

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	16-0033	I	FROM 7/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 6/30/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
	I		I		I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/17/2010 TIME 13: 03

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
 GENESIS MEDICAL CENTER 16-0033
 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2009 AND ENDING 6/30/2010 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		TITLE XVIII		TITLE XIX	
	1	A 2	B 3	4	
1	HOSPITAL	0	2,105,992	207,612	0
2	SUBPROVIDER	0	44,158	0	0
2 .01	SUBPROVIDER II	0	21,524	0	0
100	TOTAL	0	2,171,674	207,612	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.

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 16-0033
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/17/2010
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	90,010,825		90,010,825	3,665,917.00	24.55	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						CONTRCT & TIME
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						CONTRACT & TIME
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						ACCOUNT ANALYSI
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						RECLASS
8.01 EXCLUDED AREA SALARIES	5,176,453	1,854,949	7,031,402	373,462.00	18.83	WP
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	237,993		237,993	3,855.00	61.74	INVOICES
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	502,690		502,690	2,968.00	169.37	CONTRCT & TIME
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	23,873,807		23,873,807	622,002.00	38.38	HO COST REPORT
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	23,917,390		23,917,390			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,814,782		1,814,782			CMS 339
16 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						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS						
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	2,837,661	-1,004,078	1,833,583	70,850.00	25.88	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS	3,434,182		3,434,182	165,434.00	20.76	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE	159,869		159,869	14,789.00	10.81	
26 HOUSEKEEPING	2,282,248	-277,774	2,004,474	156,320.00	12.82	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	2,734,855	-2,734,855				
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		711,029	711,029	52,419.00	13.56	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,834,333		1,834,333	63,816.00	28.74	
31 CENTRAL SERVICE AND SUPPLY	776,217	530,126	1,306,343	60,084.00	21.74	
32 PHARMACY	3,876,192		3,876,192	118,386.00	32.74	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY						
34 SOCIAL SERVICE	1,399,801		1,399,801	55,849.00	25.06	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	90,010,825		90,010,825	3,665,917.00	24.55	
2 EXCLUDED AREA SALARIES	5,176,453	1,854,949	7,031,402	373,462.00	18.83	
3 SUBTOTAL SALARIES	84,834,372	-1,854,949	82,979,423	3,292,455.00	25.20	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	24,614,490		24,614,490	628,825.00	39.14	
5 SUBTOTAL WAGE-RELATED COSTS	23,917,390		23,917,390		28.82	
6 TOTAL	133,366,252	-1,854,949	131,511,303	3,921,280.00	33.54	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	19,335,358	-2,775,552	16,559,806	757,947.00	21.85	

HOSPITAL RENAL DIALYSIS DEPARTMENT
STATISTICAL DATA

PROVIDER NO: 16-0033
SATELLITE NO:
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/17/2010
WORKSHEET S-5

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

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
16-0033	FROM 7/1/2009	11/17/2010
	TO 6/30/2010	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	23,483,602
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	23,483,602
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)	.317784
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	81,619,602

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED 11/17/2010
16-0033	FROM 7/ 1/2009	WORKSHEET S-10
	TO 6/30/2010	

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	25,937,404
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	22,742,000
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	7,227,044
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	25,937,404

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 16-0033
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/17/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		12,121,529	12,121,529	286,017	12,407,546
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		7,452,437	7,452,437		7,452,437
5	0500 EMPLOYEE BENEFITS		17,180,249	17,180,249		17,180,249
6.01	0610 A&G SHARED	2,021,142	55,496,412	57,517,554	-11,176,672	46,340,882
6.02	0661 OTHER ADMINSTRATIVE AND GENERAL	816,519	4,967,613	5,784,132	8,135,061	13,919,193
7	0700 MAINTENANCE & REPAIRS	3,434,182	4,046,803	7,480,985	-1,403,072	6,077,913
7.01	0701 MOB I				-49,582	-49,582
7.02	0702 MOB II				-40,764	-40,764
7.03	0703 BETT MED PARK				-128,298	-128,298
7.04	0704 NW CLINICS				-73,729	-73,729
7.05	0705 CPMP I				-82,708	-82,708
7.06	0706 CPMP II				-61,623	-61,623
7.07	0707 BETT PLAZA				-193,956	-193,956
7.08	0708 HEART INSTITUTE				-144,817	-144,817
7.09	0709 53RD STREET				-67,381	-67,381
7.10	0710 ELDRI DGE				-37,478	-37,478
8	0800 OPERATION OF PLANT				2,006,013	2,006,013
9	0900 LAUNDRY & LINEN SERVICE	159,869	1,060,738	1,220,607		1,220,607
10	1000 HOUSEKEEPING	2,282,248	713,947	2,996,195	-89,792	2,906,403
11	1100 DIETARY	2,734,855	2,072,928	4,807,783	-4,807,783	
12	1200 CAFETERIA				1,249,963	1,249,963
12.01	1201 EMPLOYEE CAFETERIA					
14	1400 NURSING ADMINISTRATION	1,834,333	341,381	2,175,714		2,175,714
15	1500 CENTRAL SERVICES & SUPPLY	776,217	523,423	1,299,640	931,944	2,231,584
16	1600 PHARMACY	3,876,192	528,547	4,404,739		4,404,739
17	1700 MEDICAL RECORDS & LIBRARY					
18	1800 SOCIAL SERVICE	1,399,801	271,892	1,671,693		1,671,693
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD				2,726,269	2,726,269
24	2400 PARAMED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	23,300,671	2,545,880	25,846,551		25,846,551
26	2600 INTENSIVE CARE UNIT	2,893,937	420,920	3,314,857	32,533	3,347,390
27.01	2060 NICU	1,400,443	141,807	1,542,250		1,542,250
31	3100 SUBPROVIDER I	2,420,405	264,501	2,684,906	342,751	3,027,657
31.01	3101 SUBPRO II PSYCHIATRIC	1,947,838	402,164	2,350,002	222,585	2,572,587
33	3300 NURSERY					
34	3400 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	7,137,341	4,069,342	11,206,683		11,206,683
41	4100 RADIOLOGY-DIAGNOSTIC	4,906,625	2,197,832	7,104,457		7,104,457
42	4200 RADIOLOGY-THERAPEUTIC	2,532,571	3,511,551	6,044,122		6,044,122
44	4400 LABORATORY		8,973,056	8,973,056		8,973,056
47	4700 BLOOD STORING, PROCESSING & TRANS.		3,088,532	3,088,532		3,088,532
49	4900 RESPIRATORY THERAPY	2,226,607	344,447	2,571,054		2,571,054
50	5000 PHYSICAL THERAPY	7,650,930	2,144,187	9,795,117	-92,640	9,702,477
53	5300 ELECTROCARDIOLOGY	1,882,797	1,244,228	3,127,025		3,127,025
53.01	3120 CARDIAC CATH LAB	2,630,988	456,750	3,087,738		3,087,738
54	5400 ELECTROENCEPHALOGRAPHY	746,776	337,888	1,084,664		1,084,664
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		9,104,818	9,104,818		9,104,818
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		41,955,978	41,955,978		41,955,978
56	5600 DRUGS CHARGED TO PATIENTS		14,397,062	14,397,062	-1,361,438	13,035,624
57	5700 RENAL DIALYSIS OUTPAT SERVICE COST CNTRS	1,886,033	527,803	2,413,836	1,361,438	3,775,274
60.01	6003 FIRST MED					
60.02	6001 OP INSTITUTES	921,079	929,857	1,850,936		1,850,936
60.03	6002 MARC	30,837	301,149	331,986		331,986
60.04	6004 BARIATRIC CLINIC	421,102	604,887	1,025,989		1,025,989
60.05	6005 PAIN MANAGEMENT	337,346	426,662	764,008		764,008
61	6100 EMERGENCY	4,592,931	8,288,625	12,881,556		12,881,556
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES					
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	89,202,615	213,457,825	302,660,440	-2,517,159	300,143,281
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN				1,632	1,632
96.01	9601 AUXILIARY	6,694	41,981	48,675	33,963	82,638
96.02	9602 FIRST MED CLINICS					
96.03	9603 EAP					
97	9700 RESEARCH	149,825	303,268	453,093		453,093
98	9800 PHYSICIANS' PRIVATE OFFICES					
98.01	9801 NON REIMBURSEABLE COST	523,395	199,570	722,965	95,606	818,571
98.02	9802 FOUNDATION		271	271	2,706	2,977
98.03	9804 OP REHAB - DEWITT					
98.04	9803 OUTREACH PROGRAMS	23,806	2,028,717	2,052,523	4,420	2,056,943
98.05	9805 PHASE III REHAB	104,490	27,669	132,159	15,731	147,890
98.06	9806 AFFILIATES					
98.07	9807 NON-ALLOWABLE MEALS				2,363,101	2,363,101
101	TOTAL	90,010,825	216,059,301	306,070,126	-0-	306,070,126

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 16-0033
PERIOD: FROM 7/ 1/2009 TO 6/30/2010
PREPARED 11/17/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-4,255,878	8,151,668
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	7,457,597	14,910,034
5	0500 EMPLOYEE BENEFITS	-2,338,743	14,841,506
6.01	0610 A&G SHARED	-25,917,716	20,423,166
6.02	0661 OTHER ADMINSTRATIVE AND GENERAL	14,052,255	27,971,448
7	0700 MAINTENANCE & REPAIRS	-217,767	5,860,146
7.01	0701 MOB I	505,115	455,533
7.02	0702 MOB II	739,970	699,206
7.03	0703 BETT MED PARK	691,827	563,529
7.04	0704 NW CLINICS	376,843	303,114
7.05	0705 CPMP I	726,171	643,463
7.06	0706 CPMP II	811,891	750,268
7.07	0707 BETT PLAZA	969,915	775,959
7.08	0708 HEART INSTITUTE	1,745,130	1,600,313
7.09	0709 53RD STREET	323,790	256,409
7.10	0710 ELDRI DGE	141,673	104,195
8	0800 OPERATION OF PLANT		2,006,013
9	0900 LAUNDRY & LINEN SERVICE	-226,750	993,857
10	1000 HOUSEKEEPING	-13,151	2,893,252
11	1100 DIETARY		
12	1200 CAFETERIA	-305,138	944,825
12.01	1201 EMPLOYEE CAFETERIA		
14	1400 NURSING ADMINISTRATION	-1,000	2,174,714
15	1500 CENTRAL SERVICES & SUPPLY	-10,203	2,221,381
16	1600 PHARMACY	-89,136	4,315,603
17	1700 MEDICAL RECORDS & LIBRARY		
18	1800 SOCIAL SERVICE		1,671,693
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		2,726,269
24	2400 PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS	57,404	57,404
25	2500 ADULTS & PEDIATRICS	-313,292	25,533,259
26	2600 INTENSIVE CARE UNIT		3,347,390
27.01	2060 NICU		1,542,250
31	3100 SUBPROVIDER I		3,027,657
31.01	3101 SUB PROVIDER PSYCHIATRIC	-195,550	2,377,037
33	3300 NURSERY		
34	3400 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-970,282	10,236,401
41	4100 RADIOLOGY-DIAGNOSTIC	-275,685	6,828,772
42	4200 RADIOLOGY-THERAPEUTIC	-1,309,472	4,734,650
44	4400 LABORATORY		8,973,056
47	4700 BLOOD STORING, PROCESSING & TRANS.		3,088,532
49	4900 RESPIRATORY THERAPY	-4,089	2,566,965
50	5000 PHYSICAL THERAPY	-932,634	8,769,843
53	5300 ELECTROCARDIOLOGY	-958,086	2,168,939
53.01	3120 CARDIAC CATH LAB	-7,517	3,080,221
54	5400 ELECTROENCEPHALOGRAPHY	-343,140	741,524
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		9,104,818
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		41,955,978
56	5600 DRUGS CHARGED TO PATIENTS	-163,485	12,872,139
57	5700 RENAL DIALYSIS OUTPAT SERVICE COST CNTRS	-289,164	3,486,110
60.01	6003 FIRST MED		
60.02	6001 OP INSTITUTES	-160,768	1,690,168
60.03	6002 MARC		331,986
60.04	6004 BARIATRIC CLINIC	-504,447	521,542
60.05	6005 PAIN MANAGEMENT	-640,443	123,565
61	6100 EMERGENCY	-6,915,085	5,966,471
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES	4,312,795	4,312,795
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-14,446,245	285,697,036
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		1,632
96.01	9601 AUXILIARY		82,638
96.02	9602 FIRST MED CLINICS		
96.03	9603 EAP		
97	9700 RESEARCH	-54,396	398,697
98	9800 PHYSICIANS' PRIVATE OFFICES		
98.01	9801 NON REIMBURSEABLE COST	-38,011	780,560
98.02	9802 FOUNDATION		2,977
98.03	9804 OP REHAB - DEWITT		
98.04	9803 OUTREACH PROGRAMS	-16,420	2,040,523
98.05	9805 PHASE III REHAB		147,890
98.06	9806 AFFILIATES		
98.07	9807 NON-ALLOWABLE MEALS		2,363,101
101	TOTAL	-14,555,072	291,515,054

COST CENTERS USED IN COST REPORT

PROVIDER NO: 16-0033
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/17/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	A&G SHARED	0610	NONPATIENT TELEPHONES
6.02	OTHER ADMIN STRATIVE AND GENERAL	0661	OTHER ADMIN STRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
7.01	MOB I	0701	MAINTENANCE & REPAIRS
7.02	MOB II	0702	MAINTENANCE & REPAIRS
7.03	BETT MED PARK	0703	MAINTENANCE & REPAIRS
7.04	NW CLINICS	0704	MAINTENANCE & REPAIRS
7.05	CPMP I	0705	MAINTENANCE & REPAIRS
7.06	CPMP II	0706	MAINTENANCE & REPAIRS
7.07	BETT PLAZA	0707	MAINTENANCE & REPAIRS
7.08	HEART INSTITUTE	0708	MAINTENANCE & REPAIRS
7.09	53RD STREET	0709	MAINTENANCE & REPAIRS
7.10	ELDRIDGE	0710	MAINTENANCE & REPAIRS
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
12.01	EMPLOYEE CAFETERIA	1201	CAFETERIA
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM-(SPECIFY)	2400	
	INPAT ROUTINE SRVC		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27.01	NICU	2060	NEONATAL INTENSIVE CARE UNIT
31	SUBPROVIDER I	3100	
31.01	SUB PROVIDER PSYCHIATRIC	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC CATH LAB	3120	CARDIAC CATHETERIZATION LABORATORY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
60.01	FIRST MED	6003	CLINIC
60.02	OP INSTITUTES	6001	CLINIC
60.03	MARC	6002	CLINIC
60.04	BARIATRIC CLINIC	6004	CLINIC
60.05	PAIN MANAGEMENT	6005	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	AUXILIARY	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.02	FIRST MED CLINICS	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.03	EAP	9603	GIFT, FLOWER, COFFEE SHOP & CANTEEN
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	NON REIMBURSEABLE COST	9801	PHYSICIANS' PRIVATE OFFICES
98.02	FOUNDATION	9802	PHYSICIANS' PRIVATE OFFICES
98.03	OP REHAB - DEWITT	9804	PHYSICIANS' PRIVATE OFFICES
98.04	OUTREACH PROGRAMS	9803	PHYSICIANS' PRIVATE OFFICES
98.05	PHASE III REHAB	9805	PHYSICIANS' PRIVATE OFFICES
98.06	AFFILIATES	9806	PHYSICIANS' PRIVATE OFFICES
98.07	NON-ALLOWABLE MEALS	9807	PHYSICIANS' PRIVATE OFFICES
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
160033

PERIOD:
FROM 7/ 1/2009
TO 6/30/2010

PREPARED 11/17/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 PATIENT SWITCHBOARD	A	NON REIMBURSEABLE COST	98.01	27,321	2,004
2 REHAB COORDINATOR	B	SUBPROVIDER I	31	74,660	17,980
3 PROPERTY INSURANCE	C	NEW CAP REL COSTS-BLDG & FIXT	3		286,017
4 HOUSEKEEPING/PLANT/MAINT COSTS	D	MAINTENANCE & REPAIRS	7		602,941
5		HOUSEKEEPING	10		277,395
6					
7					
8					
9					
10					
11					
12					
13					
14 RESIDENT AND TEACHING COSTS	E	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	976,757	1,749,512
15 UTILITY EXPENSE	F	OPERATION OF PLANT	8		2,006,013
16 NON SHARED ADMIN COSTS	G	OTHER ADMINISTRATIVE AND GENERAL	6.02		8,421,078
17 ARANESP USAGE	H	RENAL DIALYSIS	57		1,361,438
18 HOUSEKEEPING RECLASS	I	SUBPROVIDER I	31	88,075	28,351
19		SUB PRO II PSYCHIATRIC	31.01	95,339	30,689
20		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96	1,235	397
21		AUXILIARY	96.01	25,693	8,270
22		NON REIMBURSEABLE COST	98.01	50,141	16,140
23		FOUNDATION	98.02	2,047	659
24		OUTREACH PROGRAMS	98.04	3,344	1,076
25		PHASE III REHAB	98.05	11,900	3,831
26 EMPLOYEE MEALS	J	CAFETERIA	12	711,029	538,934
27		CENTRAL SERVICES & SUPPLY	15	530,126	401,818
28		INTENSIVE CARE UNIT	26	18,506	14,027
29		SUBPROVIDER I	31	76,045	57,640
30		SUB PRO II PSYCHIATRIC	31.01	54,925	41,632
31		NON-ALLOWABLE MEALS	98.07	1,344,224	1,018,877
36 TOTAL RECLASSIFICATIONS				4,091,367	16,886,719

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
160033

PERIOD:
FROM 7/1/2009
TO 6/30/2010

PREPARED 11/17/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF 10
			LINE NO				
	1	6		7	8	9	
1 PATIENT SWITCHBOARD	A	A&G SHARED	6.01		27,321	2,004	
2 REHAB COORDINATOR	B	PHYSICAL THERAPY	50		74,660	17,980	
3 PROPERTY INSURANCE	C	OTHER ADMINISTRATIVE AND GENERAL	6.02			286,017	9
4 HOUSEKEEPING/PLANT/MAINT COSTS	D	MOB I	7.01			49,582	
5		MOB II	7.02			40,764	
6		BETT MED PARK	7.03			128,298	
7		NW CLINICS	7.04			73,729	
8		CPMP I	7.05			82,708	
9		CPMP II	7.06			61,623	
10		BETT PLAZA	7.07			193,956	
11		HEART INSTITUTE	7.08			144,817	
12		53RD STREET	7.09			67,381	
13		ELDRIDGE	7.10			37,478	
14 RESIDENT AND TEACHING COSTS	E	A&G SHARED	6.01		976,757	1,749,512	9
15 UTILITY EXPENSE	F	MAINTENANCE & REPAIRS	7			2,006,013	
16 NON SHARED ADMIN COSTS	G	A&G SHARED	6.01			8,421,078	
17 ARANESP USAGE	H	DRUGS CHARGED TO PATIENTS	56			1,361,438	
18 HOUSEKEEPING RECLASS	I	HOUSEKEEPING	10		277,774	89,413	
19							
20							
21							
22							
23							
24							
25							
26 EMPLOYEE MEALS	J	DIETARY	11		2,734,855	2,072,928	
27							
28							
29							
30							
31							
36 TOTAL RECLASSIFICATIONS					4,091,367	16,886,719	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
160033

PERIOD:
FROM 7/1/2009
TO 6/30/2010

PREPARED 11/17/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION: PATIENT SWITCHBOARD

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NON REIMBURSEABLE COST	98.01	29,325
TOTAL RECLASSIFICATIONS FOR CODE A			29,325

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
A&G SHARED	6.01	29,325	
			29,325

RECLASS CODE: B
EXPLANATION: REHAB COORDINATOR

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	SUBPROVIDER I	31	92,640
TOTAL RECLASSIFICATIONS FOR CODE B			92,640

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHYSICAL THERAPY	50	92,640	
			92,640

RECLASS CODE: C
EXPLANATION: PROPERTY INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	286,017
TOTAL RECLASSIFICATIONS FOR CODE C			286,017

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.02	286,017	
			286,017

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

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MAINTENANCE & REPAIRS	7	602,941
2.00	HOUSEKEEPING	10	277,395
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
TOTAL RECLASSIFICATIONS FOR CODE D			880,336

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MOB I	7.01	49,582	
MOB II	7.02	40,764	
BETT MED PARK	7.03	128,298	
NW CLINICS	7.04	73,729	
CPMP I	7.05	82,708	
CPMP II	7.06	61,623	
BETT PLAZA	7.07	193,956	
HEART INSTITUTE	7.08	144,817	
53RD STREET	7.09	67,381	
ELDRI DGE	7.10	37,478	
			880,336

