

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 COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY | PROVIDER NO: 15-0090 | PERIOD FROM 1/1/2010 TO 12/31/2010 | INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS | DATE RECEIVED: / / | INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 5/25/2011 TIME 18:01

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: FRANCISCAN ST. MARGARET HEALTH - DYE 15-0090 FOR THE COST REPORTING PERIOD BEGINNING 1/1/2010 AND ENDING 12/31/2010 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

Table with 5 columns: TITLE V, A, B, C, D. Rows include HOSPITAL, SUBPROVIDER, and TOTAL with corresponding numerical values.

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.

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	50,842,121		50,842,121	1,882,611.00	27.01	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	15,305,158	245	15,305,403	451,751.00	33.88	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	104,967		104,967	1,632.50	64.30	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	54,220		54,220	530.50	102.21	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	4,212,076		4,212,076	77,881.00	54.08	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	10,191,404		10,191,404			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	3,781,506		3,781,506			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	300,827		300,827	31,332.00	9.60	
22 ADMINISTRATIVE & GENERAL	2,864,053		2,864,053	130,283.00	21.98	
22.01 A & G UNDER CONTRACT	394,373		394,373	1,672.73	235.77	
23 MAINTENANCE & REPAIRS	833,503		833,503	31,099.00	26.80	
24 OPERATION OF PLANT	293,352		293,352	40,093.00	7.32	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	1,146,271		1,146,271	89,745.00	12.77	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	693,797	-342,003	351,794	31,278.00	11.25	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		342,003	342,003	30,051.00	11.38	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	384,409		384,409	9,406.00	40.87	
31 CENTRAL SERVICE AND SUPPLY	384,277		384,277	22,721.00	16.91	
32 PHARMACY	1,434,532		1,434,532	41,680.00	34.42	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,141,000		1,141,000	71,720.00	15.91	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	51,236,494		51,236,494	1,884,283.73	27.19	
2 EXCLUDED AREA SALARIES	15,305,158	245	15,305,403	451,751.00	33.88	
3 SUBTOTAL SALARIES	35,931,336	-245	35,931,091	1,432,532.73	25.08	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	4,371,263		4,371,263	80,044.00	54.61	
5 SUBTOTAL WAGE-RELATED COSTS	10,191,404		10,191,404		28.36	
6 TOTAL	50,494,003	-245	50,493,758	1,512,576.73	33.38	
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	9,870,394		9,870,394	531,080.73	18.59	

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	1,120,959
17.01	GROSS MEDICAID REVENUES	5,941,689
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	7,062,648
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	748,421
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.287937
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	215,498
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	35,942,826
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	10,349,269
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	17,377,591
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	5,003,651
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	10,564,767

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT		8,687,885	8,687,885	-8,001,753	686,132
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				3,541,427	3,541,427
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				5,042,363	5,042,363
5	0500 EMPLOYEE BENEFITS	300,827	14,096,369	14,397,196		14,397,196
6.01	0610 COMMUNICATIONS	112,685	18,553	131,238		131,238
6.02	0611 ADMINITTING	835,569	40,732	876,301		876,301
6.03	0650 PATIENT ACCOUNTING		794,034	794,034		794,034
6.04	0660 OTHER ADMINISTRATIVE AND GENERAL	1,915,799	-3,800,487	-1,884,688	466,105	-1,418,583
7	0700 MAINTENANCE & REPAIRS	833,503	1,564,206	2,397,709		2,397,709
8	0800 OPERATION OF PLANT	293,352	2,694,493	2,987,845		2,987,845
9	0900 LAUNDRY & LINEN SERVICE					
10	1000 HOUSEKEEPING	1,146,271	229,854	1,376,125		1,376,125
11	1100 DIETARY	693,797	813,726	1,507,523	-729,983	777,540
12	1200 CAFETERIA				729,983	729,983
14	1400 NURSING ADMINISTRATION	384,409	1,602	386,011		386,011
15	1500 CENTRAL SERVICES & SUPPLY	384,277	3,506,355	3,890,632	8,367,043	12,257,675
16	1600 PHARMACY	1,434,532	5,501,506	6,936,038	-3,163,383	3,772,655
17	1700 MEDICAL RECORDS & LIBRARY	1,141,000	274,801	1,415,801		1,415,801
18	1800 SOCIAL SERVICE					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD INPAT ROUTINE SRVC CNTRS				601,981	601,981
25	2500 ADULTS & PEDIATRICS	8,150,858	481,400	8,632,258	-80,319	8,551,939
26	2600 INTENSIVE CARE UNIT	1,756,595	313,052	2,069,647	-48,492	2,021,155
31	3100 SUBPROVIDER	1,731,055	2,885,652	4,616,707	-18,237	4,598,470
33	3300 NURSERY					
34	3400 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,295,638	7,113,971	8,409,609	-6,008,618	2,400,991
37.01	3701 OUTPATIENT SURGERY	260,538	483,487	744,025	-217,510	526,515
38	3800 RECOVERY ROOM	945,093	28,243	973,336	-2,426	970,910
40	4000 ANESTHESIOLOGY	25,028	192,811	217,839	-138,408	79,431
41	4100 RADIOLOGY-DIAGNOSTIC	1,608,236	1,732,911	3,341,147	-15,064	3,326,083
41.01	4101 RADIOLOGY-SPECIAL PROCEDURES	56,015	744,641	800,656	-104,035	696,621
42	4200 RADIOLOGY-THERAPEUTIC	385,827	171,677	557,504	-2,092	555,412
43	4300 RADIO SOTOPE	250,308	343,483	593,791	12,404	606,195
44	4400 LABORATORY		4,585,361	4,585,361		4,585,361
47	4700 BLOOD STORING, PROCESSING & TRANS.		652,146	652,146		652,146
49	4900 RESPIRATORY THERAPY	876,377	543,160	1,419,537	-48,649	1,370,888
50	5000 PHYSICAL THERAPY	2,932,947	3,459,524	6,392,471	-2,244,848	4,147,623
51	5100 OCCUPATIONAL THERAPY				1,733,043	1,733,043
52	5200 SPEECH PATHOLOGY				469,774	469,774
53	5300 ELECTROCARDIOLOGY	584,163	135,756	719,919	2,347	722,266
54	5400 ELECTROENCEPHALOGRAPHY	233,242	25,470	258,712	-1,184	257,528
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				3,162,825	3,162,825
56	5600 DRUGS CHARGED TO PATIENTS				-7,751	441,645
59	3020 ULTRASOUND	297,599	151,797	449,396		441,645
59.01	3021 PAIN CLINIC	407,479	46,119	453,598	-25,689	427,909
59.02	3022 CATH LAB	644,074	1,609,941	2,254,015	-1,451,555	802,460
59.03	3023 ACTIVITY THERAPY	1,663,926	13,871	1,677,797	-1	1,677,796
59.04	3024 WOUND CARE CENTER	190,495	38,309	228,804	-25,806	202,998
59.05	3025 BARIATRIC CLINIC	236,872	197,193	434,065	-1,624	432,441
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	3,259,632	966,025	4,225,657	-141,990	4,083,667
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		4,215,284	4,215,284	-1,650,123	2,565,161
90	9000 OTHER CAPITAL RELATED COSTS					
94	6950 HHA SPACE					
95	SUBTOTALS	37,268,018	65,554,913	102,822,931	-245	102,822,686
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	21,643	80,341	101,984		101,984
98	9800 PHYSICIANS' PRIVATE OFFICES	11,086,934	3,035,953	14,122,887	245	14,123,132
98.01	9801 WORKING WELL	324,497	122,508	447,005		447,005
100	7950 RESIDENTIAL	2,141,029	273,816	2,414,845		2,414,845
100.01	7951 OMNI					
100.02	7952 PSYCHIATRIC					
101	TOTAL	50,842,121	69,067,531	119,909,652	-0-	119,909,652

RECLASSIFICATION AND ADJUSTMENT OF
 TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT	3,437	689,569
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	1,029,779	4,571,206
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		5,042,363
5	0500 EMPLOYEE BENEFITS	-1,503,237	12,893,959
6.01	0610 COMMUNICATIONS		131,238
6.02	0611 ADMINITTING		876,301
6.03	0650 PATIENT ACCOUNTING	-791,352	2,682
6.04	0660 OTHER ADMINISTRATIVE AND GENERAL	13,388,571	11,969,988
7	0700 MAINTENANCE & REPAIRS		2,397,709
8	0800 OPERATION OF PLANT		2,987,845
9	0900 LAUNDRY & LINEN SERVICE		
10	1000 HOUSEKEEPING		1,376,125
11	1100 DIETARY	-335,031	442,509
12	1200 CAFETERIA	-449,439	280,544
14	1400 NURSING ADMINISTRATION		386,011
15	1500 CENTRAL SERVICES & SUPPLY	-793,476	11,464,199
16	1600 PHARMACY	-1,136,715	2,635,940
17	1700 MEDICAL RECORDS & LIBRARY		1,415,801
18	1800 SOCIAL SERVICE		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		601,981
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-896,267	7,655,672
26	2600 INTENSIVE CARE UNIT		2,021,155
31	3100 SUBPROVIDER	955,034	5,553,504
33	3300 NURSERY		
34	3400 SKILLED NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-270,585	2,130,406
37.01	3701 OUTPATIENT SURGERY	-57,028	469,487
38	3800 RECOVERY ROOM		970,910
40	4000 ANESTHESIOLOGY	173	79,604
41	4100 RADIOLOGY-DIAGNOSTIC	-153,136	3,172,947
41.01	4101 RADIOLOGY-SPECIAL PROCEDURES	-13,531	683,090
42	4200 RADIOLOGY-THERAPEUTIC	-9,204	546,208
43	4300 RADIOISOTOPE	-8,455	597,740
44	4400 LABORATORY	-456,407	4,128,954
47	4700 BLOOD STORING, PROCESSING & TRANS.	-27,038	625,108
49	4900 RESPIRATORY THERAPY	-290,950	1,079,938
50	5000 PHYSICAL THERAPY	-1,384,994	2,762,629
51	5100 OCCUPATIONAL THERAPY		1,733,043
52	5200 SPEECH PATHOLOGY		469,774
53	5300 ELECTROCARDIOLOGY	-20,694	701,572
54	5400 ELECTROENCEPHALOGRAPHY	-4,157	253,371
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	5600 DRUGS CHARGED TO PATIENTS		3,162,825
59	3020 ULTRASOUND	-65,566	376,079
59.01	3021 PAIN CLINIC		427,909
59.02	3022 CATH LAB		802,460
59.03	3023 ACTIVITY THERAPY		1,677,796
59.04	3024 WOUND CARE CENTER		202,998
59.05	3025 BARIATRIC CLINIC		432,441
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-1,114,703	2,968,964
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE	-2,565,161	-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
94	6950 HHA SPACE		
95	SUBTOTALS	3,029,868	105,852,554
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		101,984
98	9800 PHYSICIANS' PRIVATE OFFICES		14,123,132
98.01	9801 WORKING WELL		447,005
100	7950 RESIDENTIAL		2,414,845
100.01	7951 OMNI		
100.02	7952 PSYCHIATRIC		
101	TOTAL	3,029,868	122,939,520

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 CAPITAL	A	NEW CAP REL COSTS-BLDG & FIXT	3		3,541,427
2		NEW CAP REL COSTS-MVBLE EQUIP	4		5,042,363
3 INTEREST EXPENSE	B	OLD CAP REL COSTS-BLDG & FIXT	1		441,140
4 DIETARY	C	CAFETERIA	12	342,003	387,980
5 INSURANCE EXPENSE	D	OLD CAP REL COSTS-BLDG & FIXT	1		140,897
6		OTHER ADMINISTRATIVE AND GENERAL	6.04		1,068,086
7 PATIENT TRANSPORT	E	ADULTS & PEDIATRICS	25	8,455	
8		RADIOLOGY-DIAGNOSTIC	41	47,175	
9		RADIOISOTOPE	43	14,337	
10		ELECTROCARDIOLOGY	53	3,307	
11		ULTRASOUND	59	5,882	
12		CATH LAB	59.02	3,123	
13		EMERGENCY	61	5,250	
14		PHYSICIANS' PRIVATE OFFICES	98	245	
15 MEDICAL SUPPLIES	F	CENTRAL SERVICES & SUPPLY	15		8,470,527
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 MEDICAL SUPPLIES	F				
2					
3					
4 DRUGS CHARGED TO PATIENTS	G	DRUGS CHARGED TO PATIENTS	56		3,162,825
5 INTERNS AND RESIDENTS	H	I&R SERVICES-OTHER PRGM COSTS APPRVD	23		601,981
6 THERAPY ADMIN	I	OCCUPATIONAL THERAPY	51	279,044	1,453,999
7		SPEECH PATHOLOGY	52	144,029	325,745
36 TOTAL RECLASSIFICATIONS				852,850	24,636,970

(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

----- DECREASE -----					A-7	
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 CAPITAL	A	OLD CAP REL COSTS-BLDG & FIXT	1		8,583,790	9
2						9
3 INTEREST EXPENSE	B	INTEREST EXPENSE	88		441,140	11
4 DIETARY	C	DIETARY	11	342,003	387,980	
5 INSURANCE EXPENSE	D	INTEREST EXPENSE	88		1,208,983	12
6						
7 PATIENT TRANSPORT	E	EMERGENCY	61	87,774		
8						
9						
10						
11						
12						
13						
14						
15 MEDICAL SUPPLIES	F	CENTRAL SERVICES & SUPPLY	15		103,484	
16		PHARMACY	16		558	
17		ADULTS & PEDIATRICS	25		88,774	
18		INTENSIVE CARE UNIT	26		48,492	
19		SUBPROVIDER	31		18,237	
20		OPERATING ROOM	37		6,008,618	
21		OUTPATIENT SURGERY	37.01		217,510	
22		RECOVERY ROOM	38		2,426	
23		ANESTHESIOLOGY	40		138,408	
24		RADIOLOGY-DIAGNOSTIC	41		62,239	
25		RADIOLOGY-SPECIAL PROCEDURES	41.01		104,035	
26		RADIOLOGY-THERAPEUTIC	42		2,092	
27		RADIOISOTOPE	43		1,933	
28		RESPIRATORY THERAPY	49		48,649	
29		PHYSICAL THERAPY	50		42,031	
30		ELECTROCARDIOLOGY	53		960	
31		ELECTROENCEPHALOGRAPHY	54		1,184	
32		ULTRASOUND	59		13,633	
33		PAIN CLINIC	59.01		25,689	
34		CATH LAB	59.02		1,454,678	
35		ACTIVITY THERAPY	59.03		1	
1 MEDICAL SUPPLIES	F	WOUND CARE CENTER	59.04		25,806	
2		BARIATRIC CLINIC	59.05		1,624	
3		EMERGENCY	61		59,466	
4 DRUGS CHARGED TO PATIENTS	G	PHARMACY	16		3,162,825	
5 INTERNS AND RESIDENTS	H	OTHER ADMINISTRATIVE AND GENERAL	6.04		601,981	
6 THERAPY ADMIN	I	PHYSICAL THERAPY	50	423,073	1,779,744	
7						
36 TOTAL RECLASSIFICATIONS				852,850	24,636,970	

