

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		15-0024		FROM 1/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/27/2009 TIME 11:36

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:
 WISHARD MEMORIAL HOSPITAL 15-0024

FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2008 AND ENDING 12/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A	2	B	3
1	HOSPITAL	0	-2,310,147	2,256,583	-29,604,800
2	SUBPROVIDER	0	26,188	0	0
2.01	SUBPROVIDER II	0	94,204	0	-2,317,779
5	HOSPITAL-BASED SNF	0	3,488	0	0
100	TOTAL	0	-2,186,267	2,256,583	-31,922,579

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.

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	199	72,834				9,827	9,719
2 HMO						774	11,196
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	199	72,834				9,827	9,719
6 INTENSIVE CARE UNIT	53	19,398				6,579	6,079
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
10 NEONATAL INTENSIVE CARE UNIT	25	9,150					4,834
11 NURSERY							3,195
12 TOTAL	277	101,382				16,406	23,827
13 RPCH VISITS							
14 SUBPROVIDER	36	13,176				2,934	2,556
14 01 SUBPROVIDER 2	22	8,052				801	1,596
15 SKILLED NURSING FACILITY	52	19,032				6,121	4,134
16 NURSING FACILITY	150	54,900					
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL	537						
26 OBSERVATION BED DAYS							158
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS						9,462	
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	TRIPS / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES -- TOTAL 7	RES. FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			48,413				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			48,413				
6 INTENSIVE CARE UNIT			16,800				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
10 NEONATAL INTENSIVE CARE UNIT			8,635				
11 NURSERY			5,013				
12 TOTAL			78,861			206.86	
13 RPCH VISITS							
14 SUBPROVIDER			10,867			6.58	
14 01 SUBPROVIDER 2			3,620				
15 SKILLED NURSING FACILITY			15,452				
16 NURSING FACILITY			51,474				
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL						213.44	
26 OBSERVATION BED DAYS	114	44	6,257	660	5,597		
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					3,092	8,090	17,029
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO:
15-0024

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/27/2009
WORKSHEET S-3
PART I

COMPONENT	I & R FTES			DISCHARGES			TOTAL ALL PATIENTS
	NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV --- NONPAID WORKERS 11	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
10 NEONATAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	206.86	3,380.00	9.00		3,092	8,090	17,029
13 RPCH VISITS							
14 SUBPROVIDER	6.58	61.00			272	336	1,293
14 01 SUBPROVIDER 2		42.00			59	92	307
15 SKILLED NURSING FACILITY		54.00					
16 NURSING FACILITY		176.00					
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL	213.44	3,713.00	9.00				
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 15-0024
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	189,402,131	-3	189,402,128	7,711,017.00	24.56	
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	4,373,223		4,373,223	52,943.00	82.60	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R		11,564,193	11,564,193	431,976.00	26.77	
7 HOME OFFICE PERSONNEL						
8 SNF		2,005,344	2,005,344	112,198.00	17.87	
8.01 EXCLUDED AREA SALARIES	27,489,531	9,569,686	37,059,217	1,246,186.00	29.74	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	13,145,097		13,145,097	461,914.00	28.46	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT	245,644		245,644	2,088.00	117.65	
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	7,865,201		7,865,201	219,893.00	35.77	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	38,892,977		38,892,977			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	9,621,921		9,621,921			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	839,014		839,014			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	3,022,360		3,022,360	73,417.00	41.17	
22 ADMINISTRATIVE & GENERAL	18,707,573		18,707,573	757,042.00	24.71	
22.01 A & G UNDER CONTRACT	245,644		245,644	2,088.00	117.65	
23 MAINTENANCE & REPAIRS	2,517,619		2,517,619	102,071.00	24.67	
24 OPERATION OF PLANT	2,643,142		2,643,142	147,458.00	17.92	
25 LAUNDRY & LINEN SERVICE	134,865		134,865	10,732.00	12.57	
26 HOUSEKEEPING	3,005,832		3,005,832	249,163.00	12.06	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	2,509,625	-1,528,392	981,233	76,098.00	12.89	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		1,528,392	1,528,392	102,083.00	14.97	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,694,206		1,694,206	49,524.00	34.21	
31 CENTRAL SERVICE AND SUPPLY	351,156		351,156	25,927.00	13.54	
32 PHARMACY	10,430,274	-203,681	10,226,593	302,278.00	33.83	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	2,172,938		2,172,938	113,246.00	19.19	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	185,274,552	-11,564,196	173,710,356	7,228,186.00	24.03	
2 EXCLUDED AREA SALARIES	27,489,531	11,575,030	39,064,561	1,358,384.00	28.76	
3 SUBTOTAL SALARIES	157,785,021	-23,139,226	134,645,795	5,869,802.00	22.94	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	21,255,942		21,255,942	683,895.00	31.08	
5 SUBTOTAL WAGE-RELATED COSTS	38,892,977		38,892,977		28.89	
6 TOTAL	217,933,940	-23,139,226	194,794,714	6,553,697.00	29.72	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						

HOSPITAL WAGE INDEX INFORMATION

	PROVIDER NO:		PERIOD:		PREPARED	5/27/2009
	15-0024		FROM 1/ 1/2008		WORKSHEET	S-3
			TO 12/31/2008		PARTS II & III	

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						
13	TOTAL OVERHEAD COSTS	47,435,234	-203,681	47,231,553	2,011,127.00	23.49	

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 15-0024
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/27/2009
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC		30				
2	RUB		5				
3	RUA						
3.01	RUX						
3.02	RUL						
4	RVC		14				
5	RVB		258				
6	RVA		50				
6.01	RVX						
6.02	RVL		48				
7	RHC		358				
8	RHB		585				
9	RHA		411				
9.01	RHX						
9.02	RHL						
10	RMC		46				
11	RMB		455				
12	RMA		416				
12.01	RMX		379				
12.02	RML		1,205				
13	RLB						
14	RLA		3				
14.01	RLX						
15	SE3		156				
16	SE2		295				
17	SE1		4				
18	SSC		135				
19	SSB		136				
20	SSA		571				
21	CC2						
22	CC1						
23	CB2						
24	CB1		103				
25	CA2						
26	CA1		357				
27	IB2						
28	IB1						
29	IA2						
30	IA1		18				
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1		23				
37	PD2						
38	PD1		14				
39	PC2						
40	PC1						
41	PB2						
42	PB1		7				
43	PA2						
44	PA1		36				
45	Default		3				
46	TOTAL		6,121				

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9844
 Wage Index Factor (after 10/01) : 0.9908
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 3480
 SNF CBSA Code : 26900

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 15-0024
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/27/2009
WORKSHEET S-7

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

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9844
 Wage Index Factor (after 10/01) : 0.9908
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 3480
 SNF CBSA Code : 26900

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0024	FROM 1/1/2008	5/27/2009
	TO 12/31/2008	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	65,757,844
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	168,000,000
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	233,757,844
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	291,570,711
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.587546
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	171,311,205

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0024	FROM 1/ 1/2008	5/27/2009
	TO 12/31/2008	WORKSHEET S-10

DESCRIPTION

26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	191,797,318
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	112,689,747
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	284,000,952

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					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		10,568,247	10,568,247		10,568,247
3.01	0301 NEW CAP REL COSTS-BLDG & FIXT		315,175	315,175		315,175
5	0500 EMPLOYEE BENEFITS	3,022,360	1,480,674	4,503,034		4,503,034
6.01	0610 NONPATIENT TELEPHONES	230,230	1,144,584	1,374,814		1,374,814
6.02	0611 PURCHASING, RECEIVING AND STORES	1,236,396	2,416,188	3,652,584		3,652,584
6.03	0612 ADMITTING	536,859	498,860	1,035,719		1,035,719
6.04	0613 CASHIERING/ACCOUNTS RECEIVABLE	4,478,141	9,510,628	13,988,769		13,988,769
6.05	0660 OTHER ADMINISTRATIVE AND GENERAL	12,225,947	70,757,893	82,983,840	-11,930,584	71,053,256
7	0700 MAINTENANCE & REPAIRS	2,517,619	4,469,408	6,987,027		6,987,027
8	0800 OPERATION OF PLANT	2,643,142	6,901,974	9,545,116		9,545,116
9	0900 LAUNDRY & LINEN SERVICE	134,865	1,316,709	1,451,574		1,451,574
10	1000 HOUSEKEEPING	3,005,832	2,039,167	5,044,999		5,044,999
11	1100 DIETARY	2,509,625	2,923,497	5,433,122	-3,308,867	2,124,255
12	1200 CAFETERIA				3,308,867	3,308,867
14	1400 NURSING ADMINISTRATION	1,694,206	529,548	2,223,754		2,223,754
15	1500 CENTRAL SERVICES & SUPPLY	351,156	1,878,910	2,228,066		2,228,066
16	1600 PHARMACY	10,430,274	34,294,233	44,724,507	-214,107	44,510,400
17	1700 MEDICAL RECORDS & LIBRARY	2,172,938	2,448,060	4,620,998		4,620,998
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD				11,930,584	11,930,584
24	2400 PARAMED ED PRGM	272,182	76,668	348,850		348,850
24.01	2401 PARAMED ED PRGM PHARMACY				214,107	214,107
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	15,335,988	5,524,041	20,860,029	2,556,461	23,416,490
26	2600 INTENSIVE CARE UNIT	9,495,832	4,010,989	13,506,821		13,506,821
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
30	2060 NEONATAL INTENSIVE CARE UNIT	3,758,415	1,201,810	4,960,225		4,960,225
31	3100 SUBPROVIDER	3,207,404	875,387	4,082,791		4,082,791
31.01	3101 SUBPROVIDER 2	2,862,545	2,275,336	5,137,881	-2,223,793	2,914,088
33	3300 NURSERY	5,527,709	2,328,739	7,856,448		7,856,448
34	3400 SKILLED NURSING FACILITY				3,315,046	3,315,046
35	3500 NURSING FACILITY	8,713,854	5,681,904	14,395,758	-3,352,614	11,043,144
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	6,352,917	14,847,849	21,200,766	36,980	21,237,746
37.01	3701 AMBULATORY SURGERY	785,071	221,960	1,007,031		1,007,031
40	4000 ANESTHESIOLOGY	127,459	882,527	1,009,986		1,009,986
41	4100 RADIOLOGY-DIAGNOSTIC	3,983,174	4,901,709	8,884,883		8,884,883
41.01	4101 NUCLEAR MEDICINE	319,400	574,476	893,876		893,876
41.02	4102 CAT SCAN	1,099,448	1,088,708	2,188,156		2,188,156
44	4400 LABORATORY	5,483,585	7,499,928	12,983,513		12,983,513
47	4700 BLOOD STORING, PROCESSING & TRANS.	687,825	3,009,249	3,697,074		3,697,074
49	4900 RESPIRATORY THERAPY	3,114,335	1,389,843	4,504,178	225,173	4,729,351
50	5000 PHYSICAL THERAPY	2,335,080	746,123	3,081,203	-339,281	2,741,922
51	5100 OCCUPATIONAL THERAPY	1,188,068	372,368	1,560,436	70,101	1,630,537
52	5200 SPEECH PATHOLOGY	365,390	103,882	469,272	22,481	491,753
52.01	5201 PULMONARY FUNCTIONS	233,374	114,476	347,850	17,681	365,531
53	5300 ELECTROCARDIOLOGY	812,444	528,808	1,341,252		1,341,252
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	5600 DRUGS CHARGED TO PATIENTS					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
60.01	6001 MEDICINE CLINIC	3,597,095	1,670,834	5,267,929	-2,559,437	2,708,492
60.02	6002 OB/GYN CLINIC	1,416,435	1,380,408	2,796,843	307,984	3,104,827
60.03	6003 ORTHO CLINIC	401,757	215,261	617,018	137,429	754,447
60.04	6004 PEDIATRICS CLINIC					
60.05	6005 DENTISTRY CLINIC		9,343	9,343		9,343
60.06	6006 DERMATOLOGY CLINIC	230,383	94,122	324,505	70,478	394,983
60.07	6007 OPHTHALMOLOGY CLINIC	411,543	271,360	682,903	165,969	848,872
60.08	6008 ENT CLINIC	179,267	93,429	272,696	64,863	337,559
60.09	6009 GERIATRIC CLINIC		1,461	1,461	99	1,560
60.10	6010 SURGERY CLINIC	349,427	151,667	501,094	120,374	621,468
60.11	6011 NEUROLOGY CLINIC	402,938	166,484	569,422	81,987	651,409
60.12	6012 ENDOSCOPY CLINIC	856,199	630,200	1,486,399	648,738	2,135,137
60.13	6013 OCCUPATIONAL THERAPY	209,011	87,697	296,708	354	297,062
60.14	6014 URGENT VISIT CLINIC	879,796	272,894	1,152,690	289,558	1,442,248
60.15	6015 SENIOR CARE CLINIC	332,317	1,078,517	1,410,834	-640,118	770,716
60.16	6016 WOMENS VISIT CLINIC	1,062,263	379,696	1,441,959	325,068	1,767,027
60.17	6017 CHC CLINICS	9,820,922	17,688,454	27,509,376		27,509,376
60.18	6018 PSYCH CLINIC	23,155,000	12,329,037	35,484,037	-19,044,074	16,439,963
60.19	6019 ORAL SURGERY CLINIC		1,233,259	1,233,259		1,233,259
60.20	6020 DIETARY CLINIC	238,445	56,821	295,266		295,266
60.21	6021 CENTER OF EXCELLENCE	423,165	148,348	571,513	80,692	652,205
60.22	6022 OP BURN CLINIC	131,374	101,372	232,746	778	233,524
60.23	6023 BARIATRIC CLINIC	159,125	76,903	236,028		236,028
60.24	6024 PLASTIC CLINIC	68,991	38,703	107,694		107,694
61	6100 EMERGENCY	9,392,043	3,840,735	13,232,778	-371,242	12,861,536
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTER					
	OTHER REIMBURS COST CNTRS					
64	6400 HOME PROGRAM DIALYSIS					
65	6500 AMBULANCE SERVICES	7,533,067	3,745,845	11,278,912		11,278,912