RECLASS CODE: E
EXPLANATION: RESIDENT AND TEACHING COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-OTHER PRGM COSTS	23	2,726,269
TOTAL RECLASSIFICATIONS FOR CODE E			2,726,269

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
A&G SHARED	6.01	2,726,269	
			2,726,269

RECLASS CODE: F
EXPLANATION: UTILITY EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATION OF PLANT	8	2,006,013
TOTAL RECLASSIFICATIONS FOR CODE F			2,006,013

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MAINTENANCE & REPAIRS	7	2,006,013	
			2,006,013

RECLASS CODE: G
EXPLANATION: NON SHARED ADMIN COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.02	8,421,078
TOTAL RECLASSIFICATIONS FOR CODE G			8,421,078

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
A&G SHARED	6.01	8,421,078	
			8,421,078

RECLASS CODE: H
EXPLANATION: ARANESP USAGE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	RENAL DIALYSIS	57	1,361,438
TOTAL RECLASSIFICATIONS FOR CODE H			1,361,438

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DRUGS CHARGED TO PATIENTS	56	1,361,438	
			1,361,438

RECLASS CODE: I
EXPLANATION: HOUSEKEEPING RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	SUBPROVIDER I	31	116,426

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
HOUSEKEEPING	10	367,187	

RECLASSIFICATIONS

PROVIDER NO:
160033

PERIOD:
FROM 7/1/2009
TO 6/30/2010

PREPARED 11/17/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION: HOUSEKEEPING RECLASS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
2.00	SUB PRO II PSYCHIATRIC	126,028	31.01		0
3.00	GIFT, FLOWER, COFFEE SHOP & CA	1,632	96		0
4.00	AUXILIARY	33,963	96.01		0
5.00	NON REIMBURSEABLE COST	66,281	98.01		0
6.00	FOUNDATION	2,706	98.02		0
7.00	OUTREACH PROGRAMS	4,420	98.04		0
8.00	PHASE III REHAB	15,731	98.05		0
TOTAL RECLASSIFICATIONS FOR CODE I		367,187	367,187		

RECLASS CODE: J
EXPLANATION: EMPLOYEE MEALS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	CAFETERIA	1,249,963	12		0
2.00	CENTRAL SERVICES & SUPPLY	931,944	15		0
3.00	INTENSIVE CARE UNIT	32,533	26		0
4.00	SUBPROVIDER I	133,685	31		0
5.00	SUB PRO II PSYCHIATRIC	96,557	31.01		0
6.00	NON-ALLOWABLE MEALS	2,363,101	98.07		0
TOTAL RECLASSIFICATIONS FOR CODE J		4,807,783	4,807,783		

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	5,402,730	228,042		228,042		5,630,772	
2 LAND IMPROVEMENTS	13,856,676	301,989		301,989		14,158,665	
3 BUILDINGS & FIXTURE	160,720,930	2,654,179		2,654,179		163,375,109	
4 BUILDING IMPROVEMENT	14,238,243				92,345	14,145,898	
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	134,932,185	3,872,263		3,872,263		138,804,448	
7 SUBTOTAL	329,150,764	7,056,473		7,056,473	92,345	336,114,892	
8 RECONCILING ITEMS							
9 TOTAL	329,150,764	7,056,473		7,056,473	92,345	336,114,892	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	
*								8
3	NEW CAP REL COSTS-BL	160,720,930		160,720,930	.543613			
4	NEW CAP REL COSTS-MV	134,932,185		134,932,185	.456387			
5	TOTAL	295,653,115		295,653,115	1.000000			

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
3	NEW CAP REL COSTS-BL	12,712,503		-4,560,835				8,151,668
4	NEW CAP REL COSTS-MV	14,910,034						14,910,034
5	TOTAL	27,622,537		-4,560,835				23,061,702

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
 DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
3	NEW CAP REL COSTS-BL	12,121,529						12,121,529
4	NEW CAP REL COSTS-MV	7,452,437						7,452,437
5	TOTAL	19,573,966						19,573,966

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF. 5
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-3,645,150	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-9,294,612			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	5,802,526			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 OTHER ADJUSTMENTS (SPECIFY)					
38 OTHER ADJUSTMENTS (SPECIFY)					
39 ADMINISTRATION - DISCOUNTS EARN	B	-132,937	A&G SHARED	6.01	
40 ADMINISTRATION - VENDOR REBATES	B	1,069	A&G SHARED	6.01	
41 ADMINISTRATION - MISCELLANEOUS					
42 OTHER ADJUSTMENTS (SPECIFY)					
43 OTHER ADJUSTMENTS (SPECIFY)					
44 MAINTENANCE/TRANSPORTATION - MISCELLANEOUS					
45 ADVERTISING & PROMOTIONS	A	-19,825	A&G SHARED	6.01	
45.01 ADVERTISING & PROMOTIONS	A	-52,411	RADIOLOGY-THERAPEUTIC	42	
45.02 ADVERTISING & PROMOTIONS	A	-12,941	PHYSICAL THERAPY	50	
45.03 ADVERTISING & PROMOTIONS	A	-21,843	ELECTROCARDIOLOGY	53	
45.04 ADVERTISING & PROMOTIONS					
46 CAFETERIA SALES					
46.01 VENDING					
46.02 SENIOR MEALS					
46.03 CAFETERIA REVENUE					
46.04 VENDOR REBATES					
46.05 CASH SALES	B	-6,729	CENTRAL SERVICES & SUPPLY	15	
46.06 CASH SALES	B	-89,136	PHARMACY	16	
47 OTHER ADJUSTMENTS (SPECIFY)					
47.01 MISC INCOME	B	-14,245	A&G SHARED	6.01	
47.02 MISC INCOME	B	-59,617	OTHER ADMINISTRATIVE AND	6.02	
47.03 MISC INCOME	B	-46,723	MAINTENANCE & REPAIRS	7	
47.04 MISC INCOME	B	-118,783	LAUNDRY & LINEN SERVICE	9	
47.05 MISC INCOME	B	-1,951	HOUSEKEEPING	10	
47.06 MISC INCOME	B	-109,197	CAFETERIA	12	
47.07 MISC INCOME	B	-245	CENTRAL SERVICES & SUPPLY	15	
47.08 MISC INCOME	B	-28,030	ADULTS & PEDIATRICS	25	
47.09 MISC INCOME	B	-51,116	RADIOLOGY-DIAGNOSTIC	41	
47.10 MISC INCOME	B	-17,887	RADIOLOGY-THERAPEUTIC	42	
47.11 MISC INCOME	B	-144,887	PHYSICAL THERAPY	50	
47.12 MISC INCOME	B	-2,880	ELECTROCARDIOLOGY	53	
47.13 MISC INCOME	B	-150	CARDIAC CATH LAB	53.01	
47.14 MISC INCOME	B	-2,000	DRUGS CHARGED TO PATIENTS	56	
47.15 MISC INCOME	B	-74	RENAL DIALYSIS	57	
47.16 MISC INCOME	B	-12,314	OP INSTITUTES	60.02	
47.17 MISC INCOME	B	-10,034	BARITRIC CLINIC	60.04	
47.18 MISC INCOME	B	-3,240	PAIN MANAGEMENT	60.05	
47.19 MISC INCOME	B	-2,760	EMERGENCY	61	
48 OUTREACH REVENUE	B	2,483	MAINTENANCE & REPAIRS	7	
48.01 OUTREACH REVENUE					
48.02 OUTREACH REVENUE	B	-3,555	OPERATING ROOM	37	
48.03 OUTREACH REVENUE	B	1,811	ELECTROCARDIOLOGY	53	
48.04 OUTREACH REVENUE	B	-126,103	RENAL DIALYSIS	57	
48.05 OUTREACH REVENUE	B	40,985	OP INSTITUTES	60.02	
49 OTHER OPERATING REVENUE	B	-111,475	A&G SHARED	6.01	
49.01 OTHER OPERATING REVENUE	B	-73,226	OTHER ADMINISTRATIVE AND	6.02	
49.02 RENTAL INCOME	B	-37,960	LAUNDRY & LINEN SERVICE	9	

ADJUSTMENTS TO EXPENSES

PROVIDER NO:
16-0033

PERIOD:
FROM 7/ 1/2009
TO 6/30/2010

PREPARED 11/17/2010
WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO	WKST. A-7 REF. 5
			COST CENTER			
49.03 RENTAL INCOME	B	-81,990	RADIOLOGY-THERAPEUTIC		42	
49.04 COMMON AREA MAINTENANCE 3RD PARTY	B	-14,937	LAUNDRY & LINEN SERVICE		9	
49.05 0						
49.06 INTERCOMPANY REVENUE	B	-125,540	A&G SHARED		6.01	
49.07 INTERCOMPANY REVENUE	B	-173,402	MAINTENANCE & REPAIRS		7	
49.08 INTERCOMPANY REVENUE						
49.09 INTERCOMPANY REVENUE	B	-171,795	CAFETERIA		12	
49.10 INTERCOMPANY REVENUE	B	-192,481	PHYSICAL THERAPY		50	
49.11 INTERCOMPANY REVENUE	B	-18,825	ELECTROCARDIOLOGY		53	
49.12 INTERCOMPANY REVENUE	B	-141,416	ELECTROENCEPHALOGRAPHY		54	
49.13 INTERCOMPANY REVENUE	B	-161,485	DRUGS CHARGED TO PATIENTS		56	
49.14 INTERCOMPANY REVENUE	B	-470,225	PAIN MANAGEMENT		60.05	
49.15 0						
49.16 DONATIONS	A	-1,072,169	A&G SHARED		6.01	
49.17 DONATIONS	A	-3,200	OTHER ADMINISTRATIVE AND		6.02	
49.18 DONATIONS	A	-125	MAINTENANCE & REPAIRS		7	
49.19 DONATIONS	A	-1,000	NURSING ADMINISTRATION		14	
49.20 DONATIONS	A	-3,229	CENTRAL SERVICES & SUPPLY		15	
49.21 DONATIONS	A	-16,744	OPERATING ROOM		37	
49.22 DONATIONS	A	-50	PHYSICAL THERAPY		50	
49.23 DONATIONS	A	-1,200	ELECTROCARDIOLOGY		53	
49.24 DONATIONS	A	-7,367	CARDIAC CATH LAB		53.01	
49.25 DONATIONS	A	-54,396	RESEARCH		97	
49.26						
49.27 NON ALLOWABLE LOBBYING FEES	A	-34,938	OTHER ADMINISTRATIVE AND		6.02	
49.28 SELF INSURANCE OFFSET	A	-2,487,711	EMPLOYEE BENEFITS		5	
49.29 INTEREST EXPENSE 97 BONDS	A	-915,685	NEW CAP REL COSTS-BLDG &		3	11
49.30						
50 TOTAL (SUM OF LINES 1 THRU 49)		-14,555,072				

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
2	6 1	A&G SHARED		109,961	-109,961	
3	10	HOUSEKEEPING		11,200	-11,200	
4	12	CAFETERIA		24,146	-24,146	
4.01	14	NURSING ADMINISTRATION				
4.02	25	ADULTS & PEDIATRICS				
4.03	37	OPERATING ROOM		328,320	-328,320	
4.04	41	RADIOLOGY-DIAGNOSTIC		224,569	-224,569	
4.05	42	RADIOLOGY-THERAPEUTIC		640,460	-640,460	
4.06	50	PHYSICAL THERAPY		376,912	-376,912	
4.07	53	ELECTROCARDIOLOGY		532,033	-532,033	
4.08	56	DRUGS CHARGED TO PATIENTS				
4.09	57	RENAL DIALYSIS		162,987	-162,987	
4.10	96 2	FIRST MED CLINICS				
4.11	60 2	OP INSTITUTES		169,078	-169,078	
4.13	60 4	BARIATRIC CLINIC		94,059	-94,059	
4.14	60 5	PAIN MANAGEMENT		166,978	-166,978	
4.15	98 1	NON REIMBURSEABLE COST	NRCC RELATED RENT EXP	38,011	-38,011	
4.16	98 4	OUTREACH PROGRAMS	NRCC RELATED RENT EXP	16,420	-16,420	
4.17						
4.18	7 1	MOB I	GEN VEN BLDG COST	505,115	505,115	
4.19	7 2	MOB II	GEN VEN BLDG COST	739,970	739,970	
4.20	7 3	BETT MED PARK	GEN VEN BLDG COST	691,827	691,827	
4.21	7 4	NW CLINICS	GEN VEN BLDG COST	376,843	376,843	
4.22	7 5	CPMP I	GEN VEN BLDG COST	726,171	726,171	
4.23	7 6	CPMP II	GEN VEN BLDG COST	811,891	811,891	
4.24	7 7	BETT PLAZA	GEN VEN BLDG COST	969,915	969,915	
4.25	7 8	HEART INSTITUTE	GEN VEN BLDG COST	1,745,130	1,745,130	
4.26	7 9	53RD STREET	GEN VEN BLDG COST	323,790	323,790	
4.27	7 10	ELDRIDGE	GEN VEN BLDG COST	141,673	141,673	
4.28	3	NEW CAP REL COSTS-BLDG &	HOME OFFICE CAPITAL	304,957	304,957	9
4.29	4	NEW CAP REL COSTS-MVBLE E	HOME OFFICE CAPITAL	7,457,597	7,457,597	9
4.30	6 1	A&G SHARED	HOME OFFICE A&G	19,538,376	43,871,009	-24,332,633
4.31	6 2	OTHER ADMINISTRATIVE AND	HOME OFFICE A&G	19,338,188	4,722,350	14,615,838
4.32	24	PARAMED ED PRGM-(SPECIFY)	HOME OFFICE PASTORAL CARE	57,404		57,404
4.33	9	LAUNDRY & LINEN SERVICE	CRESCENT LAUNDRY	820,868	875,938	-55,070
4.34	65	AMBULANCE SERVICES	MEDIC	4,312,795		4,312,795
4.36	6 2	OTHER ADMINISTRATIVE AND	MEDIC TRANSPORTATION	546,998	881,671	-334,673
4.37	5	EMPLOYEE BENEFITS	EMPLOYEE PRESCRIPTION	1,213,397	1,064,429	148,968
4.38	23	I&R SERVICES-OTHER PRGM C	I&R	2,726,270	2,726,270	
4.39	44	LABORATORY	LAB SERVICES	8,962,744	8,962,744	
4.40	42	RADIOLOGY-THERAPEUTIC	RENTAL EQUIPMENT-RELATED	1,345,330	1,855,178	-509,848
5		TOTALS		73,657,249	67,854,723	5,802,526

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) NAME	PERCENTAGE OF OWNERSHIP	AND/OR HOME OFFICE TYPE OF BUSINESS
	2	3	4	5	6
1	C	GENVENTURES		0.00	0.00
2	C	DAVENPORT HOSPITAL AMB. C		0.00	0.00
3	C	GEN MED ED FOUNDATION		0.00	0.00
4	C	GENESIS MEDICAL GROUP		0.00	0.00
5	C	EA I A LI THOTRI PSY		0.00	0.00
5.01	C	METRO LAB		0.00	0.00
5.02	C	CRESCENT LAUNDRY		0.00	0.00
5.03	C	GENESIS HEALTH SYSTEM		0.00	0.00
5.04	C	GENMED		0.00	0.00

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 16-0033
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/17/2010
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6	2 QUALITY MANAGMENT	96,000		96,000	171,400	462	38,071	1,904
2 25	A&P	287,891	282,891	5,000	136,700	40	2,629	131
3 31	1 SUB I I PSYCH	195,550	195,550		142,500			
4 37	OPERATING/ANESTHESIOLOGY	621,663	621,663		204,100			
5 42	RADIATION THERAPY	15,034	2,665	12,369	171,400	99	8,158	408
6 49	PULMONARY	12,000		12,000	171,400	96	7,911	396
7 50	PHYSICAL THERAPY	298,974	156,135	142,839	171,400	1,136	93,611	4,681
8 53	EKG	395,711	365,998	29,713	154,100	170	12,595	630
9 54	EEG	224,913	178,000	46,913	154,100	313	23,189	1,159
10 60	2 OSTOMY	39,067	10,692	28,375	171,400	227	18,706	935
11 60	4 BARIATRIC CLINIC	403,650	397,650	6,000	171,400	40	3,296	165
12 61	EMERGENCY	6,978,413	6,854,930	123,483	171,400	802	66,088	3,304
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	9,568,866	9,066,174	502,692		3,385	274,254	13,713

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 16-0033
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/17/2010
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 6	2 QUALITY MANAGMENT					38,071	57,929	57,929
2 25	A&P					2,629	2,371	285,262
3 31	1 SUB I I PSYCH							195,550
4 37	OPERATING/ANESTHESIOLOGY							621,663
5 42	RADIATION THERAPY					8,158	4,211	6,876
6 49	PULMONARY					7,911	4,089	4,089
7 50	PHYSICAL THERAPY					93,611	49,228	205,363
8 53	EKG					12,595	17,118	383,116
9 54	EEG					23,189	23,724	201,724
10 60	2 OSTOMY					18,706	9,669	20,361
11 60	4 BARIATRIC CLINIC					3,296	2,704	400,354
12 61	EMERGENCY					66,088	57,395	6,912,325
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					274,254	228,438	9,294,612

