479
053 01 CARDIAC CATH LAB		381,396		381,396
053 02 TDOC ELECTROCARDIOLOGY		204,983		204,983
054 ELECTROENCEPHALOGRAPHY		83,479		83,479
054 01 SLEEP MEDICINE		406,967		406,967
055 MEDICAL SUPPLIES CHARGED		80,363		80,363
056 DRUGS CHARGED TO PATIENTS		340,786		340,786
057 RENAL DIALYSIS		82,813		82,813
059 NUTRITION/DIABETES EDUCAT		82,822		82,822
060 OUTPAT SERVICE COST CNTRS				
060 CLINIC		44		44
061 EMERGENCY		509,763		509,763
061 01 URGENT CARE CENTERS		1,258,364		1,258,364
062 OBSERVATION BEDS (NON-DIS				
062 OTHER REIMBURS COST CNTRS				
071 HOME HEALTH AGENCY		2,847		2,847
095 SPEC PURPOSE COST CENTERS				
095 SUBTOTALS		24,536,818		24,536,818

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PHARMACY EDUCATION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24.02	25	26	27
SPEC PURPOSE COST CENTERS				
NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		97,286		97,286
098 PHYSICIANS' PRIVATE OFFICE		305,493		305,493
100 OTHER NONREIMBURSABLE COSTS				
100 01 DEVELOPMENT		49,991		49,991
100 02 COMMUNITY OUTREACH		58,165		58,165
100 03 FOUNTAIN CAFE		132,041		132,041
100 04 SLEEP RESEARCH		56,747		56,747
100 05 MEALS ON WHEELS		14,049		14,049
100 06 GUEST MEALS		2,193		2,193
100 07 PHYSICIAN REFERRAL		17,812		17,812
100 09 UNUSED SPACE		265,202		265,202
100 10 TV STORAGE (MAINTENANCE)		3,886		3,886
100 11 MARKETING		77,716		77,716
100 12 CHILDBIRTH INSTRUCTION		1,215		1,215
100 13 VOLUNTEERS		59,908		59,908
100 14 RETAIL PHARMACY		116,009		116,009
100 15 REHAB HOSPITAL COVERAGE		2,643		2,643
100 16 EXECUTIVE HEALTH PROGRAM		17,363		17,363
100 17 VALET SERVICES		4,684		4,684
101 CROSS FOOT ADJUSTMENTS	11,263	277,404		277,404
102 NEGATIVE COST CENTER				
103 TOTAL	11,263	26,096,625		26,096,625

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (SQUARE FEET)	EMPLOYEE BENE FITS (GROSS SALARIES)	NONPATIENT TELEPHONES S(# OF PHONES)	RECONCILIATION
	3	4	4.01	5	6.01	6a.02
GENERAL SERVICE COST						
003 NEW CAP REL COSTS-BLD	598,468					
004 NEW CAP REL COSTS-MVB		598,468				
004 01 NEW CAP REL COSTS-MVB			56,664			
005 EMPLOYEE BENEFITS	4,232	4,232		142,668,971		
006 01 NONPATIENT TELEPHONES	1,325	1,325		340,959	1,963	
006 02 OTHER ADMINISTRATIVE						
006 03 NONPATIENT TELEPHONES						
006 04 ADMINITTING	1,452	1,452		671,249	20	
006 05 ADMINISTRATIVE AND GE			2,686	487,316	17	
006 06 OTHER ADMINISTRATIVE	55,110	55,110		13,975,668	286	
007 MAINTENANCE & REPAIRS	72,977	72,977		1,635,562	36	
007 01 PURCHASING	2,085	2,085		571,430	12	
007 02 MAINTENANCE & REPAIRS			1,832	178,729	6	
009 LAUNDRY & LINEN SERVICE	3,136	3,136		90,632	1	
009 01 LAUNDRY & LINEN SERVICE			940	23,169	1	
010 HOUSEKEEPING	3,845	3,845		2,616,347	10	
010 01 HOUSEKEEPING SURREY				188,330	1	
011 DIETARY	13,593	13,593		1,923,392	29	
011 01 DIETARY SURREY			2,108	555,685	5	
012 CAFETERIA	12,666	12,666		381,534	5	
012 01 CAFETERIA SURREY			3,897			
014 NURSING ADMINISTRATIO	1,599	1,599		1,608,816	26	
014 01 NURSING ADMINISTRATIO			192	378,312	8	
015 CENTRAL SERVICES & SU	15,519	15,519		1,105,773	16	
017 MEDICAL RECORDS & LIB	5,148	5,148		1,713,701	40	
017 01 MEDICAL RECORDS & LIB				44,362	6	
018 SOCIAL SERVICE	1,053	1,053		644,874	12	
018 01 SOCIAL SERVICE SURREY			110	86,227	1	
020 NONPHYSICIAN ANESTHET						
022 I&R SERVICES-SALARY &				1,984,678		
023 I&R SERVICES-OTHER PR	4,383	4,383		1,756,704	7	
024 PARAMEDICAL PRGM						
024 01 CLINICAL PASTORAL EDU	566	566		106,360	2	
024 02 PHARMACY EDUCATION	198	198		153,479	1	
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	120,335	120,335		28,705,971	343	
026 INTENSIVE CARE UNIT	8,437	8,437		4,168,135	17	
027 CORONARY CARE UNIT	10,711	10,711		3,081,388	27	
031 SUBPROVIDER	2,826	2,826		486,771	1	
033 NURSERY	15,509	15,509		4,097,309	69	
034 SKILLED NURSING FACIL			9,531	1,748,833	13	
036 OTHER LONG TERM CARE			32,816	2,148,907	27	
ANCILLARY SRVC COST C						
037 OPERATING ROOM	49,983	49,983		12,497,884	135	
037 01 VASCULAR ACCESS CENTE				507,630	5	
037 02 PAIN MANAGEMENT - BRA	991	991		134,354	3	
037 03 PAIN MANAGEMENT CENTE	338	338		45,064		
037 04 WOMEN'S DIAGNOSTICS/G	7,955	7,955		1,444,776	27	
038 RECOVERY ROOM	4,672	4,672		1,064,643	15	
039 DELIVERY ROOM & LABOR	4,884	4,884		922,640	17	
040 ANESTHESIOLOGY	244	244		217,917	5	
041 RADIOLOGY-DIAGNOSTIC	42,136	42,136		5,963,183	121	
041 01 MRI	4,120	4,120		305,947	5	
041 02 CT SCAN	3,669	3,669		629,526	10	
041 03 TDOC RADIOLOGY	6,175	6,175		630,889	15	
041 04 CDI RADIOLOGY				1,272,496		
044 LABORATORY	17,652	17,652		4,126,292	70	
048 INTRAVENOUS THERAPY	684	684		716,358	8	
048 01 BRAIN & SPINE INFUSIO	263	263		197,048	1	
049 RESPIRATORY THERAPY	3,748	3,748		2,241,411	15	
049 01 CARDIAC REHAB	11,083	11,083		1,342,557	20	
049 02 RESPIRATORY THERAPY S			168			
050 PHYSICAL THERAPY	11,397	11,397		2,149,476	17	
050 01 PT/OT/SPEECH THERAPY			2,060	852,657	6	
050 02 THERAPY SERVICES BRAI	3,687	3,687		54,341	8	
051 OCCUPATIONAL THERAPY				422,039	2	
052 SPEECH PATHOLOGY	75	75		195,544	2	
053 ELECTROCARDIOLOGY	4,420	4,420		1,245,965	9	
053 01 CARDIAC CATH LAB	6,560	6,560		1,025,345	17	
053 02 TDOC ELECTROCARDIOLOGY	4,492	4,492		500,749	32	
054 ELECTROENCEPHALOGRAPH	1,884	1,884		152,722	8	
054 01 SLEEP MEDICINE	8,215	8,215		2,251,413	34	
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI	4,345	4,345		2,483,824	29	
057 RENAL DIALYSIS	1,679	1,679		353,662	5	
059 NUTRITION/DIABETES ED	1,903	1,903		224,903	3	
OUTPAT SERVICE COST C						
060 CLINIC					1	
061 EMERGENCY	9,613	9,613		7,052,058	36	
061 01 URGENT CARE CENTERS				6,672,092		

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET )	NEW CAP REL C OSTS-MVBLE E (SQUARE FEET )	NEW CAP REL C OSTS-MVBLE E (SQUARE FEET )	EMPLOYEE FITS (GROSS SALARIES )	BENE LE PHONES S(# OF PHONES )	NONPATIENT TELEPHONES	RECONCILIATION
	3	4	4.01	5	6.01	6a.02	
062 OUTPAT SERVICE COST C OBSERVATION BEDS (NON OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY SPEC PURPOSE COST CEN	49	49		62,331	1		
095 SUBTOTALS	573,621	573,621	56,340	137,620,338	1,727		
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	1,536	1,536	324	75,800	5		
098 PHYSICIANS' PRIVATE O	5,212	5,212		1,969,159	171		
100 OTHER NONREIMBURSABLE							
100 01 DEVELOPMENT	1,059	1,059		223,636	6		
100 02 COMMUNITY OUTREACH	1,224	1,224		391,611	12		
100 03 FOUNTAIN CAFE	2,740	2,740		27,506	1		
100 04 SLEEP RESEARCH	957	957		669,558	9		
100 05 MEALS ON WHEELS							
100 06 GUEST MEALS							
100 07 PHYSICIAN REFERRAL	306	306		257,166	5		
100 09 UNUSED SPACE	6,346	6,346					
100 10 TV STORAGE (MAINTENAN	93	93					
100 11 MARKETING	1,547	1,547		507,882	9		
100 12 CHILDBIRTH INSTRUCTIO				47,339			
100 13 VOLUNTEERS	1,320	1,320		180,806	14		
100 14 RETAIL PHARMACY	2,096	2,096		438,518	3		
100 15 REHAB HOSPITAL COVERA				104,976			
100 16 EXECUTIVE HEALTH PROG	411	411			1		
100 17 VALET SERVICES				154,676			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	8,029,016	13,108,376	520,180	35,515,737	810,396		
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	13.415949	21.903220	9.180079	.248938	412.835456		
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)				149,494	47,155		
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)				.001048	24.021905		

COST ALLOCATION - STATISTICAL BASIS

26-0179

FROM 7/ 1/2008

WORKSHEET B-1

TO 6/30/2009

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE AND ( ACCUM. COST )	NONPATIENT TELEPHONES (# OF PHONES )	TELEPHONE SUR (GROSS CHARGES )	ADMINISTRATIVE AND GENERAL (ACCUM. COST )	RECONCILIATION	OTHER ADMINISTRATIVE AND ( ACCUM. COST )	MAINTENANCE & REPAIRS (SQUARE FEET )
	6.02	6.03	6.04	6.05	6a.06	6.06	7
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
004 01 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 OTHER ADMINISTRATIVE	291,687,524						
006 03 NONPATIENT TELEPHONES		12,139	92				
006 04 ADMINITTING		909,786		818,501,287			
006 05 ADMINISTRATIVE AND GE		828,961	18		9,521,557		
006 06 OTHER ADMINISTRATIVE	35,298,491					-35,298,491	
007 MAINTENANCE & REPAIRS	12,491,802					256,389,033	
007 01 PURCHASING	977,578					12,491,802	463,372
007 02 MAINTENANCE & REPAIRS	539,058	6			539,850	977,578	2,085
009 LAUNDRY & LINEN SERVI	1,735,330					586,985	
009 01 LAUNDRY & LINEN SERVI	269,494	1			269,626	1,735,330	3,136
010 HOUSEKEEPING	3,992,549					293,167	
010 01 HOUSEKEEPING SURREY	293,500	1			293,632	3,992,549	3,845
011 DIETARY	2,945,091					319,269	
011 01 DIETARY SURREY	1,129,014	6			1,129,806	2,945,091	13,593
012 CAFETERIA	1,027,162					1,228,450	
012 01 CAFETERIA SURREY	35,775				35,775	1,027,162	12,666
014 NURSING ADMINISTRATIO	2,127,341					38,899	
014 01 NURSING ADMINISTRATIO	478,838	8			479,894	2,127,341	1,599
015 CENTRAL SERVICES & SU	2,171,553					521,794	
017 MEDICAL RECORDS & LIB	3,385,185					2,171,553	15,519
017 01 MEDICAL RECORDS & LIB	58,287	6			59,079	3,385,185	5,148
018 SOCIAL SERVICE	914,174					64,237	
018 01 SOCIAL SERVICE SURREY	109,153	1			109,285	914,174	1,053
020 NONPHYSICIAN ANESTHET						118,827	
022 I&R SERVICES-SALARY &	2,478,740					2,478,740	
023 I&R SERVICES-OTHER PR	1,657,657					1,657,657	4,383
024 PARAMED ED PRGM							
024 01 CLINICAL PASTORAL EDU	185,192					185,192	566
024 02 PHARMACY EDUCATION	199,092					199,092	198
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	37,914,612		70,159,589			37,992,629	120,335
026 INTENSIVE CARE UNIT	4,615,474		10,467,666			4,627,114	8,437
027 CORONARY CARE UNIT	3,689,782		7,601,083			3,698,234	10,711
031 SUBPROVIDER	701,505		1,008,151			702,626	2,826
033 NURSERY	5,994,882		5,059,526			6,000,508	15,509
034 SKILLED NURSING FACIL	2,384,660	13	364		2,386,375	2,594,732	
036 OTHER LONG TERM CARE	3,109,688	26	2		3,113,117	3,384,926	
ANCILLARY SRVC COST C							
037 OPERATING ROOM	38,713,639		112,703,178			38,838,580	49,983
037 01 VASCULAR ACCESS CENTE	1,872,285		10,927,653			1,884,437	
037 02 PAIN MANAGEMENT - BRA	259,070		2,644,926			262,011	991
037 03 PAIN MANAGEMENT CENTE	82,302		310,206			82,647	338
037 04 WOMEN'S DIAGNOSTICS/G	3,335,072		11,496,383			3,347,856	7,955
038 RECOVERY ROOM	1,615,700		8,274,960			1,624,902	4,672
039 DELIVERY ROOM & LABOR	1,449,839		4,945,572			1,455,338	4,884
040 ANESTHESIOLOGY	1,333,821		15,123,191			1,350,638	244
041 RADIOLOGY-DIAGNOSTIC	12,778,846		67,933,559			12,854,388	42,136
041 01 MRI	682,620		14,675,810			698,940	4,120
041 02 CT SCAN	1,326,836		50,795,555			1,383,321	3,669
041 03 TDOC RADIOLOGY	1,494,279		29,569,623			1,527,160	6,175
041 04 CDI RADIOLOGY	8,049,686		28,251,956			8,081,102	
044 LABORATORY	12,550,172		109,746,692			12,672,210	17,652
048 INTRAVENOUS THERAPY	1,150,155		2,447,437			1,152,877	684
048 01 BRAIN & SPINE INFUSIO	96,876		115,912			97,005	263
049 RESPIRATORY THERAPY	3,281,812		12,661,341			3,295,891	3,748
049 01 CARDIAC REHAB	2,093,765		2,213,153			2,096,226	11,083
049 02 RESPIRATORY THERAPY S	9,935		130	9,935		10,802	
050 PHYSICAL THERAPY	3,306,212		10,908,025			3,318,342	11,397
050 01 PT/OT/SPEECH THERAPY	1,094,375	6	14,094	1,095,183		1,190,805	
050 02 THERAPY SERVICES BRAI	1,030,907		2,279,213			1,033,441	3,687
051 OCCUPATIONAL THERAPY	562,186		2,106,025			564,528	
052 SPEECH PATHOLOGY	262,444		1,044,455			263,605	75
053 ELECTROCARDIOLOGY	1,959,221		25,597,472			1,987,685	4,420
053 01 CARDIAC CATH LAB	6,095,577		29,733,209			6,128,640	6,560
053 02 TDOC ELECTROCARDIOLOGY	861,860		14,092,847			877,531	4,492
054 ELECTROENCEPHALOGRAPH	280,240		1,827,812			282,273	1,884
054 01 SLEEP MEDICINE	2,562,276		5,252,750			2,568,117	8,215
055 MEDICAL SUPPLIES CHAR	2,046,619		21,139,792			2,070,126	
056 DRUGS CHARGED TO PATI	14,014,731		75,046,385			14,098,183	4,345
057 RENAL DIALYSIS	590,341		2,549,122			593,176	1,679
059 NUTRITION/DIABETES ED	341,137		213,863			341,375	1,903
OUTPAT SERVICE COST C							
060 CLINIC	2,090		4,530			2,095	
061 EMERGENCY	5,539,270		29,132,312			5,571,665	9,613
061 01 URGENT CARE CENTERS	7,067,500		18,425,503			7,087,989	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OTHER ADMINIS TRATIVE AND	NONPATIENT TELEPHONES SUR	TE AD MITTING (GROSS CHARGES)	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	RECONCILIATION	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS (SQUARE FEET)
	( ACCUM. COST )	(# OF PHONES )	( )	( )	( )	( ACCUM. COST )	( )
	6.02	6.03	6.04	6.05	6a.06	6.06	7
062 OUTPAT SERVICE COST C OBSERVATION BEDS (NON OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY SPEC PURPOSE COST CEN	87,636					87,636	49
095 SUBTOTALS	274,542,877	92	818,501,027	9,521,557	-35,298,491	239,244,386	438,525
096 NONREIMBURS COST CENT GIFT, FLOWER, COFFEE	167,246					167,246	1,536
098 PHYSICIANS' PRIVATE O	8,044,972					8,044,972	5,212
100 OTHER NONREIMBURSABLE							
100 01 DEVELOPMENT	571,564					571,564	1,059
100 02 COMMUNITY OUTREACH	841,594					841,594	1,224
100 03 FOUNTAIN CAFE	137,305					137,305	2,740
100 04 SLEEP RESEARCH	1,029,462					1,029,462	957
100 05 MEALS ON WHEELS							
100 06 GUEST MEALS							
100 07 PHYSICIAN REFERRAL	341,717					341,717	306
100 09 UNUSED SPACE	224,172					224,172	6,346
100 10 TV STORAGE (MAINTENAN	3,285					3,285	93
100 11 MARKETING	1,636,777					1,636,777	1,547
100 12 CHILDBIRTH INSTRUCTIO	95,757					95,757	
100 13 VOLUNTEERS	307,289					307,289	1,320
100 14 RETAIL PHARMACY	3,337,229					3,337,229	2,096
100 15 REHAB HOSPITAL COVERA	183,518					183,518	
100 16 EXECUTIVE HEALTH PROG	29,543		260			29,543	411
100 17 VALET SERVICES	193,217					193,217	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)		12,139	909,786	831,336		35,298,491	14,211,623
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		131.945652		.087311		.137676	30.670008
105 COST TO BE ALLOCATED (WRKSHT B, PART II)			.001112				
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)			52,506	25,577		1,969,074	2,676,007
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)			.000064	.002686		.007680	5.775073