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0024
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/27/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	OTHER REIMBURS COST CNTRS					
66	6600 DURABLE MEDICAL EQUIP-RENTED					
67	6700 DURABLE MEDICAL EQUIP-SOLD					
69	6900 CORF					
70	7000 I&R SERVICES-NOT APPRVD PRGM					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
82	8200 LUNG ACQUISITION					
83	8300 KIDNEY ACQUISITION					
84	8400 LIVER ACQUISITION					
85	8500 HEART ACQUISITION					
85.01	8510 PANCREAS ACQUISITION					
86	8600 OTHER ORGAN ACQUISITION					
88	8800 INTEREST EXPENSE					
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
93	9300 HOSPICE					
95	SUBTOTALS	184,501,652	257,511,385	442,013,037	-19,992,265	422,020,772
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	177,527	59,173	236,700		236,700
97	9700 RESEARCH		3,789	3,789		3,789
98	9800 PHYSICIANS' PRIVATE OFFICES					
99	9900 NONPAID WORKERS					
100	7950 OTHER NONREIMBURSABLE COST CENTERS					
100.01	7951 OTHER NONREIMBURSABLE COST CENTERS					
100.02	7952 RENTAL SPACE					
100.03	7953 UNUSED SPACE					
100.04	7954 NON REIMB PSYCH PROGRAMS				19,044,074	19,044,074
100.05	7955 SR CONNECTIONS-NRCC				112,067	112,067
100.06	7956 LV BEAUTY				37,568	37,568
100.07	7957 LV DAY CARE					
100.08	7958 GRANT PROGRAMS	4,590,865	2,794,605	7,385,470		7,385,470
100.09	7959 BLANK					
100.10	7960 DME	60,740	1,423,292	1,484,032	4,661	1,488,693
100.11	7961 FATHER RESOURCE					
100.12	7962 NONREIMB HOUSE CALLS COSTS				229,702	229,702
100.13	7963 RENAL NONCERTIFIED	71,347	817,899	889,246		889,246
100.14	7964 NONREIMBURSEABLE FREESTANDING CHC'S					
100.15	7965 OTHER NONREIMBURSABLE COST CENTERS				564,193	564,193
100.16	7966 OTHER NONREIMBURSABLE COST CENTERS					
100.17	7967 OTHER NONREIMBURSABLE COST CENTERS					
101	TOTAL	189,402,131	262,610,143	452,012,274	-0-	452,012,274

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2009
I 15-0024 I FROM 1/ 1/2008 I WORKSHEET A
I I TO 12/31/2008 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-362,332	10,205,915
3.01	0301 NEW CAP REL COSTS-BLDG & FIXT		315,175
5	0500 EMPLOYEE BENEFITS	-915,058	3,587,976
6.01	0610 NONPATIENT TELEPHONES	-150	1,374,664
6.02	0611 PURCHASING, RECEIVING AND STORES	-1,155,684	2,496,900
6.03	0612 ADMINISTRATION	-15,734	1,019,985
6.04	0613 CASHIERING/ACCOUNTS RECEIVABLE	-46,095	13,942,674
6.05	0660 OTHER ADMINISTRATIVE AND GENERAL	56,949,762	128,003,018
7	0700 MAINTENANCE & REPAIRS	-1,526	6,985,501
8	0800 OPERATION OF PLANT		9,545,116
9	0900 LAUNDRY & LINEN SERVICE	-26	1,451,548
10	1000 HOUSEKEEPING	-84	5,044,915
11	1100 DIETARY	-47	2,124,208
12	1200 CAFETERIA	-9,898	3,298,969
14	1400 NURSING ADMINISTRATION		2,223,754
15	1500 CENTRAL SERVICES & SUPPLY	-3,466	2,224,600
16	1600 PHARMACY	-233	44,510,167
17	1700 MEDICAL RECORDS & LIBRARY	-11,569	4,609,429
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		11,930,584
24	2400 PARAMEDICAL PRGM	-50	348,800
24.01	2401 PARAMEDICAL PRGM PHARMACY		214,107
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-49,967	23,366,523
26	2600 INTENSIVE CARE UNIT	-1,584	13,505,237
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
30	2060 NEONATAL INTENSIVE CARE UNIT	-60	4,960,165
31	3100 SUBPROVIDER	-18	4,082,773
31.01	3101 SUBPROVIDER 2	-7,944	2,906,144
33	3300 NURSERY	-18,224	7,838,224
34	3400 SKILLED NURSING FACILITY		3,315,046
35	3500 NURSING FACILITY	-371,404	10,671,740
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-15,771	21,221,975
37.01	3701 AMBULATORY SURGERY		1,007,031
40	4000 ANESTHESIOLOGY		1,009,986
41	4100 RADIOLOGY-DIAGNOSTIC	-120	8,884,763
41.01	4101 NUCLEAR MEDICINE		893,876
41.02	4102 CAT SCAN		2,188,156
44	4400 LABORATORY	5	12,983,518
47	4700 BLOOD STORING, PROCESSING & TRANS.		3,697,074
49	4900 RESPIRATORY THERAPY	-341,753	4,387,598
50	5000 PHYSICAL THERAPY	-191,086	2,550,836
51	5100 OCCUPATIONAL THERAPY		1,630,537
52	5200 SPEECH PATHOLOGY		491,753
52.01	5201 PULMONARY FUNCTIONS		365,531
53	5300 ELECTROCARDIOLOGY		1,341,252
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	5600 DRUGS CHARGED TO PATIENTS		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
60.01	6001 MEDICINE CLINIC	-1,549	2,706,943
60.02	6002 OB/GYN CLINIC	-1,150,829	1,953,998
60.03	6003 ORTHO CLINIC	-27,094	727,353
60.04	6004 PEDIATRICS CLINIC		9,343
60.05	6005 DENTISTRY CLINIC		394,983
60.06	6006 DERMATOLOGY CLINIC		58,604
60.07	6007 OPHTHALMOLOGY CLINIC	-790,268	337,559
60.08	6008 ENT CLINIC		1,560
60.09	6009 GERIATRIC CLINIC		621,468
60.10	6010 SURGERY CLINIC		651,409
60.11	6011 NEUROLOGY CLINIC		2,135,137
60.12	6012 ENDOSCOPY CLINIC		297,062
60.13	6013 OCCUPATIONAL THERAPY		1,442,248
60.14	6014 URGENT VISIT CLINIC		659,631
60.15	6015 SENIOR CARE CLINIC	-111,085	1,767,027
60.16	6016 WOMENS VISIT CLINIC		18,880,549
60.17	6017 CHC CLINICS	-8,628,827	10,276,734
60.18	6018 PSYCH CLINIC	-6,163,229	33,259
60.19	6019 ORAL SURGERY CLINIC	-1,200,000	295,266
60.20	6020 DIETARY CLINIC		652,205
60.21	6021 CENTER OF EXCELLENCE		233,524
60.22	6022 OP BURN CLINIC		236,028
60.23	6023 BARIATRIC CLINIC		107,694
60.24	6024 PLASTIC CLINIC		12,861,536
61	6100 EMERGENCY		
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER		
	OTHER REIMBURS COST CNTRS		
64	6400 HOME PROGRAM DIALYSIS		
65	6500 AMBULANCE SERVICES		11,278,912