(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: 150090	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/25/2011 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: A
EXPLANATION : CAPITAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	3,541,427	OLD CAP REL COSTS-BLDG & FIXT	1	8,583,790	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	5,042,363			0	
TOTAL RECLASSIFICATIONS FOR CODE A			8,583,790				8,583,790

RECLASS CODE: B
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	441,140	INTEREST EXPENSE	88	441,140	
TOTAL RECLASSIFICATIONS FOR CODE B			441,140				441,140

RECLASS CODE: C
EXPLANATION : DIETARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	729,983	DIETARY	11	729,983	
TOTAL RECLASSIFICATIONS FOR CODE C			729,983				729,983

RECLASS CODE: D
EXPLANATION : INSURANCE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	140,897	INTEREST EXPENSE	88	1,208,983	
2.00	OTHER ADMINISTRATIVE AND GENER	6.04	1,068,086			0	
TOTAL RECLASSIFICATIONS FOR CODE D			1,208,983				1,208,983

RECLASS CODE: E
EXPLANATION : PATIENT TRANSPORT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	8,455	EMERGENCY	61	87,774	
2.00	RADIOLOGY-DIAGNOSTIC	41	47,175			0	
3.00	RADIOISOTOPE	43	14,337			0	
4.00	ELECTROCARDIOLOGY	53	3,307			0	
5.00	ULTRASOUND	59	5,882			0	
6.00	CATH LAB	59.02	3,123			0	
7.00	EMERGENCY	61	5,250			0	
8.00	PHYSICIANS' PRIVATE OFFICES	98	245			0	
TOTAL RECLASSIFICATIONS FOR CODE E			87,774				87,774

RECLASS CODE: F
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CENTRAL SERVICES & SUPPLY	15	8,470,527	CENTRAL SERVICES & SUPPLY	15	103,484	
2.00			0	PHARMACY	16	558	
3.00			0	ADULTS & PEDIATRICS	25	88,774	
4.00			0	INTENSIVE CARE UNIT	26	48,492	
5.00			0	SUBPROVIDER	31	18,237	
6.00			0	OPERATING ROOM	37	6,008,618	
7.00			0	OUTPATIENT SURGERY	37.01	217,510	
8.00			0	RECOVERY ROOM	38	2,426	
9.00			0	ANESTHESIOLOGY	40	138,408	
10.00			0	RADIOLOGY-DIAGNOSTIC	41	62,239	
11.00			0	RADIOLOGY-SPECIAL PROCEDURES	41.01	104,035	
12.00			0	RADIOLOGY-THERAPEUTIC	42	2,092	
13.00			0	RADIOISOTOPE	43	1,933	
14.00			0	RESPIRATORY THERAPY	49	48,649	
15.00			0	PHYSICAL THERAPY	50	42,031	
16.00			0	ELECTROCARDIOLOGY	53	960	
17.00			0	ELECTROENCEPHALOGRAPHY	54	1,184	
18.00			0	ULTRASOUND	59	13,633	
19.00			0	PAIN CLINIC	59.01	25,689	
20.00			0	CATH LAB	59.02	1,454,678	

RECLASSIFICATIONS

PROVIDER NO: 150090	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/25/2011 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: F
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
21.00			0	ACTIVITY THERAPY	59.03	1	
22.00			0	WOUND CARE CENTER	59.04	25,806	
23.00			0	BARIATRIC CLINIC	59.05	1,624	
24.00			0	EMERGENCY	61	59,466	
TOTAL RECLASSIFICATIONS FOR CODE F			8,470,527				8,470,527

RECLASS CODE: G
EXPLANATION : DRUGS CHARGED TO PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	3,162,825	PHARMACY	16	3,162,825	
TOTAL RECLASSIFICATIONS FOR CODE G			3,162,825				3,162,825

RECLASS CODE: H
EXPLANATION : INTERNS AND RESIDENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	601,981	OTHER ADMINISTRATIVE AND GENER	6.04	601,981	
TOTAL RECLASSIFICATIONS FOR CODE H			601,981				601,981

RECLASS CODE: I
EXPLANATION : THERAPY ADMIN

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OCCUPATIONAL THERAPY	51	1,733,043	PHYSICAL THERAPY	50	2,202,817	
2.00	SPEECH PATHOLOGY	52	469,774			0	
TOTAL RECLASSIFICATIONS FOR CODE I			2,202,817				2,202,817

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			DONATION 3					
1 LAND	282,475						282,475	
2 LAND IMPROVEMENTS	2,453,942						2,453,942	
3 BUILDINGS & FIXTURE	41,747,965						41,747,965	
4 BUILDING IMPROVEMENT								
5 FIXED EQUIPMENT	2,300,775						2,300,775	
6 MOVABLE EQUIPMENT	85,016					61,346	23,670	
7 SUBTOTAL	46,870,173					61,346	46,808,827	
8 RECONCILING ITEMS								
9 TOTAL	46,870,173					61,346	46,808,827	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			DONATION 3					
1 LAND	299,497						299,497	
2 LAND IMPROVEMENTS	5,081,632	1,202,679			1,202,679		6,284,311	
3 BUILDINGS & FIXTURE	28,980,536	467,408			467,408		29,447,944	
4 BUILDING IMPROVEMENT	1,515,255						1,515,255	
5 FIXED EQUIPMENT	74,464,413	1,616,352			1,616,352		76,080,765	
6 MOVABLE EQUIPMENT	37,495,149						37,495,149	
7 SUBTOTAL	147,836,482	3,286,439			3,286,439		151,122,921	
8 RECONCILING ITEMS								
9 TOTAL	147,836,482	3,286,439			3,286,439		151,122,921	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO		INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL				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
1	OLD CAP REL COSTS-BL	107,532		441,140	140,897			689,569
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	4,571,206						4,571,206
4	NEW CAP REL COSTS-MV	5,042,363						5,042,363
5	TOTAL	9,721,101		441,140	140,897			10,303,138

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
1	OLD CAP REL COSTS-BL	8,687,885						8,687,885
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	8,687,885						8,687,885

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

ADJUSTMENTS TO EXPENSES

DESCR IPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON	LINE NO	WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER		
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER	B	-2,162	INTEREST EXPENSE	88	
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES	B	-518,031	CENTRAL SERVICES & SUPPLY	15	
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	-2,251,743			
13 SALE OF SCRAP, WASTE, ETC.	B	-12,159	RESPIRATORY THERAPY	49	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	7,068,702			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-449,439	CAFETERIA	12	
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	B	-13,856	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 RENTAL INCOME	B	-7,090	NEW CAP REL COSTS-BLDG &	3	9
38 MISC INCOME	B	-1,890	OTHER ADMINSTRATIVE AND	6.04	
39 DIETETIC INSTRUCTION	B	78	DIETARY	11	
40 SPECIAL FUNCTIONS	B	-73,284	DIETARY	11	
41 FOOD SUPPLEMENTS	B	-221,307	DIETARY	11	
42 ADVERTISING EXPENSE	A	-1,099,834	OTHER ADMINSTRATIVE AND	6.04	
43 MISCELLANEOUS - OTHER OPERATING	B	-400	OTHER ADMINSTRATIVE AND	6.04	
43.01 SHARED SERVICES - HR	A	318,602	EMPLOYEE BENEFITS	5	
44 SHARED SERVICES - RECEIVING & STORES	A	226,598	OTHER ADMINSTRATIVE AND	6.04	
45 SHARED SERVICES - A&G	A	3,727,700	OTHER ADMINSTRATIVE AND	6.04	
46 SHARED SERVICES - PUBLIC RELATIONS	A	-1,062,030	OTHER ADMINSTRATIVE AND	6.04	
47 UNECESSARY BORROWING	A	-776,518	INTEREST EXPENSE	88	
48 PROGRAM FEES	B	-230	PHYSICAL THERAPY	50	
49 PENSION EXPENSE	A	-1,821,839	EMPLOYEE BENEFITS	5	
50 TOTAL (SUM OF LINES 1 THRU 49)		3,029,868			

(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	9
1	1	OLD CAP REL COSTS-BLDG & ALLOWABLE OLD CAPITAL COS	3,437		3,437	9
2	3	NEW CAP REL COSTS-BLDG & ALLOWABLE NEW CAPITAL COS	1,036,869		1,036,869	9
3	6 3	PATIENT ACCOUNTING		791,352	-791,352	
4	6 4	OTHER ADMINISTRATIVE AND ADMINSTRATIVE & GENERAL	5,355,447	3,013,627	2,341,820	
4.01	16	PHARMACY	321,262	319,128	2,134	
4.02	88	INTEREST EXPENSE	1,081,584	2,868,065	-1,786,481	
4.03	6 4	OTHER ADMINISTRATIVE AND ELIMINATIONS		-9,256,607	9,256,607	
4.04	11	DIETARY		26,662	-26,662	
4.05	15	CENTRAL SERVICES & SUPPLY	97,959	373,404	-275,445	
4.06	16	PHARMACY	342,727	1,476,076	-1,133,349	
4.07	25	ADULTS & PEDIATRICS		88,566	-88,566	
4.08	37	OPERATING ROOM	2,274	5,623	-3,349	
4.09	37	OPERATING ROOM	1,698	4,198	-2,500	
4.10	37 1	OUTPATIENT SURGERY	1,067	1,383	-316	
4.11	37 1	OUTPATIENT SURGERY	4,221	12,853	-8,632	
4.12	40	ANESTHESIOLOGY	1,431	1,258	173	
4.13	41	RADIOLOGY-DIAGNOSTIC	15,614	59,748	-44,134	
4.14	41	RADIOLOGY-DIAGNOSTIC	27,477	105,142	-77,665	
4.15	41	RADIOLOGY-DIAGNOSTIC	11,087	42,424	-31,337	
4.16	41 1	RADIOLOGY-SPECIAL PROCEDURES	4,545	18,076	-13,531	
4.17	42	RADIOLOGY-THERAPEUTIC	3,709	12,913	-9,204	
4.18	43	RADIOISOTOPE	2,496	10,951	-8,455	
4.19	44	LABORATORY	58,415	323,966	-265,551	
4.20	44	LABORATORY	7,629	42,310	-34,681	
4.21	44	LABORATORY	710	3,940	-3,230	
4.22	44	LABORATORY	32,274	178,987	-146,713	
4.23	44	LABORATORY	1,371	7,603	-6,232	
4.24	47	BLOOD STORING, PROCESSING	12,771	39,809	-27,038	
4.25	49	RESPIRATORY THERAPY	94,757	366,792	-272,035	
4.26	50	PHYSICAL THERAPY	1,757,447	3,136,534	-1,379,087	
4.27	50	PHYSICAL THERAPY	1,797	3,207	-1,410	
4.28	53	ELECTROCARDIOLOGY	2,917	23,499	-20,582	
4.29	53	ELECTROCARDIOLOGY	103	215	-112	
4.30	54	ELECTROENCEPHALOGRAPHY	2,000	6,157	-4,157	
4.31	59	ULTRASOUND	2,216	17,512	-15,296	
4.32	59	ULTRASOUND	7,284	57,554	-50,270	
4.33	31	SUBPROVIDER	955,034		955,034	
5		TOTALS	11,251,629	4,182,927	7,068,702	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	B	FRANCISCAN ALLIANCE, INC.	100.00	FRANCISCAN ALLIANCE, INC.	0.00	HOME OFFICE
2			0.00		0.00	
3			0.00		0.00	
4			0.00		0.00	
5			0.00		0.00	

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

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 16	ANTI COAGULATION CLINIC	5,500	5,500		171,400			
2 25	HOUSE PHYSICIANS - SOUTH	807,701	807,701		204,100			
3 37	OPERATING ROOM	264,736	264,736		204,100			
4 37 1	OUTPATIENT SURGERY	48,080	48,080		204,100			
5 49	RESPIRATORY THERAPY	13,760		13,760	171,400	85	7,004	
6 50	OSTEOPOROSIS SERVICES	31,460		31,460	171,400	330	27,193	1,360
7 54	SLEEP LAB	9,000		9,000	171,400	116	9,559	478
8 61	ER PHYSICIAN	1,072,362	1,072,362		171,400			
9 61	ER PHYSICIAN	18,000	18,000		171,400			
10 61	EMERGENCY ROOM	24,341	24,341		171,400			
11								
12								
13								
14								
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21								
22								
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24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,294,940	2,240,720	54,220		531	43,756	2,188

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 16	ANTI COAGULATION CLINIC							5,500
2 25	HOUSE PHYSICIANS - SOUTH							807,701
3 37	OPERATING ROOM							264,736
4 37 1	OUTPATIENT SURGERY							48,080
5 49	RESPIRATORY THERAPY					7,004	6,756	6,756
6 50	OSTEOPOROSIS SERVICES					27,193	4,267	4,267
7 54	SLEEP LAB					9,559		
8 61	ER PHYSICIAN							1,072,362
9 61	ER PHYSICIAN							18,000
10 61	EMERGENCY ROOM							24,341
11								
12								
13								
14								
15								
16								
17								
18								
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21								
22								
23								
24								
25								
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28								
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30								
101	TOTAL					43,756	11,023	2,251,743

