

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).

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	26-0180	I	FROM 1/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 12/31/2009	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
						--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/21/2010 TIME 14:32

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: CHRISTIAN HOSPITAL NORTHEAST 26-0180 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2009 AND ENDING 12/31/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

J. Katrakis
OFFICER OR ADMINISTRATOR OF PROVIDER(S)
VP & CFO
TITLE
DATE *May 25, 2010*

ECR ENCRYPTION INFORMATION
DATE: 5/21/2010 TIME 14:32

U3ywurQXovPdqZHQwIwKTqyJ9FdT0
wc9bz0Va97uGBzkNGVvmsRY6ZWUm.e
a1.g1o:SM10eGPJ.

PI ENCRYPTION INFORMATION
DATE: 5/21/2010 TIME 14:32

GactuNaxPDyX87DlEmfc3QHEC9Qjz0
OkGtF0gyU.Jnt2QRiRL51qMZ4C66JI
eU7P9BN4yP0YPPGS

PART II - SETTLEMENT SUMMARY

TITLE V		TITLE XVIII		TITLE XIX	
	A	B			
1	2	3	4		
1 HOSPITAL	0	1,527,581	4,750	7,116	0
2 SUBPROVIDER	0	110,575	0	0	0
2 .01 SUBPROVIDER II	0	1,186	0	0	0
100 TOTAL	0	1,639,342	4,750	7,116	0

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

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

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THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
(42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	26-0180	I	FROM 1/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2009	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/21/2010 TIME 14:53

PART I - CERTIFICATION

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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:
CHRISTIAN HOSPITAL NORTHEAST 26-0180
FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2009 AND ENDING 12/31/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	
1 HOSPITAL	0	1,527,581	4,750	7,116	
2 SUBPROVIDER	0	110,575	0	0	
2 .01 SUBPROVIDER II	0	1,186	0	0	
100 TOTAL	0	1,639,342	4,750	7,116	

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

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HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET S-2
 I I TO 12/31/2009 I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 11133 DUNN ROAD P.O. BOX:
 01 CITY: ST. LOUIS STATE: MO ZIP CODE: 63136- COUNTY: ST. LOUIS COUNTY

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)		
					V	XVIII	XIX
02.00	HOSPITAL	26-0180		9/27/1975	4	5	6
03.00	SUBPROVIDER	26-T180		12/ 8/1983	N	P	P
03.01	SUBPROVIDER 2	26-S180		1/ 1/2003	N	P	O

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2009 TO: 12/31/2009

18 TYPE OF CONTROL

1 2
2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER
 20.01 SUBPROVIDER II

1
5
4

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(C)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

Y N

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.

1 N N 41180

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL

1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL

1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO.

N

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)

N

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.

3 N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER?

N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.

N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.

/ / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.

/ / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.

/ / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.

/ / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.

/ / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.

/ / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.

/ / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY)

/ /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy).

/ /

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
I 26-0180 I FROM 1/ 1/2009 I WORKSHEET S-2
I TO 12/31/2009 I

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? Y
26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
28.03 STAFFING 65.43% Y/N
32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N
33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2. N N

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

TITLE XIX INPATIENT SERVICES
 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). Y 269026
 40.01 NAME: BJC HEALTH CARE FI/CONTRACTOR NAME WPS FI/CONTRACTOR # 05301
 40.02 STREET: 4444 FOREST PARK BLVD P.O. BOX:
 40.03 CITY: ST. LOUIS STATE: MO ZIP CODE: 63108-
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

	PART A		PART B		OUTPATIENT	OUTPATIENT	OUTPATIENT
	1	2	3	4	ASC	RADIOLOGY	DIAGNOSTIC
39 HOSPITAL	N	N	N	N	N	N	N
39.01 SUBPROVIDER	N	N	N	N	N	N	N
40.01 SUBPROVIDER 2	N	N	N	N	N	N	N

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

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 0
 PAID LOSSES: 109,757
 AND/OR SELF INSURANCE: 0

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

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. N 0.00 N 0
 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0
 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
I 26-0180 I FROM 1/ 1/2009 I WORKSHEET S-2
I I TO 12/31/2009 I

- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER?
ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100%
FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS
ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE
10/1/2002. Y Y
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST
REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS
THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC.
412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y"FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER
1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD
COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS
OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO.
IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2
"Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?
ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW
FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y N
- 60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN
THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y"
FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN
ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(c)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF
COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST
REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT
ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). N N 0

MULTICAMPUS

- 61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? N
ENTER "Y" FOR YES AND "N" FOR NO.
- 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
-----					0.00

SETTLEMENT DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
I 26-0180 I FROM 1/ 1/2009 I WORKSHEET S-3
I TO 12/31/2009 I PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	I/P DAYS / TITLE V 3	O/P VISITS / TITLE XVIII 4	NOT LTCH N/A 4.01	TRIPS TITLE XIX 5
1 ADULTS & PEDIATRICS	369	134,685			31,027		10,084
2 HMO					2,955		933
2 01 HMO - (IRF PPS SUBPROVIDER)							14
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	369	134,685			31,027		10,084
6 INTENSIVE CARE UNIT	26	9,490			2,856		737
7 CORONARY CARE UNIT	27	9,855			3,273		588
12 TOTAL	422	154,030			37,156		11,409
13 RPCH VISITS							
14 SUBPROVIDER	18	6,570			2,597		209
14 01 SUBPROVIDER 2	20	7,300			2,523		621
25 TOTAL	460						104
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

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	NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			61,094				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			61,094				
6 INTENSIVE CARE UNIT			6,150				
7 CORONARY CARE UNIT			4,780				
12 TOTAL			72,024				
13 RPCH VISITS							
14 SUBPROVIDER			3,882				
14 01 SUBPROVIDER 2			4,125				
25 TOTAL							
25 01 OBSERVATION BED DAYS	13	91	1,155	116	1,039		
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			915				
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV --- NONPAID WORKERS 11	DISCHARGES TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					6,056	1,540	13,536
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							
12 TOTAL		1,605.85			6,056	1,540	13,536
13 RPCH VISITS							
14 SUBPROVIDER		18.74			190	10	285
14 01 SUBPROVIDER 2		21.06			253	72	556
25 TOTAL		1,645.65					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET S-3
 I I TO 12/31/2009 I 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	82,717,938		82,717,938	3,378,263.00	24.49	
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN - PART A						
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5	PHYSICIAN - PART B	372,890		372,890	4,788.00	77.88	
5.01	NON-PHYSICIAN - PART B						
6	INTERNS & RESIDENTS (APPRVD)		75,829	75,829	2,928.00	25.90	
6.01	CONTRACT SERVICES, I&R						
7	HOME OFFICE PERSONNEL						
8	SNF						
8.01	EXCLUDED AREA SALARIES	6,424,456	74,809	6,499,265	300,986.00	21.59	
OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR:	2,600,419		2,600,419	42,722.00	60.87	
9.01	PHARMACY SERVICES UNDER CONTRACT						
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10	CONTRACT LABOR: PHYS PART A	1,128,680		1,128,680	12,149.00	92.90	
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11	HOME OFFICE SALARIES & WAGE RELATED COSTS	8,456,048		8,456,048	199,772.00	42.33	
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS							
13	WAGE-RELATED COSTS (CORE)	22,076,459		22,076,459			CMS 339
14	WAGE-RELATED COSTS (OTHER)						CMS 339
15	EXCLUDED AREAS	1,891,743		1,891,743			CMS 339
6	NON-PHYS ANESTHETIST PART A						CMS 339
17	NON-PHYS ANESTHETIST PART B						CMS 339
18	PHYSICIAN PART A						CMS 339
18.01	PART A TEACHING PHYSICIANS						CMS 339
19	PHYSICIAN PART B	108,537		108,537			CMS 339
19.01	WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20	INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	3,407,441		3,407,441	145,092.00	23.48	
22	ADMINISTRATIVE & GENERAL	8,913,720	-83,809	8,829,911	424,293.00	20.81	
22.01	A & G UNDER CONTRACT	383,815		383,815	1,502.00	255.54	
23	MAINTENANCE & REPAIRS						
24	OPERATION OF PLANT	2,105,902		2,105,902	98,021.00	21.48	
25	LAUNDRY & LINEN SERVICE						
26	HOUSEKEEPING	1,526,141		1,526,141	144,740.00	10.54	
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY						
27.01	DIETARY UNDER CONTRACT						
28	CAFETERIA						
29	MAINTENANCE OF PERSONNEL						
30	NURSING ADMINISTRATION	1,729,726		1,729,726	52,480.00	32.96	
31	CENTRAL SERVICE AND SUPPLY	398,849		398,849	24,273.00	16.43	
32	PHARMACY	2,554,898		2,554,898	68,956.00	37.05	
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	2,973,487		2,973,487	134,950.00	22.03	
34	SOCIAL SERVICE	647,033		647,033	23,496.00	27.54	
35	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	82,728,863	-75,829	82,653,034	3,372,049.00	24.51	
2	EXCLUDED AREA SALARIES	6,424,456	74,809	6,499,265	300,986.00	21.59	
3	SUBTOTAL SALARIES	76,304,407	-150,638	76,153,769	3,071,063.00	24.80	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	12,185,147		12,185,147	254,643.00	47.85	
5	SUBTOTAL WAGE-RELATED COSTS	22,076,459		22,076,459		28.99	
6	TOTAL	110,566,013	-150,638	110,415,375	3,325,706.00	33.20	
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	24,641,012	-83,809	24,557,203	1,117,803.00	21.97	

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	19,224,598
17.01	GROSS MEDICAID REVENUES	
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	19,224,598
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)	.308278
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)	

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I 26-0180 I

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

I PREPARED 5/21/2010 I WORKSHEET A I

COST CENTER	COST CENTER DESCRIPTION	SALARIES		OTHER	TOTAL	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5	
	GENERAL SERVICE COST CNTR						
1 0100	OLD CAP REL COSTS-BLDG & FIXT					206,630	206,630
1.01 0101	OLD CAP REL COSTS-WHSE					5,482	5,482
1.02 0102	OLD CAP REL COSTS-B BLDG					16,292	16,292
1.03 0103	OLD CAP REL COSTS-PFD					176,675	176,675
1.04 0104	OLD CAP REL COSTS-CHIP					361,600	361,600
1.05 0105	OLD CAP REL COSTS-POB I					312,013	312,013
1.06 0106	OLD CAP REL COSTS-GRAHAM MOB					256,215	256,215
2 0200	OLD CAP REL COSTS-MVBLE EQUIP					123,394	123,394
3 0300	NEW CAP REL COSTS-BLDG & FIXT					5,582,325	5,582,325
3.01 0301	NEW CAP REL COSTS-WHSE						
3.02 0302	NEW CAP REL COSTS-B BLDG						
3.03 0303	NEW CAP REL COSTS-PFD					41,329	41,329
3.04 0304	NEW CAP REL COSTS-CHIP					59,404	59,404
3.05 0305	NEW CAP REL COSTS-POB I					102,759	102,759
3.06 0306	NEW CAP REL COSTS-GRAHAM MOB					177,617	177,617
4 0400	NEW CAP REL COSTS-MVBLE EQUIP					7,866,555	7,866,555
5 0500	EMPLOYEE BENEFITS	3,407,441	18,574,610	21,982,051		-8,541	21,973,510
6.01 0640	ADMITTING	1,121,632	167,844	1,289,476		-9,760	1,279,716
6.02 0650	CASHIERING	824,511	1,243,768	2,068,279			2,068,279
6.03 0660	MENTAL HEALTH ADMINISTRATION	175,522	231,987	407,509		30,000	437,509
6.04 0661	ADMINISTRATIVE & GENERAL	6,792,055	51,627,082	58,419,137		-9,929,450	48,489,687
8 0800	OPERATION OF PLANT	2,103,785	3,479,378	5,583,163		545,129	6,128,292
8.01 0801	OPERATION OF PLANT- POB I	2,117	1,757	3,874			3,874
9 0900	LAUNDRY & LINEN SERVICE		1,074,705	1,074,705		-217	1,074,488
10 1000	HOUSEKEEPING	1,412,695	1,075,706	2,488,401		-5,815	2,482,586
10.01 1001	HOUSEKEEPING-POB I	113,446	44,771	158,217			158,217
11 1100	DIETARY		2,990,674	2,990,674		-42,768	2,947,906
12 1200	CAFETERIA		1,943,008	1,943,008		-15,066	1,927,942
14 1400	NURSING ADMINISTRATION	1,729,726	737,538	2,467,264		-373,081	2,094,183
15 1500	CENTRAL SERVICES & SUPPLY	398,849	1,966,080	2,364,929		-1,836,215	528,714
16 1600	PHARMACY	2,554,898	12,145,544	14,700,442		-11,037,886	3,662,556
17 1700	MEDICAL RECORDS & LIBRARY	2,973,487	1,129,957	4,103,444		-1,966	4,101,478
18 1800	SOCIAL SERVICE	647,033	55,685	702,718			702,718
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD					75,829	75,829
24 2400	PARAMED ED PRGM					25,361	25,361
	INPAT ROUTINE SRVC CNTRS						
25 2500	ADULTS & PEDIATRICS	17,497,619	4,966,050	22,463,669		-642,356	21,821,313
26 2600	INTENSIVE CARE UNIT	4,094,428	1,371,453	5,465,881		-417,540	5,048,341
2700	CORONARY CARE UNIT	2,644,014	683,648	3,327,662		-193,204	3,134,458
3100	SUBPROVIDER	912,546	162,999	1,075,545		29,615	1,105,160
31.01 3101	SUBPROVIDER 2	1,070,560	200,625	1,321,185		-8,780	1,312,405
	ANCILLARY SRVC COST CNTRS						
37 3700	OPERATING ROOM	4,512,981	12,006,105	16,519,086		-8,335,990	8,183,096
38 3800	RECOVERY ROOM	539,309	132,657	671,966		-69,857	602,109
40 4000	ANESTHESIOLOGY	79,367	5,362,482	5,441,849		-286,558	5,155,291
41 4100	RADIOLOGY-DIAGNOSTIC	3,842,216	3,752,122	7,594,338		-1,758,933	5,835,405
41.01 4101	C.T. SCAN	408,606	586,805	995,411		-312,233	683,178
44 4400	LABORATORY	4,704,544	4,913,336	9,617,880		-894,311	8,723,569
44.01 3340	G.I. LAB	628,076	751,055	1,379,131		-272,710	1,106,421
44.02 3650	VASCULAR LAB	232,476	98,434	330,910		-24,799	306,111
44.03 3420	LABORATORY-PATHOLOGY	171,698	168,104	339,802		31,751	371,553
47 4700	BLOOD STORING, PROCESSING & TRANS.	318,486	1,822,646	2,141,132		551,462	2,692,594
49 4900	RESPIRATORY THERAPY	2,674,657	971,343	3,646,000		-150,039	3,495,961
50 5000	PHYSICAL THERAPY	1,644,014	271,469	1,915,483		-209,068	1,706,415
51 5100	OCCUPATIONAL THERAPY	522,979	48,516	571,495		145,724	717,219
52 5200	SPEECH PATHOLOGY	200,771	25,020	225,791		50,446	276,237
53 5300	ELECTROCARDIOLOGY	1,271,685	5,403,075	6,674,760		-5,100,030	1,574,730
54 5400	ELECTROENCEPHALOGRAPHY	80,762	23,280	104,042		-9,593	94,449
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS					16,482,521	16,482,521
56 5600	DRUGS CHARGED TO PATIENTS					10,944,237	10,944,237
57 5700	RENAL DIALYSIS		1,588,300	1,588,300		-35,089	1,553,211
59 3950	SHOCK THERAPY	89,323	17,494	106,817		-2,167	104,650
59.01 3190	PAIN MANAGEMENT & OP CHEMO	620,498	330,158	950,656		-8,259	942,397
59.02 3951	DIABETES CARE CENTER	215,175	647,979	863,154		-67,640	795,514
59.03 3021	OP PSYCH	239,153	531,683	770,836		-18,381	752,455
59.04 3020	CARDIAC REHAB	168,072	29,835	197,907		-10,473	187,434
	OUTPAT SERVICE COST CNTRS						
61 6100	EMERGENCY	4,635,376	3,432,106	8,067,482		-532,051	7,535,431
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)						
	OTHER REIMBURS COST CNTRS						
65 6500	AMBULANCE SERVICES	3,440,230	1,253,166	4,693,396		-362,033	4,331,363
	SPEC PURPOSE COST CENTERS						
90 9000	OTHER CAPITAL RELATED COSTS						
95	SUBTOTALS	81,716,818	150,092,039	231,808,857		1,217,506	233,026,363
	NONREIMBURS COST CENTERS						
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN						
96.01 9601	VISITOR MEALS						
96.02 9602	NON REIMBURSABLE B BLDG						
03 9603	ROOM RENTAL						
04 9604	NON REIMBURSABLE CHIP						
96.05 9605	NON REIMBURSABLE PFD						
96.06 9606	NON REIMBURSABLE HOSPITAL						
96.07 9607	NON REIMBURSABLE POB I						
96.08 9608	MEALS ON WHEELS						
96.09 9609	CATERING		192,372	192,372		-3,476	188,896

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
I 26-0180 I FROM 1/ 1/2009 I WORKSHEET A
I I TO 12/31/2009 I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	NONREIMBURS COST CENTERS					
o.10 9610	RETAIL PHARMACY	493,909	4,241,667	4,735,576	-186	4,735,390
96.11 9611	PUBLIC RELATIONS	214,141	693,698	907,839		907,839
96.12 9612	PHYSICIAN PRACTICE DEVELOPMENT	238,204	389,368	627,572	-358	627,214
96.13 9613	RECOVERY RESOURCES					
98 9800	PHYSICIANS' PRIVATE OFFICES		345,916	345,916	-345,916	
98.01 9801	PHYSICIANS' PRIVATE OFFICES GRAHAM	54,866	906,228	961,094	-867,570	93,524
101	TOTAL	82,717,938	156,861,288	239,579,226	-0-	239,579,226

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I
I 26-0180 I
I I

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

I PREPARED 5/21/2010
I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		206,630
1.01 0101	OLD CAP REL COSTS-WHSE		5,482
1.02 0102	OLD CAP REL COSTS-B BLDG		16,292
1.03 0103	OLD CAP REL COSTS-PFD	-8,790	167,885
1.04 0104	OLD CAP REL COSTS-CHIP	-30,683	330,917
1.05 0105	OLD CAP REL COSTS-POB I		312,013
1.06 0106	OLD CAP REL COSTS-GRAHAM MOB		256,215
2 0200	OLD CAP REL COSTS-MVBLE EQUIP	-10,863	112,531
3 0300	NEW CAP REL COSTS-BLDG & FIXT	-15,839	5,566,486
3.01 0301	NEW CAP REL COSTS-WHSE		
3.02 0302	NEW CAP REL COSTS-B BLDG		
3.03 0303	NEW CAP REL COSTS-PFD		41,329
3.04 0304	NEW CAP REL COSTS-CHIP		59,404
3.05 0305	NEW CAP REL COSTS-POB I		102,759
3.06 0306	NEW CAP REL COSTS-GRAHAM MOB		177,617
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	-16,332	7,850,223
5 0500	EMPLOYEE BENEFITS	-6,584,621	15,388,889
6.01 0640	ADMITTING		1,279,716
6.02 0650	CASHIERING		2,068,279
6.03 0660	MENTAL HEALTH ADMINISTRATION	-207,778	229,731
6.04 0661	ADMINISTRATIVE & GENERAL	-11,243,052	37,246,635
8 0800	OPERATION OF PLANT	2,584	6,130,876
8.01 0801	OPERATION OF PLANT- POB I		3,874
9 0900	LAUNDRY & LINEN SERVICE		1,074,488
10 1000	HOUSEKEEPING		2,482,586
10.01 1001	HOUSEKEEPING-POB I		158,217
11 1100	DIETARY		2,947,906
12 1200	CAFETERIA	-1,156,507	771,435
14 1400	NURSING ADMINISTRATION		2,094,183
15 1500	CENTRAL SERVICES & SUPPLY		528,714
16 1600	PHARMACY	-4,500	3,658,056
17 1700	MEDICAL RECORDS & LIBRARY	-14,546	4,086,932
18 1800	SOCIAL SERVICE		702,718
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		75,829
24 2400	PARAMED ED PRGM		25,361
25 2500	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	-1,144,229	20,677,084
26 2600	INTENSIVE CARE UNIT		5,048,341
27 2700	CORONARY CARE UNIT		3,134,458
3100	SUBPROVIDER	-3,718	1,101,442
31.01 3101	SUBPROVIDER 2		1,312,405
37 3700	ANCILLARY SRVC COST CNTRS OPERATING ROOM	-430,088	7,753,008
38 3800	RECOVERY ROOM		602,109
40 4000	ANESTHESIOLOGY	-4,867,986	287,305
41 4100	RADIOLOGY-DIAGNOSTIC	-17,642	5,817,763
41.01 4101	C.T. SCAN		683,178
44 4400	LABORATORY	-478,172	8,245,397
44.01 3340	G.I. LAB	-2,866	1,103,555
44.02 3650	VASCULAR LAB	-2,968	303,143
44.03 3420	LABORATORY-PATHOLOGY		371,553
47 4700	BLOOD STORING, PROCESSING & TRANS.		2,692,594
49 4900	RESPIRATORY THERAPY	-65,039	3,430,922
50 5000	PHYSICAL THERAPY	-26,260	1,680,155
51 5100	OCCUPATIONAL THERAPY	-1,515	715,704
52 5200	SPEECH PATHOLOGY		276,237
53 5300	ELECTROCARDIOLOGY		1,574,730
54 5400	ELECTROENCEPHALOGRAPHY		94,449
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		16,482,521
56 5600	DRUGS CHARGED TO PATIENTS		10,944,237
57 5700	RENAL DIALYSIS		1,553,211
59 3950	SHOCK THERAPY		104,650
59.01 3190	PAIN MANAGEMENT & OP CHEMO		942,397
59.02 3951	DIABETES CARE CENTER	-124,231	671,283
59.03 3021	OP PSYCH		752,455
59.04 3020	CARDIAC REHAB		187,434
61 6100	OUTPAT SERVICE COST CNTRS EMERGENCY	-1,504,223	6,031,208
62 6200	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS		
65 6500	AMBULANCE SERVICES	566	4,331,929
90 9000	SPEC PURPOSE COST CENTERS OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-27,959,298	205,067,065
96 9600	NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP & CANTEEN		
96.01 9601	VISITOR MEALS		
96.02 9602	NON REIMBURSABLE B BLDG		
96.03 9603	ROOM RENTAL		
96.04 9604	NON REIMBURSABLE CHIP		
96.05 9605	NON REIMBURSABLE PFD		
96.06 9606	NON REIMBURSABLE HOSPITAL		
96.07 9607	NON REIMBURSABLE POB I		
96.08 9608	MEALS ON WHEELS		
96.09 9609	CATERING		188,896

RECLASSIFICATION AND ADJUSTMENT OF
 TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	NONREIMBURS COST CENTERS		
96.10 9610	RETAIL PHARMACY		4,735,390
96.11 9611	PUBLIC RELATIONS		907,839
96.12 9612	PHYSICIAN PRACTICE DEVELOPMENT		627,214
96.13 9613	RECOVERY RESOURCES		
98 9800	PHYSICIANS' PRIVATE OFFICES		
98.01 9801	PHYSICIANS' PRIVATE OFFICES GRAHAM		93,524
101	TOTAL	-27,959,298	211,619,928

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 12/31/2009 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
GENERAL SERVICE COST			
	OLD CAP REL COSTS-BLDG & FIXT	0100	
1.01	OLD CAP REL COSTS-WHSE	0101	OLD CAP REL COSTS-BLDG & FIXT
1.02	OLD CAP REL COSTS-B BLDG	0102	OLD CAP REL COSTS-BLDG & FIXT
1.03	OLD CAP REL COSTS-PFD	0103	OLD CAP REL COSTS-BLDG & FIXT
1.04	OLD CAP REL COSTS-CHIP	0104	OLD CAP REL COSTS-BLDG & FIXT
1.05	OLD CAP REL COSTS-POB I	0105	OLD CAP REL COSTS-BLDG & FIXT
1.06	OLD CAP REL COSTS-GRAHAM MOB	0106	OLD CAP REL COSTS-BLDG & FIXT
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-WHSE	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-B BLDG	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CAP REL COSTS-PFD	0303	NEW CAP REL COSTS-BLDG & FIXT
3.04	NEW CAP REL COSTS-CHIP	0304	NEW CAP REL COSTS-BLDG & FIXT
3.05	NEW CAP REL COSTS-POB I	0305	NEW CAP REL COSTS-BLDG & FIXT
3.06	NEW CAP REL COSTS-GRAHAM MOB	0306	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	ADMITTING	0640	ADMITTING
6.02	CASHIERING	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.03	MENTAL HEALTH ADMINISTRATION	0660	OTHER ADMINISTRATIVE AND GENERAL
6.04	ADMINISTRATIVE & GENERAL	0661	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
8.01	OPERATION OF PLANT- POB I	0801	OPERATION OF PLANT
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
10.01	HOUSEKEEPING-POB I	1001	HOUSEKEEPING
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
24	PARAMED ED PRGM	2400	
INPAT ROUTINE SRVC C			
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER 2	3101	SUBPROVIDER #####
ANCILLARY SRVC COST			
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	C.T. SCAN	4101	RADIOLOGY-DIAGNOSTIC
44	LABORATORY	4400	
44.01	G.I. LAB	3340	GASTRO INTESTINAL SERVICES
44.02	VASCULAR LAB	3650	VASCULAR LAB
44.03	LABORATORY-PATHOLOGY	3420	LABORATORY-PATHOLOGICAL
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	SHOCK THERAPY	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.01	PAIN MANAGEMENT & OP CHEMO	3190	CHEMOTHERAPY
59.02	DIABETES CARE CENTER	3951	OTHER ANCILLARY SERVICE COST CENTERS
59.03	OP PSYCH	3021	ACUPUNCTURE
59.04	CARDIAC REHAB	3020	ACUPUNCTURE
OUTPAT SERVICE COST			
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
OTHER REIMBURS COST			
65	AMBULANCE SERVICES	6500	
SPEC PURPOSE COST CE			
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
NONREIMBURS COST CEN			
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	VISITOR MEALS	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.02	NON REIMBURSABLE B BLDG	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.03	ROOM RENTAL	9603	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.04	NON REIMBURSABLE CHIP	9604	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.05	NON REIMBURSABLE PFD	9605	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.06	NON REIMBURSABLE HOSPITAL	9606	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.07	NON REIMBURSABLE POB I	9607	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.08	MEALS ON WHEELS	9608	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.09	CATERING	9609	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.10	RETAIL PHARMACY	9610	GIFT, FLOWER, COFFEE SHOP & CANTEEN

COST CENTERS USED IN COST REPORT

I PROVIDER NO:	I PERIOD:	I PREPARED	5/21/2010
I 26-0180	I FROM 1/ 1/2009	I NOT A CMS WORKSHEET	
I	I TO 12/31/2009	I	

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
6.11	PUBLIC RELATIONS	9611	GIFT, FLOWER, COFFEE SHOP & CANTEEN
.12	PHYSICIAN PRACTICE DEVELOPMENT	9612	GIFT, FLOWER, COFFEE SHOP & CANTEEN
6.13	RECOVERY RESOURCES	9613	GIFT, FLOWER, COFFEE SHOP & CANTEEN
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	PHYSICIANS' PRIVATE OFFICES GRAHAM	9801	PHYSICIANS' PRIVATE OFFICES
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
260180	1/ 1/2009	5/21/2010
	TO 12/31/2009	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 TO RECLASS CHIEF OF GYNECOLOGY	A	ADULTS & PEDIATRICS	25		15,000
2 TO RECLASS CHIEF OF PSYCHIATRY	B	MENTAL HEALTH ADMINISTRATION	6.03	15,000	15,000
3 TO RECLASS PHARMACEUTICALS	C	DRUGS CHARGED TO PATIENTS	56		10,944,237
4 TO RECLASS BILLABLE SUPPLIES	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		16,507,681
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18 TO RECLASS PROF FEES	E	SUBPROVIDER	31	51,000	
19 TO RECLASS GI MEDICAL DIRECTOR	F	G.I. LAB	44.01	9,000	
20 TO RECLASS CARDIOTHORACIC CHIEF	G	OPERATING ROOM	37		50,000
21 TO RECLASS POB I EXPENSES	H	OLD CAP REL COSTS-POB I	1.05		48,355
22		OLD CAP REL COSTS-POB I	1.05		263,658
23		NEW CAP REL COSTS-POB I	3.05		102,759
24		OPERATION OF PLANT	8		168,958
25 TO RECLASS PURCHASING VARIANCE	I	ADMINISTRATIVE & GENERAL	6.04		25,138
26 TO RECLASS DEPRECIATION EXPENSE	J	OLD CAP REL COSTS-BLDG & FIXT	1		193,880
27		OLD CAP REL COSTS-WHSE	1.01		5,482
28		OLD CAP REL COSTS-B BLDG	1.02		16,292
29		OLD CAP REL COSTS-PFD	1.03		77,196
30		OLD CAP REL COSTS-CHIP	1.04		74,608
31		OLD CAP REL COSTS-GRAHAM MOB	1.06		23,691
32		OLD CAP REL COSTS-MVBLE EQUIP	2		146
33		NEW CAP REL COSTS-BLDG & FIXT	3		5,414,605
34		NEW CAP REL COSTS-PFD	3.03		41,329
35		NEW CAP REL COSTS-CHIP	3.04		59,404
TO RECLASS DEPRECIATION EXPENSE	J	NEW CAP REL COSTS-GRAHAM MOB	3.06		97,107
TO RECLASS INTEREST EXPENSE	K	NEW CAP REL COSTS-MVBLE EQUIP	4		7,676,403
4		OLD CAP REL COSTS-PFD	1.03		91,280
5		OLD CAP REL COSTS-CHIP	1.04		263,338
6		OLD CAP REL COSTS-MVBLE EQUIP	2		113,090
7		NEW CAP REL COSTS-BLDG & FIXT	3		165,596
8 TO RECLASS BOND ISSUANCE COSTS	L	NEW CAP REL COSTS-MVBLE EQUIP	4		174,480
9		OLD CAP REL COSTS-PFD	1.03		8,199
10		OLD CAP REL COSTS-CHIP	1.04		23,654
11		OLD CAP REL COSTS-MVBLE EQUIP	2		10,158
12		NEW CAP REL COSTS-BLDG & FIXT	3		14,874
13 TO RECLASS CHIEF OF SURGERY	M	NEW CAP REL COSTS-MVBLE EQUIP	4		15,672
14 TO RECLASS VASCULAR LAB DIRECTOR	N	OPERATING ROOM	37		30,000
15 TO RECLASS OBLIGATED CAPITAL DEPREC	O	VASCULAR LAB	44.02		5,950
16 TO RECLASS LAB ADMIN COSTS	P	OLD CAP REL COSTS-BLDG & FIXT	1		12,750
17		LABORATORY-PATHOLOGY	44.03	42,183	34,036
18 TO RECLASS ADMISSION KITS	Q	BLOOD STORING, PROCESSING & TRANS.	47	305,694	246,653
19		ADULTS & PEDIATRICS	25		23,685
20		SUBPROVIDER	31		497
21 TO RECLASS CHAPLAIN RESIDENCY PROGRA	R	SUBPROVIDER 2	31.01		978
22 TO RECLASS GRAHAM MOB EXPENSES	S	PARAMED ED PRGM	24	23,809	1,552
23		OLD CAP REL COSTS-GRAHAM MOB	1.06		24,740
24		OLD CAP REL COSTS-GRAHAM MOB	1.06		207,784
25		NEW CAP REL COSTS-GRAHAM MOB	3.06		80,510
26		ADMINISTRATIVE & GENERAL	6.04		130,387
27 TO RECLASS INTGERNS AND RESIDENTS	T	OPERATION OF PLANT	8		424,149
28 TO RECLASS DEPARTMENTAL DEPREC	U	I&R SERVICES-SALARY & FRINGES APPRVD	22	75,829	
29		ADMINISTRATIVE & GENERAL	6.04		4,929,634
30					
31					
32					
33					
34					
35					

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
260180	1/ 1/2009	5/21/2010
	TO 12/31/2009	WORKSHEET A-6
		CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
1 TO RECLASS DEPARTMENTAL DEPREC	U				
2					
3					
4					
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32					
33					
34					
35					
TO RECLASS REHAB ADMIN COSTS	V	OCCUPATIONAL THERAPY	51	136,177	9,792
		SPEECH PATHOLOGY	52	52,253	5,050
30 TOTAL RECLASSIFICATIONS				710,945	48,869,417