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	PURCHASING (PURCHASES)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICES (POUNDS OF LAUNDRY)	LAUNDRY & LINEN SERVICES (TOTAL DAYS)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING SURREY (SQUARE FEET)	DIETARY (MEALS SERVED)	
	7.01	7.02	9	9.01	10	10.01	11	
GENERAL SERVICE COST								
003 NEW CAP REL COSTS-BLD								
004 NEW CAP REL COSTS-MVB								
004 01 NEW CAP REL COSTS-MVB								
005 EMPLOYEE BENEFITS								
006 01 NONPATIENT TELEPHONES								
006 02 OTHER ADMINISTRATIVE								
006 03 NONPATIENT TELEPHONES								
006 04 ADMINITTING								
006 05 ADMINISTRATIVE AND GE								
006 06 OTHER ADMINISTRATIVE								
007 MAINTENANCE & REPAIRS								
007 01 PURCHASING	45,722,348							
007 02 MAINTENANCE & REPAIRS	30,211	52,146						
009 LAUNDRY & LINEN SERVI	121		2,546,526					
009 01 LAUNDRY & LINEN SERVI	10,614	940	146	45,082				
010 HOUSEKEEPING	342,466		10,395		454,306			
010 01 HOUSEKEEPING SURREY	42,863					51,206		
011 DIETARY	561,002				13,593		665,435	
011 01 DIETARY SURREY	426,138	2,108				2,108		
012 CAFETERIA	1,389,214				12,666		314,760	
012 01 CAFETERIA SURREY		3,897				3,897		
014 NURSING ADMINISTRATIO	15,799				1,599			
014 01 NURSING ADMINISTRATIO	359	192				192		
015 CENTRAL SERVICES & SU	208,035		5,220		15,519			
017 MEDICAL RECORDS & LIB	25,522				5,148			
017 01 MEDICAL RECORDS & LIB	115							
018 SOCIAL SERVICE	5,131				1,053			
018 01 SOCIAL SERVICE SURREY	16	110				110		
020 NONPHYSICIAN ANESTHET								
022 I&R SERVICES-SALARY &								
023 I&R SERVICES-OTHER PR	32,232				4,383			
024 PARAMED ED PRGM								
024 01 CLINICAL PASTORAL EDU					566			
024 02 PHARMACY EDUCATION					198			
INPAT ROUTINE SRVC CN								
025 ADULTS & PEDIATRICS	1,655,733		1,243,689		120,335		252,077	
026 INTENSIVE CARE UNIT	179,547		91,728		8,437		15,695	
027 CORONARY CARE UNIT	130,872		80,800		10,711		10,601	
031 SUBPROVIDER	9,271		28,547		2,826		5,030	
033 NURSERY	269,414		99,941		15,509			
034 SKILLED NURSING FACIL	95,495	9,531		12,502		9,531		
036 OTHER LONG TERM CARE	104,306	32,816		32,580		32,816		
ANCILLARY SRVC COST C								
037 OPERATING ROOM	21,223,103		380,093		49,983			
037 01 VASCULAR ACCESS CENTE	795,115							
037 02 PAIN MANAGEMENT - BRA	50,493		4,559		991			
037 03 PAIN MANAGEMENT CENTE	13,788		190		338			
037 04 WOMEN'S DIAGNOSTICS/G	1,001,030		85,461		7,955			
038 RECOVERY ROOM	108,677		51,713		4,672			
039 DELIVERY ROOM & LABOR	108,491		36,730		4,884			
040 ANESTHESIOLOGY	1,037,766				244			
041 RADIOLOGY-DIAGNOSTIC	2,521,539		125,564		42,136			
041 01 MRI	132,702		43,709		4,120			
041 02 CT SCAN	378,877				3,669			
041 03 TDOC RADIOLOGY	471,629				6,175			
041 04 CDI RADIOLOGY	218							
044 LABORATORY	2,695,281		33		17,652			
048 INTRAVENOUS THERAPY	216,903		3,628		684			
048 01 BRAIN & SPINE INFUSIO	903				263			
049 RESPIRATORY THERAPY	326,000				3,748			
049 01 CARDIAC REHAB	37,981		7,300		11,083			
049 02 RESPIRATORY THERAPY S	8,393	168				168		
050 PHYSICAL THERAPY	56,233		3,179		11,397			
050 01 PT/OT/SPEECH THERAPY	2,954	2,060				2,060		
050 02 THERAPY SERVICES BRAI	9,779		9,935		3,687			
051 OCCUPATIONAL THERAPY	3,430							
052 SPEECH PATHOLOGY	10,001				75			
053 ELECTROCARDIOLOGY	83,726		19,006		4,420			
053 01 CARDIAC CATH LAB	4,512,137		23,324		6,560			
053 02 TDOC ELECTROCARDIOLOGY	19,888		22		4,492			
054 ELECTROENCEPHALOGRAPH	13,486		5,975		1,884			
054 01 SLEEP MEDICINE	84,832		7		8,215			34
055 MEDICAL SUPPLIES CHAR	2,046,619							
056 DRUGS CHARGED TO PATI	285,222				4,345			
057 RENAL DIALYSIS	67,220		6,826		1,679			
059 NUTRITION/DIABETES ED	1,595				1,903			
OUTPAT SERVICE COST C								
060 CLINIC	1,434							
061 EMERGENCY	264,223		167,871		9,613			
061 01 URGENT CARE CENTERS	527,898		62					

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	PURCHASING (PURCHASES)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICES (POUNDS OF LAUNDRY)	LAUNDRY & LINEN SERVICES (TOTAL DAYS)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING SURREY (SQUARE FEET)	DIETARY (MEALS SERVED)	S
062 OUTPAT SERVICE COST C OBSERVATION BEDS (NON OTHER REIMBURS COST C	7.01	7.02	9	9.01	10	10.01	11	
071 HOME HEALTH AGENCY SPEC PURPOSE COST CEN	3,525				49			
095 SUBTOTALS	44,657,567	51,822	2,535,653	45,082	429,459	50,882	598,197	
096 NONREIMBURS COST CENT GIFT, FLOWER, COFFEE	125,039	324			1,536	324	30,523	
098 PHYSICIANS' PRIVATE O	455,863		10,873		5,212			
100 OTHER NONREIMBURSABLE								
100 01 DEVELOPMENT	124,645				1,059			
100 02 COMMUNITY OUTREACH	65,573				1,224			
100 03 FOUNTAIN CAFE	65,552				2,740		18,573	
100 04 SLEEP RESEARCH	9,133				957			
100 05 MEALS ON WHEELS							15,822	
100 06 GUEST MEALS							2,320	
100 07 PHYSICIAN REFERRAL	1,973				306			
100 09 UNUSED SPACE					6,346			
100 10 TV STORAGE (MAINTENAN					93			
100 11 MARKETING	80,330				1,547			
100 12 CHILDBIRTH INSTRUCTIO	27,750							
100 13 VOLUNTEERS	8,154				1,320			
100 14 RETAIL PHARMACY	48,205				2,096			
100 15 REHAB HOSPITAL COVERA	49,262							
100 16 EXECUTIVE HEALTH PROG	3,302				411			
100 17 VALET SERVICES								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,176,114	668,576	2,070,427	345,973	4,677,414	364,328	3,921,837	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.025723	12.821233	.813040	7.674305	10.295735	7.114947	5.893644	
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)	94,132	23,169	142,317	12,101	192,938	3,550	590,853	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.002059	.444310	.055887	.268422	.424687	.069328	.887920	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	DIETARY	SURRE CAFETERIA	CAFETERIA SUR REY	NURSING ADMINISTRATION	NURSING ADMINISTRATION SU	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	
	(MEALS SERVED)	S(FULL TIME LOYEEES)	EMP(FULL TIME LOYEEES)	EMP(NURSING )	(TOTAL FTES)	(DAYS)	(COSTED EQUI S.)	R(GROSS CHARGES)
	11.01	12	12.01	14	14.01	15	17	
GENERAL SERVICE COST								
003 NEW CAP REL COSTS-BLD								
004 NEW CAP REL COSTS-MVB								
004 01 NEW CAP REL COSTS-MVB								
005 EMPLOYEE BENEFITS								
006 01 NONPATIENT TELEPHONES								
006 02 OTHER ADMINISTRATIVE								
006 03 NONPATIENT TELEPHONES								
006 04 ADMINITTING								
006 05 ADMINISTRATIVE AND GE								
006 06 OTHER ADMINISTRATIVE								
007 MAINTENANCE & REPAIRS								
007 01 PURCHASING								
007 02 MAINTENANCE & REPAIRS								
009 LAUNDRY & LINEN SERVICE								
009 01 LAUNDRY & LINEN SERVICE								
010 HOUSEKEEPING								
010 01 HOUSEKEEPING SURREY								
011 DIETARY								
011 01 DIETARY SURREY	142,743							
012 CAFETERIA		162,161						
012 01 CAFETERIA SURREY	5,448		13,337					
014 NURSING ADMINISTRATION		2,617		49,138				
014 01 NURSING ADMINISTRATION			475		45,082			
015 CENTRAL SERVICES & SUPPLY		3,301				26,446,214		
017 MEDICAL RECORDS & LIBRARY							3 818,501,287	
017 01 MEDICAL RECORDS & LIBRARY			101					
018 SOCIAL SERVICE		1,204					67	
018 01 SOCIAL SERVICE SURREY			165					
020 NONPHYSICIAN ANESTHETIC								
022 I&R SERVICES-SALARY & BENEFITS		4,256						
023 I&R SERVICES-OTHER PERSONNEL		108					33	
024 PARAMEDICAL PROGRAM								
024 01 CLINICAL PASTORAL EDUCATION		235						
024 02 PHARMACY EDUCATION		264						
025 INPATIENT ROUTINE SERVICES								
025 ADULTS & PEDIATRICS		48,022		32,683		1,171,615	70,159,589	
026 INTENSIVE CARE UNIT		5,148		4,286		142,430	10,467,666	
027 CORONARY CARE UNIT		3,891		3,466		104,469	7,601,083	
031 SUBPROVIDER		1,066		641		2,359	1,008,151	
033 NURSERY		6,704		5,262		205,443	5,059,526	
034 SKILLED NURSING FACILITY	37,921		4,222			12,502	70,938	
036 OTHER LONG TERM CARE	98,823		6,283			32,580	57,030	
037 ANCILLARY SERVICE COST CENTER								
037 OPERATING ROOM		18,134				11,672,589	112,703,178	
037 01 VASCULAR ACCESS CENTER						762,156	10,927,653	
037 02 PAIN MANAGEMENT - BRAIN		183				46,739	2,644,926	
037 03 PAIN MANAGEMENT CENTER		89				13,062	310,206	
037 04 WOMEN'S DIAGNOSTICS/GYN		2,388				960,942	11,496,383	
038 RECOVERY ROOM		1,703				102,608	8,274,960	
039 DELIVERY ROOM & LABOR		1,657		1,280		87,932	4,945,572	
040 ANESTHESIOLOGY		550				1,048,770	15,123,191	
041 RADIOLOGY-DIAGNOSTIC		11,680				1,916,694	67,933,559	
041 01 MRI		522				127,717	14,675,810	
041 02 CT SCAN		1,012				424,422	50,795,555	
041 03 TDOC RADIOLOGY		1,017				458,327	29,569,623	
041 04 CDI RADIOLOGY							28,251,956	
044 LABORATORY		8,280				2,573,304	109,746,692	
048 INTRAVENOUS THERAPY		1,055		1,004		207,484	2,447,437	
048 01 BRAIN & SPINE INFUSION		55		54		525	115,912	
049 RESPIRATORY THERAPY		4,327				243,315	12,661,341	
049 01 CARDIAC REHABILITATION		1,760				17,912	2,213,153	
049 02 RESPIRATORY THERAPY SERVICES						311	130	
050 PHYSICAL THERAPY		3,372				21,044	10,908,025	
050 01 PT/OT/SPEECH THERAPY			1,554			825	14,094	
050 02 THERAPY SERVICES BRAIN		205				3,863	2,279,213	
051 OCCUPATIONAL THERAPY		735				1,026	2,106,025	
052 SPEECH PATHOLOGY		293				5,610	1,044,455	
053 ELECTROCARDIOLOGY		2,094				64,444	25,597,472	
053 01 CARDIAC CATH LAB		1,458				1,238,516	29,733,209	
053 02 TDOC ELECTROCARDIOLOGY		989				13,650	14,092,847	
054 ELECTROENCEPHALOGRAPHY		283				11,370	1,827,812	
054 01 SLEEP MEDICINE		3,012				31,571	5,252,750	
055 MEDICAL SUPPLIES CHARGED TO PATIENT						2,046,619	21,139,792	
056 DRUGS CHARGED TO PATIENT		3,446	94			136,408	75,046,385	
057 RENAL DIALYSIS		460		459		54,421	2,549,122	
059 NUTRITION/DIABETES EDUCATION		159				5	213,863	
060 OUTPATIENT SERVICE COST CENTER								
060 CLINIC							4,530	
061 EMERGENCY		6,557				200,544	29,132,312	
061 01 URGENT CARE CENTERS						171,042	18,425,503	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	DIETARY	SURRE CAFETERIA	CAFETERIA SUR REY	NURSING ADMINISTRATION	NURSING ADMINISTRATION SU	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY
	(MEALS SERVED)	S(FULL TIME )LOYEES	EMP(FULL TIME )LOYEES	EMP(NURSING )	FTES (TOTAL )	DAYS (COSTED )EQUI S.	R(GROSS CHARGES )
062 OUTPAT SERVICE COST C	11.01	12	12.01	14	14.01	15	17
071 OBSERVATION BEDS (NON OTHER REIMBURS COST C HOME HEALTH AGENCY SPEC PURPOSE COST CEN						1,715	
095 SUBTOTALS	142,192	154,291	12,894	49,135	45,082	26,421,869	818,501,027
096 NONREIMBURS COST CENT							
098 GIFT, FLOWER, COFFEE		304				6	
100 PHYSICIANS' PRIVATE O		3,660				14,024	
100 OTHER NONREIMBURSABLE							
100 01 DEVELOPMENT		198					
100 02 COMMUNITY OUTREACH						1,905	
100 03 FOUNTAIN CAFE		108					
100 04 SLEEP RESEARCH		1,615				1,497	
100 05 MEALS ON WHEELS							
100 06 GUEST MEALS	551						
100 07 PHYSICIAN REFERRAL		415					
100 09 UNUSED SPACE							
100 10 TV STORAGE (MAINTENAN							
100 11 MARKETING						150	
100 12 CHILDBIRTH INSTRUCTIO		74					
100 13 VOLUNTEERS		437				10	
100 14 RETAIL PHARMACY		521				3,880	
100 15 REHAB HOSPITAL COVERA			332	3		1,330	
100 16 EXECUTIVE HEALTH PROG						1,543	260
100 17 VALET SERVICES		538	111				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,450,565	3,578,268	177,308	2,543,882	603,785	3,188,707	4,062,792
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	10.162074	22.066144	13.294444	51.770158	13.393039	120573	.004964
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)	34,483	816,629	39,487	98,249	9,152	679,897	242,547
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.241574	5.035915	2.960711	1.999451	.203008	.025709	.000296

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE (GROSS CHARGES(TIME SPENT))	SOCIAL SERVICE SURREY (TOTAL DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	I&R SERVICES- SALARY & FRI (ASSIGNED TIME)	I&R SERVICES- OTHER PRGM (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)
GENERAL SERVICE COST	17.01	18	18.01	20	22	23	24
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
004 01 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 OTHER ADMINISTRATIVE							
006 03 NONPATIENT TELEPHONES							
006 04 ADMINITTING							
006 05 ADMINISTRATIVE AND GE							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
007 01 PURCHASING							
007 02 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
009 01 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING SURREY							
011 DIETARY							
011 01 DIETARY SURREY							
012 CAFETERIA							
012 01 CAFETERIA SURREY							
014 NURSING ADMINISTRATION							
014 01 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPORT							
017 MEDICAL RECORDS & LIBRARY	13,932,274						
017 01 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE		11,556					
018 01 SOCIAL SERVICE SURREY			45,082				
020 NONPHYSICIAN ANESTHETISTS				100			
022 I&R SERVICES-SALARY & FRI					43,750		
023 I&R SERVICES-OTHER PRGM						43,750	
024 PARAMED ED PRGM							124,804
024 01 CLINICAL PASTORAL EDUCATION							
024 02 PHARMACY EDUCATION							
INPAT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRICS		9,913			28,800	28,800	70,910
026 INTENSIVE CARE UNIT		242			3,900	3,900	4,415
027 CORONARY CARE UNIT		27			200	200	2,982
031 SUBPROVIDER		99					1,415
033 NURSERY		517					
034 SKILLED NURSING FACILITY	2,275,375		12,502		81	81	12,502
036 OTHER LONG TERM CARE	5,978,267		32,580				32,580
ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM							
037 01 VASCULAR ACCESS CENTER							
037 02 PAIN MANAGEMENT - BRAIN							
037 03 PAIN MANAGEMENT CENTER							
037 04 WOMEN'S DIAGNOSTICS/GYN					200	200	
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY				100	200	200	
041 RADIOLOGY-DIAGNOSTIC	51,670				900	900	
041 01 MRI							
041 02 CT SCAN	1,613						
041 03 TDOC RADIOLOGY							
041 04 CDI RADIOLOGY							
044 LABORATORY	350,802						
048 INTRAVENOUS THERAPY	591						
048 01 BRAIN & SPINE INFUSION							
049 RESPIRATORY THERAPY	42				1,200	1,200	
049 01 CARDIAC REHAB							
049 02 RESPIRATORY THERAPY SERVICES	33,018						
050 PHYSICAL THERAPY	75				100	100	
050 01 PT/OT/SPEECH THERAPY	4,089,460						
050 02 THERAPY SERVICES BRAIN							
051 OCCUPATIONAL THERAPY	504						
052 SPEECH PATHOLOGY	3,087						
053 ELECTROCARDIOLOGY	6,825				100	100	
053 01 CARDIAC CATH LAB							
053 02 TDOC ELECTROCARDIOLOGY	5,511						
054 ELECTROENCEPHALOGRAPH	647						
054 01 SLEEP MEDICINE							
055 MEDICAL SUPPLIES CHARGED TO PATIENT	286,505						
056 DRUGS CHARGED TO PATIENT	848,282				100	100	
057 RENAL DIALYSIS		397					
059 NUTRITION/DIABETES EDUCATION							
OUTPAT SERVICE COST CENTER							
060 CLINIC					6,469	6,469	
061 EMERGENCY		201			1,500	1,500	
061 01 URGENT CARE CENTERS							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SOCIAL SERVICE SURREY	NONPHYSICIAN ANESTHETISTS	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM
	(GROSS CHARGES)	(TIME SPENT)	(TOTAL DAYS)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
062 OUTPAT SERVICE COST C	17.01	18	18.01	20	22	23	24
071 OBSERVATION BEDS (NON OTHER REIMBURS COST C HOME HEALTH AGENCY SPEC PURPOSE COST CEN							
095 SUBTOTALS	13,932,274	11,396	45,082	100	43,750	43,750	124,804
096 NONREIMBURS COST CENT							
098 GIFT, FLOWER, COFFEE							
100 PHYSICIANS' PRIVATE O		160					
100 OTHER NONREIMBURSABLE							
100 01 DEVELOPMENT							
100 02 COMMUNITY OUTREACH							
100 03 FOUNTAIN CAFE							
100 04 SLEEP RESEARCH							
100 05 MEALS ON WHEELS							
100 06 GUEST MEALS							
100 07 PHYSICIAN REFERRAL							
100 09 UNUSED SPACE							
100 10 TV STORAGE (MAINTENAN							
100 11 MARKETING							
100 12 CHILDBIRTH INSTRUCTIO							
100 13 VOLUNTEERS							
100 14 RETAIL PHARMACY							
100 15 REHAB HOSPITAL COVERA							
100 16 EXECUTIVE HEALTH PROG							
100 17 VALET SERVICES							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	74,427	1,109,879	139,574		2,913,917	2,068,646	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.005342	96.043527	3.096003		66.603817	47.283337	
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)	1,141	57,780	2,877		42,550	197,328	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000082	5.000000	.063817		.972571	4.510354	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION		CLINICAL PAST PHARMACY EDUC ORAL EDUCATION	(ASSIGNED TIME )	(ASSIGNED TIME )
	GENERAL SERVICE COST		24.01	24.02
003	NEW CAP REL COSTS-BLD			
004	NEW CAP REL COSTS-MVB			
004	01 NEW CAP REL COSTS-MVB			
005	EMPLOYEE BENEFITS			
006	01 NONPATIENT TELEPHONES			
006	02 OTHER ADMINISTRATIVE			
006	03 NONPATIENT TELEPHONES			
006	04 ADMITTING			
006	05 ADMINISTRATIVE AND GE			
006	06 OTHER ADMINISTRATIVE			
007	MAINTENANCE & REPAIRS			
007	01 PURCHASING			
007	02 MAINTENANCE & REPAIRS			
009	LAUNDRY & LINEN SERVI			
009	01 LAUNDRY & LINEN SERVI			
010	HOUSEKEEPING			
010	01 HOUSEKEEPING SURREY			
011	DIETARY			
011	01 DIETARY SURREY			
012	CAFETERIA			
012	01 CAFETERIA SURREY			
014	NURSING ADMINISTRATION			
014	01 NURSING ADMINISTRATION			
015	CENTRAL SERVICES & SU			
017	MEDICAL RECORDS & LIB			
017	01 MEDICAL RECORDS & LIB			
018	SOCIAL SERVICE			
018	01 SOCIAL SERVICE SURREY			
020	NONPHYSICIAN ANESTHET			
022	I&R SERVICES-SALARY &			
023	I&R SERVICES-OTHER PR			
024	PARAMEDICAL PRGM			
024	01 CLINICAL PASTORAL EDU	124,804		
024	02 PHARMACY EDUCATION		100	
	INPAT ROUTINE SRVC CN			
025	ADULTS & PEDIATRICS	70,910		
026	INTENSIVE CARE UNIT	4,415		
027	CORONARY CARE UNIT	2,982		
031	SUBPROVIDER	1,415		
033	NURSERY			
034	SKILLED NURSING FACIL	12,502		
036	OTHER LONG TERM CARE	32,580		
	ANCILLARY SRVC COST C			
037	OPERATING ROOM			
037	01 VASCULAR ACCESS CENTE			
037	02 PAIN MANAGEMENT - BRA			
037	03 PAIN MANAGEMENT CENTE			
037	04 WOMEN'S DIAGNOSTICS/G			
038	RECOVERY ROOM			
039	DELIVERY ROOM & LABOR			
040	ANESTHESIOLOGY			
041	RADIOLOGY-DIAGNOSTIC			
041	01 MRI			
041	02 CT SCAN			
041	03 TDOC RADIOLOGY			
041	04 CDI RADIOLOGY			
044	LABORATORY			
048	INTRAVENOUS THERAPY			
048	01 BRAIN & SPINE INFUSIO			
049	RESPIRATORY THERAPY			
049	01 CARDIAC REHAB			
049	02 RESPIRATORY THERAPY S			
050	PHYSICAL THERAPY			
050	01 PT/OT/SPEECH THERAPY			
050	02 THERAPY SERVICES BRAI			
051	OCCUPATIONAL THERAPY			
052	SPEECH PATHOLOGY			
053	ELECTROCARDIOLOGY			
053	01 CARDIAC CATH LAB			
053	02 TDOC ELECTROCARDIOLOGY			
054	ELECTROENCEPHALOGRAPH			
054	01 SLEEP MEDICINE			
055	MEDICAL SUPPLIES CHAR			
056	DRUGS CHARGED TO PATI		100	
057	RENAL DIALYSIS			
059	NUTRITION/DIABETES ED			
	OUTPAT SERVICE COST C			
060	CLINIC			
061	EMERGENCY			
061	01 URGENT CARE CENTERS			