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	4	GROSS SALARIES	ENTERED
6.01	COMMUNICATIONS	5	NUMBER OF PHONES	ENTERED
6.02	ADMINISTRATIVE	6	GROSS CHARGES	ENTERED
6.03	PATIENT ACCOUNTING	6	GROSS CHARGES	ENTERED
6.04	OTHER ADMINISTRATIVE AND GENERAL	-7	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	8	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	8	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	9	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	10	SQUARE FEET	ENTERED
11	DIETARY	11	PATIENT MEALS	ENTERED
12	CAFETERIA	12	HOURS WORKED	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
16	PHARMACY	15	COSTED REQUISITIO	ENTERED
17	MEDICAL RECORDS & LIBRARY	6	GROSS CHARGES	ENTERED
18	SOCIAL SERVICE	6	GROSS CHARGES	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	16	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	COMMUNICATI ON S
	0	1	2	3	4	5	6. 01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	689,569	689,569					
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	4,571,206			4,571,206			
005 NEW CAP REL COSTS-MVBLE E	5,042,363				5,042,363		
006 EMPLOYEE BENEFITS	12,893,959	2,400		15,908	3,599	12,915,866	
006 01 COMMUNICATIONS	131,238	5,594		37,081	31,354	28,797	234,064
006 02 ADMIN TTING	876,301	6,043		40,060	5,121	213,530	3,823
006 03 PATIENT ACCOUNTING	2,682	1,296		8,589	3,734		27,187
006 04 OTHER ADMINI STRATIVE AND	11,969,988	31,690		210,076	518,423	489,584	25,700
007 MAINTENANCE & REPAIRS	2,397,709	110,142		730,138	66,114	213,003	9,133
008 OPERATION OF PLANT	2,987,845	30,370		201,324	43,170	74,966	2,124
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	1,376,125	8,006		53,070	6,853	292,931	2,336
011 DIETARY	442,509	9,032		59,871	42,875	89,901	3,823
012 CAFETERIA	280,544	8,782		58,214		87,399	
014 NURSING ADMINI STRATION	386,011	768		5,093		98,236	2,336
015 CENTRAL SERVICES & SUPPLY	11,464,199	7,929		52,562	183,178	98,202	2,336
016 PHARMACY	2,635,940	5,914		39,206	1,618	366,596	6,160
017 MEDICAL RECORDS & LIBRARY	1,415,801	7,492		49,665	21,222	291,584	29,950
018 SOCIAL SERVICE							
023 I&R SERVICES-OTHER PRGM C	601,981						1,912
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	7,655,672	133,890		887,579	883,079	2,085,121	14,656
026 INTENSIVE CARE UNIT	2,021,155	15,228		100,947	45,058	448,900	1,487
031 SUBPROVIDER	5,553,504	9,105		60,359	39,810	442,373	
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,130,406	31,336		207,728	521,184	331,102	7,009
037 01 OUTPATIENT SURGERY	469,487	1,943		12,879		66,581	
038 RECOVERY ROOM	970,910	8,512		56,425	45,763	241,519	1,699
040 ANESTHESIOLOGY	79,604				94,536	6,396	425
041 RADIOLOGY-DIAGNOSTIC	3,172,947	22,051		146,180	1,034,398	423,042	8,921
041 01 RADIOLOGY-SPECIAL PROCEDU	683,090				271,056	14,315	
042 RADIOLOGY-THERAPEUTIC	546,208	17,284		114,578	200,292	98,598	
043 RADIOISOTOPE	597,740	7,561		50,123	75,809	67,630	2,761
044 LABORATORY	4,128,954	12,049		79,875	8,868		8,071
047 BLOOD STORING, PROCESSING	625,108	4,341		28,777			
049 RESPIRATORY THERAPY	1,079,938	3,281		21,753	70,497	223,959	2,336
050 PHYSICAL THERAPY	2,762,629	853		5,652	69,440	641,401	2,336
051 OCCUPATIONAL THERAPY	1,733,043	853		5,652		71,310	212
052 SPEECH PATHOLOGY	469,774	1,374		9,108	4,940	36,807	212
053 ELECTROCARDIOLOGY	701,572	6,712		44,491	97,214	150,129	4,673
054 ELECTROENCEPHALOGRAPHY	253,371	7,860		52,105	53,975	59,605	1,699
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	3,162,825						
059 ULTRASOUND	376,079	3,510		23,267	156,668	77,555	
059 01 PAIN CLINIC	427,909	6,980		46,270	23,439	104,132	425
059 02 CATH LAB	802,460	6,581		43,627	320,811	165,392	
059 03 ACTIVITY THERAPY	1,677,796	8,749		58,000	193	425,218	1,487
059 04 WOUND CARE CENTER	202,998	3,087		20,462	5,454	48,681	1,699
059 05 BARIATRIC CLINIC	432,441				3,934	60,533	1,699
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	2,968,964	18,679		123,828	46,811	811,913	5,098
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
094 SPEC PURPOSE COST CENTERS							
094 HHA SPACE							
095 SUBTOTALS	105,852,554	567,277		3,760,522	5,000,490	9,446,941	183,725
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	101,984	1,515		10,043		5,531	1,062
098 PHYSICIANS' PRIVATE OFFIC	14,123,132	33,700		223,402		2,833,326	19,541
098 01 WORKING WELL	447,005					82,926	
100 RESIDENTIAL	2,414,845	46,472		308,065	28,084	547,142	9,983
100 01 OMNI							
100 02 PSYCHIATRIC		40,605		269,174	13,789		19,753
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	122,939,520	689,569		4,571,206	5,042,363	12,915,866	234,064

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE	PATIENT ACCOUNTING	SUBTOTAL	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.02	6.03	6a.03	6.04	7	8	9
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 ADMINISTRATION	1,144,878						
006 03 PATIENT ACCOUNTING		43,488					
006 04 OTHER ADMINISTRATIVE AND			13,245,461	13,245,461			
007 MAINTENANCE & REPAIRS			3,526,239	425,790	3,952,029		
008 OPERATION OF PLANT			3,339,799	403,277	225,435	3,968,511	
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING			1,739,321	210,021	59,426	63,284	
011 DIETARY			648,011	78,247	67,041	71,393	
012 CAFETERIA			434,939	52,518	65,186	69,417	
014 NURSING ADMINISTRATION			492,444	59,462	5,702	6,073	
015 CENTRAL SERVICES & SUPPLY			11,808,406	1,425,853	58,857	62,678	
016 PHARMACY			3,055,434	368,941	43,901	46,751	
017 MEDICAL RECORDS & LIBRARY			1,815,714	219,246	55,613	59,223	
018 SOCIAL SERVICE							
023 I&R SERVICES-OTHER PRGM C			603,893	72,919			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	83,574	3,165	11,746,736	1,418,407	993,876	1,058,397	
026 INTENSIVE CARE UNIT	18,885	715	2,652,375	320,272	113,036	120,374	
031 SUBPROVIDER	27,429	1,039	6,133,619	740,628	67,587	71,975	
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	47,919	1,815	3,278,499	395,875	232,606	247,705	
037 01 OUTPATIENT SURGERY	17,737	672	569,299	68,742	14,421	15,357	
038 RECOVERY ROOM	12,229	463	1,337,520	161,504	63,182	67,284	
040 ANESTHESIOLOGY	12,956	491	194,408	23,475			
041 RADIOLOGY-DIAGNOSTIC	150,971	5,718	4,964,228	599,426	163,687	174,313	
041 01 RADIOLOGY-SPECIAL PROCEDU	6,794	257	975,512	117,792			
042 RADIOLOGY-THERAPEUTIC	14,905	564	992,429	119,835	128,300	136,628	
043 RADIOISOTOPE	20,827	789	823,240	99,405	56,125	59,769	
044 LABORATORY	126,735	4,800	4,369,352	527,595	89,441	95,247	
047 BLOOD STORING, PROCESSING	8,398	318	666,942	80,533	32,223	34,315	
049 RESPIRATORY THERAPY	23,755	900	1,426,419	172,239	24,358	25,939	
050 PHYSICAL THERAPY	48,136	1,823	3,532,270	426,518	6,328	6,739	
051 OCCUPATIONAL THERAPY	6,388	242	1,817,700	219,485	6,328	6,739	
052 SPEECH PATHOLOGY	1,688	64	523,967	63,268	10,198	10,860	
053 ELECTROCARDIOLOGY	27,420	1,038	1,033,249	124,764	49,820	53,054	
054 ELECTROENCEPHALOGRAPHY	8,510	322	437,447	52,821	58,345	62,132	
055 MEDICAL SUPPLIES CHARGED	163,923	6,337	170,260	20,559			
056 DRUGS CHARGED TO PATIENTS	140,789	5,332	3,308,946	399,552			
059 ULTRASOUND	20,679	783	658,541	79,518	26,054	27,745	
059 01 PAIN CLINIC	10,170	385	619,710	74,829	51,812	55,175	
059 02 CATH LAB	60,569	2,294	1,401,734	169,258	48,852	52,023	
059 03 ACTIVITY THERAPY	10,344	392	2,182,179	263,496	64,947	69,163	
059 04 WOUND CARE CENTER	3,351	127	285,859	34,517	22,912	24,400	
059 05 BARIATRIC CLINIC	1,011	38	499,656	60,333			
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	68,786	2,605	4,046,684	488,633	138,657	147,658	
071 OBSERVATION BEDS (NON-DIS							
094 OTHER REIMBURS COST CNTRS							
094 HOME HEALTH AGENCY							
094 SPEC PURPOSE COST CENTERS							
094 HHA SPACE							
095 SUBTOTALS	1,144,878	43,488	101,358,441	10,639,553	3,044,256	3,001,810	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			120,135	14,506	11,246	11,976	
098 PHYSICIANS' PRIVATE OFFIC			17,233,101	2,080,893	250,157	266,396	
098 01 WORKING WELL			529,931	63,989			
100 RESIDENTIAL			3,354,591	405,064	344,959	367,352	
100 01 OMNI							
100 02 PSYCHIATRIC			343,321	41,456	301,411	320,977	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,144,878	43,488	122,939,520	13,245,461	3,952,029	3,968,511	

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 ADMINITTING							
006 03 PATIENT ACCOUNTING							
006 04 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	2,072,052						
011 DIETARY	37,880	902,572					
012 CAFETERIA	36,832		658,892				
014 NURSING ADMINISTRATION	3,222		3,904	570,807			
015 CENTRAL SERVICES & SUPPLY	33,256		9,431	14,909	13,413,390		
016 PHARMACY	24,805		17,301		43,516	3,600,649	
017 MEDICAL RECORDS & LIBRARY	31,423		29,770	4,260	1,366		2,216,615
018 SOCIAL SERVICE							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	561,567	694,804	120,985	287,534	226,553	1,939	161,808
026 INTENSIVE CARE UNIT	63,869	52,328	25,348	61,766	54,040	272	36,564
031 SUBPROVIDER	38,189		12,473		40,945	19	53,105
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	131,429		19,044	46,857	339,899	208	92,777
037 01 OUTPATIENT SURGERY	8,148		3,080		53,151	903	34,341
038 RECOVERY ROOM	35,700		11,523	27,688	15,985	201	23,677
040 ANESTHESIOLOGY			781	2,130	37,523	68	25,083
041 RADIOLOGY-DIAGNOSTIC	92,488		26,081		122,875	243	292,296
041 01 RADIOLOGY-SPECIAL PROCEDU			664		20,790	1,235	13,154
042 RADIOLOGY-THERAPEUTIC	72,493		4,824		7,214	47	28,857
043 RADIOISOTOPE	31,712		2,512		2,050	267,679	40,323
044 LABORATORY	50,537						245,373
047 BLOOD STORING, PROCESSING	18,207						16,260
049 RESPIRATORY THERAPY	13,763		12,890		9,707	188	45,992
050 PHYSICAL THERAPY	3,576		29,855		10,672		93,196
051 OCCUPATIONAL THERAPY	3,576		4,561		1,616		12,368
052 SPEECH PATHOLOGY	5,762		1,378		489		3,268
053 ELECTROCARDIOLOGY	28,149		9,224	23,429	15,855	8	53,089
054 ELECTROENCEPHALOGRAPHY	32,966		3,585	4,260	9,271		16,476
055 MEDICAL SUPPLIES CHARGED					12,105,997		317,381
056 DRUGS CHARGED TO PATIENTS						3,319,151	272,584
059 ULTRASOUND	14,721		2,819		8,424	20	40,037
059 01 PAIN CLINIC	29,275		5,220		12,269	134	19,690
059 02 CATH LAB	27,603		7,037	17,039	174,226	198	117,268
059 03 ACTIVITY THERAPY	36,697		25,082				20,026
059 04 WOUND CARE CENTER	12,946		2,558		10,589	3,139	6,488
059 05 BARIATRIC CLINIC			3,330		1,703	106	1,958
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	78,345		39,325	80,935	86,665	4,891	133,176
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
094 SPEC PURPOSE COST CENTERS							
094 HHA SPACE							
095 SUBTOTALS	1,559,136	747,132	434,585	570,807	13,413,390	3,600,649	2,216,615
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	6,354		859				
098 PHYSICIANS' PRIVATE OFFIC	141,346		144,151				
098 01 WORKING WELL							
100 RESIDENTIAL	194,911		42,505				
100 01 OMNI							
100 02 PSYCHIATRIC	170,305	155,440	36,792				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,072,052	902,572	658,892	570,807	13,413,390	3,600,649	2,216,615

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SERVICES- OTHER PRGM C	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	18	23	25	26	27
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
006 01 COMMUNICATIONS					
006 02 ADMINITTING					
006 03 PATIENT ACCOUNTING					
006 04 OTHER ADMINISTRATIVE AND					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE					
023 I&R SERVICES-OTHER PRGM C		676,812			
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS		651,175	17,923,781	-651,175	17,272,606
026 INTENSIVE CARE UNIT			3,500,244		3,500,244
031 SUBPROVIDER			7,158,540		7,158,540
033 NURSERY					
034 SKILLED NURSING FACILITY					
037 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM		8,973	4,793,872	-8,973	4,784,899
037 01 OUTPATIENT SURGERY			767,442		767,442
038 RECOVERY ROOM			1,744,264		1,744,264
040 ANESTHESIOLOGY			283,468		283,468
041 RADIOLOGY-DIAGNOSTIC			6,435,637		6,435,637
041 01 RADIOLOGY-SPECIAL PROCEDU			1,129,147		1,129,147
042 RADIOLOGY-THERAPEUTIC			1,490,627		1,490,627
043 RADIOISOTOPE			1,382,815		1,382,815
044 LABORATORY			5,377,545		5,377,545
047 BLOOD STORING, PROCESSING			848,480		848,480
049 RESPIRATORY THERAPY			1,731,495		1,731,495
050 PHYSICAL THERAPY			4,109,154		4,109,154
051 OCCUPATIONAL THERAPY			2,072,373		2,072,373
052 SPEECH PATHOLOGY			619,190		619,190
053 ELECTROCARDIOLOGY			1,390,641		1,390,641
054 ELECTROENCEPHALOGRAPHY			677,303		677,303
055 MEDICAL SUPPLIES CHARGED			12,614,197		12,614,197
056 DRUGS CHARGED TO PATIENTS			7,300,233		7,300,233
059 ULTRASOUND			857,879		857,879
059 01 PAIN CLINIC			868,114		868,114
059 02 CATH LAB			2,015,238		2,015,238
059 03 ACTIVITY THERAPY			2,661,590		2,661,590
059 04 WOUND CARE CENTER			403,408		403,408
059 05 BARIATRIC CLINIC			567,086		567,086
061 OUTPAT SERVICE COST CNTRS					
062 EMERGENCY		16,664	5,261,633	-16,664	5,244,969
071 OBSERVATION BEDS (NON-DIS					
OTHER REIMBURS COST CNTRS					
094 HOME HEALTH AGENCY					
094 SPEC PURPOSE COST CENTERS					
094 HHA SPACE					
095 SUBTOTALS		676,812	95,985,396	-676,812	95,308,584
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			165,076		165,076
098 PHYSICIANS' PRIVATE OFFIC			20,116,044		20,116,044
098 01 WORKING WELL			593,920		593,920
100 RESIDENTIAL			4,709,382		4,709,382
100 01 OMNI					
100 02 PSYCHIATRIC			1,369,702		1,369,702
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL		676,812	122,939,520	-676,812	122,262,708