(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:	PERIOD:	PREPARED
260180	FROM 1/ 1/2009	5/21/2010
	TO 12/31/2009	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 TO RECLASS CHIEF OF GYNECOLOGY	A	ADMINISTRATIVE & GENERAL	6.04			15,000	
2 TO RECLASS CHIEF OF PSYCHIATRY	B	ADMINISTRATIVE & GENERAL	6.04		15,000	15,000	
3 TO RECLASS PHARMACEUTICALS	C	PHARMACY	16			10,944,237	
4 TO RECLASS BILLABLE SUPPLIES	D	ADULTS & PEDIATRICS	25			510,982	
5		INTENSIVE CARE UNIT	26			271,364	
6		CORONARY CARE UNIT	27			88,520	
7		SUBPROVIDER	31			17,506	
8		SUBPROVIDER 2	31.01			5,692	
9		CENTRAL SERVICES & SUPPLY	15			1,787,477	
10		OPERATING ROOM	37			7,789,855	
11		RECOVERY ROOM	38			9,029	
12		ANESTHESIOLOGY	40			257,755	
13		RADIOLOGY-DIAGNOSTIC	41			927,949	
14		ELECTROCARDIOLOGY	53			4,314,582	
15		RESPIRATORY THERAPY	49			24,427	
16		G.I. LAB	44.01			106,371	
17		EMERGENCY	61			396,172	
18 TO RECLASS PROF FEES	E	ADMINISTRATIVE & GENERAL	6.04		51,000		
19 TO RECLASS GI MEDICAL DIRECTOR	F	ADMINISTRATIVE & GENERAL	6.04		9,000		
20 TO RECLASS CARDIOTHORACIC CHIEF	G	ADMINISTRATIVE & GENERAL	6.04			50,000	
21 TO RECLASS POB I EXPENSES	H	PHYSICIANS' PRIVATE OFFICES	98			345,916	9
22		ADMINISTRATIVE & GENERAL	6.04			237,814	11
23							9
24							9
25 TO RECLASS PURCHASING VARIANCE	I	CENTRAL SERVICES & SUPPLY	15			25,138	
26 TO RECLASS DEPRECIATION EXPENSE	J	ADMINISTRATIVE & GENERAL	6.04			13,680,143	9
27							9
28							9
29							9
30							9
31							9
32							9
33							9
34							9
35							9
TO RECLASS DEPRECIATION EXPENSE	J						9
3 TO RECLASS INTEREST EXPENSE	K	ADMINISTRATIVE & GENERAL	6.04			807,784	11
4							11
5							11
6							11
7							11
8 TO RECLASS BOND ISSUANCE COSTS	L	ADMINISTRATIVE & GENERAL	6.04			72,557	11
9							11
10							11
11							11
12							11
13 TO RECLASS CHIEF OF SURGERY	M	ADMINISTRATIVE & GENERAL	6.04			30,000	
14 TO RECLASS VASCULAR LAB DIRECTOR	N	ADMINISTRATIVE & GENERAL	6.04			5,950	
15 TO RECLASS OBLIGATED CAPITAL DEPREC	O	NEW CAP REL COSTS-BLDG & FIXT	3			12,750	9
16 TO RECLASS LAB ADMIN COSTS	P	LABORATORY	44		347,877	280,689	
17							
18 TO RECLASS ADMISSION KITS	Q	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			25,160	
19							
20							
21 TO RECLASS CHAPLAIN RESIDENCY PROGRA	R	ADMINISTRATIVE & GENERAL	6.04		23,809	1,552	
22 TO RECLASS GRAHAM MOB EXPENSES	S	PHYSICIANS' PRIVATE OFFICES GRAHAM	98.01			867,570	9
23							11
24							9
25							
26							
27 TO RECLASS INTGERS AND RESIDENTS	T	ADULTS & PEDIATRICS	25		75,829		
28 TO RECLASS DEPARTMENTAL DEPREC	U	EMPLOYEE BENEFITS	5			8,541	
29		ADMITTING	6.01			9,760	
30		OPERATION OF PLANT	8			47,978	
31		LAUNDRY & LINEN SERVICE	9			217	
32		HOUSEKEEPING	10			5,815	
33		DIETARY	11			42,768	
34		CAFETERIA	12			15,066	
35		NURSING ADMINISTRATION	14			373,081	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
260180	FROM 1/ 1/2009	5/21/2010
	TO 12/31/2009	WORKSHEET A-6
		CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 TO RECLASS DEPARTMENTAL DEPREC	U	CENTRAL SERVICES & SUPPLY	15			23,600	
2		PHARMACY	16			93,649	
3		MEDICAL RECORDS & LIBRARY	17			1,966	
4		ADULTS & PEDIATRICS	25			94,230	
5		INTENSIVE CARE UNIT	26			146,176	
6		CORONARY CARE UNIT	27			104,684	
7		SUBPROVIDER	31			4,376	
8		SUBPROVIDER 2	31.01			4,066	
9		OPERATING ROOM	37			626,135	
10		RECOVERY ROOM	38			60,828	
11		ANESTHESIOLOGY	40			28,803	
12		RADIOLOGY-DIAGNOSTIC	41			830,984	
13		C.T. SCAN	41.01			312,233	
14		LABORATORY	44			265,745	
15		G.I. LAB	44.01			175,339	
16		VASCULAR LAB	44.02			30,749	
17		LABORATORY-PATHOLOGY	44.03			44,468	
18		BLOOD STORING, PROCESSING & TRANS.	47			885	
19		RESPIRATORY THERAPY	49			125,612	
20		PHYSICAL THERAPY	50			5,796	
21		OCCUPATIONAL THERAPY	51			245	
22		SPEECH PATHOLOGY	52			6,857	
23		ELECTROCARDIOLOGY	53			785,448	
24		ELECTROENCEPHALOGRAPHY	54			9,593	
25		RENAL DIALYSIS	57			35,089	
26		SHOCK THERAPY	59			2,167	
27		PAIN MANAGEMENT & OP CHEMO	59.01			8,259	
28		DIABETES CARE CENTER	59.02			67,640	
29		OP PSYCH	59.03			18,381	
30		CARDIAC REHAB	59.04			10,473	
31		EMERGENCY	61			135,879	
32		AMBULANCE SERVICES	65			362,033	
33		CATERING	96.09			3,476	
34		RETAIL PHARMACY	96.10			186	
35		PHYSICIAN PRACTICE DEVELOPMENT	96.12			358	
TO RECLASS REHAB ADMIN COSTS	V	PHYSICAL THERAPY	50		188,430	14,842	
30 TOTAL RECLASSIFICATIONS					710,945	48,869,417	

(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:	PERIOD:	PREPARED
260180	FROM 1/ 1/2009	5/21/2010
	TO 12/31/2009	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : TO RECLASS CHIEF OF GYNECOLOGY

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	15,000	ADMINISTRATIVE & GENERAL	6.04	15,000
TOTAL RECLASSIFICATIONS FOR CODE A			15,000			

RECLASS CODE: B
EXPLANATION : TO RECLASS CHIEF OF PSYCHIATRY

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	MENTAL HEALTH ADMINISTRATION	6.03	30,000	ADMINISTRATIVE & GENERAL	6.04	30,000
TOTAL RECLASSIFICATIONS FOR CODE B			30,000			

RECLASS CODE: C
EXPLANATION : TO RECLASS PHARMACEUTICALS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	10,944,237	PHARMACY	16	10,944,237
TOTAL RECLASSIFICATIONS FOR CODE C			10,944,237			

RECLASS CODE: D
EXPLANATION : TO RECLASS BILLABLE SUPPLIES

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	16,507,681	ADULTS & PEDIATRICS	25	510,982
2.00			0	INTENSIVE CARE UNIT	26	271,364
3.00			0	CORONARY CARE UNIT	27	88,520
4.00			0	SUBPROVIDER	31	17,506
5.00			0	SUBPROVIDER 2	31.01	5,692
6.00			0	CENTRAL SERVICES & SUPPLY	15	1,787,477
7.00			0	OPERATING ROOM	37	7,789,855
8.00			0	RECOVERY ROOM	38	9,029
9.00			0	ANESTHESIOLOGY	40	257,755
10.00			0	RADIOLOGY-DIAGNOSTIC	41	927,949
11.00			0	ELECTROCARDIOLOGY	53	4,314,582
12.00			0	RESPIRATORY THERAPY	49	24,427
13.00			0	G.I. LAB	44.01	106,371
14.00			0	EMERGENCY	61	396,172
TOTAL RECLASSIFICATIONS FOR CODE D			16,507,681			

RECLASS CODE: E
EXPLANATION : TO RECLASS PROF FEES

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	SUBPROVIDER	31	51,000	ADMINISTRATIVE & GENERAL	6.04	51,000
TOTAL RECLASSIFICATIONS FOR CODE E			51,000			

RECLASS CODE: F
EXPLANATION : TO RECLASS GI MEDICAL DIRECTOR

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	G.I. LAB	44.01	9,000	ADMINISTRATIVE & GENERAL	6.04	9,000
TOTAL RECLASSIFICATIONS FOR CODE F			9,000			

RECLASS CODE: G
EXPLANATION : TO RECLASS CARDIOTHORACIC CHIEF

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OPERATING ROOM	37	50,000	ADMINISTRATIVE & GENERAL	6.04	50,000
TOTAL RECLASSIFICATIONS FOR CODE G			50,000			

RECLASS CODE: H
EXPLANATION : TO RECLASS POB I EXPENSES

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-POB I	1.05	48,355	PHYSICIANS' PRIVATE OFFICES	98	345,916

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
260180	FROM 1/ 1/2009	5/21/2010
	TO 12/31/2009	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: H
EXPLANATION : TO RECLASS POB I EXPENSES

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
2.00	OLD CAP REL COSTS-POB I	263,658	ADMINISTRATIVE & GENERAL	6.04	237,814
3.00	NEW CAP REL COSTS-POB I	102,759			0
4.00	OPERATION OF PLANT	168,958			0
TOTAL RECLASSIFICATIONS FOR CODE H		583,730			583,730

RECLASS CODE: I
EXPLANATION : TO RECLASS PURCHASING VARIANCE

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	25,138	CENTRAL SERVICES & SUPPLY	15	25,138
TOTAL RECLASSIFICATIONS FOR CODE I		25,138			25,138

RECLASS CODE: J
EXPLANATION : TO RECLASS DEPRECIATION EXPENSE

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	193,880	ADMINISTRATIVE & GENERAL	6.04	13,680,143
2.00	OLD CAP REL COSTS-WHSE	5,482			0
3.00	OLD CAP REL COSTS-B BLDG	16,292			0
4.00	OLD CAP REL COSTS-PFD	77,196			0
5.00	OLD CAP REL COSTS-CHIP	74,608			0
6.00	OLD CAP REL COSTS-GRAHAM MOB	23,691			0
7.00	OLD CAP REL COSTS-MVBLE EQUIP	146			0
8.00	NEW CAP REL COSTS-BLDG & FIXT	5,414,605			0
9.00	NEW CAP REL COSTS-PFD	41,329			0
10.00	NEW CAP REL COSTS-CHIP	59,404			0
11.00	NEW CAP REL COSTS-GRAHAM MOB	97,107			0
12.00	NEW CAP REL COSTS-MVBLE EQUIP	7,676,403			0
TOTAL RECLASSIFICATIONS FOR CODE J		13,680,143			13,680,143

RECLASS CODE: K
EXPLANATION : TO RECLASS INTEREST EXPENSE

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-PFD	91,280	ADMINISTRATIVE & GENERAL	6.04	807,784
2.00	OLD CAP REL COSTS-CHIP	263,338			0
3.00	OLD CAP REL COSTS-MVBLE EQUIP	113,090			0
4.00	NEW CAP REL COSTS-BLDG & FIXT	165,596			0
5.00	NEW CAP REL COSTS-MVBLE EQUIP	174,480			0
TOTAL RECLASSIFICATIONS FOR CODE K		807,784			807,784

RECLASS CODE: L
EXPLANATION : TO RECLASS BOND ISSUANCE COSTS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-PFD	8,199	ADMINISTRATIVE & GENERAL	6.04	72,557
2.00	OLD CAP REL COSTS-CHIP	23,654			0
3.00	OLD CAP REL COSTS-MVBLE EQUIP	10,158			0
4.00	NEW CAP REL COSTS-BLDG & FIXT	14,874			0
5.00	NEW CAP REL COSTS-MVBLE EQUIP	15,672			0
TOTAL RECLASSIFICATIONS FOR CODE L		72,557			72,557

RECLASS CODE: M
EXPLANATION : TO RECLASS CHIEF OF SURGERY

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OPERATING ROOM	30,000	ADMINISTRATIVE & GENERAL	6.04	30,000
TOTAL RECLASSIFICATIONS FOR CODE M		30,000			30,000

RECLASS CODE: N
EXPLANATION : TO RECLASS VASCULAR LAB DIRECTOR

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	VASCULAR LAB	5,950	ADMINISTRATIVE & GENERAL	6.04	5,950
TOTAL RECLASSIFICATIONS FOR CODE N		5,950			5,950

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
260180	FROM 1/ 1/2009	5/21/2010
	TO 12/31/2009	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: O
 EXPLANATION : TO RECLASS OBLIGATED CAPITAL DEPREC

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	12,750
TOTAL RECLASSIFICATIONS FOR CODE O			12,750

DECREASE			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	12,750	
		12,750	

RECLASS CODE: P
 EXPLANATION : TO RECLASS LAB ADMIN COSTS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	LABORATORY-PATHOLOGY	44.03	76,219
2.00	BLOOD STORING, PROCESSING & TR	47	552,347
TOTAL RECLASSIFICATIONS FOR CODE P			628,566

DECREASE			
COST CENTER	LINE	AMOUNT	
LABORATORY	44	628,566	
		0	
		628,566	

RECLASS CODE: Q
 EXPLANATION : TO RECLASS ADMISSION KITS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	23,685
2.00	SUBPROVIDER	31	497
3.00	SUBPROVIDER 2	31.01	978
TOTAL RECLASSIFICATIONS FOR CODE Q			25,160

DECREASE			
COST CENTER	LINE	AMOUNT	
MEDICAL SUPPLIES CHARGED TO PA	55	25,160	
		0	
		0	
		25,160	

RECLASS CODE: R
 EXPLANATION : TO RECLASS CHAPLAIN RESIDENCY PROGRA

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	PARAMED ED PRGM	24	25,361
TOTAL RECLASSIFICATIONS FOR CODE R			25,361

DECREASE			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6.04	25,361	
		25,361	

RECLASS CODE: S
 EXPLANATION : TO RECLASS GRAHAM MOB EXPENSES

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-GRAHAM MOB	1.06	24,740
2.00	OLD CAP REL COSTS-GRAHAM MOB	1.06	207,784
3.00	NEW CAP REL COSTS-GRAHAM MOB	3.06	80,510
4.00	ADMINISTRATIVE & GENERAL	6.04	130,387
5.00	OPERATION OF PLANT	8	424,149
TOTAL RECLASSIFICATIONS FOR CODE S			867,570

DECREASE			
COST CENTER	LINE	AMOUNT	
PHYSICIANS' PRIVATE OFFICES GR	98.01	867,570	
		0	
		0	
		0	
		0	
		867,570	

RECLASS CODE: T
 EXPLANATION : TO RECLASS INTGERNS AND RESIDENTS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-SALARY & FRINGES	22	75,829
TOTAL RECLASSIFICATIONS FOR CODE T			75,829

DECREASE			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	75,829	
		75,829	

RECLASS CODE: U
 EXPLANATION : TO RECLASS DEPARTMENTAL DEPREC

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6.04	4,929,634
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	8,541	
ADMITTING	6.01	9,760	
OPERATION OF PLANT	8	47,978	
LAUNDRY & LINEN SERVICE	9	217	
HOUSEKEEPING	10	5,815	
DIETARY	11	42,768	
CAFETERIA	12	15,066	
NURSING ADMINISTRATION	14	373,081	
CENTRAL SERVICES & SUPPLY	15	23,600	
PHARMACY	16	93,649	
MEDICAL RECORDS & LIBRARY	17	1,966	
ADULTS & PEDIATRICS	25	94,230	
INTENSIVE CARE UNIT	26	146,176	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
260180	FROM 1/ 1/2009	5/21/2010
	TO 12/31/2009	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: U
 EXPLANATION : TO RECLASS DEPARTMENTAL DEPREC

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
14.00			0	CORONARY CARE UNIT	27	104,684	
15.00			0	SUBPROVIDER	31	4,376	
16.00			0	SUBPROVIDER 2	31.01	4,066	
17.00			0	OPERATING ROOM	37	626,135	
18.00			0	RECOVERY ROOM	38	60,828	
19.00			0	ANESTHESIOLOGY	40	28,803	
20.00			0	RADIOLOGY-DIAGNOSTIC	41	830,984	
21.00			0	C.T. SCAN	41.01	312,233	
22.00			0	LABORATORY	44	265,745	
23.00			0	G.I. LAB	44.01	175,339	
24.00			0	VASCULAR LAB	44.02	30,749	
25.00			0	LABORATORY-PATHOLOGY	44.03	44,468	
26.00			0	BLOOD STORING, PROCESSING & TR	47	885	
27.00			0	RESPIRATORY THERAPY	49	125,612	
28.00			0	PHYSICAL THERAPY	50	5,796	
29.00			0	OCCUPATIONAL THERAPY	51	245	
30.00			0	SPEECH PATHOLOGY	52	6,857	
31.00			0	ELECTROCARDIOLOGY	53	785,448	
32.00			0	ELECTROENCEPHALOGRAPHY	54	9,593	
33.00			0	RENAL DIALYSIS	57	35,089	
34.00			0	SHOCK THERAPY	59	2,167	
35.00			0	PAIN MANAGEMENT & OP CHEMO	59.01	8,259	
36.00			0	DIABETES CARE CENTER	59.02	67,640	
37.00			0	OP PSYCH	59.03	18,381	
38.00			0	CARDIAC REHAB	59.04	10,473	
39.00			0	EMERGENCY	61	135,879	
40.00			0	AMBULANCE SERVICES	65	362,033	
41.00			0	CATERING	96.09	3,476	
42.00			0	RETAIL PHARMACY	96.10	186	
43.00			0	PHYSICIAN PRACTICE DEVELOPMENT	96.12	358	
TOTAL RECLASSIFICATIONS FOR CODE U			4,929,634				4,929,634

RECLASS CODE: V
 EXPLANATION : TO RECLASS REHAB ADMIN COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	OCCUPATIONAL THERAPY	51	145,969	PHYSICAL THERAPY	50	203,272	
2.00	SPEECH PATHOLOGY	52	57,303			0	
TOTAL RECLASSIFICATIONS FOR CODE V			203,272				203,272

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		
		1	2	3	4	5	6	7
1	LAND	905,000					905,000	
2	LAND IMPROVEMENTS	1,906,740				9,127	1,897,613	
3	BUILDINGS & FIXTURE	41,058,999				3,624	41,055,375	
4	BUILDING IMPROVEMEN	2,927,145				972,672	1,954,473	
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	6,862,101				1,954,379	4,907,722	
7	SUBTOTAL	53,659,985				2,939,802	50,720,183	
8	RECONCILING ITEMS							
9	TOTAL	53,659,985				2,939,802	50,720,183	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		
		1	2	3	4	5	6	7
1	LAND	200,000					200,000	
2	LAND IMPROVEMENTS	3,472,376	292,079		292,079	11,334	3,753,121	
3	BUILDINGS & FIXTURE	51,239,466	612,498		612,498	191,394	51,660,570	
4	BUILDING IMPROVEMEN	25,770,420	9,432,258		9,432,258	997,277	34,205,401	
5	FIXED EQUIPMENT	848,979	410,000		410,000	22,123	1,236,856	
6	MOVABLE EQUIPMENT	69,235,508	13,149,311		13,149,311	14,492,655	67,892,164	
7	SUBTOTAL	150,766,749	23,896,146		23,896,146	15,714,783	158,948,112	
8	RECONCILING ITEMS							
9	TOTAL	150,766,749	23,896,146		23,896,146	15,714,783	158,948,112	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
		CAPITIALIZED LEASES 2	GROSS ASSETS FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
* OLD CAP REL COSTS-BL	1	2	3	4	5	6	7	8
1 01 OLD CAP REL COSTS-WH								
1 02 OLD CAP REL COSTS-B								
1 03 OLD CAP REL COSTS-PF								
1 04 OLD CAP REL COSTS-CH								
1 05 OLD CAP REL COSTS-PO								
1 06 OLD CAP REL COSTS-GR								
2 OLD CAP REL COSTS-MV								
3 NEW CAP REL COSTS-BL								
3 01 NEW CAP REL COSTS-WH								
3 02 NEW CAP REL COSTS-B								
3 03 NEW CAP REL COSTS-PF								
3 04 NEW CAP REL COSTS-CH								
3 05 NEW CAP REL COSTS-PO								
3 06 NEW CAP REL COSTS-GR								
4 NEW CAP REL COSTS-MV								
5 TOTAL				1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1)
							15
* OLD CAP REL COSTS-BL	206,630						206,630
1 01 OLD CAP REL COSTS-WH	5,482						5,482
1 02 OLD CAP REL COSTS-B	16,292						16,292
1 03 OLD CAP REL COSTS-PF	77,196		90,689				167,885
1 04 OLD CAP REL COSTS-CH	74,608		256,309				330,917
1 05 OLD CAP REL COSTS-PO	48,355		263,658				312,013
1 06 OLD CAP REL COSTS-GR	48,431		207,784				256,215
2 OLD CAP REL COSTS-MV	146		112,385				112,531
3 NEW CAP REL COSTS-BL	5,401,855		164,631				5,566,486
3 01 NEW CAP REL COSTS-WH							
3 02 NEW CAP REL COSTS-B							
3 03 NEW CAP REL COSTS-PF	41,329						41,329
3 04 NEW CAP REL COSTS-CH	59,404						59,404
3 05 NEW CAP REL COSTS-PO	102,759						102,759
3 06 NEW CAP REL COSTS-GR	177,617						177,617
4 NEW CAP REL COSTS-MV	7,676,823		173,400				7,850,223
5 TOTAL	13,936,927		1,268,856				15,205,783

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1)
							15
* OLD CAP REL COSTS-BL							
1 01 OLD CAP REL COSTS-WH							
1 02 OLD CAP REL COSTS-B							
1 03 OLD CAP REL COSTS-PF							
1 04 OLD CAP REL COSTS-CH							
1 05 OLD CAP REL COSTS-PO							
1 06 OLD CAP REL COSTS-GR							
2 OLD CAP REL COSTS-MV							
3 NEW CAP REL COSTS-BL							
3 01 NEW CAP REL COSTS-WH							
3 02 NEW CAP REL COSTS-B							
3 03 NEW CAP REL COSTS-PF							
3 04 NEW CAP REL COSTS-CH							
3 05 NEW CAP REL COSTS-PO							
3 06 NEW CAP REL COSTS-GR							
4 NEW CAP REL COSTS-MV							
5 TOTAL							

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

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I 26-0180 I

I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/21/2010 I WORKSHEET A-8 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. REF.
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP	B	-10,863	OLD CAP REL COSTS-MVBLE E	2	11
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-15,839	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-16,752	NEW CAP REL COSTS-MVBLE E	4	11
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	-19,341	ADMINISTRATIVE & GENERAL	6.04	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-8,119,702			
13 SALE OF SCRAP, WASTE, ETC.	B	-604	RADIOLOGY-DIAGNOSTIC	41	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-5,359,532			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-1,156,507	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 INVESTMENT INCOME	B	-8,790	OLD CAP REL COSTS-PFD	1.03	11
38 INVESTMENT INCOME	B	-25,210	OLD CAP REL COSTS-CHIP	1.04	11
39 INVESTMENT INCOME	B	-5,473	OLD CAP REL COSTS-CHIP	1.04	11
40 MEDICAL RECORD FEES	B	-487	RADIOLOGY-DIAGNOSTIC	41	
41 PENSION OVERFUNDING	A	-736,190	EMPLOYEE BENEFITS	5	
42 PSYCH PART B FEES	A	-200,448	MENTAL HEALTH ADMINISTRAT	6.03	
43 SELF FUNDED INSURANCE	A	-5,821,704	EMPLOYEE BENEFITS	5	
44 NON ALLOWABLE ASSOC DUES	A	-31,516	ADMINISTRATIVE & GENERAL	6.04	
45 BAD DEBT EXPENSE	A	-15,736,758	ADMINISTRATIVE & GENERAL	6.04	
46 BAD DEBT REF LAB	A	-392,438	LABORATORY	44	
47 GYN PART B PHYS FEES	A	-104,359	ADMINISTRATIVE & GENERAL	6.04	
48 OTHER REVENUE P.T.	B	-25,470	PHYSICAL THERAPY	50	
49 OTHER REVENUE O.T.	B	-1,515	OCCUPATIONAL THERAPY	51	
49.01 OTHER REVENUE CHILD CARE	B	-719,354	ADMINISTRATIVE & GENERAL	6.04	
49.02 INTEREST ON UNNECESSARY BORROWING	B	-686,680	ADMINISTRATIVE & GENERAL	6.04	
49.03 FINANCE COSTS ON UNNECESSARY BORROWING	B	-62,934	ADMINISTRATIVE & GENERAL	6.04	
49.04 LOSS ON UNNECESSARY BORROWING	B	-209,247	ADMINISTRATIVE & GENERAL	6.04	
49.05 OTHER REVENUE FITNESS CENTER	B	-19,969	EMPLOYEE BENEFITS	5	
49.06 EQUIPMENT RENTAL REVENUE	B	-135,050	ADMINISTRATIVE & GENERAL	6.04	
49.07 ENTERTAINMENT EXPENSE	A	-27,082	ADMINISTRATIVE & GENERAL	6.04	
49.08 RCE DISALLOWANCE	A	-105,273	ADMINISTRATIVE & GENERAL	6.04	
49.09 RCE DISALLOWANCE	A	-7,330	MENTAL HEALTH ADMINISTRAT	6.03	
49.10 MEDICAID TAX ASSESSMENT	A	14,085,940	ADMINISTRATIVE & GENERAL	6.04	
49.11 SETTLEMENT	A	172,065	ADMINISTRATIVE & GENERAL	6.04	
49.12 DEPREC ON CAPITALIZED EQUIPMENT	A	420	NEW CAP REL COSTS-MVBLE E	4	9
49.13 MALPRACTICE ADJUSTMENT	A	-2,109,000	ADMINISTRATIVE & GENERAL	6.04	
49.14 PART B CARDIOTHORACIC SURGEON FEES	A	-109,557	ADMINISTRATIVE & GENERAL	6.04	
49.15 OTHER OPERATING INCOME	B	-225	EMPLOYEE BENEFITS	5	
49.16 OTHER OPERATING INCOME	B	-54,994	ADMINISTRATIVE & GENERAL	6.04	
49.17 OTHER OPERATING INCOME	B	-350	LABORATORY	44	
49.18 OTHER OPERATING INCOME	B	566	AMBULANCE SERVICES	65	
49.19 OTHER OPERATING INCOME	B	-16,342	RESPIRATORY THERAPY	49	
49.20 OTHER OPERATING INCOME	B	-4,500	PHARMACY	16	
49.21 OTHER OPERATING INCOME	B	-1,542	DIABETES CARE CENTER	59.02	
49.22 OTHER OPERATING INCOME	B	-13	OPERATING ROOM	37	
49.23 NON OPERATING INCOME	B	-14,714	ADMINISTRATIVE & GENERAL	6.04	
49.24 NON OPERATING INCOME	B	-14,546	MEDICAL RECORDS & LIBRARY	17	
49.25 NON OPERATING INCOME	B	-2,570	RADIOLOGY-DIAGNOSTIC	41	
49.26 ADVERTISING EXPENSE	A	-1,214	ADMINISTRATIVE & GENERAL	6.04	
49.27 ADVERTISING EXPENSE	A	-500	OPERATING ROOM	37	
49.28 ADVERTISING EXPENSE	A	-3,930	RADIOLOGY-DIAGNOSTIC	41	
49.29 ADVERTISING EXPENSE	A	-790	PHYSICAL THERAPY	50	
49.30 ADVERTISING EXPENSE	A	-102,684	DIABETES CARE CENTER	59.02	
49.31 CHARITABLE CONTRIBUTIONS	A	-14,452	ADMINISTRATIVE & GENERAL	6.04	
49.32 NON ALLOWABLE EMPLOYEE ACTIVITIES	A	-6,533	EMPLOYEE BENEFITS	5	
49.33 ASBESTOS REMOVAL	A	2,584	OPERATION OF PLANT	8	
49.34					
49.35					

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON			WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	COST CENTER	LINE NO	
	1	2	3	4	5	
50 TOTAL (SUM OF LINES 1 THRU 49)		-27,959,298				

-
- (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	6 4	ADMINISTRATIVE & GENERAL BJC HOME OFFICE	12,108,643	17,449,683	-5,341,040	
2	6 4	ADMINISTRATIVE & GENERAL CHRISTIAN HEALTH SERVICES				
3	6 4	ADMINISTRATIVE & GENERAL TFC	140,240	158,732	-18,492	
4						
5		TOTALS	12,248,883	17,608,415	-5,359,532	

* 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) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	G	0.00	BJC HEALTHCARE	100.00	HOME OFFICE
2	G	0.00	CHRISTIAN HEALTH SERVICES	100.00	HOLDING COMPANY
3	G	0.00	TFC	0.00	TELECOMMUNICATIONS
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

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET A-8-2
 I I TO 12/31/2009 I 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	CHIEF OF GYNECOLOGY	15,000		15,000	140,600	78	5,273	264
2 31	REHAB	51,000		51,000	177,200	555	47,282	2,364
3 37	SURGERY ASSISTANTS	401,875	401,875					
4 37	CHIEF OF SURGERY	30,000		30,000	208,000	192	19,200	960
5 37	CHIEF OF CARDIOTHORACI SU	50,000		50,000	208,000	351	35,100	1,755
6 37	WOUND CARE	2,000	2,000					
7 40	ANESTHESIA	4,870,986	4,840,986	3,000	200,300	159	15,311	766
8 41	RADIOLOGY	23,750		23,750	225,300	245	26,538	1,327
9 41	RADIATION ONCOLOGY	24,999		24,999	225,300	138	14,948	747
10 44	LABORATORY	435,387	85,384	350,003	215,700	5,747	595,975	29,799
11 49	PULMONARY CONSULTANTS	312,452		312,452	177,200	3,096	263,755	13,188
12 44 1	GI LAB	9,000		9,000	177,200	72	6,134	307
13 44 2	VASCULAR LAB	5,950		5,950	177,200	35	2,982	149
14 59 2	DIABETES CENTER	20,005	20,005					
15 61	EMERGENCY ROOM	1,504,223	1,504,223					
16 25	HOUSESTAFF	1,134,502	1,134,502					
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	8,891,129	7,988,975	875,154		10,668	1,032,498	51,626

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 26-0180
I

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

I PREPARED 5/21/2010
I WORKSHEET A-8-2
I 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	CHIEF OF GYNECOLOGY					5,273	9,727	9,727
2 31	REHAB					47,282	3,718	3,718
3 37	SURGERY ASSISTANTS							401,875
4 37	CHIEF OF SURGERY					19,200	10,800	10,800
5 37	CHIEF OF CARDIOTHORACI SU					35,100	14,900	14,900
6 37	WOUND CARE							2,000
7 40	ANESTHESIA					15,311		4,867,986
8 41	RADIOLOGY					26,538		
9 41	RADIATION ONCOLOGY					14,948	10,051	10,051
10 44	LABORATORY					595,975		85,384
11 49	PULMONARY CONSULTANTS					263,755	48,697	48,697
12 44 1	GI LAB					6,134	2,866	2,866
13 44 2	VASCULAR LAB					2,982	2,968	2,968
14 59 2	DIABETES CENTER							20,005
15 61	EMERGENCY ROOM							1,504,223
16 25	HOUSESTAFF							1,134,502
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					1,032,498	103,727	8,119,702

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 12/31/2009 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
01	OLD CAP REL COSTS-WHSE	21	SQUARE	FEET	ENTERED
02	OLD CAP REL COSTS-B BLDG	22	SQUARE	FEET	ENTERED
1.03	OLD CAP REL COSTS-PFD	23	SQUARE	FEET	ENTERED
1.04	OLD CAP REL COSTS-CHIP	24	SQUARE	FEET	ENTERED
1.05	OLD CAP REL COSTS-POB I	25	SQUARE	FEET	ENTERED
1.06	OLD CAP REL COSTS-GRAHAM MOB	35	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
3.01	NEW CAP REL COSTS-WHSE	21	SQUARE	FEET	ENTERED
3.02	NEW CAP REL COSTS-B BLDG	22	SQUARE	FEET	ENTERED
3.03	NEW CAP REL COSTS-PFD	23	SQUARE	FEET	ENTERED
3.04	NEW CAP REL COSTS-CHIP	24	SQUARE	FEET	ENTERED
3.05	NEW CAP REL COSTS-POB I	25	SQUARE	FEET	ENTERED
3.06	NEW CAP REL COSTS-GRAHAM MOB	35	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6.01	ADMITTING	27	GROSS	REVENUE	ENTERED
6.02	CASHIERING	27	GROSS	REVENUE	ENTERED
6.03	MENTAL HEALTH ADMINISTRATION	40	PSYCH PATIEN	DAYS	ENTERED
6.04	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	28	SQUARE	FEET	ENTERED
8.01	OPERATION OF PLANT- POB I	25	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	6	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	29	SQUARE	FEET	ENTERED
10.01	HOUSEKEEPING-POB I	25	SQUARE	FEET	ENTERED
11	DIETARY	8	MEALS	SERVED	ENTERED
12	CAFETERIA	9	MEALS	SERVED	ENTERED
14	NURSING ADMINISTRATION	11	HOURS OF	SERVICE	ENTERED
15	CENTRAL SERVICES & SUPPLY	13	COSTED	REQUISITIONS	ENTERED
16	PHARMACY	14	COSTED	REQUISITIONS	ENTERED
17	MEDICAL RECORDS & LIBRARY	27	GROSS	REVENUE	ENTERED
18	SOCIAL SERVICE	16	TIME	SPENT	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	ENTERED
24	PARAMED ED PRGM	34	PATIENT DAYS		ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET B
 I I TO 12/31/2009 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-WHSE	OLD CAP REL C OSTS-B BLDG	OLD CAP REL C OSTS-PFD	OLD CAP REL C OSTS-CHIP	OLD CAP REL C OSTS-POB I
	0	1	1.01	1.02	1.03	1.04	1.05
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &	206,630	206,630					
001 02 OLD CAP REL COSTS-WHSE	5,482		5,482				
001 03 OLD CAP REL COSTS-B BLDG	16,292			16,292			
001 04 OLD CAP REL COSTS-PFD	167,885				167,885		
001 05 OLD CAP REL COSTS-CHIP	330,917					330,917	
001 06 OLD CAP REL COSTS-POB I	312,013						312,013
001 06 OLD CAP REL COSTS-GRAHAM	256,215						
002 OLD CAP REL COSTS-MVBLE E	112,531						
003 NEW CAP REL COSTS-BLDG &	5,566,486						
003 01 NEW CAP REL COSTS-WHSE							
003 02 NEW CAP REL COSTS-B BLDG							
003 03 NEW CAP REL COSTS-PFD	41,329						
003 04 NEW CAP REL COSTS-CHIP	59,404						
003 05 NEW CAP REL COSTS-POB I	102,759						
003 06 NEW CAP REL COSTS-GRAHAM	177,617						
004 NEW CAP REL COSTS-MVBLE E	7,850,223						
005 EMPLOYEE BENEFITS	15,388,889			964	15,540		8,274
006 01 ADMITTING	1,279,716	893			3,225		
006 02 CASHIERING	2,068,279	1,174			46	16,277	
006 03 MENTAL HEALTH ADMINISTRAT	229,731				139		
006 04 ADMINISTRATIVE & GENERAL	37,246,635	19,221	3,093	1,595	94,183	6,744	46,085
008 OPERATION OF PLANT	6,130,876	27,410	334	1,064	20,672	58,629	24,083
008 01 OPERATION OF PLANT- POB I	3,874						
009 LAUNDRY & LINEN SERVICE	1,074,488	2,541					
010 HOUSEKEEPING	2,482,586	2,446		102	778	3,402	
010 01 HOUSEKEEPING-POB I	158,217						342
011 DIETARY	2,947,906	354	2,055		729		
012 CAFETERIA	771,435	1,823		1,297	1,999		
014 NURSING ADMINISTRATION	2,094,183			297			1,250
015 CENTRAL SERVICES & SUPPLY	528,714	2,796					
016 PHARMACY	3,658,056	1,561					
017 MEDICAL RECORDS & LIBRARY	4,086,932	2,454					4,659
018 SOCIAL SERVICE	702,718						
022 I&R SERVICES-SALARY & FRI	75,829						
024 PARAMED ED PRGM	25,361						
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	20,677,084	61,450		274			
026 INTENSIVE CARE UNIT	5,048,341	4,431		159			
026 CORONARY CARE UNIT	3,134,458	3,894					
031 SUBPROVIDER	1,101,442	3,640					
031 01 SUBPROVIDER 2	1,312,405	4,204					
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	7,753,008	28,125		58			
038 RECOVERY ROOM	602,109	1,385					
040 ANESTHESIOLOGY	287,305	223					
041 RADIOLOGY-DIAGNOSTIC	5,817,763	3,786		145		189,759	19,917
041 01 C.T. SCAN	683,178					9,866	
044 LABORATORY	8,245,397	2,617		3,693			1,033
044 01 G.I. LAB	1,103,555	862		946			
044 02 VASCULAR LAB	303,143			383			
044 03 LABORATORY-PATHOLOGY	371,553			305			
047 BLOOD STORING, PROCESSING	2,692,594			491			
049 RESPIRATORY THERAPY	3,430,922	1,213		53			
050 PHYSICAL THERAPY	1,680,155	1,840					
051 OCCUPATIONAL THERAPY	715,704	1,014					
052 SPEECH PATHOLOGY	276,237	691					
053 ELECTROCARDIOLOGY	1,574,730	3,754		796			
054 ELECTROENCEPHALOGRAPHY	94,449			439			
055 MEDICAL SUPPLIES CHARGED	16,482,521						
056 DRUGS CHARGED TO PATIENTS	10,944,237						
057 RENAL DIALYSIS	1,553,211	762					
059 SHOCK THERAPY	104,650						
059 01 PAIN MANAGEMENT & OP CHEM	942,397	170					3,222
059 02 DIABETES CARE CENTER	671,283						5,583
059 03 OP PSYCH	752,455						
059 04 CARDIAC REHAB	187,434	1,264					
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	6,031,208	9,304		1,595			
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	4,331,929			218			
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	205,067,065	197,730	5,482	15,059	153,403	268,400	114,448
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		709					
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BLDG				1,233			
096 03 ROOM RENTAL							
096 04 NON REIMBURSABLE CHIP						62,517	
096 05 NON REIMBURSABLE PFD					5,932		
096 06 NON REIMBURSABLE HOSPITAL		7,990					
096 07 NON REIMBURSABLE POB I							14,392
096 08 MEALS ON WHEELS							
096 09 CATERING	188,896				309		