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	CLINICAL PAST PHARMACY EDUC ORAL EDUCATION	
		(ASSIGNED TIME )	(ASSIGNED TIME )
	OUTPAT SERVICE COST C	24.01	24.02
062	OBSERVATION BEDS (NON		
	OTHER REIMBURS COST C		
071	HOME HEALTH AGENCY		
	SPEC PURPOSE COST CEN		
095	SUBTOTALS	124,804	100
	NONREIMBURS COST CENT		
096	GIFT, FLOWER, COFFEE		
098	PHYSICIANS' PRIVATE O		
100	OTHER NONREIMBURSABLE		
100	01 DEVELOPMENT		
100	02 COMMUNITY OUTREACH		
100	03 FOUNTAIN CAFE		
100	04 SLEEP RESEARCH		
100	05 MEALS ON WHEELS		
100	06 GUEST MEALS		
100	07 PHYSICIAN REFERRAL		
100	09 UNUSED SPACE		
100	10 TV STORAGE (MAINTENAN		
100	11 MARKETING		
100	12 CHILDBIRTH INSTRUCTIO		
100	13 VOLUNTEERS		
100	14 RETAIL PHARMACY		
100	15 REHAB HOSPITAL COVERA		
100	16 EXECUTIVE HEALTH PROG		
100	17 VALET SERVICES		
101	CROSS FOOT ADJUSTMENT		
102	NEGATIVE COST CENTER		
103	COST TO BE ALLOCATED	239,060	240,439
	(PER WRKSHT B, PART		
104	UNIT COST MULTIPLIER		2,404.390000
	(WRKSHT B, PT I)	1.915483	
105	COST TO BE ALLOCATED		
	(PER WRKSHT B, PART		
106	UNIT COST MULTIPLIER		
	(WRKSHT B, PT II)		
107	COST TO BE ALLOCATED	26,263	11,263
	(PER WRKSHT B, PART		
108	UNIT COST MULTIPLIER		112.630000
	(WRKSHT B, PT III)	.210434	

POST STEP DOWN ADJUSTMENTS

PROVIDER NO:  
26-0179

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

PREPARED 11/24/2009  
WORKSHEET B-2

	DESCRIPTION	WORKSHEET		AMOUNT
		PART	LINE NO.	
	1	2	3	4
1	ADJ FOR EPO COSTS IN RENAL DIA	1	57	-28,274
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

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET C  
 PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	55,021,436		55,021,436	288,178	55,309,614
26	INTENSIVE CARE UNIT	6,217,801		6,217,801	233,359	6,451,160
27	CORONARY CARE UNIT	5,101,642		5,101,642	17,137	5,118,779
31	SUBPROVIDER	1,042,437		1,042,437	27,553	1,069,990
33	NURSERY	8,070,045		8,070,045		8,070,045
34	SKILLED NURSING FACILITY	3,932,664		3,932,664		3,932,664
36	OTHER LONG TERM CARE	6,484,094		6,484,094		6,484,094
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	49,454,906		49,454,906	234,169	49,689,075
37 01	VASCULAR ACCESS CENTER	2,310,472		2,310,472		2,310,472
37 02	PAIN MANAGEMENT - BRAIN &	366,489		366,489	45,039	411,528
37 03	PAIN MANAGEMENT CENTER	113,460		113,460		113,460
37 04	WOMEN'S DIAGNOSTICS/GI SE	4,455,516		4,455,516	10,019	4,465,535
38	RECOVERY ROOM	2,175,872		2,175,872		2,175,872
39	DELIVERY ROOM & LABOR ROO	2,026,415		2,026,415		2,026,415
40	ANESTHESIOLOGY	1,786,938		1,786,938		1,786,938
41	RADIOLOGY-DIAGNOSTIC	17,343,545		17,343,545		17,343,545
41 01	MRI	1,102,664		1,102,664		1,102,664
41 02	CT SCAN	2,059,483		2,059,483		2,059,483
41 03	TDOC RADIOLOGY	2,226,995		2,226,995		2,226,995
41 04	CDI RADIOLOGY	9,333,925		9,333,925		9,333,925
44	LABORATORY	16,248,990		16,248,990	63,347	16,312,337
48	INTRAVENOUS THERAPY	1,460,575		1,460,575		1,460,575
48 01	BRAIN & SPINE INFUSION CE	125,805		125,805	11,130	136,935
49	RESPIRATORY THERAPY	4,099,249		4,099,249		4,099,249
49 01	CARDIAC REHAB	2,897,744		2,897,744		2,897,744
49 02	RESPIRATORY THERAPY SURRE	16,068		16,068		16,068
50	PHYSICAL THERAPY	4,377,206		4,377,206		4,377,206
50 01	PT/OT/SPEECH THERAPY SURR	1,438,570		1,438,570		1,438,570
50 02	THERAPY SERVICES BRAIN &	1,351,395		1,351,395		1,351,395
51	OCCUPATIONAL THERAPY	669,138		669,138		669,138
52	SPEECH PATHOLOGY	315,568		315,568		315,568
53	ELECTROCARDIOLOGY	2,641,096		2,641,096		2,641,096
53 01	CARDIAC CATH LAB	7,705,271		7,705,271	13,026	7,718,297
53 02	TDOC ELECTROCARDIOLOGY	1,276,349		1,276,349		1,276,349
54	ELECTROENCEPHALOGRAPHY	420,211		420,211		420,211
54 01	SLEEP MEDICINE	3,356,951		3,356,951		3,356,951
55	MEDICAL SUPPLIES CHARGED	2,761,014		2,761,014		2,761,014
56	DRUGS CHARGED TO PATIENTS	16,935,735		16,935,735		16,935,735
57	RENAL DIALYSIS	813,887		813,887		813,887
59	NUTRITION/DIABETES EDUCAT	470,945		470,945		470,945
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	2,442		2,442		2,442
61	EMERGENCY	7,208,623		7,208,623	92,920	7,301,543
61 01	URGENT CARE CENTERS	8,189,551		8,189,551	33,076	8,222,627
62	OBSERVATION BEDS (NON-DIS	1,037,828		1,037,828		1,037,828
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	266,447,010		266,447,010	1,068,953	267,515,963
102	LESS OBSERVATION BEDS	1,037,828		1,037,828		1,037,828
103	TOTAL	265,409,182		265,409,182	1,068,953	266,478,135

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	62,010,899		62,010,899			
26	INTENSIVE CARE UNIT	10,449,080		10,449,080			
27	CORONARY CARE UNIT	7,591,951		7,591,951			
31	SUBPROVIDER	1,003,082		1,003,082			
33	NURSERY	5,060,486		5,060,486			
34	SKILLED NURSING FACILITY	2,275,739		2,275,739			
36	OTHER LONG TERM CARE	5,978,269		5,978,269			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	51,650,897	61,052,281	112,703,178	.438807	.438807	.440884
37 01	VASCULAR ACCESS CENTER	153	10,927,500	10,927,653	.211434	.211434	.211434
37 02	PAIN MANAGEMENT - BRAIN &	15,308	2,629,618	2,644,926	.138563	.138563	.155591
37 03	PAIN MANAGEMENT CENTER	2,863	307,343	310,206	.365757	.365757	.365757
37 04	WOMEN'S DIAGNOSTICS/GI SE	2,237,980	9,258,403	11,496,383	.387558	.387558	.388430
38	RECOVERY ROOM	3,672,242	4,602,718	8,274,960	.262947	.262947	.262947
39	DELIVERY ROOM & LABOR ROO	4,945,572	1,266,576	6,212,148	.326202	.326202	.326202
40	ANESTHESIOLOGY	6,588,149	8,535,042	15,123,191	.118159	.118159	.118159
41	RADIOLOGY-DIAGNOSTIC	13,782,897	54,202,332	67,985,229	.255108	.255108	.255108
41 01	MRI	5,510,483	9,165,327	14,675,810	.075135	.075135	.075135
41 02	CT SCAN	20,804,347	29,992,821	50,797,168	.040543	.040543	.040543
41 03	TDOC RADIOLOGY	259,038	29,310,585	29,569,623	.075314	.075314	.075314
41 04	CDI RADIOLOGY	60,237	28,191,719	28,251,956	.330382	.330382	.330382
44	LABORATORY	54,570,643	55,526,851	110,097,494	.147587	.147587	.148163
48	INTRAVENOUS THERAPY	1,167,044	1,280,984	2,448,028	.596633	.596633	.596633
48 01	BRAIN & SPINE INFUSION CE		115,912	115,912	1.085349	1.085349	1.181370
49	RESPIRATORY THERAPY	10,326,421	2,334,962	12,661,383	.323760	.323760	.323760
49 01	CARDIAC REHAB	290,837	1,922,316	2,213,153	1.309328	1.309328	1.309328
49 02	RESPIRATORY THERAPY SURRE	33,148		33,148	.484735	.484735	.484735
50	PHYSICAL THERAPY	4,504,355	6,403,745	10,908,100	.401280	.401280	.401280
50 01	PT/OT/SPEECH THERAPY SURR	3,864,952	238,602	4,103,554	.350567	.350567	.350567
50 02	THERAPY SERVICES BRAIN &	353	2,278,860	2,279,213	.592922	.592922	.592922
51	OCCUPATIONAL THERAPY	2,080,751	25,778	2,106,529	.317650	.317650	.317650
52	SPEECH PATHOLOGY	997,989	49,553	1,047,542	.301246	.301246	.301246
53	ELECTROCARDIOLOGY	17,438,157	8,166,140	25,604,297	.103150	.103150	.103150
53 01	CARDIAC CATH LAB	15,511,414	14,221,795	29,733,209	.259147	.259147	.259585
53 02	TDOC ELECTROCARDIOLOGY	161,881	13,936,477	14,098,358	.090532	.090532	.090532
54	ELECTROENCEPHALOGRAPHY	427,868	1,400,591	1,828,459	.229817	.229817	.229817
54 01	SLEEP MEDICINE	35,747	5,217,003	5,252,750	.639084	.639084	.639084
55	MEDICAL SUPPLIES CHARGED	16,685,001	4,741,296	21,426,297	.128861	.128861	.128861
56	DRUGS CHARGED TO PATIENTS	52,823,508	23,071,159	75,894,667	.223148	.223148	.223148
57	RENAL DIALYSIS	2,128,567	420,555	2,549,122	.319281	.319281	.319281
59	NUTRITION/DIABETES EDUCAT OUTPAT SERVICE COST CNTRS	30,894	182,969	213,863	2.202087	2.202087	2.202087
60	CLINIC		4,530	4,530	.539073	.539073	.539073
61	EMERGENCY	13,456,323	15,675,989	29,132,312	.247444	.247444	.250634
61 01	URGENT CARE CENTERS	31,996	18,393,507	18,425,503	.444468	.444468	.446263
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	299,561	6,609,311	6,908,872	.150217	.150217	.150217
101	SUBTOTAL	400,767,082	431,661,150	832,428,232			
102	LESS OBSERVATION BEDS						
103	TOTAL	400,767,082	431,661,150	832,428,232			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 26-0179  
PERIOD: FROM 7/1/2008 TO 6/30/2009  
PREPARED 11/24/2009  
WORKSHEET C PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	55,021,436		55,021,436	288,178	55,309,614
26	INTENSIVE CARE UNIT	6,217,801		6,217,801	233,359	6,451,160
27	CORONARY CARE UNIT	5,101,642		5,101,642	17,137	5,118,779
31	SUBPROVIDER	1,042,437		1,042,437	27,553	1,069,990
33	NURSERY	8,070,045		8,070,045		8,070,045
34	SKILLED NURSING FACILITY	3,932,664		3,932,664		3,932,664
36	OTHER LONG TERM CARE	6,484,094		6,484,094		6,484,094
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	49,454,906		49,454,906	234,169	49,689,075
37 01	VASCULAR ACCESS CENTER	2,310,472		2,310,472		2,310,472
37 02	PAIN MANAGEMENT - BRAIN &	366,489		366,489	45,039	411,528
37 03	PAIN MANAGEMENT CENTER	113,460		113,460		113,460
37 04	WOMEN'S DIAGNOSTICS/GI SE	4,455,516		4,455,516	10,019	4,465,535
38	RECOVERY ROOM	2,175,872		2,175,872		2,175,872
39	DELIVERY ROOM & LABOR ROO	2,026,415		2,026,415		2,026,415
40	ANESTHESIOLOGY	1,786,938		1,786,938		1,786,938
41	RADIOLOGY-DIAGNOSTIC	17,343,545		17,343,545		17,343,545
41 01	MRI	1,102,664		1,102,664		1,102,664
41 02	CT SCAN	2,059,483		2,059,483		2,059,483
41 03	TDOC RADIOLOGY	2,226,995		2,226,995		2,226,995
41 04	CDI RADIOLOGY	9,333,925		9,333,925		9,333,925
44	LABORATORY	16,248,990		16,248,990	63,347	16,312,337
48	INTRAVENOUS THERAPY	1,460,575		1,460,575		1,460,575
48 01	BRAIN & SPINE INFUSION CE	125,805		125,805	11,130	136,935
49	RESPIRATORY THERAPY	4,099,249		4,099,249		4,099,249
49 01	CARDIAC REHAB	2,897,744		2,897,744		2,897,744
49 02	RESPIRATORY THERAPY SURRE	16,068		16,068		16,068
50	PHYSICAL THERAPY	4,377,206		4,377,206		4,377,206
50 01	PT/OT/SPEECH THERAPY SURR	1,438,570		1,438,570		1,438,570
50 02	THERAPY SERVICES BRAIN &	1,351,395		1,351,395		1,351,395
51	OCCUPATIONAL THERAPY	669,138		669,138		669,138
52	SPEECH PATHOLOGY	315,568		315,568		315,568
53	ELECTROCARDIOLOGY	2,641,096		2,641,096		2,641,096
53 01	CARDIAC CATH LAB	7,705,271		7,705,271	13,026	7,718,297
53 02	TDOC ELECTROCARDIOLOGY	1,276,349		1,276,349		1,276,349
54	ELECTROENCEPHALOGRAPHY	420,211		420,211		420,211
54 01	SLEEP MEDICINE	3,356,951		3,356,951		3,356,951
55	MEDICAL SUPPLIES CHARGED	2,761,014		2,761,014		2,761,014
56	DRUGS CHARGED TO PATIENTS	16,935,735		16,935,735		16,935,735
57	RENAL DIALYSIS	813,887		813,887		813,887
59	NUTRITION/DIABETES EDUCAT	470,945		470,945		470,945
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	2,442		2,442		2,442
61	EMERGENCY	7,208,623		7,208,623	92,920	7,301,543
61 01	URGENT CARE CENTERS	8,189,551		8,189,551	33,076	8,222,627
62	OBSERVATION BEDS (NON-DIS	1,037,828		1,037,828		1,037,828
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	266,447,010		266,447,010	1,068,953	267,515,963
102	LESS OBSERVATION BEDS	1,037,828		1,037,828		1,037,828
103	TOTAL	265,409,182		265,409,182	1,068,953	266,478,135

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 26-0179  
PERIOD: FROM 7/1/2008 TO 6/30/2009  
PREPARED 11/24/2009  
WORKSHEET C PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	62,010,899		62,010,899			
26	INTENSIVE CARE UNIT	10,449,080		10,449,080			
27	CORONARY CARE UNIT	7,591,951		7,591,951			
31	SUBPROVIDER	1,003,082		1,003,082			
33	NURSERY	5,060,486		5,060,486			
34	SKILLED NURSING FACILITY	2,275,739		2,275,739			
36	OTHER LONG TERM CARE	5,978,269		5,978,269			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	51,650,897	61,052,281	112,703,178	.438807	.438807	.440884
37 01	VASCULAR ACCESS CENTER	153	10,927,500	10,927,653	.211434	.211434	.211434
37 02	PAIN MANAGEMENT - BRAIN &	15,308	2,629,618	2,644,926	.138563	.138563	.155591
37 03	PAIN MANAGEMENT CENTER	2,863	307,343	310,206	.365757	.365757	.365757
37 04	WOMEN'S DIAGNOSTICS/GI SE	2,237,980	9,258,403	11,496,383	.387558	.387558	.388430
38	RECOVERY ROOM	3,672,242	4,602,718	8,274,960	.262947	.262947	.262947
39	DELIVERY ROOM & LABOR ROO	4,945,572	1,266,576	6,212,148	.326202	.326202	.326202
40	ANESTHESIOLOGY	6,588,149	8,535,042	15,123,191	.118159	.118159	.118159
41	RADIOLOGY-DIAGNOSTIC	13,782,897	54,202,332	67,985,229	.255108	.255108	.255108
41 01	MRI	5,510,483	9,165,327	14,675,810	.075135	.075135	.075135
41 02	CT SCAN	20,804,347	29,992,821	50,797,168	.040543	.040543	.040543
41 03	TDOC RADIOLOGY	259,038	29,310,585	29,569,623	.075314	.075314	.075314
41 04	CDI RADIOLOGY	60,237	28,191,719	28,251,956	.330382	.330382	.330382
44	LABORATORY	54,570,643	55,526,851	110,097,494	.147587	.147587	.148163
48	INTRAVENOUS THERAPY	1,167,044	1,280,984	2,448,028	.596633	.596633	.596633
48 01	BRAIN & SPINE INFUSION CE		115,912	115,912	1.085349	1.085349	1.181370
49	RESPIRATORY THERAPY	10,326,421	2,334,962	12,661,383	.323760	.323760	.323760
49 01	CARDIAC REHAB	290,837	1,922,316	2,213,153	1.309328	1.309328	1.309328
49 02	RESPIRATORY THERAPY SURR	33,148		33,148	.484735	.484735	.484735
50	PHYSICAL THERAPY	4,504,355	6,403,745	10,908,100	.401280	.401280	.401280
50 01	PT/OT/SPEECH THERAPY SURR	3,864,952	238,602	4,103,554	.350567	.350567	.350567
50 02	THERAPY SERVICES BRAIN &	353	2,278,860	2,279,213	.592922	.592922	.592922
51	OCCUPATIONAL THERAPY	2,080,751	25,778	2,106,529	.317650	.317650	.317650
52	SPEECH PATHOLOGY	997,989	49,553	1,047,542	.301246	.301246	.301246
53	ELECTROCARDIOLOGY	17,438,157	8,166,140	25,604,297	.103150	.103150	.103150
53 01	CARDIAC CATH LAB	15,511,414	14,221,795	29,733,209	.259147	.259147	.259585
53 02	TDOC ELECTROCARDIOLOGY	161,881	13,936,477	14,098,358	.090532	.090532	.090532
54	ELECTROENCEPHALOGRAPHY	427,868	1,400,591	1,828,459	.229817	.229817	.229817
54 01	SLEEP MEDICINE	35,747	5,217,003	5,252,750	.639084	.639084	.639084
55	MEDICAL SUPPLIES CHARGED	16,685,001	4,741,296	21,426,297	.128861	.128861	.128861
56	DRUGS CHARGED TO PATIENTS	52,823,508	23,071,159	75,894,667	.223148	.223148	.223148
57	RENAL DIALYSIS	2,128,567	420,555	2,549,122	.319281	.319281	.319281
59	NUTRITION/DIABETES EDUCAT OUTPAT SERVICE COST CNTRS	30,894	182,969	213,863	2.202087	2.202087	2.202087
60	CLINIC		4,530	4,530	.539073	.539073	.539073
61	EMERGENCY	13,456,323	15,675,989	29,132,312	.247444	.247444	.250634
61 01	URGENT CARE CENTERS	31,996	18,393,507	18,425,503	.444468	.444468	.446263
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	299,561	6,609,311	6,908,872	.150217	.150217	.150217
101	SUBTOTAL	400,767,082	431,661,150	832,428,232			
102	LESS OBSERVATION BEDS						
103	TOTAL	400,767,082	431,661,150	832,428,232			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	49,454,906	2,887,174	46,567,732			49,454,906
37	01 VASCULAR ACCESS CENTER	2,310,472	444,720	1,865,752			2,310,472
37	02 PAIN MANAGEMENT - BRAIN &	366,489	46,805	319,684			366,489
37	03 PAIN MANAGEMENT CENTER	113,460	15,651	97,809			113,460
37	04 WOMEN'S DIAGNOSTICS/GI SE	4,455,516	567,193	3,888,323			4,455,516
38	RECOVERY ROOM	2,175,872	225,238	1,950,634			2,175,872
39	DELIVERY ROOM & LABOR ROO	2,026,415	232,551	1,793,864			2,026,415
40	ANESTHESIOLOGY	1,786,938	58,165	1,728,773			1,786,938
41	RADIOLOGY-DIAGNOSTIC	17,343,545	2,002,083	15,341,462			17,343,545
41	01 MRI	1,102,664	190,778	911,886			1,102,664
41	02 CT SCAN	2,059,483	198,930	1,860,553			2,059,483
41	03 TDOC RADIOLOGY	2,226,995	297,649	1,929,346			2,226,995
41	04 CDI RADIOLOGY	9,333,925	2,510,631	6,823,294			9,333,925
44	LABORATORY	16,248,990	1,067,530	15,181,460			16,248,990
48	INTRAVENOUS THERAPY	1,460,575	52,381	1,408,194			1,460,575
48	01 BRAIN & SPINE INFUSION CE	125,805	12,337	113,468			125,805
49	RESPIRATORY THERAPY	4,099,249	216,908	3,882,341			4,099,249
49	01 CARDIAC REHAB	2,897,744	488,746	2,408,998			2,897,744
49	02 RESPIRATORY THERAPY SURR	16,068	1,767	14,301			16,068
50	PHYSICAL THERAPY	4,377,206	620,449	3,756,757			4,377,206
50	01 PT/OT/SPEECH THERAPY SURR	1,438,570	38,062	1,400,508			1,438,570
50	02 THERAPY SERVICES BRAIN &	1,351,395	163,794	1,187,601			1,351,395
51	OCCUPATIONAL THERAPY	669,138	9,318	659,820			669,138
52	SPEECH PATHOLOGY	315,568	7,408	308,160			315,568
53	ELECTROCARDIOLOGY	2,641,096	272,479	2,368,617			2,641,096
53	01 CARDIAC CATH LAB	7,705,271	381,396	7,323,875			7,705,271
53	02 TDOC ELECTROCARDIOLOGY	1,276,349	204,983	1,071,366			1,276,349
54	ELECTROENCEPHALOGRAPHY	420,211	83,479	336,732			420,211
54	01 SLEEP MEDICINE	3,356,951	406,967	2,949,984			3,356,951
55	MEDICAL SUPPLIES CHARGED	2,761,014	80,363	2,680,651			2,761,014
56	DRUGS CHARGED TO PATIENTS	16,935,735	340,786	16,594,949			16,935,735
57	RENAL DIALYSIS	813,887	82,813	731,074			813,887
59	NUTRITION/DIABETES EDUCAT OUTPAT SERVICE COST CNTRS	470,945	82,822	388,123			470,945
60	CLINIC	2,442	44	2,398			2,442
61	EMERGENCY	7,208,623	509,763	6,698,860			7,208,623
61	01 URGENT CARE CENTERS	8,189,551	1,258,364	6,931,187			8,189,551
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,037,828	113,244	924,584			1,037,828
101	SUBTOTAL	180,576,891	16,173,771	164,403,120			180,576,891
102	LESS OBSERVATION BEDS	1,037,828	113,244	924,584			1,037,828
103	TOTAL	179,539,063	16,060,527	163,478,536			179,539,063