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		2,400				2,400	2,400
006 01 COMMUNICATIONS		5,594				5,594	5
006 02 ADMINITTING		6,043				6,043	39
006 03 PATIENT ACCOUNTING		1,296				1,296	
006 04 OTHER ADMINISTRATIVE AND		31,690				31,690	90
007 MAINTENANCE & REPAIRS		110,142				110,142	39
008 OPERATION OF PLANT		30,370				30,370	14
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING		8,006				8,006	54
011 DIETARY		9,032				9,032	17
012 CAFETERIA		8,782				8,782	16
014 NURSING ADMINISTRATION		768				768	18
015 CENTRAL SERVICES & SUPPLY		7,929				7,929	18
016 PHARMACY		5,914				5,914	67
017 MEDICAL RECORDS & LIBRARY		7,492				7,492	54
018 SOCIAL SERVICE							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		133,890				133,890	383
026 INTENSIVE CARE UNIT		15,228				15,228	83
031 SUBPROVIDER		9,105				9,105	81
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		31,336				31,336	61
037 01 OUTPATIENT SURGERY		1,943				1,943	12
038 RECOVERY ROOM		8,512				8,512	44
040 ANESTHESIOLOGY							1
041 RADIOLOGY-DIAGNOSTIC		22,051				22,051	78
041 01 RADIOLOGY-SPECIAL PROCEDU							3
042 RADIOLOGY-THERAPEUTIC		17,284				17,284	18
043 RADIOISOTOPE		7,561				7,561	12
044 LABORATORY		12,049				12,049	
047 BLOOD STORING, PROCESSING		4,341				4,341	
049 RESPIRATORY THERAPY		3,281				3,281	41
050 PHYSICAL THERAPY		853				853	118
051 OCCUPATIONAL THERAPY		853				853	13
052 SPEECH PATHOLOGY		1,374				1,374	7
053 ELECTROCARDIOLOGY		6,712				6,712	28
054 ELECTROENCEPHALOGRAPHY		7,860				7,860	11
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 ULTRASOUND		3,510				3,510	14
059 01 PAIN CLINIC		6,980				6,980	19
059 02 CATH LAB		6,581				6,581	30
059 03 ACTIVITY THERAPY		8,749				8,749	78
059 04 WOUND CARE CENTER		3,087				3,087	9
059 05 BARIATRIC CLINIC							11
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		18,679				18,679	149
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
094 SPEC PURPOSE COST CENTERS							
094 HHA SPACE							
095 SUBTOTALS		567,277				567,277	1,735
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		1,515				1,515	1
098 PHYSICIANS' PRIVATE OFFIC		33,700				33,700	548
098 01 WORKING WELL							15
100 RESIDENTIAL		46,472				46,472	101
100 01 OMNI							
100 02 PSYCHIATRIC		40,605				40,605	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		689,569				689,569	2,400

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 ADMINITTING							
006 03 PATIENT ACCOUNTING							
006 04 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	10,907						
011 DIETARY	199	12,100					
012 CAFETERIA	194		11,619				
014 NURSING ADMINISTRATION	17		69	1,292			
015 CENTRAL SERVICES & SUPPLY	175		166	34	14,118		
016 PHARMACY	131		305		46	9,194	
017 MEDICAL RECORDS & LIBRARY	165		525	10	1		11,630
018 SOCIAL SERVICE							
023 I&R SERVICES-OTHER PRGM C							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,958	9,314	2,134	649	239	5	846
026 INTENSIVE CARE UNIT	336	702	447	140	57	1	191
031 SUBPROVIDER	201		220		43		278
033 NURSERY							
034 SKILLED NURSING FACILITY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	692		336	106	358	1	485
037 01 OUTPATIENT SURGERY	43		54		56	2	179
038 RECOVERY ROOM	188		203	63	17	1	124
040 ANESTHESIOLOGY			14	5	40		131
041 RADIOLOGY-DIAGNOSTIC	487		460		129	1	1,528
041 01 RADIOLOGY-SPECIAL PROCEDU			12		22	3	69
042 RADIOLOGY-THERAPEUTIC	382		85		8		151
043 RADIOISOTOPE	167		44		2	684	211
044 LABORATORY	266						1,282
047 BLOOD STORING, PROCESSING	96						85
049 RESPIRATORY THERAPY	72		227		10		240
050 PHYSICAL THERAPY	19		526		11		487
051 OCCUPATIONAL THERAPY	19		80		2		65
052 SPEECH PATHOLOGY	30		24		1		17
053 ELECTROCARDIOLOGY	148		163	53	17		277
054 ELECTROENCEPHALOGRAPHY	174		63	10	10		86
055 MEDICAL SUPPLIES CHARGED					12,740		1,703
056 DRUGS CHARGED TO PATIENTS						8,475	1,425
059 ULTRASOUND	77		50		9		209
059 01 PAIN CLINIC	154		92		13		103
059 02 CATH LAB	145		124	39	183	1	613
059 03 ACTIVITY THERAPY	193		442				105
059 04 WOUND CARE CENTER	68		45		11	8	34
059 05 BARIATRIC CLINIC			59		2		10
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	412		694	183	91	12	696
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
094 SPEC PURPOSE COST CENTERS							
094 HHA SPACE							
095 SUBTOTALS	8,208	10,016	7,663	1,292	14,118	9,194	11,630
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	33		15				
098 PHYSICIANS' PRIVATE OFFIC	744		2,542				
098 01 WORKING WELL							
100 RESIDENTIAL	1,026		750				
100 01 OMNI							
100 02 PSYCHIATRIC	896	2,084	649				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	10,907	12,100	11,619	1,292	14,118	9,194	11,630

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 15-0090
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/25/2011
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	18	25	26	27
001 GENERAL SERVICE COST CNTR				
002 OLD CAP REL COSTS-BLDG &				
003 OLD CAP REL COSTS-MVBLE E				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
006 01 COMMUNICATIONS				
006 02 ADMINITTING				
006 03 PATIENT ACCOUNTING				
006 04 OTHER ADMINISTRATIVE AND				
007 MAINTENANCE & REPAIRS				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE				
023 I&R SERVICES-OTHER PRGM C	224			
INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS		192,937		192,937
026 INTENSIVE CARE UNIT		22,473		22,473
031 SUBPROVIDER		14,527		14,527
033 NURSERY				
034 SKILLED NURSING FACILITY				
ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		43,773		43,773
037 01 OUTPATIENT SURGERY		3,138		3,138
038 RECOVERY ROOM		12,098		12,098
040 ANESTHESIOLOGY		351		351
041 RADIOLOGY-DIAGNOSTIC		33,777		33,777
041 01 RADIOLOGY-SPECIAL PROCEDU		446		446
042 RADIOLOGY-THERAPEUTIC		23,248		23,248
043 RADIOISOTOPE		11,292		11,292
044 LABORATORY		19,424		19,424
047 BLOOD STORING, PROCESSING		6,016		6,016
049 RESPIRATORY THERAPY		5,453		5,453
050 PHYSICAL THERAPY		3,701		3,701
051 OCCUPATIONAL THERAPY		1,861		1,861
052 SPEECH PATHOLOGY		2,016		2,016
053 ELECTROCARDIOLOGY		9,924		9,924
054 ELECTROENCEPHALOGRAPHY		10,682		10,682
055 MEDICAL SUPPLIES CHARGED		15,522		15,522
056 DRUGS CHARGED TO PATIENTS		11,893		11,893
059 ULTRASOUND		5,212		5,212
059 01 PAIN CLINIC		9,614		9,614
059 02 CATH LAB		10,441		10,441
059 03 ACTIVITY THERAPY		12,811		12,811
059 04 WOUND CARE CENTER		4,289		4,289
059 05 BARIATRIC CLINIC		278		278
OUTPAT SERVICE COST CNTRS				
061 EMERGENCY		28,045		28,045
062 OBSERVATION BEDS (NON-DIS				
OTHER REIMBURS COST CNTRS				
071 HOME HEALTH AGENCY				
SPEC PURPOSE COST CENTERS				
094 HHA SPACE				
095 SUBTOTALS		515,242		515,242
NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		2,055		2,055
098 PHYSICIANS' PRIVATE OFFIC		52,713		52,713
098 01 WORKING WELL		171		171
100 RESIDENTIAL		62,802		62,802
100 01 OMNI				
100 02 PSYCHIATRIC		56,362		56,362
101 CROSS FOOT ADJUSTMENTS	224	224		224
102 NEGATIVE COST CENTER				
103 TOTAL	224	689,569		689,569

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0090
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/25/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				15,908	3,599	19,507	19,507
006 01 COMMUNICATIONS				37,081	31,354	68,435	43
006 02 ADMINITTING				40,060	5,121	45,181	323
006 03 PATIENT ACCOUNTING				8,589	3,734	12,323	
006 04 OTHER ADMINISTRATIVE AND				210,076	518,423	728,499	739
007 MAINTENANCE & REPAIRS				730,138	66,114	796,252	322
008 OPERATION OF PLANT				201,324	43,170	244,494	113
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING				53,070	6,853	59,923	442
011 DIETARY				59,871	42,875	102,746	136
012 CAFETERIA				58,214		58,214	132
014 NURSING ADMINISTRATION				5,093		5,093	148
015 CENTRAL SERVICES & SUPPLY				52,562	183,178	235,740	148
016 PHARMACY				39,206	1,618	40,824	554
017 MEDICAL RECORDS & LIBRARY				49,665	21,222	70,887	440
018 SOCIAL SERVICE							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS				887,579	883,079	1,770,658	3,149
031 INTENSIVE CARE UNIT				100,947	45,058	146,005	678
033 SUBPROVIDER				60,359	39,810	100,169	668
034 NURSERY							
037 SKILLED NURSING FACILITY							
037 01 ANCI LLARY SRVC COST CNTRS							
037 01 OPERATING ROOM				207,728	521,184	728,912	500
037 01 OUTPATIENT SURGERY				12,879		12,879	101
038 RECOVERY ROOM				56,425	45,763	102,188	365
040 ANESTHESIOLOGY					94,536	94,536	10
041 RADIOLOGY-DIAGNOSTIC				146,180	1,034,398	1,180,578	639
041 01 RADIOLOGY-SPECIAL PROCEDU					271,056	271,056	22
042 RADIOLOGY-THERAPEUTIC				114,578	200,292	314,870	149
043 RADIOISOTOPE				50,123	75,809	125,932	102
044 LABORATORY				79,875	8,868	88,743	
047 BLOOD STORING, PROCESSING				28,777		28,777	
049 RESPIRATORY THERAPY				21,753	70,497	92,250	338
050 PHYSICAL THERAPY				5,652	69,440	75,092	969
051 OCCUPATIONAL THERAPY				5,652		5,652	108
052 SPEECH PATHOLOGY				9,108	4,940	14,048	56
053 ELECTROCARDIOLOGY				44,491	97,214	141,705	227
054 ELECTROENCEPHALOGRAPHY				52,105	53,975	106,080	90
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 ULTRASOUND				23,267	156,668	179,935	117
059 01 PAIN CLINIC				46,270	23,439	69,709	157
059 02 CATH LAB				43,627	320,811	364,438	250
059 03 ACTIVITY THERAPY				58,000	193	58,193	642
059 04 WOUND CARE CENTER				20,462	5,454	25,916	74
059 05 BARIATRIC CLINIC					3,934	3,934	91
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY				123,828	46,811	170,639	1,226
071 OBSERVATION BEDS (NON-DIS							
094 OTHER REIMBURS COST CNTRS							
095 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
096 HHA SPACE							
096 SUBTOTALS				3,760,522	5,000,490	8,761,012	14,268
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				10,043		10,043	8
098 PHYSICIANS' PRIVATE OFFIC				223,402		223,402	4,280
098 01 WORKING WELL							125
100 RESIDENTIAL				308,065	28,084	336,149	826
100 01 OMNI							
100 02 PSYCHIATRIC				269,174	13,789	282,963	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				4,571,206	5,042,363	9,613,569	19,507

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 ADMINITTING							
006 03 PATIENT ACCOUNTING							
006 04 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	90,121						
011 DIETARY	1,648	129,621					
012 CAFETERIA	1,602		81,946				
014 NURSING ADMINISTRATION			486	11,526			
015 CENTRAL SERVICES & SUPPLY	1,446		1,173	301	336,022		
016 PHARMACY	1,079		2,152		1,090	80,868	
017 MEDICAL RECORDS & LIBRARY	1,367		3,702	86	34		113,744
018 SOCIAL SERVICE							
023 I&R SERVICES-OTHER PRGM C							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	24,423	99,783	15,047	5,807	5,675	44	8,311
026 INTENSIVE CARE UNIT	2,778	7,515	3,153	1,247	1,354	6	1,878
031 SUBPROVIDER	1,661		1,551		1,026		2,728
033 NURSERY							
034 SKILLED NURSING FACILITY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	5,716		2,369	946	8,515	5	4,766
037 01 OUTPATIENT SURGERY	354		383		1,331	20	1,764
038 RECOVERY ROOM	1,553		1,433	559	400	5	1,216
040 ANESTHESIOLOGY			97	43	940	2	1,288
041 RADIOLOGY-DIAGNOSTIC	4,023		3,244		3,078	5	15,014
041 01 RADIOLOGY-SPECIAL PROCEDU			83		521	28	676
042 RADIOLOGY-THERAPEUTIC	3,153		600		181	1	1,482
043 RADIOISOTOPE	1,379		312		51	6,012	2,071
044 LABORATORY	2,198						12,604
047 BLOOD STORING, PROCESSING	792						835
049 RESPIRATORY THERAPY	599		1,603		243	4	2,362
050 PHYSICAL THERAPY	156		3,713		267		4,787
051 OCCUPATIONAL THERAPY	156		567		40		635
052 SPEECH PATHOLOGY	251		171		12		168
053 ELECTROCARDIOLOGY	1,224		1,147	473	397		2,727
054 ELECTROENCEPHALOGRAPHY	1,434		446	86	232		846
055 MEDICAL SUPPLIES CHARGED					303,273		16,188
056 DRUGS CHARGED TO PATIENTS						74,547	14,002
059 ULTRASOUND	640		351		211		2,057
059 01 PAIN CLINIC	1,273		649		307	3	1,011
059 02 CATH LAB	1,201		875	344	4,365	4	6,024
059 03 ACTIVITY THERAPY	1,596		3,119				1,029
059 04 WOUND CARE CENTER	563		318		265	70	333
059 05 BARIATRIC CLINIC			414		43	2	101
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	3,408		4,891	1,634	2,171	110	6,841
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
094 HHA SPACE							
095 SUBTOTALS	67,813	107,298	54,049	11,526	336,022	80,868	113,744
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	276		107				
098 PHYSICIANS' PRIVATE OFFIC	6,148		17,928				
098 01 WORKING WELL							
100 RESIDENTIAL	8,477		5,286				
100 01 OMNI							
100 02 PSYCHIATRIC	7,407	22,323	4,576				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	90,121	129,621	81,946	11,526	336,022	80,868	113,744