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-WHSE	OLD CAP REL C OSTS-B BLDG	OLD CAP REL C OSTS-PFD	OLD CAP REL C OSTS-CHIP	OLD CAP REL C OSTS-POB I
NONREIMBURS COST CENTERS	0	1	1.01	1.02	1.03	1.04	1.05
096 10 RETAIL PHARMACY	4,735,390						
096 11 PUBLIC RELATIONS	907,839	201			3,846		
096 12 PHYSICIAN PRACTICE DEVELO	627,214				4,395		
096 13 RECOVERY RESOURCES							
098 PHYSICIANS' PRIVATE OFFIC							183,173
098 01 PHYSICIANS' PRIVATE OFFIC	93,524						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	211,619,928	206,630	5,482	16,292	167,885	330,917	312,013

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET B
 I I TO 12/31/2009 I PART I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C				
	OSTS-GRAHAM	OSTS-MVBLE E	OSTS-BLDG &	OSTS-WHSE	OSTS-B BLDG	OSTS-PFD	OSTS-CHIP
	1.06	2	3	3.01	3.02	3.03	3.04
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-WHSE							
001 02 OLD CAP REL COSTS-B BLDG							
001 03 OLD CAP REL COSTS-PFD							
001 04 OLD CAP REL COSTS-CHIP							
001 05 OLD CAP REL COSTS-POB I							
001 06 OLD CAP REL COSTS-GRAHAM	256,215						
002 OLD CAP REL COSTS-MVBLE E		112,531					
003 NEW CAP REL COSTS-BLDG &			5,566,486				
003 01 NEW CAP REL COSTS-WHSE							
003 02 NEW CAP REL COSTS-B BLDG							
003 03 NEW CAP REL COSTS-PFD						41,329	
003 04 NEW CAP REL COSTS-CHIP							59,404
003 05 NEW CAP REL COSTS-POB I							
003 06 NEW CAP REL COSTS-GRAHAM							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		4,893	11,532			3,826	
006 01 ADMITTING			24,048			794	
006 02 CASHIERING			31,640			4,007	
006 03 MENTAL HEALTH ADMINISTRAT							
006 04 ADMINISTRATIVE & GENERAL	11,902	28,656	517,789			23,185	1,211
008 OPERATION OF PLANT	1,180	20,270	738,422			5,089	10,525
008 01 OPERATION OF PLANT- POB I							
009 LAUNDRY & LINEN SERVICE			68,463				
010 HOUSEKEEPING			65,887			192	611
010 01 HOUSEKEEPING-POB I							
011 DIETARY		27,958	9,531			179	
012 CAFETERIA			49,112			492	
014 NURSING ADMINISTRATION		4,893					
015 CENTRAL SERVICES & SUPPLY			75,312				
016 PHARMACY			42,050				
017 MEDICAL RECORDS & LIBRARY			66,099				
018 SOCIAL SERVICE							
022 I&R SERVICES-SALARY & FRI							
024 PARAMED ED PRGM							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			1,655,472				
INTENSIVE CARE UNIT			119,363				
CORONARY CARE UNIT			104,891				
SUBPROVIDER			98,057				
031 01 SUBPROVIDER 2			113,256				
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		12,581	757,667				
038 RECOVERY ROOM			37,323				
040 ANESTHESIOLOGY			6,001				
041 RADIOLOGY-DIAGNOSTIC			101,982				34,063
041 01 C.T. SCAN							1,771
044 LABORATORY			70,493				
044 01 G.I. LAB			23,230				
044 02 VASCULAR LAB							
044 03 LABORATORY-PATHOLOGY							
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY			32,686				
050 PHYSICAL THERAPY	57,150	9,086	49,582				
051 OCCUPATIONAL THERAPY	6,973		27,321				
052 SPEECH PATHOLOGY	7,415		18,623				
053 ELECTROCARDIOLOGY			101,118				
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS			20,518				
059 SHOCK THERAPY							
059 01 PAIN MANAGEMENT & OP CHEM			4,591				
059 02 DIABETES CARE CENTER							
059 03 OP PSYCH							
059 04 CARDIAC REHAB			34,050				
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY			250,636				
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		4,194					
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	84,620	112,531	5,326,745			37,764	48,181
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			19,093				
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BLDG							
096 03 ROOM RENTAL							
096 04 NON REIMBURSABLE CHIP							11,223
096 05 NON REIMBURSABLE PFD						1,460	
096 06 NON REIMBURSABLE HOSPITAL			215,238				
096 07 NON REIMBURSABLE POB I							
096 08 MEALS ON WHEELS							
096 09 CATERING							

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C					
	OSTS-GRAHAM	OSTS-MVBLE E	OSTS-BLDG &	OSTS-WHSE	OSTS-B BLDG	OSTS-PFD	OSTS-CHIP	
NONREIMBURS COST CENTERS	1.06	2	3	3.01	3.02	3.03	3.04	
096 10 RETAIL PHARMACY								
096 11 PUBLIC RELATIONS			5,410				947	
096 12 PHYSICIAN PRACTICE DEVELO							1,082	
096 13 RECOVERY RESOURCES								
098 PHYSICIANS' PRIVATE OFFIC								
098 01 PHYSICIANS' PRIVATE OFFIC	171,595							
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	256,215	112,531	5,566,486			41,329	59,404	

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET B
 I I TO 12/31/2009 I PART I

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	ADMITTING	CASHIERING	MENTAL HEALTH
	OSTS-POB I	OSTS-GRAHAM	OSTS-MVBLE E	FITS			ADMINISTRAT
	3.05	3.06	4	5	6.01	6.02	6.03
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-WHSE							
001 02 OLD CAP REL COSTS-B BLDG							
001 03 OLD CAP REL COSTS-PFD							
001 04 OLD CAP REL COSTS-CHIP							
001 05 OLD CAP REL COSTS-POB I							
001 06 OLD CAP REL COSTS-GRAHAM							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-WHSE							
003 02 NEW CAP REL COSTS-B BLDG							
003 03 NEW CAP REL COSTS-PFD							
003 04 NEW CAP REL COSTS-CHIP							
003 05 NEW CAP REL COSTS-POB I	102,759						
003 06 NEW CAP REL COSTS-GRAHAM		177,617					
004 NEW CAP REL COSTS-MVBLE E			7,850,223				
005 EMPLOYEE BENEFITS	2,725		8,707	15,445,778			
006 01 ADMITTING			9,958	218,439	1,537,073		
006 02 CASHIERING				160,574		2,281,997	
006 03 MENTAL HEALTH ADMINISTRAT				37,104			266,974
006 04 ADMINISTRATIVE & GENERAL	15,178	8,251	2,820,871	1,303,516			
008 OPERATION OF PLANT	7,932	818	48,920	409,714			
008 01 OPERATION OF PLANT- POB I				412			
009 LAUNDRY & LINEN SERVICE			221				
010 HOUSEKEEPING			5,933	275,124			
010 01 HOUSEKEEPING-POB I	113			22,094			
011 DIETARY			43,593				
012 CAFETERIA			15,371				
014 NURSING ADMINISTRATION	412		380,630	336,866			
015 CENTRAL SERVICES & SUPPLY			24,078	77,676			
016 PHARMACY			95,546	497,569			
017 MEDICAL RECORDS & LIBRARY	1,534		2,006	579,090			
018 SOCIAL SERVICE				126,010			
022 I&R SERVICES-SALARY & FRI				14,768			
024 PARAMED ED PRGM				4,637			
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICES			96,138	3,392,892	154,150	228,819	153,884
025 INTENSIVE CARE UNIT			149,137	797,394	30,330	45,021	
025 CORONARY CARE UNIT			106,804	514,924	23,350	34,661	
025 SUBPROVIDER			4,465	187,652	6,578	9,765	
031 01 SUBPROVIDER 2			4,148	208,493	7,811	11,595	113,090
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			638,798	878,908	92,116	136,735	
038 RECOVERY ROOM			62,060	105,031	11,758	17,453	
040 ANESTHESIOLOGY			29,386	15,457	16,166	23,997	
041 RADIOLOGY-DIAGNOSTIC	6,560		847,814	748,275	160,334	237,998	
041 01 C.T. SCAN			318,557	79,576	100,831	149,673	
044 LABORATORY	340		271,127	848,465	232,937	346,151	
044 01 G.I. LAB			178,890	124,071	14,477	21,489	
044 02 VASCULAR LAB			31,372	45,275	11,247	16,695	
044 03 LABORATORY-PATHOLOGY			45,369	41,654	8,631	12,811	
047 BLOOD STORING, PROCESSING			903	121,560	25,939	38,504	
049 RESPIRATORY THERAPY			128,156	520,892	59,798	88,764	
050 PHYSICAL THERAPY		39,618	5,900	283,476	17,317	25,705	
051 OCCUPATIONAL THERAPY		4,834	250	128,371	7,737	11,485	
052 SPEECH PATHOLOGY		5,140	6,996	49,277	2,513	3,731	
053 ELECTROCARDIOLOGY			801,356	247,662	87,452	129,813	
054 ELECTROENCEPHALOGRAPHY			9,787	15,728	3,958	5,876	
055 MEDICAL SUPPLIES CHARGED					147,090	218,339	
056 DRUGS CHARGED TO PATIENTS					140,618	208,731	
057 RENAL DIALYSIS			35,800		16,046	23,819	
059 SHOCK THERAPY			2,211	17,396	365	542	
059 01 PAIN MANAGEMENT & OP CHEM	1,061		8,426	120,843	14,377	21,341	
059 02 DIABETES CARE CENTER	1,839		69,010	41,906	428	635	
059 03 OP PSYCH			18,753	46,575	5,046	7,490	
059 04 CARDIAC REHAB			10,685	32,732	911	1,353	
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY			138,631	902,744	95,033	141,065	
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES			369,359	669,988	41,729	61,941	
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	37,694	58,661	7,846,122	15,250,810	1,537,073	2,281,997	266,974
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BLDG							
096 03 ROOM RENTAL							
096 04 NON REIMBURSABLE CHIP							
096 05 NON REIMBURSABLE PFD							
096 06 NON REIMBURSABLE HOSPITAL							
096 07 NON REIMBURSABLE POB I	4,740						
096 08 MEALS ON WHEELS							
096 09 CATERING			3,546				

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-POB I	NEW CAP REL C OSTS-GRAHAM	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE ADMITTING	CASHIERING	MENTAL HEALTH ADMINISTRAT	
NONREIMBURS COST CENTERS		3.05	3.06	4	5	6.01	6.02	6.03
096 10	RETAIL PHARMACY				190	96,189		
096 11	PUBLIC RELATIONS					41,704		
096 12	PHYSICIAN PRACTICE DEVELO				365	46,390		
096 13	RECOVERY RESOURCES							
098	PHYSICIANS' PRIVATE OFFIC	60,325						
098 01	PHYSICIANS' PRIVATE OFFIC		118,956			10,685		
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	102,759	177,617	7,850,223	15,445,778	1,537,073	2,281,997	266,974

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET B
 I I TO 12/31/2009 I PART I

COST CENTER DESCRIPTION	SUBTOTAL 6a.03	ADMINISTRATIVE & GENERAL 6.04	OPERATION OF PLANT 8	OPERATION OF PLANT- POB I 8.01	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	HOUSEKEEPING- POB I 10.01
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-WHSE							
001 02 OLD CAP REL COSTS-B BLDG							
001 03 OLD CAP REL COSTS-PFD							
001 04 OLD CAP REL COSTS-CHIP							
001 05 OLD CAP REL COSTS-POB I							
001 06 OLD CAP REL COSTS-GRAHAM							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-WHSE							
003 02 NEW CAP REL COSTS-B BLDG							
003 03 NEW CAP REL COSTS-PFD							
003 04 NEW CAP REL COSTS-CHIP							
003 05 NEW CAP REL COSTS-POB I							
003 06 NEW CAP REL COSTS-GRAHAM							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 CASHIERING							
006 03 MENTAL HEALTH ADMINISTRAT							
006 04 ADMINISTRATIVE & GENERAL	42,148,115	42,148,115					
008 OPERATION OF PLANT	7,505,938	1,866,749	9,372,687				
008 01 OPERATION OF PLANT- POB I	4,286	1,066		5,352			
009 LAUNDRY & LINEN SERVICE	1,145,713	284,942	108,722		1,539,377		
010 HOUSEKEEPING	2,837,061	705,586	137,334			3,679,981	
010 01 HOUSEKEEPING-POB I	180,766	44,957		8			225,731
011 DIETARY	3,032,305	754,143	201,224			83,496	
012 CAFETERIA	841,529	209,291	223,074			92,562	
014 NURSING ADMINISTRATION	2,818,531	700,977	27,650	29		11,473	1,210
015 CENTRAL SERVICES & SUPPLY	708,576	176,225	119,599		32,826	49,626	
016 PHARMACY	4,294,782	1,068,125	66,778			27,709	
017 MEDICAL RECORDS & LIBRARY	4,742,774	1,179,542	104,968	107		43,555	4,509
018 SOCIAL SERVICE	828,728	206,107					
022 I&R SERVICES-SALARY & FRI	90,597	22,532					
024 PARAMED ED PRGM	29,998	7,461					
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	26,420,163	6,570,742	2,654,534		700,990	1,101,472	
INTENSIVE CARE UNIT	6,194,176	1,540,510	204,353		94,951	84,794	
CORONARY CARE UNIT	3,922,982	975,657	166,572		66,559	69,117	
SUBPROVIDER	1,411,599	351,069	155,719		37,401	64,614	
031 01 SUBPROVIDER 2	1,775,002	441,448	179,855		18,938	74,629	
037 ANCILLARY SRVC COST CNTRS							
OPERATING ROOM	10,297,996	2,561,142	1,208,645		154,111	501,513	
038 RECOVERY ROOM	837,119	208,194	59,270			24,593	
040 ANESTHESIOLOGY	378,535	94,143	9,529			3,954	
041 RADIOLOGY-DIAGNOSTIC	8,168,396	2,031,505	944,685	456	48,027	391,986	19,277
041 01 C.T. SCAN	1,343,452	334,121	39,995		39,039	16,595	
044 LABORATORY	10,022,253	2,492,564	455,991	24		189,208	1,000
044 01 G.I. LAB	1,467,520	364,977	125,013		16,158	51,873	
044 02 VASCULAR LAB	408,115	101,499	35,711		5,401	14,818	
044 03 LABORATORY-PATHOLOGY	480,323	119,458	28,420			11,792	
047 BLOOD STORING, PROCESSING	2,879,991	716,262	45,794			19,002	
049 RESPIRATORY THERAPY	4,262,484	1,060,093	56,864		136	23,595	
050 PHYSICAL THERAPY	2,169,829	539,643	78,738		3,491	32,671	
051 OCCUPATIONAL THERAPY	903,689	224,750	43,388			18,003	
052 SPEECH PATHOLOGY	370,623	92,175	29,575			12,272	
053 ELECTROCARDIOLOGY	2,946,681	732,848	234,746		24,426	97,405	
054 ELECTROENCEPHALOGRAPHY	130,237	32,390	40,909		1,123	16,975	
055 MEDICAL SUPPLIES CHARGED	16,847,950	4,190,136					
056 DRUGS CHARGED TO PATIENTS	11,293,586	2,808,749					
057 RENAL DIALYSIS	1,650,156	410,399	32,583			13,520	
059 SHOCK THERAPY	125,164	31,129					
059 01 PAIN MANAGEMENT & OP CHEM	1,116,428	277,659	7,291	74	3,430	3,025	3,119
059 02 DIABETES CARE CENTER	790,684	196,645		128			5,404
059 03 OP PSYCH	830,319	206,503					
059 04 CARDIAC REHAB	268,429	66,759	54,072			21	22,437
061 OUTPAT SERVICE COST CNTRS							
EMERGENCY	7,570,216	1,882,735	546,689		241,958	226,842	
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	5,479,358	1,362,733	20,286		50,391	8,417	
095 SPEC PURPOSE COST CENTERS							
SUBTOTALS	203,973,154	40,246,340	8,448,576	826	1,539,377	3,403,543	34,519
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	19,802	4,925	30,321			12,581	
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BLDG	1,233	307	114,906			47,679	
096 03 ROOM RENTAL							
096 04 NON REIMBURSABLE CHIP	73,740	18,339	253,419			105,153	
096 05 NON REIMBURSABLE PFD	7,392	1,838	71,711			29,756	
096 06 NON REIMBURSABLE HOSPITAL	223,228	55,517	341,807			34,818	
096 07 NON REIMBURSABLE POB I	19,132	4,758		330			13,930
096 08 MEALS ON WHEELS							
096 09 CATERING	192,827	47,957	3,730			1,548	

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET B
 I I TO 12/31/2009 I PART I

COST CENTER DESCRIPTION	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT- POB I	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	HOUSEKEEPING- POB I
NONREIMBURS COST CENTERS	6a.03	6.04	8	8.01	9	10	10.01
096 10 RETAIL PHARMACY	4,831,769	1,201,675					
096 11 PUBLIC RELATIONS	959,947	238,742	55,083			22,856	
096 12 PHYSICIAN PRACTICE DEVELO	679,446	168,980	53,134			22,047	
096 13 RECOVERY RESOURCES							
098 PHYSICIANS' PRIVATE OFFIC	243,498	60,559		4,196			177,282
098 01 PHYSICIANS' PRIVATE OFFIC	394,760	98,178					
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	211,619,928	42,148,115	9,372,687	5,352	1,539,377	3,679,981	225,731

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC
	11	12	14	15	16	17	18
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-WHSE							
001 02 OLD CAP REL COSTS-B BLDG							
001 03 OLD CAP REL COSTS-PFD							
001 04 OLD CAP REL COSTS-CHIP							
001 05 OLD CAP REL COSTS-POB I							
001 06 OLD CAP REL COSTS-GRAHAM							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-WHSE							
003 02 NEW CAP REL COSTS-B BLDG							
003 03 NEW CAP REL COSTS-PFD							
003 04 NEW CAP REL COSTS-CHIP							
003 05 NEW CAP REL COSTS-POB I							
003 06 NEW CAP REL COSTS-GRAHAM							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 CASHIERING							
006 03 MENTAL HEALTH ADMINISTRAT							
006 04 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT- POB I							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-POB I							
011 DIETARY	4,071,168						
012 CAFETERIA		1,366,456					
014 NURSING ADMINISTRATION		23,381	3,583,251				
015 CENTRAL SERVICES & SUPPLY		10,457		1,097,309			
016 PHARMACY		29,975			5,487,369		
017 MEDICAL RECORDS & LIBRARY		58,526				6,133,981	
018 SOCIAL SERVICE		10,163					1,044,998
022 I&R SERVICES-SALARY & FRI							
024 PARAMED ED PRGM		895					
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,828,957	336,048	1,892,219	84		615,039	602,337
026 INTENSIVE CARE UNIT	280,576	55,855	329,949			121,012	
027 CORONARY CARE UNIT	218,075	45,883	271,045			93,164	
028 SUBPROVIDER	177,106	16,792	99,210			26,246	
031 01 SUBPROVIDER 2	188,183	18,874	111,483			31,165	442,661
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		63,428	288,772	19	16,010	367,530	
038 RECOVERY ROOM		7,554	44,641		12	46,913	
040 ANESTHESIOLOGY		2,196				64,501	
041 RADIOLOGY-DIAGNOSTIC		59,753		1,547		639,713	
041 01 C.T. SCAN		6,722				402,305	
044 LABORATORY		89,802		102		930,632	
044 01 G.I. LAB		9,284				57,760	
044 02 VASCULAR LAB		3,648				44,875	
044 03 LABORATORY-PATHOLOGY		4,515				34,435	
047 BLOOD STORING, PROCESSING		12,626				103,495	
049 RESPIRATORY THERAPY		40,184			104	238,588	
050 PHYSICAL THERAPY		27,492				69,092	
051 OCCUPATIONAL THERAPY		11,281				30,871	
052 SPEECH PATHOLOGY		3,907				10,029	
053 ELECTROCARDIOLOGY		19,419				348,923	
054 ELECTROENCEPHALOGRAPHY		1,659		19		15,794	
055 MEDICAL SUPPLIES CHARGED				1,095,538		586,872	
056 DRUGS CHARGED TO PATIENTS					5,441,924	561,047	
057 RENAL DIALYSIS						64,023	
059 SHOCK THERAPY		1,200				1,457	
059 01 PAIN MANAGEMENT & OP CHEM		9,077	53,605		19,258	57,363	
059 02 DIABETES CARE CENTER		4,221	24,563			1,706	
059 03 OP PSYCH		4,354				20,133	
059 04 CARDIAC REHAB		2,357				3,637	
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		79,181	467,764		24	379,169	
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		78,769			10,037	166,492	
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	3,692,897	1,149,478	3,583,251	1,097,309	5,487,369	6,133,981	1,044,998
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 VISITOR MEALS		201,634					
096 02 NON REIMBURSABLE B BLDG							
096 03 ROOM RENTAL							
096 04 NON REIMBURSABLE CHIP							
096 05 NON REIMBURSABLE PFD							
096 06 NON REIMBURSABLE HOSPITAL							
096 07 NON REIMBURSABLE POB I							
096 08 MEALS ON WHEELS	378,271						
096 09 CATERING							

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18
NONREIMBURS COST CENTERS							
096 10 RETAIL PHARMACY		6,990					
096 11 PUBLIC RELATIONS		3,307					
096 12 PHYSICIAN PRACTICE DEVELO		2,976					
096 13 RECOVERY RESOURCES							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 PHYSICIANS' PRIVATE OFFIC		2,071					
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	4,071,168	1,366,456	3,583,251	1,097,309	5,487,369	6,133,981	1,044,998

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO:
I 26-0180
I

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

I PREPARED 5/21/2010
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I PART I

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	PARAMED GM	ED PR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	22	24		25	26	27
GENERAL SERVICE COST CNTR						
001 OLD CAP REL COSTS-BLDG &						
001 01 OLD CAP REL COSTS-WHSE						
001 02 OLD CAP REL COSTS-B BLDG						
001 03 OLD CAP REL COSTS-PFD						
001 04 OLD CAP REL COSTS-CHIP						
001 05 OLD CAP REL COSTS-POB I						
001 06 OLD CAP REL COSTS-GRAHAM						
002 OLD CAP REL COSTS-MVBLE E						
003 NEW CAP REL COSTS-BLDG &						
003 01 NEW CAP REL COSTS-WHSE						
003 02 NEW CAP REL COSTS-B BLDG						
003 03 NEW CAP REL COSTS-PFD						
003 04 NEW CAP REL COSTS-CHIP						
003 05 NEW CAP REL COSTS-POB I						
003 06 NEW CAP REL COSTS-GRAHAM						
004 NEW CAP REL COSTS-MVBLE E						
005 EMPLOYEE BENEFITS						
006 01 ADMITTING						
006 02 CASHIERING						
006 03 MENTAL HEALTH ADMINISTRAT						
006 04 ADMINISTRATIVE & GENERAL						
008 OPERATION OF PLANT						
008 01 OPERATION OF PLANT- POB I						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
010 01 HOUSEKEEPING-POB I						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY						
017 MEDICAL RECORDS & LIBRARY						
018 SOCIAL SERVICE						
022 I&R SERVICES-SALARY & FRI	113,129					
024 PARAMED ED PRGM		38,354				
INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS		29,381	43,751,966			43,751,966
INTENSIVE CARE UNIT		2,914	8,909,090			8,909,090
CORONARY CARE UNIT		2,265	5,831,319			5,831,319
SUBPROVIDER		1,839	2,341,595			2,341,595
031 01 SUBPROVIDER 2		1,955	3,284,193			3,284,193
ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	113,129		15,572,295		-113,129	15,459,166
038 RECOVERY ROOM			1,228,296			1,228,296
040 ANESTHESIOLOGY			552,858			552,858
041 RADIOLOGY-DIAGNOSTIC			12,305,345			12,305,345
041 01 C.T. SCAN			2,182,229			2,182,229
044 LABORATORY			14,181,576			14,181,576
044 01 G.I. LAB			2,092,585			2,092,585
044 02 VASCULAR LAB			614,067			614,067
044 03 LABORATORY-PATHOLOGY			678,943			678,943
047 BLOOD STORING, PROCESSING			3,777,170			3,777,170
049 RESPIRATORY THERAPY			5,682,048			5,682,048
050 PHYSICAL THERAPY			2,920,956			2,920,956
051 OCCUPATIONAL THERAPY			1,231,982			1,231,982
052 SPEECH PATHOLOGY			518,581			518,581
053 ELECTROCARDIOLOGY			4,404,448			4,404,448
054 ELECTROENCEPHALOGRAPHY			239,106			239,106
055 MEDICAL SUPPLIES CHARGED			22,720,496			22,720,496
056 DRUGS CHARGED TO PATIENTS			20,105,306			20,105,306
057 RENAL DIALYSIS			2,170,681			2,170,681
059 SHOCK THERAPY			158,950			158,950
059 01 PAIN MANAGEMENT & OP CHEM			1,550,329			1,550,329
059 02 DIABETES CARE CENTER			1,023,351			1,023,351
059 03 OP PSYCH			1,061,309			1,061,309
059 04 CARDIAC REHAB			417,712			417,712
OUTPAT SERVICE COST CNTRS						
061 EMERGENCY			11,394,578			11,394,578
062 OBSERVATION BEDS (NON-DIS						
OTHER REIMBURS COST CNTRS						
065 AMBULANCE SERVICES			7,176,483			7,176,483
SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	113,129	38,354	200,079,843		-113,129	199,966,714
NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP			67,629			67,629
096 01 VISITOR MEALS			201,634			201,634
096 02 NON REIMBURSABLE B BLDG			164,125			164,125
096 03 ROOM RENTAL						
096 04 NON REIMBURSABLE CHIP			450,651			450,651
096 05 NON REIMBURSABLE PFD			110,697			110,697
096 06 NON REIMBURSABLE HOSPITAL			655,370			655,370
096 07 NON REIMBURSABLE POB I			38,150			38,150
096 08 MEALS ON WHEELS			378,271			378,271
096 09 CATERING			246,062			246,062

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		I&R SERVICES- SALARY & FRI	PARAMED GM	ED PR	SUBTOTAL	I&R COST POST STEP- DOWN ADJ	TOTAL
		22	24		25	26	27
NONREIMBURS COST CENTERS							
096	10 RETAIL PHARMACY				6,040,434		6,040,434
096	11 PUBLIC RELATIONS				1,279,935		1,279,935
096	12 PHYSICIAN PRACTICE DEVELO				926,583		926,583
096	13 RECOVERY RESOURCES						
098	PHYSICIANS' PRIVATE OFFIC				485,535		485,535
098	01 PHYSICIANS' PRIVATE OFFIC				495,009		495,009
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	TOTAL	113,129	38,354		211,619,928	-113,129	211,506,799

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET B
 I I TO 12/31/2009 I PART II

COST CENTER DESCRIPTION	DIR ASSIGNED OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-WHSE	OLD CAP REL C OSTS-B BLDG	OLD CAP REL C OSTS-PFD	OLD CAP REL C OSTS-CHIP	OLD CAP REL C OSTS-POB I
	0	1	1.01	1.02	1.03	1.04	1.05
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-WHSE							
001 02 OLD CAP REL COSTS-B BLDG							
001 03 OLD CAP REL COSTS-PFD							
001 04 OLD CAP REL COSTS-CHIP							
001 05 OLD CAP REL COSTS-POB I							
001 06 OLD CAP REL COSTS-GRAHAM							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-WHSE							
003 02 NEW CAP REL COSTS-B BLDG							
003 03 NEW CAP REL COSTS-PFD							
003 04 NEW CAP REL COSTS-CHIP							
003 05 NEW CAP REL COSTS-POB I							
003 06 NEW CAP REL COSTS-GRAHAM							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		428		964	15,540		8,274
006 01 ADMITTING		893			3,225		
006 02 CASHIERING		1,174		46	16,277		
006 03 MENTAL HEALTH ADMINISTRAT				139			
006 04 ADMINISTRATIVE & GENERAL		19,221	3,093	1,595	94,183	6,744	46,085
008 OPERATION OF PLANT		27,410	334	1,064	20,672	58,629	24,083
008 01 OPERATION OF PLANT- POB I							
009 LAUNDRY & LINEN SERVICE		2,541					
010 HOUSEKEEPING		2,446		102	778	3,402	
010 01 HOUSEKEEPING-POB I							342
011 DIETARY		354	2,055		729		
012 CAFETERIA		1,823		1,297	1,999		
014 NURSING ADMINISTRATION				297			1,250
015 CENTRAL SERVICES & SUPPLY		2,796					
016 PHARMACY		1,561					
017 MEDICAL RECORDS & LIBRARY		2,454					4,659
018 SOCIAL SERVICE							
022 I&R SERVICES-SALARY & FRI							
024 PARAMED ED PRGM							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		61,450		274			
INTENSIVE CARE UNIT		4,431		159			
CORONARY CARE UNIT		3,894					
SUBPROVIDER		3,640					
031 01 SUBPROVIDER 2		4,204					
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		28,125		58			
038 RECOVERY ROOM		1,385					
040 ANESTHESIOLOGY		223					
041 RADIOLOGY-DIAGNOSTIC		3,786		145		189,759	19,917
041 01 C.T. SCAN						9,866	
044 LABORATORY		2,617		3,693			1,033
044 01 G.I. LAB		862		946			
044 02 VASCULAR LAB				383			
044 03 LABORATORY-PATHOLOGY				305			
047 BLOOD STORING, PROCESSING				491			
049 RESPIRATORY THERAPY		1,213		53			
050 PHYSICAL THERAPY		1,840					
051 OCCUPATIONAL THERAPY		1,014					
052 SPEECH PATHOLOGY		691					
053 ELECTROCARDIOLOGY		3,754		796			
054 ELECTROENCEPHALOGRAPHY				439			
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS		762					
059 SHOCK THERAPY							
059 01 PAIN MANAGEMENT & OP CHEM		170					3,222
059 02 DIABETES CARE CENTER							5,583
059 03 OP PSYCH							
059 04 CARDIAC REHAB		1,264					
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		9,304		1,595			
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES				218			
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		197,730	5,482	15,059	153,403	268,400	114,448
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		709					
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BLDG				1,233			
096 03 ROOM RENTAL							
096 04 NON REIMBURSABLE CHIP						62,517	
096 05 NON REIMBURSABLE PFD					5,932		
096 06 NON REIMBURSABLE HOSPITAL		7,990					
096 07 NON REIMBURSABLE POB I							14,392
096 08 MEALS ON WHEELS							
096 09 CATERING					309		

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET B
 I I TO 12/31/2009 I PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-WHSE	OLD CAP REL C OSTS-B BLDG	OLD CAP REL C OSTS-PFD	OLD CAP REL C OSTS-CHIP	OLD CAP REL C OSTS-POB I
	0	1	1.01	1.02	1.03	1.04	1.05
NONREIMBURS COST CENTERS							
096 10 RETAIL PHARMACY							
096 11 PUBLIC RELATIONS		201			3,846		
096 12 PHYSICIAN PRACTICE DEVELO					4,395		
096 13 RECOVERY RESOURCES							
098 PHYSICIANS' PRIVATE OFFIC							183,173
098 01 PHYSICIANS' PRIVATE OFFIC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		206,630	5,482	16,292	167,885	330,917	312,013

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET B
 I I TO 12/31/2009 I PART II

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-GRAHAM	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-WHSE	NEW CAP REL C OSTS-B BLDG	NEW CAP REL C OSTS-PFD	NEW CAP REL C OSTS-CHIP
	1.06	2	3	3.01	3.02	3.03	3.04
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-WHSE							
001 02 OLD CAP REL COSTS-B BLDG							
001 03 OLD CAP REL COSTS-PFD							
001 04 OLD CAP REL COSTS-CHIP							
001 05 OLD CAP REL COSTS-POB I							
001 06 OLD CAP REL COSTS-GRAHAM							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-WHSE							
003 02 NEW CAP REL COSTS-B BLDG							
003 03 NEW CAP REL COSTS-PFD							
003 04 NEW CAP REL COSTS-CHIP							
003 05 NEW CAP REL COSTS-POB I							
003 06 NEW CAP REL COSTS-GRAHAM							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		4,893					
006 01 ADMITTING							
006 02 CASHIERING							
006 03 MENTAL HEALTH ADMINISTRAT							
006 04 ADMINISTRATIVE & GENERAL	11,902	28,656					
008 OPERATION OF PLANT	1,180	20,270					
008 01 OPERATION OF PLANT- POB I							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-POB I							
011 DIETARY		27,958					
012 CAFETERIA							
014 NURSING ADMINISTRATION		4,893					
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
022 I&R SERVICES-SALARY & FRI							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS							
025 INTENSIVE CARE UNIT							
025 CORONARY CARE UNIT							
025 SUBPROVIDER							
031 01 SUBPROVIDER 2							
031 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		12,581					
038 RECOVERY ROOM							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC							
041 01 C.T. SCAN							
044 LABORATORY							
044 01 G.I. LAB							
044 02 VASCULAR LAB							
044 03 LABORATORY-PATHOLOGY							
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY	57,150	9,086					
051 OCCUPATIONAL THERAPY	6,973						
052 SPEECH PATHOLOGY	7,415						
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
059 SHOCK THERAPY							
059 01 PAIN MANAGEMENT & OP CHEM							
059 02 DIABETES CARE CENTER							
059 03 OP PSYCH							
059 04 CARDIAC REHAB							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		4,194					
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	84,620	112,531					
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BLDG							
096 03 ROOM RENTAL							
096 04 NON REIMBURSABLE CHIP							
096 05 NON REIMBURSABLE PFD							
096 06 NON REIMBURSABLE HOSPITAL							
096 07 NON REIMBURSABLE POB I							
096 08 MEALS ON WHEELS							
096 09 CATERING							