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
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	112,703,178	.438807	.438807
37 01	VASCULAR ACCESS CENTER	10,927,653	.211434	.211434
37 02	PAIN MANAGEMENT - BRAIN &	2,644,926	.138563	.138563
37 03	PAIN MANAGEMENT CENTER	310,206	.365757	.365757
37 04	WOMEN'S DIAGNOSTICS/GI SE	11,496,383	.387558	.387558
38	RECOVERY ROOM	8,274,960	.262947	.262947
39	DELIVERY ROOM & LABOR ROO	6,212,148	.326202	.326202
40	ANESTHESIOLOGY	15,123,191	.118159	.118159
41	RADIOLOGY-DIAGNOSTIC	67,985,229	.255108	.255108
41 01	MRI	14,675,810	.075135	.075135
41 02	CT SCAN	50,797,168	.040543	.040543
41 03	TDOC RADIOLOGY	29,569,623	.075314	.075314
41 04	CDI RADIOLOGY	28,251,956	.330382	.330382
44	LABORATORY	110,097,494	.147587	.147587
48	INTRAVENOUS THERAPY	2,448,028	.596633	.596633
48 01	BRAIN & SPINE INFUSION CE	115,912	1.085349	1.085349
49	RESPIRATORY THERAPY	12,661,383	.323760	.323760
49 01	CARDIAC REHAB	2,213,153	1.309328	1.309328
49 02	RESPIRATORY THERAPY SURR	33,148	.484735	.484735
50	PHYSICAL THERAPY	10,908,100	.401280	.401280
50 01	PT/OT/SPEECH THERAPY SURR	4,103,554	.350567	.350567
50 02	THERAPY SERVICES BRAIN &	2,279,213	.592922	.592922
51	OCCUPATIONAL THERAPY	2,106,529	.317650	.317650
52	SPEECH PATHOLOGY	1,047,542	.301246	.301246
53	ELECTROCARDIOLOGY	25,604,297	.103150	.103150
53 01	CARDIAC CATH LAB	29,733,209	.259147	.259147
53 02	TDOC ELECTROCARDIOLOGY	14,098,358	.090532	.090532
54	ELECTROENCEPHALOGRAPHY	1,828,459	.229817	.229817
54 01	SLEEP MEDICINE	5,252,750	.639084	.639084
55	MEDICAL SUPPLIES CHARGED	21,426,297	.128861	.128861
56	DRUGS CHARGED TO PATIENTS	75,894,667	.223148	.223148
57	RENAL DIALYSIS	2,549,122	.319281	.319281
59	NUTRITION/DIABETES EDUCAT OUTPAT SERVICE COST CNTRS	213,863	2.202087	2.202087
60	CLINIC	4,530	.539073	.539073
61	EMERGENCY	29,132,312	.247444	.247444
61 01	URGENT CARE CENTERS	18,425,503	.444468	.444468
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	6,908,872	.150217	.150217
101	SUBTOTAL	738,058,726		
102	LESS OBSERVATION BEDS	6,908,872		
103	TOTAL	731,149,854		

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	49,454,906	2,887,174	46,567,732	288,717	2,700,928	46,465,261
37 01	VASCULAR ACCESS CENTER	2,310,472	444,720	1,865,752	44,472	108,214	2,157,786
37 02	PAIN MANAGEMENT - BRAIN &	366,489	46,805	319,684	4,681	18,542	343,266
37 03	PAIN MANAGEMENT CENTER	113,460	15,651	97,809	1,565	5,673	106,222
37 04	WOMEN'S DIAGNOSTICS/GI SE	4,455,516	567,193	3,888,323	56,719	225,523	4,173,274
38	RECOVERY ROOM	2,175,872	225,238	1,950,634	22,524	113,137	2,040,211
39	DELIVERY ROOM & LABOR ROO	2,026,415	232,551	1,793,864	23,255	104,044	1,899,116
40	ANESTHESIOLOGY	1,786,938	58,165	1,728,773	5,817	100,269	1,680,852
41	RADIOLOGY-DIAGNOSTIC	17,343,545	2,002,083	15,341,462	200,208	889,805	16,253,532
41 01	MRI	1,102,664	190,778	911,886	19,078	52,889	1,030,697
41 02	CT SCAN	2,059,483	198,930	1,860,553	19,893	107,912	1,931,678
41 03	TDOC RADIOLOGY	2,226,995	297,649	1,929,346	29,765	111,902	2,085,328
41 04	CDI RADIOLOGY	9,333,925	2,510,631	6,823,294	251,063	395,751	8,687,111
44	LABORATORY	16,248,990	1,067,530	15,181,460	106,753	880,525	15,261,712
48	INTRAVENOUS THERAPY	1,460,575	52,381	1,408,194	5,238	81,675	1,373,662
48 01	BRAIN & SPINE INFUSION CE	125,805	12,337	113,468	1,234	6,581	117,990
49	RESPIRATORY THERAPY	4,099,249	216,908	3,882,341	21,691	225,176	3,852,382
49 01	CARDIAC REHAB	2,897,744	488,746	2,408,998	48,875	139,722	2,709,147
49 02	RESPIRATORY THERAPY SURR	16,068	1,767	14,301	177	829	15,062
50	PHYSICAL THERAPY	4,377,206	620,449	3,756,757	62,045	217,892	4,097,269
50 01	PT/OT/SPEECH THERAPY SURR	1,438,570	38,062	1,400,508	3,806	81,229	1,353,535
50 02	THERAPY SERVICES BRAIN &	1,351,395	163,794	1,187,601	16,379	68,881	1,266,135
51	OCCUPATIONAL THERAPY	669,138	9,318	659,820	932	38,270	629,936
52	SPEECH PATHOLOGY	315,568	7,408	308,160	741	17,873	296,954
53	ELECTROCARDIOLOGY	2,641,096	272,479	2,368,617	27,248	137,380	2,476,468
53 01	CARDIAC CATH LAB	7,705,271	381,396	7,323,875	38,140	424,785	7,242,346
53 02	TDOC ELECTROCARDIOLOGY	1,276,349	204,983	1,071,366	20,498	62,139	1,193,712
54	ELECTROENCEPHALOGRAPHY	420,211	83,479	336,732	8,348	19,530	392,333
54 01	SLEEP MEDICINE	3,356,951	406,967	2,949,984	40,697	171,099	3,145,155
55	MEDICAL SUPPLIES CHARGED	2,761,014	80,363	2,680,651	8,036	155,478	2,597,500
56	DRUGS CHARGED TO PATIENTS	16,935,735	340,786	16,594,949	34,079	962,507	15,939,149
57	RENAL DIALYSIS	813,887	82,813	731,074	8,281	42,402	763,204
59	NUTRITION/DIABETES EDUCAT OUTPAT SERVICE COST CNTRS	470,945	82,822	388,123	8,282	22,511	440,152
60	CLINIC	2,442	44	2,398	4	139	2,299
61	EMERGENCY	7,208,623	509,763	6,698,860	50,976	388,534	6,769,113
61 01	URGENT CARE CENTERS	8,189,551	1,258,364	6,931,187	125,836	402,009	7,661,706
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,037,828	113,244	924,584	11,324	53,626	972,878
101	SUBTOTAL	180,576,891	16,173,771	164,403,120	1,617,377	9,535,381	169,424,133
102	LESS OBSERVATION BEDS	1,037,828	113,244	924,584	11,324	53,626	972,878
103	TOTAL	179,539,063	16,060,527	163,478,536	1,606,053	9,481,755	168,451,255

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	112,703,178	.412280	.436245
37 01	VASCULAR ACCESS CENTER	10,927,653	.197461	.207364
37 02	PAIN MANAGEMENT - BRAIN &	2,644,926	.129783	.136793
37 03	PAIN MANAGEMENT CENTER	310,206	.342424	.360712
37 04	WOMEN'S DIAGNOSTICS/GI SE	11,496,383	.363008	.382624
38	RECOVERY ROOM	8,274,960	.246552	.260225
39	DELIVERY ROOM & LABOR ROO	6,212,148	.305710	.322459
40	ANESTHESIOLOGY	15,123,191	.111144	.117774
41	RADIOLOGY-DIAGNOSTIC	67,985,229	.239074	.252163
41 01	MRI	14,675,810	.070231	.073835
41 02	CT SCAN	50,797,168	.038027	.040152
41 03	TDOC RADIOLOGY	29,569,623	.070523	.074307
41 04	CDI RADIOLOGY	28,251,956	.307487	.321495
44	LABORATORY	110,097,494	.138620	.146618
48	INTRAVENOUS THERAPY	2,448,028	.561130	.594494
48 01	BRAIN & SPINE INFUSION CE	115,912	1.017927	1.074703
49	RESPIRATORY THERAPY	12,661,383	.304262	.322047
49 01	CARDIAC REHAB	2,213,153	1.224112	1.287244
49 02	RESPIRATORY THERAPY SURR	33,148	.454386	.479395
50	PHYSICAL THERAPY	10,908,100	.375617	.395592
50 01	PT/OT/SPEECH THERAPY SURR	4,103,554	.329845	.349639
50 02	THERAPY SERVICES BRAIN &	2,279,213	.555514	.585736
51	OCCUPATIONAL THERAPY	2,106,529	.299040	.317207
52	SPEECH PATHOLOGY	1,047,542	.283477	.300539
53	ELECTROCARDIOLOGY	25,604,297	.096721	.102086
53 01	CARDIAC CATH LAB	29,733,209	.243578	.257864
53 02	TDOC ELECTROCARDIOLOGY	14,098,358	.084670	.089078
54	ELECTROENCEPHALOGRAPHY	1,828,459	.214570	.225251
54 01	SLEEP MEDICINE	5,252,750	.598764	.631337
55	MEDICAL SUPPLIES CHARGED	21,426,297	.121230	.128486
56	DRUGS CHARGED TO PATIENTS	75,894,667	.210017	.222699
57	RENAL DIALYSIS	2,549,122	.299399	.316033
59	NUTRITION/DIABETES EDUCAT OUTPAT SERVICE COST CNTRS	213,863	2.058103	2.163362
60	CLINIC	4,530	.507506	.538190
61	EMERGENCY	29,132,312	.232358	.245694
61 01	URGENT CARE CENTERS	18,425,503	.415821	.437639
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	6,908,872	.140816	.148578
101	SUBTOTAL	738,058,726		
102	LESS OBSERVATION BEDS	6,908,872		
103	TOTAL	731,149,854		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 26-0179      PERIOD: FROM 7/1/2008 TO 6/30/2009      PREPARED 11/24/2009 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				6,035,143		6,035,143
26	INTENSIVE CARE UNIT				453,173		453,173
27	CORONARY CARE UNIT				523,269		523,269
31	SUBPROVIDER				136,910		136,910
33	NURSERY				756,064		756,064
101	TOTAL				7,904,559		7,904,559

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET D  
 PART I  
 PPS

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	72,266	38,968			83.51	3,254,218
26	INTENSIVE CARE UNIT	4,415	2,671			102.64	274,151
27	CORONARY CARE UNIT	2,982	1,557			175.48	273,222
31	SUBPROVIDER	1,415	1,133			96.76	109,629
33	NURSERY	5,990				126.22	
101	TOTAL	87,068	44,329				3,911,220

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 COMPONENT NO: 26-0179  
 PREPARED 11/24/2009  
 WORKSHEET D  
 PART II

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		2,887,174	112,703,178	22,778,338		
37 01	VASCULAR ACCESS CENTER		444,720	10,927,653	153		
37 02	PAIN MANAGEMENT - BRAIN &		46,805	2,644,926	5,674		
37 03	PAIN MANAGEMENT CENTER		15,651	310,206	2,679		
37 04	WOMEN'S DIAGNOSTICS/GI SE		567,193	11,496,383	1,252,794		
38	RECOVERY ROOM		225,238	8,274,960	1,605,061		
39	DELIVERY ROOM & LABOR ROO		232,551	6,212,148	3,833		
40	ANESTHESIOLOGY		58,165	15,123,191	2,991,303		
41	RADIOLOGY-DIAGNOSTIC		2,002,083	67,985,229	8,342,181		
41 01	MRI		190,778	14,675,810	2,490,012		
41 02	CT SCAN		198,930	50,797,168	10,820,834		
41 03	TDOC RADIOLOGY		297,649	29,569,623			
41 04	CDI RADIOLOGY		2,510,631	28,251,956	27,921		
44	LABORATORY		1,067,530	110,097,494	30,363,101		
48	INTRAVENOUS THERAPY		52,381	2,448,028	690,797		
48 01	BRAIN & SPINE INFUSION CE		12,337	115,912			
49	RESPIRATORY THERAPY		216,908	12,661,383	6,602,366		
49 01	CARDIAC REHAB		488,746	2,213,153	193,242		
49 02	RESPIRATORY THERAPY SURR		1,767	33,148	146		
50	PHYSICAL THERAPY		620,449	10,908,100	2,554,988		
50 01	PT/OT/SPEECH THERAPY SURR		38,062	4,103,554	206		
50 02	THERAPY SERVICES BRAIN &		163,794	2,279,213	353		
51	OCCUPATIONAL THERAPY		9,318	2,106,529	1,148,288		
52	SPEECH PATHOLOGY		7,408	1,047,542	672,212		
53	ELECTROCARDIOLOGY		272,479	25,604,297	9,785,536		
53 01	CARDIAC CATH LAB		381,396	29,733,209	8,495,754		
53 02	TDOC ELECTOCARDIOLOGY		204,983	14,098,358	95,172		
54	ELECTROENCEPHALOGRAPHY		83,479	1,828,459	241,833		
54 01	SLEEP MEDICINE		406,967	5,252,750	3,480		
55	MEDICAL SUPPLIES CHARGED		80,363	21,426,297	7,948,007		
56	DRUGS CHARGED TO PATIENTS		340,786	75,894,667	27,594,021		
57	RENAL DIALYSIS		82,813	2,549,122	1,610,830		
59	NUTRITION/DIABETES EDUCAT OUTPAT SERVICE COST CNTRS		82,822	213,863			
60	CLINIC		44	4,530			
61	EMERGENCY		509,763	29,132,312	6,396,038		
61 01	URGENT CARE CENTERS		1,258,364	18,425,503	11,768		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		113,244	6,908,872	68,137		
101	TOTAL		16,173,771	738,058,726	154,797,058		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 COMPONENT NO: 26-0179  
 PREPARED 11/24/2009  
 WORKSHEET D  
 PART II  
 PPS

TITLE XVIII, PART A      HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.025618	583,535
37 01	VASCULAR ACCESS CENTER	.040697	6
37 02	PAIN MANAGEMENT - BRAIN &	.017696	100
37 03	PAIN MANAGEMENT CENTER	.050454	135
37 04	WOMEN'S DIAGNOSTICS/GI SE	.049337	61,809
38	RECOVERY ROOM	.027219	43,688
39	DELIVERY ROOM & LABOR ROO	.037435	143
40	ANESTHESIOLOGY	.003846	11,505
41	RADIOLOGY-DIAGNOSTIC	.029449	245,669
41 01	MRI	.012999	32,368
41 02	CT SCAN	.003916	42,374
41 03	TDOC RADIOLOGY	.010066	
41 04	CDI RADIOLOGY	.088866	2,481
44	LABORATORY	.009696	294,401
48	INTRAVENOUS THERAPY	.021397	14,781
48 01	BRAIN & SPINE INFUSION CE	.106434	
49	RESPIRATORY THERAPY	.017131	113,105
49 01	CARDIAC REHAB	.220837	42,675
49 02	RESPIRATORY THERAPY SURRE	.053306	8
50	PHYSICAL THERAPY	.056880	145,328
50 01	PT/OT/SPEECH THERAPY SURR	.009275	2
50 02	THERAPY SERVICES BRAIN &	.071864	25
51	OCCUPATIONAL THERAPY	.004423	5,079
52	SPEECH PATHOLOGY	.007072	4,754
53	ELECTROCARDIOLOGY	.010642	104,138
53 01	CARDIAC CATH LAB	.012827	108,975
53 02	TDOC ELECTOCARDIOLOGY	.014539	1,384
54	ELECTROENCEPHALOGRAPHY	.045655	11,041
54 01	SLEEP MEDICINE	.077477	270
55	MEDICAL SUPPLIES CHARGED	.003751	29,813
56	DRUGS CHARGED TO PATIENTS	.004490	123,897
57	RENAL DIALYSIS	.032487	52,331
59	NUTRITION/DIABETES EDUCAT	.387267	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.009713	
61	EMERGENCY	.017498	111,918
61 01	URGENT CARE CENTERS	.068295	804
62	OBSERVATION BEDS (NON-DIS	.016391	1,117
	OTHER REIMBURS COST CNTRS		
101	TOTAL		2,189,659

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

PROVIDER NO: 26-0179  
PERIOD: FROM 7/1/2008 TO 6/30/2009  
PREPARED 11/24/2009  
WORKSHEET D  
PART III  
PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			135,828			135,828
26	INTENSIVE CARE UNIT			8,457			8,457
27	CORONARY CARE UNIT			5,712			5,712
31	SUBPROVIDER			2,710			2,710
33	NURSERY						
34	SKILLED NURSING FACILITY			23,947			23,947
101	TOTAL			176,654			176,654

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

PROVIDER NO: 26-0179  
PERIOD: FROM 7/1/2008 TO 6/30/2009  
PREPARED 11/24/2009  
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	72,266	1.88	38,968	73,260
26	INTENSIVE CARE UNIT	4,415	1.92	2,671	5,128
27	CORONARY CARE UNIT	2,982	1.92	1,557	2,989
31	SUBPROVIDER	1,415	1.92	1,133	2,175
33	NURSERY	5,990			
34	SKILLED NURSING FACILITY	12,502	1.92	10,376	19,922
101	TOTAL	99,570		54,705	103,474