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SERVICES-OTHER PRGM C	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	18	23	25	26	27
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
006 01 COMMUNICATIONS					
006 02 ADMINITTING					
006 03 PATIENT ACCOUNTING					
006 04 OTHER ADMINISTRATIVE AND					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE					
023 I&R SERVICES-OTHER PRGM C		4,615			
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS			2,311,816		2,311,816
026 INTENSIVE CARE UNIT			217,045		217,045
031 SUBPROVIDER			170,378		170,378
033 NURSERY					
034 SKILLED NURSING FACILITY					
037 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM			846,668		846,668
037 01 OUTPATIENT SURGERY			25,911		25,911
038 RECOVERY ROOM			136,404		136,404
040 ANESTHESIOLOGY			99,102		99,102
041 RADIOLOGY-DIAGNOSTIC			1,299,249		1,299,249
041 01 RADIOLOGY-SPECIAL PROCEDU			279,335		279,335
042 RADIOLOGY-THERAPEUTIC			365,519		365,519
043 RADIOISOTOPE			159,837		159,837
044 LABORATORY			168,827		168,827
047 BLOOD STORING, PROCESSING			44,803		44,803
049 RESPIRATORY THERAPY			116,178		116,178
050 PHYSICAL THERAPY			114,054		114,054
051 OCCUPATIONAL THERAPY			21,653		21,653
052 SPEECH PATHOLOGY			21,371		21,371
053 ELECTROCARDIOLOGY			172,388		172,388
054 ELECTROENCEPHALOGRAPHY			130,220		130,220
055 MEDICAL SUPPLIES CHARGED			330,216		330,216
056 DRUGS CHARGED TO PATIENTS			118,994		118,994
059 ULTRASOUND			196,566		196,566
059 01 PAIN CLINIC			93,152		93,152
059 02 CATH LAB			404,748		404,748
059 03 ACTIVITY THERAPY			99,281		99,281
059 04 WOUND CARE CENTER			36,857		36,857
059 05 BARIATRIC CLINIC			8,497		8,497
061 OUTPAT SERVICE COST CNTRS					
061 EMERGENCY			264,184		264,184
062 OBSERVATION BEDS (NON-DIS					
062 OTHER REIMBURS COST CNTRS					
071 HOME HEALTH AGENCY					
094 SPEC PURPOSE COST CENTERS					
094 HHA SPACE					
095 SUBTOTALS			8,253,253		8,253,253
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			14,843		14,843
098 PHYSICIANS' PRIVATE OFFIC			446,472		446,472
098 01 WORKING WELL			3,684		3,684
100 RESIDENTIAL			477,140		477,140
100 01 OMNI					
100 02 PSYCHIATRIC			413,562		413,562
101 CROSS FOOT ADJUSTMENTS		4,615	4,615		4,615
102 NEGATIVE COST CENTER					
103 TOTAL		4,615	9,613,569		9,613,569

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0090
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/25/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & OSTS	OLD CAP REL COSTS-MVBLE E	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-MVBLE E	EMPLOYEE BENEFITS	COMMUNICATIONS
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	(NUMBER OF PHONES)
	1	2	3	4	5	6.01
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	449,709					
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			449,709			
004 NEW CAP REL COSTS-MVB				2,617,193		
005 EMPLOYEE BENEFITS	1,565		1,565	1,868	50,541,294	
006 01 COMMUNICATIONS	3,648		3,648	16,274	112,685	1,102
006 02 ADMITTING	3,941		3,941	2,658	835,569	18
006 03 PATIENT ACCOUNTING	845		845	1,938		128
006 04 OTHER ADMINISTRATIVE	20,667		20,667	269,083	1,915,799	121
007 MAINTENANCE & REPAIRS	71,830		71,830	34,316	833,503	43
008 OPERATION OF PLANT	19,806		19,806	22,407	293,352	10
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING	5,221		5,221	3,557	1,146,271	11
011 DIETARY	5,890		5,890	22,254	351,794	18
012 CAFETERIA	5,727		5,727		342,003	
014 NURSING ADMINISTRATIO	501		501		384,409	11
015 CENTRAL SERVICES & SU	5,171		5,171	95,077	384,277	11
016 PHARMACY	3,857		3,857	840	1,434,532	29
017 MEDICAL RECORDS & LIB	4,886		4,886	11,015	1,141,000	141
018 SOCIAL SERVICE						
023 I&R SERVICES-OTHER PR						9
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	87,319		87,319	458,354	8,159,313	69
031 INTENSIVE CARE UNIT	9,931		9,931	23,387	1,756,595	7
033 SUBPROVIDER	5,938		5,938	20,663	1,731,055	
034 NURSERY						
037 SKILLED NURSING FACIL						
037 01 OPERATING ROOM	20,436		20,436	270,516	1,295,638	33
037 01 OUTPATIENT SURGERY	1,267		1,267		260,538	
038 RECOVERY ROOM	5,551		5,551	23,753	945,093	8
040 ANESTHESIOLOGY				49,068	25,028	2
041 RADIOLOGY-DIAGNOSTIC	14,381		14,381	536,894	1,655,411	42
041 01 RADIOLOGY-SPECIAL PRO				140,689	56,015	
042 RADIOLOGY-THERAPEUTIC	11,272		11,272	103,960	385,827	
043 RADIOISOTOPE	4,931		4,931	39,348	264,645	13
044 LABORATORY	7,858		7,858	4,603		38
047 BLOOD STORING, PROCES	2,831		2,831			
049 RESPIRATORY THERAPY	2,140		2,140	36,591	876,377	11
050 PHYSICAL THERAPY	556		556	36,042	2,509,874	11
051 OCCUPATIONAL THERAPY	556		556		279,044	1
052 SPEECH PATHOLOGY	896		896	2,564	144,029	1
053 ELECTROCARDIOLOGY	4,377		4,377	50,458	587,470	22
054 ELECTROENCEPHALOGRAPH	5,126		5,126	28,015	233,242	8
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
059 ULTRASOUND	2,289		2,289	81,317	303,481	
059 01 PAIN CLINIC	4,552		4,552	12,166	407,479	2
059 02 CATH LAB	4,292		4,292	166,514	647,197	
059 03 ACTIVITY THERAPY	5,706		5,706	100	1,663,926	7
059 04 WOUND CARE CENTER	2,013		2,013	2,831	190,495	8
059 05 BARIATRIC CLINIC				2,042	236,872	8
061 EMERGENCY	12,182		12,182	24,297	3,177,108	24
062 OBSERVATION BEDS (NON						
071 OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY						
094 SPEC PURPOSE COST CEN						
094 HHA SPACE						
095 SUBTOTALS	369,955		369,955	2,595,459	36,966,946	865
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	988		988		21,643	5
098 PHYSICIANS' PRIVATE O	21,978		21,978		11,087,179	92
098 01 WORKING WELL					324,497	
100 RESIDENTIAL	30,307		30,307	14,577	2,141,029	47
100 01 OMNI						
100 02 PSYCHIATRIC	26,481		26,481	7,157		93
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	689,569		4,571,206	5,042,363	12,915,866	234,064
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	1.533367		10.164809		.255551	
(WRKSHT B, PT I)				1.926630		212.399274
105 COST TO BE ALLOCATED					2,400	5,599
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER					.000047	
(WRKSHT B, PT II)						5.080762
107 COST TO BE ALLOCATED					19,507	68,478
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.000386	

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FIT S	COMMUNICATION S
	(SQUARE FEET	(DOLLAR)VALUE	(SQUARE)FEET	(DOLLAR)VALUE	(GROSS)SALARIES	(NUMBER)OF PHONES
	1	2	3	4	5	6.01
NONREIMBURS COST CENT (WRKSHT B, PT III)						62.139746

COST CENTER DESCRIPTION	ADMINING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	RECONCILIATION ()	OTHER ADMINISTRATIVE AND MAINTENANCE & OPERATIONS (ACCUM. COST)	REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
	6.02	6.03	6a.04	6.04	7	8	9	
001								
002								
003								
004								
005								
006	01 COMMUNICATIONS							
006	02 ADMINING	331,005,430						
006	03 PATIENT ACCOUNTING		331,005,430					
006	04 OTHER ADMINISTRATIVE			-13,245,461	109,694,059			
007	MAINTENANCE & REPAIRS			3,526,239	347,213			
008	OPERATION OF PLANT			3,339,799	19,806	327,407		
009	LAUNDRY & LINEN SERVICE						638,257	
010	HOUSEKEEPING			1,739,321	5,221	5,221		
011	DIETARY			648,011	5,890	5,890		
012	CAFETERIA			434,939	5,727	5,727		
014	NURSING ADMINISTRATIVE			492,444	501	501		
015	CENTRAL SERVICES & SUPPORT			11,808,406	5,171	5,171		
016	PHARMACY			3,055,434	3,857	3,857		
017	MEDICAL RECORDS & LIBRARY			1,815,714	4,886	4,886		
018	SOCIAL SERVICE							
023	INPATIENT ROUTINE SERVICE CENTER			603,893				
025	ADULTS & PEDIATRICS	24,161,202	24,161,202	11,746,736	87,319	87,319	491,334	
026	INTENSIVE CARE UNIT	5,459,692	5,459,692	2,652,375	9,931	9,931	37,003	
031	SUBPROVIDER	7,929,642	7,929,642	6,133,619	5,938	5,938		
033	NURSERY							
034	SKILLED NURSING FACILITY							
037	OPERATING ROOM	13,853,461	13,853,461	3,278,499	20,436	20,436		
037	01 OUTPATIENT SURGERY	5,127,796	5,127,796	569,299	1,267	1,267		
038	RECOVERY ROOM	3,535,479	3,535,479	1,337,520	5,551	5,551		
040	ANESTHESIOLOGY	3,745,471	3,745,471	194,408				
041	RADIOLOGY-DIAGNOSTIC	43,645,863	43,645,863	4,964,228	14,381	14,381		
041	01 RADIOLOGY-SPECIAL PROCEDURE	1,964,180	1,964,180	975,512				
042	RADIOLOGY-THERAPEUTIC	4,308,939	4,308,939	992,429	11,272	11,272		
043	RADIOISOTOPE	6,021,066	6,021,066	823,240	4,931	4,931		
044	LABORATORY	36,639,241	36,639,241	4,369,352	7,858	7,858		
047	BLOOD STORAGE, PROCESSING	2,427,911	2,427,911	666,942	2,831	2,831		
049	RESPIRATORY THERAPY	6,867,507	6,867,507	1,426,419	2,140	2,140		
050	PHYSICAL THERAPY	13,916,087	13,916,087	3,532,270	556	556		
051	OCCUPATIONAL THERAPY	1,846,828	1,846,828	1,817,700	556	556		
052	SPEECH PATHOLOGY	488,052	488,052	523,967	896	896		
053	ELECTROCARDIOLOGY	7,927,217	7,927,217	1,033,249	4,377	4,377		
054	ELECTROENCEPHALOGRAPHY	2,460,212	2,460,212	437,447	5,126	5,126		
055	MEDICAL SUPPLIES CHARACTERIZED	47,410,919	47,410,919	170,260				
056	DRUGS CHARGED TO PATIENT	40,702,360	40,702,360	3,308,946				
059	ULTRASOUND	5,978,296	5,978,296	658,541	2,289	2,289		
059	01 PAIN CLINIC	2,940,057	2,940,057	619,710	4,552	4,552		
059	02 CATH LAB	17,510,482	17,510,482	1,401,734	4,292	4,292		
059	03 ACTIVITY THERAPY	2,990,352	2,990,352	2,182,179	5,706	5,706		
059	04 WOUND CARE CENTER	968,807	968,807	285,859	2,013	2,013		
059	05 BARIATRIC CLINIC	292,354	292,354	499,656				
061	EMERGENCY	19,885,957	19,885,957	4,046,684	12,182	12,182		
062	OBSERVATION BEDS (NON-REIMBURSABLE)							
071	HOME HEALTH AGENCY							
094	HHA SPACE							
095	SUBTOTALS	331,005,430	331,005,430	-13,245,461	88,112,980	267,459	247,653	528,337
096	NONREIMBURSABLE COST CENTER							
096	GIFT, FLOWER, COFFEE				120,135	988	988	
098	PHYSICIANS' PRIVATE OFFICE				17,233,101	21,978	21,978	
098	01 WORKING WELL				529,931			
100	RESIDENTIAL				3,354,591	30,307	30,307	
100	01 OMNI							
100	02 PSYCHIATRIC				343,321	26,481	26,481	109,920
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	1,144,878	43,488	13,245,461	3,952,029	3,968,511		
104	(WORKSHEET B, PART I) UNIT COST MULTIPLIER		.000131		.120749		12.121033	
105	(WORKSHEET B, PT I) COST TO BE ALLOCATED	.003459 6,173	1,946		32,395	111,382146	37,777	
106	(WORKSHEET B, PART II) UNIT COST MULTIPLIER		.000006		.000295		.115382	
107	(WORKSHEET B, PT II) COST TO BE ALLOCATED	.000019 46,623	20,277		736,757	.320953 822,928	314,600	
108	(WORKSHEET B, PART III) UNIT COST MULTIPLIER		.000061		.006716		.960884	