COST ALLOCATION STATISTICS

PROVIDER NO: 16-0033
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/17/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	ENTERED
6.01	A&G SHARED	4	TOTAL COST	ENTERED
6.02	OTHER ADMINISTRATIVE AND GENERAL	-5	ACCUM. COST	ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE FEET	ENTERED
7.01	MOB I	7	SQUARE FEET	ENTERED
7.02	MOB II	8	SQUARE FEET	ENTERED
7.03	BETT MED PARK	9	SQUARE FEET	ENTERED
7.04	NW CLINICS	10	SQUARE FEET	ENTERED
7.05	CPMP I	11	SQUARE FEET	ENTERED
7.06	CPMP II	12	SQUARE FEET	ENTERED
7.07	BETT PLAZA	13	SQUARE FEET	ENTERED
7.08	HEART INSTITUTE	14	SQUARE FEET	ENTERED
7.09	53RD STREET	15	SQUARE FEET	ENTERED
7.10	ELDRIDGE	16	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	17	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	18	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	19	SQUARE FEET	ENTERED
11	DIETARY	20	MEALS SERVED	ENTERED
12	CAFETERIA	21	MEALS	ENTERED
12.01	EMPLOYEE CAFETERIA	22	FTE'S	ENTERED
14	NURSING ADMINISTRATION	23	NURSING HOURS	ENTERED
15	CENTRAL SERVICES & SUPPLY	24	COSTED REQUIS.	ENTERED
16	PHARMACY	25	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	26	GROSS REVENUE	ENTERED
18	SOCIAL SERVICE	27	TIME SPENT	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	28	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	28	ASSIGNED TIME	ENTERED
24	PARAMED ED PRGM-(SPECIFY)	29	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 16-0033
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/17/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	A&G SHARED	SUBTOTAL	OTHER ADMINISTRATIVE AND
	0	3	4	5	6.01	6a.01	6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	8,151,668	8,151,668					
005 NEW CAP REL COSTS-MVBLE E	14,910,034		14,910,034				
005 EMPLOYEE BENEFITS	14,841,506	36,134		14,877,640			
006 01 A&G SHARED	20,423,166	906,634	241,058	168,107	21,738,965		
006 02 OTHER ADMINISTRATIVE AND	27,971,448	167,946	423,238	134,960	17,738,931	46,436,523	46,436,523
007 MAINTENANCE & REPAIRS	5,860,146	989,109	604,202	567,626		8,021,083	1,585,479
007 01 MOB I	455,533					455,533	
007 02 MOB II	699,206					699,206	
007 03 BETT MED PARK	563,529					563,529	
007 04 NW CLINICS	303,114					303,114	
007 05 CPMP I	643,463					643,463	
007 06 CPMP II	750,268					750,268	
007 07 BETT PLAZA	775,959					775,959	
007 08 HEART INSTITUTE	1,600,313					1,600,313	
007 09 53RD STREET	256,409					256,409	
007 10 ELDRIDGE	104,195					104,195	
008 OPERATION OF PLANT	2,006,013					2,006,013	396,517
009 LAUNDRY & LINEN SERVICE	993,857	34,191	9,474,612	26,424		10,529,084	2,081,221
010 HOUSEKEEPING	2,893,252	65,712	450,267	331,313		3,740,544	739,371
011 DIETARY		168,724	59,816			228,540	45,174
012 CAFETERIA	944,825	93,082			117,524	1,155,431	228,387
012 01 EMPLOYEE CAFETERIA							
014 NURSING ADMINISTRATION	2,174,714	40,372	706,193	303,191		3,224,470	637,362
015 CENTRAL SERVICES & SUPPLY	2,221,381	242,673	175,525	215,922		2,855,501	564,430
016 PHARMACY	4,315,603	126,207	204,107	640,684		5,286,601	1,044,971
017 MEDICAL RECORDS & LIBRARY		91,740				91,740	18,134
018 SOCIAL SERVICE	1,671,693	35,934	5,608	231,369		1,944,604	384,378
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	2,726,269	218,738		161,445		3,106,452	614,034
024 PARAMEDICAL PRGM-(SPECIFY)	57,404					57,404	11,347
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	25,533,259	1,717,165		3,851,319		31,101,743	6,147,695
026 INTENSIVE CARE UNIT	3,347,390	148,023	15,062	481,389		3,991,864	789,048
027 01 NICU	1,542,250	30,693		231,475		1,804,418	356,668
031 SUBPROVIDER I	3,027,657	229,859		439,529		3,697,045	730,773
031 01 SUBPROVIDER PSYCHIATRIC	2,377,037	248,816	2,247	346,789		2,974,889	588,028
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	10,236,401	616,405	407,421	1,179,710		12,439,937	2,458,928
041 RADIOLOGY-DIAGNOSTIC	6,828,772	330,965	679,314	811,001		8,650,052	1,709,804
042 RADIOLOGY-THERAPEUTIC	4,734,650	39,770	1,016,580	418,601		6,209,601	1,227,415
044 LABORATORY	8,973,056	209,547	6,896			9,189,499	1,816,433
047 BLOOD STORING, PROCESSING	3,088,532	4,238	10,046			3,102,816	613,315
049 RESPIRATORY THERAPY	2,566,965	74,990	267,010	368,029		3,276,994	647,744
050 PHYSICAL THERAPY	8,769,843	441,563	62,200	1,252,259		10,525,865	2,080,585
053 ELECTROCARDIOLOGY	2,168,939	30,091	8,526	311,202		2,518,758	497,868
053 01 CARDIAC CATH LAB	3,080,221	137,040	18,998	434,868		3,671,127	725,650
054 ELECTROENCEPHALOGRAPHY	741,524	65,574		123,432		930,530	183,932
055 MEDICAL SUPPLIES CHARGED	9,104,818	9,905				9,114,723	1,801,653
055 30 IMPL. DEV. CHARGED TO PAT	41,955,978					41,955,978	8,293,193
056 DRUGS CHARGED TO PATIENTS	12,872,139					12,872,139	2,544,358
057 RENAL DIALYSIS	3,486,110	51,330		311,737		3,849,177	760,844
060 01 OUTPAT SERVICE COST CNTRS							
060 02 FIRST MED							
060 02 OP INSTITUTES	1,690,168	30,154	9,162	152,242		1,881,726	371,949
060 03 MARC	331,986			5,097		337,083	66,629
060 04 BARIATRIC CLINIC	521,542	20,750		69,603		611,895	120,950
060 05 PAIN MANAGEMENT	123,565			55,759		179,324	35,446
061 EMERGENCY	5,966,471	227,113	254	759,152		6,952,990	1,374,356
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES	4,312,795	24,223				4,337,018	857,272
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	285,697,036	7,905,410	14,848,342	14,501,758	17,738,931	281,013,170	45,151,341
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	1,632	3,222		204		5,058	1,000
096 01 AUXILIARY	82,638	67,053	8,878	5,353		163,922	32,401
096 02 FIRST MED CLINICS							
096 03 EAP							
097 RESEARCH	398,697		8,281	24,764		431,742	85,340
098 PHYSICIANS' PRIVATE OFFICE							
098 01 NON REIMBURSEABLE COST	780,560	130,859	32,379	99,314		1,043,112	206,186
098 02 FOUNDATION	2,977	5,341	3,780	338		12,436	2,458
098 03 OP REHAB - DEWITT							
098 04 OUTREACH PROGRAMS	2,040,523	8,726		4,488		2,053,737	405,950
098 05 PHASE III REHAB	147,890	31,057	8,374	19,238		206,559	40,829
098 06 AFFILIATES					4,000,034	4,000,034	
098 07 NON-ALLOWABLE MEALS	2,363,101			222,183		2,585,284	511,018
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	291,515,054	8,151,668	14,910,034	14,877,640	21,738,965	291,515,054	46,436,523

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 16-0033
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/17/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MAINTENANCE & MOB I REPAIRS	MOB II	BETT MED PARK NW CLINICS	CPMP I	CPMP II		
	7	7.01	7.02	7.03	7.04	7.05	7.06
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 A&G SHARED							
006 02 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS	9,606,562						
007 01 MOB I		455,533					
007 02 MOB II			699,206				
007 03 BETT MED PARK				563,529			
007 04 NW CLINICS					303,114		
007 05 CPMP I						643,463	
007 06 CPMP II							750,268
007 07 BETT PLAZA							
007 08 HEART INSTITUTE							
007 09 53RD STREET							
007 10 ELDRI DGE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	54,274						
010 HOUSEKEEPING	104,309	9,386	3,596	639		614	
011 DIETARY	267,828					16,351	
012 CAFETERIA	147,756						
012 01 EMPLOYEE CAFETERIA							
014 NURSING ADMINISTRATION	64,086		1,397			1,804	
015 CENTRAL SERVICES & SUPPLY	385,213						
016 PHARMACY	200,339						
017 MEDICAL RECORDS & LIBRARY	145,627						
018 SOCIAL SERVICE	57,041	2,843					3,875
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	347,219						
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,725,787		1,397				
026 INTENSIVE CARE UNIT	234,969						
027 01 NICU	48,721						
031 SUBPROVIDER I	364,873						
031 01 SUBPROVIDER PSYCHIATRIC	394,965						
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	978,467					211,919	
042 RADIOLOGY-DIAGNOSTIC	525,366						
042 RADIOLOGY-THERAPEUTIC	63,131	40,306	904			153,859	20,432
044 LABORATORY	332,631						
047 BLOOD STORING, PROCESSING	6,727						
049 RESPIRATORY THERAPY	119,037						
050 PHYSICAL THERAPY	700,926	1,543					
053 ELECTROCARDIOLOGY	47,766						
053 01 CARDIAC CATH LAB	217,534						
054 ELECTROENCEPHALOGRAPHY	104,090						
055 MEDICAL SUPPLIES CHARGED	15,723						
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	81,481	83,883					
060 OUTPAT SERVICE COST CNTRS							
060 01 FIRST MED							
060 02 OP INSTITUTES	47,866					1,767	26,341
060 03 MARC							
060 04 BARIATRIC CLINIC	32,939						
060 05 PAIN MANAGEMENT							
061 EMERGENCY	360,514						
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES	38,452						
095 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	9,215,657	137,961	7,294	639		386,314	50,648
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	5,115						
096 01 AUXILIARY	106,439						
096 02 FIRST MED CLINICS				83,118	120,001		
096 03 EAP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 NON REIMBURSEABLE COST	207,722	317,572	691,912	479,772	183,113	257,149	699,620
098 02 FOUNDATION	8,478						
098 03 OP REHAB - DEWITT							
098 04 OUTREACH PROGRAMS	13,852						
098 05 PHASE III REHAB	49,299						
098 06 AFFILIATES							
098 07 NON-ALLOWABLE MEALS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	9,606,562	455,533	699,206	563,529	303,114	643,463	750,268

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 16-0033
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 PREPARED 11/17/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	BETT PLAZA 7.07	HEART INSTITUTE 7.08	53RD STREET 7.09	ELDRIDGE 7.10	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 A&G SHARED							
006 02 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
007 01 MOB I							
007 02 MOB II							
007 03 BETT MED PARK							
007 04 NW CLINICS							
007 05 CPMP I							
007 06 CPMP II							
007 07 BETT PLAZA	775,959						
007 08 HEART INSTITUTE		1,600,313					
007 09 53RD STREET			256,409				
007 10 ELDRIDGE				104,195			
008 OPERATION OF PLANT					2,402,530		
009 LAUNDRY & LINEN SERVICE					13,574	12,678,153	
010 HOUSEKEEPING					26,087		4,624,546
011 DIETARY					66,982		152,934
012 CAFETERIA					36,953		82,286
012 01 EMPLOYEE CAFETERIA							
014 NURSING ADMINISTRATION					16,027		35,690
015 CENTRAL SERVICES & SUPPLY					96,339		214,527
016 PHARMACY					50,103		111,569
017 MEDICAL RECORDS & LIBRARY	29,073				36,420		81,100
018 SOCIAL SERVICE					14,265		31,766
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C					86,837		193,368
024 PARAMED ED PRGM-(SPECIFY)						1,833	
025 INPAT ROUTINE SRVC CNTRS					681,700	6,191,523	1,518,004
026 ADULTS & PEDIATRICS					58,764	401,531	130,855
027 INTENSIVE CARE UNIT					12,185	60,062	27,133
031 01 NICU					91,252	724,292	
031 01 SUBPROVIDER I					98,778	159,722	
033 SUBPROVIDER II PSYCHIATRIC							
034 NURSERY							
037 SKILLED NURSING FACILITY							
041 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM					244,707	1,445,219	544,912
042 RADIOLOGY-DIAGNOSTIC	16,052				131,390	899,609	292,579
044 RADIOLOGY-THERAPEUTIC					15,789	130,057	35,158
047 LABORATORY					83,188		185,243
049 BLOOD STORING, PROCESSING					1,682	21,095	3,746
050 RESPIRATORY THERAPY					29,770		66,292
053 PHYSICAL THERAPY	145,720				175,297	42,326	390,349
053 01 ELECTROCARDIOLOGY		664,700			11,946	295,168	26,601
054 01 CARDIAC CATH LAB					54,404	370,074	121,146
055 01 ELECTROENCEPHALOGRAPHY					26,032		57,968
055 30 MEDICAL SUPPLIES CHARGED					3,932		8,756
056 30 IMPL. DEV. CHARGED TO PAT							
057 DRUGS CHARGED TO PATIENTS							
060 RENAL DIALYSIS					20,378	19,015	45,377
060 01 OUTPAT SERVICE COST CNTRS							
060 02 FIRST MED							
060 02 OP INSTITUTES	42,230				11,971	66,725	26,657
060 03 MARC							
060 04 BARIATRIC CLINIC					8,238		18,344
060 05 PAIN MANAGEMENT	85,805					1,758	
061 EMERGENCY					90,162	1,800,825	200,772
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES					9,616	27,285	21,414
095 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS	318,880	664,700			2,304,768	12,658,119	4,624,546
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP					1,279		
096 02 AUXILIARY					26,620		
096 02 FIRST MED CLINICS							
096 03 EAP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 NON REIMBURSEABLE COST	457,079	935,613	256,409	104,195	51,950	20,034	
098 02 FOUNDATION					2,120		
098 03 OP REHAB - DEWITT							
098 04 OUTREACH PROGRAMS					3,464		
098 05 PHASE III REHAB					12,329		
098 06 AFFILIATES							
098 07 NON-ALLOWABLE MEALS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	775,959	1,600,313	256,409	104,195	2,402,530	12,678,153	4,624,546

COST ALLOCATION - GENERAL SERVICE COSTS

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 PREPARED 11/17/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	CAFE NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	11	12	12.01	14	15	16	17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 A&G SHARED							
006 02 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
007 01 MOB I							
007 02 MOB II							
007 03 BETT MED PARK							
007 04 NW CLINICS							
007 05 CPMP I							
007 06 CPMP II							
007 07 BETT PLAZA							
007 08 HEART INSTITUTE							
007 09 53RD STREET							
007 10 ELDRI DGE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	777,809						
012 CAFETERIA	560,879	2,211,692					
012 01 EMPLOYEE CAFETERIA		886,551	886,551				
014 NURSING ADMINISTRATION			17,877	3,998,713			
015 CENTRAL SERVICES & SUPPLY			27,544		4,143,554		
016 PHARMACY			33,166		4,136	6,730,885	
017 MEDICAL RECORDS & LIBRARY							402,094
018 SOCIAL SERVICE			15,645	36,362	257		
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	169,176		280,591	2,067,085	22,536		38,077
026 INTENSIVE CARE UNIT	5,912		31,879	241,061	1,797	42	5,840
027 01 NICU			14,387	107,062	481		2,730
031 SUBPROVIDER I	24,295		33,260	253,703	1,939		4,554
031 01 SUBPROVIDER II PSYCHIATRIC	17,547		20,266	148,430	1,097		3,016
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			70,103	450,705	10,159		34,842
041 RADIOLOGY-DIAGNOSTIC			54,545	25,448	4,632		39,798
042 RADIOLOGY-THERAPEUTIC			23,995	33,827	4,034		10,804
044 LABORATORY					599		23,504
047 BLOOD STORING, PROCESSING					64		3,300
049 RESPIRATORY THERAPY			26,128		991		12,896
050 PHYSICAL THERAPY			80,545	2,737	5,130		12,671
053 ELECTROCARDIOLOGY			26,163	69,596	3,446		8,739
053 01 CARDIAC CATH LAB			21,623	76,262	4,269		36,590
054 ELECTROENCEPHALOGRAPHY			8,158	11	542		2,631
055 MEDICAL SUPPLIES CHARGED					726,867		27,123
055 30 IMPL. DEV. CHARGED TO PAT					3,336,667		51,246
056 DRUGS CHARGED TO PATIENTS						6,730,843	38,957
057 RENAL DIALYSIS			23,104	83,298	2,625		3,729
060 01 OUTPAT SERVICE COST CNTRS							
060 02 FIRST MED							
060 02 OP INSTITUTES			9,445	34,106	868		2,466
060 03 MARC					90		176
060 04 BARIATRIC CLINIC			4,982	11,879	1,115		796
060 05 PAIN MANAGEMENT			3,776	13,862	396		780
061 EMERGENCY			53,048	327,866	8,139		36,788
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	777,809	886,551	880,230	3,983,300	4,142,876	6,730,885	402,053
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 AUXILIARY			157		253		
096 02 FIRST MED CLINICS							
096 03 EAP							
097 RESEARCH			1,771		64		
098 PHYSICIANS' PRIVATE OFFIC							
098 01 NON REIMBURSEABLE COST		1,325,141	1,643	8,934	243		
098 02 FOUNDATION							
098 03 OP REHAB - DEWITT			186				
098 04 OUTREACH PROGRAMS			1,037				
098 05 PHASE III REHAB			1,527	6,479	118		41
098 06 AFFILIATES							
098 07 NON-ALLOWABLE MEALS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	777,809	2,211,692	886,551	3,998,713	4,143,554	6,730,885	402,094

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	18	22	23	24	25	26	27
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 A&G SHARED							
006 02 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
007 01 MOB I							
007 02 MOB II							
007 03 BETT MED PARK							
007 04 NW CLINICS							
007 05 CPMP I							
007 06 CPMP II							
007 07 BETT PLAZA							
007 08 HEART INSTITUTE							
007 09 53RD STREET							
007 10 ELDRI DGE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
012 01 EMPLOYEE CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE	2,491,036						
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C			4,347,910				
024 PARAMED ED PRGM-(SPECIFY)				70,584			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,459,519		3,288,591	41,108	55,734,532	-3,288,591	52,445,941
026 INTENSIVE CARE UNIT	67,449		188,197	9,364	6,158,572	-188,197	5,970,375
027 01 NICU	50,499		207,016	204	2,691,566	-207,016	2,484,550
031 SUBPROVIDER I	232,012			5,510	6,163,508		6,163,508
031 01 SUBPROVIDER PSYCHIATRIC	146,199			249	4,553,186		4,553,186
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	170,566		119,334	8,775	19,188,573	-119,334	19,069,239
041 RADIOLOGY-DIAGNOSTIC			236,244		12,585,519	-236,244	12,349,275
042 RADIOLOGY-THERAPEUTIC	79,809				8,049,121		8,049,121
044 LABORATORY			11,548		11,642,645	-11,548	11,631,097
047 BLOOD STORING, PROCESSING					3,752,745		3,752,745
049 RESPIRATORY THERAPY					4,179,852		4,179,852
050 PHYSICAL THERAPY					14,163,694		14,163,694
053 ELECTROCARDIOLOGY	353			113	4,171,217		4,171,217
053 01 CARDIAC CATH LAB				567	5,299,246		5,299,246
054 ELECTROENCEPHALOGRAPHY					1,313,894		1,313,894
055 MEDICAL SUPPLIES CHARGED					11,698,777		11,698,777
055 30 IMPL. DEV. CHARGED TO PAT					53,637,084		53,637,084
056 DRUGS CHARGED TO PATIENTS					22,186,297		22,186,297
057 RENAL DIALYSIS	234,484				5,207,395	-1,413,628	3,793,767
060 01 FIRST MED							
060 02 OP INSTITUTES					2,524,117		2,524,117
060 03 MARC	1,413				405,391		405,391
060 04 BARIATRIC CLINIC					811,138		811,138
060 05 PAIN MANAGEMENT	25,779				346,926		346,926
061 EMERGENCY	22,954		296,980	4,694	11,530,088	-296,980	11,233,108
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES					5,291,057		5,291,057
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,491,036		4,347,910	70,584	273,286,140	-5,761,538	267,524,602
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					12,452		12,452
096 01 AUXILIARY					329,792		329,792
096 02 FIRST MED CLINICS					203,119		203,119
096 03 EAP							
097 RESEARCH					518,917		518,917
098 PHYSICIANS' PRIVATE OFFICE							
098 01 NON REIMBURSEABLE COST					7,247,399		7,247,399
098 02 FOUNDATION					25,492		25,492
098 03 OP REHAB - DEWITT					186		186
098 04 OUTREACH PROGRAMS					2,478,040		2,478,040
098 05 PHASE III REHAB					317,181		317,181
098 06 AFFILIATES					4,000,034		4,000,034
098 07 NON-ALLOWABLE MEALS					3,096,302		3,096,302
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,491,036		4,347,910	70,584	291,515,054	-5,761,538	285,753,516

ALLOCATION OF NEW CAPITAL RELATED COSTS

16-0033

FROM 7/ 1/2009

WORKSHEET B

TO 6/30/2010

PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	A&G SHARED	OTHER ADMINISTRATIVE AND
	0	3	4	4a	5	6.01	6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS			36,134	36,134	36,134		
006 01 A&G SHARED	433,192	906,634	241,058	1,580,884	408	1,581,292	
006 02 OTHER ADMINISTRATIVE AND	11,167	167,946	423,238	602,351	327	1,290,314	1,892,992
007 MAINTENANCE & REPAIRS	72,389	989,109	604,202	1,665,700	1,377		64,634
007 01 MOB I	505,115			505,115			
007 02 MOB II	739,970			739,970			
007 03 BETT MED PARK	691,827			691,827			
007 04 NW CLINICS	376,843			376,843			
007 05 CPMP I	726,171			726,171			
007 06 CPMP II	811,891			811,891			
007 07 BETT PLAZA	969,915			969,915			
007 08 HEART INSTITUTE	1,745,130			1,745,130			
007 09 53RD STREET	323,790			323,790			
007 10 ELDRIDGE	141,673			141,673			
008 OPERATION OF PLANT							16,164
009 LAUNDRY & LINEN SERVICE		34,191	9,474,612	9,508,803	64		84,843
010 HOUSEKEEPING	25,197	65,712	450,267	541,176	804		30,141
011 DIETARY		168,724	59,816	228,540			1,842
012 CAFETERIA	35,325	93,082		128,407	285		9,310
012 01 EMPLOYEE CAFETERIA							
014 NURSING ADMINISTRATION	29,281	40,372	706,193	775,846	736		25,983
015 CENTRAL SERVICES & SUPPLY	346,581	242,673	175,525	764,779	524		23,010
016 PHARMACY	22,400	126,207	204,107	352,714	1,554		42,599
017 MEDICAL RECORDS & LIBRARY		91,740		91,740			739
018 SOCIAL SERVICE	4,645	35,934	5,608	46,187	561		15,670
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C		218,738		218,738	392		25,032
024 PARAMED ED PRGM-(SPECIFY)							463
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	166,105	1,717,165		1,883,270	9,384		250,618
026 INTENSIVE CARE UNIT	24,071	148,023	15,062	187,156	1,168		32,166
027 01 NICU	13,771	30,693		44,464	562		14,540
031 SUBPROVIDER I	24,136	229,859		253,995	1,066		29,791
031 01 SUBPROVIDER II PSYCHIATRIC	5,094	248,816	2,247	256,157	841		23,972
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	606,012	616,405	407,421	1,629,838	2,862		100,241
041 RADIOLOGY-DIAGNOSTIC	260,705	330,965	679,314	1,270,984	1,968		69,702
042 RADIOLOGY-THERAPEUTIC	2,616,468	39,770	1,016,580	3,672,818	1,016		50,037
044 LABORATORY	174	209,547	6,896	216,617			74,049
047 BLOOD STORING, PROCESSING		4,238	10,046	14,284			25,002
049 RESPIRATORY THERAPY	116,522	74,990	267,010	458,522	893		26,406
050 PHYSICAL THERAPY	939,589	441,563	62,200	1,443,352	3,038		84,817
053 ELECTROCARDIOLOGY	549,629	30,091	8,526	588,246	755		20,296
053 01 CARDIAC CATH LAB	138,339	137,040	18,998	294,377	1,055		29,582
054 ELECTROENCEPHALOGRAPHY	16,382	65,574		81,956	299		7,498
055 MEDICAL SUPPLIES CHARGED		9,905		9,905			73,446
055 30 IMPL. DEV. CHARGED TO PAT							338,037
056 DRUGS CHARGED TO PATIENTS							103,724
057 RENAL DIALYSIS	189,263	51,330		240,593	756		31,017
060 01 OUTPAT SERVICE COST CNTRS							
060 01 FIRST MED							
060 02 OP INSTITUTES	182,147	30,154	9,162	221,463	369		15,163
060 03 MARC	5,776			5,776	12		2,716
060 04 BARIATRIC CLINIC	100,887	20,750		121,637	169		4,931
060 05 PAIN MANAGEMENT	172,409			172,409	135		1,445
061 EMERGENCY	33,546	227,113	254	260,913	1,842		56,027
062 OBSERVATION BEDS (NON-DIS)							
065 OTHER REIMBURS COST CNTRS		24,223		24,223			34,948
071 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	14,173,527	7,905,410	14,848,342	36,927,279	35,222	1,290,314	1,840,601
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		3,222		3,222			41
096 01 AUXILIARY	1,910	67,053	8,878	77,841	13		1,321
096 02 FIRST MED CLINICS							
096 03 EAP							
097 RESEARCH	5,459		8,281	13,740	60		3,479
098 PHYSICIANS' PRIVATE OFFIC							
098 01 NON REIMBURSEABLE COST	42,486	130,859	32,379	205,724	241		8,405
098 02 FOUNDATION		5,341	3,780	9,121	1		100
098 03 OP REHAB - DEWITT							
098 04 OUTREACH PROGRAMS	17,869	8,726		26,595	11		16,549
098 05 PHASE III REHAB	13,011	31,057	8,374	52,442	47		1,664
098 06 AFFILIATES						290,978	
098 07 NON-ALLOWABLE MEALS					539		20,832
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	14,254,262	8,151,668	14,910,034	37,315,964	36,134	1,581,292	1,892,992