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0024
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/27/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	OTHER REIMBURS COST CNTRS		
66	6600 DURABLE MEDICAL EQUIP-RENTED		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
69	6900 CORF		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
82	8200 LUNG ACQUISITION		
83	8300 KIDNEY ACQUISITION		
84	8400 LIVER ACQUISITION		
85	8500 HEART ACQUISITION		
85.01	8510 PANCREAS ACQUISITION		
86	8600 OTHER ORGAN ACQUISITION		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D.P.)		
93	9300 HOSPICE		
95	SUBTOTALS	35,357,003	457,377,775
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		236,700
97	9700 RESEARCH		3,789
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
100	7950 OTHER NONREIMBURSABLE COST CENTERS		
100.01	7951 OTHER NONREIMBURSABLE COST CENTERS		
100.02	7952 RENTAL SPACE		
100.03	7953 UNUSED SPACE		
100.04	7954 NON REIMB PSYCH PROGRAMS		19,044,074
100.05	7955 SR CONNECTIONS-NRCC		112,067
100.06	7956 LV BEAUTY		37,568
100.07	7957 LV DAY CARE		
100.08	7958 GRANT PROGRAMS		7,385,470
100.09	7959 BLANK		
100.10	7960 DME		1,488,693
100.11	7961 FATHER RESOURCE		
100.12	7962 NONREIMB HOUSE CALLS COSTS		229,702
100.13	7963 RENAL NONCERTIFIED		889,246
100.14	7964 NONREIMBURSEABLE FREESTANDING CHC'S		
100.15	7965 OTHER NONREIMBURSABLE COST CENTERS		564,193
100.16	7966 OTHER NONREIMBURSABLE COST CENTERS		
100.17	7967 OTHER NONREIMBURSABLE COST CENTERS		
101	TOTAL	35,357,003	487,369,277

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-BLDG & FIXT	0301	NEW CAP REL COSTS-BLDG & FIXT
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	PURCHASING, RECEIVING AND STORES	0611	NONPATIENT TELEPHONES
6.03	ADMITTING	0612	NONPATIENT TELEPHONES
6.04	CASHIERING/ACCOUNTS RECEIVABLE	0613	NONPATIENT TELEPHONES
6.05	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
24	PARAMED PRGM	2400	
24.01	PARAMED PRGM PHARMACY	2401	PARAMED PRGM
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
30	NEONATAL INTENSIVE CARE UNIT	2060	NEONATAL INTENSIVE CARE UNIT
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER 2	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	AMBULATORY SURGERY	3701	OPERATING ROOM
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	NUCLEAR MEDICINE	4101	RADIOLOGY-DIAGNOSTIC
41.02	CAT SCAN	4102	RADIOLOGY-DIAGNOSTIC
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
52.01	PULMONARY FUNCTIONS	5201	SPEECH PATHOLOGY
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	MEDICINE CLINIC	6001	CLINIC
60.02	OB/GYN CLINIC	6002	CLINIC
60.03	ORTHO CLINIC	6003	CLINIC
60.04	PEDIATRICS CLINIC	6004	CLINIC
60.05	DENTISTRY CLINIC	6005	CLINIC
60.06	DERMATOLOGY CLINIC	6006	CLINIC
60.07	OPHTHALMOLOGY CLINIC	6007	CLINIC
60.08	ENT CLINIC	6008	CLINIC
60.09	GERIATRIC CLINIC	6009	CLINIC
60.10	SURGERY CLINIC	6010	CLINIC
60.11	NEUROLOGY CLINIC	6011	CLINIC
60.12	ENDOSCOPY CLINIC	6012	CLINIC
60.13	OCCUPATIONAL THERAPY	6013	CLINIC
60.14	URGENT VISIT CLINIC	6014	CLINIC
60.15	SENIOR CARE CLINIC	6015	CLINIC
60.16	WOMENS VISIT CLINIC	6016	CLINIC
60.17	CHC CLINICS	6017	CLINIC
60.18	PSYCH CLINIC	6018	CLINIC
60.19	ORAL SURGERY CLINIC	6019	CLINIC
60.20	DIETARY CLINIC	6020	CLINIC
60.21	CENTER OF EXCELLENCE	6021	CLINIC
60.22	OP BURN CLINIC	6022	CLINIC
60.23	BARITRIC CLINIC	6023	CLINIC
60.24	PLASTIC CLINIC	6024	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	OTHER REIMBURS COST		
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
85.01	PANCREAS ACQUISITION	8510	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	OTHER NONREIMBURSABLE COST CENTERS	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	RENTAL SPACE	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	UNUSED SPACE	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	NON REIMB PSYCH PROGRAMS	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	SR CONNECTIONS-NRCC	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	LV BEAUTY	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	LV DAY CARE	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	GRANT PROGRAMS	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	BLANK	7959	OTHER NONREIMBURSABLE COST CENTERS
100.10	DME	7960	OTHER NONREIMBURSABLE COST CENTERS
100.11	FATHER RESOURCE	7961	OTHER NONREIMBURSABLE COST CENTERS
100.12	NONREIMB HOUSE CALLS COSTS	7962	OTHER NONREIMBURSABLE COST CENTERS
100.13	RENAL NONCERTIFIED	7963	OTHER NONREIMBURSABLE COST CENTERS
100.14	NONREIMBURSEABLE FREESTANDING CHC'S	7964	OTHER NONREIMBURSABLE COST CENTERS
100.15	OTHER NONREIMBURSABLE COST CENTERS	7965	OTHER NONREIMBURSABLE COST CENTERS
100.16	OTHER NONREIMBURSABLE COST CENTERS	7966	OTHER NONREIMBURSABLE COST CENTERS
100.17	OTHER NONREIMBURSABLE COST CENTERS	7967	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
150024

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/27/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 NF RECLASS TO CDP UNIT	A	SKILLED NURSING FACILITY	34	2,005,344	1,309,702
2		LV BEAUTY	100.06	28,269	9,299
3 DIETARY RECLASS	B	CAFETERIA	12	1,528,392	1,780,475
4 INTERNS AND RESIDENTS RECLASS	C	I&R SERVICES-SALARY & FRINGES APPRVD	22		11,930,584
5 PSYCH CLINIC RECLASS	E	NON REIMB PSYCH PROGRAMS	100.04	12,416,289	6,627,785
6 SENIOR CARE RECLASS	F	SR CONNECTIONS-NRCC	100.05	73,629	38,438
7		OTHER NONREIMBURSABLE COST CENTERS	100.15	169,759	394,434
8 THERAPY ADMIN RECLASS	G	RESPIRATORY THERAPY	49	165,667	59,506
9		OCCUPATIONAL THERAPY	51	50,975	18,310
10		SPEECH PATHOLOGY	52	16,540	5,941
11		PULMONARY FUNCTIONS	52.01	13,008	4,673
12		DME	100.10	3,429	1,232
13 HOUSECALL RECLASS	H	NONREIMB HOUSE CALLS COSTS	100.12	4,768	224,934
14 RHC ADMIN RECLASS	I	OB/GYN CLINIC	60.02	224,117	83,867
15		ORTHO CLINIC	60.03	100,006	37,423
16		DERMATOLOGY CLINIC	60.06	51,286	19,192
17		OPHTHALMOLOGY CLINIC	60.07	120,774	45,195
18		ENT CLINIC	60.08	47,200	17,663
19		GERIATRIC CLINIC	60.09	72	27
20		SURGERY CLINIC	60.10	87,595	32,779
21		NEUROLOGY CLINIC	60.11	59,661	22,326
22		ENDOSCOPY CLINIC	60.12	472,081	176,657
23		OCCUPATIONAL THERAPY	60.13	258	96
24		URGENT VISIT CLINIC	60.14	210,709	78,849
25		SENIOR CARE CLINIC	60.15	26,300	9,842
26		WOMENS VISIT CLINIC	60.16	236,549	88,519
27		CENTER OF EXCELLENCE	60.21	58,719	21,973
28 IP BURN RECLASS	K	OPERATING ROOM	37	13,560	23,420
29		OCCUPATIONAL THERAPY	51	299	517
30		OP BURN CLINIC	60.22	285	493
31 ED RECLASS	M	ADULTS & PEDIATRICS	25	263,491	107,751
32 PARAMED PHARMACY RECLASS	N	PARAMED ED PRGM PHARMACY	24.01	203,681	10,426
33 BURN RECERTIFICATION RECLASS	O	ADULTS & PEDIATRICS	25	1,282,380	902,839
36 TOTAL RECLASSIFICATIONS				19,935,092	24,085,167

(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:
150024

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/27/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10
	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	
1 NF RECLASS TO CDP UNIT	A	NURSING FACILITY	35	2,005,344	1,309,702
2		NURSING FACILITY	35	28,269	9,299
3 DIETARY RECLASS	B	DIETARY	11	1,528,392	1,780,475
4 INTERNS AND RESIDENTS RECLASS	C	OTHER ADMINISTRATIVE AND GENERAL	6.05		11,930,584
5 PSYCH CLINIC RECLASS	E	PSYCH CLINIC	60.18	12,416,289	6,627,785
6 SENIOR CARE RECLASS	F	SENIOR CARE CLINIC	60.15	243,388	432,872
7					
8 THERAPY ADMIN RECLASS	G	PHYSICAL THERAPY	50	249,620	89,661
9					
10					
11					
12					
13 HOUSECALL RECLASS	H	MEDICINE CLINIC	60.01	4,768	224,934
14 RHC ADMIN RECLASS	I	MEDICINE CLINIC	60.01	1,695,328	634,407
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28 IP BURN RECLASS	K	SUBPROVIDER 2	31.01	14,145	24,429
29					
30					
31 ED RECLASS	M	EMERGENCY	61	263,491	107,751
32 PARAMED PHARMACY RECLASS	N	PHARMACY	16	203,681	10,426
33 BURN DECERTIFICATION RECLASS	O	SUBPROVIDER 2	31.01	1,282,380	902,839
36 TOTAL RECLASSIFICATIONS				19,935,095	24,085,164

(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:
150024

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/27/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : NF RECLASS TO CDP UNIT

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	SKILLED NURSING FACILITY	34	3,315,046
2.00	LV BEAUTY	100.06	37,568
TOTAL RECLASSIFICATIONS FOR CODE A			3,352,614

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NURSING FACILITY	35	3,315,046	
NURSING FACILITY	35	37,568	
		3,352,614	

RECLASS CODE: B
EXPLANATION : DIETARY RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	3,308,867
TOTAL RECLASSIFICATIONS FOR CODE B			3,308,867

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	3,308,867	
		3,308,867	

RECLASS CODE: C
EXPLANATION : INTERNS AND RESIDENTS RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-SALARY & FRINGES	22	11,930,584
TOTAL RECLASSIFICATIONS FOR CODE C			11,930,584

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.05	11,930,584	
		11,930,584	

RECLASS CODE: E
EXPLANATION : PSYCH CLINIC RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NON REIMB PSYCH PROGRAMS	100.04	19,044,074
TOTAL RECLASSIFICATIONS FOR CODE E			19,044,074

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PSYCH CLINIC	60.18	19,044,074	
		19,044,074	

RECLASS CODE: F
EXPLANATION : SENIOR CARE RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	SR CONNECTIONS-NRCC	100.05	112,067
2.00	OTHER NONREIMBURSABLE COST CEN	100.15	564,193
TOTAL RECLASSIFICATIONS FOR CODE F			676,260

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
SENIOR CARE CLINIC	60.15	676,260	
		0	
		676,260	