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			112,703,178			22,778,338	
37 01	VASCULAR ACCESS CENTER			10,927,653			153	
37 02	PAIN MANAGEMENT - BRAIN &			2,644,926			5,674	
37 03	PAIN MANAGEMENT CENTER			310,206			2,679	
37 04	WOMEN'S DIAGNOSTICS/GI SE			11,496,383			1,252,794	
38	RECOVERY ROOM			8,274,960			1,605,061	
39	DELIVERY ROOM & LABOR ROO			6,212,148			3,833	
40	ANESTHESIOLOGY			15,123,191			2,991,303	
41	RADIOLOGY-DIAGNOSTIC			67,985,229			8,342,181	
41 01	MRI			14,675,810			2,490,012	
41 02	CT SCAN			50,797,168			10,820,834	
41 03	TDOC RADIOLOGY			29,569,623				
41 04	CDI RADIOLOGY			28,251,956			27,921	
44	LABORATORY			110,097,494			30,363,101	
48	INTRAVENOUS THERAPY			2,448,028			690,797	
48 01	BRAIN & SPINE INFUSION CE			115,912				
49	RESPIRATORY THERAPY			12,661,383			6,602,366	
49 01	CARDIAC REHAB			2,213,153			193,242	
49 02	RESPIRATORY THERAPY SURRE			33,148			146	
50	PHYSICAL THERAPY			10,908,100			2,554,988	
50 01	PT/OT/SPEECH THERAPY SURR			4,103,554			206	
50 02	THERAPY SERVICES BRAIN &			2,279,213			353	
51	OCCUPATIONAL THERAPY			2,106,529			1,148,288	
52	SPEECH PATHOLOGY			1,047,542			672,212	
53	ELECTROCARDIOLOGY			25,604,297			9,785,536	
53 01	CARDIAC CATH LAB			29,733,209			8,495,754	
53 02	TDOC ELECTROCARDIOLOGY			14,098,358			95,172	
54	ELECTROENCEPHALOGRAPHY			1,828,459			241,833	
54 01	SLEEP MEDICINE			5,252,750			3,480	
55	MEDICAL SUPPLIES CHARGED			21,426,297			7,948,007	
56	DRUGS CHARGED TO PATIENTS	240,439	240,439	75,894,667	.003168	.003168	27,594,021	87,418
57	RENAL DIALYSIS			2,549,122			1,610,830	
59	NUTRITION/DIABETES EDUCAT OUTPAT SERVICE COST CNTRS			213,863				
60	CLINIC			4,530				
61	EMERGENCY			29,132,312			6,396,038	
61 01	URGENT CARE CENTERS			18,425,503			11,768	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,549	2,549	6,908,872	.000369	.000369	68,137	25
101	TOTAL	242,988	242,988	738,058,726			154,797,058	87,443

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	14,301,164					
37 01	VASCULAR ACCESS CENTER	8,225,547					
37 02	PAIN MANAGEMENT - BRAIN &	1,308,587					
37 03	PAIN MANAGEMENT CENTER	147,161					
37 04	WOMEN'S DIAGNOSTICS/GI SE	1,926,682					
38	RECOVERY ROOM	910,971					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,806,751					
41	RADIOLOGY-DIAGNOSTIC	15,996,039					
41 01	MRI	2,598,045					
41 02	CT SCAN	9,539,888					
41 03	TDOC RADIOLOGY	9,873,978					
41 04	CDI RADIOLOGY	3,975,376					
44	LABORATORY	2,084,883					
48	INTRAVENOUS THERAPY	684,763					
48 01	BRAIN & SPINE INFUSION CE						
49	RESPIRATORY THERAPY	997,738					
49 01	CARDIAC REHAB	826,465					
49 02	RESPIRATORY THERAPY SURRE						
50	PHYSICAL THERAPY	12,832					
50 01	PT/OT/SPEECH THERAPY SURR						
50 02	THERAPY SERVICES BRAIN &						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,818,766					
53 01	CARDIAC CATH LAB	4,502,691					
53 02	TDOC ELECTROCARDIOLOGY	5,219,638					
54	ELECTROENCEPHALOGRAPHY	454,425					
54 01	SLEEP MEDICINE	863,099					
55	MEDICAL SUPPLIES CHARGED	1,352,566					
56	DRUGS CHARGED TO PATIENTS	7,515,113			23,808		
57	RENAL DIALYSIS	1,665					
59	NUTRITION/DIABETES EDUCAT						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	3,491,148					
61 01	URGENT CARE CENTERS	1,230,489					
62	OBSERVATION BEDS (NON-DIS	1,487,992			549		
	OTHER REIMBURS COST CNTRS						
101	TOTAL	104,154,462			24,357		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 11/24/2009  
 | 26-0179 | FROM 7/ 1/2008 | WORKSHEET D  
 | COMPONENT NO: | TO 6/30/2009 | PART V  
 | 26-0179 | |

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.438807	.438807			
37 01 VASCULAR ACCESS CENTER	.211434	.211434			
37 02 PAIN MANAGEMENT - BRAIN & SPINE CENT	.138563	.138563			
37 03 PAIN MANAGEMENT CENTER	.365757	.365757			
37 04 WOMEN'S DIAGNOSTICS/GI SERVICES	.387558	.387558			
38 RECOVERY ROOM	.262947	.262947			
39 DELIVERY ROOM & LABOR ROOM	.326202	.326202			
40 ANESTHESIOLOGY	.118159	.118159			
41 RADIOLOGY-DIAGNOSTIC	.255108	.255108			
41 01 MRI	.075135	.075135			
41 02 CT SCAN	.040543	.040543			
41 03 TDOC RADIOLOGY	.075314	.075314			
41 04 CDI RADIOLOGY	.330382	.330382			
44 LABORATORY	.147587	.147587			
48 INTRAVENOUS THERAPY	.596633	.596633			
48 01 BRAIN & SPINE INFUSION CENTER	1.085349	1.085349			
49 RESPIRATORY THERAPY	.323760	.323760			
49 01 CARDIAC REHAB	1.309328	1.309328			
49 02 RESPIRATORY THERAPY SURREY	.484735	.484735			
50 PHYSICAL THERAPY	.401280	.401280			
50 01 PT/OT/SPEECH THERAPY SURREY	.350567	.350567			
50 02 THERAPY SERVICES BRAIN & SPINE CENTE	.592922	.592922			
51 OCCUPATIONAL THERAPY	.317650	.317650			
52 SPEECH PATHOLOGY	.301246	.301246			
53 ELECTROCARDIOLOGY	.103150	.103150			
53 01 CARDIAC CATH LAB	.259147	.259147			
53 02 TDOC ELECTROCARDIOLOGY	.090532	.090532			
54 ELECTROENCEPHALOGRAPHY	.229817	.229817			
54 01 SLEEP MEDICINE	.639084	.639084			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.128861	.128861			
56 DRUGS CHARGED TO PATIENTS	.223148	.223148			
57 RENAL DIALYSIS	.319281	.319281			
59 NUTRITION/DIABETES EDUCATION	2.202087	2.202087			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.539073	.539073			
61 EMERGENCY	.247444	.247444			
61 01 URGENT CARE CENTERS	.444468	.444468			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.150217	.150217			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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



TITLE XVIII, PART B HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				6,275,451	1,911
37 01 VASCULAR ACCESS CENTER				1,739,160	
37 02 PAIN MANAGEMENT - BRAIN & SPINE CENT				181,322	
37 03 PAIN MANAGEMENT CENTER				53,825	
37 04 WOMEN'S DIAGNOSTICS/GI SERVICES				746,701	
38 RECOVERY ROOM				239,537	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				213,484	
41 RADIOLOGY-DIAGNOSTIC				4,080,718	
41 01 MRI				195,204	
41 02 CT SCAN				386,776	
41 03 TDOC RADIOLOGY				743,649	
41 04 CDI RADIOLOGY				1,313,393	
44 LABORATORY				307,702	7
48 INTRAVENOUS THERAPY				408,552	
48 01 BRAIN & SPINE INFUSION CENTER					
49 RESPIRATORY THERAPY				323,028	
49 01 CARDIAC REHAB				1,082,114	
49 02 RESPIRATORY THERAPY SURREY					
50 PHYSICAL THERAPY				5,149	
50 01 PT/OT/SPEECH THERAPY SURREY					
50 02 THERAPY SERVICES BRAIN & SPINE CENTE					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				290,756	
53 01 CARDIAC CATH LAB				1,166,859	
53 02 TDOC ELECTROCARDIOLOGY				472,544	
54 ELECTROENCEPHALOGRAPHY				104,435	
54 01 SLEEP MEDICINE				551,593	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				174,293	6
56 DRUGS CHARGED TO PATIENTS				1,676,982	
57 RENAL DIALYSIS				532	
59 NUTRITION/DIABETES EDUCATION					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC				863,864	
61 01 URGENT CARE CENTERS				546,913	
62 OBSERVATION BEDS (NON-DISTINCT PART)				223,522	
101 SUBTOTAL				24,368,058	1,924
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				24,368,058	1,924

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
26-0179	FROM 7/1/2008	WORKSHEET D
COMPONENT NO:	TO 6/30/2009	PART V
26-0179		

TITLE XVIII, PART B

HOSPITAL

PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
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Cost Center Description	9.03	10	11
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- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 37 01 VASCULAR ACCESS CENTER
- 37 02 PAIN MANAGEMENT - BRAIN & SPINE CENT
- 37 03 PAIN MANAGEMENT CENTER
- 37 04 WOMEN'S DIAGNOSTICS/GI SERVICES
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 41 01 MRI
- 41 02 CT SCAN
- 41 03 TDOC RADIOLOGY
- 41 04 CDI RADIOLOGY
- 44 LABORATORY
- 48 INTRAVENOUS THERAPY
- 48 01 BRAIN & SPINE INFUSION CENTER
- 49 RESPIRATORY THERAPY
- 49 01 CARDIAC REHAB
- 49 02 RESPIRATORY THERAPY SURREY
- 50 PHYSICAL THERAPY
- 50 01 PT/OT/SPEECH THERAPY SURREY
- 50 02 THERAPY SERVICES BRAIN & SPINE CENTE
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 53 01 CARDIAC CATH LAB
- 53 02 TDOC ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 54 01 SLEEP MEDICINE
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 59 NUTRITION/DIABETES EDUCATION
- 60 OUTPAT SERVICE COST CNTRS
- 61 CLINIC
- 61 EMERGENCY
- 61 01 URGENT CARE CENTERS
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-  
PROGRAM ONLY CHARGES
- 104 NET CHARGES

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
26-0179	FROM 7/ 1/2008	WORKSHEET D
COMPONENT NO:	TO 6/30/2009	PART VI
26-0179		

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES
2	PROGRAM VACCINE CHARGES
3	PROGRAM COSTS

1	.223148
	19,277
	4,302

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0179  
 COMPONENT NO: 26-T179  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		2,887,174	112,703,178	13,836		
37 01	VASCULAR ACCESS CENTER		444,720	10,927,653			
37 02	PAIN MANAGEMENT - BRAIN &		46,805	2,644,926			
37 03	PAIN MANAGEMENT CENTER		15,651	310,206			
37 04	WOMEN'S DIAGNOSTICS/GI SE		567,193	11,496,383			
38	RECOVERY ROOM		225,238	8,274,960	721		
39	DELIVERY ROOM & LABOR ROO		232,551	6,212,148			
40	ANESTHESIOLOGY		58,165	15,123,191		2,091	
41	RADIOLOGY-DIAGNOSTIC		2,002,083	67,985,229		54,737	
41 01	MRI		190,778	14,675,810		4,907	
41 02	CT SCAN		198,930	50,797,168		27,977	
41 03	TDOC RADIOLOGY		297,649	29,569,623			
41 04	CDI RADIOLOGY		2,510,631	28,251,956			
44	LABORATORY		1,067,530	110,097,494	193,855		
48	INTRAVENOUS THERAPY		52,381	2,448,028			
48 01	BRAIN & SPINE INFUSION CE		12,337	115,912			
49	RESPIRATORY THERAPY		216,908	12,661,383	107,231		
49 01	CARDIAC REHAB		488,746	2,213,153		404	
49 02	RESPIRATORY THERAPY SURR		1,767	33,148			
50	PHYSICAL THERAPY		620,449	10,908,100	375,128		
50 01	PT/OT/SPEECH THERAPY SURR		38,062	4,103,554			
50 02	THERAPY SERVICES BRAIN &		163,794	2,279,213			
51	OCCUPATIONAL THERAPY		9,318	2,106,529	353,255		
52	SPEECH PATHOLOGY		7,408	1,047,542	71,846		
53	ELECTROCARDIOLOGY		272,479	25,604,297	11,511		
53 01	CARDIAC CATH LAB		381,396	29,733,209			
53 02	TDOC ELECTROCARDIOLOGY		204,983	14,098,358			
54	ELECTROENCEPHALOGRAPHY		83,479	1,828,459	1,169		
54 01	SLEEP MEDICINE		406,967	5,252,750			
55	MEDICAL SUPPLIES CHARGED		80,363	21,426,297	115,184		
56	DRUGS CHARGED TO PATIENTS		340,786	75,894,667	352,462		
57	RENAL DIALYSIS		82,813	2,549,122	58,520		
59	NUTRITION/DIABETES EDUCAT		82,822	213,863			
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		44	4,530			
61	EMERGENCY		509,763	29,132,312	75		
61 01	URGENT CARE CENTERS		1,258,364	18,425,503			
62	OBSERVATION BEDS (NON-DIS		113,244	6,908,872			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		16,173,771	738,058,726	1,744,909		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 COMPONENT NO: 26-T179  
 PREPARED 11/24/2009  
 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	.025618	354
37 01	VASCULAR ACCESS CENTER	.040697	
37 02	PAIN MANAGEMENT - BRAIN &	.017696	
37 03	PAIN MANAGEMENT CENTER	.050454	
37 04	WOMEN'S DIAGNOSTICS/GI SE	.049337	
38	RECOVERY ROOM	.027219	20
39	DELIVERY ROOM & LABOR ROO	.037435	
40	ANESTHESIOLOGY	.003846	8
41	RADIOLOGY-DIAGNOSTIC	.029449	1,612
41 01	MRI	.012999	64
41 02	CT SCAN	.003916	110
41 03	TDOC RADIOLOGY	.010066	
41 04	CDI RADIOLOGY	.088866	
44	LABORATORY	.009696	1,880
48	INTRAVENOUS THERAPY	.021397	
48 01	BRAIN & SPINE INFUSION CE	.106434	
49	RESPIRATORY THERAPY	.017131	1,837
49 01	CARDIAC REHAB	.220837	89
49 02	RESPIRATORY THERAPY SURRE	.053306	
50	PHYSICAL THERAPY	.056880	21,337
50 01	PT/OT/SPEECH THERAPY SURR	.009275	
50 02	THERAPY SERVICES BRAIN &	.071864	
51	OCCUPATIONAL THERAPY	.004423	1,562
52	SPEECH PATHOLOGY	.007072	508
53	ELECTROCARDIOLOGY	.010642	123
53 01	CARDIAC CATH LAB	.012827	
53 02	TDOC ELECTOCARDIOLOGY	.014539	
54	ELECTROENCEPHALOGRAPHY	.045655	53
54 01	SLEEP MEDICINE	.077477	
55	MEDICAL SUPPLIES CHARGED	.003751	432
56	DRUGS CHARGED TO PATIENTS	.004490	1,583
57	RENAL DIALYSIS	.032487	1,901
59	NUTRITION/DIABETES EDUCAT	.387267	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.009713	
61	EMERGENCY	.017498	1
61 01	URGENT CARE CENTERS	.068295	
62	OBSERVATION BEDS (NON-DIS	.016391	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		33,474



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			112,703,178			13,836	
37 01	VASCULAR ACCESS CENTER			10,927,653				
37 02	PAIN MANAGEMENT - BRAIN &			2,644,926				
37 03	PAIN MANAGEMENT CENTER			310,206				
37 04	WOMEN'S DIAGNOSTICS/GI SE			11,496,383				
38	RECOVERY ROOM			8,274,960			721	
39	DELIVERY ROOM & LABOR ROO			6,212,148				
40	ANESTHESIOLOGY			15,123,191			2,091	
41	RADIOLOGY-DIAGNOSTIC			67,985,229			54,737	
41 01	MRI			14,675,810			4,907	
41 02	CT SCAN			50,797,168			27,977	
41 03	TDOC RADIOLOGY			29,569,623				
41 04	CDI RADIOLOGY			28,251,956				
44	LABORATORY			110,097,494			193,855	
48	INTRAVENOUS THERAPY			2,448,028				
48 01	BRAIN & SPINE INFUSION CE			115,912				
49	RESPIRATORY THERAPY			12,661,383			107,231	
49 01	CARDIAC REHAB			2,213,153			404	
49 02	RESPIRATORY THERAPY SURR			33,148				
50	PHYSICAL THERAPY			10,908,100			375,128	
50 01	PT/OT/SPEECH THERAPY SURR			4,103,554				
50 02	THERAPY SERVICES BRAIN &			2,279,213				
51	OCCUPATIONAL THERAPY			2,106,529			353,255	
52	SPEECH PATHOLOGY			1,047,542			71,846	
53	ELECTROCARDIOLOGY			25,604,297			11,511	
53 01	CARDIAC CATH LAB			29,733,209				
53 02	TDOC ELECTOCARDIOLOGY			14,098,358				
54	ELECTROENCEPHALOGRAPHY			1,828,459			1,169	
54 01	SLEEP MEDICINE			5,252,750				
55	MEDICAL SUPPLIES CHARGED			21,426,297			115,184	
56	DRUGS CHARGED TO PATIENTS	240,439	240,439	75,894,667	.003168	.003168	352,462	1,117
57	RENAL DIALYSIS			2,549,122			58,520	
59	NUTRITION/DIABETES EDUCAT OUTPAT SERVICE COST CNTRS			213,863				
60	CLINIC			4,530				
61	EMERGENCY			29,132,312			75	
61 01	URGENT CARE CENTERS			18,425,503				
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,549	2,549	6,908,872	.000369	.000369		
101	TOTAL	242,988	242,988	738,058,726			1,744,909	1,117

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 VASCULAR ACCESS CENTER						
37	02 PAIN MANAGEMENT - BRAIN &						
37	03 PAIN MANAGEMENT CENTER						
37	04 WOMEN'S DIAGNOSTICS/GI SE						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 MRI						
41	02 CT SCAN						
41	03 TDOC RADIOLOGY						
41	04 CDI RADIOLOGY						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
48	01 BRAIN & SPINE INFUSION CE						
49	RESPIRATORY THERAPY						
49	01 CARDIAC REHAB						
49	02 RESPIRATORY THERAPY SURRE						
50	PHYSICAL THERAPY						
50	01 PT/OT/SPEECH THERAPY SURR						
50	02 THERAPY SERVICES BRAIN &						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC CATH LAB						
53	02 TDOC ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54	01 SLEEP MEDICINE						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	NUTRITION/DIABETES EDUCAT						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
61	01 URGENT CARE CENTERS						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 26-0179  
 COMPONENT NO: 26-T179  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET D  
 PART V