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		MAINTENANCE & MOB I REPAIRS	MOB II	BETT MED PARK NW CLINICS	CPMP I	CPMP II		
		7	7.01	7.02	7.03	7.04	7.05	7.06
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
006 01	A&G SHARED							
006 02	OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS	1,731,711						
007 01	MOB I		505,115					
007 02	MOB II			739,970				
007 03	BETT MED PARK				691,827			
007 04	NW CLINICS					376,843		
007 05	CPMP I						726,171	
007 06	CPMP II							811,891
007 07	BETT PLAZA							
007 08	HEART INSTITUTE							
007 09	53RD STREET							
007 10	ELDRIDGE							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE	9,784						
010	HOUSEKEEPING	18,803	10,408	3,806	784		693	
011	DIETARY	48,280					18,452	
012	CAFETERIA	26,635						
012 01	EMPLOYEE CAFETERIA							
014	NURSING ADMINISTRATION	11,552		1,479			2,036	
015	CENTRAL SERVICES & SUPPLY	69,440						
016	PHARMACY	36,114						
017	MEDICAL RECORDS & LIBRARY	26,251						
018	SOCIAL SERVICE	10,282	3,152					4,193
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C	62,591						
024	PARAMED ED PRGM-(SPECIFY)							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	491,361		1,479				
026	INTENSIVE CARE UNIT	42,356						
027 01	NICU	8,783						
031	SUBPROVIDER I	65,773						
031 01	SUBPROVIDER II PSYCHIATRIC	71,198						
033	NURSERY							
034	SKILLED NURSING FACILITY							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	176,382					239,158	
041	RADIOLOGY-DIAGNOSTIC	94,704						
042	RADIOLOGY-THERAPEUTIC	11,380	44,693	957			173,635	22,111
044	LABORATORY	59,961						
047	BLOOD STORING, PROCESSING	1,213						
049	RESPIRATORY THERAPY	21,458						
050	PHYSICAL THERAPY	126,351	1,711					
053	ELECTROCARDIOLOGY	8,610						
053 01	CARDIAC CATH LAB	39,213						
054	ELECTROENCEPHALOGRAPHY	18,764						
055	MEDICAL SUPPLIES CHARGED	2,834						
055 30	IMPL. DEV. CHARGED TO PAT							
056	DRUGS CHARGED TO PATIENTS							
057	RENAL DIALYSIS	14,688	93,013					
	OUTPAT SERVICE COST CNTRS							
060 01	FIRST MED							
060 02	OP INSTITUTES	8,628					1,994	28,505
060 03	MARC							
060 04	BARIATRIC CLINIC	5,938						
060 05	PAIN MANAGEMENT							
061	EMERGENCY	64,987						
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES	6,931						
071	HOME HEALTH AGENCY							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	1,661,245	152,977	7,721	784		435,968	54,809
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	922						
096 01	AUXILIARY	19,187						
096 02	FIRST MED CLINICS				102,042	149,189		
096 03	EAP							
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC							
098 01	NON REIMBURSEABLE COST	37,445	352,138	732,249	589,001	227,654	290,203	757,082
098 02	FOUNDATION	1,528						
098 03	OP REHAB - DEWITT							
098 04	OUTREACH PROGRAMS	2,497						
098 05	PHASE III REHAB	8,887						
098 06	AFFILIATES							
098 07	NON-ALLOWABLE MEALS							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	1,731,711	505,115	739,970	691,827	376,843	726,171	811,891

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	7.07	7.08	7.09	7.10	8	9	10
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 A&G SHARED							
006 02 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
007 01 MOB I							
007 02 MOB II							
007 03 BETT MED PARK							
007 04 NW CLINICS							
007 05 CPMP I							
007 06 CPMP II							
007 07 BETT PLAZA	969,915						
007 08 HEART INSTITUTE		1,745,130					
007 09 53RD STREET			323,790				
007 10 ELDRIDGE				141,673			
008 OPERATION OF PLANT					16,164		
009 LAUNDRY & LINEN SERVICE					91	9,603,585	
010 HOUSEKEEPING					176		606,791
011 DIETARY					451		20,067
012 CAFETERIA					249		10,797
012 01 EMPLOYEE CAFETERIA							
014 NURSING ADMINISTRATION					108		4,683
015 CENTRAL SERVICES & SUPPLY					648		28,148
016 PHARMACY					337		14,639
017 MEDICAL RECORDS & LIBRARY	36,339				245		10,641
018 SOCIAL SERVICE					96		4,168
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C					584		25,372
024 PARAMED ED PRGM-(SPECIFY)						1,389	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS					4,587	4,690,020	199,178
027 INTENSIVE CARE UNIT					395	304,156	17,170
027 01 NICU					82	45,497	3,560
031 SUBPROVIDER I					614	548,645	
031 01 SUBPROVIDER II PSYCHIATRIC					665	120,988	
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM					1,646	1,094,740	71,498
042 RADIOLOGY-DIAGNOSTIC	20,065				884	681,446	38,390
044 RADIOLOGY-THERAPEUTIC					106	98,517	4,613
047 LABORATORY					560		24,306
049 BLOOD STORING, PROCESSING					11	15,979	492
050 RESPIRATORY THERAPY					200		8,698
053 PHYSICAL THERAPY	182,143				1,179	32,062	51,218
053 01 ELECTROCARDIOLOGY		724,850			80	223,587	3,490
054 CARDIAC CATH LAB					366	280,327	15,896
055 ELECTROENCEPHALOGRAPHY					175		7,606
055 30 MEDICAL SUPPLIES CHARGED					26		1,149
056 IMPL. DEV. CHARGED TO PAT							
057 DRUGS CHARGED TO PATIENTS							
060 RENAL DIALYSIS					137	14,404	5,954
060 01 OUTPAT SERVICE COST CNTRS							
060 02 FIRST MED							
060 03 OP INSTITUTES	52,786				81	50,543	3,498
060 04 MARC							
060 05 BARIATRIC CLINIC					55		2,407
061 PAIN MANAGEMENT	107,252					1,332	
062 EMERGENCY					607	1,364,109	26,343
065 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
095 AMBULANCE SERVICES					65	20,668	2,810
096 HOME HEALTH AGENCY							
096 01 SPEC PURPOSE COST CENTERS							
096 02 SUBTOTALS	398,585	724,850			15,506	9,588,409	606,791
096 03 NONREIMBURS COST CENTERS							
096 04 GIFT, FLOWER, COFFEE SHOP					9		
096 05 AUXILIARY					179		
096 06 FIRST MED CLINICS							
096 07 EAP							
098 RESEARCH							
098 01 PHYSICIANS' PRIVATE OFFIC							
098 02 NON REIMBURSEABLE COST	571,330	1,020,280	323,790	141,673	350	15,176	
098 03 FOUNDATION					14		
098 04 OP REHAB - DEWITT							
098 05 OUTREACH PROGRAMS					23		
098 06 PHASE III REHAB					83		
098 07 AFFILIATES							
101 NON-ALLOWABLE MEALS							
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL	969,915	1,745,130	323,790	141,673	16,164	9,603,585	606,791

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COST CENTER DESCRIPTION	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	11	12	12.01	14	15	16	17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 A&G SHARED							
006 02 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
007 01 MOB I							
007 02 MOB II							
007 03 BETT MED PARK							
007 04 NW CLINICS							
007 05 CPMP I							
007 06 CPMP II							
007 07 BETT PLAZA							
007 08 HEART INSTITUTE							
007 09 53RD STREET							
007 10 ELDRI DGE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	317,632						
012 CAFETERIA	229,045	404,728					
012 01 EMPLOYEE CAFETERIA		162,234	162,234				
014 NURSING ADMINISTRATION			3,271	825,694			
015 CENTRAL SERVICES & SUPPLY			5,040		891,589		
016 PHARMACY			6,069		890	454,916	
017 MEDICAL RECORDS & LIBRARY							165,955
018 SOCIAL SERVICE			2,863	7,508	55		
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	69,086		51,348	426,833	4,849		15,688
026 INTENSIVE CARE UNIT	2,414		5,834	49,777	387	3	2,406
027 01 NICU			2,633	22,107	104		1,125
031 SUBPROVIDER I	9,921		6,086	52,387	417		1,876
031 01 SUBPROVIDER II PSYCHIATRIC	7,166		3,709	30,649	236		1,243
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM			12,828	93,066	2,186		14,355
042 RADIOLOGY-DIAGNOSTIC			9,981	5,255	997		16,398
044 RADIOLOGY-THERAPEUTIC			4,391	6,985	868		4,451
047 LABORATORY					129		9,684
049 BLOOD STORING, PROCESSING					14		1,360
050 RESPIRATORY THERAPY			4,781		213		5,313
053 PHYSICAL THERAPY			14,739	565	1,104		5,221
053 01 ELECTROCARDIOLOGY			4,788	14,371	742		3,601
054 CARDIAC CATH LAB			3,957	15,747	919		15,076
055 ELECTROENCEPHALOGRAPHY			1,493	2	117		1,084
055 30 MEDICAL SUPPLIES CHARGED					156,408		11,175
056 IMPL. DEV. CHARGED TO PAT					717,962		21,400
057 DRUGS CHARGED TO PATIENTS						454,913	16,051
060 RENAL DIALYSIS			4,228	17,200	565		1,537
060 01 OUTPAT SERVICE COST CNTRS							
060 02 FIRST MED							
060 03 OP INSTITUTES			1,728	7,043	187		1,016
060 04 MARC					19		72
060 05 BARIATRIC CLINIC			912	2,453	240		328
061 PAIN MANAGEMENT			691	2,862	85		321
062 EMERGENCY			9,707	67,701	1,751		15,157
065 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
095 AMBULANCE SERVICES							
095 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS	317,632	162,234	161,077	822,511	891,444	454,916	165,938
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							
096 02 AUXILIARY			29		54		
096 03 FIRST MED CLINICS							
097 EAP							
097 RESEARCH			324		14		
098 PHYSICIANS' PRIVATE OFFIC							
098 01 NON REIMBURSEABLE COST		242,494	301	1,845	52		
098 02 FOUNDATION							
098 03 OP REHAB - DEWITT			34				
098 04 OUTREACH PROGRAMS			190				
098 05 PHASE III REHAB			279	1,338	25		17
098 06 AFFILIATES							
098 07 NON-ALLOWABLE MEALS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	317,632	404,728	162,234	825,694	891,589	454,916	165,955

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	18	22	23	24	25	26	27
	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
003	GENERAL SERVICE COST CNTR						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
006 01	A&G SHARED						
006 02	OTHER ADMINISTRATIVE AND						
007	MAINTENANCE & REPAIRS						
007 01	MOB I						
007 02	MOB II						
007 03	BETT MED PARK						
007 04	NW CLINICS						
007 05	CPMP I						
007 06	CPMP II						
007 07	BETT PLAZA						
007 08	HEART INSTITUTE						
007 09	53RD STREET						
007 10	ELDRIDGE						
008	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING						
011	DIETARY						
012	CAFETERIA						
012 01	EMPLOYEE CAFETERIA						
014	NURSING ADMINISTRATION						
015	CENTRAL SERVICES & SUPPLY						
016	PHARMACY						
017	MEDICAL RECORDS & LIBRARY						
018	SOCIAL SERVICE	94,735					
022	I&R SERVICES-SALARY & FRI						
023	I&R SERVICES-OTHER PRGM C		332,709				
024	PARAMED ED PRGM-(SPECIFY)			1,852			
025	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS	55,508			8,153,209		8,153,209
026	INTENSIVE CARE UNIT	2,565			647,953		647,953
027 01	NICU	1,920			145,377		145,377
031	SUBPROVIDER I	8,823			979,394		979,394
031 01	SUBPROVIDER II PSYCHIATRIC	5,560			522,384		522,384
033	NURSERY						
034	SKILLED NURSING FACILITY						
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM	6,487			3,445,287		3,445,287
041	RADIOLOGY-DIAGNOSTIC				2,210,774		2,210,774
042	RADIOLOGY-THERAPEUTIC	3,035			4,099,613		4,099,613
044	LABORATORY				385,306		385,306
047	BLOOD STORING, PROCESSING				58,355		58,355
049	RESPIRATORY THERAPY				526,484		526,484
050	PHYSICAL THERAPY				1,947,500		1,947,500
053	ELECTROCARDIOLOGY	13			1,593,429		1,593,429
053 01	CARDIAC CATH LAB				696,515		696,515
054	ELECTROENCEPHALOGRAPHY				118,994		118,994
055	MEDICAL SUPPLIES CHARGED				254,943		254,943
055 30	IMPL. DEV. CHARGED TO PAT				1,077,399		1,077,399
056	DRUGS CHARGED TO PATIENTS				574,688		574,688
057	RENAL DIALYSIS	8,917			433,009		433,009
060 01	OUTPAT SERVICE COST CNTRS						
060 01	FIRST MED						
060 02	OP INSTITUTES				393,004		393,004
060 03	MARC	54			8,649		8,649
060 04	BARIATRIC CLINIC				139,070		139,070
060 05	PAIN MANAGEMENT	980			287,512		287,512
061	EMERGENCY	873			1,870,017		1,870,017
062	OBSERVATION BEDS (NON-DIS						
062	OTHER REIMBURS COST CNTRS						
065	AMBULANCE SERVICES				89,645		89,645
071	HOME HEALTH AGENCY						
071	SPEC PURPOSE COST CENTERS						
095	SUBTOTALS	94,735			30,658,510		30,658,510
096	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP				4,194		4,194
096 01	AUXILIARY				98,624		98,624
096 02	FIRST MED CLINICS				251,231		251,231
096 03	EAP						
097	RESEARCH				17,617		17,617
098	PHYSICIANS' PRIVATE OFFIC						
098 01	NON REIMBURSEABLE COST				5,517,433		5,517,433
098 02	FOUNDATION				10,764		10,764
098 03	OP REHAB - DEWITT				34		34
098 04	OUTREACH PROGRAMS				45,865		45,865
098 05	PHASE III REHAB				64,782		64,782
098 06	AFFILIATES				290,978		290,978
098 07	NON-ALLOWABLE MEALS				21,371		21,371
101	CROSS FOOT ADJUSTMENTS		332,709	1,852	334,561		334,561
102	NEGATIVE COST CENTER						
103	TOTAL	94,735	332,709	1,852	37,315,964		37,315,964

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COST CENTER
 DESCRIPTION

003 GENERAL SERVICE COST CNTR
 004 NEW CAP REL COSTS-BLDG &
 005 NEW CAP REL COSTS-MVBLE E
 006 EMPLOYEE BENEFITS
 006 01 A&G SHARED
 006 02 OTHER ADMINISTRATIVE AND
 007 MAINTENANCE & REPAIRS
 007 01 MOB I
 007 02 MOB II
 007 03 BETT MED PARK
 007 04 NW CLINICS
 007 05 CPMP I
 007 06 CPMP II
 007 07 BETT PLAZA
 007 08 HEART INSTITUTE
 007 09 53RD STREET
 007 10 ELDRI DGE
 008 OPERATION OF PLANT
 009 LAUNDRY & LINEN SERVICE
 010 HOUSEKEEPING
 011 DIETARY
 012 CAFETERIA
 012 01 EMPLOYEE CAFETERIA
 014 NURSING ADMINISTRATION
 015 CENTRAL SERVICES & SUPPLY
 016 PHARMACY
 017 MEDICAL RECORDS & LIBRARY
 018 SOCIAL SERVICE
 022 I&R SERVICES-SALARY & FRI
 023 I&R SERVICES-OTHER PRGM C
 024 PARAMED ED PRGM-(SPECIFY)
 INPAT ROUTINE SRVC CNTRS
 025 ADULTS & PEDIATRICS
 026 INTENSIVE CARE UNIT
 027 01 NICU
 031 SUBPROVIDER I
 031 01 SUBPROVIDER II PSYCHIATRIC
 033 NURSERY
 034 SKILLED NURSING FACILITY
 ANCILLARY SRVC COST CNTRS
 037 OPERATING ROOM
 041 RADIOLOGY-DIAGNOSTIC
 042 RADIOLOGY-THERAPEUTIC
 044 LABORATORY
 047 BLOOD STORING, PROCESSING
 049 RESPIRATORY THERAPY
 050 PHYSICAL THERAPY
 053 ELECTROCARDIOLOGY
 053 01 CARDIAC CATH LAB
 054 ELECTROENCEPHALOGRAPHY
 055 MEDICAL SUPPLIES CHARGED
 055 30 IMPL. DEV. CHARGED TO PAT
 056 DRUGS CHARGED TO PATIENTS
 057 RENAL DIALYSIS
 OUTPAT SERVICE COST CNTRS
 060 01 FIRST MED
 060 02 OP INSTITUTES
 060 03 MARC
 060 04 BARIATRIC CLINIC
 060 05 PAIN MANAGEMENT
 061 EMERGENCY
 062 OBSERVATION BEDS (NON-DIS
 OTHER REIMBURS COST CNTRS
 065 AMBULANCE SERVICES
 071 HOME HEALTH AGENCY
 SPEC PURPOSE COST CENTERS
 095 SUBTOTALS
 NONREIMBURS COST CENTERS
 096 GIFT, FLOWER, COFFEE SHOP
 096 01 AUXILIARY
 096 02 FIRST MED CLINICS
 096 03 EAP
 097 RESEARCH
 098 PHYSICIANS' PRIVATE OFFICE
 098 01 NON REIMBURSEABLE COST
 098 02 FOUNDATION
 098 03 OP REHAB - DEWITT
 098 04 OUTREACH PROGRAMS
 098 05 PHASE III REHAB
 098 06 AFFILIATES
 098 07 NON-ALLOWABLE MEALS
 101 CROSS FOOT ADJUSTMENTS
 102 NEGATIVE COST CENTER
 103 TOTAL