RECLASS CODE: G
EXPLANATION : THERAPY ADMIN RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	RESPIRATORY THERAPY	49	225,173
2.00	OCCUPATIONAL THERAPY	51	69,285
3.00	SPEECH PATHOLOGY	52	22,481
4.00	PULMONARY FUNCTIONS	52.01	17,681
5.00	DME	100.10	4,661
TOTAL RECLASSIFICATIONS FOR CODE G			339,281

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHYSICAL THERAPY	50	339,281	
		0	
		0	
		0	
		0	
		339,281	

RECLASS CODE: H
EXPLANATION : HOUSECALL RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NONREIMB HOUSE CALLS COSTS	100.12	229,702
TOTAL RECLASSIFICATIONS FOR CODE H			229,702

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MEDICINE CLINIC	60.01	229,702	
		229,702	

RECLASS CODE: I
EXPLANATION : RHC ADMIN RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OB/GYN CLINIC	60.02	307,984
2.00	ORTHO CLINIC	60.03	137,429

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MEDICINE CLINIC	60.01	2,329,735	
		0	

RECLASSIFICATIONS

PROVIDER NO:
150024

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/27/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION : RHC ADMIN RECLASS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
3.00	DERMATOLOGY CLINIC	70,478	60.06		0
4.00	OPHTHALMOLOGY CLINIC	165,969	60.07		0
5.00	ENT CLINIC	64,863	60.08		0
6.00	GERIATRIC CLINIC	99	60.09		0
7.00	SURGERY CLINIC	120,374	60.10		0
8.00	NEUROLOGY CLINIC	81,987	60.11		0
9.00	ENDOSCOPY CLINIC	648,738	60.12		0
10.00	OCCUPATIONAL THERAPY	354	60.13		0
11.00	URGENT VISIT CLINIC	289,558	60.14		0
12.00	SENIOR CARE CLINIC	36,142	60.15		0
13.00	WOMENS VISIT CLINIC	325,068	60.16		0
14.00	CENTER OF EXCELLENCE	80,692	60.21		0
TOTAL RECLASSIFICATIONS FOR CODE I		2,329,735	2,329,735		

RECLASS CODE: K
EXPLANATION : IP BURN RECLASS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	OPERATING ROOM	36,980	37		0
2.00	OCCUPATIONAL THERAPY	816	51		0
3.00	OP BURN CLINIC	778	60.22		0
TOTAL RECLASSIFICATIONS FOR CODE K		38,574	38,574		

RECLASS CODE: M
EXPLANATION : ED RECLASS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	ADULTS & PEDIATRICS	371,242	25		0
TOTAL RECLASSIFICATIONS FOR CODE M		371,242	371,242		

RECLASS CODE: N
EXPLANATION : PARAMED PHARMACY RECLASS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	PARAMED ED PRGM PHARMACY	214,107	24.01		0
TOTAL RECLASSIFICATIONS FOR CODE N		214,107	214,107		

RECLASS CODE: O
EXPLANATION : BURN DERCERTIFICATION RECLASS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	ADULTS & PEDIATRICS	2,185,219	25		0
TOTAL RECLASSIFICATIONS FOR CODE O		2,185,219	2,185,219		

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								
2	LAND IMPROVEMENTS								
3	BUILDINGS & FIXTURE								
4	BUILDING IMPROVEMENTS								
5	FIXED EQUIPMENT								
6	MOVABLE EQUIPMENT								
7	SUBTOTAL								
8	RECONCILING ITEMS								
9	TOTAL								

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND	1,189,877						1,189,877	
2	LAND IMPROVEMENTS	5,354,329	575,141			575,141		5,929,470	
3	BUILDINGS & FIXTURE	176,912,256	784,701			784,701		177,696,957	
4	BUILDING IMPROVEMENTS	1,818,534						1,818,534	
5	FIXED EQUIPMENT	62,385,442	1,265,952			1,265,952		63,651,394	
6	MOVABLE EQUIPMENT	130,065,406	17,261,753			17,261,753		147,327,159	
7	SUBTOTAL	377,725,844	19,887,547			19,887,547		397,613,391	
8	RECONCILING ITEMS								
9	TOTAL	377,725,844	19,887,547			19,887,547		397,613,391	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
3	NEW CAP REL COSTS-BL								
3 01	NEW CAP REL COSTS-BL								
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
3	NEW CAP REL COSTS-BL	10,189,571		16,344				10,205,915
3 01	NEW CAP REL COSTS-BL	315,175						315,175
5	TOTAL	10,504,746		16,344				10,521,090

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	10,568,247						10,568,247
3 01	NEW CAP REL COSTS-BL	315,175						315,175
5	TOTAL	10,883,422						10,883,422

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON		WKST.
			WORKSHEET A TO/FROM WHICH THE	AMOUNT IS TO BE ADJUSTED	
	1	2	COST CENTER	LINE NO	A-7 REF.
			3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			**COST CENTER DELETED**	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-38,949,664			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	88,231,006			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			**COST CENTER DELETED**	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 FI CARRY FORWARDS	A	17,387	NEW CAP REL COSTS-BLDG &	3	11
38 FI CARRY FORWARDS	A	-1,043	NEW CAP REL COSTS-BLDG &	3	11
39 TV COSTS	A	-24,016	NEW CAP REL COSTS-BLDG &	3	9
40 TV COSTS	A	-11,542	MEDICAL RECORDS & LIBRARY	17	
41 NONALLOWABLE ADV	A	-1,094	PSYCH CLINIC	60.18	
42 NONALLOWABLE ADV	A	-859,814	PURCHASING, RECEIVING AND	6.02	
43 NONALLOWABLE ADV	A	-95	CASHIERING/ACCOUNTS RECEI	6.04	
44 NONALLOWABLE ADV	A	8,999	OTHER ADMINISTRATIVE AND	6.05	
45 PARKING LOT	A	-246,491	NURSING FACILITY	35	
46 IUMG SERVICES	A	-8,242,767	CHC CLINICS	60.17	
47 MISC REV FROM EMPLOYEE BENEFITS	B	-1,126	MAINTENANCE & REPAIRS	7	
48 MISC REV FROM NONPATIENT TELEPHONES	B	-1,561	CHC CLINICS	60.17	
49 MISC REV FROM ADMITTING	B	-50	OTHER ADMINISTRATIVE AND	6.05	
49.01 MISC REV FROM CASHIERING	B	-325	CHC CLINICS	60.17	
49.02 MISC REV FROM ADMIN	B	-374,778	CHC CLINICS	60.17	
49.03 MISC REV FROM MAINT	B	-9,396	CHC CLINICS	60.17	
49.04 MISC REV FROM PLANT OPERATIONS	B	-49,963	ADULTS & PEDIATRICALS	25	
49.05 MISC REV FROM HOUSEKEEPING	B	-1,092	MEDICINE CLINIC	60.01	
49.06 MISC REV FROM DIETARY	B	-111,085	SENIOR CARE CLINIC	60.15	
49.07 MISC REV FROM CAFETERIA	B	-915,058	EMPLOYEE BENEFITS	5	
49.08 MISC REV FROM CENTRAL SERVICE	B	-150	NONPATIENT TELEPHONES	6.01	
49.09 MISC REV FROM PHARMACY	B	-295,870	PURCHASING, RECEIVING AND	6.02	
49.10 MISC REV FROM MED RECORDS	B	-15,734	ADMITTING	6.03	
49.11 MISC REV FROM PARAMED ED	B	-46,000	CASHIERING/ACCOUNTS RECEI	6.04	
49.12 MISC REV FROM ADULTS & Peds	B	-859	OTHER ADMINISTRATIVE AND	6.05	
49.13 MISC REV FROM ADULTS & Peds	B	-60	MAINTENANCE & REPAIRS	7	
49.14 MISC REV FROM ICU	B	-340	MAINTENANCE & REPAIRS	7	
49.15 MISC REV FROM SPECIAL CARE NURSERY	B	-26	LAUNDRY & LINEN SERVICE	9	
49.16 MISC REV FROM SUB1	B	-84	HOUSEKEEPING	10	
49.17 MISC REV FROM SUB2	B	-47	DIETARY	11	
49.18 MISC REV FROM NURSERY	B	-9,898	CAFETERIA	12	
49.19 MISC REV FROM NURSING FACILITY	B	-3,466	CENTRAL SERVICES & SUPPLY	15	
49.20 MISC REV FROM OPERATING ROOM	B	-233	PHARMACY	16	
49.21 MISC REV FROM AMB SURGERY	B	-27	MEDICAL RECORDS & LIBRARY	17	
49.22 MISC REV FROM RADIOLOGY	B	-50	PARAMED ED PRGM	24	
49.23 MISC REV FROM LABORATORY	B	-4	ADULTS & PEDIATRICALS	25	
49.24 MISC REV FROM RESP THERAPY	B	-1,584	INTENSIVE CARE UNIT	26	
49.25 MISC REV FROM PHYSICAL THERAPY	B	-60	NEONATAL INTENSIVE CARE U	30	
49.26 MISC REV FROM OCCUPATIONAL THERAPY	B	-18	SUBPROVIDER	31	
49.27 MISC REV FROM MEDICINE CLINIC	B	-7,944	SUBPROVIDER 2	31.01	
49.28 MISC REV FROM OB/GYN CLINIC	B	-18,224	NURSERY	33	
49.29 MISC REV FROM OPHTHALMOLOGY CLINIC	B	-124,913	NURSING FACILITY	35	
49.30 MISC REV FROM ENDOSCOPY CLINIC	B	-32	OPERATING ROOM	37	
49.31 MISC REV FROM OCC. HEALTH CLINIC	B	-120	RADIOLOGY-DIAGNOSTIC	41	
49.32 MISC REV FROM WVC	B	5	LABORATORY	44	

ADJUSTMENTS TO EXPENSES

PROVIDER NO:
15-0024

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/27/2009
WORKSHEET A-8

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON			WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4		
49.33 MISC REV FROM CHC CLINIC	B	-341,753	RESPIRATORY THERAPY	49		
49.34 MISC REV FROM PSYCH CLINIC	B	-191,086	PHYSICAL THERAPY	50		
49.35 MISC REV FROM ED	B	-457	MEDICINE CLINIC	60.01		
49.36 MISC REV FROM AMB SVS	B	-23,033	OB/GYN CLINIC	60.02		
49.37 HEALTH CONNECTION	A	-27,094	ORTHO CLINIC	60.03		
49.38 NURSE PRACTITIONERS	A	-790,268	OPHTHALMOLOGY CLINIC	60.07		
49.39 IU SCHOOL OF DENTISTRY	A	-1,200,000	ORAL SURGERY CLINIC	60.19		
50 TOTAL (SUM OF LINES 1 THRU 49)		35,357,003				

- (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	3	NEW CAP REL COSTS-BLDG & HQ CAPITAL COSTS	-354,660		-354,660	
2	6 5	OTHER ADMINISTRATIVE AND HQ OPERATING COSTS	88,585,666		88,585,666	
3						
4						
5		TOTALS	88,231,006		88,231,006	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	G	HEALTH AND HOSPITAL CORP	100.00		0.00
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.
 GOVERNMENTAL AGENCY