TITLE XVIII, PART B

SUBPROVIDER 1

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.438807	.438807			
37 01 VASCULAR ACCESS CENTER	.211434	.211434			
37 02 PAIN MANAGEMENT - BRAIN & SPINE CENT	.138563	.138563			
37 03 PAIN MANAGEMENT CENTER	.365757	.365757			
37 04 WOMEN'S DIAGNOSTICS/GI SERVICES	.387558	.387558			
38 RECOVERY ROOM	.262947	.262947			
39 DELIVERY ROOM & LABOR ROOM	.326202	.326202			
40 ANESTHESIOLOGY	.118159	.118159			
41 RADIOLOGY-DIAGNOSTIC	.255108	.255108			
41 01 MRI	.075135	.075135			
41 02 CT SCAN	.040543	.040543			
41 03 TDOC RADIOLOGY	.075314	.075314			
41 04 CDI RADIOLOGY	.330382	.330382			
44 LABORATORY	.147587	.147587			
48 INTRAVENOUS THERAPY	.596633	.596633			
48 01 BRAIN & SPINE INFUSION CENTER	1.085349	1.085349			
49 RESPIRATORY THERAPY	.323760	.323760			
49 01 CARDIAC REHAB	1.309328	1.309328			
49 02 RESPIRATORY THERAPY SURREY	.484735	.484735			
50 PHYSICAL THERAPY	.401280	.401280			
50 01 PT/OT/SPEECH THERAPY SURREY	.350567	.350567			
50 02 THERAPY SERVICES BRAIN & SPINE CENTE	.592922	.592922			
51 OCCUPATIONAL THERAPY	.317650	.317650			
52 SPEECH PATHOLOGY	.301246	.301246			
53 ELECTROCARDIOLOGY	.103150	.103150			
53 01 CARDIAC CATH LAB	.259147	.259147			
53 02 TDOC ELECTROCARDIOLOGY	.090532	.090532			
54 ELECTROENCEPHALOGRAPHY	.229817	.229817			
54 01 SLEEP MEDICINE	.639084	.639084			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.128861	.128861			
56 DRUGS CHARGED TO PATIENTS	.223148	.223148			
57 RENAL DIALYSIS	.319281	.319281			
59 NUTRITION/DIABETES EDUCATION	2.202087	2.202087			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.539073	.539073			
61 EMERGENCY	.247444	.247444			
61 01 URGENT CARE CENTERS	.444468	.444468			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.150217	.150217			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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					
37 01 VASCULAR ACCESS CENTER					
37 02 PAIN MANAGEMENT - BRAIN & SPINE CENT					
37 03 PAIN MANAGEMENT CENTER					
37 04 WOMEN'S DIAGNOSTICS/GI SERVICES					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC			185		
41 01 MRI					
41 02 CT SCAN					
41 03 TDOC RADIOLOGY					
41 04 CDI RADIOLOGY					
44 LABORATORY					
48 INTRAVENOUS THERAPY					
48 01 BRAIN & SPINE INFUSION CENTER					
49 RESPIRATORY THERAPY					
49 01 CARDIAC REHAB					
49 02 RESPIRATORY THERAPY SURREY					
50 PHYSICAL THERAPY					
50 01 PT/OT/SPEECH THERAPY SURREY					
50 02 THERAPY SERVICES BRAIN & SPINE CENTE					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
53 01 CARDIAC CATH LAB					
53 02 TDOC ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
54 01 SLEEP MEDICINE					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS			52		
57 RENAL DIALYSIS					
59 NUTRITION/DIABETES EDUCATION					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY					
61 01 URGENT CARE CENTERS					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL			237		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES			237		





APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0179  
 COMPONENT NO: 26-5414  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

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						
37	01 VASCULAR ACCESS CENTER						
37	02 PAIN MANAGEMENT - BRAIN &						
37	03 PAIN MANAGEMENT CENTER						
37	04 WOMEN'S DIAGNOSTICS/GI SE						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 MRI						
41	02 CT SCAN						
41	03 TDOC RADIOLOGY						
41	04 CDI RADIOLOGY						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
48	01 BRAIN & SPINE INFUSION CE						
49	RESPIRATORY THERAPY						
49	01 CARDIAC REHAB						
49	02 RESPIRATORY THERAPY SURRE						
50	PHYSICAL THERAPY						
50	01 PT/OT/SPEECH THERAPY SURR						
50	02 THERAPY SERVICES BRAIN &						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC CATH LAB						
53	02 TDOC ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54	01 SLEEP MEDICINE						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	NUTRITION/DIABETES EDUCAT						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
61	01 URGENT CARE CENTERS						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0179  
 COMPONENT NO: 26-5414  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
37	01 VASCULAR ACCESS CENTER		
37	02 PAIN MANAGEMENT - BRAIN &		
37	03 PAIN MANAGEMENT CENTER		
37	04 WOMEN'S DIAGNOSTICS/GI SE		
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
41	01 MRI		
41	02 CT SCAN		
41	03 TDOC RADIOLOGY		
41	04 CDI RADIOLOGY		
44	LABORATORY		
48	INTRAVENOUS THERAPY		
48	01 BRAIN & SPINE INFUSION CE		
49	RESPIRATORY THERAPY		
49	01 CARDIAC REHAB		
49	02 RESPIRATORY THERAPY SURRE		
50	PHYSICAL THERAPY		
50	01 PT/OT/SPEECH THERAPY SURR		
50	02 THERAPY SERVICES BRAIN &		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
53	01 CARDIAC CATH LAB		
53	02 TDOC ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
54	01 SLEEP MEDICINE		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
57	RENAL DIALYSIS		
59	NUTRITION/DIABETES EDUCAT		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY		
61	01 URGENT CARE CENTERS		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM										
37	01 VASCULAR ACCESS CENTER										
37	02 PAIN MANAGEMENT - BRAIN &										
37	03 PAIN MANAGEMENT CENTER										
37	04 WOMEN'S DIAGNOSTICS/GI SE										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
41	01 MRI										
41	02 CT SCAN										
41	03 TDOC RADIOLOGY										
41	04 CDI RADIOLOGY										
44	LABORATORY										
48	INTRAVENOUS THERAPY										
48	01 BRAIN & SPINE INFUSION CE										
49	RESPIRATORY THERAPY										
49	01 CARDIAC REHAB										
49	02 RESPIRATORY THERAPY SURRE										
50	PHYSICAL THERAPY										
50	01 PT/OT/SPEECH THERAPY SURR										
50	02 THERAPY SERVICES BRAIN &										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
53	01 CARDIAC CATH LAB										
53	02 TDOC ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
54	01 SLEEP MEDICINE										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS								240,439		
57	RENAL DIALYSIS										
59	NUTRITION/DIABETES EDUCAT										
	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
61	EMERGENCY										
61	01 URGENT CARE CENTERS										
62	OBSERVATION BEDS (NON-DIS										
	OTHER REIMBURS COST CNTRS										
101	TOTAL								240,439		

TITLE XVIII, PART A SKILLED NURSING FACILITY 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			112,703,178				
37 01	VASCULAR ACCESS CENTER			10,927,653				
37 02	PAIN MANAGEMENT - BRAIN &			2,644,926				
37 03	PAIN MANAGEMENT CENTER			310,206				
37 04	WOMEN'S DIAGNOSTICS/GI SE			11,496,383				
38	RECOVERY ROOM			8,274,960				
39	DELIVERY ROOM & LABOR ROO			6,212,148				
40	ANESTHESIOLOGY			15,123,191				
41	RADIOLOGY-DIAGNOSTIC			67,985,229			27,355	
41 01	MRI			14,675,810				
41 02	CT SCAN			50,797,168			1,613	
41 03	TDOC RADIOLOGY			29,569,623				
41 04	CDI RADIOLOGY			28,251,956				
44	LABORATORY			110,097,494			248,538	
48	INTRAVENOUS THERAPY			2,448,028			591	
48 01	BRAIN & SPINE INFUSION CE			115,912				
49	RESPIRATORY THERAPY			12,661,383			648	
49 01	CARDIAC REHAB			2,213,153				
49 02	RESPIRATORY THERAPY SURRE			33,148			14,870	
50	PHYSICAL THERAPY			10,908,100			76	
50 01	PT/OT/SPEECH THERAPY SURR			4,103,554			2,856,487	
50 02	THERAPY SERVICES BRAIN &			2,279,213				
51	OCCUPATIONAL THERAPY			2,106,529			79	
52	SPEECH PATHOLOGY			1,047,542			2,440	
53	ELECTROCARDIOLOGY			25,604,297			7,670	
53 01	CARDIAC CATH LAB			29,733,209				
53 02	TDOC ELECTOCARDIOLOGY			14,098,358			4,583	
54	ELECTROENCEPHALOGRAPHY			1,828,459			647	
54 01	SLEEP MEDICINE			5,252,750				
55	MEDICAL SUPPLIES CHARGED			21,426,297			101,398	
56	DRUGS CHARGED TO PATIENTS	240,439	240,439	75,894,667	.003168	.003168	646,465	2,048
57	RENAL DIALYSIS			2,549,122				
59	NUTRITION/DIABETES EDUCAT OUTPAT SERVICE COST CNTRS			213,863				
60	CLINIC			4,530				
61	EMERGENCY			29,132,312				
61 01	URGENT CARE CENTERS			18,425,503			238	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			6,908,872				
101	TOTAL	240,439	240,439	738,058,726			3,913,698	2,048

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A	COST CENTER	DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D, V COL 5.03	OUTPAT PROG D, V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
		ANCILLARY SRVC COST CNTRS						
		OPERATING ROOM						
37	01	VASCULAR ACCESS CENTER						
37	02	PAIN MANAGEMENT - BRAIN &						
37	03	PAIN MANAGEMENT CENTER						
37	04	WOMEN'S DIAGNOSTICS/GI SE						
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC						
41	01	MRI						
41	02	CT SCAN						
41	03	TDOC RADIOLOGY						
41	04	CDI RADIOLOGY						
44		LABORATORY						
48		INTRAVENOUS THERAPY						
48	01	BRAIN & SPINE INFUSION CE						
49		RESPIRATORY THERAPY						
49	01	CARDIAC REHAB						
49	02	RESPIRATORY THERAPY SURRE						
50		PHYSICAL THERAPY						
50	01	PT/OT/SPEECH THERAPY SURR						
50	02	THERAPY SERVICES BRAIN &						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY						
53	01	CARDIAC CATH LAB						
53	02	TDOC ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
54	01	SLEEP MEDICINE						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
57		RENAL DIALYSIS						
59		NUTRITION/DIABETES EDUCAT						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
61		EMERGENCY						
61	01	URGENT CARE CENTERS						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
101		TOTAL						

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 26-0179  
 COMPONENT NO: 26-0179  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET D  
 PART V

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.412280				336,510
37 01 VASCULAR ACCESS CENTER	.197461				538,621
37 02 PAIN MANAGEMENT - BRAIN & SPINE CENT	.129783				
37 03 PAIN MANAGEMENT CENTER	.342424				
37 04 WOMEN'S DIAGNOSTICS/GI SERVICES	.363008				43,439
38 RECOVERY ROOM	.246552				18,328
39 DELIVERY ROOM & LABOR ROOM	.305710				10,731
40 ANESTHESIOLOGY	.111144				49,496
41 RADIOLOGY-DIAGNOSTIC	.239074				269,839
41 01 MRI	.070231				50,234
41 02 CT SCAN	.038027				196,850
41 03 TDOC RADIOLOGY	.070523				63,164
41 04 CDI RADIOLOGY	.307487				30,498
44 LABORATORY	.138620				293,328
48 INTRAVENOUS THERAPY	.561130				20,341
48 01 BRAIN & SPINE INFUSION CENTER	1.017927				
49 RESPIRATORY THERAPY	.304262				13,071
49 01 CARDIAC REHAB	1.224112				6,836
49 02 RESPIRATORY THERAPY SURREY	.454386				
50 PHYSICAL THERAPY	.375617				524
50 01 PT/OT/SPEECH THERAPY SURREY	.329845				
50 02 THERAPY SERVICES BRAIN & SPINE CENTE	.555514				
51 OCCUPATIONAL THERAPY	.299040				
52 SPEECH PATHOLOGY	.283477				
53 ELECTROCARDIOLOGY	.096721				38,664
53 01 CARDIAC CATH LAB	.243578				61,662
53 02 TDOC ELECTOCARDIOLOGY	.084670				36,948
54 ELECTROENCEPHALOGRAPHY	.214570				4,025
54 01 SLEEP MEDICINE	.598764				24,832
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.121230				35,811
56 DRUGS CHARGED TO PATIENTS	.210017				252,039
57 RENAL DIALYSIS	.299399				4,049
59 NUTRITION/DIABETES EDUCATION	2.058103				
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.507506				
61 EMERGENCY	.232358				218,509
61 01 URGENT CARE CENTERS	.415821				97,731
62 OBSERVATION BEDS (NON-DISTINCT PART)	.140816				38,508
101 SUBTOTAL					2,754,588
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					2,754,588

(A) WORKSHEET A LINE NUMBERS

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



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
26-0179	FROM 7/1/2008	WORKSHEET D
COMPONENT NO:	TO 6/30/2009	PART V
26-0179		

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		138,736			
37 01 VASCULAR ACCESS CENTER		106,357			
37 02 PAIN MANAGEMENT - BRAIN & SPINE CENT					
37 03 PAIN MANAGEMENT CENTER					
37 04 WOMEN'S DIAGNOSTICS/GI SERVICES		15,769			
38 RECOVERY ROOM		4,519			
39 DELIVERY ROOM & LABOR ROOM		3,281			
40 ANESTHESIOLOGY		5,501			
41 RADIOLOGY-DIAGNOSTIC		64,511			
41 01 MRI		3,528			
41 02 CT SCAN		7,486			
41 03 TDOC RADIOLOGY		4,455			
41 04 CDI RADIOLOGY		9,378			
44 LABORATORY		40,661			
48 INTRAVENOUS THERAPY		11,414			
48 01 BRAIN & SPINE INFUSION CENTER					
49 RESPIRATORY THERAPY		3,977			
49 01 CARDIAC REHAB		8,368			
49 02 RESPIRATORY THERAPY SURREY					
50 PHYSICAL THERAPY		197			
50 01 PT/OT/SPEECH THERAPY SURREY					
50 02 THERAPY SERVICES BRAIN & SPINE CENTE					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		3,740			
53 01 CARDIAC CATH LAB		15,020			
53 02 TDOC ELECTROCARDIOLOGY		3,128			
54 ELECTROENCEPHALOGRAPHY		864			
54 01 SLEEP MEDICINE		14,869			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		4,341			
56 DRUGS CHARGED TO PATIENTS		52,932			
57 RENAL DIALYSIS		1,212			
59 NUTRITION/DIABETES EDUCATION					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY		50,772			
61 01 URGENT CARE CENTERS		40,639			
62 OBSERVATION BEDS (NON-DISTINCT PART)		5,423			
101 SUBTOTAL		621,078			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		621,078			

(A) WORKSHEET A LINE NUMBERS

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





COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
26-0179	FROM 7/ 1/2008	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2009	PART III
26-0179		

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,356
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	765.36
85	OBSERVATION BED COST	1,037,828

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	55,309,614		1,037,828	
87	NEW CAPITAL-RELATED COST	6,035,143	.109116	1,037,828	113,244
88	NON PHYSICIAN ANESTHETIST			1,037,828	
89	MEDICAL EDUCATION			1,037,828	
89.01	MEDICAL EDUCATION - ALLIED HEA	135,828	.002456	1,037,828	2,549
89.02	MEDICAL EDUCATION - ALL OTHER			1,037,828	





COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
26-0179	FROM 7/ 1/2008	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2009	PART III
26-T179		

TITLE XVIII PART A SUBPROVIDER I PPS

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

1

- 66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST
- 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 756.18
- 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		1,069,990			
87 NEW CAPITAL-RELATED COST	136,910	1,069,990	.127954		
88 NON PHYSICIAN ANESTHETIST		1,069,990			
89 MEDICAL EDUCATION		1,069,990			
89.01 MEDICAL EDUCATION - ALLIED HEA	2,710	1,069,990	.002533		
89.02 MEDICAL EDUCATION - ALL OTHER		1,069,990			



COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
26-0179	FROM 7/ 1/2008	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2009	PART III
26-5414		

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1	3,932,664
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		314.56
68	PROGRAM ROUTINE SERVICE COST		3,263,875
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		3,263,875
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS		151,435
72	PER DIEM CAPITAL-RELATED COSTS		12.11
73	PROGRAM CAPITAL-RELATED COSTS		125,653
74	INPATIENT ROUTINE SERVICE COST		3,138,222
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION		3,138,222
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS		3,263,875
80	PROGRAM INPATIENT ANCILLARY SERVICES		1,212,459
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS		4,476,334

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
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				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P      HOSPITAL      OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	72,266
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	72,266
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	23,255
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	49,011
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	852
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	5,990
16	NURSERY DAYS (TITLE V OR XIX ONLY)	86

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	55,021,436
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	55,021,436

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	55,640,537
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	18,066,045
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	37,574,492
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.988873
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	776.87
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	766.65
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	10.22
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	10.11
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	235,108
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	54,786,328

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 758.12  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 645,918  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 645,918

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	8,070,045	5,990	1,347.25	86	115,864
43 INTENSIVE CARE UNIT	6,217,801	4,415	1,408.34	161	226,743
44 CORONARY CARE UNIT	5,101,642	2,982	1,710.81	27	46,192
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					

48 PROGRAM INPATIENT ANCILLARY SERVICE COST 848,313  
 49 TOTAL PROGRAM INPATIENT COSTS 1,883,030

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
26-0179	FROM 7/ 1/2008	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2009	PART III
26-0179		

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,356
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	761.37
85	OBSERVATION BED COST	1,032,418

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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





COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
26-0179	FROM 7/ 1/2008	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2009	PART III
26-T179		

TITLE XIX - I/P SUBPROVIDER I OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	736.70
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				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				



COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
26-0179	FROM 7/ 1/2008	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2009	PART III
26-5414		

TITLE XIX - I/P SNF OTHER

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1	3,932,664
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		314.56
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		151,435
72	PER DIEM CAPITAL-RELATED COSTS		12.11
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
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				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
26-0179	FROM 7/1/2008	WORKSHEET D-4
COMPONENT NO:	TO 6/30/2009	
26-0179		

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		33,683,396	
26	INTENSIVE CARE UNIT		6,258,254	
27	CORONARY CARE UNIT		4,016,456	
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.440884	22,778,338	10,042,605
37 01	VASCULAR ACCESS CENTER	.211434	153	32
37 02	PAIN MANAGEMENT - BRAIN & SPINE CENT	.155591	5,674	883
37 03	PAIN MANAGEMENT CENTER	.365757	2,679	980
37 04	WOMEN'S DIAGNOSTICS/GI SERVICES	.388430	1,252,794	486,623
38	RECOVERY ROOM	.262947	1,605,061	422,046
39	DELIVERY ROOM & LABOR ROOM	.326202	3,833	1,250
40	ANESTHESIOLOGY	.118159	2,991,303	353,449
41	RADIOLOGY-DIAGNOSTIC	.255108	8,342,181	2,128,157
41 01	MRI	.075135	2,490,012	187,087
41 02	CT SCAN	.040543	10,820,834	438,709
41 03	TDOC RADIOLOGY	.075314		
41 04	CDI RADIOLOGY	.330382	27,921	9,225
44	LABORATORY	.148163	30,363,101	4,498,688
48	INTRAVENOUS THERAPY	.596633	690,797	412,152
48 01	BRAIN & SPINE INFUSION CENTER	1.181370		
49	RESPIRATORY THERAPY	.323760	6,602,366	2,137,582
49 01	CARDIAC REHAB	1.309328	193,242	253,017
49 02	RESPIRATORY THERAPY SURREY	.484735	146	71
50	PHYSICAL THERAPY	.401280	2,554,988	1,025,266
50 01	PT/OT/SPEECH THERAPY SURREY	.350567	206	72
50 02	THERAPY SERVICES BRAIN & SPINE CENTE	.592922	353	209
51	OCCUPATIONAL THERAPY	.317650	1,148,288	364,754
52	SPEECH PATHOLOGY	.301246	672,212	202,501
53	ELECTROCARDIOLOGY	.103150	9,785,536	1,009,378
53 01	CARDIAC CATH LAB	.259585	8,495,754	2,205,370
53 02	TDOC ELECTROCARDIOLOGY	.090532	95,172	8,616
54	ELECTROENCEPHALOGRAPHY	.229817	241,833	55,577
54 01	SLEEP MEDICINE	.639084	3,480	2,224
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.128861	7,948,007	1,024,188
56	DRUGS CHARGED TO PATIENTS	.223148	27,594,021	6,157,551
57	RENAL DIALYSIS	.319281	1,610,830	514,307
59	NUTRITION/DIABETES EDUCATION OUTPAT SERVICE COST CNTRS	2.202087		
60	CLINIC	.539073		
61	EMERGENCY	.250634	6,396,038	1,603,065
61 01	URGENT CARE CENTERS	.446263	11,768	5,252
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.150217	68,137	10,235
101	TOTAL		154,797,058	35,561,121
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		154,797,058	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 26-0179  
 COMPONENT NO: 26-T179  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET D-4

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
31	SUBPROVIDER		966,447	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.440884	13,836	6,100
37 01	VASCULAR ACCESS CENTER	.211434		
37 02	PAIN MANAGEMENT - BRAIN & SPINE CENT	.155591		
37 03	PAIN MANAGEMENT CENTER	.365757		
37 04	WOMEN'S DIAGNOSTICS/GI SERVICES	.388430		
38	RECOVERY ROOM	.262947	721	190
39	DELIVERY ROOM & LABOR ROOM	.326202		
40	ANESTHESIOLOGY	.118159	2,091	247
41	RADIOLOGY-DIAGNOSTIC	.255108	54,737	13,964
41 01	MRI	.075135	4,907	369
41 02	CT SCAN	.040543	27,977	1,134
41 03	TDOC RADIOLOGY	.075314		
41 04	CDI RADIOLOGY	.330382		
44	LABORATORY	.148163	193,855	28,722
48	INTRAVENOUS THERAPY	.596633		
48 01	BRAIN & SPINE INFUSION CENTER	1.181370		
49	RESPIRATORY THERAPY	.323760	107,231	34,717
49 01	CARDIAC REHAB	1.309328	404	529
49 02	RESPIRATORY THERAPY SURREY	.484735		
50	PHYSICAL THERAPY	.401280	375,128	150,531
50 01	PT/OT/SPEECH THERAPY SURREY	.350567		
50 02	THERAPY SERVICES BRAIN & SPINE CENTE	.592922		
51	OCCUPATIONAL THERAPY	.317650	353,255	112,211
52	SPEECH PATHOLOGY	.301246	71,846	21,643
53	ELECTROCARDIOLOGY	.103150	11,511	1,187
53 01	CARDIAC CATH LAB	.259585		
53 02	TDOC ELECTROCARDIOLOGY	.090532		
54	ELECTROENCEPHALOGRAPHY	.229817	1,169	269
54 01	SLEEP MEDICINE	.639084		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.128861	115,184	14,843
56	DRUGS CHARGED TO PATIENTS	.223148	352,462	78,651
57	RENAL DIALYSIS	.319281	58,520	18,684
59	NUTRITION/DIABETES EDUCATION OUTPAT SERVICE COST CNTRS	2.202087		
60	CLINIC	.539073		
61	EMERGENCY	.250634	75	19
61 01	URGENT CARE CENTERS	.446263		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.150217		
101	TOTAL		1,744,909	484,010
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,744,909	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 26-0179  
 COMPONENT NO: 26-5414  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET D-4