COST CENTER DESCRIPTION		OLD CAP REL C OSTS-GRAHAM	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-WHSE	NEW CAP REL C OSTS-B BLDG	NEW CAP REL C OSTS-PFD	NEW CAP REL C OSTS-CHIP
NONREIMBURS COST CENTERS		1.06	2	3	3.01	3.02	3.03	3.04
096	10 RETAIL PHARMACY							
096	11 PUBLIC RELATIONS							
096	12 PHYSICIAN PRACTICE DEVELO							
096	13 RECOVERY RESOURCES							
098	PHYSICIANS' PRIVATE OFFIC							
098	01 PHYSICIANS' PRIVATE OFFIC	171,595						
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	256,215	112,531					

COST CENTER DESCRIPTION	NEW CAP REL OSTS-POB I	NEW CAP REL OSTS-GRAHAM	NEW CAP REL OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	ADMITTING	CASHIERING
	3.05	3.06	4	4a	5	6.01	6.02
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-WHSE							
001 02 OLD CAP REL COSTS-B BLDG							
001 03 OLD CAP REL COSTS-PFD							
001 04 OLD CAP REL COSTS-CHIP							
001 05 OLD CAP REL COSTS-POB I							
001 06 OLD CAP REL COSTS-GRAHAM							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-WHSE							
003 02 NEW CAP REL COSTS-B BLDG							
003 03 NEW CAP REL COSTS-PFD							
003 04 NEW CAP REL COSTS-CHIP							
003 05 NEW CAP REL COSTS-POB I							
003 06 NEW CAP REL COSTS-GRAHAM							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				30,099	30,099		
006 01 ADMITTING				4,118	426	4,544	
006 02 CASHIERING				17,497	313		17,810
006 03 MENTAL HEALTH ADMINISTRAT				139	72		
006 04 ADMINISTRATIVE & GENERAL				211,479	2,543		
008 OPERATION OF PLANT				153,642	799		
008 01 OPERATION OF PLANT- POB I					1		
009 LAUNDRY & LINEN SERVICE				2,541			
010 HOUSEKEEPING				6,728	537		
010 01 HOUSEKEEPING-POB I					43		
011 DIETARY				31,096			
012 CAFETERIA				5,119			
014 NURSING ADMINISTRATION				6,440	657		
015 CENTRAL SERVICES & SUPPLY				2,796	152		
016 PHARMACY				1,561	971		
017 MEDICAL RECORDS & LIBRARY				7,113	1,130		
018 SOCIAL SERVICE					246		
022 I&R SERVICES-SALARY & FRI					29		
024 PARAMED ED PRGM					9		
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				61,724	6,583	455	1,756
INTENSIVE CARE UNIT				4,590	1,556	90	346
CORONARY CARE UNIT				3,894	1,005	69	266
SUBPROVIDER				3,640	366	19	75
031 01 SUBPROVIDER 2				4,204	407	23	89
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				40,764	1,715	272	1,049
038 RECOVERY ROOM				1,385	205	35	134
040 ANESTHESIOLOGY				223	30	48	184
041 RADIOLOGY-DIAGNOSTIC				213,607	1,460	474	1,827
041 01 C.T. SCAN				9,866	155	298	1,149
044 LABORATORY				7,343	1,656	693	2,953
044 01 G.I. LAB				1,808	242	43	165
044 02 VASCULAR LAB				383	88	33	128
044 03 LABORATORY-PATHOLOGY				305	81	25	98
047 BLOOD STORING, PROCESSING				491	237	77	296
049 RESPIRATORY THERAPY				1,266	1,016	177	681
050 PHYSICAL THERAPY				68,076	553	51	197
051 OCCUPATIONAL THERAPY				7,987	250	23	88
052 SPEECH PATHOLOGY				8,106	96	7	29
053 ELECTROCARDIOLOGY				4,550	483	258	996
054 ELECTROENCEPHALOGRAPHY				439	31	12	45
055 MEDICAL SUPPLIES CHARGED						434	1,676
056 DRUGS CHARGED TO PATIENTS						415	1,602
057 RENAL DIALYSIS				762		47	183
059 SHOCK THERAPY					34	1	4
059 01 PAIN MANAGEMENT & OP CHEM				3,392	236	42	164
059 02 DIABETES CARE CENTER				5,583	82	1	5
059 03 OP PSYCH					91	15	57
059 04 CARDIAC REHAB				1,264	64	3	10
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY				10,899	1,761	281	1,083
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES				4,412	1,307	123	475
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS				951,673	29,718	4,544	17,810
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				709			
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BLDG				1,233			
096 03 ROOM RENTAL							
096 04 NON REIMBURSABLE CHIP				62,517			
096 05 NON REIMBURSABLE PFD				5,932			
096 06 NON REIMBURSABLE HOSPITAL				7,990			
096 07 NON REIMBURSABLE POB I				14,392			
096 08 MEALS ON WHEELS							
096 09 CATERING				309			

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-POB I	NEW CAP REL C OSTS-GRAHAM	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE FITS	BENE ADMITTING	CASHIERING
NONREIMBURS COST CENTERS	3.05	3.06	4	4a	5	6.01	6.02
096 10 RETAIL PHARMACY						188	
096 11 PUBLIC RELATIONS				4,047		81	
096 12 PHYSICIAN PRACTICE DEVELO				4,395		91	
096 13 RECOVERY RESOURCES							
098 PHYSICIANS' PRIVATE OFFIC				183,173			
098 01 PHYSICIANS' PRIVATE OFFIC				171,595		21	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				1,407,965	30,099	4,544	17,810

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MENTAL HEALTH ADMINISTRATIVE & GENERAL		OPERATION OF PLANT	OPERATION OF PLANT- POB I	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING- POB I
	6.03	6.04	8	8.01	9	10	10.01
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-WHSE							
001 02 OLD CAP REL COSTS-B BLDG							
001 03 OLD CAP REL COSTS-PFD							
001 04 OLD CAP REL COSTS-CHIP							
001 05 OLD CAP REL COSTS-POB I							
001 06 OLD CAP REL COSTS-GRAHAM							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-WHSE							
003 02 NEW CAP REL COSTS-B BLDG							
003 03 NEW CAP REL COSTS-PFD							
003 04 NEW CAP REL COSTS-CHIP							
003 05 NEW CAP REL COSTS-POB I							
003 06 NEW CAP REL COSTS-GRAHAM							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 CASHIERING							
006 03 MENTAL HEALTH ADMINISTRATIVE & GENERAL	211						
006 04 ADMINISTRATIVE & GENERAL		214,022					
008 OPERATION OF PLANT		9,480	163,921				
008 01 OPERATION OF PLANT- POB I		5		6			
009 LAUNDRY & LINEN SERVICE		1,447	1,901		5,889		
010 HOUSEKEEPING		3,583	2,402			13,250	
010 01 HOUSEKEEPING-POB I		228					613
011 DIETARY		3,830	3,519			301	
012 CAFETERIA		1,063	3,901			333	
014 NURSING ADMINISTRATION		3,560	484			41	3
015 CENTRAL SERVICES & SUPPLY		895	2,092		126	179	
016 PHARMACY		5,424	1,168			100	
017 MEDICAL RECORDS & LIBRARY		5,990	1,836			157	12
018 SOCIAL SERVICE		1,047					
022 I&R SERVICES-SALARY & FRI		114					
024 PARAMED ED PRGM		38					
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	122	33,349	46,426		2,681	3,965	
INTENSIVE CARE UNIT		7,823	3,574		363	305	
CORONARY CARE UNIT		4,955	2,913		255	249	
SUBPROVIDER		1,783	2,723		143	233	
031 01 SUBPROVIDER 2	89	2,242	3,146		72	269	
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		13,006	21,138		590	1,806	
038 RECOVERY ROOM		1,057	1,037			89	
040 ANESTHESIOLOGY		478	167			14	
041 RADIOLOGY-DIAGNOSTIC		10,317	16,522	1	184	1,411	52
041 01 C.T. SCAN		1,697	699		149	60	
044 LABORATORY		12,658	7,975			681	3
044 01 G.I. LAB		1,853	2,186		62	187	
044 02 VASCULAR LAB		515	625		21	53	
044 03 LABORATORY-PATHOLOGY		607	497			42	
047 BLOOD STORING, PROCESSING		3,637	801			68	
049 RESPIRATORY THERAPY		5,384	994		1	85	
050 PHYSICAL THERAPY		2,740	1,377		13	118	
051 OCCUPATIONAL THERAPY		1,141	759			65	
052 SPEECH PATHOLOGY		468	517			44	
053 ELECTROCARDIOLOGY		3,722	4,106		93	351	
054 ELECTROENCEPHALOGRAPHY		164	715		4	61	
055 MEDICAL SUPPLIES CHARGED		21,279					
056 DRUGS CHARGED TO PATIENTS		14,264					
057 RENAL DIALYSIS		2,084	570			49	
059 SHOCK THERAPY		158					
059 01 PAIN MANAGEMENT & OP CHEM		1,410	128		13	11	8
059 02 DIABETES CARE CENTER		999					15
059 03 OP PSYCH		1,049					
059 04 CARDIAC REHAB		339	946			81	
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		9,561	9,561		926	817	
062 OBSERVATION BEDS (NON-DIS)							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		6,920	355		193	30	
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	211	204,363	147,760	1	5,889	12,255	93
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		25	530			45	
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BLDG		2	2,010			172	
096 03 ROOM RENTAL							
096 04 NON REIMBURSABLE CHIP		93	4,432			379	
096 05 NON REIMBURSABLE PFD		9	1,254			107	
096 06 NON REIMBURSABLE HOSPITAL		282	5,978			125	
096 07 NON REIMBURSABLE POB I		24					38
096 08 MEALS ON WHEELS							
096 09 CATERING		244	65			6	

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET B
 I I TO 12/31/2009 I PART II

COST CENTER DESCRIPTION		MENTAL HEALTH ADMINISTRATIVE & GENERAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT- POB I	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING- POB I	HOUSEKEEPING- POB I
NONREIMBURS COST CENTERS		6.03	6.04	8	8.01	9	10	10.01
096	10 RETAIL PHARMACY		6,103					
096	11 PUBLIC RELATIONS		1,212	963			82	
096	12 PHYSICIAN PRACTICE DEVELO		858	929			79	
096	13 RECOVERY RESOURCES							
098	PHYSICIANS' PRIVATE OFFIC		308		5			482
098	01 PHYSICIANS' PRIVATE OFFIC		499					
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	211	214,022	163,921	6	5,889	13,250	613

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET B
 I I TO 12/31/2009 I PART II

	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E
	11	12	14	15	16	17	18
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-WHSE							
001 02 OLD CAP REL COSTS-B BLDG							
001 03 OLD CAP REL COSTS-PFD							
001 04 OLD CAP REL COSTS-CHIP							
001 05 OLD CAP REL COSTS-POB I							
001 06 OLD CAP REL COSTS-GRAHAM							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-WHSE							
003 02 NEW CAP REL COSTS-B BLDG							
003 03 NEW CAP REL COSTS-PFD							
003 04 NEW CAP REL COSTS-CHIP							
003 05 NEW CAP REL COSTS-POB I							
003 06 NEW CAP REL COSTS-GRAHAM							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 CASHIERING							
006 03 MENTAL HEALTH ADMINISTRAT							
006 04 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT- POB I							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-POB I							
011 DIETARY	38,746						
012 CAFETERIA		10,416					
014 NURSING ADMINISTRATION		178	11,363				
015 CENTRAL SERVICES & SUPPLY		80		6,320			
016 PHARMACY		228			9,452		
017 MEDICAL RECORDS & LIBRARY		446				16,684	
018 SOCIAL SERVICE		77					1,370
022 I&R SERVICES-SALARY & FRI							
024 PARAMED ED PRGM		7					
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	26,924	2,562	5,999			1,691	790
INTENSIVE CARE UNIT	2,670	426	1,046			333	
CORONARY CARE UNIT	2,075	350	860			256	
031 SUBPROVIDER	1,686	128	315			72	
031 01 SUBPROVIDER 2	1,791	144	354			86	580
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		483	916		28	1,011	
038 RECOVERY ROOM		58	142			129	
040 ANESTHESIOLOGY		17				177	
041 RADIOLOGY-DIAGNOSTIC		455			9	1,759	
041 01 C.T. SCAN		51				1,106	
044 LABORATORY		685			1	2,375	
044 01 G.I. LAB		71				159	
044 02 VASCULAR LAB		28				123	
044 03 LABORATORY-PATHOLOGY		34				95	
047 BLOOD STORING, PROCESSING		96				285	
049 RESPIRATORY THERAPY		306				656	
050 PHYSICAL THERAPY		210				190	
051 OCCUPATIONAL THERAPY		86				85	
052 SPEECH PATHOLOGY		30				28	
053 ELECTROCARDIOLOGY		148				959	
054 ELECTROENCEPHALOGRAPHY		13				43	
055 MEDICAL SUPPLIES CHARGED				6,310		1,614	
056 DRUGS CHARGED TO PATIENTS					9,374	1,543	
057 RENAL DIALYSIS						176	
059 SHOCK THERAPY		9				4	
059 01 PAIN MANAGEMENT & OP CHEM		69	170		33	158	
059 02 DIABETES CARE CENTER		32	78			5	
059 03 OP PSYCH		33				55	
059 04 CARDIAC REHAB		18				10	
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		604	1,483			1,043	
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		600			17	458	
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	35,146	8,762	11,363	6,320	9,452	16,684	1,370
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 VISITOR MEALS		1,537					
096 02 NON REIMBURSABLE B BLDG							
096 03 ROOM RENTAL							
096 04 NON REIMBURSABLE CHIP							
096 05 NON REIMBURSABLE PFD							
096 06 NON REIMBURSABLE HOSPITAL							
096 07 NON REIMBURSABLE POB I							
096 08 MEALS ON WHEELS	3,600						
096 09 CATERING							

	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E
	11	12	14	15	16	17	18
NONREIMBURS COST CENTERS							
096 10 RETAIL PHARMACY							53
096 11 PUBLIC RELATIONS							25
096 12 PHYSICIAN PRACTICE DEVELO							23
096 13 RECOVERY RESOURCES							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 PHYSICIANS' PRIVATE OFFIC							16
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	38,746	10,416	11,363	6,320	9,452	16,684	1,370

COST CENTER DESCRIPTION	I&R SERVICES-SALARY & FRI	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	22	25	26	27
001 GENERAL SERVICE COST CNTR				
001 01 OLD CAP REL COSTS-BLDG &				
001 02 OLD CAP REL COSTS-WHSE				
001 03 OLD CAP REL COSTS-B BLDG				
001 04 OLD CAP REL COSTS-PFD				
001 05 OLD CAP REL COSTS-CHIP				
001 06 OLD CAP REL COSTS-POB I				
002 OLD CAP REL COSTS-GRAHAM				
002 OLD CAP REL COSTS-MVBLE E				
003 NEW CAP REL COSTS-BLDG &				
003 01 NEW CAP REL COSTS-WHSE				
003 02 NEW CAP REL COSTS-B BLDG				
003 03 NEW CAP REL COSTS-PFD				
003 04 NEW CAP REL COSTS-CHIP				
003 05 NEW CAP REL COSTS-POB I				
003 06 NEW CAP REL COSTS-GRAHAM				
004 NEW CAP REL COSTS-MVBLE E				
005 EMPLOYEE BENEFITS				
006 01 ADMITTING				
006 02 CASHIERING				
006 03 MENTAL HEALTH ADMINISTRAT				
006 04 ADMINISTRATIVE & GENERAL				
008 OPERATION OF PLANT				
008 01 OPERATION OF PLANT- POB I				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
010 01 HOUSEKEEPING-POB I				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE				
022 I&R SERVICES-SALARY & FRI	143			
024 PARAMED ED PRGM		54		
025 INPAT ROUTINE SRVC CNTRS		195,027		195,027
025 ADULTS & PEDIATRICS		23,122		23,122
025 INTENSIVE CARE UNIT		17,147		17,147
025 CORONARY CARE UNIT		11,183		11,183
025 SUBPROVIDER		13,496		13,496
031 01 SUBPROVIDER 2				
031 ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		82,778		82,778
038 RECOVERY ROOM		4,271		4,271
040 ANESTHESIOLOGY		1,338		1,338
041 RADIOLOGY-DIAGNOSTIC		248,078		248,078
041 01 C.T. SCAN		15,230		15,230
044 LABORATORY		37,023		37,023
044 01 G.I. LAB		6,776		6,776
044 02 VASCULAR LAB		1,997		1,997
044 03 LABORATORY-PATHOLOGY		1,784		1,784
047 BLOOD STORING, PROCESSING		5,988		5,988
049 RESPIRATORY THERAPY		10,566		10,566
050 PHYSICAL THERAPY		73,525		73,525
051 OCCUPATIONAL THERAPY		10,484		10,484
052 SPEECH PATHOLOGY		9,325		9,325
053 ELECTROCARDIOLOGY		15,666		15,666
054 ELECTROENCEPHALOGRAPHY		1,527		1,527
055 MEDICAL SUPPLIES CHARGED		31,313		31,313
056 DRUGS CHARGED TO PATIENTS		27,198		27,198
057 RENAL DIALYSIS		3,871		3,871
059 SHOCK THERAPY		210		210
059 01 PAIN MANAGEMENT & OP CHEM		5,834		5,834
059 02 DIABETES CARE CENTER		6,800		6,800
059 03 OP PSYCH		1,300		1,300
059 04 CARDIAC REHAB		2,735		2,735
061 OUTPAT SERVICE COST CNTRS				
061 EMERGENCY		38,019		38,019
062 OBSERVATION BEDS (NON-DIS				
062 OTHER REIMBURS COST CNTRS				
065 AMBULANCE SERVICES		14,890		14,890
065 SPEC PURPOSE COST CENTERS				
095 SUBTOTALS		918,501		918,501
095 NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		1,309		1,309
096 01 VISITOR MEALS		1,537		1,537
096 02 NON REIMBURSABLE B BLDG		3,417		3,417
096 03 ROOM RENTAL				
096 04 NON REIMBURSABLE CHIP		67,421		67,421
096 05 NON REIMBURSABLE PFD		7,302		7,302
096 06 NON REIMBURSABLE HOSPITAL		14,375		14,375
096 07 NON REIMBURSABLE POB I		14,454		14,454
096 08 MEALS ON WHEELS		3,600		3,600
096 09 CATERING		624		624

COST CENTER DESCRIPTION	I&R SERVICES-SALARY & FRI		SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	22		25	26	27
NONREIMBURS COST CENTERS					
096 10 RETAIL PHARMACY			6,344		6,344
096 11 PUBLIC RELATIONS			6,410		6,410
096 12 PHYSICIAN PRACTICE DEVELO			6,375		6,375
096 13 RECOVERY RESOURCES					
098 PHYSICIANS' PRIVATE OFFIC			183,968		183,968
098 01 PHYSICIANS' PRIVATE OFFIC			172,131		172,131
101 CROSS FOOT ADJUSTMENTS	143	54	197		197
102 NEGATIVE COST CENTER					
103 TOTAL	143	54	1,407,965		1,407,965

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET B
 I I TO 12/31/2009 I PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-WHSE	OLD CAP REL C OSTS-B BLDG	OLD CAP REL C OSTS-PFD	OLD CAP REL C OSTS-CHIP	OLD CAP REL C OSTS-POB I
	0	1	1.01	1.02	1.03	1.04	1.05
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-WHSE							
001 02 OLD CAP REL COSTS-B BLDG							
001 03 OLD CAP REL COSTS-PFD							
001 04 OLD CAP REL COSTS-CHIP							
001 05 OLD CAP REL COSTS-POB I							
001 06 OLD CAP REL COSTS-GRAHAM							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-WHSE							
003 02 NEW CAP REL COSTS-B BLDG							
003 03 NEW CAP REL COSTS-PFD							
003 04 NEW CAP REL COSTS-CHIP							
003 05 NEW CAP REL COSTS-POB I							
003 06 NEW CAP REL COSTS-GRAHAM							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	22,244						
006 01 ADMITTING	17,610						
006 02 CASHIERING	11,060						
006 03 MENTAL HEALTH ADMINISTRAT	3,087						
006 04 ADMINISTRATIVE & GENERAL	963,237						
008 OPERATION OF PLANT	9,500						
008 01 OPERATION OF PLANT- POB I							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-POB I							
011 DIETARY	5,654						
012 CAFETERIA							
014 NURSING ADMINISTRATION	11,340						
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	335,090						
017 MEDICAL RECORDS & LIBRARY	3,751						
018 SOCIAL SERVICE	3,688						
022 I&R SERVICES-SALARY & FRI							
024 PARAMED ED PRGM							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	26,977						
026 INTENSIVE CARE UNIT	2,797						
027 CORONARY CARE UNIT	623						
028 SUBPROVIDER	526						
031 01 SUBPROVIDER 2	5,454						
032 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	15,707						
038 RECOVERY ROOM							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	11,154						
041 01 C.T. SCAN							
044 LABORATORY	11,671						
044 01 G.I. LAB	12						
044 02 VASCULAR LAB							
044 03 LABORATORY-PATHOLOGY	33,436						
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY	29,957						
050 PHYSICAL THERAPY	12,411						
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	5,524						
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	1,550,599						
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	647						
059 SHOCK THERAPY							
059 01 PAIN MANAGEMENT & OP CHEM	1,967						
059 02 DIABETES CARE CENTER	6,506						
059 03 OP PSYCH	7,515						
059 04 CARDIAC REHAB	381						
060 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	15,099						
062 OBSERVATION BEDS (NON-DIS							
063 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	3,368						
066 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	3,128,592						
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BLDG							
096 03 ROOM RENTAL							
096 04 NON REIMBURSABLE CHIP							
096 05 NON REIMBURSABLE PFD							
096 06 NON REIMBURSABLE HOSPITAL							
096 07 NON REIMBURSABLE POB I							
096 08 MEALS ON WHEELS							
096 09 CATERING							

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-WHSE	OLD CAP REL C OSTS-B BLDG	OLD CAP REL C OSTS-PFD	OLD CAP REL C OSTS-CHIP	OLD CAP REL C OSTS-POB I
NONREIMBURS COST CENTERS	0	1	1.01	1.02	1.03	1.04	1.05
096 10 RETAIL PHARMACY	829						
096 11 PUBLIC RELATIONS	4,235						
096 12 PHYSICIAN PRACTICE DEVELO	3,375						
096 13 RECOVERY RESOURCES							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 PHYSICIANS' PRIVATE OFFIC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	3,137,031						

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET B
 I I TO 12/31/2009 I PART III

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C				
	OSTS-GRAHAM	OSTS-MVBLE E	OSTS-BLDG &	OSTS-WHSE	OSTS-B BLDG	OSTS-PFD	OSTS-CHIP
	1.06	2	3	3.01	3.02	3.03	3.04
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-WHSE							
001 02 OLD CAP REL COSTS-B BLDG							
001 03 OLD CAP REL COSTS-PFD							
001 04 OLD CAP REL COSTS-CHIP							
001 05 OLD CAP REL COSTS-POB I							
001 06 OLD CAP REL COSTS-GRAHAM							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-WHSE							
003 02 NEW CAP REL COSTS-B BLDG							
003 03 NEW CAP REL COSTS-PFD							
003 04 NEW CAP REL COSTS-CHIP							
003 05 NEW CAP REL COSTS-POB I							
003 06 NEW CAP REL COSTS-GRAHAM							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS						3,826	
006 01 ADMITTING			11,532			794	
006 02 CASHIERING			24,048			4,007	
006 03 MENTAL HEALTH ADMINISTRAT			31,640				
006 04 ADMINISTRATIVE & GENERAL			517,789			23,185	1,211
008 OPERATION OF PLANT			738,422			5,089	10,525
008 01 OPERATION OF PLANT- POB I							
009 LAUNDRY & LINEN SERVICE			68,463				
010 HOUSEKEEPING			65,887			192	611
010 01 HOUSEKEEPING-POB I							
011 DIETARY			9,531			179	
012 CAFETERIA			49,112			492	
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY			75,312				
016 PHARMACY			42,050				
017 MEDICAL RECORDS & LIBRARY			66,099				
018 SOCIAL SERVICE							
022 I&R SERVICES-SALARY & FRI							
024 PARAMED ED PRGM							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			1,655,472				
INTENSIVE CARE UNIT			119,363				
CORONARY CARE UNIT			104,891				
SUBPROVIDER			98,057				
031 01 SUBPROVIDER 2			113,256				
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			757,667				
038 RECOVERY ROOM			37,323				
040 ANESTHESIOLOGY			6,001				
041 RADIOLOGY-DIAGNOSTIC			101,982				34,063
041 01 C.T. SCAN							1,771
044 LABORATORY			70,493				
044 01 G.I. LAB			23,230				
044 02 VASCULAR LAB							
044 03 LABORATORY-PATHOLOGY							
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY			32,686				
050 PHYSICAL THERAPY			49,582				
051 OCCUPATIONAL THERAPY			27,321				
052 SPEECH PATHOLOGY			18,623				
053 ELECTROCARDIOLOGY			101,118				
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS			20,518				
059 SHOCK THERAPY							
059 01 PAIN MANAGEMENT & OP CHEM			4,591				
059 02 DIABETES CARE CENTER							
059 03 OP PSYCH							
059 04 CARDIAC REHAB			34,050				
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY			250,636				
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS			5,326,745			37,764	48,181
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			19,093				
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BLDG							
096 03 ROOM RENTAL							
096 04 NON REIMBURSABLE CHIP							11,223
096 05 NON REIMBURSABLE PFD						1,460	
096 06 NON REIMBURSABLE HOSPITAL			215,238				
096 07 NON REIMBURSABLE POB I							
096 08 MEALS ON WHEELS							
096 09 CATERING						76	

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET B
 I I TO 12/31/2009 I PART III

COST CENTER DESCRIPTION		OLD CAP REL C OSTS-GRAHAM	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-WHSE	NEW CAP REL C OSTS-B BLDG	NEW CAP REL C OSTS-PFD	NEW CAP REL C OSTS-CHIP
NONREIMBURS COST CENTERS		1.06	2	3	3.01	3.02	3.03	3.04
096	10 RETAIL PHARMACY							
096	11 PUBLIC RELATIONS			5,410			947	
096	12 PHYSICIAN PRACTICE DEVELO						1,082	
096	13 RECOVERY RESOURCES							
098	PHYSICIANS' PRIVATE OFFIC							
098	01 PHYSICIANS' PRIVATE OFFIC							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL			5,566,486			41,329	59,404

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-POB I	NEW CAP REL C OSTS-GRAHAM	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	ADMITTING	CASHIERING
	3.05	3.06	4	4a	5	6.01	6.02
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-WHSE							
001 02 OLD CAP REL COSTS-B BLDG							
001 03 OLD CAP REL COSTS-PFD							
001 04 OLD CAP REL COSTS-CHIP							
001 05 OLD CAP REL COSTS-POB I							
001 06 OLD CAP REL COSTS-GRAHAM							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-WHSE							
003 02 NEW CAP REL COSTS-B BLDG							
003 03 NEW CAP REL COSTS-PFD							
003 04 NEW CAP REL COSTS-CHIP							
003 05 NEW CAP REL COSTS-POB I							
003 06 NEW CAP REL COSTS-GRAHAM							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	2,725		8,707	49,034	49,034		
006 01 ADMITTING			9,958	52,410	693	53,103	
006 02 CASHIERING				46,707	510		47,217
006 03 MENTAL HEALTH ADMINISTRAT				3,087	118		
006 04 ADMINISTRATIVE & GENERAL	15,178	8,251	2,820,871	4,349,722	4,136		
008 OPERATION OF PLANT	7,932	818	48,920	821,206	1,300		
008 01 OPERATION OF PLANT- POB I					1		
009 LAUNDRY & LINEN SERVICE			221	68,684			
010 HOUSEKEEPING			5,933	72,623	873		
010 01 HOUSEKEEPING-POB I	113			113	70		
011 DIETARY			43,593	58,957			
012 CAFETERIA			15,371	64,975			
014 NURSING ADMINISTRATION	412		380,630	392,382	1,069		
015 CENTRAL SERVICES & SUPPLY			24,078	99,390	246		
016 PHARMACY			95,546	472,686	1,579		
017 MEDICAL RECORDS & LIBRARY	1,534		2,006	73,390	1,838		
018 SOCIAL SERVICE				3,688	400		
022 I&R SERVICES-SALARY & FRI					47		
024 PARAMED ED PRGM					15		
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			96,138	1,778,587	10,788	5,333	4,748
INTENSIVE CARE UNIT			149,137	271,297	2,530	1,049	934
CORONARY CARE UNIT			106,804	212,318	1,634	808	719
SUBPROVIDER			4,465	103,048	595	228	203
031 01 SUBPROVIDER 2			4,148	122,858	662	270	241
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			638,798	1,412,172	2,789	3,187	2,837
038 RECOVERY ROOM			62,060	99,383	333	407	362
040 ANESTHESIOLOGY			29,386	35,387	49	559	498
041 RADIOLOGY-DIAGNOSTIC	6,560		847,814	1,001,573	2,374	5,547	4,939
041 01 C.T. SCAN			318,557	320,328	253	3,489	3,106
044 LABORATORY	340		271,127	353,631	2,692	7,981	7,049
044 01 G.I. LAB			178,890	202,132	394	501	446
044 02 VASCULAR LAB			31,372	31,372	144	389	346
044 03 LABORATORY-PATHOLOGY			45,369	78,805	132	299	266
047 BLOOD STORING, PROCESSING			903	903	386	897	799
049 RESPIRATORY THERAPY			128,156	190,799	1,653	2,069	1,842
050 PHYSICAL THERAPY		39,618	5,900	107,511	900	599	533
051 OCCUPATIONAL THERAPY		4,834	250	32,405	407	268	238
052 SPEECH PATHOLOGY		5,140	6,996	30,759	156	87	77
053 ELECTROCARDIOLOGY			801,356	907,998	786	3,026	2,694
054 ELECTROENCEPHALOGRAPHY			9,787	9,787	50	137	122
055 MEDICAL SUPPLIES CHARGED				1,550,599		5,089	4,531
056 DRUGS CHARGED TO PATIENTS						4,865	4,331
057 RENAL DIALYSIS			35,800	56,965		555	494
059 SHOCK THERAPY			2,211	2,211	55	13	11
059 01 PAIN MANAGEMENT & OP CHEM	1,061		8,426	16,045	383	497	443
059 02 DIABETES CARE CENTER	1,839		69,010	77,355	133	15	13
059 03 OP PSYCH			18,753	26,268	148	175	155
059 04 CARDIAC REHAB			10,685	45,116	104	32	28
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY			138,631	404,366	2,865	3,288	2,927
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES			369,359	372,727	2,126	1,444	1,285
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	37,694	58,661	7,846,122	16,483,759	48,416	53,103	47,217
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				19,093			
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BLDG							
096 03 ROOM RENTAL							
096 04 NON REIMBURSABLE CHIP				11,223			
096 05 NON REIMBURSABLE PFD				1,460			
096 06 NON REIMBURSABLE HOSPITAL				215,238			
096 07 NON REIMBURSABLE POB I	4,740			4,740			
096 08 MEALS ON WHEELS							
096 09 CATERING			3,546	3,622			

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET B
 I I TO 12/31/2009 I PART III

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-POB I	NEW CAP REL C OSTS-GRAHAM	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	ADMITTING	CASHIERING
NONREIMBURS COST CENTERS		3.05	3.06	4	4a	5	6.01	6.02
096	10 RETAIL PHARMACY			190	1,019	305		
096	11 PUBLIC RELATIONS				10,592	132		
096	12 PHYSICIAN PRACTICE DEVELO			365	4,822	147		
096	13 RECOVERY RESOURCES							
098	PHYSICIANS' PRIVATE OFFIC	60,325			60,325			
098	01 PHYSICIANS' PRIVATE OFFIC		118,956		118,956	34		
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	102,759	177,617	7,850,223	16,934,849	49,034	53,103	47,217