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0024
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	6 5 OTHER A&G	31,643,994	31,643,994					
2	37 OPERATING ROOM	15,739	15,739					
3	60 2 OB/GYN CLINIC	1,127,796	1,127,796					
4	60 18 PSYCH CLINIC	6,162,135	6,162,135					
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	38,949,664	38,949,664					

COST ALLOCATION STATISTICS

PROVIDER NO: 15-0024
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
3.01	NEW CAP REL COSTS-BLDG & FIXT	2	SQUARE FT	ENTERED
5	EMPLOYEE BENEFITS	3	GROSS SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	4	NO OF PHONES	ENTERED
6.02	PURCHASING, RECEIVING AND STORES	5	COST REQS	ENTERED
6.03	ADMINISTRATIVE	6	GROSS CHGS	ENTERED
6.04	CASHIERING/ACCOUNTS RECEIVABLE	7	GROSS CHGS	ENTERED
6.05	OTHER ADMINISTRATIVE AND GENERAL	-8	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	9	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	9	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	10	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	11	HOURS OF SERVICE	ENTERED
11	DIETARY	12	MEALS SERVED	ENTERED
12	CAFETERIA	13	PAID HOURS	ENTERED
14	NURSING ADMINISTRATION	14	PAID HOURS	ENTERED
15	CENTRAL SERVICES & SUPPLY	15	100% ALLOC	ENTERED
16	PHARMACY	16	100% ALLOC	ENTERED
17	MEDICAL RECORDS & LIBRARY	17	GROSS CHARGES	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	18	ASSIGNED TIME	ENTERED
24	PARAMED PRGM	19	ASSIGNED TIME	ENTERED
24.01	PARAMED PRGM PHARMACY	20	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO:
15-0024

PERIOD:
FROM 1/1/2008
TO 12/31/2008

PREPARED 5/27/2009
WORKSHEET B
PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND	ADMINISTRATIVE
	0	3	3.01	5	6.01	6.02	6.03
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &	10,205,915	10,205,915					
005 EMPLOYEE BENEFITS	315,175		315,175				
006 01 NONPATIENT TELEPHONES	3,587,976	89,224		3,677,200			
006 02 PURCHASING, RECEIVING AND	1,374,664	32,848		4,542	1,412,054		
006 03 ADMINISTRATION	2,496,900	104,317		24,394	12,049	2,637,660	
006 04 CASHIERING/ACCOUNTS RECEI	1,019,985	54,747		10,592	12,049	14,441	1,111,814
006 05 OTHER ADMINISTRATIVE AND	13,942,674	123,264		88,354	107,869	14,089	
007 MAINTENANCE & REPAIRS	128,003,018	831,499		241,218	166,968	110,688	
008 OPERATION OF PLANT	6,985,501	98,559		49,673	44,180	146,879	
009 LAUNDRY & LINEN SERVICE	9,545,116	1,522,890		52,149	24,672	35,047	
010 HOUSEKEEPING	1,451,548	20,459		2,661	574	19,813	
011 DIETARY	5,044,915	125,169		59,305	11,475	13,825	
012 CAFETERIA	2,124,208	112,104		19,360	14,344	18,316	
014 NURSING ADMINISTRATION	3,298,969	69,244		30,155	574		
015 CENTRAL SERVICES & SUPPLY	2,223,754	85,290		33,427	9,180	4,579	
016 PHARMACY	2,224,600	72,269		6,928	4,016	36,544	
017 MEDICAL RECORDS & LIBRARY	44,510,167	117,332		201,952	53,935	132,174	
022 I&R SERVICES-SALARY & FRI	4,609,429	206,941		42,872	20,082	14,529	
024 PARAMED ED PRGM	11,930,584				22,377		
024 01 PARAMED ED PRGM PHARMACY	348,800			5,370	2,869	2,554	
025 INPAT ROUTINE SRVC CNTRS	214,107	727		3,838			
025 ADULTS & PEDIATRICS	23,366,523	998,634		333,005	255,331	134,639	56,167
026 INTENSIVE CARE UNIT	13,505,237	76,217		187,353	36,721	75,817	81,847
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U	4,960,165	54,114		74,154	18,934	58,030	18,338
031 SUBPROVIDER	4,082,773	138,918		63,282	64,263	21,398	17,339
031 01 SUBPROVIDER 2	2,906,144	101,278		30,900	6,311	81,365	39,697
033 NURSERY	7,838,224	65,296		109,062	1,148	140,011	46,252
034 SKILLED NURSING FACILITY	3,315,046		40,696	39,565		17,876	
035 NURSING FACILITY	10,671,740		274,479	131,801		59,703	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	21,221,975	344,811		125,609	63,115	359,709	151,708
037 01 AMBULATORY SURGERY	1,007,031	101,351		15,489	5,164	10,303	342
040 ANESTHESIOLOGY	1,009,986	36,636		2,515	12,049	56,709	16,223
041 RADIOLOGY-DIAGNOSTIC	8,884,763	330,706		78,588	48,771	102,322	122,478
041 01 NUCLEAR MEDICINE	893,876	40,715		6,302	9,180	6,516	7,899
041 02 CAT SCAN	2,188,156	13,072		21,692		12,152	110,507
044 LABORATORY	12,983,518	202,651		108,191	59,672	92,636	159,649
047 BLOOD STORING, PROCESSING	3,697,074	13,872		13,571		11,007	14,502
049 RESPIRATORY THERAPY	4,387,598	26,232		64,714	5,738	27,650	61,923
050 PHYSICAL THERAPY	2,550,836	52,871		41,146	10,902	38,657	19,222
051 OCCUPATIONAL THERAPY	1,630,537	38,476		24,452		15,058	10,866
052 SPEECH PATHOLOGY	491,753			7,535	574	1,145	1,850
052 01 PULMONARY FUNCTIONS	365,531	16,090		4,861	6,885	9,598	2,976
053 ELECTROCARDIOLOGY	1,341,252	27,984		16,030	7,459	11,447	16,242
055 MEDICAL SUPPLIES CHARGED							10,749
056 DRUGS CHARGED TO PATIENTS							145,038
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 MEDICINE CLINIC	2,706,943	341,598		37,428		30,204	
060 02 OB/GYN CLINIC	1,953,998	197,074		32,368		38,921	
060 03 ORTHO CLINIC	727,353	71,389		9,900		11,624	
060 04 PEDIATRICS CLINIC							
060 05 DENTISTRY CLINIC	9,343	78,616				88	
060 06 DERMATOLOGY CLINIC	394,983	56,274		5,557		9,334	
060 07 OPHTHALMOLOGY CLINIC	58,604	60,425		10,503		15,586	
060 08 ENT CLINIC	337,559	75,693		4,468		8,365	
060 09 GERIATRIC CLINIC	1,560			1			
060 10 SURGERY CLINIC	621,468	61,698		8,622		7,485	
060 11 NEUROLOGY CLINIC	651,409	71,375		9,127		7,925	
060 12 ENDOSCOPY CLINIC	2,135,137	42,838		26,207	23,525	39,009	
060 13 OCCUPATIONAL THERAPY	297,062	17,471		4,129		7,045	
060 14 URGENT VISIT CLINIC	1,442,248	7,598		21,516	9,754	10,127	
060 15 SENIOR CARE CLINIC	659,631	53,678		2,273	20,656	13,385	
060 16 WOMENS VISIT CLINIC	1,767,027	26,079		25,626	14,344	46,230	
060 17 CHC CLINICS	18,880,549	568,852		68,342		62,520	
060 18 PSYCH CLINIC	10,276,734	186,627		211,875		49,224	
060 19 ORAL SURGERY CLINIC	33,259	2,210				6,780	
060 20 DIETARY CLINIC	295,266			4,705		88	
060 21 CENTER OF EXCELLENCE	652,205			9,508		5,636	
060 22 OP BURN CLINIC	233,524	2,312		2,598		2,818	
060 23 BARIATRIC CLINIC	236,028	9,444		3,140	4,590	2,906	
060 24 PLASTIC CLINIC	107,694			1,361		3,610	
061 EMERGENCY	12,861,536	260,008		180,106	65,984	104,171	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-BLDG & 3.01	EMPLOYEE BENE FITS 5	NONPATIENT TELEPHONES 6.01	PURCHASING, RECEIVING AND 6.02	R ADMITTING 6.03
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES	11,278,912			148,627	7,459	38,041	
067 DURABLE MEDICAL EQUIP-REN							
069 DURABLE MEDICAL EQUIP-SOL CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	457,377,775	8,538,066	315,175	3,204,594	1,265,742	2,428,348	1,111,814
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	236,700	13,029		3,503	4,590		
097 RESEARCH	3,789	53,678			60,246		
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
100 01 OTHER NONREIMBURSABLE COS							
100 02 RENTAL SPACE		617,325			58,525		
100 03 UNUSED SPACE		210,481			2,869		
100 04 NON REIMB PSYCH PROGRAMS	19,044,074	239,934		244,973		57,149	
100 05 SR CONNECTIONS-NRCC	112,067			1,453			
100 06 LV BEAUTY	37,568	1,621		558			
100 07 LV DAY CARE							
100 08 GRANT PROGRAMS	7,385,470			90,578	12,623	28,883	
100 09 BLANK							
100 10 DME	1,488,693			1,266	3,443	8,101	
100 11 FATHER RESOURCE		6,304					
100 12 NONREIMB HOUSE CALLS COST	229,702			94			
100 13 RENAL NONCERTIFIED	889,246	42,104		1,408	4,016	5,900	
100 14 NONREIMBURSEABLE FREESTAN		483,373		125,424		109,279	
100 15 OTHER NONREIMBURSABLE COS	564,193			3,349			
100 16 OTHER NONREIMBURSABLE COS							
100 17 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	487,369,277	10,205,915	315,175	3,677,200	1,412,054	2,637,660	1,111,814