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	23,293,898		23,293,898			
26	INTENSIVE CARE UNIT	5,459,692		5,459,692			
31	SUBPROVIDER	7,929,642		7,929,642			
33	NURSERY						
34	SKILLED NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,326,141	6,527,320	13,853,461	.345394	.345394	.345394
37 01	OUTPATIENT SURGERY	2,063,060	3,064,736	5,127,796	.149663	.149663	.149663
38	RECOVERY ROOM	1,579,283	1,956,196	3,535,479	.493360	.493360	.493360
40	ANESTHESIOLOGY	1,411,589	2,333,882	3,745,471	.075683	.075683	.075683
41	RADIOLOGY-DIAGNOSTIC	16,838,996	26,806,867	43,645,863	.147451	.147451	.147451
41 01	RADIOLOGY-SPECIAL PROCEDURE	1,450,354	513,826	1,964,180	.574869	.574869	.574869
42	RADIOLOGY-THERAPEUTIC	252,697	4,056,242	4,308,939	.345938	.345938	.345938
43	RADIOISOTOPE	2,329,636	3,691,430	6,021,066	.229663	.229663	.229663
44	LABORATORY	20,196,630	16,442,611	36,639,241	.146770	.146770	.146770
47	BLOOD STORING, PROCESSING	2,084,452	343,459	2,427,911	.349469	.349469	.349469
49	RESPIRATORY THERAPY	6,481,745	385,762	6,867,507	.252129	.252129	.253112
50	PHYSICAL THERAPY	5,758,911	8,157,176	13,916,087	.295281	.295281	.295587
51	OCCUPATIONAL THERAPY	1,839,041	7,787	1,846,828	1.122126	1.122126	1.122126
52	SPEECH PATHOLOGY	370,062	117,990	488,052	1.268697	1.268697	1.268697
53	ELECTROCARDIOLOGY	4,685,980	3,241,237	7,927,217	.175426	.175426	.175426
54	ELECTROENCEPHALOGRAPHY	463,303	1,996,909	2,460,212	.275303	.275303	.275303
55	MEDICAL SUPPLIES CHARGED	35,595,096	11,815,823	47,410,919	.266061	.266061	.266061
56	DRUGS CHARGED TO PATIENTS	34,803,971	5,898,389	40,702,360	.179357	.179357	.179357
59	ULTRASOUND	2,758,751	3,219,545	5,978,296	.143499	.143499	.143499
59 01	PAIN CLINIC	50,495	2,889,562	2,940,057	.295271	.295271	.295271
59 02	CATH LAB	12,321,324	5,189,158	17,510,482	.115088	.115088	.115088
59 03	ACTIVITY THERAPY	1,370,842	1,619,510	2,990,352	.890059	.890059	.890059
59 04	WOUND CARE CENTER		968,807	968,807	.416397	.416397	.416397
59 05	BARIATRIC CLINIC		292,354	292,354	1.939724	1.939724	1.939724
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	7,359,637	12,526,320	19,885,957	.263752	.263752	.263752
62	OBSERVATION BEDS (NON-DIS)	125,948	741,356	867,304	.787062	.787062	.787062
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	206,201,176	124,804,254	331,005,430			
102	LESS OBSERVATION BEDS						
103	TOTAL	206,201,176	124,804,254	331,005,430			

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	4,784,899	890,441	3,894,458			4,784,899
37 01	OUTPATIENT SURGERY	767,442	29,049	738,393			767,442
38	RECOVERY ROOM	1,744,264	148,502	1,595,762			1,744,264
40	ANESTHESIOLOGY	283,468	99,453	184,015			283,468
41	RADIOLOGY-DIAGNOSTIC	6,435,637	1,333,026	5,102,611			6,435,637
41 01	RADIOLOGY-SPECIAL PROCEDU	1,129,147	279,781	849,366			1,129,147
42	RADIOLOGY-THERAPEUTIC	1,490,627	388,767	1,101,860			1,490,627
43	RADIOISOTOPE	1,382,815	171,129	1,211,686			1,382,815
44	LABORATORY	5,377,545	188,251	5,189,294			5,377,545
47	BLOOD STORING, PROCESSING	848,480	50,819	797,661			848,480
49	RESPIRATORY THERAPY	1,731,495	121,631	1,609,864			1,731,495
50	PHYSICAL THERAPY	4,109,154	117,755	3,991,399			4,109,154
51	OCCUPATIONAL THERAPY	2,072,373	23,514	2,048,859			2,072,373
52	SPEECH PATHOLOGY	619,190	23,387	595,803			619,190
53	ELECTROCARDIOLOGY	1,390,641	182,312	1,208,329			1,390,641
54	ELECTROENCEPHALOGRAPHY	677,303	140,902	536,401			677,303
55	MEDICAL SUPPLIES CHARGED	12,614,197	345,738	12,268,459			12,614,197
56	DRUGS CHARGED TO PATIENTS	7,300,233	130,887	7,169,346			7,300,233
59	ULTRASOUND	857,879	201,778	656,101			857,879
59 01	PAIN CLINIC	868,114	102,766	765,348			868,114
59 02	CATH LAB	2,015,238	415,189	1,600,049			2,015,238
59 03	ACTIVITY THERAPY	2,661,590	112,092	2,549,498			2,661,590
59 04	WOUND CARE CENTER	403,408	41,146	362,262			403,408
59 05	BARITRIC CLINIC	567,086	8,775	558,311			567,086
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	5,244,969	292,229	4,952,740			5,244,969
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	682,622	98,989	583,633			682,622
101	SUBTOTAL	68,059,816	5,938,308	62,121,508			68,059,816
102	LESS OBSERVATION BEDS	682,622	98,989	583,633			682,622
103	TOTAL	67,377,194	5,839,319	61,537,875			67,377,194

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	13,853,461	.345394	.345394
37 01	OUTPATIENT SURGERY	5,127,796	.149663	.149663
38	RECOVERY ROOM	3,535,479	.493360	.493360
40	ANESTHESIOLOGY	3,745,471	.075683	.075683
41	RADIOLOGY-DIAGNOSTIC	43,645,863	.147451	.147451
41 01	RADIOLOGY-SPECIAL PROCEDU	1,964,180	.574869	.574869
42	RADIOLOGY-THERAPEUTIC	4,308,939	.345938	.345938
43	RADIOISOTOPE	6,021,066	.229663	.229663
44	LABORATORY	36,639,241	.146770	.146770
47	BLOOD STORING, PROCESSING	2,427,911	.349469	.349469
49	RESPIRATORY THERAPY	6,867,507	.252129	.252129
50	PHYSICAL THERAPY	13,916,087	.295281	.295281
51	OCCUPATIONAL THERAPY	1,846,828	1.122126	1.122126
52	SPEECH PATHOLOGY	488,052	1.268697	1.268697
53	ELECTROCARDIOLOGY	7,927,217	.175426	.175426
54	ELECTROENCEPHALOGRAPHY	2,460,212	.275303	.275303
55	MEDICAL SUPPLIES CHARGED	47,410,919	.266061	.266061
56	DRUGS CHARGED TO PATIENTS	40,702,360	.179357	.179357
59	ULTRASOUND	5,978,296	.143499	.143499
59 01	PAIN CLINIC	2,940,057	.295271	.295271
59 02	CATH LAB	17,510,482	.115088	.115088
59 03	ACTIVITY THERAPY	2,990,352	.890059	.890059
59 04	WOUND CARE CENTER	968,807	.416397	.416397
59 05	BARIATRIC CLINIC	292,354	1.939724	1.939724
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	19,885,957	.263752	.263752
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	867,304	.787062	.787062
101	SUBTOTAL	294,322,198		
102	LESS OBSERVATION BEDS	867,304		
103	TOTAL	293,454,894		

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	4,793,872	890,441	3,903,431	89,044	226,399	4,478,429
37 01	OUTPATIENT SURGERY	767,442	29,049	738,393	2,905	42,827	721,710
38	RECOVERY ROOM	1,744,264	148,502	1,595,762	14,850	92,554	1,636,860
40	ANESTHESIOLOGY	283,468	99,453	184,015	9,945	10,673	262,850
41	RADIOLOGY-DIAGNOSTIC	6,435,637	1,333,026	5,102,611	133,303	295,951	6,006,383
41 01	RADIOLOGY-SPECIAL PROCEDU	1,129,147	279,781	849,366	27,978	49,263	1,051,906
42	RADIOLOGY-THERAPEUTIC	1,490,627	388,767	1,101,860	38,877	63,908	1,387,842
43	RADIOISOTOPE	1,382,815	171,129	1,211,686	17,113	70,278	1,295,424
44	LABORATORY	5,377,545	188,251	5,189,294	18,825	300,979	5,057,741
47	BLOOD STORING, PROCESSING	848,480	50,819	797,661	5,082	46,264	797,134
49	RESPIRATORY THERAPY	1,731,495	121,631	1,609,864	12,163	93,372	1,625,960
50	PHYSICAL THERAPY	4,109,154	117,755	3,991,399	11,776	231,501	3,865,877
51	OCCUPATIONAL THERAPY	2,072,373	23,514	2,048,859	2,351	118,834	1,951,188
52	SPEECH PATHOLOGY	619,190	23,387	595,803	2,339	34,557	582,294
53	ELECTROCARDIOLOGY	1,390,641	182,312	1,208,329	18,231	70,083	1,302,327
54	ELECTROENCEPHALOGRAPHY	677,303	140,902	536,401	14,090	31,111	632,102
55	MEDICAL SUPPLIES CHARGED	12,614,197	345,738	12,268,459	34,574	711,571	11,868,052
56	DRUGS CHARGED TO PATIENTS	7,300,233	130,887	7,169,346	13,089	415,822	6,871,322
59	ULTRASOUND	857,879	201,778	656,101	20,178	38,054	799,647
59 01	PAIN CLINIC	868,114	102,766	765,348	10,277	44,390	813,447
59 02	CATH LAB	2,015,238	415,189	1,600,049	41,519	92,803	1,880,916
59 03	ACTIVITY THERAPY	2,661,590	112,092	2,549,498	11,209	147,871	2,502,510
59 04	WOUND CARE CENTER	403,408	41,146	362,262	4,115	21,011	378,282
59 05	BARIATRIC CLINIC	567,086	8,775	558,311	878	32,382	533,826
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	5,261,633	292,229	4,969,404	29,223	288,225	4,944,185
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	682,622	98,989	583,633	9,899	33,851	638,872
101	SUBTOTAL	68,085,453	5,938,308	62,147,145	593,833	3,604,534	63,887,086
102	LESS OBSERVATION BEDS	682,622	98,989	583,633	9,899	33,851	638,872
103	TOTAL	67,402,831	5,839,319	61,563,512	583,934	3,570,683	63,248,214

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	13,853,461	.323271	.339614
37 01	OUTPATIENT SURGERY	5,127,796	.140745	.149097
38	RECOVERY ROOM	3,535,479	.462981	.489160
40	ANESTHESIOLOGY	3,745,471	.070178	.073028
41	RADIOLOGY-DIAGNOSTIC	43,645,863	.137616	.144397
41 01	RADIOLOGY-SPECIAL PROCEDU	1,964,180	.535545	.560625
42	RADIOLOGY-THERAPEUTIC	4,308,939	.322084	.336916
43	RADIOISOTOPE	6,021,066	.215149	.226821
44	LABORATORY	36,639,241	.138042	.146256
47	BLOOD STORING, PROCESSING	2,427,911	.328321	.347376
49	RESPIRATORY THERAPY	6,867,507	.236761	.250358
50	PHYSICAL THERAPY	13,916,087	.277799	.294435
51	OCCUPATIONAL THERAPY	1,846,828	1.056508	1.120853
52	SPEECH PATHOLOGY	488,052	1.193098	1.263904
53	ELECTROCARDIOLOGY	7,927,217	.164286	.173126
54	ELECTROENCEPHALOGRAPHY	2,460,212	.256930	.269576
55	MEDICAL SUPPLIES CHARGED	47,410,919	.250323	.265332
56	DRUGS CHARGED TO PATIENTS	40,702,360	.168819	.179035
59	ULTRASOUND	5,978,296	.133758	.140124
59 01	PAIN CLINIC	2,940,057	.276677	.291776
59 02	CATH LAB	17,510,482	.107417	.112716
59 03	ACTIVITY THERAPY	2,990,352	.836861	.886311
59 04	WOUND CARE CENTER	968,807	.390462	.412149
59 05	BARITRIC CLINIC	292,354	1.825958	1.936721
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	19,885,957	.248627	.263121
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	867,304	.736618	.775648
101	SUBTOTAL	294,322,198		
102	LESS OBSERVATION BEDS	867,304		
103	TOTAL	293,454,894		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	192,937		192,937	2,311,816		2,311,816
26	INTENSIVE CARE UNIT	22,473		22,473	217,045		217,045
31	SUBPROVIDER	14,527		14,527	170,378		170,378
33	NURSERY						
101	TOTAL	229,937		229,937	2,699,239		2,699,239

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	27,277	16,093	7.07	113,778	84.75	1,363,882
26	INTENSIVE CARE UNIT	2,821	1,529	7.97	12,186	76.94	117,641
31	SUBPROVIDER	6,564	4,983	2.21	11,012	25.96	129,359
33	NURSERY						
101	TOTAL	36,662	22,605		136,976		1,610,882

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	43,773	846,668	13,853,461	2,953,903	.003160	9,334
37 01	OUTPATIENT SURGERY	3,138	25,911	5,127,796	910,678	.000612	557
38	RECOVERY ROOM	12,098	136,404	3,535,479	604,503	.003422	2,069
40	ANESTHESIOLOGY	351	99,102	3,745,471	573,595	.000094	54
41	RADIOLOGY-DIAGNOSTIC	33,777	1,299,249	43,645,863	8,763,118	.000774	6,783
41 01	RADIOLOGY-SPECIAL PROCEDU	446	279,335	1,964,180	679,714	.000227	154
42	RADIOLOGY-THERAPEUTIC	23,248	365,519	4,308,939	158,266	.005395	854
43	RADIOISOTOPE	11,292	159,837	6,021,066	1,395,854	.001875	2,617
44	LABORATORY	19,424	168,827	36,639,241	10,217,823	.000530	5,415
47	BLOOD STORING, PROCESSING	6,016	44,803	2,427,911	1,309,768	.002478	3,246
49	RESPIRATORY THERAPY	5,453	116,178	6,867,507	3,857,912	.000794	3,063
50	PHYSICAL THERAPY	3,701	114,054	13,916,087	1,237,211	.000266	329
51	OCCUPATIONAL THERAPY	1,861	21,653	1,846,828	194,411	.001008	196
52	SPEECH PATHOLOGY	2,016	21,371	488,052	58,751	.004131	243
53	ELECTROCARDIOLOGY	9,924	172,388	7,927,217	2,735,086	.001252	3,424
54	ELECTROENCEPHALOGRAPHY	10,682	130,220	2,460,212	261,690	.004342	1,136
55	MEDICAL SUPPLIES CHARGED	15,522	330,216	47,410,919	16,710,378	.000327	5,464
56	DRUGS CHARGED TO PATIENTS	11,893	118,994	40,702,360	19,155,725	.000292	5,593
59	ULTRASOUND	5,212	196,566	5,978,296	1,666,361	.000872	1,453
59 01	PAIN CLINIC	9,614	93,152	2,940,057	29,870	.003270	98
59 02	CATH LAB	10,441	404,748	17,510,482	6,843,388	.000596	4,079
59 03	ACTIVITY THERAPY	12,811	99,281	2,990,352		.004284	
59 04	WOUND CARE CENTER	4,289	36,857	968,807		.004427	
59 05	BARITRIC CLINIC	278	8,497	292,354		.000951	
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	28,045	264,184	19,885,957	4,501,349	.001410	6,347
62	OBSERVATION BEDS (NON-DIS	7,625	91,364	867,304	109,455	.008792	962
	OTHER REIMBURS COST CNTRS						
101	TOTAL	292,930	5,645,378	294,322,198	84,928,809		63,470