COST CENTER DESCRIPTION	MENTAL HEALTH ADMINISTRATIVE & GENERAL		OPERATION OF PLANT	OPERATION OF PLANT- POB I	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING- POB I
	6.03	6.04	8	8.01	9	10	10.01
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-WHSE							
001 02 OLD CAP REL COSTS-B BLDG							
001 03 OLD CAP REL COSTS-PFD							
001 04 OLD CAP REL COSTS-CHIP							
001 05 OLD CAP REL COSTS-POB I							
001 06 OLD CAP REL COSTS-GRAHAM							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-WHSE							
003 02 NEW CAP REL COSTS-B BLDG							
003 03 NEW CAP REL COSTS-PFD							
003 04 NEW CAP REL COSTS-CHIP							
003 05 NEW CAP REL COSTS-POB I							
003 06 NEW CAP REL COSTS-GRAHAM							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 CASHIERING							
006 03 MENTAL HEALTH ADMINISTRATIVE & GENERAL	3,205						
006 04 ADMINISTRATIVE & GENERAL		4,353,858					
008 OPERATION OF PLANT		192,835	1,015,341				
008 01 OPERATION OF PLANT- POB I		110		111			
009 LAUNDRY & LINEN SERVICE		29,435	11,778		109,897		
010 HOUSEKEEPING		72,887	14,877			161,260	
010 01 HOUSEKEEPING-POB I		4,644					4,827
011 DIETARY		77,903	21,799			3,659	
012 CAFETERIA		21,620	24,166			4,056	
014 NURSING ADMINISTRATION		72,411	2,995	1		503	26
015 CENTRAL SERVICES & SUPPLY		18,204	12,956		2,343	2,175	
016 PHARMACY		110,337	7,234			1,214	
017 MEDICAL RECORDS & LIBRARY		121,847	11,371	2		1,909	96
018 SOCIAL SERVICE		21,291					
022 I&R SERVICES-SALARY & FRI		2,328					
024 PARAMED ED PRGM		771					
025 INPAT ROUTINE SRVC CNTRS	1,847	678,714	287,561		50,043	48,267	
ADULTS & PEDIATRICS		159,135	22,137		6,779	3,716	
INTENSIVE CARE UNIT		100,785	18,045		4,752	3,029	
CORONARY CARE UNIT		36,265	16,869		2,670	2,831	
031 01 SUBPROVIDER 2	1,358	45,602	19,484		1,352	3,270	
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		264,566	130,932		11,002	21,977	
038 RECOVERY ROOM		21,506	6,421			1,078	
040 ANESTHESIOLOGY		9,725	1,032			173	
041 RADIOLOGY-DIAGNOSTIC		209,854	102,338	9	3,429	17,177	412
041 01 C.T. SCAN		34,515	4,333		2,787	727	
044 LABORATORY		257,482	49,397			8,291	21
044 01 G.I. LAB		37,702	13,543		1,154	2,273	
044 02 VASCULAR LAB		10,485	3,869		386	649	
044 03 LABORATORY-PATHOLOGY		12,340	3,079			517	
047 BLOOD STORING, PROCESSING		73,990	4,961			833	
049 RESPIRATORY THERAPY		109,507	6,160		10	1,034	
050 PHYSICAL THERAPY		55,745	8,530		249	1,432	
051 OCCUPATIONAL THERAPY		23,217	4,700			789	
052 SPEECH PATHOLOGY		9,522	3,204			538	
053 ELECTROCARDIOLOGY		75,703	25,430		1,744	4,268	
054 ELECTROENCEPHALOGRAPHY		3,346	4,432		80	744	
055 MEDICAL SUPPLIES CHARGED		432,841					
056 DRUGS CHARGED TO PATIENTS		290,144					
057 RENAL DIALYSIS		42,394	3,530			592	
059 SHOCK THERAPY		3,216					
059 01 PAIN MANAGEMENT & OP CHEM		28,682	790	2	245	133	67
059 02 DIABETES CARE CENTER		20,313		3			116
059 03 OP PSYCH		21,332					
059 04 CARDIAC REHAB		6,896	5,858		2	983	
061 OUTPAT SERVICE COST CNTRS							
EMERGENCY		194,486	59,223		17,273	9,940	
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		140,770	2,198		3,597	369	
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	3,205	4,157,403	915,232	17	109,897	149,146	738
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		509	3,285			551	
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BLDG		32	12,448			2,089	
096 03 ROOM RENTAL							
096 04 NON REIMBURSABLE CHIP		1,894	27,453			4,608	
096 05 NON REIMBURSABLE PFD		190	7,768			1,304	
096 06 NON REIMBURSABLE HOSPITAL		5,735	37,028			1,526	
096 07 NON REIMBURSABLE POB I		492		7			298
096 08 MEALS ON WHEELS							
096 09 CATERING		4,954	404			68	

COST CENTER DESCRIPTION	MENTAL HEALTH ADMINISTRATIVE & GENERAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT- POB I	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING- POB I	HOUSEKEEPING- POB I
NONREIMBURS COST CENTERS	6.03	6.04	8	8.01	9	10	10.01
096 10 RETAIL PHARMACY		124,133					
096 11 PUBLIC RELATIONS		24,662	5,967			1,002	
096 12 PHYSICIAN PRACTICE DEVELO		17,456	5,756			966	
096 13 RECOVERY RESOURCES							
098 PHYSICIANS' PRIVATE OFFIC		6,256		87			3,791
098 01 PHYSICIANS' PRIVATE OFFIC		10,142					
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	3,205	4,353,858	1,015,341	111	109,897	161,260	4,827

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET B
 I I TO 12/31/2009 I PART III

	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E
	11	12	14	15	16	17	18
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-WHSE							
001 02 OLD CAP REL COSTS-B BLDG							
001 03 OLD CAP REL COSTS-PFD							
001 04 OLD CAP REL COSTS-CHIP							
001 05 OLD CAP REL COSTS-POB I							
001 06 OLD CAP REL COSTS-GRAHAM							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-WHSE							
003 02 NEW CAP REL COSTS-B BLDG							
003 03 NEW CAP REL COSTS-PFD							
003 04 NEW CAP REL COSTS-CHIP							
003 05 NEW CAP REL COSTS-POB I							
003 06 NEW CAP REL COSTS-GRAHAM							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 CASHIERING							
006 03 MENTAL HEALTH ADMINISTRAT							
006 04 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT- POB I							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-POB I							
011 DIETARY	162,318						
012 CAFETERIA		114,817					
014 NURSING ADMINISTRATION			1,965	471,352			
015 CENTRAL SERVICES & SUPPLY				879			
016 PHARMACY					2,519		
017 MEDICAL RECORDS & LIBRARY						4,918	
018 SOCIAL SERVICE							854
022 I&R SERVICES-SALARY & FRI							
024 PARAMED ED PRGM							75
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	112,790	28,235	248,909		10	21,594	15,121
026 INTENSIVE CARE UNIT	11,187	4,693	43,403			4,249	
027 CORONARY CARE UNIT	8,695	3,855	35,654			3,271	
028 SUBPROVIDER	7,061	1,411	13,050			922	
031 01 SUBPROVIDER 2	7,503	1,586	14,665			1,094	11,112
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		5,330	37,986		2	1,738	12,904
038 RECOVERY ROOM		635	5,872			1	1,647
040 ANESTHESIOLOGY		185					2,265
041 RADIOLOGY-DIAGNOSTIC		5,021			192		22,460
041 01 C.T. SCAN		565					14,125
044 LABORATORY		7,546			13		32,678
044 01 G.I. LAB		780					2,028
044 02 VASCULAR LAB		306					1,576
044 03 LABORATORY-PATHOLOGY		379					1,209
047 BLOOD STORING, PROCESSING		1,061					3,634
049 RESPIRATORY THERAPY		3,376				11	8,377
050 PHYSICAL THERAPY		2,310					2,426
051 OCCUPATIONAL THERAPY		948					1,084
052 SPEECH PATHOLOGY		328					352
053 ELECTROCARDIOLOGY		1,632					12,251
054 ELECTROENCEPHALOGRAPHY		139			2		555
055 MEDICAL SUPPLIES CHARGED					135,974		20,605
056 DRUGS CHARGED TO PATIENTS						590,637	19,698
057 RENAL DIALYSIS							2,248
059 SHOCK THERAPY		101					51
059 01 PAIN MANAGEMENT & OP CHEM		763	7,051			2,090	2,014
059 02 DIABETES CARE CENTER		355	3,231				60
059 03 OP PSYCH		366					707
059 04 CARDIAC REHAB		198					128
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		6,653	61,531			3	13,313
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		6,619				1,089	5,846
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	147,236	96,586	471,352	136,193	595,569	215,371	26,233
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 VISITOR MEALS		16,942					
096 02 NON REIMBURSABLE B BLDG							
096 03 ROOM RENTAL							
096 04 NON REIMBURSABLE CHIP							
096 05 NON REIMBURSABLE PFD							
096 06 NON REIMBURSABLE HOSPITAL							
096 07 NON REIMBURSABLE POB I							
096 08 MEALS ON WHEELS	15,082						
096 09 CATERING							

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET B
 I I TO 12/31/2009 I PART III

	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E
	11	12	14	15	16	17	18
NONREIMBURS COST CENTERS							
096 10 RETAIL PHARMACY							587
096 11 PUBLIC RELATIONS							278
096 12 PHYSICIAN PRACTICE DEVELO							250
096 13 RECOVERY RESOURCES							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 PHYSICIANS' PRIVATE OFFIC							174
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	162,318	114,817	471,352	136,193	595,569	215,371	26,233

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	22	24	25	26	27
001 GENERAL SERVICE COST CNTR					
001 01 OLD CAP REL COSTS-BLDG &					
001 02 OLD CAP REL COSTS-WHSE					
001 03 OLD CAP REL COSTS-B BLDG					
001 04 OLD CAP REL COSTS-PFD					
001 05 OLD CAP REL COSTS-CHIP					
001 06 OLD CAP REL COSTS-POB I					
002 OLD CAP REL COSTS-GRAHAM					
002 OLD CAP REL COSTS-MVBLE E					
003 NEW CAP REL COSTS-BLDG &					
003 01 NEW CAP REL COSTS-WHSE					
003 02 NEW CAP REL COSTS-B BLDG					
003 03 NEW CAP REL COSTS-PFD					
003 04 NEW CAP REL COSTS-CHIP					
003 05 NEW CAP REL COSTS-POB I					
003 06 NEW CAP REL COSTS-GRAHAM					
004 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
006 01 ADMITTING					
006 02 CASHIERING					
006 03 MENTAL HEALTH ADMINISTRAT					
006 04 ADMINISTRATIVE & GENERAL					
008 OPERATION OF PLANT					
008 01 OPERATION OF PLANT- POB I					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
010 01 HOUSEKEEPING-POB I					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE					
022 I&R SERVICES-SALARY & FRI	2,375				
024 PARAMED ED PRGM		861			
025 INPAT ROUTINE SRVC CNTRS			3,292,547		3,292,547
025 ADULTS & PEDIATRICES			531,109		531,109
025 INTENSIVE CARE UNIT			393,565		393,565
025 CORONARY CARE UNIT			185,153		185,153
025 SUBPROVIDER			231,057		231,057
031 01 SUBPROVIDER 2					
031 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM			1,907,422		1,907,422
038 RECOVERY ROOM			137,645		137,645
040 ANESTHESIOLOGY			49,873		49,873
041 RADIOLOGY-DIAGNOSTIC			1,375,325		1,375,325
041 01 C.T. SCAN			384,228		384,228
044 LABORATORY			726,781		726,781
044 01 G.I. LAB			260,953		260,953
044 02 VASCULAR LAB			49,522		49,522
044 03 LABORATORY-PATHOLOGY			97,026		97,026
047 BLOOD STORING, PROCESSING			87,464		87,464
049 RESPIRATORY THERAPY			324,838		324,838
050 PHYSICAL THERAPY			180,235		180,235
051 OCCUPATIONAL THERAPY			64,056		64,056
052 SPEECH PATHOLOGY			45,023		45,023
053 ELECTROCARDIOLOGY			1,035,532		1,035,532
054 ELECTROENCEPHALOGRAPHY			19,394		19,394
055 MEDICAL SUPPLIES CHARGED			2,149,639		2,149,639
056 DRUGS CHARGED TO PATIENTS			909,675		909,675
057 RENAL DIALYSIS			106,778		106,778
059 SHOCK THERAPY			5,658		5,658
059 01 PAIN MANAGEMENT & OP CHEM			59,205		59,205
059 02 DIABETES CARE CENTER			101,594		101,594
059 03 OP PSYCH			49,151		49,151
059 04 CARDIAC REHAB			59,345		59,345
061 OUTPAT SERVICE COST CNTRS					
061 EMERGENCY			775,868		775,868
062 OBSERVATION BEDS (NON-DIS					
062 OTHER REIMBURS COST CNTRS					
065 AMBULANCE SERVICES			538,070		538,070
065 SPEC PURPOSE COST CENTERS					
095 SUBTOTALS			16,133,731		16,133,731
095 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			23,438		23,438
096 01 VISITOR MEALS			16,942		16,942
096 02 NON REIMBURSABLE B BLDG			14,569		14,569
096 03 ROOM RENTAL					
096 04 NON REIMBURSABLE CHIP			45,178		45,178
096 05 NON REIMBURSABLE PFD			10,722		10,722
096 06 NON REIMBURSABLE HOSPITAL			259,527		259,527
096 07 NON REIMBURSABLE POB I			5,537		5,537
096 08 MEALS ON WHEELS			15,082		15,082
096 09 CATERING			9,048		9,048

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	22	24	25	26	27
NONREIMBURS COST CENTERS					
096 10 RETAIL PHARMACY			126,044		126,044
096 11 PUBLIC RELATIONS			42,633		42,633
096 12 PHYSICIAN PRACTICE DEVELO			29,397		29,397
096 13 RECOVERY RESOURCES					
098 PHYSICIANS' PRIVATE OFFIC			70,459		70,459
098 01 PHYSICIANS' PRIVATE OFFIC			129,306		129,306
101 CROSS FOOT ADJUSTMENTS	2,375	861	3,236		3,236
102 NEGATIVE COST CENTER					
103 TOTAL	2,375	861	16,934,849		16,934,849

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET	OLD CAP REL C OSTS-WHSE) FEET	OLD CAP REL C OSTS-B BLDG) FEET	OLD CAP REL C OSTS-PFD) FEET	OLD CAP REL C OSTS-CHIP) FEET	OLD CAP REL C OSTS-POB I) FEET
	1	1.01	1.02	1.03	1.04	1.05
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	367,344					
001 01 OLD CAP REL COSTS-WHS		19,654				
001 02 OLD CAP REL COSTS-B B			63,100			
001 03 OLD CAP REL COSTS-PFD				84,340		
001 04 OLD CAP REL COSTS-CHI					55,743	
001 05 OLD CAP REL COSTS-POB						80,364
001 06 OLD CAP REL COSTS-GRA						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD						
003 01 NEW CAP REL COSTS-WHS						
003 02 NEW CAP REL COSTS-B B						
003 03 NEW CAP REL COSTS-PFD						
003 04 NEW CAP REL COSTS-CHI						
003 05 NEW CAP REL COSTS-POB						
003 06 NEW CAP REL COSTS-GRA						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS	761		3,734	7,807		2,131
006 01 ADMITTING	1,587			1,620		
006 02 CASHIERING	2,088		180	8,177		
006 03 MENTAL HEALTH ADMINIS			540			
006 04 ADMINISTRATIVE & GENE	34,170	11,091	6,178	47,315	1,136	11,870
008 OPERATION OF PLANT	48,730	1,196	4,122	10,385	9,876	6,203
008 01 OPERATION OF PLANT- P						
009 LAUNDRY & LINEN SERVI	4,518					
010 HOUSEKEEPING	4,348		395	391	573	
010 01 HOUSEKEEPING-POB I						88
011 DIETARY	629	7,367		366		
012 CAFETERIA	3,241		5,025	1,004		
014 NURSING ADMINISTRATIO			1,149			322
015 CENTRAL SERVICES & SU	4,970					
016 PHARMACY	2,775					
017 MEDICAL RECORDS & LIB	4,362					1,200
018 SOCIAL SERVICE						
019 I&R SERVICES-SALARY & PARAMED ED PRGM						
025 INPAT ROUTINE SRVC CN	109,248		1,063			
026 ADULTS & PEDIATRICS	7,877		615			
027 INTENSIVE CARE UNIT	6,922					
031 CORONARY CARE UNIT	6,471					
031 01 SUBPROVIDER 2	7,474					
037 ANCILLARY SRVC COST C						
038 OPERATING ROOM	50,000		226			
040 RECOVERY ROOM	2,463					
041 ANESTHESIOLOGY	396					
041 RADIOLOGY-DIAGNOSTIC	6,730		562		31,965	5,130
041 01 C.T. SCAN					1,662	
044 LABORATORY	4,652		14,297			266
044 01 G.I. LAB	1,533		3,662			
044 02 VASCULAR LAB			1,484			
044 03 LABORATORY-PATHOLOGY			1,181			
047 BLOOD STORING, PROCES			1,903			
049 RESPIRATORY THERAPY	2,157		206			
050 PHYSICAL THERAPY	3,272					
051 OCCUPATIONAL THERAPY	1,803					
052 SPEECH PATHOLOGY	1,229					
053 ELECTROCARDIOLOGY	6,673		3,082			
054 ELECTROENCEPHALOGRAPH			1,700			
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS	1,354					
059 SHOCK THERAPY						
059 01 PAIN MANAGEMENT & OP	303					830
059 02 DIABETES CARE CENTER						1,438
059 03 OP PSYCH						
059 04 CARDIAC REHAB	2,247					
061 OUTPAT SERVICE COST C						
062 EMERGENCY	16,540		6,178			
062 OBSERVATION BEDS (NON						
065 OTHER REIMBURS COST C						
065 AMBULANCE SERVICES			843			
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS	351,523	19,654	58,325	77,065	45,212	29,478
NONREIMBURS COST CENT						
GIFT, FLOWER, COFFEE	1,260					
096 01 VISITOR MEALS						
096 02 NON REIMBURSABLE B BL			4,775			
096 03 ROOM RENTAL						
096 04 NON REIMBURSABLE CHIP					10,531	
096 05 NON REIMBURSABLE PFD				2,980		

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET B-1
 I I TO 12/31/2009 I

COST CENTER DESCRIPTION		OLD CAP REL C OSTS-BLDG & (SQUARE FEET	OLD CAP REL C OSTS-WHSE (SQUARE) FEET	OLD CAP REL C OSTS-B BLDG (SQUARE) FEET	OLD CAP REL C OSTS-PFD (SQUARE) FEET	OLD CAP REL C OSTS-CHIP (SQUARE) FEET	OLD CAP REL C OSTS-POB I (SQUARE) FEET
		1	1.01	1.02	1.03	1.04	1.05
NONREIMBURS COST CENT							
096 06	NON REIMBURSABLE HOSP	14,204					
096 07	NON REIMBURSABLE POB						3,707
096 08	MEALS ON WHEELS						
096 09	CATERING				155		
096 10	RETAIL PHARMACY						
096 11	PUBLIC RELATIONS	357			1,932		
096 12	PHYSICIAN PRACTICE DE				2,208		
096 13	RECOVERY RESOURCES						
098	PHYSICIANS' PRIVATE O						47,179
098 01	PHYSICIANS' PRIVATE O						
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	206,630	5,482	16,292	167,885	330,917	312,013
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.562497	.278925	.258193	1.990574	5.936476	3.882497
105	COST TO BE ALLOCATED (WRKSHT B, PART II)						
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107	COST TO BE ALLOCATED (WRKSHT B, PART III)						
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OLD CAP REL	C OLD CAP REL	C NEW CAP REL	C NEW CAP REL	C NEW CAP REL	C NEW CAP REL	C NEW CAP REL
	OSTS-GRAHAM	OSTS-MVBLE	OSTS-BLDG & E	OSTS-WHSE	OSTS-B BLDG	OSTS-PFD	OSTS-CHIP
	(SQUARE FEET	F(DOLLAR VALUE	(SQUARE FEET				
	1.06	2	3	3.01	3.02	3.03	3.04
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-WHS							
001 02 OLD CAP REL COSTS-B B							
001 03 OLD CAP REL COSTS-PFD							
001 04 OLD CAP REL COSTS-CHI							
001 05 OLD CAP REL COSTS-POB							
001 06 OLD CAP REL COSTS-GRA	40,600						
002 OLD CAP REL COSTS-MVB		161					
003 NEW CAP REL COSTS-BLD			367,344				
003 01 NEW CAP REL COSTS-WHS				19,654			
003 02 NEW CAP REL COSTS-B B					63,100		
003 03 NEW CAP REL COSTS-PFD						84,340	
003 04 NEW CAP REL COSTS-CHI							55,743
003 05 NEW CAP REL COSTS-POB							
003 06 NEW CAP REL COSTS-GRA							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS		7	761		3,734	7,807	
006 01 ADMITTING			1,587			1,620	
006 02 CASHIERING			2,088		180	8,177	
006 03 MENTAL HEALTH ADMINIS					540		
006 04 ADMINISTRATIVE & GENE	1,886	41	34,170	11,091	6,178	47,315	1,136
008 OPERATION OF PLANT	187	29	48,730	1,196	4,122	10,385	9,876
008 01 OPERATION OF PLANT- P							
009 LAUNDRY & LINEN SERVI			4,518				
010 HOUSEKEEPING			4,348		395	391	573
010 01 HOUSEKEEPING-POB I							
011 DIETARY		40	629	7,367		366	
012 CAFETERIA			3,241		5,025	1,004	
014 NURSING ADMINISTRATIO		7			1,149		
015 CENTRAL SERVICES & SU			4,970				
016 PHARMACY			2,775				
017 MEDICAL RECORDS & LIB			4,362				
018 SOCIAL SERVICE							
022 I&R SERVICES-SALARY & PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS			109,248		1,063		
026 INTENSIVE CARE UNIT			7,877		615		
027 CORONARY CARE UNIT			6,922				
031 SUBPROVIDER			6,471				
031 01 SUBPROVIDER 2			7,474				
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM		18	50,000		226		
038 RECOVERY ROOM			2,463				
040 ANESTHESIOLOGY			396				
041 RADIOLOGY-DIAGNOSTIC			6,730		562		31,965
041 01 C.T. SCAN							1,662
044 LABORATORY			4,652		14,297		
044 01 G.I. LAB			1,533		3,662		
044 02 VASCULAR LAB					1,484		
044 03 LABORATORY-PATHOLOGY					1,181		
047 BLOOD STORING, PROCES					1,903		
049 RESPIRATORY THERAPY			2,157		206		
050 PHYSICAL THERAPY	9,056	13	3,272				
051 OCCUPATIONAL THERAPY	1,105		1,803				
052 SPEECH PATHOLOGY	1,175		1,229				
053 ELECTROCARDIOLOGY			6,673		3,082		
054 ELECTROENCEPHALOGRAPH					1,700		
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI							
057 RENAL DIALYSIS			1,354				
059 SHOCK THERAPY							
059 01 PAIN MANAGEMENT & OP			303				
059 02 DIABETES CARE CENTER							
059 03 OP PSYCH							
059 04 CARDIAC REHAB			2,247				
061 OUTPAT SERVICE COST C							
061 EMERGENCY			16,540		6,178		
062 OBSERVATION BEDS (NON OTHER REIMBURS COST C							
065 AMBULANCE SERVICES		6			843		
065 SPEC PURPOSE COST CEN							
095 SUBTOTALS	13,409	161	351,523	19,654	58,325	77,065	45,212
NONREIMBURS COST CENT							
GIFT, FLOWER, COFFEE			1,260				
01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BL					4,775		
096 03 ROOM RENTAL							
096 04 NON REIMBURSABLE CHIP							10,531
096 05 NON REIMBURSABLE PFD						2,980	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NEW CAP REL	C NEW CAP REL	C NEW CAP REL	C EMPLOYEE BENE	ADMITTING	CASHIERING	MENTAL HEALTH
	OSTS-POB I	OSTS-GRAHAM	OSTS-MVBLE E	FITS			ADMINISTRAT
	(SQUARE FEET	(SQUARE FEET	F(DOLLAR VALUE	(GROSS SALARIES	SA(GROSS VENUE	RE(GROSS VENUE	RE(PSYCH PATIEN) DAYS)
	3.05	3.06	4	5	6.01	6.02	6.03
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-WHS							
001 02 OLD CAP REL COSTS-B B							
001 03 OLD CAP REL COSTS-PFD							
001 04 OLD CAP REL COSTS-CHI							
001 05 OLD CAP REL COSTS-POB							
001 06 OLD CAP REL COSTS-GRA							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-WHS							
003 02 NEW CAP REL COSTS-B B							
003 03 NEW CAP REL COSTS-PFD							
003 04 NEW CAP REL COSTS-CHI							
003 05 NEW CAP REL COSTS-POB	80,364						
003 06 NEW CAP REL COSTS-GRA		40,600					
004 NEW CAP REL COSTS-MVB			7,694,388				
005 EMPLOYEE BENEFITS	2,131		8,534	79,310,497			
006 01 ADMITTING			9,760	1,121,632	648,657,542		
006 02 CASHIERING				824,511		648,657,542	
006 03 MENTAL HEALTH ADMINIS				190,522			9,738
006 04 ADMINISTRATIVE & GENE	11,870	1,886	2,764,874	6,693,246			
008 OPERATION OF PLANT	6,203	187	47,949	2,103,785			
008 01 OPERATION OF PLANT- P				2,117			
009 LAUNDRY & LINEN SERVI				217			
010 HOUSEKEEPING				5,815	1,412,695		
010 01 HOUSEKEEPING-POB I	88				113,446		
011 DIETARY				42,728			
012 CAFETERIA				15,066			
014 NURSING ADMINISTRATIO	322			373,074	1,729,726		
015 CENTRAL SERVICES & SU				23,600	398,849		
016 PHARMACY				93,649	2,554,898		
017 MEDICAL RECORDS & LIB	1,200			1,966	2,973,487		
018 SOCIAL SERVICE					647,033		
I&R SERVICES-SALARY &					75,829		
PARAMED ED PRGM					23,809		
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS			94,230	17,421,790	65,042,230	65,042,230	5,613
026 INTENSIVE CARE UNIT			146,176	4,094,428	12,797,413	12,797,413	
027 CORONARY CARE UNIT			104,684	2,644,014	9,852,346	9,852,346	
031 SUBPROVIDER			4,376	963,546	2,775,630	2,775,630	
031 01 SUBPROVIDER 2			4,066	1,070,560	3,295,840	3,295,840	4,125
ANCILLARY SRVC COST C							
037 OPERATING ROOM			626,117	4,512,981	38,867,368	38,867,368	
038 RECOVERY ROOM			60,828	539,309	4,961,144	4,961,144	
040 ANESTHESIOLOGY			28,803	79,367	6,821,141	6,821,141	
041 RADIOLOGY-DIAGNOSTIC	5,130		830,984	3,842,216	67,651,548	67,651,548	
041 01 C.T. SCAN			312,233	408,606	42,544,924	42,544,924	
044 LABORATORY	266		265,745	4,356,667	98,388,198	98,388,198	
044 01 G.I. LAB			175,339	637,076	6,108,255	6,108,255	
044 02 VASCULAR LAB			30,749	232,476	4,745,613	4,745,613	
044 03 LABORATORY-PATHOLOGY			44,468	213,881	3,641,583	3,641,583	
047 BLOOD STORING, PROCES			885	624,180	10,944,871	10,944,871	
049 RESPIRATORY THERAPY			125,612	2,674,657	25,231,374	25,231,374	
050 PHYSICAL THERAPY		9,056	5,783	1,455,584	7,306,735	7,306,735	
051 OCCUPATIONAL THERAPY		1,105	245	659,156	3,264,748	3,264,748	
052 SPEECH PATHOLOGY		1,175	6,857	253,024	1,060,545	1,060,545	
053 ELECTROCARDIOLOGY			785,448	1,271,685	36,899,672	36,899,672	
054 ELECTROENCEPHALOGRAPH			9,593	80,762	1,670,218	1,670,218	
055 MEDICAL SUPPLIES CHAR					62,063,438	62,063,438	
056 DRUGS CHARGED TO PATI					59,332,370	59,332,370	
057 RENAL DIALYSIS			35,089		6,770,622	6,770,622	
059 SHOCK THERAPY			2,167	89,323	154,057	154,057	
059 01 PAIN MANAGEMENT & OP	830		8,259	620,498	6,066,333	6,066,333	
059 02 DIABETES CARE CENTER	1,438		67,640	215,175	180,389	180,389	
059 03 OP PSYCH			18,381	239,153	2,129,153	2,129,153	
059 04 CARDIAC REHAB			10,473	168,072	384,586	384,586	
OUTPAT SERVICE COST C							
061 EMERGENCY			135,879	4,635,376	40,098,207	40,098,207	
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
065 AMBULANCE SERVICES			362,027	3,440,230	17,606,991	17,606,991	
SPEC PURPOSE COST CEN							
095 SUBTOTALS	29,478	13,409	7,690,368	78,309,377	648,657,542	648,657,542	9,738
NONREIMBURS COST CENT							
GIFT, FLOWER, COFFEE							
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BL							
096 03 ROOM RENTAL							
096 04 NON REIMBURSABLE CHIP							
096 05 NON REIMBURSABLE PFD							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET B-1
 I I TO 12/31/2009 I

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	ADMITTING	CASHIERING	MENTAL HEALTH
	OSTS-POB I	OSTS-GRAHAM	OSTS-MVBLE E	FITS			ADMINISTRAT
	(SQUARE FEET	(SQUARE FEET	F(DOLLAR VALUE	(GROSS SALARIES	SA(GROSS VENUE	RE(GROSS VENUE	RE(PSYCH PATIEN DAYS
NONREIMBURS COST CENT	3.05	3.06	4	5	6.01	6.02	6.03
096 06 NON REIMBURSABLE HOSP							
096 07 NON REIMBURSABLE POB	3,707						
096 08 MEALS ON WHEELS							
096 09 CATERING			3,476				
096 10 RETAIL PHARMACY			186	493,909			
096 11 PUBLIC RELATIONS				214,141			
096 12 PHYSICIAN PRACTICE DE			358	238,204			
096 13 RECOVERY RESOURCES							
098 PHYSICIANS' PRIVATE O	47,179						
098 01 PHYSICIANS' PRIVATE O		27,191		54,866			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	102,759	177,617	7,850,223	15,445,778	1,537,073	2,281,997	266,974
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		4.374803		.194751		.003518	
(WRKSHT B, PT I)	1.278670		1.020253		.002370		27.415691
105 COST TO BE ALLOCATED				30,099	4,544	17,810	211
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER				.000380		.000027	
(WRKSHT B, PT II)					.000007		.021668
107 COST TO BE ALLOCATED				49,034	53,103	47,217	3,205
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER				.000618		.000073	
(WRKSHT B, PT III)					.000082		.329123

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT- POB I	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING- POB I
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF) LAUNDRY	(SQUARE FEET)	(SQUARE FEET)
	6a.04	6.04	8	8.01	9	10	10.01
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-WHS							
001 02 OLD CAP REL COSTS-B B							
001 03 OLD CAP REL COSTS-PFD							
001 04 OLD CAP REL COSTS-CHI							
001 05 OLD CAP REL COSTS-POB							
001 06 OLD CAP REL COSTS-GRA							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-WHS							
003 02 NEW CAP REL COSTS-B B							
003 03 NEW CAP REL COSTS-PFD							
003 04 NEW CAP REL COSTS-CHI							
003 05 NEW CAP REL COSTS-POB							
003 06 NEW CAP REL COSTS-GRA							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 CASHIERING							
006 03 MENTAL HEALTH ADMINIS							
006 04 ADMINISTRATIVE & GENE	-42,148,115	169,471,813					
008 OPERATION OF PLANT		7,505,938	389,488				
008 01 OPERATION OF PLANT- P		4,286		60,160			
009 LAUNDRY & LINEN SERVI		1,145,713	4,518		1,791,327		
010 HOUSEKEEPING		2,837,061	5,707			368,546	
010 01 HOUSEKEEPING-POB I		180,766		88			60,072
011 DIETARY		3,032,305	8,362			8,362	
012 CAFETERIA		841,529	9,270			9,270	
014 NURSING ADMINISTRATIO		2,818,531	1,149	322		1,149	322
015 CENTRAL SERVICES & SU		708,576	4,970		38,199	4,970	
016 PHARMACY		4,294,782	2,775			2,775	
017 MEDICAL RECORDS & LIB		4,742,774	4,362	1,200		4,362	1,200
018 SOCIAL SERVICE		828,728					
019 I&R SERVICES-SALARY & PARAMED ED PRGM		90,597					
020 INPAT ROUTINE SRVC CN		29,998					
025 ADULTS & PEDIATRICS		26,420,163	110,311		815,719	110,311	
026 INTENSIVE CARE UNIT		6,194,176	8,492		110,492	8,492	
027 CORONARY CARE UNIT		3,922,982	6,922		77,453	6,922	
031 SUBPROVIDER		1,411,599	6,471		43,523	6,471	
031 01 SUBPROVIDER 2		1,775,002	7,474		22,038	7,474	
037 ANCILLARY SRVC COST C							
038 OPERATING ROOM		10,297,996	50,226		179,334	50,226	
038 RECOVERY ROOM		837,119	2,463			2,463	
040 ANESTHESIOLOGY		378,535	396			396	
041 RADIOLOGY-DIAGNOSTIC		8,168,396	39,257	5,130	55,888	39,257	5,130
041 01 C.T. SCAN		1,343,452	1,662		45,428	1,662	
044 LABORATORY		10,022,253	18,949	266		18,949	266
044 01 G.I. LAB		1,467,520	5,195		18,803	5,195	
044 02 VASCULAR LAB		408,115	1,484		6,285	1,484	
044 03 LABORATORY-PATHOLOGY		480,323	1,181			1,181	
047 BLOOD STORING, PROCES		2,879,991	1,903			1,903	
049 RESPIRATORY THERAPY		4,262,484	2,363		158	2,363	
050 PHYSICAL THERAPY		2,169,829	3,272		4,062	3,272	
051 OCCUPATIONAL THERAPY		903,689	1,803			1,803	
052 SPEECH PATHOLOGY		370,623	1,229			1,229	
053 ELECTROCARDIOLOGY		2,946,681	9,755		28,424	9,755	
054 ELECTROENCEPHALOGRAPH		130,237	1,700		1,307	1,700	
055 MEDICAL SUPPLIES CHAR		16,847,950					
056 DRUGS CHARGED TO PATI		11,293,586					
057 RENAL DIALYSIS		1,650,156	1,354			1,354	
059 SHOCK THERAPY		125,164					
059 01 PAIN MANAGEMENT & OP		1,116,428	303	830	3,991	303	830
059 02 DIABETES CARE CENTER		790,684		1,438			1,438
059 03 OP PSYCH		830,319					
059 04 CARDIAC REHAB		268,429	2,247		25	2,247	
061 OUTPAT SERVICE COST C							
061 EMERGENCY		7,570,216	22,718		281,559	22,718	
062 OBSERVATION BEDS (NON OTHER REIMBURS COST C							
065 AMBULANCE SERVICES		5,479,358	843		58,639	843	
065 SPEC PURPOSE COST CEN							
095 SUBTOTALS	-42,148,115	161,825,039	351,086	9,274	1,791,327	340,861	9,186
NONREIMBURS COST CENT							
GIFT, FLOWER, COFFEE		19,802	1,260			1,260	
01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BL		1,233	4,775			4,775	
096 03 ROOM RENTAL							
096 04 NON REIMBURSABLE CHIP		73,740	10,531			10,531	
096 05 NON REIMBURSABLE PFD		7,392	2,980			2,980	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT- (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING- (SQUARE FEET)
		6a.04	6.04	8	8.01	9	10	10.01
NONREIMBURS COST CENT								
096	06 NON REIMBURSABLE HOSP		223,228	14,204			3,487	
096	07 NON REIMBURSABLE POB		19,132		3,707			3,707
096	08 MEALS ON WHEELS							
096	09 CATERING		192,827	155			155	
096	10 RETAIL PHARMACY		4,831,769					
096	11 PUBLIC RELATIONS		959,947	2,289			2,289	
096	12 PHYSICIAN PRACTICE DE		679,446	2,208			2,208	
096	13 RECOVERY RESOURCES							
098	PHYSICIANS' PRIVATE O		243,498		47,179			47,179
098	01 PHYSICIANS' PRIVATE O		394,760					
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)		42,148,115	9,372,687	5,352	1,539,377	3,679,981	225,731
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		.248703		.088963		9.985133	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)		214,022	24,064,123 163,921	6	.859350 5,889	13,250	3.757674 613
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)		.001263		.000100		.035952	
107	COST TO BE ALLOCATED (WRKSHT B, PART III)		4,353,858	1,015,341 .420863	111	109,897 .003288	161,260	4,827 .010204
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)		.025691	2.606861	.001845	.061349	.437557	.080354