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.438807		
37	01 VASCULAR ACCESS CENTER	.211434		
37	02 PAIN MANAGEMENT - BRAIN & SPINE CENT	.138563		
37	03 PAIN MANAGEMENT CENTER	.365757		
37	04 WOMEN'S DIAGNOSTICS/GI SERVICES	.387558		
38	RECOVERY ROOM	.262947		
39	DELIVERY ROOM & LABOR ROOM	.326202		
40	ANESTHESIOLOGY	.118159		
41	RADIOLOGY-DIAGNOSTIC	.255108	27,355	6,978
41	01 MRI	.075135		
41	02 CT SCAN	.040543	1,613	65
41	03 TDOC RADIOLOGY	.075314		
41	04 CDI RADIOLOGY	.330382		
44	LABORATORY	.147587	248,538	36,681
48	INTRAVENOUS THERAPY	.596633	591	353
48	01 BRAIN & SPINE INFUSION CENTER	1.085349		
49	RESPIRATORY THERAPY	.323760	648	210
49	01 CARDIAC REHAB	1.309328		
49	02 RESPIRATORY THERAPY SURREY	.484735	14,870	7,208
50	PHYSICAL THERAPY	.401280	76	30
50	01 PT/OT/SPEECH THERAPY SURREY	.350567	2,856,487	1,001,390
50	02 THERAPY SERVICES BRAIN & SPINE CENTE	.592922		
51	OCCUPATIONAL THERAPY	.317650	79	25
52	SPEECH PATHOLOGY	.301246	2,440	735
53	ELECTROCARDIOLOGY	.103150	7,670	791
53	01 CARDIAC CATH LAB	.259147		
53	02 TDOC ELECTROCARDIOLOGY	.090532	4,583	415
54	ELECTROENCEPHALOGRAPHY	.229817	647	149
54	01 SLEEP MEDICINE	.639084		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.128861	101,398	13,066
56	DRUGS CHARGED TO PATIENTS	.223148	646,465	144,257
57	RENAL DIALYSIS	.319281		
59	NUTRITION/DIABETES EDUCATION OUTPAT SERVICE COST CNTRS	2.202087		
60	CLINIC	.539073		
61	EMERGENCY	.247444		
61	01 URGENT CARE CENTERS	.444468	238	106
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.150217		
101	TOTAL		3,913,698	1,212,459
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,913,698	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 26-0179  
 COMPONENT NO: 26-0179  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 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		779,470	
26	INTENSIVE CARE UNIT		348,675	
27	CORONARY CARE UNIT		65,182	
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.438807	286,779	125,841
37	01 VASCULAR ACCESS CENTER	.211434		
37	02 PAIN MANAGEMENT - BRAIN & SPINE CENT	.138563		
37	03 PAIN MANAGEMENT CENTER	.365757		
37	04 WOMEN'S DIAGNOSTICS/GI SERVICES	.387558	26,127	10,126
38	RECOVERY ROOM	.262947	21,367	5,618
39	DELIVERY ROOM & LABOR ROOM	.326202	36,213	11,813
40	ANESTHESIOLOGY	.118159	42,306	4,999
41	RADIOLOGY-DIAGNOSTIC	.255108	185,641	47,359
41	01 MRI	.075135	91,059	6,842
41	02 CT SCAN	.040543	306,465	12,425
41	03 TDOC RADIOLOGY	.075314		
41	04 CDI RADIOLOGY	.330382		
44	LABORATORY	.147587	864,210	127,546
48	INTRAVENOUS THERAPY	.596633	18,500	11,038
48	01 BRAIN & SPINE INFUSION CENTER	1.085349		
49	RESPIRATORY THERAPY	.323760	250,448	81,085
49	01 CARDIAC REHAB	1.309328	3,140	4,111
49	02 RESPIRATORY THERAPY SURREY	.484735		
50	PHYSICAL THERAPY	.401280	33,931	13,616
50	01 PT/OT/SPEECH THERAPY SURREY	.350567		
50	02 THERAPY SERVICES BRAIN & SPINE CENTE	.592922		
51	OCCUPATIONAL THERAPY	.317650	19,960	6,340
52	SPEECH PATHOLOGY	.301246	16,681	5,025
53	ELECTROCARDIOLOGY	.103150	186,303	19,217
53	01 CARDIAC CATH LAB	.259147	145,850	37,797
53	02 TDOC ELECTROCARDIOLOGY	.090532		
54	ELECTROENCEPHALOGRAPHY	.229817	8,590	1,974
54	01 SLEEP MEDICINE	.639084	1,995	1,275
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.128861	280,882	36,195
56	DRUGS CHARGED TO PATIENTS	.223148	1,006,285	224,550
57	RENAL DIALYSIS	.319281	7,350	2,347
59	NUTRITION/DIABETES EDUCATION OUTPAT SERVICE COST CNTRS	2.202087		
60	CLINIC	.539073		
61	EMERGENCY	.247444	206,479	51,092
61	01 URGENT CARE CENTERS	.444468		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.150217	546	82
101	TOTAL		4,047,107	848,313
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,047,107	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	14,444,356	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	14,550,082	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	29,188,135	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	2,576,409	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	3,467,516	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1	6,703,525	
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	3,499,712	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	397.43	
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.	40.04	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	E-3 PT 6 LN 15 37.71	37.71
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		36.87
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)		36.87
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		37.71
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		37.71
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	1.88	39.31
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		.098910
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		.102155
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)		.098910
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		894,714
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		947,113
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		1,886,681
	SUM OF LINES 3.21 - 3.23	
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	3,728,508	3,728,508
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		
4.02 SUM OF LINES 4 AND 4.01		
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTR)		
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		
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)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0179	FROM 7/ 1/2008	11/24/2009
COMPONENT NO:	TO 6/30/2009	WORKSHEET E
26-0179		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	65,410,793	
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)	65,410,793	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	5,368,061	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	1,891,924	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	77,827	
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS	81,377	
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	87,443	
16 TOTAL	72,917,425	
17 PRIMARY PAYER PAYMENTS	5,777	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	72,911,648	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	5,754,345	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	483,573	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	491,739	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	344,217	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	380,105	
22 SUBTOTAL	67,017,947	
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	67,017,947	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	66,715,192	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	302,755	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	6,226
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	24,343,701
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	26,862,047
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.	24,357
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	6,226
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	23,728
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	23,728
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)	23,728
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	17,502
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	6,226
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	26,886,404
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	890
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	6,506,990
19	SUBTOTAL (SEE INSTRUCTIONS)	20,384,750
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	602,274
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	20,987,024
24	PRIMARY PAYER PAYMENTS	2,327
25	SUBTOTAL	20,984,697
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	151,690
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	106,183
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	40,186
28	SUBTOTAL	21,090,880
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	21,090,880
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	21,012,825
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	78,055
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
26-0179	FROM 7/1/2008	11/24/2009
COMPONENT NO:	TO 6/30/2009	WORKSHEET E
26-T179		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	59
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)	59
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	237
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	237
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)	237
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	178
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	59
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)	13
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	46
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	46
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	46
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	46
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	46
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	52
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-6
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
26-0179	FROM 7/ 1/2008	WORKSHEET E
COMPONENT NO:	TO 6/30/2009	PART B
26-5414		

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF

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

COMPUTATION OF LESSER OF COST OR CHARGES

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

COMPUTATION OF REIMBURSEMENT SETTLEMENT

- 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
- 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
- 19 SUBTOTAL (SEE INSTRUCTIONS)
- 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
- 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 22 ESRD DIRECT MEDICAL EDUCATION COSTS
- 23 SUBTOTAL
- 24 PRIMARY PAYER PAYMENTS
- 25 SUBTOTAL
- REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
- 26 COMPOSITE RATE ESRD
- 27 BAD DEBTS (SEE INSTRUCTIONS)
- 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 28 SUBTOTAL
- 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
- 30 OTHER ADJUSTMENTS (SPECIFY)
- 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
- 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
- 32 SUBTOTAL
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM
- 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2
- TO BE COMPLETED BY CONTRACTOR
- 50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)
- 51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
- 52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
- 53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)
- 54 TOTAL (SUM OF LINES 51 AND 53)

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 26-0179  
 COMPONENT NO: 26-0179  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		66,655,792		20,948,725
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	12/31/2008	59,400	12/31/2008	64,100
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		59,400		64,100
4 TOTAL INTERIM PAYMENTS		66,715,192		21,012,825
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		302,755		78,055
7 TOTAL MEDICARE PROGRAM LIABILITY		67,017,947		21,090,880

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 26-0179  
 COMPONENT NO: 26-T179  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,254,141		52
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .59				
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		1,254,141		52
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		12,319		6
7 TOTAL MEDICARE PROGRAM LIABILITY		1,266,460		46

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 26-0179  
 COMPONENT NO: 26-5414  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET E-1

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,659,248		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99			
4 TOTAL INTERIM PAYMENTS		3,659,248		NONE
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99			
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		7,479		NONE
7 TOTAL MEDICARE PROGRAM LIABILITY		3,666,727		

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0179	FROM 7/ 1/2008	11/24/2009
COMPONENT NO:	TO 6/30/2009	WORKSHEET E-3
26-T179		PART I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	1,011,776
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0293
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	18,365
1.05	OUTLIER PAYMENTS	252,045
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	1,282,186
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$ .	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	.01
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)	3.876712
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$ .	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	1,282,186
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	1,282,186
7	DEDUCTIBLES	
8	SUBTOTAL	1,282,186
9	COINSURANCE	19,712
10	SUBTOTAL	1,262,474
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	992
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	694
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	992
12	SUBTOTAL	1,263,168
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	3,292
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
26-0179	FROM 7/ 1/2008	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2009	PART I
26-T179		

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,266,460
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,254,141
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	12,319
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

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
26-0179	FROM 7/1/2008	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2009	PART III
26-5414		

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	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			
				116
				-116
	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			
				116
				-116
24	PROSPECTIVE PAYMENT AMOUNT			
25	OTHER THAN OUTLIER PAYMENTS			
26	OUTLIER PAYMENTS			
27	PROGRAM CAPITAL PAYMENTS			
28	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
29	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
30	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
31	SUBTOTAL			
32	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
33	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
	XVIII ENTER AMOUNT FROM LINE 30			
	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
				4,216,272
				19,922
				2,048
				4,238,126
				4,238,126
	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			
				3,666,727
				3,666,727
				3,659,248
				7,479

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
26-0179	FROM 7/ 1/2008	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2009	PART III
26-5414		

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

TITLE XVIII

SNF

PPS  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
26-0179	FROM 7/ 1/2008	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2009	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	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
			1,883,030	
2	MEDICAL AND OTHER SERVICES			
			621,078	
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
			2,504,108	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
			2,504,108	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
			1,193,327	
11	ANCILLARY SERVICE CHARGES			
			6,801,695	
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			
			7,995,022	
	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)			
			7,995,022	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
			5,490,914	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
			2,504,108	
24	PROSPECTIVE PAYMENT AMOUNT			
25	OTHER THAN OUTLIER PAYMENTS			
26	OUTLIER PAYMENTS			
27	PROGRAM CAPITAL PAYMENTS			
28	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
29	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
30	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
31	SUBTOTAL			
			2,504,108	
32	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
33	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
			2,504,108	
34	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
35	EXCESS OF REASONABLE COST			
36	SUBTOTAL			
			2,504,108	
37	COINSURANCE			
38	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38.01	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.02	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.03	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
39	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
40	UTILIZATION REVIEW			
41	SUBTOTAL (SEE INSTRUCTIONS)			
			2,504,108	
42	INPATIENT ROUTINE SERVICE COST			
43	MEDICARE INPATIENT ROUTINE CHARGES			
44	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
45	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
46	RATIO OF LINE 43 TO 44			
47	TOTAL CUSTOMARY CHARGES			
48	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
49	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
50	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
51	OTHER ADJUSTMENTS (SPECIFY)			
52	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
53	SUBTOTAL			
			2,504,108	
54	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
55	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
			49,805	
56	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
			2,553,913	
57	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57.01	INTERIM PAYMENTS			
58	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
59	BALANCE DUE PROVIDER/PROGRAM			
			2,553,913	

CALCULATION OF REIMBURSEMENT SETTLEMENT

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-		

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
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COMPONENT NO:	TO 6/30/2009	PART III
26-5414		

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

	TITLE XIX	SNF	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 OTHER ADJUSTMENTS (SPECIFY)			
50	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
51	SUBTOTAL			
52	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
53	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
54	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
55	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
56	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			

CALCULATION OF REIMBURSEMENT SETTLEMENT

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COMPONENT NO:	TO 6/30/2009	PART III
26-5414		

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

TITLE XIX

SNF

OTHER  
 TITLE V OR  
 TITLE XIX  
 1

TITLE XVIII  
 SNF PPS  
 2

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

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		39.33
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	37.53	37.53
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		37.16
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		37.16
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.		36.44
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		36.44
3.10	SEE INSTRUCTIONS		36.44
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)		RES INIT YEARS
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		93,853.36
3.18	SEE INSTRUCTIONS		
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		36.71
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		36.70
3.21	SEE INSTRUCTIONS		RES INIT YEARS
3.22	SEE INSTRUCTIONS		1.90
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		99,115.22
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		3,817,918
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		3,817,918

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		44,329
5	TOTAL INPATIENT DAYS		79,722
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.556045
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	2,122,934	2,122,934
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		9,028
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		79,722
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.		371,264
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		2,549,122

TITLE XVIII

- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES
- 10 MEDICARE OUTPATIENT ESRD CHARGES
- 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY  
 PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	76,565,828
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	5,893
16	TOTAL PART A REASONABLE COST	76,559,935

PART B REASONABLE COST

17	REASONABLE COST	24,374,343
18	PRIMARY PAYER PAYMENTS	2,327
19	TOTAL PART B REASONABLE COST	24,372,016
20	TOTAL REASONABLE COST	100,931,951
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.758530
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.241470

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)	2,494,198
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	1,891,924
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	602,274

TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		39.33
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	37.53	37.53
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		37.16
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		37.16
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.		36.44
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		36.44
3.10	SEE INSTRUCTIONS		36.44
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)		RES INIT YEARS
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		
3.18	SEE INSTRUCTIONS		
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		36.71
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		36.70
3.21	SEE INSTRUCTIONS		RES INIT YEARS
3.22	SEE INSTRUCTIONS		1.90
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		99,115.22
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		3,817,918
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		3,817,918

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		1,040
5	TOTAL INPATIENT DAYS		79,722
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.013045
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	49,805	49,805
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		79,722
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

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

TITLE XIX

- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES
- 10 MEDICARE OUTPATIENT ESRD CHARGES
- 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY  
PART A REASONABLE COST

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

PART B REASONABLE COST

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

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

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

49,805



TITLE XIX

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)	37.53	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	39.33	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	37.53	

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

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

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

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

		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	61,611,150			
2	TEMPORARY INVESTMENTS	72,801,970			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	83,531,881			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-42,047,302			
7	INVENTORY	5,403,928			
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS	7,160,051			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	188,461,678			
FIXED ASSETS					
12	LAND	15,189,686			
12.01	LAND IMPROVEMENTS	8,800,544			
13	LESS ACCUMULATED DEPRECIATION	-3,953,452			
13.01	BUILDINGS	247,849,297			
14	LESS ACCUMULATED DEPRECIATION	-119,590,121			
14.01	LEASEHOLD IMPROVEMENTS	5,358,304			
15	LESS ACCUMULATED DEPRECIATION	-1,990,294			
15.01	FIXED EQUIPMENT	620,195			
16	LESS ACCUMULATED DEPRECIATION	-555,547			
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT	157,176,134			
18	LESS ACCUMULATED DEPRECIATION	-113,485,525			
18.01	MINOR EQUIPMENT DEPRECIABLE	402,590			
19	LESS ACCUMULATED DEPRECIATION	-402,590			
19.01	MINOR EQUIPMENT-NONDEPRECIABLE				
20	TOTAL FIXED ASSETS	195,419,221			
OTHER ASSETS					
21	INVESTMENTS				
22	DEPOSITS ON LEASES				
23	DUE FROM OWNERS/OFFICERS				
24	OTHER ASSETS	56,409,396	6,775,641	2,702,625	29,240
25	TOTAL OTHER ASSETS	56,409,396	6,775,641	2,702,625	29,240
26	TOTAL ASSETS	440,290,295	6,775,641	2,702,625	29,240
27					

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	7,614,086			
29 SALARIES, WAGES & FEES PAYABLE	18,947,641			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	2,965,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	7,777,015			
36 TOTAL CURRENT LIABILITIES	37,303,742			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	112,983,263			
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	40,200,063			
42 TOTAL LONG-TERM LIABILITIES	153,183,326			
43 TOTAL LIABILITIES	190,487,068			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	249,803,227			
45 SPECIFIC PURPOSE FUND		6,775,641		
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED			2,702,625	
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				29,240
51 TOTAL FUND BALANCES	249,803,227	6,775,641	2,702,625	29,240
52 TOTAL LIABILITIES AND FUND BALANCES	440,290,295	6,775,641	2,702,625	29,240

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		244,407,978		8,204,098
2	NET INCOME (LOSS)		16,682,961		
3	TOTAL		261,090,939		8,204,098
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM	245,079		749,654	
6					
7					
8					
9					
10	TOTAL ADDITIONS		245,079		749,654
11	SUBTOTAL		261,336,018		8,953,752
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM	11,532,791		2,178,111	
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		11,532,791		2,178,111
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		249,803,227		6,775,641

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD		3,888,898		40,300
2	NET INCOME (LOSS)				
3	TOTAL		3,888,898		40,300
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM	4,776			
6					
7					
8					
9					
10	TOTAL ADDITIONS		4,776		
11	SUBTOTAL		3,893,674		40,300
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM	1,191,049		11,060	
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		1,191,049		11,060
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		2,702,625		29,240

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	67,071,385		67,071,385
2 00 SUBPROVIDER	1,003,082		1,003,082
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	2,275,739		2,275,739
8 00 OTHER LONG TERM CARE	5,978,269		5,978,269
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	76,328,475		76,328,475
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	10,449,080		10,449,080
11 00 CORONARY CARE UNIT	7,591,951		7,591,951
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	18,041,031		18,041,031
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	94,369,506		94,369,506
17 00 ANCILLARY SERVICES	306,397,577	431,661,148	738,058,725
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY		67,025	67,025
24 00 MEDICAL GROUP		96,865,916	96,865,916
24 01 NON-REIMBURSABLE/PRO FEES	5,069	23,982,236	23,987,305
25 00 TOTAL PATIENT REVENUES	400,772,152	552,576,325	953,348,477

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		313,481,527	
ADD (SPECIFY)			
27 00 BAD DEBTS	5,860,033		
28 00 MEDICAL GROUP EXPENSE	56,443,293		
29 00 FRA EXPENSE	16,295,039		
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		78,598,365	
DEDUCT (SPECIFY)			
34 00 IMMATERIAL VARIANCE	2,629		
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		2,629	
40 00 TOTAL OPERATING EXPENSES		392,077,263	

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION		
1	TOTAL PATIENT REVENUES	953,348,477
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	569,244,741
3	NET PATIENT REVENUES	384,103,736
4	LESS: TOTAL OPERATING EXPENSES	392,077,263
5	NET INCOME FROM SERVICE TO PATIENTS	-7,973,527
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	1,789,187
7	INCOME FROM INVESTMENTS	2,079,062
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	1,362
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,856,928
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	483
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	2,215
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	608,246
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	6,514,662
23	GOVERNMENTAL APPROPRIATIONS	
24	PHYSICIAN MEALS	7,980
24.01	JOINT VENTURE REVENUE	451,339
24.02	OTHER OPERATING	565,181
24.03	RETAIL PHARMACY	3,361,693
24.04	MEDICAL GROUP OTHER INCOME	3,235,104
24.05	ASSETS RELEASED FROM RESTRICTIONS	1,212,760
24.06	GAIN ON SALE OF ASSETS, NET	5,035,282
25	TOTAL OTHER INCOME	26,721,484
26	TOTAL	18,747,957
	OTHER EXPENSES	
27	SHARED EXPENSES	2,064,996
28		
29		
30	TOTAL OTHER EXPENSES	2,064,996
31	NET INCOME (OR LOSS) FOR THE PERIOD	16,682,961