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

PROVIDER NO: 15-0090
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/25/2011
 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					27,277	
26	INTENSIVE CARE UNIT					2,821	
31	SUBPROVIDER					6,564	
33	NURSERY						
34	SKILLED NURSING FACILITY						
101	TOTAL					36,662	

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

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	16,093	
26	INTENSIVE CARE UNIT	1,529	
31	SUBPROVIDER	4,983	
33	NURSERY		
34	SKILLED NURSING FACILITY		
101	TOTAL	22,605	

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						
37 01	OUTPATIENT SURGERY						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	RADIOLOGY-SPECIAL PROCEDU						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	ULTRASOUND						
59 01	PAIN CLINIC						
59 02	CATH LAB						
59 03	ACTIVITY THERAPY						
59 04	WOUND CARE CENTER						
59 05	BARIATRIC CLINIC						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			13,853,461			2,953,903	
37 01	OUTPATIENT SURGERY			5,127,796			910,678	
38	RECOVERY ROOM			3,535,479			604,503	
40	ANESTHESIOLOGY			3,745,471			573,595	
41	RADIOLOGY-DIAGNOSTIC			43,645,863			8,763,118	
41 01	RADIOLOGY-SPECIAL PROCEDU			1,964,180			679,714	
42	RADIOLOGY-THERAPEUTIC			4,308,939			158,266	
43	RADIOISOTOPE			6,021,066			1,395,854	
44	LABORATORY			36,639,241			10,217,823	
47	BLOOD STORING, PROCESSING			2,427,911			1,309,768	
49	RESPIRATORY THERAPY			6,867,507			3,857,912	
50	PHYSICAL THERAPY			13,916,087			1,237,211	
51	OCCUPATIONAL THERAPY			1,846,828			194,411	
52	SPEECH PATHOLOGY			488,052			58,751	
53	ELECTROCARDIOLOGY			7,927,217			2,735,086	
54	ELECTROENCEPHALOGRAPHY			2,460,212			261,690	
55	MEDICAL SUPPLIES CHARGED			47,410,919			16,710,378	
56	DRUGS CHARGED TO PATIENTS			40,702,360			19,155,725	
59	ULTRASOUND			5,978,296			1,666,361	
59 01	PAIN CLINIC			2,940,057			29,870	
59 02	CATH LAB			17,510,482			6,843,388	
59 03	ACTIVITY THERAPY			2,990,352				
59 04	WOUND CARE CENTER			968,807				
59 05	BARIATRIC CLINIC			292,354				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			19,885,957			4,501,349	
62	OBSERVATION BEDS (NON-DIS			867,304			109,455	
	OTHER REIMBURS COST CNTRS							
101	TOTAL			294,322,198			84,928,809	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,601,298					
37 01	OUTPATIENT SURGERY	775,140					
38	RECOVERY ROOM	357,661					
40	ANESTHESIOLOGY	457,914					
41	RADIOLOGY-DIAGNOSTIC	6,602,378					
41 01	RADIOLOGY-SPECIAL PROCEDU	134,507					
42	RADIOLOGY-THERAPEUTIC	1,893,881					
43	RADIOISOTOPE	1,314,206					
44	LABORATORY	556,729					
47	BLOOD STORING, PROCESSING	160,017					
49	RESPIRATORY THERAPY	99,695					
50	PHYSICAL THERAPY	69,535					
51	OCCUPATIONAL THERAPY	7,247					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,063,027					
54	ELECTROENCEPHALOGRAPHY	498,046					
55	MEDICAL SUPPLIES CHARGED	3,861,997					
56	DRUGS CHARGED TO PATIENTS	3,144,077					
59	ULTRASOUND	965,661					
59 01	PAIN CLINIC	900,728					
59 02	CATH LAB	2,219,280					
59 03	ACTIVITY THERAPY	42,024					
59 04	WOUND CARE CENTER	453,122					
59 05	BARIATRIC CLINIC	5,833					
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,687,717					
62	OBSERVATION BEDS (NON-DIS	182,643					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	29,054,363					

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						
37	OPERATING ROOM	43,773	846,668	13,853,461	8,073	.003160	26
37	01 OUTPATIENT SURGERY	3,138	25,911	5,127,796	13,999	.000612	9
38	RECOVERY ROOM	12,098	136,404	3,535,479		.003422	
40	ANESTHESIOLOGY	351	99,102	3,745,471	1,624	.000094	
41	RADIOLOGY-DIAGNOSTIC	33,777	1,299,249	43,645,863	242,406	.000774	188
41	01 RADIOLOGY-SPECIAL PROCEDU	446	279,335	1,964,180	29,415	.000227	7
42	RADIOLOGY-THERAPEUTIC	23,248	365,519	4,308,939	12,913	.005395	70
43	RADIOISOTOPE	11,292	159,837	6,021,066	10,951	.001875	21
44	LABORATORY	19,424	168,827	36,639,241	737,028	.000530	391
47	BLOOD STORING, PROCESSING	6,016	44,803	2,427,911	50,293	.002478	125
49	RESPIRATORY THERAPY	5,453	116,178	6,867,507	296,377	.000794	235
50	PHYSICAL THERAPY	3,701	114,054	13,916,087	3,284,809	.000266	874
51	OCCUPATIONAL THERAPY	1,861	21,653	1,846,828	834,710	.001008	841
52	SPEECH PATHOLOGY	2,016	21,371	488,052	252,247	.004131	1,042
53	ELECTROCARDIOLOGY	9,924	172,388	7,927,217	30,936	.001252	39
54	ELECTROENCEPHALOGRAPHY	10,682	130,220	2,460,212	4,808	.004342	21
55	MEDICAL SUPPLIES CHARGED	15,522	330,216	47,410,919	847,641	.000327	277
56	DRUGS CHARGED TO PATIENTS	11,893	118,994	40,702,360	2,192,001	.000292	640
59	ULTRASOUND	5,212	196,566	5,978,296	87,671	.000872	76
59	01 PAIN CLINIC	9,614	93,152	2,940,057		.003270	
59	02 CATH LAB	10,441	404,748	17,510,482	533	.000596	
59	03 ACTIVITY THERAPY	12,811	99,281	2,990,352		.004284	
59	04 WOUND CARE CENTER	4,289	36,857	968,807		.004427	
59	05 BARIATRIC CLINIC	278	8,497	292,354		.000951	
61	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	28,045	264,184	19,885,957	101,800	.001410	144
62	OBSERVATION BEDS (NON-DIS	7,625	91,364	867,304		.008792	
62	OTHER REIMBURS COST CNTRS						
101	TOTAL	292,930	5,645,378	294,322,198	9,040,235		5,026

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0090
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 15-T090
 PREPARED 5/25/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.061116	493
37 01	OUTPATIENT SURGERY	.005053	71
38	RECOVERY ROOM	.038581	
40	ANESTHESIOLOGY	.026459	43
41	RADIOLOGY-DIAGNOSTIC	.029768	7,216
41 01	RADIOLOGY-SPECIAL PROCEDU	.142215	4,183
42	RADIOLOGY-THERAPEUTIC	.084828	1,095
43	RADIOISOTOPE	.026546	291
44	LABORATORY	.004608	3,396
47	BLOOD STORING, PROCESSING	.018453	928
49	RESPIRATORY THERAPY	.016917	5,014
50	PHYSICAL THERAPY	.008196	26,922
51	OCCUPATIONAL THERAPY	.011724	9,786
52	SPEECH PATHOLOGY	.043788	11,045
53	ELECTROCARDIOLOGY	.021746	673
54	ELECTROENCEPHALOGRAPHY	.052930	254
55	MEDICAL SUPPLIES CHARGED	.006965	5,904
56	DRUGS CHARGED TO PATIENTS	.002924	6,409
59	ULTRASOUND	.032880	2,883
59 01	PAIN CLINIC	.031684	
59 02	CATH LAB	.023115	12
59 03	ACTIVITY THERAPY	.033200	
59 04	WOUND CARE CENTER	.038044	
59 05	BARIATRIC CLINIC	.029064	
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.013285	1,352
62	OBSERVATION BEDS (NON-DIS	.105343	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		87,970

TITLE XVIII, PART A SUBPROVIDER 1 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
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	1	1.01	2	2.01	2.02	2.03
37 01	OUTPATIENT SURGERY						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	RADIOLOGY-SPECIAL PROCEDU						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	ULTRASOUND						
59 01	PAIN CLINIC						
59 02	CATH LAB						
59 03	ACTIVITY THERAPY						
59 04	WOUND CARE CENTER						
59 05	BARIATRIC CLINIC						
61	OUTPAT SERVICE COST CNTRS EMERGENCY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			13,853,461			8,073	
37 01	OUTPATIENT SURGERY			5,127,796			13,999	
38	RECOVERY ROOM			3,535,479				
40	ANESTHESIOLOGY			3,745,471			1,624	
41	RADIOLOGY-DIAGNOSTIC			43,645,863			242,406	
41 01	RADIOLOGY-SPECIAL PROCEDU			1,964,180			29,415	
42	RADIOLOGY-THERAPEUTIC			4,308,939			12,913	
43	RADIOISOTOPE			6,021,066			10,951	
44	LABORATORY			36,639,241			737,028	
47	BLOOD STORING, PROCESSING			2,427,911			50,293	
49	RESPIRATORY THERAPY			6,867,507			296,377	
50	PHYSICAL THERAPY			13,916,087			3,284,809	
51	OCCUPATIONAL THERAPY			1,846,828			834,710	
52	SPEECH PATHOLOGY			488,052			252,247	
53	ELECTROCARDIOLOGY			7,927,217			30,936	
54	ELECTROENCEPHALOGRAPHY			2,460,212			4,808	
55	MEDICAL SUPPLIES CHARGED			47,410,919			847,641	
56	DRUGS CHARGED TO PATIENTS			40,702,360			2,192,001	
59	ULTRASOUND			5,978,296			87,671	
59 01	PAIN CLINIC			2,940,057				
59 02	CATH LAB			17,510,482			533	
59 03	ACTIVITY THERAPY			2,990,352				
59 04	WOUND CARE CENTER			968,807				
59 05	BARIATRIC CLINIC			292,354				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			19,885,957			101,800	
62	OBSERVATION BEDS (NON-DIS			867,304				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			294,322,198			9,040,235	

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37 01	OUTPATIENT SURGERY						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	RADIOLOGY-SPECIAL PROCEDU						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	ULTRASOUND						
59 01	PAIN CLINIC						
59 02	CATH LAB						
59 03	ACTIVITY THERAPY						
59 04	WOUND CARE CENTER						
59 05	BARIATRIC CLINIC						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XIX SUBPROVIDER 1 TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	43,773	846,668	13,853,461		.003160	
37 01	OUTPATIENT SURGERY	3,138	25,911	5,127,796		.000612	
38	RECOVERY ROOM	12,098	136,404	3,535,479		.003422	
40	ANESTHESIOLOGY	351	99,102	3,745,471		.000094	
41	RADIOLOGY-DIAGNOSTIC	33,777	1,299,249	43,645,863	23,340	.000774	18
41 01	RADIOLOGY-SPECIAL PROCEDU	446	279,335	1,964,180		.000227	
42	RADIOLOGY-THERAPEUTIC	23,248	365,519	4,308,939		.005395	
43	RADIOISOTOPE	11,292	159,837	6,021,066		.001875	
44	LABORATORY	19,424	168,827	36,639,241	22,882	.000530	12
47	BLOOD STORING, PROCESSING	6,016	44,803	2,427,911	2,343	.002478	6
49	RESPIRATORY THERAPY	5,453	116,178	6,867,507	8,314	.000794	7
50	PHYSICAL THERAPY	3,701	114,054	13,916,087	92,642	.000266	25
51	OCCUPATIONAL THERAPY	1,861	21,653	1,846,828	90,751	.001008	91
52	SPEECH PATHOLOGY	2,016	21,371	488,052	32,269	.004131	133
53	ELECTROCARDIOLOGY	9,924	172,388	7,927,217	2,203	.001252	3
54	ELECTROENCEPHALOGRAPHY	10,682	130,220	2,460,212		.004342	
55	MEDICAL SUPPLIES CHARGED	15,522	330,216	47,410,919	29,948	.000327	10
56	DRUGS CHARGED TO PATIENTS	11,893	118,994	40,702,360	98,993	.000292	29
59	ULTRASOUND	5,212	196,566	5,978,296	3,682	.000872	3
59 01	PAIN CLINIC	9,614	93,152	2,940,057		.003270	
59 02	CATH LAB	10,441	404,748	17,510,482		.000596	
59 03	ACTIVITY THERAPY	12,811	99,281	2,990,352		.004284	
59 04	WOUND CARE CENTER	4,289	36,857	968,807		.004427	
59 05	BARITRIC CLINIC	278	8,497	292,354		.000951	
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	28,045	264,184	19,885,957		.001410	
62	OBSERVATION BEDS (NON-DIS	7,625	91,364	867,304		.008792	
	OTHER REIMBURS COST CNTRS						
101	TOTAL	292,930	5,645,378	294,322,198	407,367		337

TITLE XIX SUBPROVIDER 1 TEFRA

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			8,973			
37	01	OUTPATIENT SURGERY						
38		RECOVERY ROOM						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC						
41	01	RADIOLOGY-SPECIAL PROCEDU						
42		RADIOLOGY-THERAPEUTIC						
43		RADIOISOTOPE						
44		LABORATORY						
47		BLOOD STORING, PROCESSING						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
59		ULTRASOUND						
59	01	PAIN CLINIC						
59	02	CATH LAB						
59	03	ACTIVITY THERAPY						
59	04	WOUND CARE CENTER						
59	05	BARIATRIC CLINIC						
		OUTPAT SERVICE COST CNTRS						
61		EMERGENCY			16,664			
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
101		TOTAL			25,637			