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-MVBLE & OSTS	EMPLOYEE BENEFITS	A&G SHARED	RECONCILIATION	OTHER ADMINISTRATIVE AND
	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	(TOTAL COST)	()	(ACCUM. COST)
	3	4	5	6.01	6a.02	6.02
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	650,158					
005 NEW CAP REL COSTS-MVB		6,867,230				
005 EMPLOYEE BENEFITS	2,882		90,010,825			
006 01 A&G SHARED	72,311	111,026	1,017,064	303,469,885		
006 02 OTHER ADMINISTRATIVE	13,395	194,934	816,519	247,630,786	-46,436,523	234,926,508
007 MAINTENANCE & REPAIRS	78,889	278,282	3,434,182			8,021,083
007 01 MOB I					-455,533	
007 02 MOB II					-699,206	
007 03 BETT MED PARK					-563,529	
007 04 NW CLINICS					-303,114	
007 05 CPMP I					-643,463	
007 06 CPMP II					-750,268	
007 07 BETT PLAZA					-775,959	
007 08 HEART INSTITUTE					-1,600,313	
007 09 53RD STREET					-256,409	
007 10 ELDRI DGE					-104,195	
008 OPERATION OF PLANT						2,006,013
009 LAUNDRY & LINEN SERVI	2,727	4,363,795	159,869			10,529,084
010 HOUSEKEEPING	5,241	207,383	2,004,474			3,740,544
011 DIETARY	13,457	27,550				228,540
012 CAFETERIA	7,424		711,029			1,155,431
012 01 EMPLOYEE CAFETERIA						
014 NURSING ADMINISTRATIO	3,220	325,257	1,834,333			3,224,470
015 CENTRAL SERVICES & SU	19,355	80,843	1,306,343			2,855,501
016 PHARMACY	10,066	94,007	3,876,192			5,286,601
017 MEDICAL RECORDS & LIB	7,317					91,740
018 SOCIAL SERVICE	2,866	2,583	1,399,801			1,944,604
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR	17,446		976,757			3,106,452
024 PARAMED ED PRGM-(SPEC						57,404
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	136,957		23,300,671			31,101,743
026 INTENSIVE CARE UNIT	11,806	6,937	2,912,443			3,991,864
027 01 NICU	2,448		1,400,443			1,804,418
031 SUBPROVIDER I	18,333		2,659,185			3,697,045
031 01 SUBPROVIDER II PSYCHI	19,845	1,035	2,098,102			2,974,889
033 NURSERY						
034 SKILLED NURSING FACIL						
034 ANCILLARY SRVC COST C						
037 OPERATING ROOM	49,163	187,649	7,137,341			12,439,937
041 RADIOLOGY-DIAGNOSTIC	26,397	312,877	4,906,625			8,650,052
042 RADIOLOGY-THERAPEUTIC	3,172	468,214	2,532,571			6,209,601
044 LABORATORY	16,713	3,176				9,189,499
047 BLOOD STORING, PROCES	338	4,627				3,102,816
049 RESPIRATORY THERAPY	5,981	122,979	2,226,607			3,276,994
050 PHYSICAL THERAPY	35,218	28,648	7,576,270			10,525,865
053 ELECTROCARDIOLOGY	2,400	3,927	1,882,797			2,518,758
053 01 CARDIAC CATH LAB	10,930	8,750	2,630,988			3,671,127
054 ELECTROENCEPHALOGRAPH	5,230		746,776			930,530
055 MEDICAL SUPPLIES CHAR	790					9,114,723
055 30 IMPL. DEV. CHARGED TO						41,955,978
056 DRUGS CHARGED TO PATI						12,872,139
057 RENAL DIALYSIS	4,094		1,886,033			3,849,177
060 01 OUTPAT SERVICE COST C						
060 01 FIRST MED						
060 02 OP INSTITUTES	2,405	4,220	921,079			1,881,726
060 03 MARC			30,837			337,083
060 04 BARIATRIC CLINIC	1,655		421,102			611,895
060 05 PAIN MANAGEMENT			337,346			179,324
061 EMERGENCY	18,114	117	4,592,931			6,952,990
062 OBSERVATION BEDS (NON						
062 OTHER REIMBURS COST C						
065 AMBULANCE SERVICES	1,932					4,337,018
071 HOME HEALTH AGENCY						
071 SPEC PURPOSE COST CEN						
095 SUBTOTALS	630,517	6,838,816	87,736,710	247,630,786	-52,588,512	228,424,658
095 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	257		1,235			5,058
096 01 AUXILIARY	5,348	4,089	32,387			163,922
096 02 FIRST MED CLINICS						
096 03 EAP						
097 RESEARCH		3,814	149,825			431,742
098 PHYSICIANS' PRIVATE O						
098 01 NON REIMBURSEABLE COS	10,437	14,913	600,857			1,043,112
098 02 FOUNDATION	426	1,741	2,047			12,436
098 03 OP REHAB - DEWITT						
098 04 OUTREACH PROGRAMS	696		27,150			2,053,737
098 05 PHASE III REHAB	2,477	3,857	116,390			206,559
098 06 AFFILIATES				55,839,099	-4,000,034	
098 07 NON-ALLOWABLE MEALS			1,344,224			2,585,284
101 CROSS FOOT ADJUSTMENT						

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	A&G SHARED	RECONCILIATION	OTHER ADMINIS
	OSTS-BLDG &	OSTS-MVBLE E	FITS			TRATIVE AND
	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	(TOTAL COST)		(ACCUM. COST)
	3	4	5	6.01	6a.02	6.02
102 NONREIMBURS COST CENT						
103 NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)	8,151,668	14,910,034	14,877,640	21,738,965		46,436,523
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	12.537980		.165287			.197664
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		2.171186		.071635		
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)			36,134	1,581,292		1,892,992
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)			.000401	.005211		.008058

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MAINTENANCE & MOB I REPAIRS		MOB II	BETT MED PARK NW CLINICS		CPMP I	CPMP II
	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)
GENERAL SERVICE COST	7	7.01	7.02	7.03	7.04	7.05	7.06
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 A&G SHARED							
006 02 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS	482,681						
007 01 MOB I		39,263					
007 02 MOB II			34,028				
007 03 BETT MED PARK				22,943			
007 04 NW CLINICS					10,225		
007 05 CPMP I						51,357	
007 06 CPMP II							46,854
007 07 BETT PLAZA							
007 08 HEART INSTITUTE							
007 09 53RD STREET							
007 10 ELDRI DGE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI	2,727						
010 HOUSEKEEPING	5,241	809	175	26		49	
011 DIETARY	13,457					1,305	
012 CAFETERIA	7,424						
012 01 EMPLOYEE CAFETERIA							
014 NURSING ADMINISTRATIO	3,220		68			144	
015 CENTRAL SERVICES & SU	19,355						
016 PHARMACY	10,066						
017 MEDICAL RECORDS & LIB	7,317						
018 SOCIAL SERVICE	2,866	245					242
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR	17,446						
024 PARAMED ED PRGM-(SPEC							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	136,957		68				
026 INTENSIVE CARE UNIT	11,806						
027 01 NICU	2,448						
031 SUBPROVIDER I	18,333						
031 01 SUBPRO II PSYCHIATRI	19,845						
033 NURSERY							
034 SKILLED NURSING FACIL							
037 ANCILLARY SRVC COST C							
041 OPERATING ROOM	49,163					16,914	
042 RADIOLOGY-DIAGNOSTIC	26,397						
042 RADIOLOGY-THERAPEUTIC	3,172	3,474	44			12,280	1,276
044 LABORATORY	16,713						
047 BLOOD STORING, PROCES	338						
049 RESPIRATORY THERAPY	5,981						
050 PHYSICAL THERAPY	35,218	133					
053 ELECTROCARDIOLOGY	2,400						
053 01 CARDIAC CATH LAB	10,930						
054 ELECTROENCEPHALOGRAPH	5,230						
055 MEDICAL SUPPLIES CHAR	790						
055 30 IMPL. DEV. CHARGED TO							
056 DRUGS CHARGED TO PATI							
057 RENAL DIALYSIS	4,094	7,230					
060 01 FIRST MED							
060 02 OP INSTITUTES	2,405					141	1,645
060 03 MARC							
060 04 BARIATRIC CLINIC	1,655						
060 05 PAIN MANAGEMENT							
061 EMERGENCY	18,114						
062 OBSERVATION BEDS (NON							
065 OTHER REIMBURS COST C							
071 AMBULANCE SERVICES	1,932						
095 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CEN							
095 SUBTOTALS	463,040	11,891	355	26		30,833	3,163
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	257						
096 01 AUXILIARY	5,348						
096 02 FIRST MED CLINICS				3,384	4,048		
096 03 EAP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE O							
098 01 NON REIMBURSEABLE COS	10,437	27,372	33,673	19,533	6,177	20,524	43,691
098 02 FOUNDATION	426						
098 03 OP REHAB - DEWITT							
098 04 OUTREACH PROGRAMS	696						
098 05 PHASE III REHAB	2,477						
098 06 AFFILIATES							
098 07 NON-ALLOWABLE MEALS							
101 CROSS FOOT ADJUSTMENT							

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 16-0033
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/17/2010
 WORKSHEET B-1

	COST CENTER DESCRIPTION	MAINTENANCE & MOB I REPAIRS		MOB II	BETT MED PARK NW CLINICS		CPMP I	CPMP II
		(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)
		7	7.01	7.02	7.03	7.04	7.05	7.06
102	NONREIMBURS COST CENT							
103	NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)	9,606,562	455,533	699,206	563,529	303,114	643,463	750,268
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	19.902507	11.602094	20.547961	24.562132	29.644401	12.529217	16.012891
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	1,731,711	505,115	739,970	691,827	376,843	726,171	811,891
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	3.587692	12.864911	21.745915	30.154165	36.855061	14.139669	17.328104

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 16-0033
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/17/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)
GENERAL SERVICE COST	7.07	7.08	7.09	7.10	8	9	10
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 A&G SHARED							
006 02 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
007 01 MOB I							
007 02 MOB II							
007 03 BETT MED PARK							
007 04 NW CLINICS							
007 05 CPMP I							
007 06 CPMP II							
007 07 BETT PLAZA	56,557						
007 08 HEART INSTITUTE		75,097					
007 09 53RD STREET			13,636				
007 10 ELDRIDGE				7,560			
008 OPERATION OF PLANT					482,681		
009 LAUNDRY & LINEN SERVICE					2,727	1,853,520	
010 HOUSEKEEPING					5,241		417,235
011 DIETARY					13,457		13,798
012 CAFETERIA					7,424		7,424
012 01 EMPLOYEE CAFETERIA							
014 NURSING ADMINISTRATION					3,220		3,220
015 CENTRAL SERVICES & SU					19,355		19,355
016 PHARMACY					10,066		10,066
017 MEDICAL RECORDS & LIB	2,119				7,317		7,317
018 SOCIAL SERVICE					2,866		2,866
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR					17,446		17,446
024 PARAMEDICAL PRGM-(SPEC						268	
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS					136,957	905,188	136,957
026 INTENSIVE CARE UNIT					11,806	58,703	11,806
027 01 NICU					2,448	8,781	2,448
031 SUBPROVIDER I					18,333	105,890	
031 01 SUBPROVIDER II PSYCHIATRI					19,845	23,351	
033 NURSERY							
034 SKILLED NURSING FACIL							
034 ANCILLARY SRVC COST C							
037 OPERATING ROOM					49,163	211,288	49,163
041 RADIOLOGY-DIAGNOSTIC	1,170				26,397	131,521	26,397
042 RADIOLOGY-THERAPEUTIC					3,172	19,014	3,172
044 LABORATORY					16,713		16,713
047 BLOOD STORAGE, PROCES					338	3,084	338
049 RESPIRATORY THERAPY					5,981		5,981
050 PHYSICAL THERAPY	10,621				35,218	6,188	35,218
053 ELECTROCARDIOLOGY		31,192			2,400	43,153	2,400
053 01 CARDIAC CATH LAB					10,930	54,104	10,930
054 ELECTROENCEPHALOGRAPH					5,230		5,230
055 MEDICAL SUPPLIES CHAR					790		790
055 30 IMPL. DEV. CHARGED TO							
056 DRUGS CHARGED TO PATI							
057 RENAL DIALYSIS					4,094	2,780	4,094
060 01 OUTPAT SERVICE COST C							
060 01 FIRST MED							
060 02 OP INSTITUTES	3,078				2,405	9,755	2,405
060 03 MARC							
060 04 BARIATRIC CLINIC					1,655		1,655
060 05 PAIN MANAGEMENT	6,254					257	
061 EMERGENCY					18,114	263,277	18,114
062 OBSERVATION BEDS (NON							
062 OTHER REIMBURS COST C							
065 AMBULANCE SERVICES					1,932	3,989	1,932
071 HOME HEALTH AGENCY							
071 SPEC PURPOSE COST CEN							
095 SUBTOTALS	23,242	31,192			463,040	1,850,591	417,235
095 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE					257		
096 01 AUXILIARY					5,348		
096 02 FIRST MED CLINICS							
096 03 EAP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE O							
098 01 NON REIMBURSEABLE COS	33,315	43,905	13,636	7,560	10,437	2,929	
098 02 FOUNDATION					426		
098 03 OP REHAB - DEWITT							
098 04 OUTREACH PROGRAMS					696		
098 05 PHASE III REHAB					2,477		
098 06 AFFILIATES							
098 07 NON-ALLOWABLE MEALS							
101 CROSS FOOT ADJUSTMENT							

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 16-0033
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/17/2010
 WORKSHEET B-1

	COST CENTER DESCRIPTION	BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
		(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF) LAUNDRY	(SQUARE FEET)
	NONREIMBURS COST CENTER	7.07	7.08	7.09	7.10	8	9	10
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	775,959	1,600,313	256,409	104,195	2,402,530	12,678,153	4,624,546
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	13.719946	21.309946	18.803828	13.782407	4.977470	6.840041	11.083792
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)	969,915	1,745,130	323,790	141,673	16,164	9,603,585	606,791
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	17.149336	23.238345	23.745233	18.739815	.033488	5.181269	1.454315

COST ALLOCATION - STATISTICAL BASIS

16-0033

FROM 7/ 1/2009

WORKSHEET B-1

TO 6/30/2010

COST CENTER DESCRIPTION	DIETARY (MEALS SERVED)	CAFETERIA (MEALS)	EMPLOYEE CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)
GENERAL SERVICE COST	11	12	12.01	14	15	16	17
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 A&G SHARED							
006 02 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
007 01 MOB I							
007 02 MOB II							
007 03 BETT MED PARK							
007 04 NW CLINICS							
007 05 CPMP I							
007 06 CPMP II							
007 07 BETT PLAZA							
007 08 HEART INSTITUTE							
007 09 53RD STREET							
007 10 ELDRI DGE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	984,350						
012 CAFETERIA	709,816	830,962					
012 01 EMPLOYEE CAFETERIA		333,089	152,149				
014 NURSING ADMINISTRATION			3,068	1,843,638			
015 CENTRAL SERVICES & SU			4,727		52,104,186		
016 PHARMACY			5,692		52,012	14,581,735	
017 MEDICAL RECORDS & LIB							862,384,685
018 SOCIAL SERVICE			2,685	16,765	3,236		
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM-(SPEC							
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	214,099		48,155	953,046	283,391		81,709,899
026 INTENSIVE CARE UNIT	7,482		5,471	111,143	22,593	90	12,531,947
027 01 NICU			2,469	49,362	6,052		5,859,074
031 SUBPROVIDER I	30,746		5,708	116,972	24,380		9,771,657
031 01 SUBPROVIDER II PSYCHIATRI	22,207		3,478	68,435	13,799		6,471,758
033 NURSERY							
034 SKILLED NURSING FACIL							
ANCILLARY SRVC COST C							
037 OPERATING ROOM			12,031	207,801	127,746		74,767,618
041 RADIOLOGY-DIAGNOSTIC			9,361	11,733	58,247		85,403,929
042 RADIOLOGY-THERAPEUTIC			4,118	15,596	50,731		23,184,153
044 LABORATORY					7,535		50,438,708
047 BLOOD STORAGE, PROCES					801		7,081,950
049 RESPIRATORY THERAPY			4,484		12,464		27,672,766
050 PHYSICAL THERAPY			13,823	1,262	64,507		27,190,750
053 ELECTROCARDIOLOGY			4,490	32,088	43,336		18,753,599
053 01 CARDIAC CATH LAB			3,711	35,161	53,678		78,520,109
054 ELECTROENCEPHALOGRAPH			1,400	5	6,820		5,645,716
055 MEDICAL SUPPLIES CHAR					9,140,228		58,203,594
055 30 IMPL. DEV. CHARGED TO					41,957,703		109,492,432
056 DRUGS CHARGED TO PATI						14,581,645	83,599,164
057 RENAL DIALYSIS			3,965	38,405	33,014		8,002,891
OUTPAT SERVICE COST C							
060 01 FIRST MED							
060 02 OP INSTITUTES			1,621	15,725	10,912		5,291,043
060 03 MARC					1,136		377,543
060 04 BARIATRIC CLINIC			855	5,477	14,021		1,708,421
060 05 PAIN MANAGEMENT			648	6,391	4,974		1,673,084
061 EMERGENCY			9,104	151,165	102,349		78,945,205
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	984,350	333,089	151,064	1,836,532	52,095,665	14,581,735	862,297,010
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
096 01 AUXILIARY			27		3,180		
096 02 FIRST MED CLINICS							
096 03 EAP							
097 RESEARCH			304		806		
098 PHYSICIANS' PRIVATE O							
098 01 NON REIMBURSEABLE COS		497,873	282	4,119	3,056		
098 02 FOUNDATION							
098 03 OP REHAB - DEWITT			32				
098 04 OUTREACH PROGRAMS			178				
098 05 PHASE III REHAB			262	2,987	1,479		87,675
098 06 AFFILIATES							
098 07 NON-ALLOWABLE MEALS							
101 CROSS FOOT ADJUSTMENT							

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED 11/17/2010
16-0033	FROM 7/ 1/2009	WORKSHEET B-1
	TO 6/30/2010	

	COST CENTER DESCRIPTION	DIETARY (MEALS SERVED)	CAFETERIA (MEALS)	EMPLOYEE CAFE TERIA (FTE' S)	NURSING ADMIN ISTRATION (NURSING) HOURS	CENTRAL SERVI CES & SUPPLY (COSTED) REQUI S.	PHARMACY (COSTED) REQUI S.	MEDICAL RECOR DS & LIBRARY (GROSS) REVENUE)
	NONREIMBURS COST CENT	11	12	12.01	14	15	16	17
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	777,809	2,211,692	886,551	3,998,713	4,143,554	6,730,885	402,094
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.790175	2.661604	5.826861	2.168925	.079524	.461597	.000466
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)	317,632	404,728	162,234	825,694	891,589	454,916	165,955
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.322682	.487060	1.066284	.447861	.017112	.031198	.000192

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 16-0033
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/17/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE (TIME SPENT)	I&R SERVICES-SALARY & FRI (ASSIGNED TIME)	I&R SERVICES-OTHER PRGM C (ASSIGNED TIME)	PARAMED ED PRGM-(SPECIFY) (ASSIGNED TIME)
GENERAL SERVICE COST	18	22	23	24
003 NEW CAP REL COSTS-BLD				
004 NEW CAP REL COSTS-MVB				
005 EMPLOYEE BENEFITS				
006 01 A&G SHARED				
006 02 OTHER ADMINISTRATIVE				
007 MAINTENANCE & REPAIRS				
007 01 MOB I				
007 02 MOB II				
007 03 BETT MED PARK				
007 04 NW CLINICS				
007 05 CPMP I				
007 06 CPMP II				
007 07 BETT PLAZA				
007 08 HEART INSTITUTE				
007 09 53RD STREET				
007 10 ELDRI DGE				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVI				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
012 01 EMPLOYEE CAFETERIA				
014 NURSING ADMINISTRATIO				
015 CENTRAL SERVICES & SU				
016 PHARMACY				
017 MEDICAL RECORDS & LIB				
018 SOCIAL SERVICE	7,054			
022 I&R SERVICES-SALARY &		30,496		
023 I&R SERVICES-OTHER PR			30,496	
024 PARAMED ED PRGM-(SPEC				3,113
INPAT ROUTINE SRVC CN				
025 ADULTS & PEDIATRICS	4,133	23,066	23,066	1,813
026 INTENSIVE CARE UNIT	191	1,320	1,320	413
027 01 NICU	143	1,452	1,452	9
031 SUBPROVIDER I	657			243
031 01 SUBPROVIDER I PSYCHIATRI	414			11
033 NURSERY				
034 SKILLED NURSING FACIL				
ANCILLARY SRVC COST C				
037 OPERATING ROOM	483	837	837	387
041 RADIOLOGY-DIAGNOSTIC		1,657	1,657	
042 RADIOLOGY-THERAPEUTIC	226			
044 LABORATORY		81	81	
047 BLOOD STORING, PROCES				
049 RESPIRATORY THERAPY				
050 PHYSICAL THERAPY				
053 ELECTROCARDIOLOGY	1			5
053 01 CARDIAC CATH LAB				25
054 ELECTROENCEPHALOGRAPH				
055 MEDICAL SUPPLIES CHAR				
055 30 IMPL. DEV. CHARGED TO				
056 DRUGS CHARGED TO PATI				
057 RENAL DIALYSIS	664			
OUTPAT SERVICE COST C				
060 01 FIRST MED				
060 02 OP INSTITUTES				
060 03 MARC	4			
060 04 BARIATRIC CLINIC				
060 05 PAIN MANAGEMENT	73			
061 EMERGENCY	65	2,083	2,083	207
062 OBSERVATION BEDS (NON				
OTHER REIMBURS COST C				
065 AMBULANCE SERVICES				
071 HOME HEALTH AGENCY				
SPEC PURPOSE COST CEN				
095 SUBTOTALS	7,054	30,496	30,496	3,113
NONREIMBURS COST CENT				
096 GIFT, FLOWER, COFFEE				
096 01 AUXILIARY				
096 02 FIRST MED CLINICS				
096 03 EAP				
097 RESEARCH				
098 PHYSICIANS' PRIVATE O				
098 01 NON REIMBURSEABLE COS				
098 02 FOUNDATION				
098 03 OP REHAB - DEWITT				
098 04 OUTREACH PROGRAMS				
098 05 PHASE III REHAB				
098 06 AFFILIATES				
098 07 NON-ALLOWABLE MEALS				
101 CROSS FOOT ADJUSTMENT				