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES
	(MEALS SERVED)	(MEALS SERVED)	(HOURS OF SERVICE)	(COSTED ACQUISITIONS)	REQ(COSTED ACQUISITIONS)	REQ(GROSS VENUE)	RE(TIME SPENT)
	11	12	14	15	16	17	18
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-WHS							
001 02 OLD CAP REL COSTS-B B							
001 03 OLD CAP REL COSTS-PFD							
001 04 OLD CAP REL COSTS-CHI							
001 05 OLD CAP REL COSTS-POB							
001 06 OLD CAP REL COSTS-GRA							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-WHS							
003 02 NEW CAP REL COSTS-B B							
003 03 NEW CAP REL COSTS-PFD							
003 04 NEW CAP REL COSTS-CHI							
003 05 NEW CAP REL COSTS-POB							
003 06 NEW CAP REL COSTS-GRA							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 CASHIERING							
006 03 MENTAL HEALTH ADMINIS							
006 04 ADMINISTRATIVE & GENE							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT- P							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-POB I							
011 DIETARY	275,662						
012 CAFETERIA		500,862					
014 NURSING ADMINISTRATIO		8,570	1,407,903				
015 CENTRAL SERVICES & SU		3,833		16,534,359			
016 PHARMACY		10,987			11,035,631		
017 MEDICAL RECORDS & LIB		21,452				648,657,542	
018 SOCIAL SERVICE		3,725					10,000
022 I&R SERVICES-SALARY &							
PARAMED ED PRGM		328					
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	191,551	123,176	743,476	1,259		65,042,230	5,764
026 INTENSIVE CARE UNIT	18,998	20,473	129,641			12,797,413	
027 CORONARY CARE UNIT	14,766	16,818	106,497			9,852,346	
031 SUBPROVIDER	11,992	6,155	38,981			2,775,630	
031 01 SUBPROVIDER 2	12,742	6,918	43,803			3,295,840	4,236
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM		23,249	113,462	279	32,198	38,867,368	
038 RECOVERY ROOM		2,769	17,540		24	4,961,144	
040 ANESTHESIOLOGY		805				6,821,141	
041 RADIOLOGY-DIAGNOSTIC		21,902		23,306		67,651,548	
041 01 C.T. SCAN		2,464				42,544,924	
044 LABORATORY		32,916		1,542		98,388,198	
044 01 G.I. LAB		3,403				6,108,255	
044 02 VASCULAR LAB		1,337				4,745,613	
044 03 LABORATORY-PATHOLOGY		1,655				3,641,583	
047 BLOOD STORING, PROCES		4,628				10,944,871	
049 RESPIRATORY THERAPY		14,729			209	25,231,374	
050 PHYSICAL THERAPY		10,077				7,306,735	
051 OCCUPATIONAL THERAPY		4,135				3,264,748	
052 SPEECH PATHOLOGY		1,432				1,060,545	
053 ELECTROCARDIOLOGY		7,118				36,899,672	
054 ELECTROENCEPHALOGRAPH		608		292		1,670,218	
055 MEDICAL SUPPLIES CHAR				16,507,681		62,063,438	
056 DRUGS CHARGED TO PATI					10,944,237	59,332,370	
057 RENAL DIALYSIS						6,770,622	
059 SHOCK THERAPY		440				154,057	
059 01 PAIN MANAGEMENT & OP		3,327	21,062		38,729	6,066,333	
059 02 DIABETES CARE CENTER		1,547	9,651			180,389	
059 03 OP PSYCH		1,596				2,129,153	
059 04 CARDIAC REHAB		864				384,586	
061 OUTPAT SERVICE COST C							
061 EMERGENCY		29,023	183,790			40,098,207	
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
065 AMBULANCE SERVICES		28,872			20,186	17,606,991	
065 SPEC PURPOSE COST CEN							
095 SUBTOTALS	250,049	421,331	1,407,903	16,534,359	11,035,631	648,657,542	10,000
NONREIMBURS COST CENT							
GIFT, FLOWER, COFFEE							
096 01 VISITOR MEALS		73,907					
096 02 NON REIMBURSABLE B BL							
096 03 ROOM RENTAL							
096 04 NON REIMBURSABLE CHIP							
096 05 NON REIMBURSABLE PFD							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET B-1
 I I TO 12/31/2009 I

COST CENTER DESCRIPTION	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED VISITS)	PHARMACY REQ(COSTED VISITS)	MEDICAL RECORDS & LIBRARY REQ(GROSS VENUE)	SOCIAL SERVICE RE(TIME SPENT)
	11	12	14	15	16	17	18
NONREIMBURS COST CENT							
096 06 NON REIMBURSABLE HOSP							
096 07 NON REIMBURSABLE POB							
096 08 MEALS ON WHEELS	25,613						
096 09 CATERING							
096 10 RETAIL PHARMACY		2,562					
096 11 PUBLIC RELATIONS		1,212					
096 12 PHYSICIAN PRACTICE DE		1,091					
096 13 RECOVERY RESOURCES							
098 PHYSICIANS' PRIVATE O							
098 01 PHYSICIANS' PRIVATE O		759					
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	4,071,168	1,366,456	3,583,251	1,097,309	5,487,369	6,133,981	1,044,998
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		2.728209		.066365		.009456	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	14.768695 38,746	10,416	2.545098 11,363	6,320	.497241 9,452	16,684	104.499800 1,370
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	.140556	.020796	.008071	.000382	.000856	.000026	.137000
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	162,318	114,817	471,352	136,193	595,569	215,371	26,233
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.588830	.229239	.334790	.008237	.053968	.000332	2.623300

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET B-1
 I I TO 12/31/2009 I

COST CENTER DESCRIPTION		I&R SERVICES- PARAMED ED PR SALARY & FRI GM	(ASSIGNED TIME)	(PATIENT DAYS)
	GENERAL SERVICE COST		22	24
001	01 OLD CAP REL COSTS-BLD			
001	02 OLD CAP REL COSTS-WHS			
001	03 OLD CAP REL COSTS-B B			
001	04 OLD CAP REL COSTS-PFD			
001	05 OLD CAP REL COSTS-CHI			
001	06 OLD CAP REL COSTS-POB			
002	06 OLD CAP REL COSTS-GR			
002	06 OLD CAP REL COSTS-MVB			
003	01 NEW CAP REL COSTS-BLD			
003	02 NEW CAP REL COSTS-WHS			
003	03 NEW CAP REL COSTS-B B			
003	04 NEW CAP REL COSTS-PFD			
003	05 NEW CAP REL COSTS-CHI			
003	06 NEW CAP REL COSTS-POB			
003	06 NEW CAP REL COSTS-GR			
004	06 NEW CAP REL COSTS-MVB			
005	EMPLOYEE BENEFITS			
006	01 ADMITTING			
006	02 CASHIERING			
006	03 MENTAL HEALTH ADMINIS			
006	04 ADMINISTRATIVE & GENE			
008	OPERATION OF PLANT			
008	01 OPERATION OF PLANT- P			
009	LAUNDRY & LINEN SERVI			
010	HOUSEKEEPING			
010	01 HOUSEKEEPING-POB I			
011	DIETARY			
012	CAFETERIA			
014	NURSING ADMINISTRATIO			
015	CENTRAL SERVICES & SU			
016	PHARMACY			
017	MEDICAL RECORDS & LIB			
018	SOCIAL SERVICE			
	I&R SERVICES-SALARY & PARAMED ED PRGM	100		80,946
	INPAT ROUTINE SRVC CN			
025	ADULTS & PEDIATRICS			62,009
026	INTENSIVE CARE UNIT			6,150
027	CORONARY CARE UNIT			4,780
031	SUBPROVIDER			3,882
031	01 SUBPROVIDER 2			4,125
	ANCILLARY SRVC COST C			
037	OPERATING ROOM	100		
038	RECOVERY ROOM			
040	ANESTHESIOLOGY			
041	RADIOLOGY-DIAGNOSTIC			
041	01 C.T. SCAN			
044	LABORATORY			
044	01 G.I. LAB			
044	02 VASCULAR LAB			
044	03 LABORATORY-PATHOLOGY			
047	BLOOD STORING, PROCES			
049	RESPIRATORY THERAPY			
050	PHYSICAL THERAPY			
051	OCCUPATIONAL THERAPY			
052	SPEECH PATHOLOGY			
053	ELECTROCARDIOLOGY			
054	ELECTROENCEPHALOGRAPH			
055	MEDICAL SUPPLIES CHAR			
056	DRUGS CHARGED TO PATI			
057	RENAL DIALYSIS			
059	SHOCK THERAPY			
059	01 PAIN MANAGEMENT & OP			
059	02 DIABETES CARE CENTER			
059	03 OP PSYCH			
059	04 CARDIAC REHAB			
	OUTPAT SERVICE COST C			
061	EMERGENCY			
062	OBSERVATION BEDS (NON OTHER REIMBURS COST C			
065	AMBULANCE SERVICES			
	SPEC PURPOSE COST CEN			
095	SUBTOTALS	100		80,946
	NONREIMBURS COST CENT			
	GIFT, FLOWER, COFFEE			
	01 VISITOR MEALS			
096	02 NON REIMBURSABLE B BL			
096	03 ROOM RENTAL			
096	04 NON REIMBURSABLE CHIP			
096	05 NON REIMBURSABLE PFD			

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET B-1
 I I TO 12/31/2009 I

COST CENTER DESCRIPTION		I&R SERVICES- SALARY & FRI	PARAMED ED PR GM
		(ASSIGNED TIME	(PATIENT DAYS)
NONREIMBURS COST CENT		22	24
096 06	NON REIMBURSABLE HOSP		
096 07	NON REIMBURSABLE POB		
096 08	MEALS ON WHEELS		
096 09	CATERING		
096 10	RETAIL PHARMACY		
096 11	PUBLIC RELATIONS		
096 12	PHYSICIAN PRACTICE DE		
096 13	RECOVERY RESOURCES		
098	PHYSICIANS' PRIVATE O		
098 01	PHYSICIANS' PRIVATE O		
101	CROSS FOOT ADJUSTMENT		
102	NEGATIVE COST CENTER		
103	COST TO BE ALLOCATED (PER WRKSHT B, PART	113,129	38,354
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		.473822
105	COST TO BE ALLOCATED (PER WRKSHT B, PART	1,131.290000 143	54
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)	1.430000	.000667
107	COST TO BE ALLOCATED (PER WRKSHT B, PART	2,375	861
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	23.750000	.010637

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
	ADULTS & PEDIATRICS	43,751,966		43,751,966	9,727	43,761,693
26	INTENSIVE CARE UNIT	8,909,090		8,909,090		8,909,090
27	CORONARY CARE UNIT	5,831,319		5,831,319		5,831,319
31	SUBPROVIDER	2,341,595		2,341,595	3,718	2,345,313
31	01 SUBPROVIDER 2	3,284,193		3,284,193		3,284,193
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	15,459,166		15,459,166	25,700	15,484,866
38	RECOVERY ROOM	1,228,296		1,228,296		1,228,296
40	ANESTHESIOLOGY	552,858		552,858		552,858
41	RADIOLOGY-DIAGNOSTIC	12,305,345		12,305,345	10,051	12,315,396
41	01 C.T. SCAN	2,182,229		2,182,229		2,182,229
44	LABORATORY	14,181,576		14,181,576		14,181,576
44	01 G.I. LAB	2,092,585		2,092,585	2,866	2,095,451
44	02 VASCULAR LAB	614,067		614,067	2,968	617,035
44	03 LABORATORY-PATHOLOGY	678,943		678,943		678,943
47	BLOOD STORING, PROCESSING	3,777,170		3,777,170		3,777,170
49	RESPIRATORY THERAPY	5,682,048		5,682,048	48,697	5,730,745
50	PHYSICAL THERAPY	2,920,956		2,920,956		2,920,956
51	OCCUPATIONAL THERAPY	1,231,982		1,231,982		1,231,982
52	SPEECH PATHOLOGY	518,581		518,581		518,581
53	ELECTROCARDIOLOGY	4,404,448		4,404,448		4,404,448
54	ELECTROENCEPHALOGRAPHY	239,106		239,106		239,106
55	MEDICAL SUPPLIES CHARGED	22,720,496		22,720,496		22,720,496
56	DRUGS CHARGED TO PATIENTS	20,105,306		20,105,306		20,105,306
57	RENAL DIALYSIS	2,170,681		2,170,681		2,170,681
59	SHOCK THERAPY	158,950		158,950		158,950
59	01 PAIN MANAGEMENT & OP CHEM	1,550,329		1,550,329		1,550,329
59	02 DIABETES CARE CENTER	1,023,351		1,023,351		1,023,351
59	03 OP PSYCH	1,061,309		1,061,309		1,061,309
59	04 CARDIAC REHAB	417,712		417,712		417,712
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	11,394,578		11,394,578		11,394,578
62	OBSERVATION BEDS (NON-DIS)	811,977		811,977		811,977
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	7,176,483		7,176,483		7,176,483
101	SUBTOTAL	200,778,691		200,778,691	103,727	200,882,418
102	LESS OBSERVATION BEDS	811,977		811,977		811,977
103	TOTAL	199,966,714		199,966,714	103,727	200,070,441

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						
	ADULTS & PEDIATRICS	64,234,238		64,234,238			
26	INTENSIVE CARE UNIT	12,797,413		12,797,413			
27	CORONARY CARE UNIT	9,852,346		9,852,346			
31	SUBPROVIDER	2,775,630		2,775,630			
31 01	SUBPROVIDER 2	3,295,840		3,295,840			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	23,575,888	15,291,480	38,867,368	.397742	.397742	.398403
38	RECOVERY ROOM	2,101,479	2,859,665	4,961,144	.247583	.247583	.247583
40	ANESTHESIOLOGY	3,950,207	2,870,935	6,821,142	.081051	.081051	.081051
41	RADIOLOGY-DIAGNOSTIC	26,808,391	40,843,157	67,651,548	.181893	.181893	.182042
41 01	C.T. SCAN	14,566,357	27,978,567	42,544,924	.051292	.051292	.051292
44	LABORATORY	51,449,623	46,938,575	98,388,198	.144139	.144139	.144139
44 01	G.I. LAB	2,799,212	3,309,043	6,108,255	.342583	.342583	.343052
44 02	VASCULAR LAB	2,917,920	1,827,693	4,745,613	.129397	.129397	.130022
44 03	LABORATORY-PATHOLOGY	1,847,074	1,794,509	3,641,583	.186442	.186442	.186442
47	BLOOD STORING, PROCESSING	9,507,984	1,436,887	10,944,871	.345109	.345109	.345109
49	RESPIRATORY THERAPY	23,409,235	1,822,139	25,231,374	.225198	.225198	.227128
50	PHYSICAL THERAPY	4,116,426	3,190,310	7,306,736	.399762	.399762	.399762
51	OCCUPATIONAL THERAPY	3,085,807	178,940	3,264,747	.377359	.377359	.377359
52	SPEECH PATHOLOGY	969,200	91,345	1,060,545	.488976	.488976	.488976
53	ELECTROCARDIOLOGY	25,281,703	11,617,968	36,899,671	.119363	.119363	.119363
54	ELECTROENCEPHALOGRAPHY	716,872	953,345	1,670,217	.143159	.143159	.143159
55	MEDICAL SUPPLIES CHARGED	43,864,670	18,198,768	62,063,438	.366085	.366085	.366085
56	DRUGS CHARGED TO PATIENTS	47,059,888	12,272,482	59,332,370	.338859	.338859	.338859
57	RENAL DIALYSIS	6,654,929	115,693	6,770,622	.320603	.320603	.320603
59	SHOCK THERAPY	97,143	56,914	154,057	1.031761	1.031761	1.031761
59 01	PAIN MANAGEMENT & OP CHEM	62,733	6,003,600	6,066,333	.255563	.255563	.255563
59 02	DIABETES CARE CENTER		180,389	180,389	5.673023	5.673023	5.673023
59 03	OP PSYCH	8,407	2,120,746	2,129,153	.498465	.498465	.498465
59 04	CARDIAC REHAB	268	384,318	384,586	1.086134	1.086134	1.086134
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	12,776,749	27,321,458	40,098,207	.284167	.284167	.284167
62	OBSERVATION BEDS (NON-DIS	82,223	725,768	807,991	1.004933	1.004933	1.004933
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	74,765	17,532,226	17,606,991	.407593	.407593	.407593
101	SUBTOTAL	400,740,620	247,916,920	648,657,540			
102	LESS OBSERVATION BEDS						
103	TOTAL	400,740,620	247,916,920	648,657,540			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEETI PROVIDER NO:
I 26-0180
II PERIOD:
I FROM 1/ 1/2009
I TO 12/31/2009I PREPARED 5/21/2010
I WORKSHEET C
I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
	ADULTS & PEDIATRICS	43,751,966		43,751,966	9,727	43,761,693
26	INTENSIVE CARE UNIT	8,909,090		8,909,090		8,909,090
27	CORONARY CARE UNIT	5,831,319		5,831,319		5,831,319
31	SUBPROVIDER	2,341,595		2,341,595	3,718	2,345,313
31	01 SUBPROVIDER 2	3,284,193		3,284,193		3,284,193
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	15,459,166		15,459,166	25,700	15,484,866
38	RECOVERY ROOM	1,228,296		1,228,296		1,228,296
40	ANESTHESIOLOGY	552,858		552,858		552,858
41	RADIOLOGY-DIAGNOSTIC	12,305,345		12,305,345	10,051	12,315,396
41	01 C.T. SCAN	2,182,229		2,182,229		2,182,229
44	LABORATORY	14,181,576		14,181,576		14,181,576
44	01 G.I. LAB	2,092,585		2,092,585	2,866	2,095,451
44	02 VASCULAR LAB	614,067		614,067	2,968	617,035
44	03 LABORATORY-PATHOLOGY	678,943		678,943		678,943
47	BLOOD STORING, PROCESSING	3,777,170		3,777,170		3,777,170
49	RESPIRATORY THERAPY	5,682,048		5,682,048	48,697	5,730,745
50	PHYSICAL THERAPY	2,920,956		2,920,956		2,920,956
51	OCCUPATIONAL THERAPY	1,231,982		1,231,982		1,231,982
52	SPEECH PATHOLOGY	518,581		518,581		518,581
53	ELECTROCARDIOLOGY	4,404,448		4,404,448		4,404,448
54	ELECTROENCEPHALOGRAPHY	239,106		239,106		239,106
55	MEDICAL SUPPLIES CHARGED	22,720,496		22,720,496		22,720,496
56	DRUGS CHARGED TO PATIENTS	20,105,306		20,105,306		20,105,306
57	RENAL DIALYSIS	2,170,681		2,170,681		2,170,681
59	SHOCK THERAPY	158,950		158,950		158,950
59	01 PAIN MANAGEMENT & OP CHEM	1,550,329		1,550,329		1,550,329
59	02 DIABETES CARE CENTER	1,023,351		1,023,351		1,023,351
59	03 OP PSYCH	1,061,309		1,061,309		1,061,309
59	04 CARDIAC REHAB	417,712		417,712		417,712
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	11,394,578		11,394,578		11,394,578
62	OBSERVATION BEDS (NON-DIS	811,977		811,977		811,977
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	7,176,483		7,176,483		7,176,483
101	SUBTOTAL	200,778,691		200,778,691	103,727	200,882,418
102	LESS OBSERVATION BEDS	811,977		811,977		811,977
103	TOTAL	199,966,714		199,966,714	103,727	200,070,441

I PROVIDER NO:
I 26-0180
I

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

I PREPARED 5/21/2010
I WORKSHEET C
I PART I

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
	ADULTS & PEDIATRICS	64,234,238		64,234,238			
26	INTENSIVE CARE UNIT	12,797,413		12,797,413			
27	CORONARY CARE UNIT	9,852,346		9,852,346			
31	SUBPROVIDER	2,775,630		2,775,630			
31	01 SUBPROVIDER 2	3,295,840		3,295,840			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	23,575,888	15,291,480	38,867,368	.397742	.397742	.398403
38	RECOVERY ROOM	2,101,479	2,859,665	4,961,144	.247583	.247583	.247583
40	ANESTHESIOLOGY	3,950,207	2,870,935	6,821,142	.081051	.081051	.081051
41	RADIOLOGY-DIAGNOSTIC	26,808,391	40,843,157	67,651,548	.181893	.181893	.182042
41	01 C.T. SCAN	14,566,357	27,978,567	42,544,924	.051292	.051292	.051292
44	LABORATORY	51,449,623	46,938,575	98,388,198	.144139	.144139	.144139
44	01 G.I. LAB	2,799,212	3,309,043	6,108,255	.342583	.342583	.343052
44	02 VASCULAR LAB	2,917,920	1,827,693	4,745,613	.129397	.129397	.130022
44	03 LABORATORY-PATHOLOGY	1,847,074	1,794,509	3,641,583	.186442	.186442	.186442
47	BLOOD STORING, PROCESSING	9,507,984	1,436,887	10,944,871	.345109	.345109	.345109
49	RESPIRATORY THERAPY	23,409,235	1,822,139	25,231,374	.225198	.225198	.227128
50	PHYSICAL THERAPY	4,116,426	3,190,310	7,306,736	.399762	.399762	.399762
51	OCCUPATIONAL THERAPY	3,085,807	178,940	3,264,747	.377359	.377359	.377359
52	SPEECH PATHOLOGY	969,200	91,345	1,060,545	.488976	.488976	.488976
53	ELECTROCARDIOLOGY	25,281,703	11,617,968	36,899,671	.119363	.119363	.119363
54	ELECTROENCEPHALOGRAPHY	716,872	953,345	1,670,217	.143159	.143159	.143159
55	MEDICAL SUPPLIES CHARGED	43,864,670	18,198,768	62,063,438	.366085	.366085	.366085
56	DRUGS CHARGED TO PATIENTS	47,059,888	12,272,482	59,332,370	.338859	.338859	.338859
57	RENAL DIALYSIS	6,654,929	115,693	6,770,622	.320603	.320603	.320603
59	SHOCK THERAPY	97,143	56,914	154,057	1.031761	1.031761	1.031761
59	01 PAIN MANAGEMENT & OP CHEM	62,733	6,003,600	6,066,333	.255563	.255563	.255563
59	02 DIABETES CARE CENTER		180,389	180,389	5.673023	5.673023	5.673023
59	03 OP PSYCH	8,407	2,120,746	2,129,153	.498465	.498465	.498465
59	04 CARDIAC REHAB	268	384,318	384,586	1.086134	1.086134	1.086134
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	12,776,749	27,321,458	40,098,207	.284167	.284167	.284167
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	82,223	725,768	807,991	1.004933	1.004933	1.004933
65	AMBULANCE SERVICES	74,765	17,532,226	17,606,991	.407593	.407593	.407593
101	SUBTOTAL	400,740,620	247,916,920	648,657,540			
102	LESS OBSERVATION BEDS						
103	TOTAL	400,740,620	247,916,920	648,657,540			

WKST A 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	15,459,166	1,990,200	13,468,966			15,459,166
38	RECOVERY ROOM	1,228,296	141,916	1,086,380			1,228,296
40	ANESTHESIOLOGY	552,858	51,211	501,647			552,858
41	RADIOLOGY-DIAGNOSTIC	12,305,345	1,623,403	10,681,942			12,305,345
41 01	C.T. SCAN	2,182,229	399,458	1,782,771			2,182,229
44	LABORATORY	14,181,576	763,804	13,417,772			14,181,576
44 01	G.I. LAB	2,092,585	267,729	1,824,856			2,092,585
44 02	VASCULAR LAB	614,067	51,519	562,548			614,067
44 03	LABORATORY-PATHOLOGY	678,943	98,810	580,133			678,943
47	BLOOD STORING, PROCESSING	3,777,170	93,452	3,683,718			3,777,170
49	RESPIRATORY THERAPY	5,682,048	335,404	5,346,644			5,682,048
50	PHYSICAL THERAPY	2,920,956	253,760	2,667,196			2,920,956
51	OCCUPATIONAL THERAPY	1,231,982	74,540	1,157,442			1,231,982
52	SPEECH PATHOLOGY	518,581	54,348	464,233			518,581
53	ELECTROCARDIOLOGY	4,404,448	1,051,198	3,353,250			4,404,448
54	ELECTROENCEPHALOGRAPHY	239,106	20,921	218,185			239,106
55	MEDICAL SUPPLIES CHARGED	22,720,496	2,180,952	20,539,544			22,720,496
56	DRUGS CHARGED TO PATIENTS	20,105,306	936,873	19,168,433			20,105,306
57	RENAL DIALYSIS	2,170,681	110,649	2,060,032			2,170,681
59	SHOCK THERAPY	158,950	5,868	153,082			158,950
59 01	PAIN MANAGEMENT & OP CHEM	1,550,329	65,039	1,485,290			1,550,329
59 02	DIABETES CARE CENTER	1,023,351	108,394	914,957			1,023,351
59 03	OP PSYCH	1,061,309	50,451	1,010,858			1,061,309
59 04	CARDIAC REHAB	417,712	62,080	355,632			417,712
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	11,394,578	813,887	10,580,691			11,394,578
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	811,977	64,711	747,266			811,977
65	AMBULANCE SERVICES	7,176,483	552,960	6,623,523			7,176,483
101	SUBTOTAL	136,660,528	12,223,537	124,436,991			136,660,528
102	LESS OBSERVATION BEDS	811,977	64,711	747,266			811,977
103	TOTAL	135,848,551	12,158,826	123,689,725			135,848,551

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	38,867,368	.397742	.397742
38	RECOVERY ROOM	4,961,144	.247583	.247583
40	ANESTHESIOLOGY	6,821,142	.081051	.081051
41	RADIOLOGY-DIAGNOSTIC	67,651,548	.181893	.181893
41 01	C.T. SCAN	42,544,924	.051292	.051292
44	LABORATORY	98,388,198	.144139	.144139
44 01	G.I. LAB	6,108,255	.342583	.342583
44 02	VASCULAR LAB	4,745,613	.129397	.129397
44 03	LABORATORY-PATHOLOGY	3,641,583	.186442	.186442
47	BLOOD STORING, PROCESSING	10,944,871	.345109	.345109
49	RESPIRATORY THERAPY	25,231,374	.225198	.225198
50	PHYSICAL THERAPY	7,306,736	.399762	.399762
51	OCCUPATIONAL THERAPY	3,264,747	.377359	.377359
52	SPEECH PATHOLOGY	1,060,545	.488976	.488976
53	ELECTROCARDIOLOGY	36,899,671	.119363	.119363
54	ELECTROENCEPHALOGRAPHY	1,670,217	.143159	.143159
55	MEDICAL SUPPLIES CHARGED	62,063,438	.366085	.366085
56	DRUGS CHARGED TO PATIENTS	59,332,370	.338859	.338859
57	RENAL DIALYSIS	6,770,622	.320603	.320603
59	SHOCK THERAPY	154,057	1.031761	1.031761
59 01	PAIN MANAGEMENT & OP CHEM	6,066,333	.255563	.255563
59 02	DIABETES CARE CENTER	180,389	5.673023	5.673023
59 03	OP PSYCH	2,129,153	.498465	.498465
59 04	CARDIAC REHAB	384,586	1.086134	1.086134
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	40,098,207	.284167	.284167
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	807,991	1.004933	1.004933
65	AMBULANCE SERVICES	17,606,991	.407593	.407593
101	SUBTOTAL	555,702,073		
102	LESS OBSERVATION BEDS	807,991		
103	TOTAL	554,894,082		

WKST A LT 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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	15,459,166	1,990,200	13,468,966	199,020	781,200	14,478,946
38	RECOVERY ROOM	1,228,296	141,916	1,086,380	14,192	63,010	1,151,094
40	ANESTHESIOLOGY	552,858	51,211	501,647	5,121	29,096	518,641
41	RADIOLOGY-DIAGNOSTIC	12,305,345	1,623,403	10,681,942	162,340	619,553	11,523,452
41 01	C.T. SCAN	2,182,229	399,458	1,782,771	39,946	103,401	2,038,882
44	LABORATORY	14,181,576	763,804	13,417,772	76,380	778,231	13,326,965
44 01	G.I. LAB	2,092,585	267,729	1,824,856	26,773	105,842	1,959,970
44 02	VASCULAR LAB	614,067	51,519	562,548	5,152	32,628	576,287
44 03	LABORATORY-PATHOLOGY	678,943	98,810	580,133	9,881	33,648	635,414
47	BLOOD STORING, PROCESSING	3,777,170	93,452	3,683,718	9,345	213,656	3,554,169
49	RESPIRATORY THERAPY	5,682,048	335,404	5,346,644	33,540	310,105	5,338,403
50	PHYSICAL THERAPY	2,920,956	253,760	2,667,196	25,376	154,697	2,740,883
51	OCCUPATIONAL THERAPY	1,231,982	74,540	1,157,442	7,454	67,132	1,157,396
52	SPEECH PATHOLOGY	518,581	54,348	464,233	5,435	26,926	486,220
53	ELECTROCARDIOLOGY	4,404,448	1,051,198	3,353,250	105,120	194,489	4,104,839
54	ELECTROENCEPHALOGRAPHY	239,106	20,921	218,185	2,092	12,655	224,359
55	MEDICAL SUPPLIES CHARGED	22,720,496	2,180,952	20,539,544	218,095	1,191,294	21,311,107
56	DRUGS CHARGED TO PATIENTS	20,105,306	936,873	19,168,433	93,687	1,111,769	18,899,850
57	RENAL DIALYSIS	2,170,681	110,649	2,060,032	11,065	119,482	2,040,134
59	SHOCK THERAPY	158,950	5,868	153,082	587	8,879	149,484
59 01	PAIN MANAGEMENT & OP CHEM	1,550,329	65,039	1,485,290	6,504	86,147	1,457,678
59 02	DIABETES CARE CENTER	1,023,351	108,394	914,957	10,839	53,068	959,444
59 03	OP PSYCH	1,061,309	50,451	1,010,858	5,045	58,630	997,634
59 04	CARDIAC REHAB	417,712	62,080	355,632	6,208	20,627	390,877
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	11,394,578	813,887	10,580,691	81,389	613,680	10,699,509
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	811,977	64,711	747,266	6,471	43,341	762,165
65	AMBULANCE SERVICES	7,176,483	552,960	6,623,523	55,296	384,164	6,737,023
101	SUBTOTAL	136,660,528	12,223,537	124,436,991	1,222,353	7,217,350	128,220,825
102	LESS OBSERVATION BEDS	811,977	64,711	747,266	6,471	43,341	762,165
103	TOTAL	135,848,551	12,158,826	123,689,725	1,215,882	7,174,009	127,458,660

WKST A	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
LINE NO.		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	38,867,368	.372522	.392621
38	RECOVERY ROOM	4,961,144	.232022	.244723
40	ANESTHESIOLOGY	6,821,142	.076034	.080300
41	RADIOLOGY-DIAGNOSTIC	67,651,548	.170335	.179493
41 01	C.T. SCAN	42,544,924	.047923	.050353
44	LABORATORY	98,388,198	.135453	.143363
44 01	G.I. LAB	6,108,255	.320872	.338200
44 02	VASCULAR LAB	4,745,613	.121436	.128311
44 03	LABORATORY-PATHOLOGY	3,641,583	.174488	.183728
47	BLOOD STORING, PROCESSING	10,944,871	.324734	.344255
49	RESPIRATORY THERAPY	25,231,374	.211578	.223868
50	PHYSICAL THERAPY	7,306,736	.375117	.396289
51	OCCUPATIONAL THERAPY	3,264,747	.354513	.375076
52	SPEECH PATHOLOGY	1,060,545	.458462	.483851
53	ELECTROCARDIOLOGY	36,899,671	.111243	.116514
54	ELECTROENCEPHALOGRAPHY	1,670,217	.134329	.141906
55	MEDICAL SUPPLIES CHARGED	62,063,438	.343376	.362571
56	DRUGS CHARGED TO PATIENTS	59,332,370	.318542	.337280
57	RENAL DIALYSIS	6,770,622	.301322	.318969
59	SHOCK THERAPY	154,057	.970316	1.027951
59 01	PAIN MANAGEMENT & OP CHEM	6,066,333	.240290	.254491
59 02	DIABETES CARE CENTER	180,389	5.318750	5.612936
59 03	OP PSYCH	2,129,153	.468559	.496096
59 04	CARDIAC REHAB	384,586	1.016358	1.069992
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	40,098,207	.266833	.282137
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	807,991	.943284	.996924
65	AMBULANCE SERVICES	17,606,991	.382633	.404452
101	SUBTOTAL	555,702,073		
102	LESS OBSERVATION BEDS	807,991		
103	TOTAL	554,894,082		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET D
 I I TO 12/31/2009 I PART I

TITLE XVIII, PART A

PPS

PROJECT A NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	195,027		195,027	3,292,547		3,292,547
26	INTENSIVE CARE UNIT	23,122		23,122	531,109		531,109
27	CORONARY CARE UNIT	17,147		17,147	393,565		393,565
31	SUBPROVIDER	11,183		11,183	185,153		185,153
31 01	SUBPROVIDER 2	13,496		13,496	231,057		231,057
101	TOTAL	259,975		259,975	4,633,431		4,633,431

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2009 I PART II
 I 26-0180 I I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