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.04	6a.04	6.05	7	8	9	10
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING, RECEIVING AND ADMITTING							
006 04 CASHIERING/ACCOUNTS RECEI	14,276,250						
006 05 OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS		129,353,391	129,353,391				
007 OPERATION OF PLANT		7,324,792	2,646,491	9,971,283			
008 LAUNDRY & LINEN SERVICE		11,179,874	4,039,356	1,641,868	16,861,098		
009 HOUSEKEEPING		1,495,055	540,172	22,058	44,651	2,101,936	
010 DIETARY		5,254,689	1,898,551	134,948	273,173		7,561,361
011 CAFETERIA		2,288,332	826,788	120,862	244,659		
012 NURSING ADMINISTRATION		3,398,942	1,228,058	74,654	151,121		10,820
014 CENTRAL SERVICES & SUPPLY		2,356,230	851,320	91,954	186,140		24,116
015 PHARMACY		2,344,357	847,030	77,915	157,722	92,209	116,031
016 MEDICAL RECORDS & LIBRARY		45,015,560	16,264,496	126,498	256,068		126,161
017 I&R SERVICES-SALARY & FRI		4,893,853	1,768,178	223,108	451,634		109,815
022 PARAMED ED PRGM		11,952,961	4,318,677				
024 01 PARAMED ED PRGM PHARMACY		359,593	129,923				
024 INPAT ROUTINE SRVC CNTRS		218,672	79,008	784	1,587		
025 ADULTS & PEDIATRICS	539,936	25,684,235	9,279,868	1,076,653	2,179,453	306,781	1,212,857
026 INTENSIVE CARE UNIT	786,796	14,749,988	5,329,259	82,171	166,338	111,121	312,582
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U	176,281	5,360,016	1,936,606	58,342	118,101	68,568	152,348
031 SUBPROVIDER	166,679	4,554,652	1,645,623	149,771	303,178	16,552	531,579
031 01 SUBPROVIDER 2	381,608	3,547,303	1,281,662	109,191	221,033	73,887	309,416
033 NURSERY	444,619	8,644,612	3,123,350	70,398	142,505		345,791
034 SKILLED NURSING FACILITY		3,413,183	1,233,203	52,518	106,312		
035 NURSING FACILITY		11,137,723	4,024,126	354,215	717,032		
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	1,458,370	23,725,297	8,572,092	371,750	752,527	1,030,870	55,944
040 AMBULATORY SURGERY	3,292	1,142,972	412,963	109,269	221,192	18,912	
041 ANESTHESIOLOGY	155,948	1,290,066	466,109	39,498	79,956		16,576
041 01 RADIOLOGY-DIAGNOSTIC	1,177,387	10,745,015	3,882,238	356,543	721,745	7,093	213,414
041 01 NUCLEAR MEDICINE	75,936	1,040,424	375,911	43,896	88,857	4,731	60,778
041 02 CAT SCAN	1,062,305	3,407,884	1,231,289	14,094	28,530	2,363	18,648
044 LABORATORY	1,533,694	15,140,011	5,470,177	218,483	442,272		124,319
047 BLOOD STORING, PROCESSING	139,406	3,889,432	1,405,275	14,956	30,275		9,669
049 RESPIRATORY THERAPY	595,271	5,169,126	1,867,636	28,281	57,250		19,339
050 PHYSICAL THERAPY	184,782	2,898,416	1,047,215	57,002	115,388	14,189	27,626
051 OCCUPATIONAL THERAPY	104,458	1,823,847	658,967	41,481	83,970		27,626
052 SPEECH PATHOLOGY	17,784	520,641	188,111				
052 01 PULMONARY FUNCTIONS	28,604	434,545	157,004	17,347	35,115	3,261	9,669
053 ELECTROCARDIOLOGY	156,133	1,576,547	569,616	30,170	61,074		11,051
055 MEDICAL SUPPLIES CHARGED	103,327	114,076	41,216				
056 DRUGS CHARGED TO PATIENTS	1,394,255	1,539,293	556,156				
060 OUTPAT SERVICE COST CNTRS							
060 01 MEDICINE CLINIC	114,043	3,230,216	1,167,096	368,285	745,514	10,606	383,317
060 02 OB/GYN CLINIC	89,680	2,312,041	835,354	212,471	430,102	38,344	283,747
060 03 ORTHO CLINIC	40,017	860,283	310,825	76,967	155,802	3,261	92,261
060 04 PEDIATRICS CLINIC							
060 05 DENTISTRY CLINIC		88,047	31,812	84,758	171,574	3,261	49,613
060 06 DERMATOLOGY CLINIC	20,522	486,670	175,837	60,670	122,814	2,446	63,829
060 07 OPHTHALMOLOGY CLINIC	48,328	193,446	69,893	65,146	131,874	3,261	56,922
060 08 ENT CLINIC	18,887	444,972	160,771	81,607	165,196	3,261	68,433
060 09 GERIATRIC CLINIC	29	1,590	574				
060 10 SURGERY CLINIC	35,051	734,324	265,316	66,518	134,651	15,496	74,822
060 11 NEUROLOGY CLINIC	23,873	763,709	275,933	76,951	155,770	16,316	73,671
060 12 ENDOSCOPY CLINIC	188,903	2,455,619	887,230	46,185	93,491		
060 13 OCCUPATIONAL THERAPY	103	325,810	117,717	18,836	38,129		21,123
060 14 URGENT VISIT CLINIC	84,315	1,575,558	569,259	8,191	16,581		89,498
060 15 SENIOR CARE CLINIC	10,524	760,147	274,646	57,872	117,149		
060 16 WOMENS VISIT CLINIC	94,655	1,973,961	713,204	28,117	56,916		
060 17 CHC CLINICS	498,933	20,079,196	7,254,734	613,294	1,241,481	34,566	1,112,656
060 18 PSYCH CLINIC	394,549	11,119,009	4,017,365	201,207	407,300		212,724
060 19 ORAL SURGERY CLINIC		42,249	15,265	2,383	4,824	17,943	
060 20 DIETARY CLINIC		300,059	108,413				
060 21 CENTER OF EXCELLENCE	23,496	690,845	249,606				
060 22 OP BURN CLINIC	11,514	252,766	91,326	2,493	5,046		
060 23 BARIATRIC CLINIC	1,500	257,608	93,075	10,182	20,612		
060 24 PLASTIC CLINIC	733	113,398	40,971				
061 EMERGENCY	801,171	14,272,976	5,156,912	280,321	567,450	179,694	929,745
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.04	6a.04	6.05	7	8	9	10
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES	611,751	12,084,790	4,366,307			11,824	26,245
067 DURABLE MEDICAL EQUIP-REN							
069 DURABLE MEDICAL EQUIP-SOL CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION							
085 LIVER ACQUISITION							
085 01 HEART ACQUISITION							
086 PANCREAS ACQUISITION							
092 OTHER ORGAN ACQUISITION							
093 AMBULATORY SURGICAL CENTE							
095 HOSPICE							
095 SUBTOTALS	13,799,448	454,404,894	117,443,161	8,173,132	13,221,134	2,090,816	7,384,781
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP		257,822	93,153	14,047	28,434		
098 RESEARCH		117,713	42,530	57,872	117,149		97,844
099 PHYSICIANS' PRIVATE OFFIC							
100 NONPAID WORKERS							
100 01 OTHER NONREIMBURSABLE COS							
100 02 OTHER NONREIMBURSABLE COS							
100 02 RENTAL SPACE		675,850	244,189	665,554	1,347,269		
100 03 UNUSED SPACE		213,350	77,085	226,925	459,361		
100 04 NON REIMB PSYCH PROGRAMS	439,022	20,025,152	7,235,208	258,679	523,640		
100 05 SR CONNECTIONS-NRCC		113,520	41,015				
100 06 LV BEAUTY		39,747	14,361	1,748	3,538		
100 07 LV DAY CARE							
100 08 GRANT PROGRAMS		7,517,554	2,716,137				
100 09 BLANK							
100 10 DME		1,501,503	542,502				
100 11 FATHER RESOURCE		6,304	2,278	6,796	13,757		
100 12 NONREIMB HOUSE CALLS COST		229,796	83,027				
100 13 RENAL NONCERTIFIED	30,343	973,017	351,557	45,393	91,888		62,160
100 14 NONREIMBURSEABLE FREESTAN	7,437	725,513	262,132	521,137	1,054,928	11,120	16,576
100 15 OTHER NONREIMBURSABLE COS		567,542	205,056				
100 16 OTHER NONREIMBURSABLE COS							
100 17 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	14,276,250	487,369,277	129,353,391	9,971,283	16,861,098	2,101,936	7,561,361

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SERVICES-SALARY & FRI
	11	12	14	15	16	17	22
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING, RECEIVING AND ADMITTING							
006 04 CASHIERING/ACCOUNTS RECEIVABLE							
006 05 OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	3,480,641						
012 CAFETERIA		4,863,595					
014 NURSING ADMINISTRATION		46,366	3,556,126				
015 CENTRAL SERVICES & SUPPLY		24,273		3,659,537			
016 PHARMACY		283,002			62,071,785		
017 MEDICAL RECORDS & LIBRARY		106,024				7,552,612	
022 I&R SERVICES-SALARY & FRI							16,271,638
024 PARAMEDICAL PRGM		9,815					
024 01 PARAMEDICAL PRGM PHARMACY		5,512					
025 INPATIENT ROUTINE SRVCS CNTRS							
025 ADULTS & PEDIATRICS	2,213,752	501,563	808,190			270,333	3,952,665
026 INTENSIVE CARE UNIT	680,277	249,438	401,931			393,931	77,813
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE UNIT							
030 NEONATAL INTENSIVE CARE UNIT		97,427	156,988			88,260	19,275
031 SUBPROVIDER	440,028	119,233				83,452	140,709
031 01 SUBPROVIDER 2	146,584	81,673	131,604			191,062	
033 NURSERY		142,577	229,740			222,610	
034 SKILLED NURSING FACILITY		105,043				71,739	
035 NURSING FACILITY		343,477				108,405	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		211,010	340,010			730,172	1,607,577
040 AMBULATORY SURGERY		23,484	37,841			1,648	
041 ANESTHESIOLOGY		7,297	11,757			78,080	1,638,612
041 01 RADIOLOGY-DIAGNOSTIC		130,370				589,490	927,402
041 02 NUCLEAR MEDICINE		8,116				38,020	
044 CAT SCAN		31,108				531,871	
047 LABORATORY		193,545				767,636	340,257
049 BLOOD STORAGE, PROCESSING		21,747				69,798	
050 RESPIRATORY THERAPY		113,342				298,039	
051 PHYSICAL THERAPY		68,449				92,516	
052 OCCUPATIONAL THERAPY		39,059				52,300	
052 01 SPEECH PATHOLOGY		10,557				8,904	
053 PULMONARY FUNCTIONS		8,093				14,321	54,217
055 ELECTROCARDIOLOGY		30,241	48,728			78,172	65,188
056 MEDICAL SUPPLIES CHARGED TO PATIENTS				3,659,537		51,733	
060 DRUGS CHARGED TO PATIENTS					62,071,785	698,071	
060 01 OUTPAT SERVICE COST CNTRS							
060 02 MEDICINE CLINIC		117,061				57,099	618,669
060 03 OB/GYN CLINIC		62,449				44,901	120,194
060 04 ORTHO CLINIC		24,024				20,036	451,246
060 05 PEDIATRICS CLINIC							
060 06 DENTISTRY CLINIC							363,890
060 07 DERMATOLOGY CLINIC		12,649				10,275	333,231
060 08 OPHTHALMOLOGY CLINIC		25,695				24,196	406,008
060 09 ENT CLINIC		10,414				9,456	353,445
060 10 GERIATRIC CLINIC		2				14	218,559
060 11 SURGERY CLINIC		15,700				17,549	
060 12 NEUROLOGY CLINIC		21,712				11,953	103,926
060 13 ENDOSCOPY CLINIC		37,535				94,579	1,428
060 14 OCCUPATIONAL THERAPY		8,424				52	
060 15 URGENT VISIT CLINIC		30,489				42,215	58,951
060 16 SENIOR CARE CLINIC		4,475				5,269	32,237
060 17 WOMENS VISIT CLINIC		46,628				47,391	143,189
060 18 CHC CLINICS		514,665				249,804	925,486
060 19 PSYCH CLINIC						197,542	369,375
060 20 ORAL SURGERY CLINIC							477,622
060 21 DIETARY CLINIC		9,163					
060 22 CENTER OF EXCELLENCE		22,236				11,764	1,240
060 23 OP BURN CLINIC		5,206				5,765	
060 24 BARIATRIC CLINIC		5,915				751	
061 PLASTIC CLINIC		3,146				367	
062 EMERGENCY		306,947	494,597			401,128	2,330,247
063 OBSERVATION BEDS (NON-DIS)							
064 OTHER OUTPATIENT SERVICE							
OTHER REIMBURS COST CNTRS							
HOME PROGRAM DIALYSIS							

COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	I&R SERVICES-SALARY & FRI 22
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES		348,841	562,102			306,290	
067 DURABLE MEDICAL EQUIP-REN							
069 DURABLE MEDICAL EQUIP-SOL CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	3,480,641	4,645,217	3,223,488	3,659,537	62,071,785	7,088,959	16,132,658
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP RESEARCH		11,943					69,659
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
100 01 OTHER NONREIMBURSABLE COS							
100 02 RENTAL SPACE							
100 03 UNUSED SPACE							
100 04 NON REIMB PSYCH PROGRAMS						444,737	
100 05 SR CONNECTIONS-NRCC		4,056	6,536				
100 06 LV BEAUTY							
100 07 LV DAY CARE							
100 08 GRANT PROGRAMS		192,439	310,085				
100 09 BLANK							
100 10 DME		2,126	3,426				
100 11 FATHER RESOURCE							
100 12 NONREIMB HOUSE CALLS COST		4	6				23,445
100 13 RENAL NONCERTIFIED		1,940	3,126			15,192	45,876
100 14 NONREIMBURSEABLE FREESTAN						3,724	
100 15 OTHER NONREIMBURSABLE COS		5,870	9,459				
100 16 OTHER NONREIMBURSABLE COS							
100 17 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,480,641	4,863,595	3,556,126	3,659,537	62,071,785	7,552,612	16,271,638

COST CENTER DESCRIPTION	PARAMED ED PR GM	PARAMED ED PR GM PHARMACY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	24	24.01	25	26	27
003 GENERAL SERVICE COST CNTR					
003 01 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 PURCHASING, RECEIVING AND ADM ITTING					
006 04 CASHIERING/ACCOUNTS RECEI					
006 05 OTHER ADMINISTRATIVE AND 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					
022 I&R SERVICES-SALARY & FRI					
024 PARAMED ED PRGM	499,331				
024 01 PARAMED ED PRGM PHARMACY		305,563			
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS			47,486,350	-3,952,665	43,533,685
026 INTENSIVE CARE UNIT			22,554,849	-77,813	22,477,036
027 CORONARY CARE UNIT					
028 BURN INTENSIVE CARE UNIT					
029 SURGICAL INTENSIVE CARE U					
030 NEONATAL INTENSIVE CARE U			8,055,931	-19,275	8,036,656
031 SUBPROVIDER			7,984,777	-140,709	7,844,068
031 01 SUBPROVIDER 2			6,093,415		6,093,415
033 NURSERY			12,921,583		12,921,583
034 SKILLED NURSING FACILITY			4,981,998		4,981,998
035 NURSING FACILITY			16,684,978		16,684,978
037 ANCILLARY SRVC COST CNTRS					
037 01 OPERATING ROOM			37,397,249	-1,607,577	35,789,672
040 AMBULATORY SURGERY			1,968,281		1,968,281
041 ANESTHESIOLOGY			3,627,951	-1,638,612	1,989,339
041 01 RADIOLOGY-DIAGNOSTIC			17,573,310	-927,402	16,645,908
041 01 NUCLEAR MEDICINE			1,660,733		1,660,733
041 02 CAT SCAN			5,265,787		5,265,787
044 LABORATORY			22,696,700	-340,257	22,356,443
047 BLOOD STORING, PROCESSING			5,441,152		5,441,152
049 RESPIRATORY THERAPY			7,553,013		7,553,013
050 PHYSICAL THERAPY			4,320,801		4,320,801
051 OCCUPATIONAL THERAPY			2,727,250		2,727,250
052 SPEECH PATHOLOGY			728,213		728,213
052 01 PULMONARY FUNCTIONS			733,572	-54,217	679,355
053 ELECTROCARDIOLOGY			2,470,787	-65,188	2,405,599
055 MEDICAL SUPPLIES CHARGED			3,866,562		3,866,562
056 DRUGS CHARGED TO PATIENTS		305,563	65,170,868		65,170,868
060 OUTPAT SERVICE COST CNTRS					
060 01 MEDICINE CLINIC			6,697,863	-618,669	6,079,194
060 02 OB/GYN CLINIC			4,339,603	-120,194	4,219,409
060 03 ORTHO CLINIC			1,994,705	-451,246	1,543,459
060 04 PEDIATRICS CLINIC					
060 05 DENTISTRY CLINIC			792,955	-363,890	429,065
060 06 DERMATOLOGY CLINIC			1,268,421	-333,231	935,190
060 07 OPHTHALMOLOGY CLINIC			976,441	-406,008	570,433
060 08 ENT CLINIC			1,297,555	-353,445	944,110
060 09 GERIATRIC CLINIC			220,739	-218,559	2,180
060 10 SURGERY CLINIC			1,324,376		1,324,376
060 11 NEUROLOGY CLINIC			1,499,941	-103,926	1,396,015
060 12 ENDOSCOPY CLINIC			3,616,067	-1,428	3,614,639
060 13 OCCUPATIONAL THERAPY			530,091		530,091
060 14 URGENT VISIT CLINIC			2,390,742	-58,951	2,331,791
060 15 SENIOR CARE CLINIC			1,251,795	-32,237	1,219,558
060 16 WOMENS VISIT CLINIC			3,009,406	-143,189	2,866,217
060 17 CHC CLINICS			32,025,882	-925,486	31,100,396
060 18 PSYCH CLINIC			16,524,522	-369,375	16,155,147
060 19 ORAL SURGERY CLINIC			560,286	-477,622	82,664
060 20 DIETARY CLINIC			417,635		417,635
060 21 CENTER OF EXCELLENCE			975,691	-1,240	974,451
060 22 OP BURN CLINIC			362,602		362,602
060 23 BARIATRIC CLINIC			388,143		388,143
060 24 PLASTIC CLINIC			157,882		157,882
061 EMERGENCY			24,920,017	-2,330,247	22,589,770
062 OBSERVATION BEDS (NON-DIS					
063 OTHER OUTPATIENT SERVICE					
063 OTHER REIMBURS COST CNTRS					
064 HOME PROGRAM DIALYSIS					

COST CENTER DESCRIPTION	PARAMED ED PR GM	PARAMED ED PR GM PHARMACY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	24	24.01	25		27
065 OTHER REIMBURS COST CNTRS					
066 AMBULANCE SERVICES	499,331		18,205,730		18,205,730
067 DURABLE MEDICAL EQUIP-REN					
069 DURABLE MEDICAL EQUIP-SOL CORF					
070 I&R SERVICES-NOT APPRVD P					
071 HOME HEALTH AGENCY					
082 LUNG ACQUISITION					
083 SPEC PURPOSE COST CENTERS					
084 KIDNEY ACQUISITION					
085 LIVER ACQUISITION					
085 01 HEART ACQUISITION					
086 PANCREAS ACQUISITION					
092 OTHER ORGAN ACQUISITION					
093 AMBULATORY SURGICAL CENTE HOSPICE					
095 SUBTOTALS	499,331	305,563	435,715,200	-16,132,658	419,582,542
096 NONREIMBURS COST CENTERS					
097 GIFT, FLOWER, COFFEE SHOP RESEARCH			405,399		405,399
098 PHYSICIANS' PRIVATE OFFIC			502,767	-69,659	433,108
099 NONPAID WORKERS					
100 OTHER NONREIMBURSABLE COS					
100 01 OTHER NONREIMBURSABLE COS					
100 02 RENTAL SPACE			2,932,862		2,932,862
100 03 UNUSED SPACE			976,721		976,721
100 04 NON REIMB PSYCH PROGRAMS			28,487,416		28,487,416
100 05 SR CONNECTIONS-NRCC			165,127		165,127
100 06 LV BEAUTY			59,394		59,394
100 07 LV DAY CARE					
100 08 GRANT PROGRAMS			10,736,215		10,736,215
100 09 BLANK					
100 10 DME			2,049,557		2,049,557
100 11 FATHER RESOURCE			29,135		29,135
100 12 NONREIMB HOUSE CALLS COST			336,278	-23,445	312,833
100 13 RENAL NONCERTIFIED			1,590,149	-45,876	1,544,273
100 14 NONREIMBURSEABLE FREESTAN			2,595,130		2,595,130
100 15 OTHER NONREIMBURSABLE COS			787,927		787,927
100 16 OTHER NONREIMBURSABLE COS					
100 17 OTHER NONREIMBURSABLE COS					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	499,331	305,563	487,369,277	-16,271,638	471,097,639