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED 11/17/2010
16-0033	FROM 7/ 1/2009	WORKSHEET B-1
	TO 6/30/2010	

	COST CENTER DESCRIPTION	SOCIAL SERVICE (TIME SPENT	I&R SERVICES- SALARY & FRI (ASSIGNED)TIME	I&R SERVICES- OTHER PRGM C (ASSIGNED)TIME	PARAMED ED PR GM-(SPECIFY) (ASSIGNED)TIME
	NONREIMBURS COST CENT	18	22	23	24
102	NEGATIVE COST CENTER				
103	COST TO BE ALLOCATED	2,491,036		4,347,910	70,584
	(PER WRKSHT B, PART				
104	UNIT COST MULTIPLIER				22.673948
	(WRKSHT B, PT I)				
105	COST TO BE ALLOCATED	353.138078		142.573124	
	(PER WRKSHT B, PART				
106	UNIT COST MULTIPLIER				
	(WRKSHT B, PT II)				
107	COST TO BE ALLOCATED	94,735		332,709	1,852
	(PER WRKSHT B, PART				
108	UNIT COST MULTIPLIER				.594925
	(WRKSHT B, PT III)	13.429969		10.909923	

POST STEP DOWN ADJUSTMENTS

PROVIDER NO:
16-0033

PERIOD:
FROM 7/ 1/2009
TO 6/30/2010

PREPARED 11/17/2010
WORKSHEET B-2

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

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 16-0033
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/17/2010
 WORKSHEET C
 PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	52,445,941		52,445,941	2,371	52,448,312
26	INTENSIVE CARE UNIT	5,970,375		5,970,375		5,970,375
27	01 NICU	2,484,550		2,484,550		2,484,550
31	SUBPROVIDER I	6,163,508		6,163,508		6,163,508
31	01 SUBPROVIDER II PSYCHIATRIC	4,553,186		4,553,186		4,553,186
33	NURSERY					
34	SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	19,069,239		19,069,239		19,069,239
41	RADIOLOGY-DIAGNOSTIC	12,349,275		12,349,275		12,349,275
42	RADIOLOGY-THERAPEUTIC	8,049,121		8,049,121	4,211	8,053,332
44	LABORATORY	11,631,097		11,631,097		11,631,097
47	BLOOD STORAGE, PROCESSING	3,752,745		3,752,745		3,752,745
49	RESPIRATORY THERAPY	4,179,852		4,179,852	4,089	4,183,941
50	PHYSICAL THERAPY	14,163,694		14,163,694	49,228	14,212,922
53	ELECTROCARDIOLOGY	4,171,217		4,171,217	17,118	4,188,335
53	01 CARDIAC CATH LAB	5,299,246		5,299,246		5,299,246
54	ELECTROENCEPHALOGRAPHY	1,313,894		1,313,894	23,724	1,337,618
55	MEDICAL SUPPLIES CHARGED	11,698,777		11,698,777		11,698,777
55	30 IMPL. DEV. CHARGED TO PAT	53,637,084		53,637,084		53,637,084
56	DRUGS CHARGED TO PATIENTS	22,186,297		22,186,297		22,186,297
57	RENAL DIALYSIS	3,793,767		3,793,767		3,793,767
	OUTPAT SERVICE COST CNTRS					
60	01 FIRST MED					
60	02 OP INSTITUTES	2,524,117		2,524,117	9,669	2,533,786
60	03 MARC	405,391		405,391		405,391
60	04 BARIATRIC CLINIC	811,138		811,138	2,704	813,842
60	05 PAIN MANAGEMENT	346,926		346,926		346,926
61	EMERGENCY	11,233,108		11,233,108	57,395	11,290,503
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,740,110		2,740,110		2,740,110
65	AMBULANCE SERVICES	5,291,057		5,291,057		5,291,057
101	SUBTOTAL	270,264,712		270,264,712	170,509	270,435,221
102	LESS OBSERVATION BEDS	2,740,110		2,740,110		2,740,110
103	TOTAL	267,524,602		267,524,602	170,509	267,695,111

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	84,018,939		84,018,939			
26	INTENSIVE CARE UNIT	12,440,178		12,440,178			
27	01 NICU	5,859,074		5,859,074			
31	SUBPROVIDER I	9,771,657		9,771,657			
31	01 SUBPROVIDER II PSYCHIATRIC	6,537,666		6,537,666			
33	NURSERY						
34	SKILLED NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	42,312,033	31,171,805	73,483,838	.259502	.259502	.259502
41	RADIOLOGY-DIAGNOSTIC	26,591,871	57,663,736	84,255,607	.146569	.146569	.146569
42	RADIOLOGY-THERAPEUTIC	724,645	22,124,182	22,848,827	.352277	.352277	.352462
44	LABORATORY	32,877,323	16,851,537	49,728,860	.233890	.233890	.233890
47	BLOOD STORING, PROCESSING	5,505,916	1,539,508	7,045,424	.532650	.532650	.532650
49	RESPIRATORY THERAPY	24,618,584	2,942,200	27,560,784	.151659	.151659	.151808
50	PHYSICAL THERAPY	15,465,293	11,476,014	26,941,307	.525724	.525724	.527551
53	ELECTROCARDIOLOGY	8,377,648	8,825,814	17,203,462	.242464	.242464	.243459
53	01 CARDIAC CATH LAB	38,136,434	39,654,092	77,790,526	.068122	.068122	.068122
54	ELECTROENCEPHALOGRAPHY	544,824	4,963,729	5,508,553	.238519	.238519	.242826
55	MEDICAL SUPPLIES CHARGED	45,138,042	11,575,057	56,713,099	.206280	.206280	.206280
55	30 IMPL. DEV. CHARGED TO PAT	61,769,570	47,722,862	109,492,432	.489870	.489870	.489870
56	DRUGS CHARGED TO PATIENTS	50,595,050	32,307,229	82,902,279	.267620	.267620	.267620
57	RENAL DIALYSIS	1,020,711	6,942,381	7,963,092	.476419	.476419	.476419
	OUTPAT SERVICE COST CNTRS						
60	01 FIRST MED						
60	02 OPINSTITUTES	255,822	4,970,562	5,226,384	.482957	.482957	.484807
60	03 MARC	23,077	352,924	376,001	1.078165	1.078165	1.078165
60	04 BARIATRIC CLINIC		347,824	347,824	2.332036	2.332036	2.339810
60	05 PAIN MANAGEMENT	7,392	1,662,732	1,670,124	.207725	.207725	.207725
61	EMERGENCY	12,798,123	42,380,067	55,178,190	.203579	.203579	.204619
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	155,826	3,213,839	3,369,665	.813170	.813170	.813170
65	AMBULANCE SERVICES		7,611,002	7,611,002	.695185	.695185	.695185
101	SUBTOTAL	485,545,698	356,299,096	841,844,794			
102	LESS OBSERVATION BEDS						
103	TOTAL	485,545,698	356,299,096	841,844,794			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
16-0033

PERIOD:
FROM 7/1/2009
TO 6/30/2010

PREPARED 11/17/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	84,018,939		84,018,939			
26	INTENSIVE CARE UNIT	12,440,178		12,440,178			
27	01 NICU	5,859,074		5,859,074			
31	SUBPROVIDER I	9,771,657		9,771,657			
31	01 SUBPROVIDER II PSYCHIATRIC	6,537,666		6,537,666			
33	NURSERY						
34	SKILLED NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	42,312,033	31,171,805	73,483,838	.261126	.261126	.261126
41	RADIOLOGY-DIAGNOSTIC	26,591,871	57,663,736	84,255,607	.149373	.149373	.149373
42	RADIOLOGY-THERAPEUTIC	724,645	22,124,182	22,848,827	.352277	.352277	.352462
44	LABORATORY	32,877,323	16,851,537	49,728,860	.234122	.234122	.234122
47	BLOOD STORING, PROCESSING	5,505,916	1,539,508	7,045,424	.532650	.532650	.532650
49	RESPIRATORY THERAPY	24,618,584	2,942,200	27,560,784	.151659	.151659	.151808
50	PHYSICAL THERAPY	15,465,293	11,476,014	26,941,307	.525724	.525724	.527551
53	ELECTROCARDIOLOGY	8,377,648	8,825,814	17,203,462	.242464	.242464	.243459
53	01 CARDIAC CATH LAB	38,136,434	39,654,092	77,790,526	.068122	.068122	.068122
54	ELECTROENCEPHALOGRAPHY	544,824	4,963,729	5,508,553	.238519	.238519	.242826
55	MEDICAL SUPPLIES CHARGED	45,138,042	11,575,057	56,713,099	.206280	.206280	.206280
55	30 IMPL. DEV. CHARGED TO PAT	61,769,570	47,722,862	109,492,432	.489870	.489870	.489870
56	DRUGS CHARGED TO PATIENTS	50,595,050	32,307,229	82,902,279	.267620	.267620	.267620
57	RENAL DIALYSIS	1,020,711	6,942,381	7,963,092	.476419	.476419	.476419
	OUTPAT SERVICE COST CNTRS						
60	01 FIRST MED						
60	02 OPINSTITUTES	255,822	4,970,562	5,226,384	.482957	.482957	.484807
60	03 MARC	23,077	352,924	376,001	1.078165	1.078165	1.078165
60	04 BARIATRIC CLINIC		347,824	347,824	2.332036	2.332036	2.339810
60	05 PAIN MANAGEMENT	7,392	1,662,732	1,670,124	.207725	.207725	.207725
61	EMERGENCY	12,798,123	42,380,067	55,178,190	.208961	.208961	.210001
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	155,826	3,213,839	3,369,665	.813170	.813170	.813170
65	AMBULANCE SERVICES		7,611,002	7,611,002	.695185	.695185	.695185
101	SUBTOTAL	485,545,698	356,299,096	841,844,794			
102	LESS OBSERVATION BEDS						
103	TOTAL	485,545,698	356,299,096	841,844,794			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	19,069,239	3,445,287	15,623,952			19,069,239
41	RADIOLOGY-DIAGNOSTIC	12,349,275	2,210,774	10,138,501			12,349,275
42	RADIOLOGY-THERAPEUTIC	8,049,121	4,099,613	3,949,508			8,049,121
44	LABORATORY	11,631,097	385,306	11,245,791			11,631,097
47	BLOOD STORING, PROCESSING	3,752,745	58,355	3,694,390			3,752,745
49	RESPIRATORY THERAPY	4,179,852	526,484	3,653,368			4,179,852
50	PHYSICAL THERAPY	14,163,694	1,947,500	12,216,194			14,163,694
53	ELECTROCARDIOLOGY	4,171,217	1,593,429	2,577,788			4,171,217
53	01 CARDIAC CATH LAB	5,299,246	696,515	4,602,731			5,299,246
54	ELECTROENCEPHALOGRAPHY	1,313,894	118,994	1,194,900			1,313,894
55	MEDICAL SUPPLIES CHARGED	11,698,777	254,943	11,443,834			11,698,777
55	30 IMPL. DEV. CHARGED TO PAT	53,637,084	1,077,399	52,559,685			53,637,084
56	DRUGS CHARGED TO PATIENTS	22,186,297	574,688	21,611,609			22,186,297
57	RENAL DIALYSIS	3,793,767	433,009	3,360,758			3,793,767
	OUTPAT SERVICE COST CNTRS						
60	01 FIRST MED						
60	02 OP INSTITUTES	2,524,117	393,004	2,131,113			2,524,117
60	03 MARC	405,391	8,649	396,742			405,391
60	04 BARIATRIC CLINIC	811,138	139,070	672,068			811,138
60	05 PAIN MANAGEMENT	346,926	287,512	59,414			346,926
61	EMERGENCY	11,233,108	1,870,017	9,363,091			11,233,108
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,740,110	425,956	2,314,154			2,740,110
65	AMBULANCE SERVICES	5,291,057	89,645	5,201,412			5,291,057
101	SUBTOTAL	198,647,152	20,636,149	178,011,003			198,647,152
102	LESS OBSERVATION BEDS	2,740,110	425,956	2,314,154			2,740,110
103	TOTAL	195,907,042	20,210,193	175,696,849			195,907,042

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	73,483,838	.259502	.259502
41	RADIOLOGY-DIAGNOSTIC	84,255,607	.146569	.146569
42	RADIOLOGY-THERAPEUTIC	22,848,827	.352277	.352277
44	LABORATORY	49,728,860	.233890	.233890
47	BLOOD STORING, PROCESSING	7,045,424	.532650	.532650
49	RESPIRATORY THERAPY	27,560,784	.151659	.151659
50	PHYSICAL THERAPY	26,941,307	.525724	.525724
53	ELECTROCARDIOLOGY	17,203,462	.242464	.242464
53	01 CARDIAC CATH LAB	77,790,526	.068122	.068122
54	ELECTROENCEPHALOGRAPHY	5,508,553	.238519	.238519
55	MEDICAL SUPPLIES CHARGED	56,713,099	.206280	.206280
55	30 IMPL. DEV. CHARGED TO PAT	109,492,432	.489870	.489870
56	DRUGS CHARGED TO PATIENTS	82,902,279	.267620	.267620
57	RENAL DIALYSIS	7,963,092	.476419	.476419
	OUTPAT SERVICE COST CNTRS			
60	01 FIRST MED			
60	02 OP INSTITUTES	5,226,384	.482957	.482957
60	03 MARC	376,001	1.078165	1.078165
60	04 BARIATRIC CLINIC	347,824	2.332036	2.332036
60	05 PAIN MANAGEMENT	1,670,124	.207725	.207725
61	EMERGENCY	55,178,190	.203579	.203579
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,369,665	.813170	.813170
65	AMBULANCE SERVICES	7,611,002	.695185	.695185
101	SUBTOTAL	723,217,280		
102	LESS OBSERVATION BEDS	3,369,665		
103	TOTAL	719,847,615		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	19,188,573	3,445,287	15,743,286	344,529	913,111	17,930,933
41	RADIOLOGY-DIAGNOSTIC	12,585,519	2,210,774	10,374,745	221,077	601,735	11,762,707
42	RADIOLOGY-THERAPEUTIC	8,049,121	4,099,613	3,949,508	409,961	229,071	7,410,089
44	LABORATORY	11,642,645	385,306	11,257,339	38,531	652,926	10,951,188
47	BLOOD STORING, PROCESSING	3,752,745	58,355	3,694,390	5,836	214,275	3,532,634
49	RESPIRATORY THERAPY	4,179,852	526,484	3,653,368	52,648	211,895	3,915,309
50	PHYSICAL THERAPY	14,163,694	1,947,500	12,216,194	194,750	708,539	13,260,405
53	ELECTROCARDIOLOGY	4,171,217	1,593,429	2,577,788	159,343	149,512	3,862,362
53	01 CARDIAC CATH LAB	5,299,246	696,515	4,602,731	69,652	266,958	4,962,636
54	ELECTROENCEPHALOGRAPHY	1,313,894	118,994	1,194,900	11,899	69,304	1,232,691
55	MEDICAL SUPPLIES CHARGED	11,698,777	254,943	11,443,834	25,494	663,742	11,009,541
55	30 IMPL. DEV. CHARGED TO PAT	53,637,084	1,077,399	52,559,685	107,740	3,048,462	50,480,882
56	DRUGS CHARGED TO PATIENTS	22,186,297	574,688	21,611,609	57,469	1,253,473	20,875,355
57	RENAL DIALYSIS	3,793,767	433,009	3,360,758	43,301	194,924	3,555,542
	OUTPAT SERVICE COST CNTRS						
60	01 FIRST MED						
60	02 OP INSTITUTES	2,524,117	393,004	2,131,113	39,300	123,605	2,361,212
60	03 MARC	405,391	8,649	396,742	865	23,011	381,515
60	04 BARIATRIC CLINIC	811,138	139,070	672,068	13,907	38,980	758,251
60	05 PAIN MANAGEMENT	346,926	287,512	59,414	28,751	3,446	314,729
61	EMERGENCY	11,530,088	1,870,017	9,660,071	187,002	560,284	10,782,802
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,740,110	425,956	2,314,154	42,596	134,221	2,563,293
65	AMBULANCE SERVICES	5,291,057	89,645	5,201,412	8,965	301,682	4,980,410
101	SUBTOTAL	199,311,258	20,636,149	178,675,109	2,063,616	10,363,156	186,884,486
102	LESS OBSERVATION BEDS	2,740,110	425,956	2,314,154	42,596	134,221	2,563,293
103	TOTAL	196,571,148	20,210,193	176,360,955	2,021,020	10,228,935	184,321,193

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	73,483,838	.244012	.256438
41	RADIOLOGY-DIAGNOSTIC	84,255,607	.139607	.146749
42	RADIOLOGY-THERAPEUTIC	22,848,827	.324309	.334335
44	LABORATORY	49,728,860	.220218	.233348
47	BLOOD STORING, PROCESSING	7,045,424	.501408	.531822
49	RESPIRATORY THERAPY	27,560,784	.142061	.149749
50	PHYSICAL THERAPY	26,941,307	.492196	.518495
53	ELECTROCARDIOLOGY	17,203,462	.224511	.233202
53	01 CARDIAC CATH LAB	77,790,526	.063795	.067227
54	ELECTROENCEPHALOGRAPHY	5,508,553	.223778	.236359
55	MEDICAL SUPPLIES CHARGED	56,713,099	.194127	.205830
55	30 IMPL. DEV. CHARGED TO PAT	109,492,432	.461044	.488886
56	DRUGS CHARGED TO PATIENTS	82,902,279	.251807	.266927
57	RENAL DIALYSIS	7,963,092	.446503	.470981
	OUTPAT SERVICE COST CNTRS			
60	01 FIRST MED			
60	02 OP INSTITUTES	5,226,384	.451787	.475437
60	03 MARC	376,001	1.014665	1.075864
60	04 BARIATRIC CLINIC	347,824	2.179985	2.292053
60	05 PAIN MANAGEMENT	1,670,124	.188446	.190510
61	EMERGENCY	55,178,190	.195418	.205572
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,369,665	.760697	.800529
65	AMBULANCE SERVICES	7,611,002	.654370	.694007
101	SUBTOTAL	723,217,280		
102	LESS OBSERVATION BEDS	3,369,665		
103	TOTAL	719,847,615		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 16-0033 PERIOD: FROM 7/1/2009 TO 6/30/2010 PREPARED 11/17/2010 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				8,153,209		8,153,209
26	INTENSIVE CARE UNIT				647,953		647,953
27 01	NICU				145,377		145,377
31	SUBPROVIDER I				979,394		979,394
31 01	SUB PROVIDER PSYCHIATRIC				522,384		522,384
33	NURSERY						
101	TOTAL				10,448,317		10,448,317

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 16-0033
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/17/2010
 WORKSHEET D
 PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	62,170	30,745			131.14	4,031,899
26	INTENSIVE CARE UNIT	4,677	2,616			138.54	362,421
27	01 NICU	3,778				38.48	
31	SUBPROVIDER I	10,469	5,888			93.55	550,822
31	01 SUB PROVIDER II PSYCHIATRIC	6,545	1,961			79.81	156,507
33	NURSERY	4,542					
101	TOTAL	92,181	41,210				5,101,649