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	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	82,778	1,907,422	38,867,368	11,940,194	.002130	25,433
38	RECOVERY ROOM	4,271	137,645	4,961,144	834,291	.000861	718
40	ANESTHESIOLOGY	1,338	49,873	6,821,142	1,569,769	.000196	308
41	RADIOLOGY-DIAGNOSTIC	248,078	1,375,325	67,651,548	12,803,100	.003667	46,949
41 01	C.T. SCAN	15,230	384,228	42,544,924	9,110,180	.000358	3,261
44	LABORATORY	37,023	726,781	98,388,198	28,458,902	.000376	10,701
44 01	G.I. LAB	6,776	260,953	6,108,255	976,292	.001109	1,083
44 02	VASCULAR LAB	1,997	49,522	4,745,613	1,793,474	.000421	755
44 03	LABORATORY-PATHOLOGY	1,784	97,026	3,641,583	940,826	.000490	461
47	BLOOD STORING, PROCESSING	5,988	87,464	10,944,871	3,588,112	.000547	1,963
49	RESPIRATORY THERAPY	10,566	324,838	25,231,374	12,499,089	.000419	5,237
50	PHYSICAL THERAPY	73,525	180,235	7,306,736	1,548,453	.010063	15,582
51	OCCUPATIONAL THERAPY	10,484	64,056	3,264,747	884,876	.003211	2,841
52	SPEECH PATHOLOGY	9,325	45,023	1,060,545	340,570	.008793	2,995
53	ELECTROCARDIOLOGY	15,666	1,035,532	36,899,671	11,062,227	.000425	4,701
54	ELECTROENCEPHALOGRAPHY	1,527	19,394	1,670,217	386,615	.000914	353
55	MEDICAL SUPPLIES CHARGED	31,313	2,149,639	62,063,438	28,033,963	.000505	14,157
56	DRUGS CHARGED TO PATIENTS	27,198	909,675	59,332,370	25,250,933	.000458	11,565
57	RENAL DIALYSIS	3,871	106,778	6,770,622	3,841,764	.000572	2,197
59	SHOCK THERAPY	210	5,658	154,057	19,404	.001363	26
59 01	PAIN MANAGEMENT & OP CHEM	5,834	59,205	6,066,333	47,945	.000962	46
59 02	DIABETES CARE CENTER	6,800	101,594	180,389		.037696	
59 03	OP PSYCH	1,300	49,151	2,129,153	4,766	.000611	3
59 04	CARDIAC REHAB	2,735	59,345	384,586		.007112	
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	38,019	775,868	40,098,207	5,219,816	.000948	4,948
62	OBSERVATION BEDS (NON-DIS	3,619	61,092	807,991	48,754	.004479	218
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	647,255	11,023,322	538,095,082	161,204,315		156,501

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2009 I PART II
 I 26-0180 I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
L7 NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.049075	585,965
38	RECOVERY ROOM	.027745	23,147
40	ANESTHESIOLOGY	.007312	11,478
41	RADIOLOGY-DIAGNOSTIC	.020330	260,287
41 01	C.T. SCAN	.009031	82,274
44	LABORATORY	.007387	210,226
44 01	G.I. LAB	.042721	41,708
44 02	VASCULAR LAB	.010435	18,715
44 03	LABORATORY-PATHOLOGY	.026644	25,067
47	BLOOD STORING, PROCESSING	.007991	28,673
49	RESPIRATORY THERAPY	.012874	160,913
50	PHYSICAL THERAPY	.024667	38,196
51	OCCUPATIONAL THERAPY	.019621	17,362
52	SPEECH PATHOLOGY	.042453	14,458
53	ELECTROCARDIOLOGY	.028063	310,439
54	ELECTROENCEPHALOGRAPHY	.011612	4,489
55	MEDICAL SUPPLIES CHARGED	.034636	970,984
56	DRUGS CHARGED TO PATIENTS	.015332	387,147
57	RENAL DIALYSIS	.015771	60,588
59	SHOCK THERAPY	.036727	713
59 01	PAIN MANAGEMENT & OP CHEM	.009760	468
59 02	DIABETES CARE CENTER	.563194	
59 03	OP PSYCH	.023085	110
59 04	CARDIAC REHAB	.154309	
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.019349	100,998
62	OBSERVATION BEDS (NON-DIS	.075610	3,686
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		3,358,091

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

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS		29,381		29,381	62,249	.47
26	INTENSIVE CARE UNIT		2,914		2,914	6,150	.47
27	CORONARY CARE UNIT		2,265		2,265	4,780	.47
31	SUBPROVIDER		1,839		1,839	3,882	.47
31 01	SUBPROVIDER 2		1,955		1,955	4,125	.47
101	TOTAL		38,354		38,354	81,186	

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

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET D
 I I TO 12/31/2009 I PART III

WKST A LT	COST CENTER NO.	DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		ADULTS & PEDIATRICS	31,027	14,583
26		INTENSIVE CARE UNIT	2,856	1,342
27		CORONARY CARE UNIT	3,273	1,538
31		SUBPROVIDER	2,597	1,221
31	01	SUBPROVIDER 2	2,523	1,186
101		TOTAL	42,276	19,870

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED SCHOOL	NRS COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
			1	2		2.01	2.02	2.03
		1.01						
37		ANCILLARY SRVC COST CNTRS						
		OPERATING ROOM						
38		RECOVERY ROOM						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC						
41	01	C.T. SCAN						
44		LABORATORY						
44	01	G.I. LAB						
44	02	VASCULAR LAB						
44	03	LABORATORY-PATHOLOGY						
47		BLOOD STORING, PROCESSING						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
57		RENAL DIALYSIS						
59		SHOCK THERAPY						
59	01	PAIN MANAGEMENT & OP CHEM						
59	02	DIABETES CARE CENTER						
59	03	OP PSYCH						
59	04	CARDIAC REHAB						
		OUTPAT SERVICE COST CNTRS						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS			545			
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES						
101		TOTAL			545			

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER	DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P CST TO CHARGES	INPAT PROG CHARGE	INPAT PROG PASS THRU COST
NO.			3	3.01	4	5	5.01	6	7
		ANCILLARY SRVC COST CNTRS							
37		OPERATING ROOM			38,867,368			11,940,194	
38		RECOVERY ROOM			4,961,144			834,291	
40		ANESTHESIOLOGY			6,821,142			1,569,769	
41		RADIOLOGY-DIAGNOSTIC			67,651,548			12,803,100	
41	01	C.T. SCAN			42,544,924			9,110,180	
44		LABORATORY			98,388,198			28,458,902	
44	01	G.I. LAB			6,108,255			976,292	
44	02	VASCULAR LAB			4,745,613			1,793,474	
44	03	LABORATORY-PATHOLOGY			3,641,583			940,826	
47		BLOOD STORING, PROCESSING			10,944,871			3,588,112	
49		RESPIRATORY THERAPY			25,231,374			12,499,089	
50		PHYSICAL THERAPY			7,306,736			1,548,453	
51		OCCUPATIONAL THERAPY			3,264,747			884,876	
52		SPEECH PATHOLOGY			1,060,545			340,570	
53		ELECTROCARDIOLOGY			36,899,671			11,062,227	
54		ELECTROENCEPHALOGRAPHY			1,670,217			386,615	
55		MEDICAL SUPPLIES CHARGED			62,063,438			28,033,963	
56		DRUGS CHARGED TO PATIENTS			59,332,370			25,250,933	
57		RENAL DIALYSIS			6,770,622			3,841,764	
59		SHOCK THERAPY			154,057			19,404	
59	01	PAIN MANAGEMENT & OP CHEM			6,066,333			47,945	
59	02	DIABETES CARE CENTER			180,389				
59	03	OP PSYCH			2,129,153			4,766	
59	04	CARDIAC REHAB			384,586				
		OUTPAT SERVICE COST CNTRS							
61		EMERGENCY			40,098,207			5,219,816	
62		OBSERVATION BEDS (NON-DIS	545	545	807,991	.000675	.000675	48,754	33
		OTHER REIMBURS COST CNTRS							
65		AMBULANCE SERVICES							
101		TOTAL	545	545	538,095,082			161,204,315	33

TITLE XVIII, PART A HOSPITAL 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	COL 8.02 * COL 5
NO.		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	6,426,836					
38	RECOVERY ROOM	973,949					
40	ANESTHESIOLOGY	906,515					
41	RADIOLOGY-DIAGNOSTIC	12,282,984					
41 01	C.T. SCAN	6,426,836					
44	LABORATORY	889,229					
44 01	G.I. LAB	805,655					
44 02	VASCULAR LAB	695,283					
44 03	LABORATORY-PATHOLOGY	546,947					
47	BLOOD STORING, PROCESSING	388,842					
49	RESPIRATORY THERAPY	726,458					
50	PHYSICAL THERAPY	648					
51	OCCUPATIONAL THERAPY	1,815					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,942,527					
54	ELECTROENCEPHALOGRAPHY	268,843					
55	MEDICAL SUPPLIES CHARGED	6,973,709					
56	DRUGS CHARGED TO PATIENTS	8,804,980					
57	RENAL DIALYSIS						
59	SHOCK THERAPY	22,592					
59 01	PAIN MANAGEMENT & OP CHEM	568,505					
59 02	DIABETES CARE CENTER						
59 03	OP PSYCH	1,204,343					
59 04	CARDIAC REHAB	170,800					
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	4,137,531					
62	OBSERVATION BEDS (NON-DIS)	160,679			108		
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	56,326,506			108		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/21/2010
I	26-0180	I	FROM 1/ 1/2009	I	WORKSHEET D	
I	COMPONENT NO:	I	TO 12/31/2009	I	PART V	
I	26-0180	I		I		

TITLE XVIII, PART B

HOSPITAL

	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
Cost Center Description	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.397742	.397742			
38 RECOVERY ROOM	.247583	.247583			
40 ANESTHESIOLOGY	.081051	.081051			
41 RADIOLOGY-DIAGNOSTIC	.181893	.181893			
41 01 C.T. SCAN	.051292	.051292			
44 LABORATORY	.144139	.144139			
44 01 G.I. LAB	.342583	.342583			
44 02 VASCULAR LAB	.129397	.129397			
44 03 LABORATORY-PATHOLOGY	.186442	.186442			
47 BLOOD STORING, PROCESSING & TRANS.	.345109	.345109			
49 RESPIRATORY THERAPY	.225198	.225198			
50 PHYSICAL THERAPY	.399762	.399762			
51 OCCUPATIONAL THERAPY	.377359	.377359			
52 SPEECH PATHOLOGY	.488976	.488976			
53 ELECTROCARDIOLOGY	.119363	.119363			
54 ELECTROENCEPHALOGRAPHY	.143159	.143159			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.366085	.366085			
56 DRUGS CHARGED TO PATIENTS	.338859	.338859			
57 RENAL DIALYSIS	.320603	.320603			
59 SHOCK THERAPY	1.031761	1.031761			
59 01 PAIN MANAGEMENT & OP CHEMO	.255563	.255563			
59 02 DIABETES CARE CENTER	5.673023	5.673023			
59 03 OP PSYCH	.498465	.498465			
59 04 CARDIAC REHAB	1.086134	1.086134			
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.284167	.284167			
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.004933	1.004933			
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	.407593	.407593			
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

	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		6,426,836			
38 RECOVERY ROOM		973,949			
40 ANESTHESIOLOGY		906,515			
41 RADIOLOGY-DIAGNOSTIC		12,282,984			
41 01 C.T. SCAN		6,426,836			
44 LABORATORY		889,229			
44 01 G.I. LAB		805,655			
44 02 VASCULAR LAB		695,283			
44 03 LABORATORY-PATHOLOGY		546,947			
47 BLOOD STORING, PROCESSING & TRANS.		388,842			
49 RESPIRATORY THERAPY		726,458	3,508		
50 PHYSICAL THERAPY		648			
51 OCCUPATIONAL THERAPY		1,815			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		2,942,527			
54 ELECTROENCEPHALOGRAPHY		268,843			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		6,973,709			
56 DRUGS CHARGED TO PATIENTS		8,804,980	2,421		
57 RENAL DIALYSIS					
59 SHOCK THERAPY		22,592			
59 01 PAIN MANAGEMENT & OP CHEMO		568,505			
59 02 DIABETES CARE CENTER					
59 03 OP PSYCH		1,204,343			
59 04 CARDIAC REHAB		170,800			
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY		4,137,531			
62 OBSERVATION BEDS (NON-DISTINCT PART)		160,679			
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL		56,326,506	5,929		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		56,326,506	5,929		

(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

	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
Cost Center Description	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				2,556,223	
38 RECOVERY ROOM				241,133	
40 ANESTHESIOLOGY				73,474	
41 RADIOLOGY-DIAGNOSTIC				2,234,189	
41 01 C.T. SCAN				329,645	
44 LABORATORY				128,173	
44 01 G.I. LAB				276,004	
44 02 VASCULAR LAB				89,968	
44 03 LABORATORY-PATHOLOGY				101,974	
47 BLOOD STORING, PROCESSING & TRANS.				134,193	
49 RESPIRATORY THERAPY				163,597	790
50 PHYSICAL THERAPY				259	
51 OCCUPATIONAL THERAPY				685	
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				351,229	
54 ELECTROENCEPHALOGRAPHY				38,487	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				2,552,970	
56 DRUGS CHARGED TO PATIENTS				2,983,647	820
57 RENAL DIALYSIS					
59 SHOCK THERAPY				23,310	
59 01 PAIN MANAGEMENT & OP CHEMO				145,289	
59 02 DIABETES CARE CENTER					
59 03 OP PSYCH				600,323	
59 04 CARDIAC REHAB				185,512	
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY				1,175,750	
62 OBSERVATION BEDS (NON-DISTINCT PART)				161,472	
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL				14,547,506	1,610
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				14,547,506	1,610

(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	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
(A) ANCILLARY SRVC COST CNTRS	9.03	10	11
37 OPERATING ROOM			
38 RECOVERY ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
41 01 C.T. SCAN			
44 LABORATORY			
44 01 G.I. LAB			
44 02 VASCULAR LAB			
44 03 LABORATORY-PATHOLOGY			
47 BLOOD STORING, PROCESSING & TRANS.			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY			
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
57 RENAL DIALYSIS			
59 SHOCK THERAPY			
59 01 PAIN MANAGEMENT & OP CHEMO			
59 02 DIABETES CARE CENTER			
59 03 OP PSYCH			
59 04 CARDIAC REHAB			
OUTPAT SERVICE COST CNTRS			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
OTHER REIMBURS COST CNTRS			
65 AMBULANCE SERVICES			
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 INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A	COST CENTER	DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL	INPAT PROGRAM	OLD CAPITAL	
L7	NO.		RELATED COST	RELATED COST	CHARGES	CHARGES	CST/CHRG RATIO	COSTS
			1	2	3	4	5	6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	82,778	1,907,422	38,867,368	67,330	.002130	143
38		RECOVERY ROOM	4,271	137,645	4,961,144	6,394	.000861	6
40		ANESTHESIOLOGY	1,338	49,873	6,821,142	11,134	.000196	2
41		RADIOLOGY-DIAGNOSTIC	248,078	1,375,325	67,651,548	160,610	.003667	589
41	01	C.T. SCAN	15,230	384,228	42,544,924	128,541	.000358	46
44		LABORATORY	37,023	726,781	98,388,198	610,878	.000376	230
44	01	G.I. LAB	6,776	260,953	6,108,255	15,603	.001109	17
44	02	VASCULAR LAB	1,997	49,522	4,745,613	28,124	.000421	12
44	03	LABORATORY-PATHOLOGY	1,784	97,026	3,641,583	5,927	.000490	3
47		BLOOD STORING, PROCESSING	5,988	87,464	10,944,871	53,400	.000547	29
49		RESPIRATORY THERAPY	10,566	324,838	25,231,374	253,055	.000419	106
50		PHYSICAL THERAPY	73,525	180,235	7,306,736	1,000,144	.010063	10,064
51		OCCUPATIONAL THERAPY	10,484	64,056	3,264,747	1,076,854	.003211	3,458
52		SPEECH PATHOLOGY	9,325	45,023	1,060,545	252,204	.008793	2,218
53		ELECTROCARDIOLOGY	15,666	1,035,532	36,899,671	31,030	.000425	13
54		ELECTROENCEPHALOGRAPHY	1,527	19,394	1,670,217	11,209	.000914	10
55		MEDICAL SUPPLIES CHARGED	31,313	2,149,639	62,063,438	251,635	.000505	127
56		DRUGS CHARGED TO PATIENTS	27,198	909,675	59,332,370	714,797	.000458	327
57		RENAL DIALYSIS	3,871	106,778	6,770,622	247,214	.000572	141
59		SHOCK THERAPY	210	5,658	154,057		.001363	
59	01	PAIN MANAGEMENT & OP CHEM	5,834	59,205	6,066,333	4,327	.000962	4
59	02	DIABETES CARE CENTER	6,800	101,594	180,389		.037696	
59	03	OP PSYCH	1,300	49,151	2,129,153		.000611	
59	04	CARDIAC REHAB	2,735	59,345	384,586		.007112	
		OUTPAT SERVICE COST CNTRS						
61		EMERGENCY	38,019	775,868	40,098,207	969	.000948	1
62		OBSERVATION BEDS (NON-DIS	3,619	61,092	807,991		.004479	
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES						
101		TOTAL	647,255	11,023,322	538,095,082	4,931,379		17,546

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2009 I PART II
 I 26-T180 I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.049075	3,304
38	RECOVERY ROOM	.027745	177
40	ANESTHESIOLOGY	.007312	81
41	RADIOLOGY-DIAGNOSTIC	.020330	3,265
41 01	C.T. SCAN	.009031	1,161
44	LABORATORY	.007387	4,513
44 01	G.I. LAB	.042721	667
44 02	VASCULAR LAB	.010435	293
44 03	LABORATORY-PATHOLOGY	.026644	158
47	BLOOD STORING, PROCESSING	.007991	427
49	RESPIRATORY THERAPY	.012874	3,258
50	PHYSICAL THERAPY	.024667	24,671
51	OCCUPATIONAL THERAPY	.019621	21,129
52	SPEECH PATHOLOGY	.042453	10,707
53	ELECTROCARDIOLOGY	.028063	871
54	ELECTROENCEPHALOGRAPHY	.011612	130
55	MEDICAL SUPPLIES CHARGED	.034636	8,716
56	DRUGS CHARGED TO PATIENTS	.015332	10,959
57	RENAL DIALYSIS	.015771	3,899
59	SHOCK THERAPY	.036727	
59 01	PAIN MANAGEMENT & OP CHEM	.009760	42
59 02	DIABETES CARE CENTER	.563194	
59 03	OP PSYCH	.023085	
59 04	CARDIAC REHAB	.154309	
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.019349	19
62	OBSERVATION BEDS (NON-DIS	.075610	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		98,447

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED SCHOOL	NRS COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	2		2.01	2.02	2.03
		1.01					
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
40	RECOVERY ROOM						
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	01 C.T. SCAN						
44	LABORATORY						
44	01 G.I. LAB						
44	02 VASCULAR LAB						
44	03 LABORATORY-PATHOLOGY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	SHOCK THERAPY						
59	01 PAIN MANAGEMENT & OP CHEM						
59	02 DIABETES CARE CENTER						
59	03 OP PSYCH						
59	04 CARDIAC REHAB						
61	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS			545			
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL			545			

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A 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 CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			38,867,368			67,330	
38	RECOVERY ROOM			4,961,144			6,394	
40	ANESTHESIOLOGY			6,821,142			11,134	
41	RADIOLOGY-DIAGNOSTIC			67,651,548			160,610	
41 01	C.T. SCAN			42,544,924			128,541	
44	LABORATORY			98,388,198			610,878	
44 01	G.I. LAB			6,108,255			15,603	
44 02	VASCULAR LAB			4,745,613			28,124	
44 03	LABORATORY-PATHOLOGY			3,641,583			5,927	
47	BLOOD STORING, PROCESSING			10,944,871			53,400	
49	RESPIRATORY THERAPY			25,231,374			253,055	
50	PHYSICAL THERAPY			7,306,736			1,000,144	
51	OCCUPATIONAL THERAPY			3,264,747			1,076,854	
52	SPEECH PATHOLOGY			1,060,545			252,204	
53	ELECTROCARDIOLOGY			36,899,671			31,030	
54	ELECTROENCEPHALOGRAPHY			1,670,217			11,209	
55	MEDICAL SUPPLIES CHARGED			62,063,438			251,635	
56	DRUGS CHARGED TO PATIENTS			59,332,370			714,797	
57	RENAL DIALYSIS			6,770,622			247,214	
59	SHOCK THERAPY			154,057				
59 01	PAIN MANAGEMENT & OP CHEM			6,066,333			4,327	
59 02	DIABETES CARE CENTER			180,389				
59 03	OP PSYCH			2,129,153				
59 04	CARDIAC REHAB			384,586				
61	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			40,098,207			969	
62	OBSERVATION BEDS (NON-DIS	545	545	807,991	.000675	.000675		
65	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	545	545	538,095,082			4,931,379	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	C.T. SCAN						
44	LABORATORY						
44 01	G.I. LAB						
44 02	VASCULAR LAB						
44 03	LABORATORY-PATHOLOGY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	SHOCK THERAPY						
59 01	PAIN MANAGEMENT & OP CHEM						
59 02	DIABETES CARE CENTER						
59 03	OP PSYCH						
59 04	CARDIAC REHAB						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	82,778	1,907,422	38,867,368	4,613	.002130	10
38	RECOVERY ROOM	4,271	137,645	4,961,144	418	.000861	
40	ANESTHESIOLOGY	1,338	49,873	6,821,142	44,043	.000196	9
41	RADIOLOGY-DIAGNOSTIC	248,078	1,375,325	67,651,548	76,321	.003667	280
41 01	C.T. SCAN	15,230	384,228	42,544,924	103,139	.000358	37
44	LABORATORY	37,023	726,781	98,388,198	464,855	.000376	175
44 01	G.I. LAB	6,776	260,953	6,108,255	4,857	.001109	5
44 02	VASCULAR LAB	1,997	49,522	4,745,613	9,972	.000421	4
44 03	LABORATORY-PATHOLOGY	1,784	97,026	3,641,583	1,343	.000490	1
47	BLOOD STORING, PROCESSING	5,988	87,464	10,944,871		.000547	
49	RESPIRATORY THERAPY	10,566	324,838	25,231,374	46,508	.000419	19
50	PHYSICAL THERAPY	73,525	180,235	7,306,736	45,670	.010063	460
51	OCCUPATIONAL THERAPY	10,484	64,056	3,264,747	23,979	.003211	77
52	SPEECH PATHOLOGY	9,325	45,023	1,060,545	3,313	.008793	29
53	ELECTROCARDIOLOGY	15,666	1,035,532	36,899,671	59,844	.000425	25
54	ELECTROENCEPHALOGRAPHY	1,527	19,394	1,670,217	14,320	.000914	13
55	MEDICAL SUPPLIES CHARGED	31,313	2,149,639	62,063,438	144,465	.000505	73
56	DRUGS CHARGED TO PATIENTS	27,198	909,675	59,332,370	337,462	.000458	155
57	RENAL DIALYSIS	3,871	106,778	6,770,622	9,597	.000572	5
59	SHOCK THERAPY	210	5,658	154,057	50,714	.001363	69
59 01	PAIN MANAGEMENT & OP CHEM	5,834	59,205	6,066,333	455	.000962	
59 02	DIABETES CARE CENTER	6,800	101,594	180,389		.037696	
59 03	OP PSYCH	1,300	49,151	2,129,153		.000611	
59 04	CARDIAC REHAB	2,735	59,345	384,586		.007112	
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	38,019	775,868	40,098,207	172,700	.000948	164
62	OBSERVATION BEDS (NON-DIS	3,619	61,092	807,991		.004479	
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	647,255	11,023,322	538,095,082	1,618,588		1,610

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2009 I PART II
 I 26-S180 I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.049075	226
38	RECOVERY ROOM	.027745	12
40	ANESTHESIOLOGY	.007312	322
41	RADIOLOGY-DIAGNOSTIC	.020330	1,552
41 01	C.T. SCAN	.009031	931
44	LABORATORY	.007387	3,434
44 01	G.I. LAB	.042721	207
44 02	VASCULAR LAB	.010435	104
44 03	LABORATORY-PATHOLOGY	.026644	36
47	BLOOD STORING, PROCESSING	.007991	
49	RESPIRATORY THERAPY	.012874	599
50	PHYSICAL THERAPY	.024667	1,127
51	OCCUPATIONAL THERAPY	.019621	470
52	SPEECH PATHOLOGY	.042453	141
53	ELECTROCARDIOLOGY	.028063	1,679
54	ELECTROENCEPHALOGRAPHY	.011612	166
55	MEDICAL SUPPLIES CHARGED	.034636	5,004
56	DRUGS CHARGED TO PATIENTS	.015332	5,174
57	RENAL DIALYSIS	.015771	151
59	SHOCK THERAPY	.036727	1,863
59 01	PAIN MANAGEMENT & OP CHEM	.009760	4
59 02	DIABETES CARE CENTER	.563194	
59 03	OP PSYCH	.023085	
59 04	CARDIAC REHAB	.154309	
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.019349	3,342
62	OBSERVATION BEDS (NON-DIS	.075610	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		26,544

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A L NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED SCHOOL	NRS COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	2		2.01	2.02	2.03
	1.01						
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	C.T. SCAN						
44	LABORATORY						
44 01	G.I. LAB						
44 02	VASCULAR LAB						
44 03	LABORATORY-PATHOLOGY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	SHOCK THERAPY						
59 01	PAIN MANAGEMENT & OP CHEM						
59 02	DIABETES CARE CENTER						
59 03	OP PSYCH						
59 04	CARDIAC REHAB						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS			545			
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL			545			

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			38,867,368			4,613	
38	RECOVERY ROOM			4,961,144			418	
40	ANESTHESIOLOGY			6,821,142			44,043	
41	RADIOLOGY-DIAGNOSTIC			67,651,548			76,321	
41 01	C.T. SCAN			42,544,924			103,139	
44	LABORATORY			98,388,198			464,855	
44 01	G.I. LAB			6,108,255			4,857	
44 02	VASCULAR LAB			4,745,613			9,972	
44 03	LABORATORY-PATHOLOGY			3,641,583			1,343	
47	BLOOD STORING, PROCESSING			10,944,871				
49	RESPIRATORY THERAPY			25,231,374			46,508	
50	PHYSICAL THERAPY			7,306,736			45,670	
51	OCCUPATIONAL THERAPY			3,264,747			23,979	
52	SPEECH PATHOLOGY			1,060,545			3,313	
53	ELECTROCARDIOLOGY			36,899,671			59,844	
54	ELECTROENCEPHALOGRAPHY			1,670,217			14,320	
55	MEDICAL SUPPLIES CHARGED			62,063,438			144,465	
56	DRUGS CHARGED TO PATIENTS			59,332,370			337,462	
57	RENAL DIALYSIS			6,770,622			9,597	
59	SHOCK THERAPY			154,057			50,714	
59 01	PAIN MANAGEMENT & OP CHEM			6,066,333			455	
59 02	DIABETES CARE CENTER			180,389				
59 03	OP PSYCH			2,129,153				
59 04	CARDIAC REHAB			384,586				
61	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			40,098,207			172,700	
62	OBSERVATION BEDS (NON-DIS	545	545	807,991	.000675	.000675		
65	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	545	545	538,095,082			1,618,588	

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
L- NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	C.T. SCAN						
44	LABORATORY						
44 01	G.I. LAB						
44 02	VASCULAR LAB						
44 03	LABORATORY-PATHOLOGY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	SHOCK THERAPY						
59 01	PAIN MANAGEMENT & OP CHEM						
59 02	DIABETES CARE CENTER						
59 03	OP PSYCH						
59 04	CARDIAC REHAB						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET D
 I I TO 12/31/2009 I PART I

TITLE XIX

PPS

POST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	195,027		195,027	3,292,547		3,292,547
26	INTENSIVE CARE UNIT	23,122		23,122	531,109		531,109
27	CORONARY CARE UNIT	17,147		17,147	393,565		393,565
31	SUBPROVIDER	11,183		11,183	185,153		185,153
31 01	SUBPROVIDER 2	13,496		13,496	231,057		231,057
101	TOTAL	259,975		259,975	4,633,431		4,633,431

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET D
 I I TO 12/31/2009 I PART I

TITLE XIX

PPS

WKST A L 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	62,249	10,084	3.13	31,563	52.89	533,343
26	INTENSIVE CARE UNIT	6,150	737	3.76	2,771	86.36	63,647
27	CORONARY CARE UNIT	4,780	588	3.59	2,111	82.34	48,416
31	SUBPROVIDER	3,882	209	2.88	602	47.70	9,969
31	01 SUBPROVIDER 2	4,125	621	3.27	2,031	56.01	34,782
101	TOTAL	81,186	12,239		39,078		690,157

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2009 I PART II
 I 26-0180 I

WKST A NO.	COST CENTER DESCRIPTION	HOSPITAL		TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
		OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2				
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	82,778	1,907,422	38,867,368	1,015,614	.002130	2,163
38	RECOVERY ROOM	4,271	137,645	4,961,144	135,333	.000861	117
40	ANESTHESIOLOGY	1,338	49,873	6,821,142	287,826	.000196	56
41	RADIOLOGY-DIAGNOSTIC	248,078	1,375,325	67,651,548	2,904,257	.003667	10,650
41 01	C.T. SCAN	15,230	384,228	42,544,924	2,148,086	.000358	769
44	LABORATORY	37,023	726,781	98,388,198	5,738,657	.000376	2,158
44 01	G.I. LAB	6,776	260,953	6,108,255	301,344	.001109	334
44 02	VASCULAR LAB	1,997	49,522	4,745,613	272,039	.000421	115
44 03	LABORATORY-PATHOLOGY	1,784	97,026	3,641,583	189,093	.000490	93
47	BLOOD STORING, PROCESSING	5,988	87,464	10,944,871	837,841	.000547	458
49	RESPIRATORY THERAPY	10,566	324,838	25,231,374	2,638,604	.000419	1,106
50	PHYSICAL THERAPY	73,525	180,235	7,306,736	164,269	.010063	1,653
51	OCCUPATIONAL THERAPY	10,484	64,056	3,264,747	104,282	.003211	335
52	SPEECH PATHOLOGY	9,325	45,023	1,060,545	29,527	.008793	260
53	ELECTROCARDIOLOGY	15,666	1,035,532	36,899,671	1,908,389	.000425	811
54	ELECTROENCEPHALOGRAPHY	1,527	19,394	1,670,217	73,904	.000914	68
55	MEDICAL SUPPLIES CHARGED	31,313	2,149,639	62,063,438	864,999	.000505	437
56	DRUGS CHARGED TO PATIENTS	27,198	909,675	59,332,370	4,918,674	.000458	2,253
57	RENAL DIALYSIS	3,871	106,778	6,770,622	548,479	.000572	314
59	SHOCK THERAPY	210	5,658	154,057	11,484	.001363	16
59 01	PAIN MANAGEMENT & OP CHEM	5,834	59,205	6,066,333	1,474	.000962	1
59 02	DIABETES CARE CENTER	6,800	101,594	180,389		.037696	
59 03	OP PSYCH	1,300	49,151	2,129,153		.000611	
59 04	CARDIAC REHAB	2,735	59,345	384,586		.007112	
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	38,019	775,868	40,098,207	1,971,097	.000948	1,869
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,619	61,092	807,991		.004479	
65	AMBULANCE SERVICES						
101	TOTAL	647,255	11,023,322	538,095,082	27,065,272		26,036

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2009 I PART II
 I 26-0180 I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XIX

HOSPITAL

PPS

WKST A NO.	COST CENTER DESCRIPTION	CST/CHRG 7	NEW CAPITAL RATIO	COSTS 8
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM		.049075	49,841
38	RECOVERY ROOM		.027745	3,755
40	ANESTHESIOLOGY		.007312	2,105
41	RADIOLOGY-DIAGNOSTIC		.020330	59,044
41 01	C.T. SCAN		.009031	19,399
44	LABORATORY		.007387	42,391
44 01	G.I. LAB		.042721	12,874
44 02	VASCULAR LAB		.010435	2,839
44 03	LABORATORY-PATHOLOGY		.026644	5,038
47	BLOOD STORING, PROCESSING		.007991	6,695
49	RESPIRATORY THERAPY		.012874	33,969
50	PHYSICAL THERAPY		.024667	4,052
51	OCCUPATIONAL THERAPY		.019621	2,046
52	SPEECH PATHOLOGY		.042453	1,254
53	ELECTROCARDIOLOGY		.028063	53,555
54	ELECTROENCEPHALOGRAPHY		.011612	858
55	MEDICAL SUPPLIES CHARGED		.034636	29,960
56	DRUGS CHARGED TO PATIENTS		.015332	75,413
57	RENAL DIALYSIS		.015771	8,650
59	SHOCK THERAPY		.036727	422
59 01	PAIN MANAGEMENT & OP CHEM		.009760	14
59 02	DIABETES CARE CENTER		.563194	
59 03	OP PSYCH		.023085	
59 04	CARDIAC REHAB		.154309	
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY		.019349	38,139
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		.075610	
65	AMBULANCE SERVICES			
101	TOTAL			452,313

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XIX

WKST A L NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS		29,381		29,381	62,249	.47
26	INTENSIVE CARE UNIT		2,914		2,914	6,150	.47
27	CORONARY CARE UNIT		2,265		2,265	4,780	.47
31	SUBPROVIDER		1,839		1,839	3,882	.47
31 01	SUBPROVIDER 2		1,955		1,955	4,125	.47
101	TOTAL		38,354		38,354	81,186	

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XIX

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	10,084	4,739
26	INTENSIVE CARE UNIT	737	346
27	CORONARY CARE UNIT	588	276
31	SUBPROVIDER	209	98
31 01	SUBPROVIDER 2	621	292
101	TOTAL	12,239	5,751

TITLE XIX

HOSPITAL

PPS

WKST A NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED SCHOOL	NRS COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2		2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM							
38	RECOVERY ROOM							
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC							
41 01	C.T. SCAN							
44	LABORATORY							
44 01	G.I. LAB							
44 02	VASCULAR LAB							
44 03	LABORATORY-PATHOLOGY							
47	BLOOD STORING, PROCESSING							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY							
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY							
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS							
57	RENAL DIALYSIS							
59	SHOCK THERAPY							
59 01	PAIN MANAGEMENT & OP CHEM							
59 02	DIABETES CARE CENTER							
59 03	OP PSYCH							
59 04	CARDIAC REHAB							
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY							
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS				545			
65	AMBULANCE SERVICES							
101	TOTAL				545			

TITLE XIX		HOSPITAL		PPS				
WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF CST TO CHARGES	INPAT PROG CHARGE	INPAT PROG PASS THRU COST
NO.		3	3.01	4	5	5.01	6	7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			38,867,368			1,015,614	
38	RECOVERY ROOM			4,961,144			135,333	
40	ANESTHESIOLOGY			6,821,142			287,826	
41	RADIOLOGY-DIAGNOSTIC			67,651,548			2,904,257	
41 01	C.T. SCAN			42,544,924			2,148,086	
44	LABORATORY			98,388,198			5,738,657	
44 01	G.I. LAB			6,108,255			301,344	
44 02	VASCULAR LAB			4,745,613			272,039	
44 03	LABORATORY-PATHOLOGY			3,641,583			189,093	
47	BLOOD STORING, PROCESSING			10,944,871			837,841	
49	RESPIRATORY THERAPY			25,231,374			2,638,604	
50	PHYSICAL THERAPY			7,306,736			164,269	
51	OCCUPATIONAL THERAPY			3,264,747			104,282	
52	SPEECH PATHOLOGY			1,060,545			29,527	
53	ELECTROCARDIOLOGY			36,899,671			1,908,389	
54	ELECTROENCEPHALOGRAPHY			1,670,217			73,904	
55	MEDICAL SUPPLIES CHARGED			62,063,438			864,999	
56	DRUGS CHARGED TO PATIENTS			59,332,370			4,918,674	
57	RENAL DIALYSIS			6,770,622			548,479	
59	SHOCK THERAPY			154,057			11,484	
59 01	PAIN MANAGEMENT & OP CHEM			6,066,333			1,474	
59 02	DIABETES CARE CENTER			180,389				
59 03	OP PSYCH			2,129,153				
59 04	CARDIAC REHAB			384,586				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			40,098,207			1,971,097	
62	OBSERVATION BEDS (NON-DIS	545	545	807,991	.000675	.000675		
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	545	545	538,095,082			27,065,272	