TITLE XIX

SUBPROVIDER 1

TEFRA

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	8,973	8,973	13,853,461	.000648	.000648		
37 01	OUTPATIENT SURGERY			5,127,796				
38	RECOVERY ROOM			3,535,479				
40	ANESTHESIOLOGY			3,745,471				
41	RADIOLOGY-DIAGNOSTIC			43,645,863			23,340	
41 01	RADIOLOGY-SPECIAL PROCEDU			1,964,180				
42	RADIOLOGY-THERAPEUTIC			4,308,939				
43	RADIOISOTOPE			6,021,066				
44	LABORATORY			36,639,241			22,882	
47	BLOOD STORING, PROCESSING			2,427,911			2,343	
49	RESPIRATORY THERAPY			6,867,507			8,314	
50	PHYSICAL THERAPY			13,916,087			92,642	
51	OCCUPATIONAL THERAPY			1,846,828			90,751	
52	SPEECH PATHOLOGY			488,052			32,269	
53	ELECTROCARDIOLOGY			7,927,217			2,203	
54	ELECTROENCEPHALOGRAPHY			2,460,212				
55	MEDICAL SUPPLIES CHARGED			47,410,919			29,948	
56	DRUGS CHARGED TO PATIENTS			40,702,360			98,993	
59	ULTRASOUND			5,978,296			3,682	
59 01	PAIN CLINIC			2,940,057				
59 02	CATH LAB			17,510,482				
59 03	ACTIVITY THERAPY			2,990,352				
59 04	WOUND CARE CENTER			968,807				
59 05	BARITRIC CLINIC			292,354				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	16,664	16,664	19,885,957	.000838	.000838		
62	OBSERVATION BEDS (NON-DIS			867,304				
	OTHER REIMBURS COST CNTRS							
101	TOTAL	25,637	25,637	294,322,198			407,367	

TITLE XIX

SUBPROVIDER 1

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37 01	OUTPATIENT SURGERY						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	RADIOLOGY-SPECIAL PROCEDU						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	ULTRASOUND						
59 01	PAIN CLINIC						
59 02	CATH LAB						
59 03	ACTIVITY THERAPY						
59 04	WOUND CARE CENTER						
59 05	BARIATRIC CLINIC						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,078
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	633.23
85	OBSERVATION BED COST	682,622

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	192,937	.011170	682,622	7,625
87	NEW CAPITAL-RELATED COST	2,311,816	.133843	682,622	91,364
88	NON PHYSICIAN ANESTHETIST			682,622	
89	MEDICAL EDUCATION			682,622	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,078
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	657.10
85	OBSERVATION BED COST	708,354

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P SUBPROVIDER I TEFRA

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,090.58
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	1	2	3	4	5
	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
86	OLD CAPITAL-RELATED COST	14,527	7,158,540	.002029	
87	NEW CAPITAL-RELATED COST	170,378	7,158,540	.023801	
88	NON PHYSICIAN ANESTHETIST		7,158,540		
89	MEDICAL EDUCATION	14,527	7,158,540	.002029	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		14,075,222	
26	INTENSIVE CARE UNIT		2,554,412	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.345394	2,953,903	1,020,260
37 01	OUTPATIENT SURGERY	.149663	910,678	136,295
38	RECOVERY ROOM	.493360	604,503	298,238
40	ANESTHESIOLOGY	.075683	573,595	43,411
41	RADIOLOGY-DIAGNOSTIC	.147451	8,763,118	1,292,131
41 01	RADIOLOGY-SPECIAL PROCEDURES	.574869	679,714	390,747
42	RADIOLOGY-THERAPEUTIC	.345938	158,266	54,750
43	RADIOISOTOPE	.229663	1,395,854	320,576
44	LABORATORY	.146770	10,217,823	1,499,670
47	BLOOD STORING, PROCESSING & TRANS.	.349469	1,309,768	457,723
49	RESPIRATORY THERAPY	.253112	3,857,912	976,484
50	PHYSICAL THERAPY	.295587	1,237,211	365,703
51	OCCUPATIONAL THERAPY	1.122126	194,411	218,154
52	SPEECH PATHOLOGY	1.268697	58,751	74,537
53	ELECTROCARDIOLOGY	.175426	2,735,086	479,805
54	ELECTROENCEPHALOGRAPHY	.275303	261,690	72,044
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.266061	16,710,378	4,445,980
56	DRUGS CHARGED TO PATIENTS	.179357	19,155,725	3,435,713
59	ULTRASOUND	.143499	1,666,361	239,121
59 01	PAIN CLINIC	.295271	29,870	8,820
59 02	CATH LAB	.115088	6,843,388	787,592
59 03	ACTIVITY THERAPY	.890059		
59 04	WOUND CARE CENTER	.416397		
59 05	BARITRIC CLINIC	1.939724		
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.263752	4,501,349	1,187,240
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.787062	109,455	86,148
101	TOTAL		84,928,809	17,891,142
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		84,928,809	

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS		3,830,262	
37	OPERATING ROOM	.345394	8,073	2,788
37 01	OUTPATIENT SURGERY	.149663	13,999	2,095
38	RECOVERY ROOM	.493360		
40	ANESTHESIOLOGY	.075683	1,624	123
41	RADIOLOGY-DIAGNOSTIC	.147451	242,406	35,743
41 01	RADIOLOGY-SPECIAL PROCEDURES	.574869	29,415	16,910
42	RADIOLOGY-THERAPEUTIC	.345938	12,913	4,467
43	RADIOISOTOPE	.229663	10,951	2,515
44	LABORATORY	.146770	737,028	108,174
47	BLOOD STORING, PROCESSING & TRANS.	.349469	50,293	17,576
49	RESPIRATORY THERAPY	.253112	296,377	75,017
50	PHYSICAL THERAPY	.295587	3,284,809	970,947
51	OCCUPATIONAL THERAPY	1.122126	834,710	936,650
52	SPEECH PATHOLOGY	1.268697	252,247	320,025
53	ELECTROCARDIOLOGY	.175426	30,936	5,427
54	ELECTROENCEPHALOGRAPHY	.275303	4,808	1,324
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.266061	847,641	225,524
56	DRUGS CHARGED TO PATIENTS	.179357	2,192,001	393,151
59	ULTRASOUND	.143499	87,671	12,581
59 01	PAIN CLINIC	.295271		
59 02	CATH LAB	.115088	533	61
59 03	ACTIVITY THERAPY	.890059		
59 04	WOUND CARE CENTER	.416397		
59 05	BARIATRIC CLINIC	1.939724		
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.263752	101,800	26,850
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.787062		
101	TOTAL		9,040,235	3,157,948
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		9,040,235	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0090
 COMPONENT NO: 15-0090
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/25/2011
 WORKSHEET D-4

WKST A LINE NO.	COST CENTER DESCRIPTION	HOSPITAL	RATIO COST TO CHARGES 1	OTHER	
				INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			1,088,039	
26	INTENSIVE CARE UNIT			689,062	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM		.346041	885,193	306,313
37 01	OUTPATIENT SURGERY		.149663	168,644	25,240
38	RECOVERY ROOM		.493360	162,044	79,946
40	ANESTHESIOLOGY		.075683	159,867	12,099
41	RADIOLOGY-DIAGNOSTIC		.147451	796,558	117,453
41 01	RADIOLOGY-SPECIAL PROCEDURES		.574869	144,311	82,960
42	RADIOLOGY-THERAPEUTIC		.345938	27,672	9,573
43	RADIOISOTOPE		.229663	76,811	17,641
44	LABORATORY		.146770	829,382	121,728
47	BLOOD STORING, PROCESSING & TRANS.		.349469	146,751	51,285
49	RESPIRATORY THERAPY		.252129	419,867	105,861
50	PHYSICAL THERAPY		.295281	67,281	19,867
51	OCCUPATIONAL THERAPY		1.122126	29,300	32,878
52	SPEECH PATHOLOGY		1.268697	13,274	16,841
53	ELECTROCARDIOLOGY		.175426	193,429	33,932
54	ELECTROENCEPHALOGRAPHY		.275303	31,108	8,564
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.266061	472,856	125,809
56	DRUGS CHARGED TO PATIENTS		.179357	2,167,247	388,711
59	ULTRASOUND		.143499	204,778	29,385
59 01	PAIN CLINIC		.295271	652	193
59 02	CATH LAB		.115088	758,190	87,259
59 03	ACTIVITY THERAPY		.890059	7,920	7,049
59 04	WOUND CARE CENTER		.416397		
59 05	BARIATRIC CLINIC		1.939724		
61	OUTPAT SERVICE COST CNTRS EMERGENCY		.264590	511,221	135,264
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS		.787062		
101	TOTAL			8,274,356	1,815,851
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			8,274,356	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	17,936,482	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	5,809,724	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	683,541	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	189,756	
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)	730,978	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	128.13	
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.	7.80	
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)	3.71	
	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)	6.91	3.71
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		10.62
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		9.14
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)		9.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		9.01
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		7.70
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		8.62
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		.067275
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		.066434
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)		.066434
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		663,413
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		213,755
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	877,168	877,168
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		3.11
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		
4.02 SUM OF LINES 4 AND 4.01		
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTR)		
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	25,354,352	
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)	25,354,352	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	2,095,032	
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)	337,889	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	27,787,273	
17 PRIMARY PAYER PAYMENTS	7,277	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	27,779,996	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,259,604	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	274,146	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	411,020	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	287,714	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	265,791	
22 SUBTOTAL	25,533,960	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.94 LOW VOLUME ADJUSTMENT PAYMENT-1		
24.95 LOW VOLUME ADJUSTMENT PAYMENT-2		
24.96 LOW VOLUME ADJUSTMENT PAYMENT-3		
24.97		
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	25,533,960	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	25,335,715	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	198,245	
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 ADJUSTMENT AMOUNT(SEE INST)		
53 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		25,266,782		5,112,423
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	12/23/2010	105,914	12/23/2010	10,259
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54	9/2/2010	36,981		
SUBTOTAL		68,933		10,259
4 TOTAL INTERIM PAYMENTS		25,335,715		5,122,682
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		198,245		23,590
7 TOTAL MEDICARE PROGRAM LIABILITY		25,533,960		5,146,272

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	6,164,400	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0240	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	167,813	
1.05	OUTLIER PAYMENTS	256,802	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	6,589,015	
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)	17.983562	
1.41	MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)	6,589,015	
5	PRIMARY PAYER PAYMENTS	8,272	
6	SUBTOTAL	6,580,743	
7	DEDUCTIBLES	16,500	
8	SUBTOTAL	6,564,243	
9	COINSURANCE	29,425	
10	SUBTOTAL	6,534,818	
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL	6,534,818	
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		

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

17	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)		6,534,818
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
19	INTERIM PAYMENTS		6,544,070
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
20	BALANCE DUE PROVIDER/PROGRAM		-9,252
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

----- FI ONLY -----			
50	ORIGINAL PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS).		
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS).		

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

	TITLE XIX HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE		
2	INPATIENT HOSPITAL/SNF/NF SERVICES	3,658,330	
3	MEDICAL AND OTHER SERVICES		
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
7	SUBTOTAL	3,658,330	
8	INPATIENT PRIMARY PAYER PAYMENTS		
9	OUTPATIENT PRIMARY PAYER PAYMENTS		
	SUBTOTAL	3,658,330	
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
10	ROUTINE SERVICE CHARGES		
11	ANCILLARY SERVICE CHARGES	8,274,356	
12	INTERNS AND RESIDENTS SERVICE CHARGES		
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
14	TEACHING PHYSICIANS		
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION		
16	TOTAL REASONABLE CHARGES	8,274,356	
	CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
19	RATIO OF LINE 17 TO LINE 18		
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	8,274,356	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	4,616,026	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES	3,658,330	
	PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS		
25	OUTLIER PAYMENTS		
26	PROGRAM CAPITAL PAYMENTS		
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
30	SUBTOTAL	3,658,330	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30	3,658,330	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL	3,658,330	
36	COINSURANCE		
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)		
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
39	UTILIZATION REVIEW		
40	SUBTOTAL (SEE INSTRUCTIONS)	3,658,330	
41	INPATIENT ROUTINE SERVICE COST		
42	MEDICARE INPATIENT ROUTINE CHARGES		
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES		
45	RATIO OF LINE 43 TO 44		
46	TOTAL CUSTOMARY CHARGES		
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
50	OTHER ADJUSTMENTS (SPECIFY)	-3,658,330	
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
52	SUBTOTAL		
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS		
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
58	BALANCE DUE PROVIDER/PROGRAM		

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		1	2

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

	TITLE XIX	SUBPROVIDER 1	TEFRA TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		5,224	
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		5,224	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		5,224	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES		407,367	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		407,367	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		407,367	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		402,143	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		5,224	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		5,224	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		5,224	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		5,224	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		5,224	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)		-5,224	
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			

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

TITLE XIX

SUBPROVIDER 1

TEFRA
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		7.76
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	3.71
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	6.90	10.61
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		9.14
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		9.14
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.		.77
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.		7.80
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		8.57
3.10	SEE INSTRUCTIONS		8.57
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		7.80
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		7.77
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		7.48
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	7.68
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)		7.68
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		73,964.92
3.18	SEE INSTRUCTIONS		568,051
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		.74
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		
3.21	SEE INSTRUCTIONS	RES INIT YEARS	.50
3.22	SEE INSTRUCTIONS		.50
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		76,530.84
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		38,265
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		606,316

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		22,605
5	TOTAL INPATIENT DAYS		35,584
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.635257
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	385,166	385,166
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		647
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		35,584
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.		9,466
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

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

TITLE XVIII

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

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

12	REASONABLE COST (SEE INSTRUCTIONS)	38,571,173
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	15,549
16	TOTAL PART A REASONABLE COST	38,555,624

PART B REASONABLE COST

17	REASONABLE COST	6,481,950
18	PRIMARY PAYER PAYMENTS	7,186
19	TOTAL PART B REASONABLE COST	6,474,764
20	TOTAL REASONABLE COST	45,030,388
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.856213
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.143787

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)	394,632
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	337,889
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	56,743

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)	6.90	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	7.76	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	6.90	

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

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

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

13 REDUCED IIME FTE CAP (SEE INSTRUCTIONS)	6.91
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	7.80
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP	6.91

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

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

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		74,575,036		
2	NET INCOME (LOSS)		12,730,357		
3	TOTAL		87,305,393		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM	748,025			
6					
7					
8					
9					
10	TOTAL ADDITIONS		748,025		
11	SUBTOTAL		88,053,418		
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		88,053,418		

		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				