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				PROVIDER NO:	PERIOD:	PREPARED 11/17/2010	
				16-0033	FROM 7/ 1/2009	WORKSHEET D	
				COMPONENT NO:	TO 6/30/2010	PART II	
				16-0033			
TITLE XVIII, PART A			HOSPITAL		PPS		
WKST A	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPAT PROGRAM CHARGES	OLD CAPITAL COST/CHRG RATIO	COSTS
LINE NO.		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		3,445,287	73,483,838	27,434,852		
41	RADIOLOGY-DIAGNOSTIC		2,210,774	84,255,607	13,919,079		
42	RADIOLOGY-THERAPEUTIC		4,099,613	22,848,827	293,365		
44	LABORATORY		385,306	49,728,860	16,054,245		
47	BLOOD STORING, PROCESSING		58,355	7,045,424	4,089,050		
49	RESPIRATORY THERAPY		526,484	27,560,784	5,783,085		
50	PHYSICAL THERAPY		1,947,500	26,941,307	4,878,347		
53	ELECTROCARDIOLOGY		1,593,429	17,203,462	534,827		
53	01 CARDIAC CATH LAB		696,515	77,790,526	26,858,931		
54	ELECTROENCEPHALOGRAPHY		118,994	5,508,553	233,287		
55	MEDICAL SUPPLIES CHARGED		254,943	56,713,099	26,750,737		
55	30 IMPL. DEV. CHARGED TO PAT		1,077,399	109,492,432	42,285,684		
56	DRUGS CHARGED TO PATIENTS		574,688	82,902,279	21,910,923		
57	RENAL DIALYSIS		433,009	7,963,092	617,675		
	OUTPAT SERVICE COST CNTRS						
60	01 FIRST MED						
60	02 OP INSTITUTES		393,004	5,226,384	264		
60	03 MARC		8,649	376,001	749		
60	04 BARIATRIC CLINIC		139,070	347,824			
60	05 PAIN MANAGEMENT		287,512	1,670,124			
61	EMERGENCY		1,870,017	55,178,190	4,874,997		
62	OBSERVATION BEDS (NON-DIS		425,956	3,369,665	66,448		
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		20,546,504	715,606,278	196,586,545		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 16-0033
 COMPONENT NO: 16-0033
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/17/2010
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.046885	1,286,283
41	RADIOLOGY-DIAGNOSTIC	.026239	365,223
42	RADIOLOGY-THERAPEUTIC	.179423	52,636
44	LABORATORY	.007748	124,388
47	BLOOD STORING, PROCESSING	.008283	33,870
49	RESPIRATORY THERAPY	.019103	110,474
50	PHYSICAL THERAPY	.072287	352,641
53	ELECTROCARDIOLOGY	.092623	49,537
53 01	CARDIAC CATH LAB	.008954	240,495
54	ELECTROENCEPHALOGRAPHY	.021602	5,039
55	MEDICAL SUPPLIES CHARGED	.004495	120,245
55 30	IMPL. DEV. CHARGED TO PAT	.009840	416,091
56	DRUGS CHARGED TO PATIENTS	.006932	151,887
57	RENAL DIALYSIS	.054377	33,587
	OUTPAT SERVICE COST CNTRS		
60 01	FIRST MED		
60 02	OP INSTITUTES	.075196	20
60 03	MARC	.023003	17
60 04	BARIATRIC CLINIC	.399829	
60 05	PAIN MANAGEMENT	.172150	
61	EMERGENCY	.033891	165,219
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	.126409	8,400
65	AMBULANCE SERVICES		
101	TOTAL		3,516,052

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

PROVIDER NO: 16-0033
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/17/2010
WORKSHEET D
PART III
PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		41,108		41,108	62,170	.66
26	INTENSIVE CARE UNIT		9,364		9,364	4,677	2.00
27	01 NICU		204		204	3,778	.05
31	SUBPROVIDER I		5,510		5,510	10,469	.53
31	01 SUB PROVIDER PSYCHIATRIC		249		249	6,545	.04
33	NURSERY					4,542	
34	SKILLED NURSING FACILITY						
101	TOTAL		56,435		56,435	92,181	

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

PROVIDER NO: 16-0033
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/17/2010
 WORKSHEET D
 PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	30,745	20,292
26	INTENSIVE CARE UNIT	2,616	5,232
27 01	NICU		
31	SUBPROVIDER I	5,888	3,121
31 01	SUB PROVIDER II PSYCHIATRIC	1,961	78
33	NURSERY		
34	SKILLED NURSING FACILITY		
101	TOTAL	41,210	28,723

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM			8,775			
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY			113			
53	01 CARDIAC CATH LAB			567			
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	01 FIRST MED						
60	02 OP INSTITUTES						
60	03 MARC						
60	04 BARIATRIC CLINIC						
60	05 PAIN MANAGEMENT						
61	EMERGENCY			4,694			
62	OBSERVATION BEDS (NON-DIS			2,148			
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL			16,297			

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
41	OPERATING ROOM	8,775	8,775	73,483,838	.000119	.000119	27,434,852	3,265
42	RADIOLOGY-DIAGNOSTIC			84,255,607			13,919,079	
44	RADIOLOGY-THERAPEUTIC			22,848,827			293,365	
47	LABORATORY			49,728,860			16,054,245	
49	BLOOD STORING, PROCESSING			7,045,424			4,089,050	
50	RESPIRATORY THERAPY			27,560,784			5,783,085	
53	PHYSICAL THERAPY			26,941,307			4,878,347	
53	ELECTROCARDIOLOGY	113	113	17,203,462	.000007	.000007	534,827	4
53	01 CARDIAC CATH LAB	567	567	77,790,526	.000007	.000007	26,858,931	188
54	ELECTROENCEPHALOGRAPHY			5,508,553			233,287	
55	MEDICAL SUPPLIES CHARGED			56,713,099			26,750,737	
55	30 IMPL. DEV. CHARGED TO PAT			109,492,432			42,285,684	
56	DRUGS CHARGED TO PATIENTS			82,902,279			21,910,923	
57	RENAL DIALYSIS			7,963,092			617,675	
60	OUTPAT SERVICE COST CNTRS							
60	01 FIRST MED							
60	02 OP INSTITUTES			5,226,384			264	
60	03 MARC			376,001			749	
60	04 BARIATRIC CLINIC			347,824				
60	05 PAIN MANAGEMENT			1,670,124				
61	EMERGENCY	4,694	4,694	55,178,190	.000085	.000085	4,874,997	414
62	OBSERVATION BEDS (NON-DIS	2,148	2,148	3,369,665	.000637	.000637	66,448	42
65	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	16,297	16,297	715,606,278			196,586,545	3,913

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	14,524,545					
41	RADIOLOGY-DIAGNOSTIC	15,861,075					
42	RADIOLOGY-THERAPEUTIC	7,969,803					
44	LABORATORY	479,751					
47	BLOOD STORING, PROCESSING	788,978					
49	RESPIRATORY THERAPY	470,255					
50	PHYSICAL THERAPY	670,550					
53	ELECTROCARDIOLOGY	3,925,036				27	
53	01 CARDIAC CATH LAB	8,634,827				60	
54	ELECTROENCEPHALOGRAPHY	1,165,130					
55	MEDICAL SUPPLIES CHARGED	5,422,731					
55	30 IMPL. DEV. CHARGED TO PAT	14,512,649					
56	DRUGS CHARGED TO PATIENTS	9,227,704					
57	RENAL DIALYSIS	63,972					
	OUTPAT SERVICE COST CNTRS						
60	01 FIRST MED						
60	02 OP INSTITUTES	120,820					
60	03 MARC	71,002					
60	04 BARIATRIC CLINIC	7,809					
60	05 PAIN MANAGEMENT						
61	EMERGENCY	5,495,450				467	
62	OBSERVATION BEDS (NON-DIS	1,244,324				793	
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	90,656,411				3,075	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST		PROVIDER NO:		PERIOD:		PREPARED 11/17/2010
		16-0033		FROM 7/ 1/2009		WORKSHEET D
		COMPONENT NO:		TO 6/30/2010		PART VI
		16-0033				

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.267620
2	PROGRAM VACCINE CHARGES		95,679
3	PROGRAM COSTS		25,606

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 16-0033
 COMPONENT NO: 16-T033
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/17/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		3,445,287	73,483,838	35,574		
41	RADIOLOGY-DIAGNOSTIC		2,210,774	84,255,607	314,647		
42	RADIOLOGY-THERAPEUTIC		4,099,613	22,848,827	44,097		
44	LABORATORY		385,306	49,728,860	545,060		
47	BLOOD STORING, PROCESSING		58,355	7,045,424	19,994		
49	RESPIRATORY THERAPY		526,484	27,560,784	354,416		
50	PHYSICAL THERAPY		1,947,500	26,941,307	4,225,690		
53	ELECTROCARDIOLOGY		1,593,429	17,203,462	12,219		
53	01 CARDIAC CATH LAB		696,515	77,790,526	48,118		
54	ELECTROENCEPHALOGRAPHY		118,994	5,508,553	10,143		
55	MEDICAL SUPPLIES CHARGED		254,943	56,713,099	648,341		
55	30 IMPL. DEV. CHARGED TO PAT		1,077,399	109,492,432			
56	DRUGS CHARGED TO PATIENTS		574,688	82,902,279	1,138,819		
57	RENAL DIALYSIS		433,009	7,963,092	55,013		
	OUTPAT SERVICE COST CNTRS						
60	01 FIRST MED						
60	02 OP INSTITUTES		393,004	5,226,384	366		
60	03 MARC		8,649	376,001	10		
60	04 BARIATRIC CLINIC		139,070	347,824			
60	05 PAIN MANAGEMENT		287,512	1,670,124			
61	EMERGENCY		1,870,017	55,178,190	5,278		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		425,956	3,369,665			
65	AMBULANCE SERVICES						
101	TOTAL		20,546,504	715,606,278	7,457,785		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 16-0033
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 COMPONENT NO: 16-T033
 PREPARED 11/17/2010
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.046885	1,668
41	RADIOLOGY-DIAGNOSTIC	.026239	8,256
42	RADIOLOGY-THERAPEUTIC	.179423	7,912
44	LABORATORY	.007748	4,223
47	BLOOD STORING, PROCESSING	.008283	166
49	RESPIRATORY THERAPY	.019103	6,770
50	PHYSICAL THERAPY	.072287	305,462
53	ELECTROCARDIOLOGY	.092623	1,132
53 01	CARDIAC CATH LAB	.008954	431
54	ELECTROENCEPHALOGRAPHY	.021602	219
55	MEDICAL SUPPLIES CHARGED	.004495	2,914
55 30	IMPL. DEV. CHARGED TO PAT	.009840	
56	DRUGS CHARGED TO PATIENTS	.006932	7,894
57	RENAL DIALYSIS	.054377	2,991
	OUTPAT SERVICE COST CNTRS		
60 01	FIRST MED		
60 02	OP INSTITUTES	.075196	28
60 03	MARC	.023003	
60 04	BARIATRIC CLINIC	.399829	
60 05	PAIN MANAGEMENT	.172150	
61	EMERGENCY	.033891	179
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	.126409	
65	AMBULANCE SERVICES		
101	TOTAL		350,245

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			8,775			
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY			113			
53	01 CARDIAC CATH LAB			567			
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	01 FIRST MED						
60	02 OP INSTITUTES						
60	03 MARC						
60	04 BARIATRIC CLINIC						
60	05 PAIN MANAGEMENT						
61	EMERGENCY			4,694			
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			2,148			
65	AMBULANCE SERVICES						
101	TOTAL			16,297			

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	8,775	8,775	73,483,838	.000119	.000119	35,574	4
41	RADIOLOGY-DIAGNOSTIC			84,255,607			314,647	
42	RADIOLOGY-THERAPEUTIC			22,848,827			44,097	
44	LABORATORY			49,728,860			545,060	
47	BLOOD STORING, PROCESSING			7,045,424			19,994	
49	RESPIRATORY THERAPY			27,560,784			354,416	
50	PHYSICAL THERAPY			26,941,307			4,225,690	
53	ELECTROCARDIOLOGY	113	113	17,203,462	.000007	.000007	12,219	
53	01 CARDIAC CATH LAB	567	567	77,790,526	.000007	.000007	48,118	
54	ELECTROENCEPHALOGRAPHY			5,508,553			10,143	
55	MEDICAL SUPPLIES CHARGED			56,713,099			648,341	
55	30 IMPL. DEV. CHARGED TO PAT			109,492,432				
56	DRUGS CHARGED TO PATIENTS			82,902,279			1,138,819	
57	RENAL DIALYSIS			7,963,092			55,013	
	OUTPAT SERVICE COST CNTRS							
60	01 FIRST MED							
60	02 OP INSTITUTES			5,226,384			366	
60	03 MARC			376,001			10	
60	04 BARIATRIC CLINIC			347,824				
60	05 PAIN MANAGEMENT			1,670,124				
61	EMERGENCY	4,694	4,694	55,178,190	.000085	.000085	5,278	
62	OBSERVATION BEDS (NON-DIS	2,148	2,148	3,369,665	.000637	.000637		
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	16,297	16,297	715,606,278			7,457,785	4

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC CATH LAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	01 FIRST MED						
60	02 OP INSTITUTES						
60	03 MARC						
60	04 BARIATRIC CLINIC						
60	05 PAIN MANAGEMENT						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		3,445,287	73,483,838	24,252		
41	RADIOLOGY-DIAGNOSTIC		2,210,774	84,255,607	80,235		
42	RADIOLOGY-THERAPEUTIC		4,099,613	22,848,827			
44	LABORATORY		385,306	49,728,860	204,964		
47	BLOOD STORING, PROCESSING		58,355	7,045,424	1,353		
49	RESPIRATORY THERAPY		526,484	27,560,784	18,534		
50	PHYSICAL THERAPY		1,947,500	26,941,307	363,483		
53	ELECTROCARDIOLOGY		1,593,429	17,203,462	5,686		
53	01 CARDIAC CATH LAB		696,515	77,790,526	14,704		
54	ELECTROENCEPHALOGRAPHY		118,994	5,508,553	3,220		
55	MEDICAL SUPPLIES CHARGED		254,943	56,713,099	11,511		
55	30 IMPL. DEV. CHARGED TO PAT		1,077,399	109,492,432			
56	DRUGS CHARGED TO PATIENTS		574,688	82,902,279	283,092		
57	RENAL DIALYSIS		433,009	7,963,092	1,678		
	OUTPAT SERVICE COST CNTRS						
60	01 FIRST MED						
60	02 OP INSTITUTES		393,004	5,226,384			
60	03 MARC		8,649	376,001	160		
60	04 BARIATRIC CLINIC		139,070	347,824			
60	05 PAIN MANAGEMENT		287,512	1,670,124			
61	EMERGENCY		1,870,017	55,178,190	132,510		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		425,956	3,369,665			
65	AMBULANCE SERVICES						
101	TOTAL		20,546,504	715,606,278	1,145,382		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 16-0033
 COMPONENT NO: 16-S033
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/17/2010
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.046885	1,137
41	RADIOLOGY-DIAGNOSTIC	.026239	2,105
42	RADIOLOGY-THERAPEUTIC	.179423	
44	LABORATORY	.007748	1,588
47	BLOOD STORING, PROCESSING	.008283	11
49	RESPIRATORY THERAPY	.019103	354
50	PHYSICAL THERAPY	.072287	26,275
53	ELECTROCARDIOLOGY	.092623	527
53 01	CARDIAC CATH LAB	.008954	132
54	ELECTROENCEPHALOGRAPHY	.021602	70
55	MEDICAL SUPPLIES CHARGED	.004495	52
55 30	IMPL. DEV. CHARGED TO PAT	.009840	
56	DRUGS CHARGED TO PATIENTS	.006932	1,962
57	RENAL DIALYSIS	.054377	91
	OUTPAT SERVICE COST CNTRS		
60 01	FIRST MED		
60 02	OP INSTITUTES	.075196	
60 03	MARC	.023003	4
60 04	BARIATRIC CLINIC	.399829	
60 05	PAIN MANAGEMENT	.172150	
61	EMERGENCY	.033891	4,491
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	.126409	
65	AMBULANCE SERVICES		
101	TOTAL		38,799

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			8,775			
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY			113			
53	01 CARDIAC CATH LAB			567			
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	01 FIRST MED						
60	02 OP INSTRUMENTS						
60	03 MARC						
60	04 BARIATRIC CLINIC						
60	05 PAIN MANAGEMENT						
61	EMERGENCY			4,694			
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			2,148			
65	AMBULANCE SERVICES						
101	TOTAL			16,297			

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
41	OPERATING ROOM	8,775	8,775	73,483,838	.000119	.000119	24,252	3
42	RADIOLOGY-DIAGNOSTIC			84,255,607			80,235	
44	RADIOLOGY-THERAPEUTIC			22,848,827				
44	LABORATORY			49,728,860			204,964	
47	BLOOD STORING, PROCESSING			7,045,424			1,353	
49	RESPIRATORY THERAPY			27,560,784			18,534	
50	PHYSICAL THERAPY			26,941,307			363,483	
53	ELECTROCARDIOLOGY	113	113	17,203,462	.000007	.000007	5,686	
53	01 CARDIAC CATH LAB	567	567	77,790,526	.000007	.000007	14,704	
54	ELECTROENCEPHALOGRAPHY			5,508,553			3,220	
55	MEDICAL SUPPLIES CHARGED			56,713,099			11,511	
55	30 IMPL. DEV. CHARGED TO PAT			109,492,432				
56	DRUGS CHARGED TO PATIENTS			82,902,279			283,092	
57	RENAL DIALYSIS			7,963,092			1,678	
	OUTPAT SERVICE COST CNTRS							
60	01 FIRST MED							
60	02 OP INSTITUTES			5,226,384				
60	03 MARC			376,001			160	
60	04 BARIATRIC CLINIC			347,824				
60	05 PAIN MANAGEMENT			1,670,124				
61	EMERGENCY	4,694	4,694	55,178,190	.000085	.000085	132,510	11
62	OBSERVATION BEDS (NON-DIS	2,148	2,148	3,369,665	.000637	.000637		
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	16,297	16,297	715,606,278			1,145,382	14

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC CATH LAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	01 FIRST MED						
60	02 OP INSTITUTES						
60	03 MARC						
60	04 BARIATRIC CLINIC						
60	05 PAIN MANAGEMENT						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		31,935,114	
26	INTENSIVE CARE UNIT		6,809,583	
27	01 NICU			
31	SUBPROVIDER I			
31	01 SUBPROVIDER I PSYCHIATRIC ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.259502	27,434,852	7,119,399
41	RADIOLOGY-DIAGNOSTIC	.146569	13,919,079	2,040,105
42	RADIOLOGY-THERAPEUTIC	.352462	293,365	103,400
44	LABORATORY	.233890	16,054,245	3,754,927
47	BLOOD STORING, PROCESSING & TRANS.	.532650	4,089,050	2,178,032
49	RESPIRATORY THERAPY	.151808	5,783,085	877,919
50	PHYSICAL THERAPY	.527551	4,878,347	2,573,577
53	ELECTROCARDIOLOGY	.243459	534,827	130,208
53	01 CARDIAC CATH LAB	.068122	26,858,931	1,829,684
54	ELECTROENCEPHALOGRAPHY	.242826	233,287	56,648
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.206280	26,750,737	5,518,142
55	30 IMPL. DEV. CHARGED TO PATIENT	.489870	42,285,684	20,714,488
56	DRUGS CHARGED TO PATIENTS	.267620	21,910,923	5,863,801
57	RENAL DIALYSIS	.476419	617,675	294,272
	OUTPAT SERVICE COST CNTRS			
60	01 FIRST MED			
60	02 OP INSTITUTES	.484807	264	128
60	03 MARC	1.078165	749	808
60	04 BARIATRIC CLINIC	2.339810		
60	05 PAIN MANAGEMENT	.207725		
61	EMERGENCY	.204619	4,874,997	997,517
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.813170	66,448	54,034
65	AMBULANCE SERVICES			
101	TOTAL		196,586,545	54,107,089
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		196,586,545	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	01 NICU			
31	SUBPROVIDER 1		5,475,068	
31	01 SUBPROVIDER 1 PSYCHIATRIC ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.259502	35,574	9,232
41	RADIOLOGY-DIAGNOSTIC	.146569	314,647	46,117
42	RADIOLOGY-THERAPEUTIC	.352462	44,097	15,543
44	LABORATORY	.233890	545,060	127,484
47	BLOOD STORING, PROCESSING & TRANS.	.532650	19,994	10,650
49	RESPIRATORY THERAPY	.151808	354,416	53,803
50	PHYSICAL THERAPY	.527551	4,225,690	2,229,267
53	ELECTROCARDIOLOGY	.243459	12,219	2,975
53	01 CARDIAC CATH LAB	.068122	48,118	3,278
54	ELECTROENCEPHALOGRAPHY	.242826	10,143	2,463
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.206280	648,341	133,740
55	30 IMPL. DEV. CHARGED TO PATIENT	.489870		
56	DRUGS CHARGED TO PATIENTS	.267620	1,138,819	304,771
57	RENAL DIALYSIS	.476419	55,013	26,209
	OUTPAT SERVICE COST CNTRS			
60	01 FIRST MED			
60	02 OP INSTITUTES	.484807	366	177
60	03 MARC	1.078165	10	11
60	04 BARIATRIC CLINIC	2.339810		
60	05 PAIN MANAGEMENT	.207725		
61	EMERGENCY	.204619	5,278	1,080
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.813170		
65	AMBULANCE SERVICES			
101	TOTAL		7,457,785	2,966,800
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		7,457,785	