TITLE XIX

HOSPITAL

PPS

WKST A	COST CENTER	DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.	NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
			8	8.01	8.02	9	9.01	9.02
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	1,013,460					
38		RECOVERY ROOM	123,367					
40		ANESTHESIOLOGY	157,498					
41		RADIOLOGY-DIAGNOSTIC	2,438,851					
41	01	C.T. SCAN	1,961,481					
44		LABORATORY						
44	01	G.I. LAB	173,158					
44	02	VASCULAR LAB	94,511					
44	03	LABORATORY-PATHOLOGY	82,075					
47		BLOOD STORING, PROCESSING	177,450					
49		RESPIRATORY THERAPY	128,819					
50		PHYSICAL THERAPY	165,729					
51		OCCUPATIONAL THERAPY	9,450					
52		SPEECH PATHOLOGY	6,056					
53		ELECTROCARDIOLOGY	703,837					
54		ELECTROENCEPHALOGRAPHY	36,905					
55		MEDICAL SUPPLIES CHARGED	11,304					
56		DRUGS CHARGED TO PATIENTS	2,394,737					
57		RENAL DIALYSIS						
59		SHOCK THERAPY	1,188					
59	01	PAIN MANAGEMENT & OP CHEM	94,893					
59	02	DIABETES CARE CENTER	2,724					
59	03	OP PSYCH						
59	04	CARDIAC REHAB	19,180					
		OUTPAT SERVICE COST CNTRS						
61		EMERGENCY	3,062,194					
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES						
101		TOTAL	12,858,867					

TITLE XIX - O/P	HOSPITAL	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
Cost Center Description		1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS						
37 OPERATING ROOM		.372522				1,013,460
38 RECOVERY ROOM		.232022				123,367
40 ANESTHESIOLOGY		.076034				157,498
41 RADIOLOGY-DIAGNOSTIC		.170335				2,438,851
41 01 C.T. SCAN		.047923				1,961,481
44 LABORATORY		.135453				
44 01 G.I. LAB		.320872				173,158
44 02 VASCULAR LAB		.121436				94,511
44 03 LABORATORY-PATHOLOGY		.174488				82,075
47 BLOOD STORING, PROCESSING & TRANS.		.324734				177,450
49 RESPIRATORY THERAPY		.211578				128,819
50 PHYSICAL THERAPY		.375117				165,729
51 OCCUPATIONAL THERAPY		.354513				9,450
52 SPEECH PATHOLOGY		.458462				6,056
53 ELECTROCARDIOLOGY		.111243				703,837
54 ELECTROENCEPHALOGRAPHY		.134329				36,905
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		.343376				11,304
56 DRUGS CHARGED TO PATIENTS		.318542				2,394,737
57 RENAL DIALYSIS		.301322				
59 SHOCK THERAPY		.970316				1,188
59 01 PAIN MANAGEMENT & OP CHEMO		.240290				94,893
59 02 DIABETES CARE CENTER		5.318750				2,724
59 03 OP PSYCH		.468559				
59 04 CARDIAC REHAB		1.016358				19,180
61 OUTPAT SERVICE COST CNTRS						
61 EMERGENCY		.266833				3,062,194
62 OBSERVATION BEDS (NON-DISTINCT PART)		.943284				
65 OTHER REIMBURS COST CNTRS						
65 AMBULANCE SERVICES		.382633				
101 SUBTOTAL						12,858,867
102 CRNA CHARGES						
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES						
104 NET CHARGES						12,858,867

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

TITLE XIX - O/P

HOSPITAL

Cost Center Description	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory surgical Ctr	Outpatient Radiology
	5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
41 01 C.T. SCAN					
44 LABORATORY					
44 01 G.I. LAB					
44 02 VASCULAR LAB					
44 03 LABORATORY-PATHOLOGY					
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
59 SHOCK THERAPY					
59 01 PAIN MANAGEMENT & OP CHEMO					
59 02 DIABETES CARE CENTER					
59 03 OP PSYCH					
59 04 CARDIAC REHAB					
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XIX - O/P		HOSPITAL				
		Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
Cost Center Description		8	9	9.01	9.02	9.03
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		377,536			
38	RECOVERY ROOM		28,624			
40	ANESTHESIOLOGY		11,975			
41	RADIOLOGY-DIAGNOSTIC		415,422			
41 01	C.T. SCAN		94,000			
44	LABORATORY					
44 01	G.I. LAB		55,562			
44 02	VASCULAR LAB		11,477			
44 03	LABORATORY-PATHOLOGY		14,321			
47	BLOOD STORING, PROCESSING & TRANS.		57,624			
49	RESPIRATORY THERAPY		27,255			
50	PHYSICAL THERAPY		62,168			
51	OCCUPATIONAL THERAPY		3,350			
52	SPEECH PATHOLOGY		2,776			
53	ELECTROCARDIOLOGY		78,297			
54	ELECTROENCEPHALOGRAPHY		4,957			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		3,882			
56	DRUGS CHARGED TO PATIENTS		762,824			
57	RENAL DIALYSIS					
59	SHOCK THERAPY		1,153			
59 01	PAIN MANAGEMENT & OP CHEMO		22,802			
59 02	DIABETES CARE CENTER		14,488			
59 03	OP PSYCH					
59 04	CARDIAC REHAB		19,494			
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY		817,094			
62	OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL		2,887,081			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		2,887,081			

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/21/2010
I	26-0180	I	FROM 1/ 1/2009	I	WORKSHEET D-1	
I	COMPONENT NO:	I	TO 12/31/2009	I	PART I	
I	26-0180	I		I		

TITLE XVIII PART A

HOSPITAL

PPS

. I I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	62,249
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	62,249
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	62,249
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)	31,027
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)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

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	43,761,693
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	43,761,693

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	65,172,331
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	65,172,331
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.671477
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,046.96
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	43,761,693

TITLE XVIII PART A HOSPITAL PPS

II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM				703.01
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				21,812,291
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM				
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				21,812,291

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	8,909,090	6,150	1,448.63	2,856	4,137,287
44	5,831,319	4,780	1,219.94	3,273	3,992,864
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				40,924,688
49	TOTAL PROGRAM INPATIENT COSTS				70,867,130

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES				2,294,228
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES				3,514,625
52	TOTAL PROGRAM EXCLUDABLE COST				5,808,853
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS				65,058,277

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL PPS

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 1,155
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 703.01
 85 OBSERVATION BED COST 811,977

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	195,027	43,761,693	.004457	811,977	3,619
87 NEW CAPITAL-RELATED COST	3,292,547	43,761,693	.075238	811,977	61,092
88 NON PHYSICIAN ANESTHETIST		43,761,693		811,977	
89 MEDICAL EDUCATION	29,381	43,761,693	.000671	811,977	545
90.01 MEDICAL EDUCATION - ALLIED HEA					
90.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII PART A SUBPROVIDER I PPS

I I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,882
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,882
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,882
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)	2,597
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)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

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	2,345,313
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	2,345,313

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,775,630
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,775,630
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.844966
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	715.00
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,345,313

TITLE XVIII PART A SUBPROVIDER I PPS

II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 604.15
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,568,978
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,568,978

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
42 NURSERY (TITLE V & XIX ONLY)	1	2	3	4	5
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44 INTENSIVE CARE UNIT					
45 CORONARY CARE UNIT					
46 BURN INTENSIVE CARE UNIT					
47 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1,588,997
49 TOTAL PROGRAM INPATIENT COSTS					3,157,975

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 132,577
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 115,993
 52 TOTAL PROGRAM EXCLUDABLE COST 248,570
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS 2,909,405

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A SUBPROVIDER I PPS

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 604.15
- 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	11,183	2,345,313	.004768		
87 NEW CAPITAL-RELATED COST	185,153	2,345,313	.078946		
88 NON PHYSICIAN ANESTHETIST		2,345,313			
89 MEDICAL EDUCATION	1,839	2,345,313	.000784		
90.01 MEDICAL EDUCATION - ALLIED HEA					
90.02 MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/21/2010	
I	26-0180	I	FROM	I	1/ 1/2009	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO	I	12/31/2009	I	PART I
I	26-S180	I		I		I	

TITLE XVIII PART A

SUBPROVIDER II

PPS

I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,125
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,125
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,125
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)	2,523
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)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

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	3,284,193
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	3,284,193

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,295,840
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,295,840
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.996466
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	798.99
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,284,193

TITLE XVIII PART A SUBPROVIDER II PPS

II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 796.17
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,008,737
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,008,737

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					415,426
49 TOTAL PROGRAM INPATIENT COSTS					2,424,163

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 150,749
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 28,154
 52 TOTAL PROGRAM EXCLUDABLE COST 178,903
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 2,245,260

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A SUBPROVIDER II 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 796.17
- 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	13,496	3,284,193	.004109		
87 NEW CAPITAL-RELATED COST	231,057	3,284,193	.070354		
88 NON PHYSICIAN ANESTHETIST		3,284,193			
89 MEDICAL EDUCATION	1,955	3,284,193	.000595		
90.01 MEDICAL EDUCATION - ALLIED HEA					
90.02 MEDICAL EDUCATION - ALL OTHER					

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2009 I
 I 26-0180 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A L NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		33,630,409	
26	INTENSIVE CARE UNIT		5,882,753	
27	CORONARY CARE UNIT		6,799,372	
31	SUBPROVIDER			
31	01 SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.398403	11,940,194	4,757,009
38	RECOVERY ROOM	.247583	834,291	206,556
40	ANESTHESIOLOGY	.081051	1,569,769	127,231
41	RADIOLOGY-DIAGNOSTIC	.182042	12,803,100	2,330,702
41	01 C.T. SCAN	.051292	9,110,180	467,279
44	LABORATORY	.144139	28,458,902	4,102,038
44	01 G.I. LAB	.343052	976,292	334,919
44	02 VASCULAR LAB	.130022	1,793,474	233,191
44	03 LABORATORY-PATHOLOGY	.186442	940,826	175,409
47	BLOOD STORING, PROCESSING & TRANS.	.345109	3,588,112	1,238,290
49	RESPIRATORY THERAPY	.227128	12,499,089	2,838,893
50	PHYSICAL THERAPY	.399762	1,548,453	619,013
51	OCCUPATIONAL THERAPY	.377359	884,876	333,916
52	SPEECH PATHOLOGY	.488976	340,570	166,531
53	ELECTROCARDIOLOGY	.119363	11,062,227	1,320,421
54	ELECTROENCEPHALOGRAPHY	.143159	386,615	55,347
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.366085	28,033,963	10,262,813
56	DRUGS CHARGED TO PATIENTS	.338859	25,250,933	8,556,506
57	RENAL DIALYSIS	.320603	3,841,764	1,231,681
59	SHOCK THERAPY	1.031761	19,404	20,020
59	01 PAIN MANAGEMENT & OP CHEMO	.255563	47,945	12,253
59	02 DIABETES CARE CENTER	5.673023		
59	03 OP PSYCH	.498465	4,766	2,376
59	04 CARDIAC REHAB	1.086134		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.284167	5,219,816	1,483,299
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.004933	48,754	48,995
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		161,204,315	40,924,688
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
	NET CHARGES		161,204,315	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2009 I
 I 26-T180 I I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A L' NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
31	SUBPROVIDER		1,854,623	
31	01 SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.398403	67,330	26,824
38	RECOVERY ROOM	.247583	6,394	1,583
40	ANESTHESIOLOGY	.081051	11,134	902
41	RADIOLOGY-DIAGNOSTIC	.182042	160,610	29,238
41	01 C.T. SCAN	.051292	128,541	6,593
44	LABORATORY	.144139	610,878	88,051
44	01 G.I. LAB	.343052	15,603	5,353
44	02 VASCULAR LAB	.130022	28,124	3,657
44	03 LABORATORY-PATHOLOGY	.186442	5,927	1,105
47	BLOOD STORING, PROCESSING & TRANS.	.345109	53,400	18,429
49	RESPIRATORY THERAPY	.227128	253,055	57,476
50	PHYSICAL THERAPY	.399762	1,000,144	399,820
51	OCCUPATIONAL THERAPY	.377359	1,076,854	406,361
52	SPEECH PATHOLOGY	.488976	252,204	123,322
53	ELECTROCARDIOLOGY	.119363	31,030	3,704
54	ELECTROENCEPHALOGRAPHY	.143159	11,209	1,605
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.366085	251,635	92,120
56	DRUGS CHARGED TO PATIENTS	.338859	714,797	242,215
57	RENAL DIALYSIS	.320603	247,214	79,258
59	SHOCK THERAPY	1.031761		
59	01 PAIN MANAGEMENT & OP CHEMO	.255563	4,327	1,106
59	02 DIABETES CARE CENTER	5.673023		
59	03 OP PSYCH	.498465		
59	04 CARDIAC REHAB	1.086134		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.284167	969	275
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.004933		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		4,931,379	1,588,997
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
	NET CHARGES		4,931,379	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2009 I
 I 26-S180 I I

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A L7 NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
31	SUBPROVIDER			
31 01	SUBPROVIDER 2		2,014,407	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.398403	4,613	1,838
38	RECOVERY ROOM	.247583	418	103
40	ANESTHESIOLOGY	.081051	44,043	3,570
41	RADIOLOGY-DIAGNOSTIC	.182042	76,321	13,894
41 01	C.T. SCAN	.051292	103,139	5,290
44	LABORATORY	.144139	464,855	67,004
44 01	G.I. LAB	.343052	4,857	1,666
44 02	VASCULAR LAB	.130022	9,972	1,297
44 03	LABORATORY-PATHOLOGY	.186442	1,343	250
47	BLOOD STORING, PROCESSING & TRANS.	.345109		
49	RESPIRATORY THERAPY	.227128	46,508	10,563
50	PHYSICAL THERAPY	.399762	45,670	18,257
51	OCCUPATIONAL THERAPY	.377359	23,979	9,049
52	SPEECH PATHOLOGY	.488976	3,313	1,620
53	ELECTROCARDIOLOGY	.119363	59,844	7,143
54	ELECTROENCEPHALOGRAPHY	.143159	14,320	2,050
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.366085	144,465	52,886
56	DRUGS CHARGED TO PATIENTS	.338859	337,462	114,352
57	RENAL DIALYSIS	.320603	9,597	3,077
59	SHOCK THERAPY	1.031761	50,714	52,325
59 01	PAIN MANAGEMENT & OP CHEMO	.255563	455	116
59 02	DIABETES CARE CENTER	5.673023		
59 03	OP PSYCH	.498465		
59 04	CARDIAC REHAB	1.086134		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.284167	172,700	49,076
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.004933		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		1,618,588	415,426
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
	NET CHARGES		1,618,588	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2009 I
 I 26-0180 I I

TITLE XIX

HOSPITAL

PPS

WKST A L NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		7,494,802	
26	INTENSIVE CARE UNIT		988,863	
27	CORONARY CARE UNIT		1,078,708	
31	SUBPROVIDER			
31	01 SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.398403	1,015,614	404,624
38	RECOVERY ROOM	.247583	135,333	33,506
40	ANESTHESIOLOGY	.081051	287,826	23,329
41	RADIOLOGY-DIAGNOSTIC	.182042	2,904,257	528,697
41	01 C.T. SCAN	.051292	2,148,086	110,180
44	LABORATORY	.144139	5,738,657	827,164
44	01 G.I. LAB	.343052	301,344	103,377
44	02 VASCULAR LAB	.130022	272,039	35,371
44	03 LABORATORY-PATHOLOGY	.186442	189,093	35,255
47	BLOOD STORING, PROCESSING & TRANS.	.345109	837,841	289,146
49	RESPIRATORY THERAPY	.227128	2,638,604	599,301
50	PHYSICAL THERAPY	.399762	164,269	65,669
51	OCCUPATIONAL THERAPY	.377359	104,282	39,352
52	SPEECH PATHOLOGY	.488976	29,527	14,438
53	ELECTROCARDIOLOGY	.119363	1,908,389	227,791
54	ELECTROENCEPHALOGRAPHY	.143159	73,904	10,580
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.366085	864,999	316,663
56	DRUGS CHARGED TO PATIENTS	.338859	4,918,674	1,666,737
57	RENAL DIALYSIS	.320603	548,479	175,844
59	SHOCK THERAPY	1.031761	11,484	11,849
59	01 PAIN MANAGEMENT & OP CHEMO	.255563	1,474	377
59	02 DIABETES CARE CENTER	5.673023		
59	03 OP PSYCH	.498465		
59	04 CARDIAC REHAB	1.086134		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.284167	1,971,097	560,121
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.004933		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		27,065,272	6,079,371
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
	NET CHARGES		27,065,272	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2009 I
 I 26-T180 I I

TITLE XIX

SUBPROVIDER 1

OTHER

WKST A L ⁷ NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
31	SUBPROVIDER		78,650	
31	01 SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.397742	6,535	2,599
38	RECOVERY ROOM	.247583	1,152	285
40	ANESTHESIOLOGY	.081051	2,385	193
41	RADIOLOGY-DIAGNOSTIC	.181893	46,412	8,442
41	01 C.T. SCAN	.051292	16,827	863
44	LABORATORY	.144139	50,536	7,284
44	01 G.I. LAB	.342583	2,976	1,020
44	02 VASCULAR LAB	.129397	7,420	960
44	03 LABORATORY-PATHOLOGY	.186442	625	117
47	BLOOD STORING, PROCESSING & TRANS.	.345109	1,968	679
49	RESPIRATORY THERAPY	.225198	4,790	1,079
50	PHYSICAL THERAPY	.399762	49,038	19,604
51	OCCUPATIONAL THERAPY	.377359	50,032	18,880
52	SPEECH PATHOLOGY	.488976	25,857	12,643
53	ELECTROCARDIOLOGY	.119363	15,946	1,903
54	ELECTROENCEPHALOGRAPHY	.143159	3,124	447
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.366085	9,462	3,464
56	DRUGS CHARGED TO PATIENTS	.338859	30,320	10,274
57	RENAL DIALYSIS	.320603		
59	SHOCK THERAPY	1.031761		
59	01 PAIN MANAGEMENT & OP CHEMO	.255563		
59	02 DIABETES CARE CENTER	5.673023		
59	03 OP PSYCH	.498465		
59	04 CARDIAC REHAB	1.086134		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.284167	7,778	2,210
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.004933		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		333,183	92,946
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
	NET CHARGES		333,183	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD:
 I 26-0180 I FROM 1/ 1/2009 I
 I COMPONENT NO: I TO 12/31/2009 I
 I 26-S180 I

WORKSHEET D-4

TITLE XIX

SUBPROVIDER 2

OTHER

WKST A L NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
27	INTENSIVE CARE UNIT			
31	CORONARY CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2		456,194	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.397742		
38	RECOVERY ROOM	.247583		
40	ANESTHESIOLOGY	.081051	1,763	143
41	RADIOLOGY-DIAGNOSTIC	.181893	14,513	2,640
41	01 C.T. SCAN	.051292	19,413	996
44	LABORATORY	.144139	121,989	17,583
44	01 G.I. LAB	.342583	1,360	466
44	02 VASCULAR LAB	.129397	2,160	279
44	03 LABORATORY-PATHOLOGY	.186442	61	11
47	BLOOD STORING, PROCESSING & TRANS.	.345109	1,968	679
49	RESPIRATORY THERAPY	.225198	16,991	3,826
50	PHYSICAL THERAPY	.399762	5,580	2,231
51	OCCUPATIONAL THERAPY	.377359		
52	SPEECH PATHOLOGY	.488976		
53	ELECTROCARDIOLOGY	.119363	15,972	1,906
54	ELECTROENCEPHALOGRAPHY	.143159	3,823	547
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.366085	11,226	4,110
56	DRUGS CHARGED TO PATIENTS	.338859	79,750	27,024
57	RENAL DIALYSIS	.320603	4,113	1,319
59	SHOCK THERAPY	1.031761	1,980	2,043
59	01 PAIN MANAGEMENT & OP CHEMO	.255563		
59	02 DIABETES CARE CENTER	5.673023		
59	03 OP PSYCH	.498465		
59	04 CARDIAC REHAB	1.086134		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.284167	69,671	19,798
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.004933		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		372,333	85,601
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
	NET CHARGES		372,333	

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)	747	
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)	12.41	
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)	5,743	
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK	1.098298	
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRU	401.43	
5.06 TOTAL ADDITIONAL PAYMENT	329,345	
6 SUBTOTAL (SEE INSTRUCTIONS)	59,268,113	
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)	59,268,113	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	4,647,871	
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)	21,888	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS	17,463	
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	33	
16 TOTAL	63,955,368	
17 PRIMARY PAYER PAYMENTS	27,011	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	63,928,357	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,938,296	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	655,331	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,855,859	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,299,101	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1,378,032	
SUBTOTAL	60,633,831	
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	60,633,831	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	59,106,250	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	1,527,581	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	2,122,000	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	1,610
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	14,547,398
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	12,607,960
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.	108
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	1,610
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	5,929
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	5,929
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	5,929
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	4,319
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	1,610
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	12,608,068
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	686
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,857,959
19	SUBTOTAL (SEE INSTRUCTIONS)	9,751,033
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	4,166
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	9,755,199
24	PRIMARY PAYER PAYMENTS	5,432
25	SUBTOTAL	9,749,767
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	9,749,767
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	9,749,767
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	9,745,017
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	4,750
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, 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

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

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

- COMPUTATION OF LESSER OF COST OR CHARGES

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

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

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

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

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

PART B - MEDICAL AND OTHER HEALTH SERVICES
 SUBPROVIDER 2

- 4 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)
- 19 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-II, 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)

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		59,106,250		9,745,017
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	.99			
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		59,106,250		9,745,017
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			
TENTATIVE TO PROGRAM	.99			
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT		1,527,581		4,750
AMOUNT (BALANCE DUE)				
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02			
BASED ON COST REPORT (1)				
TOTAL MEDICARE PROGRAM LIABILITY		60,633,831		9,749,767

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.

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,978,695		
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		NONE		NONE
4 TOTAL INTERIM PAYMENTS		2,978,695		
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)		110,575		
TOTAL MEDICARE PROGRAM LIABILITY		3,089,270		

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.

TITLE XVIII SUBPROVIDER 2

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,678,941		
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		NONE		NONE
		1,678,941		
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)		NONE		NONE
SETTLEMENT TO PROVIDER		1,186		
SETTLEMENT TO PROGRAM		.02		
TOTAL MEDICARE PROGRAM LIABILITY		1,680,127		

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

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	2,896,021
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0694
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	223,642
1.05	OUTLIER PAYMENTS	26,325
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	3,145,988
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	10.635616
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	3,145,988
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	3,145,988
7	DEDUCTIBLES	7,476
8	SUBTOTAL	3,138,512
9	COINSURANCE	50,463
10	SUBTOTAL	3,088,049
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
	SUBTOTAL	3,088,049
13.01	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	1,221
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

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUNCTIONS)	
INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	1,773,904
1.09	NET IPF PPS OUTLIER PAYMENTS	47,291
1.10	NET IPF PPS ECT PAYMENTS	29,045
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)	11.301370
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)	1,850,240
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	1,850,240
INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
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)	1,850,240
5	PRIMARY PAYER PAYMENTS	4,426
6	SUBTOTAL	1,845,814
7	DEDUCTIBLES	150,319
8	SUBTOTAL	1,695,495
9	COINSURANCE	16,554
10	SUBTOTAL	1,678,941
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
	SUBTOTAL	1,678,941
13.01	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	1,186
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

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

	TITLE XIX	HOSPITAL	PPS 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		2,887,081	
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		2,887,081	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		2,887,081	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		9,562,473	
11	ANCILLARY SERVICE CHARGES		39,924,139	
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		49,486,612	
	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)		49,486,612	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		46,599,531	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		2,887,081	
	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		5,361	
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		2,892,442	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		7,116	
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		7,116	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		7,116	

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	SUBPROVIDER 1	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		78,650	
11	ANCILLARY SERVICE CHARGES		333,183	
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		411,833	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
18	PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
20	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
21	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
22	RATIO OF LINE 17 TO LINE 18			
23	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		411,833	
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		411,833	
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
26	COST OF COVERED SERVICES			
27	PROSPECTIVE PAYMENT AMOUNT			
28	OTHER THAN OUTLIER PAYMENTS			
29	OUTLIER PAYMENTS			
30	PROGRAM CAPITAL PAYMENTS			
31	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
32	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
33	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
34	SUBTOTAL			
35	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
36	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
37	XVIII ENTER AMOUNT FROM LINE 30			
38	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
39	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
40	EXCESS OF REASONABLE COST			
41	SUBTOTAL			
42	COINSURANCE			
43	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
44	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
45	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
46	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
47	ADJUSTED REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
48	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
49	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
50	UTILIZATION REVIEW			
51	SUBTOTAL (SEE INSTRUCTIONS)			
52	INPATIENT ROUTINE SERVICE COST			
53	MEDICARE INPATIENT ROUTINE CHARGES			
54	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
55	PAYMENT FOR SERVICES ON A CHARGE BASIS			
56	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
57	FOR PAYMENT OF PART A SERVICES			
58	RATIO OF LINE 43 TO 44			
59	TOTAL CUSTOMARY CHARGES			
60	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
61	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
62	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
63	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
64	OTHER ADJUSTMENTS (SPECIFY)			
65	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
66	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
67	SUBTOTAL			
68	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
69	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
70	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
71	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
72	INTERIM PAYMENTS			
73	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
74	BALANCE DUE PROVIDER/PROGRAM			

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

TITLE XIX

SUBPROVIDER 1

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	SUBPROVIDER 2	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		456,194	
11	ANCILLARY SERVICE CHARGES		372,333	
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		828,527	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
18	PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
20	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
21	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
22	RATIO OF LINE 17 TO LINE 18			
23	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		828,527	
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		828,527	
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
26	COST OF COVERED SERVICES			
	PROSPECTIVE PAYMENT AMOUNT			
27	OTHER THAN OUTLIER PAYMENTS			
28	OUTLIER PAYMENTS			
29	PROGRAM CAPITAL PAYMENTS			
30	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
31	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
32	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
33	SUBTOTAL			
34	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
35	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
36	XVIII ENTER AMOUNT FROM LINE 30			
37	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
38	EXCESS OF REASONABLE COST			
39	SUBTOTAL			
40	COINSURANCE			
41	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
42	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
43	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
44	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
45	ADJUSTED REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
46	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
47	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
48	UTILIZATION REVIEW			
49	SUBTOTAL (SEE INSTRUCTIONS)			
50	INPATIENT ROUTINE SERVICE COST			
51	MEDICARE INPATIENT ROUTINE CHARGES			
52	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
53	PAYMENT FOR SERVICES ON A CHARGE BASIS			
54	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
55	FOR PAYMENT OF PART A SERVICES			
56	RATIO OF LINE 43 TO 44			
57	TOTAL CUSTOMARY CHARGES			
58	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
59	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
60	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
61	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
62	OTHER ADJUSTMENTS (SPECIFY)			
63	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
64	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
65	SUBTOTAL			
66	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
67	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
68	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
69	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
70	INTERIM PAYMENTS			
71	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
72	BALANCE DUE PROVIDER/PROGRAM			

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

TITLE XIX

SUBPROVIDER 2

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-II, 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	2.47
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4). E-3, PT 6 LN 4 + LINE 3.03	-1.30
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	-1.30
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS	1.17
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.	1.17
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	.67
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.	.67
3.10	SEE INSTRUCTIONS	.67
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	.67
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	.62
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	.50
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS .60
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)	.60
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.	77,548.64
3.18	SEE INSTRUCTIONS	46,529
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)	
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)	
3.21	SEE INSTRUCTIONS	RES INIT YEARS
3.22	SEE INSTRUCTIONS	
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	46,529

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS	42,276
5	TOTAL INPATIENT DAYS	80,031
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11 .528245
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	24,579
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)	2,955
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.	80,031
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.	1,475
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)	
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD	PRIOR TO 422 E-3,6 LN 12

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS	
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES	6,770,622

TITLE XVIII

- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES
 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)	76,449,268
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	31,437
16	TOTAL PART A REASONABLE COST	76,417,831
PART B REASONABLE COST		
17	REASONABLE COST	14,549,116
18	PRIMARY PAYER PAYMENTS	5,432
19	TOTAL PART B REASONABLE COST	14,543,684
20	TOTAL REASONABLE COST	90,961,515
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.840112
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.159888

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)	26,054
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	21,888
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	4,166

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	2.47
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4). E-3, PT 6 LN 4 + LINE 3.03	-1.30
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	-1.30
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS	1.17
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.	1.17
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	.67
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.	.67
3.10	SEE INSTRUCTIONS	.67
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	.67
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	.62
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	.50
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS .60
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)	.60
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.	77,548.64
3.18	SEE INSTRUCTIONS	46,529
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)	
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)	
3.21	SEE INSTRUCTIONS	RES INIT YEARS
3.22	SEE INSTRUCTIONS	
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	46,529
COMPUTATION OF PROGRAM PATIENT LOAD		
4	PROGRAM PART A INPATIENT DAYS	12,239
5	TOTAL INPATIENT DAYS	80,031
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. LN 6 * LN 3.25 + E-3, 6 L 11	.152928
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	7,116
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.	80,031
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)	100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.	
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)	
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD	PRIOR TO 422 E-3,6 LN 12

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

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

TITLE XIX

9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES
MEDICARE OUTPATIENT ESRD CHARGES
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 7,116
(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

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	367,502			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	65,480,687			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-36,766,571			
7	INVENTORY	3,654,009			
8	PREPAID EXPENSES	551,101			
9	OTHER CURRENT ASSETS	2,790,523			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	36,077,251			
FIXED ASSETS					
12	LAND	2,233,921			
12.01					
13	LAND IMPROVEMENTS	6,259,143			
13.01	LESS ACCUMULATED DEPRECIATION	-5,079,603			
14	BUILDINGS	96,817,444			
14.01	LESS ACCUMULATED DEPRECIATION	-45,313,183			
15	LEASEHOLD IMPROVEMENTS	152,838			
15.01	LESS ACCUMULATED DEPRECIATION	-152,838			
16	FIXED EQUIPMENT	73,222,887			
16.01	LESS ACCUMULATED DEPRECIATION	-53,465,889			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	78,461,546			
18.01	LESS ACCUMULATED DEPRECIATION	-61,951,813			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	91,184,453			
OTHER ASSETS					
22	INVESTMENTS	192,020,122			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	821,916			
26	TOTAL OTHER ASSETS	192,842,038			
27	TOTAL ASSETS	320,103,742			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	3,962,702			
29 SALARIES, WAGES & FEES PAYABLE	13,527,998			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	3,423,921			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	266,433,750			
36 TOTAL CURRENT LIABILITIES	287,348,371			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	40,498,752			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	20,551,183			
42 TOTAL LONG-TERM LIABILITIES	61,049,935			
43 TOTAL LIABILITIES	348,398,306			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	-28,294,564			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	-28,294,564			
52 TOTAL LIABILITIES AND FUND BALANCES	320,103,742			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
FUND BALANCE AT BEGINNING OF PERIOD		-60,764,091		
2 NET INCOME (LOSS)		-22,882,183		
3 TOTAL		-83,646,274		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6 CHNW NET INCOME	55,465,801			
7				
8				
9				
10 TOTAL ADDITIONS		55,465,801		
11 SUBTOTAL		-28,180,473		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14 ADJUSTMENT	114,091			
15				
16				
17				
18 TOTAL DEDUCTIONS		114,091		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		-28,294,564		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	65,172,331		65,172,331
2 00 SUBPROVIDER	2,775,630		2,775,630
2 01 SUBPROVIDER 2	3,295,840		3,295,840
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	71,243,801		71,243,801
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	12,797,413		12,797,413
11 00 CORONARY CARE UNIT	9,852,346		9,852,346
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	22,649,759		22,649,759
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	93,893,560		93,893,560
17 00 ANCILLARY SERVICES	312,199,094	247,024,916	559,224,010
18 00 OUTPATIENT SERVICES			
20 00 AMBULANCE SERVICES	75,871	18,059,320	18,135,191
24 00			
25 00 TOTAL PATIENT REVENUES	406,168,525	265,084,236	671,252,761

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		239,579,226	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00 POB I AND GRAHAM POB EXPENSES	1,469,101		
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		1,469,101	
40 00 TOTAL OPERATING EXPENSES		238,110,125	

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 26-0180 I FROM 1/ 1/2009 I WORKSHEET G-3
 I I TO 12/31/2009 I

DESCRIPTION

	TOTAL PATIENT REVENUES	671,252,761
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	489,963,297
3	NET PATIENT REVENUES	181,289,464
4	LESS: TOTAL OPERATING EXPENSES	238,110,125
5	NET INCOME FROM SERVICE TO PATIENTS	-56,820,661
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	31,442,026
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
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	1,878,047
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 OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	5,965,380
25	TOTAL OTHER INCOME	39,285,453
26	TOTAL	-17,535,208
	OTHER EXPENSES	
27	NON HOSPITAL ENTITY NET LOSSES	5,346,975
28		
29		
30	TOTAL OTHER EXPENSES	5,346,975
31	NET INCOME (OR LOSS) FOR THE PERIOD	-22,882,183

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	4,100,464
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	319,831
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	199.83
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	1.03
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.15
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	6,151
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	9.05
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	16.91
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	25.96
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	5.40
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	221,425
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	4,647,871
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)	

TITLE XIX

HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3	.01 CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	.00
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	
	IN THE COST REPORTING PERIOD	.00
4	.01 NUMBER OF INTERNS AND RESIDENTS	
	(SEE INSTRUCTIONS)	.00
4	.02 INDIRECT MEDICAL EDUCATION PERCENTAGE	
4	.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	.00
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	
	MEDICARE PART A PATIENT DAYS	.00
5	.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	
	DAYS REPORTED ON S-3, PART I	.00
5	.02 SUM OF 5 AND 5.01	.00
5	.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	
5	.04 DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	

PART II - HOLD HARMLESS METHOD

1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	.000000
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	
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	
	TOTAL INPATIENT PROGRAM CAPITAL COST	
IV	COMPUTATION OF EXCEPTION PAYMENTS	
	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	.00
4	APPLICABLE EXCEPTION PERCENTAGE	
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	.00
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	
	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)	