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	19,404		322		52,655	72,381
HHA REIMBURSABLE SERVICES						
6	30,091		714			30,805
7	12,053		630			12,683
8	3,501		300			3,801
9	581					581
10	593		53			646
11	755		230			985
12					1,348	1,348
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	66,978		2,249		54,003	123,230

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5	-4,647	67,734	-48,607	19,127
HHA REIMBURSABLE SERVICES				
6		30,805		30,805
7		12,683		12,683
8		3,801		3,801
9		581		581
10		646		646
11		985		985
12		1,348		1,348
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	-4,647	118,583	-48,607	69,976



HHA 1

	CAP-REL COST-BLDG & FIX ( SQUARE FEET )	CAP-REL COST-MOV EQUIP ( DOLLAR VALUE )	PLANT OPER & MAINT ( SQUARE FEET )	TRANSPORTATIO N ( MI LEAGE )	RECONCILIATIO N ( 5A	ADMINISTRATIV E & GENERAL ( ACCUM. COST )	5
	1	2	3	4	5A		5
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX	49					
2	CAP-REL COST-MOV EQUIP		49				
3	PLANT OPER & MAINT			49			
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL	23	23	23		-19,127	50,849
HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	18	18	18			30,805
7	PHYSICAL THERAPY	6	6	6			12,683
8	OCCUPATIONAL THERAPY	2	2	2			3,801
9	SPEECH PATHOLOGY						581
10	MEDICAL SOCIAL SERVICES						646
11	HOME HEALTH AIDE						985
12	SUPPLIES						1,348
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)	49	49	49		-19,127	50,849
25	COST TO BE ALLOCATED						19,127
26	UNIT COST MULTIPLIER						.376153

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	NEW CAP REL COSTS-MVBLE 4.01	EMPLOYEE BENEFITS 5	NONPATIENT TELEPHONES 6.01
1 ADMIN & GENERAL		309	504		3,674	
2 SKILLED NURSING CARE	42,391	241	394		7,489	413
3 PHYSICAL THERAPY	17,454	80	131		3,001	
4 OCCUPATIONAL THERAPY	5,231	27	44		872	
5 SPEECH PATHOLOGY	800				145	
6 MEDICAL SOCIAL SERVICES	889				148	
7 HOME HEALTH AIDE	1,356				188	
8 SUPPLIES	1,855					
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	69,976	657	1,073		15,517	413
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	SUBTOTAL 6A.01	OTHER ADMIN STRATIVE AND 6.02	NONPATIENT TELEPHONES SU 6.03	ADMINITTING 6.04	ADMINISTRATIVE AND GENER 6.05	SUBTOTAL 6A.05
1 ADMIN & GENERAL	4,487					4,487
2 SKILLED NURSING CARE	50,928					50,928
3 PHYSICAL THERAPY	20,666					20,666
4 OCCUPATIONAL THERAPY	6,174					6,174
5 SPEECH PATHOLOGY	945					945
6 MEDICAL SOCIAL SERVICES	1,037					1,037
7 HOME HEALTH AIDE	1,544					1,544
8 SUPPLIES	1,855					1,855
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	87,636					87,636
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	OTHER ADMINISTRATIVE AND STRATEGIC	MAINTENANCE & REPAIRS	PURCHASING	MAINTENANCE & REPAIRS SUPPLIES	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE
	6.06	7	7.01	7.02	9	9.01
1 ADMIN & GENERAL	618	706	56			
2 SKILLED NURSING CARE	7,011	552				
3 PHYSICAL THERAPY	2,845	184				
4 OCCUPATIONAL THERAPY	850	61				
5 SPEECH PATHOLOGY	130					
6 MEDICAL SOCIAL SERVICES	143					
7 HOME HEALTH AIDE	213					
8 SUPPLIES	255		35			
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	12,065	1,503	91			
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	HOUSEKEEPING	HOUSEKEEPING SURREY	DIETARY	DIETARY SURREY	CAFETERIA	CAFETERIA SURREY
	10	10.01	11	11.01	12	12.01
1 ADMIN & GENERAL	236					
2 SKILLED NURSING CARE	185					
3 PHYSICAL THERAPY	62					
4 OCCUPATIONAL THERAPY	21					
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	504					
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	NURSING ADMINISTRATION 14	NURSING ADMINISTRATION S 14.01	CENTRAL SERVICES & SUPPL 15	MEDICAL RECORDS & LIBRAR 17	MEDICAL RECORDS & LIBRAR 17.01	SOCIAL SERVICE 18
1 ADMIN & GENERAL			44			
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES			163			
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)			207			
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	SOCIAL SERVICE SURREY 18.01	NONPHYSICIAN ANESTHETIST 20	I&R SERVICES -SALARY & FR 22	I&R SERVICES -OTHER PRGM 23	PARAMED P 24	CLINICAL PAS TORAL EDUCAT 24.01
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	PHARMACY EDUCATION	EDUCATION	SUBTOTAL	POST STEP DOWN ADJUST	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS
	24.02		25	26	27	28	29
1 ADMIN & GENERAL			6,147		6,147		
2 SKILLED NURSING CARE			58,676		58,676	3,762	62,438
3 PHYSICAL THERAPY			23,757		23,757	1,523	25,280
4 OCCUPATIONAL THERAPY			7,106		7,106	456	7,562
5 SPEECH PATHOLOGY			1,075		1,075	69	1,144
6 MEDICAL SOCIAL SERVICES			1,180		1,180	76	1,256
7 HOME HEALTH AIDE			1,757		1,757	113	1,870
8 SUPPLIES			2,308		2,308	148	2,456
9 DRUGS							
9.20 COST ADMINISTERING DRUGS							
10 DME							
11 HOME DIALYSIS AIDE SVCS							
12 RESPIRATORY THERAPY							
13 PRIVATE DUTY NURSING							
14 CLINIC							
15 HEALTH PROM ACTIVITIES							
16 DAY CARE PROGRAM							
17 HOME DEL MEALS PROGRAM							
18 HOMEMAKER SERVICE							
19 ALL OTHER							
19.50 TELEMEDICINE							
20 TOTAL (SUM OF 1-19) (2)			102,006		102,006	6,147	102,006
21 UNIT COST MULTIPLIER						0.064125	

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET )	NEW CAP REL COSTS-MVBLE (SQUARE FEET )	NEW CAP REL COSTS-MVBLE (SQUARE FEET )	EMPLOYEE BENEFITS (GROSS SALARIES )	NONPATIENT TELEPHONES (# OF PHONES )	RECONCILIATION
	3	4	4.01	5	6.01	6A.02
1 ADMIN & GENERAL	23	23		14,757		
2 SKILLED NURSING CARE	18	18		30,091	1	
3 PHYSICAL THERAPY	6	6		12,053		
4 OCCUPATIONAL THERAPY	2	2		3,501		
5 SPEECH PATHOLOGY				581		
6 MEDICAL SOCIAL SERVICES				593		
7 HOME HEALTH AIDE				755		
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	49	49		62,331	1	
21 COST TO BE ALLOCATED	657	1,073		15,517	413	
22 UNIT COST MULTIPLIER	13.408163	21.897959		0.248945	413.000000	

  

HHA COST CENTER	OTHER ADMINISTRATIVE AND (ACCUM. COST )	NONPATIENT TELEPHONES SU (# OF PHONES )	ADMINISTRATIVE (GROSS CHARGES )	ADMINISTRATIVE AND GENERAL (ACCUM. COST )	RECONCILIATION	OTHER ADMINISTRATIVE AND (ACCUM. COST )
	6.02	6.03	6.04	6.05	6A.06	6.06
1 ADMIN & GENERAL	4,487					4,487
2 SKILLED NURSING CARE	50,928					50,928
3 PHYSICAL THERAPY	20,666					20,666
4 OCCUPATIONAL THERAPY	6,174					6,174
5 SPEECH PATHOLOGY	945					945
6 MEDICAL SOCIAL SERVICES	1,037					1,037
7 HOME HEALTH AIDE	1,544					1,544
8 SUPPLIES	1,855					1,855
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	87,636					87,636
21 COST TO BE ALLOCATED						12,065
22 UNIT COST MULTIPLIER						0.137672

HHA 1

HHA COST CENTER	MAINTENANCE & REPAIRS (SQUARE FEET)	PURCHASING (PURCHASES)	MAINTENANCE & REPAIRS SU (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	LAUNDRY & LINEN SERVICE (TOTAL DAYS)	HOUSEKEEPING (SQUARE FEET)
	7	7.01	7.02	9	9.01	10
1 ADMIN & GENERAL	23	2,177				23
2 SKILLED NURSING CARE	18					18
3 PHYSICAL THERAPY	6					6
4 OCCUPATIONAL THERAPY	2					2
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES		1,348				
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	49	3,525				49
21 COST TO BE ALLOCATED	1,503	91				504
22 UNIT COST MULTIPLIER	30.673469	0.025816				10.285714

HHA COST CENTER	HOUSEKEEPING SURREY (SQUARE FEET)	DIETARY (MEALS SERVED)	DIETARY SURR EY (MEALS SERVED)	CAFETERIA S (FULL TIME EMP LOYEEES)	CAFETERIA SURREY (FULL TIME EMP LOYEEES)	NURSING ADMINISTRATION (NURSING FTES)
	10.01	11	11.01	12	12.01	14
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						
21 COST TO BE ALLOCATED						
22 UNIT COST MULTIPLIER						

HHA 1

HHA COST CENTER	NURSING ADMINISTRATION S (TOTAL DAYS)	CENTRAL SERVICES & SUPPLIES (COSTED EQUIV.)	MEDICAL RECORDS & LIBRARIES (GROSS CHARGES)	MEDICAL RECORDS & LIBRARIES (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	SOCIAL SERVICE SURVEY (TOTAL DAYS)
	14.01	15	17	17.01	18	18.01
1 ADMIN & GENERAL		367				
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES		1,348				
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		1,715				
21 COST TO BE ALLOCATED		207				
22 UNIT COST MULTIPLIER		0.120700				

HHA COST CENTER	NONPHYSICIAN ANESTHETIST (ASSIGNED TIME)	I&R SERVICES -SALARY & FR (ASSIGNED TIME)	I&R SERVICES -OTHER PRGM (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	CLINICAL PAS TORAL EDUCAT (ASSIGNED TIME)	PHARMACY EDUCATION (ASSIGNED TIME)
	20	22	23	24	24.01	24.02
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						
21 COST TO BE ALLOCATED						
22 UNIT COST MULTIPLIER						

PROVIDER NO: 26-0179  
 HHA NO: 26-7561  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET H-6  
 PARTS I II & III  
 HHA 1

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	62,438	2	62,438	185	337.50	38
2 PHYSICAL THERAPY	3	25,280		25,280	159	158.99	49
3 OCCUPATIONAL THERAPY	4	7,562		7,562	28	270.07	7
4 SPEECH PATHOLOGY	5	1,144		1,144	4	286.00	
5 MEDICAL SOCIAL SERVICES	6	1,256		1,256	4	314.00	1
6 HOME HEALTH AIDE SERVICE	7	1,870		1,870	20	93.50	
7 TOTAL		99,550		99,550	400		95

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	9	10	11
1 SKILLED NURSING		8	12,825	2,700	15,525
2 PHYSICAL THERAPY			7,791		7,791
3 OCCUPATIONAL THERAPY		8	1,890	2,161	4,051
4 SPEECH PATHOLOGY					
5 MEDICAL SOCIAL SERVICES		1	314	314	628
6 HOME HEALTH AIDE SERVICES		8		748	748
7 TOTAL		25	22,820	5,923	28,743

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

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	9	10	11
8 SKILLED NURSING		8	12,825	2,700	15,525
9 PHYSICAL THERAPY			7,791		7,791
10 OCCUPATIONAL THERAPY		8	1,890	2,161	4,051
11 SPEECH PATHOLOGY					
12 MEDICAL SOCIAL SERVICES		1	314	314	628
13 HOME HEALTH AIDE SERVICE		8		748	748
14 TOTAL		25	22,820	5,923	28,743

PROVIDER NO: 26-0179  
 HHA NO: 26-7561  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET H-6  
 PARTS III & III  
 HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART I) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	2,456		2,456	76	32.315789	61
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES		15	1,971	485
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4		
17 PER BENE COST LIMITATION (FRM F1)		
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.401280			COL 2, LN 2
1.01 PT/OT/SPEECH THERAPY SURREY	50.01	.350567			
1.02 THERAPY SERVICES BRAIN & SPINE CENT	50.02	.592922			
2 OCCUPATIONAL THERAPY	51	.317650			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.301246			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.128861			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.223148			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT 2	----- PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		----- PROGRAM COSTS -----		PROG VISITS ON OR AFTER 1/1/1999 5
			PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	
1 PHYSICAL THERAPY	1	158.99	2.01	3	3.01	4	
2 OCCUPATIONAL THERAPY	3	270.07					
3 SPEECH PATHOLOGY	4	286.00					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

TITLE XVII HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

	PART A	PART B NOT SUBJECT TO DED & COINS 2	PART B SUBJECT TO DED & COINS 3
1 REASONABLE COST OF SERVICES			
2 TOTAL CHARGES	16,686	3,590	
3 CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
5 AMOUNT 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(B)			
6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
7 TOTAL CUSTOMARY CHARGES	16,686	3,590	
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	16,686	3,590	
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
10 PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES 1	PART B SERVICES 2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	18,773	3,511
10.02 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPISODES	436	
10.04 TOTAL PPS REIMBURSEMENT-PEP EPISODES	492	
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	19,701	3,511
13 EXCESS REASONABLE COST		
14 SUBTOTAL	19,701	3,511
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	19,701	3,511
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	19,701	3,511
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	19,701	3,511
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	19,701	3,511
25 INTERIM PAYMENTS	19,700	3,511
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM	1	
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		



ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 SATELLITE NO: PREPARED 11/24/2009  
 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	336,686	HOURS OF SERVICE	9,109.00	4.38
2 LICENSED PRACTICAL NURSES		HOURS OF SERVICE		
3 NURSES AIDES		HOURS OF SERVICE		
4 TECHNICIANS	91	HOURS OF SERVICE	8.00	
5 SOCIAL WORKERS		HOURS OF SERVICE		
6 DIETICIANS		HOURS OF SERVICE		
7 PHYSICIANS		ACCUMULATED COST		
8 NON-PATIENT CARE SALARY		ACCUMULATED COST		
9 SUBTOTAL (SUM OF LINES 1-8)	336,777			
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	1,471	PERCENTAGE OF TIME		
14 SUPPLIES	65,914	REQUIREMENTS		
15 DRUGS	30,682	REQUIREMENTS		
16 OTHER	6,092	ACCUMULATED COST		
17 SUBTOTAL (SUM OF LINES 9-16)*	440,936			
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	22,525	SQUARE FEET		
21 NEW CAPITAL RELATED COSTS-MOV. EQUIP.	36,776	PERCENTAGE OF TIME		
22 EMPLOYEE BENEFITS	88,040	SALARY		
23 ADMINISTRATIVE AND GENERAL	86,565	ACCUMULATED COST		
24 MAINT./REPAIRS-OPERATION-HOUSEKEEPING	70,511	SQUARE FEET		
25 MEDICAL EDUCATION PROGRAM COSTS				
26 CENTRAL SERVICES & SUPPLIES	6,562	REQUIREMENTS		
27 PHARMACY	-28,274	REQUIREMENTS		
28 OTHER ALLOCATED COST	90,246	ACCUMULATED COST		
29 SUBTOTAL (SUM OF LINES 17-28)*	813,887			
30 LABORATORY (SEE INSTRUCTIONS)	777	CHARGES	5,266	
31 RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32 OTHER (SEE INSTRUCTIONS)		CHARGES		
33 TOTAL COSTS (SUM OF LINES 29-32)	814,664			

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 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	93,036	38,247	336,686	91	88,040
2	HEMODIALYSIS	18,785	7,649	67,973	23	17,772
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS	74,251	30,598	268,713	68	70,268
13	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	93,036	38,247	336,686	91	88,040
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6	7	8	9	10
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	2,408	72,476	777	631,761	182,903
2	HEMODIALYSIS	486	14,629	777	128,094	37,085
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS	1,922	57,847		503,667	145,818
13	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)	28,274				
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	2,408	72,476	777	631,761	182,903
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		TOTAL (COL. 9 + COL. 10)
		11
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	814,664
2	HEMODIALYSIS	165,179
3	INTERMITTENT PERITONEAL TRAINING	
4	HEMODIALYSIS	
5	INTERMITTENT PERITONEAL	
6	CAPD	
7	CCDP	
8	HOME	
9	HEMODIALYSIS	
10	INTERMITTENT PERITONEAL	
11	CAPD	
11	CCDP	
	OTHER BILLABLE SERVICES	
12	INPATIENT DIALYSIS	649,485
13	METHOD II HOME PATIENT	
14	EPO (INCLUDED IN RENAL DEPARTMENT)	
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)	
15	OTHER	
16	TOTAL (SUM OF LINES 2-15)	814,664
17	MEDICAL EDUCATION PROGRAM COSTS	
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)	814,664

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 SATELLITE NO: PREPARED 11/24/2009  
 WORKSHEET 1-3

CHECK ONE:  XX RENAL DIALYSIS DEPARTMENT  HOME PROGRAM DIALYSIS

COMPOSITE PAYMENT SERVICES		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS	
		1	2	3	4	5	
		(SQUARE FEET)	(% OF TIME)	(HOURS)	(HOURS)	(SALARY)	
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	93,036	38,247	336,686	91	88,040	
2	HEMODIALYSIS	339	20.00	1,839.00	2.00	67,982	
3	INTERMITTENT PERITONEAL TRAINING						
4	HEMODIALYSIS						
5	INTERMITTENT PERITONEAL						
6	CAPD						
7	CCDP						
8	HOME						
9	HEMODIALYSIS						
10	INTERMITTENT PERITONEAL						
11	CAPD						
11	CCDP						
12	OTHER BILLABLE SERVICES INPATIENT DIALYSIS TREATMENTS	282	1,340	80.00	7,270.00	6.00	268,795
13	METHOD II HOME PATIENT						
14	EPO						
14.01	ARANESP						
15	OTHER						
16	TOTAL STATISTICAL BASIS	1,679	100.00	9,109.00	8.00	336,777	
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	55.411554	382.470000	36.961906	11.375000	.261419	

COMPOSITE PAYMENT SERVICES		6	7	8	9	10
		DRUGS (REQUI ST.)	MEDICAL SUPPLIES (REQUI ST.)	ROUTINE ANCILLARY SERVICES (CHARGES)	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD (ACCUMULATED COST)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	2,408	72,476	777	631,761	182,903
2	HEMODIALYSIS	486	10,985	5,266		
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
12	OTHER BILLABLE SERVICES INPATIENT DIALYSIS TREATMENTS	282	1,922	43,436		
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	2,408	54,421	5,266		631,761
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	1.000000	1.331765	.147550		.289513

COMPUTATION OF AVERAGE COST PER TREATMENT  
FOR OUTPATIENT RENAL DIALYSIS

PROVIDER NO: 26-0179  
SATELLITE NO:  
PERIOD: FROM 7/1/2008 TO 6/30/2009  
PREPARED 11/24/2009  
WORKSHEET 1-4  
RATE 0

CHECK ONE:  XX 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 ON OR AFTER 4/1/2005
1 MAINTENANCE - HEMODIALYSIS	282	165,179	585.74	202	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)	282	165,179		202	

	TOTAL PROGRAM EXPENSES	PAYMENT RATE PRIOR TO 4/1/2005	PAYMENT RATE ON OR AFTER 4/1/2005	TOTAL PROGRAM PAYMENT
1 MAINTENANCE - HEMODIALYSIS	118,319	139.64	6.01	28,207
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)	118,319			28,207

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
26-0179	FROM 7/1/2008	
SATELLITE NO:	TO 6/30/2009	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)	118,319
2	TOTAL PAYMENT (FROM WORKSHEET 1-4, COLUMN 7, LINE 11)	28,207
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	5,642
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)	5,642
7	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80%)	22,566
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.)	
9	REIMBURSABLE BAD DEBTS (LESSER OF LINE 8 OR LINE 5) (TRANSFER TO WORKSHEET E, PART B, LINE 26)	

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
26-0179	FROM 7/1/2008	WORKSHEET L
COMPONENT NO:	TO 6/30/2009	PARTS I-IV
26-0179		

FULLY PROSPECTIVE METHOD

CALCULATION OF CAPITAL PAYMENT

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	4,810,160
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	254,861
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	214.54
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	39.31
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	5.31
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	255,419
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	1.74
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	3.13
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	4.87
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.99
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	47,621
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	5,368,061
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)	