TITLE XVIII, PART A SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	01 NICU			
31	SUBPROVIDER I			
31	01 SUB PROVIDER PSYCHIATRIC ANCILLARY SRVC COST CNTRS		1,860,197	
37	OPERATING ROOM	.259502	24,252	6,293
41	RADIOLOGY-DIAGNOSTIC	.146569	80,235	11,760
42	RADIOLOGY-THERAPEUTIC	.352462		
44	LABORATORY	.233890	204,964	47,939
47	BLOOD STORING, PROCESSING & TRANS.	.532650	1,353	721
49	RESPIRATORY THERAPY	.151808	18,534	2,814
50	PHYSICAL THERAPY	.527551	363,483	191,756
53	ELECTROCARDIOLOGY	.243459	5,686	1,384
53	01 CARDIAC CATH LAB	.068122	14,704	1,002
54	ELECTROENCEPHALOGRAPHY	.242826	3,220	782
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.206280	11,511	2,374
55	30 IMPL. DEV. CHARGED TO PATIENT	.489870		
56	DRUGS CHARGED TO PATIENTS	.267620	283,092	75,761
57	RENAL DIALYSIS	.476419	1,678	799
	OUTPAT SERVICE COST CNTRS			
60	01 FIRST MED			
60	02 OP INSTITUTES	.484807		
60	03 MARC	1.078165	160	173
60	04 BARIATRIC CLINIC	2.339810		
60	05 PAIN MANAGEMENT	.207725		
61	EMERGENCY	.204619	132,510	27,114
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.813170		
65	AMBULANCE SERVICES			
101	TOTAL		1,145,382	370,672
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,145,382	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	14,720,180	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	14,720,180	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	29,440,360	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	7,083,900	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	2,182,096	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	310.50	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	11.57	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005
		E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	11.57	
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	16.18	
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	11.57	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	16.67	
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	11.46	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	13.23	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.042609	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.031873	
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)	.031873	
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	376,426	
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	254,129	
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1	508,258	
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	1,138,813	174,344
		1,313,157
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	5.68	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	18.22	
4.02 SUM OF LINES 4 AND 4.01	23.90	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	8.93	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	5,258,048	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

PROVIDER NO: 16-0033
 COMPONENT NO: 16-0033
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/17/2010
 WORKSHEET E
 PART A

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	67,634,021	
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)	67,634,021	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	5,375,551	
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)	662,698	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	5,925	
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	25,524	
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	3,913	
16 TOTAL	73,707,632	
17 PRIMARY PAYER PAYMENTS	58,476	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	73,649,156	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	6,174,592	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	128,547	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	279,544	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	195,681	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	45,428	
22 SUBTOTAL	67,541,698	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	67,541,698	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	65,435,706	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	2,105,992	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
16-0033	FROM 7/1/2009	11/17/2010
COMPONENT NO:	TO 6/30/2010	WORKSHEET E
16-0033		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	91,133
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	24,684,127
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	23,240,744
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.	3,075
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	91,133
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	237,447
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	237,447
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	237,447
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	146,314
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	91,133
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	23,243,819
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	28,380
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	4,877,619
19	SUBTOTAL (SEE INSTRUCTIONS)	18,428,953
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	179,427
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	18,608,380
24	PRIMARY PAYER PAYMENTS	6,727
25	SUBTOTAL	18,601,653
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	223,638
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	156,547
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	75,167
28	SUBTOTAL	18,758,200
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	18,758,200
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	18,550,588
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	207,612
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 16-0033
 COMPONENT NO: 16-0033
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/17/2010
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		64,916,886		18,394,188
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.		380,920		75,000
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	1/25/2010	137,900	1/25/2010	81,400
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		137,900		81,400
4 TOTAL INTERIM PAYMENTS		65,435,706		18,550,588
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		2,105,992		207,612
7 TOTAL MEDICARE PROGRAM LIABILITY		67,541,698		18,758,200

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 16-0033
 COMPONENT NO: 16-T033
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/17/2010
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		5,209,097		
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				
4 TOTAL INTERIM PAYMENTS		5,209,097		NONE
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		44,158		NONE
7 TOTAL MEDICARE PROGRAM LIABILITY		5,253,255		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 16-0033
 COMPONENT NO: 16-S033
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/17/2010
 WORKSHEET E-1

TITLE XVII I SUBPROVIDER 2

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,102,259		
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.		2,500		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			NONE	NONE
4 TOTAL INTERIM PAYMENTS			1,104,759	
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99			NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			21,524	
7 TOTAL MEDICARE PROGRAM LIABILITY			1,126,283	

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/17/2010
16-0033	FROM 7/1/2009	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2010	PART I
16-T033		

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	4,526,081
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0261
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	318,392
1.05	OUTLIER PAYMENTS	584,330
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	5,428,803
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	28.682192
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	5,428,803
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	5,428,803
7	DEDUCTIBLES	31,548
8	SUBTOTAL	5,397,255
9	COINSURANCE	151,469
10	SUBTOTAL	5,245,786
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	6,205
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	4,344
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	3,229
12	SUBTOTAL	5,250,130
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	3,125
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/17/2010
16-0033	FROM 7/1/2009	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2010	PART I
16-T033		

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

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	5,253,255
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	5,209,097
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	44,158
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

- FI ONLY -----
- 50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)
OR 1.09 (IPF).
 - 51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
 - 52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
OF MONEY. (SEE INSTRUCTIONS).
 - 53 ENTER THE TIME VALUE OF MONEY.

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/17/2010
16-0033	FROM 7/ 1/2009	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2010	PART I
16-S033		

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	1,284,618
1.09	NET IPF PPS OUTLIER PAYMENTS	3,602
1.10	NET IPF PPS ECT PAYMENTS	21,512
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)	17.931507
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)	1,309,732
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)	1,309,732
	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)	1,309,732
5	PRIMARY PAYER PAYMENTS	1,349
6	SUBTOTAL	1,308,383
7	DEDUCTIBLES	192,363
8	SUBTOTAL	1,116,020
9	COINSURANCE	13,761
10	SUBTOTAL	1,102,259
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	34,188
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	23,932
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	14,531
12	SUBTOTAL	1,126,191
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	92
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/17/2010
16-0033	FROM 7/ 1/2009	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2010	PART I
16-S033		

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

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,126,283
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,104,759
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	21,524
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

50	ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF) OR 1.09 (IPF).	
51	ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY. (SEE INSTRUCTIONS).	
53	ENTER THE TIME VALUE OF MONEY.	

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		15.51
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	12.80	12.80
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		16.21
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		12.80
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.		16.21
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		16.21
3.10	SEE INSTRUCTIONS		12.80
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		117,412.44
3.18	SEE INSTRUCTIONS		
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		16.70
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		11.61
3.21	SEE INSTRUCTIONS	RES INIT YEARS	13.70
3.22	SEE INSTRUCTIONS		13.70
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		114,361.09
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		1,566,747
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		1,566,747

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		41,210
5	TOTAL INPATIENT DAYS		84,391
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.488322
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	765,077	765,077
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		4,833
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		84,391
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.		77,048
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		7,963,092
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		

TITLE XVIII

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

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	91,552,104
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	59,825
16	TOTAL PART A REASONABLE COST	91,492,279

PART B REASONABLE COST

17	REASONABLE COST	24,778,335
18	PRIMARY PAYER PAYMENTS	6,727
19	TOTAL PART B REASONABLE COST	24,771,608
20	TOTAL REASONABLE COST	116,263,887
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.786936
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.213064

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)	842,125
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	662,698
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	179,427

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	12.80	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	15.51	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	12.80	

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

5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)		
5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)		
6 DIRECT GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		
7 SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		
8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	83,815.84	
9 MULTIPLY LINE 7 TIMES LINE 8		
10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.		
11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)		
12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])		

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

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

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IIME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).	3.08
17 IIME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	4.61
18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)	3.08
19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)	.009919
20 IIME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.002643
21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.	58,880,720
22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	7,083,900
23 ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	174,344

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	14,866,960			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	109,349,446			
5	OTHER RECEIVABLES	2,363,569			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-59,130,236			
7	INVENTORY	9,029,325			
8	PREPAID EXPENSES	558,164			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	77,037,228			
FIXED ASSETS					
12	LAND	5,630,772			
12.01	LAND IMPROVEMENTS	14,158,665			
13	LESS ACCUMULATED DEPRECIATION	-9,452,160			
14	BUILDINGS	163,375,109			
14.01	LESS ACCUMULATED DEPRECIATION	-91,339,965			
15	LEASEHOLD IMPROVEMENTS	14,145,898			
15.01	LESS ACCUMULATED DEPRECIATION	-10,418,029			
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	138,804,448			
18.01	LESS ACCUMULATED DEPRECIATION	-111,244,940			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	113,659,798			
OTHER ASSETS					
22	INVESTMENTS	169,886,061			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	9,523,384			
26	TOTAL OTHER ASSETS	179,409,445			
27	TOTAL ASSETS	370,106,471			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	11,648,836			
29 SALARIES, WAGES & FEES PAYABLE	8,479,279			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	5,605,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	3,098,717			
36 TOTAL CURRENT LIABILITIES	28,831,832			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	89,189,486			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	294,907			
42 TOTAL LONG-TERM LIABILITIES	89,484,393			
43 TOTAL LIABILITIES	118,316,225			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	251,790,246			
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	251,790,246			
52 TOTAL LIABILITIES AND FUND BALANCES	370,106,471			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		217,645,690		
2	NET INCOME (LOSS)		34,144,556		
3	TOTAL		251,790,246		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		251,790,246		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		251,790,246		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	61,294,821		61,294,821
2 00 SUBPROVIDER I	9,647,792		9,647,792
2 01 SUB PROVIDER PSYCHIATRIC	6,362,434		6,362,434
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	77,305,047		77,305,047
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	10,135,124		10,135,124
11 01 NICU	7,811,348		7,811,348
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	17,946,472		17,946,472
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	95,251,519		95,251,519
17 00 ANCILLARY SERVICES	389,751,589	378,051,499	767,803,088
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
24 00			
24 01 OTHER AND OUTREACH			
25 00 TOTAL PATIENT REVENUES	485,003,108	378,051,499	863,054,607

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		306,070,126	
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			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		306,070,126	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 16-0033 PERIOD: FROM 7/1/2009 TO 6/30/2010 PREPARED 11/17/2010 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	863,054,607
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	524,271,779
3	NET PATIENT REVENUES	338,782,828
4	LESS: TOTAL OPERATING EXPENSES	306,070,126
5	NET INCOME FROM SERVICE TO PATIENTS	32,712,702
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	4,659,777
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	132,937
11	REBATES AND REFUNDS OF EXPENSES	62,800
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,603,870
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	189,066
22	RENTAL OF HOSPITAL SPACE	267,250
23	GOVERNMENTAL APPROPRIATIONS	
24	INTERCOMPANY REVENUE	1,698,580
24.01	OUTREACH REVENUE	92,111
24.02	MISCELLANEOUS REVENUE	2,148,170
24.03	GRANT REVENUE	122,275
24.04	GAIN ON DISPOSAL	
24.05	NON OPERATING GAINS/LOSSES	15,808,738
25	TOTAL OTHER INCOME	26,785,574
26	TOTAL OTHER EXPENSES	59,498,276
27	BAD DEBTS	25,353,642
27.01	ROUNDING	78
28		
29		
30	TOTAL OTHER EXPENSES	25,353,720
31	NET INCOME (OR LOSS) FOR THE PERIOD	34,144,556

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

PROVIDER NO: 16-0033
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/17/2010
 WORKSHEET 1-1

CHECK ONE:

XX RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTEs PER 2080 HOURS 4
1 REGISTERED NURSES	878,100	HOURS OF SERVICE	38,397.44	18.46
2 LICENSED PRACTICAL NURSES		HOURS OF SERVICE		
3 NURSES AIDES	183	HOURS OF SERVICE	8.00	
4 TECHNICIANS	706,898	HOURS OF SERVICE	30,911.15	14.86
5 SOCIAL WORKERS		HOURS OF SERVICE		
6 DIETICIANS	48,828	HOURS OF SERVICE	2,131.75	1.02
7 PHYSICIANS		ACCUMULATED COST		
8 NON-PATIENT CARE SALARY	252,101	ACCUMULATED COST		
9 SUBTOTAL (SUM OF LINES 1-8)	1,886,110			
10 EMPLOYEE BENEFITS	138,303	SALARY		
11 OLD & NEW CAPITAL RELATED COSTS-BLDGS. &		SQUARE FEET		
12 OLD & NEW CAPITAL RELATED COSTS-MOV. EQU		PERCENTAGE OF TIME		
13 MACHINE COSTS & REPAIRS		PERCENTAGE OF TIME		
14 SUPPLIES	702,485	REQUIREMENTS		
15 DRUGS	369,790	REQUIREMENTS		
16 OTHER	389,422	ACCUMULATED COST		
17 SUBTOTAL (SUM OF LINES 9-16)*	3,486,110			
18 OLD CAPITAL RELATED COSTS-BLDGS. & FIXTU		SQUARE FEET		
19 OLD CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME		
20 NEW CAPITAL RELATED COSTS-BLDGS. & FIXTU	51,330	SQUARE FEET		
21 NEW CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME		
22 EMPLOYEE BENEFITS	311,737	SALARY		
23 ADMINISTRATIVE AND GENERAL	760,844	ACCUMULATED COST		
24 MAINT./REPAIRS-OPERATION-HOUSEKEEPING	231,119	SQUARE FEET		
25 MEDICAL EDUCATION PROGRAM COSTS				
26 CENTRAL SERVICES & SUPPLIES	2,625	REQUIREMENTS		
27 PHARMACY	-1,413,628	REQUIREMENTS		
28 OTHER ALLOCATED COST	363,630	ACCUMULATED COST		
29 SUBTOTAL (SUM OF LINES 17-28)*	3,793,767			
30 LABORATORY (SEE INSTRUCTIONS)		CHARGES		
31 RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32 OTHER (SEE INSTRUCTIONS)		CHARGES		
33 TOTAL COSTS (SUM OF LINES 29-32)	3,793,767			

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES
 PROVIDER NO: 16-0033 PERIOD: FROM 7/1/2009 TO 6/30/2010 PREPARED 11/17/2010
 SATELLITE NO: WORKSHEET 1-2

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		CAPITAL AND RELATED COSTS EQUIPMENT		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS
		1	2	3	4	5
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	282,449		878,100	755,909	450,040
2	HEMODIALYSIS	266,672		829,051	715,919	424,902
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
12	OTHER BILLABLE SERVICES					
13	INPATIENT DIALYSIS	15,777		49,049	39,990	25,138
14	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	282,449		878,100	755,909	450,040
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6	7	8	9	10
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	-1,043,838	705,110		2,027,770	1,765,997
2	HEMODIALYSIS	-985,532	665,724		1,916,736	1,669,297
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
12	OTHER BILLABLE SERVICES					
13	INPATIENT DIALYSIS	-58,306	39,386		111,034	96,700
14	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)	1,488,763				
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	-1,043,838	705,110		2,027,770	1,765,997
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		TOTAL (COL. 9 + COL. 10)
		11
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	3,793,767
2	HEMODIALYSIS	3,586,033
3	INTERMITTENT PERITONEAL TRAINING	
4	HEMODIALYSIS	
5	INTERMITTENT PERITONEAL	
6	CAPD	
7	CCDP	
8	HOME	
9	HEMODIALYSIS	
10	INTERMITTENT PERITONEAL	
11	CAPD	
11	CCDP	
12	OTHER BILLABLE SERVICES	
13	INPATIENT DIALYSIS	207,734
14	METHOD II HOME PATIENT	
14	EPO (INCLUDED IN RENAL DEPARTMENT)	
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)	
15	OTHER	
16	TOTAL (SUM OF LINES 2-15)	3,793,767
17	MEDICAL EDUCATION PROGRAM COSTS	
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)	3,793,767

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS (SALARY)	
		BUILDING (SQUARE FEET)	EQUIPMENT (% OF TIME)	RNs (HOURS)	OTHER (HOURS)		
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	282,449		878,100	755,909	450,040	
2	HEMODIALYSIS	20,317	94.41	67,457.41	8,071.24	20,317	
3	INTERMITTENT PERITONEAL TRAINING						
4	HEMODIALYSIS						
5	INTERMITTENT PERITONEAL						
6	CAPD						
7	CCDP						
8	HOME						
9	HEMODIALYSIS						
10	INTERMITTENT PERITONEAL						
11	CAPD						
11	CCDP						
	OTHER BILLABLE SERVICES						
12	INPATIENT DIALYSIS TREATMENTS	1169	1,202	5.59	3,990.93	450.84	1,202
13	METHOD II HOME PATIENT						
14	EPO						
14.01	ARANESP						
15	OTHER						
16	TOTAL STATISTICAL BASIS	21,519	100.00	71,448.34	8,522.08	21,519	
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	13.125563		12.289999	88.700059	20.913611	

		DRUGS (REQUI ST.)	MEDICAL SUPPLIES (REQUI ST.)	ROUTINE ANCILLARY SERVICES (CHARGES)	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD (ACCUMULATED COST)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	-1,043,838	705,110		2,027,770	1,765,997
2	HEMODIALYSIS	20,317	20,317			
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS	1169	1,202	1,202		
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	21,519	21,519			2,027,770
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	-48.507737	32.766857			.870906

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

PROVIDER NO: 16-0033 PERIOD: FROM 7/1/2009 TO 6/30/2010 PREPARED 11/17/2010

SATELLITE NO: WORKSHEET 1-4 RATE 0

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS 6	TOTAL COST (FROM WKST. 1-2, COL 11) 7	AVERAGE COST OF PROGRAM TREATMENTS 8	NUMBER OF PROGRAM TREATMENTS 9	NOT APPLIC 10
1 MAINTENANCE - HEMODIALYSIS	21,519	3,586,033	166.64	15,299	4.01
2 MAINTENANCE - PERITONEAL DIALYSIS					
3 TRAINING - HEMODIALYSIS					
4 TRAINING - PERITONEAL DIALYSIS					
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
7 HOME PROGRAM - HEMODIALYSIS					
8 HOME PROGRAM - PERITONEAL DIALYSIS					
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	21,519	3,586,033		15,299	

	TOTAL PROGRAM EXPENSES 6	PAYMENT RATE 7	NOT APPLIC 8	TOTAL PROGRAM PAYMENT 9	10
1 MAINTENANCE - HEMODIALYSIS	2,549,425	151.04	6.01	2,310,761	
2 MAINTENANCE - PERITONEAL DIALYSIS					
3 TRAINING - HEMODIALYSIS					
4 TRAINING - PERITONEAL DIALYSIS					
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
7 HOME PROGRAM - HEMODIALYSIS					
8 HOME PROGRAM - PERITONEAL DIALYSIS					
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	2,549,425			2,310,761	

CALCULATION OF REIMBURSABLE
BAD DEBTS - TITLE XVIII - PART B

PROVIDER NO:	PERIOD:	PREPARED 11/17/2010
16-0033	FROM 7/ 1/2009	
SATELLITE NO:	TO 6/30/2010	WORKSHEET 1-5
		RATE 0

	DESCRIPTION	
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	2,549,425
2	TOTAL PAYMENT (FROM WORKSHEET 1-4, COLUMN 7, LINE 11)	2,310,761
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	1,052
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	461,927
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 & 4 LESS LINE 5)	462,979
7	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80%)	1,847,767
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 6 AND 7. IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9.)	15
9	REIMBURSABLE BAD DEBTS (LESSER OF LINE 8 OR LINE 5)(TRANSFER TO WORKSHEET E, PART B, LINE 26)	

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 11/17/2010
16-0033	FROM 7/1/2009	WORKSHEET L
COMPONENT NO:	TO 6/30/2010	PARTS I-IV
16-0033		

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	4,791,691
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	226,400
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	186.40
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	16.31
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	2.50
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	119,792
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	5.68
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	18.22
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	23.90
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.96
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	237,668
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	5,375,551
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)	