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0024
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-BLDG & 3.01	SUBTOTAL 4a	EMPLOYEE BENEFITS 5	NONPATIENT TELEPHONES 6.01	PURCHASING, RECEIVING AND 6.02
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS	3,402	89,224		92,626	92,626		
006 01 NONPATIENT TELEPHONES	1,070	32,848		33,918	114	34,032	
006 02 PURCHASING, RECEIVING AND	20,515	104,317		124,832	614	290	125,736
006 03 ADMINISTRATION	1,371	54,747		56,118	267	290	688
006 04 CASHIERING/ACCOUNTS RECEIVABLE	142,773	123,264		266,037	2,226	2,600	672
006 05 OTHER ADMINISTRATIVE AND	529,683	831,499		1,361,182	6,076	4,024	5,276
007 MAINTENANCE & REPAIRS	150,167	98,559		248,726	1,251	1,065	7,002
008 OPERATION OF PLANT	56,210	1,522,890		1,579,100	1,314	595	1,671
009 LAUNDRY & LINEN SERVICE		20,459		20,459	67	14	944
010 HOUSEKEEPING	18,573	125,169		143,742	1,494	277	659
011 DIETARY	43,096	112,104		155,200	488	346	873
012 CAFETERIA		69,244		69,244	760	14	
014 NURSING ADMINISTRATION	68,555	85,290		153,845	842	221	218
015 CENTRAL SERVICES & SUPPLY	178,502	72,269		250,771	175	97	1,742
016 PHARMACY	356,140	117,332		473,472	5,087	1,300	6,301
017 MEDICAL RECORDS & LIBRARY	15,506	206,941		222,447	1,080	484	693
022 I&R SERVICES-SALARY & FRINGE						539	
024 PARAMEDICAL PRGM	7,525			7,525	135	69	122
024 01 PARAMEDICAL PRGM PHARMACY		727		727	97		
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	188,837	998,634		1,187,471	8,388	6,153	6,418
026 INTENSIVE CARE UNIT	74,646	76,217		150,863	4,719	885	3,614
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE UNIT							
030 NEONATAL INTENSIVE CARE UNIT	70,915	54,114		125,029	1,868	456	2,766
031 SUBPROVIDER	7,596	138,918		146,514	1,594	1,549	1,020
031 01 SUBPROVIDER 2	200,695	101,278		301,973	778	152	3,879
033 NURSERY	79,792	65,296		145,088	2,747	28	6,674
034 SKILLED NURSING FACILITY			40,696	40,696	997		852
035 NURSING FACILITY	90,845		274,479	365,324	3,320		2,846
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	582,546	344,811		927,357	3,164	1,521	17,146
037 01 AMBULATORY SURGERY	22,345	101,351		123,696	390	124	491
040 ANESTHESIOLOGY	215,369	36,636		252,005	63	290	2,703
041 RADIOLOGY-DIAGNOSTIC	1,283,141	330,706		1,613,847	1,980	1,175	4,878
041 01 NUCLEAR MEDICINE	64,216	40,715		104,931	159	221	311
041 02 CAT SCAN	321,669	13,072		334,741	546		579
044 LABORATORY	136,211	202,651		338,862	2,725	1,438	4,416
047 BLOOD STORAGE, PROCESSING	6,288	13,872		20,160	342		525
049 RESPIRATORY THERAPY	99,513	26,232		125,745	1,630	138	1,318
050 PHYSICAL THERAPY	11,538	52,871		64,409	1,036	263	1,843
051 OCCUPATIONAL THERAPY	570	38,476		39,046	616		718
052 SPEECH PATHOLOGY	5,318			5,318	190	14	55
052 01 PULMONARY FUNCTIONS	7,824	16,090		23,914	122	166	458
053 ELECTROCARDIOLOGY	93,108	27,984		121,092	404	180	546
055 MEDICAL SUPPLIES CHARGED TO PATIENTS							
056 DRUGS CHARGED TO PATIENTS							
060 OUTPAT SERVICE COST CNTRS							
060 01 MEDICINE CLINIC	21,200	341,598		362,798	943		1,440
060 02 OB/GYN CLINIC	35,892	197,074		232,966	815		1,855
060 03 ORTHO CLINIC	5,266	71,389		76,655	249		554
060 04 PEDIATRICS CLINIC							
060 05 DENTISTRY CLINIC	6,965	78,616		85,581			4
060 06 DERMATOLOGY CLINIC	5,902	56,274		62,176	140		445
060 07 OPHTHALMOLOGY CLINIC	26,478	60,425		86,903	265		743
060 08 ENT CLINIC	25,264	75,693		100,957	113		399
060 09 GERIATRIC CLINIC	1,237			1,237			
060 10 SURGERY CLINIC	31,244	61,698		92,942	217		357
060 11 NEUROLOGY CLINIC	20,031	71,375		91,406	230		378
060 12 ENDOSCOPY CLINIC	71,405	42,838		114,243	660	567	1,860
060 13 OCCUPATIONAL THERAPY	1,168	17,471		18,639	104		336
060 14 URGENT VISIT CLINIC	2,021	7,598		9,619	542	235	483
060 15 SENIOR CARE CLINIC	6,532	53,678		60,210	57	498	638
060 16 WOMENS VISIT CLINIC	2,278	26,079		28,357	646	346	2,204
060 17 CHC CLINICS	97,743	568,852		666,595	1,722		2,980
060 18 PSYCH CLINIC	81,303	186,627		267,930	5,337		2,346
060 19 ORAL SURGERY CLINIC	2,440	2,210		4,650			323
060 20 DIETARY CLINIC					119		4
060 21 CENTER OF EXCELLENCE	11,018			11,018	239		269
060 22 OP BURN CLINIC		2,312		2,312	65		134
060 23 BARIATRIC CLINIC	5,609	9,444		15,053	79	111	139
060 24 PLASTIC CLINIC					34		172
061 EMERGENCY	63,115	260,008		323,123	4,537	1,590	4,966
062 OBSERVATION BEDS (NON-DISCHARGE)							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	SUBTOTAL	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND
	0	3	3.01	4a	5	6.01	6.02
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES	380,393			380,393	3,744	180	1,813
067 DURABLE MEDICAL EQUIP-REN							
069 DURABLE MEDICAL EQUIP-SOL CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION							
085 LIVER ACQUISITION							
085 01 HEART ACQUISITION							
086 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	6,060,574	8,538,066	315,175	14,913,815	80,722	30,505	115,759
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	784	13,029		13,813	88	111	
097 RESEARCH		53,678		53,678		1,452	
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
100 01 OTHER NONREIMBURSABLE COS							
100 02 RENTAL SPACE		617,325		617,325		1,411	
100 03 UNUSED SPACE		210,481		210,481		69	
100 04 NON REIMB PSYCH PROGRAMS		239,934		239,934	6,171		2,724
100 05 SR CONNECTIONS-NRCC					37		
100 06 LV BEAUTY		1,621		1,621	14		
100 07 LV DAY CARE							
100 08 GRANT PROGRAMS	109,114			109,114	2,282	304	1,377
100 09 BLANK							
100 10 DME	151			151	32	83	386
100 11 FATHER RESOURCE		6,304		6,304			
100 12 NONREIMB HOUSE CALLS COST					2		
100 13 RENAL NONCERTIFIED	484	42,104		42,588	35	97	281
100 14 NONREIMBURSEABLE FREESTAN		483,373		483,373	3,159		5,209
100 15 OTHER NONREIMBURSABLE COS					84		
100 16 OTHER NONREIMBURSABLE COS							
100 17 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	6,171,107	10,205,915	315,175	16,692,197	92,626	34,032	125,736

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0024
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADMINING	CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING
	6.03	6.04	6.05	7	8	9	10
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING, RECEIVING AND ADMINING	57,363						
006 04 CASHIERING/ACCOUNTS RECEI		271,535					
006 05 OTHER ADMINIS TRATIVE AND MAINTENANCE & REPAIRS			1,376,558	286,208			
008 OPERATION OF PLANT				47,129	1,672,796		
009 LAUNDRY & LINEN SERVICE				5,748	633	4,430	32,295
010 HOUSEKEEPING				20,204	3,873	27,102	197,351
011 DIETARY				8,799	3,469	24,273	
012 CAFETERIA				13,069	2,143	14,993	282
014 NURSING ADMINISTRATION				9,060	2,639	18,467	629
015 CENTRAL SERVICES & SUPPLY				9,014	2,236	15,648	1,417
016 PHARMACY				173,067	3,631	25,405	3,293
017 MEDICAL RECORDS & LIBRARY				18,817	6,404	44,807	2,866
022 I&R SERVICES-SALARY & FRI				45,959			
024 PARAMED ED PRGM				1,383			
024 01 PARAMED ED PRGM PHARMACY				841	22	157	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,896	10,259	98,756	30,903	216,221	4,714	31,657
026 INTENSIVE CARE UNIT	4,221	14,949	56,714	2,359	16,502	1,707	8,158
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U	946	3,349	20,609	1,675	11,717	1,054	3,976
031 SUBPROVIDER	894	3,167	17,513	4,299	30,078	254	13,874
031 01 SUBPROVIDER 2	2,047	7,251	13,639	3,134	21,929	1,135	8,076
033 NURSERY	2,385	8,448	33,239	2,021	14,138		9,025
034 SKILLED NURSING FACILITY			13,124	1,507	10,547		
035 NURSING FACILITY			42,825	10,167	71,137		
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	7,823	27,710	91,224	10,670	74,659	15,837	1,460
037 01 AMBULATORY SURGERY	18	63	4,395	3,136	21,945	291	
040 ANESTHESIOLOGY	837	2,963	4,960	1,134	7,932		433
041 RADIOLOGY-DIAGNOSTIC	6,316	22,371	41,315	10,234	71,605	109	5,570
041 01 NUCLEAR MEDICINE	407	1,443	4,000	1,260	8,816	73	1,586
041 02 CAT SCAN	5,698	20,184	13,103	405	2,830	36	487
044 LABORATORY	8,264	29,421	58,213	6,271	43,878		3,245
047 BLOOD STORING, PROCESSING	748	2,649	14,955	429	3,004		252
049 RESPIRATORY THERAPY	3,193	11,310	19,875	812	5,680		505
050 PHYSICAL THERAPY	991	3,511	11,144	1,636	11,448	218	721
051 OCCUPATIONAL THERAPY	560	1,985	7,013	1,191	8,331		721
052 SPEECH PATHOLOGY	95	338	2,002				
052 01 PULMONARY FUNCTIONS	153	543	1,671	498	3,484	50	252
053 ELECTROCARDIOLOGY	838	2,967	6,062	866	6,059		288
055 MEDICAL SUPPLIES CHARGED	554	1,963	439				
056 DRUGS CHARGED TO PATIENTS	7,479	26,491	5,919				
060 OUTPAT SERVICE COST CNTRS							
060 01 MEDICINE CLINIC		2,167	12,420	10,571	73,963	163	10,005
060 02 OB/GYN CLINIC		1,704	8,890	6,099	42,671	589	7,406
060 03 ORTHO CLINIC		760	3,308	2,209	15,457	50	2,408
060 04 PEDIATRICS CLINIC							
060 05 DENTISTRY CLINIC			339	2,433	17,022	50	1,295
060 06 DERMATOLOGY CLINIC		390	1,871	1,741	12,184	38	1,666
060 07 OPHTHALMOLOGY CLINIC		918	744	1,870	13,083	50	1,486
060 08 ENT CLINIC		359	1,711	2,342	16,389	50	1,786
060 09 GERIATRIC CLINIC		1	6				
060 10 SURGERY CLINIC		666	2,823	1,909	13,359	238	1,953
060 11 NEUROLOGY CLINIC		454	2,936	2,209	15,454	251	1,923
060 12 ENDOSCOPY CLINIC		3,589	9,442	1,326	9,275		
060 13 OCCUPATIONAL THERAPY		2	1,253	541	3,783		551
060 14 URGENT VISIT CLINIC		1,602	6,058	235	1,645		2,336
060 15 SENIOR CARE CLINIC		200	2,923	1,661	11,622		
060 16 WOMENS VISIT CLINIC		1,798	7,590	807	5,647		
060 17 CHC CLINICS		9,480	77,205	17,604	123,168	531	29,040
060 18 PSYCH CLINIC		7,497	42,753	5,775	40,408		5,552
060 19 ORAL SURGERY CLINIC			162	68	479	276	
060 20 DIETARY CLINIC			1,154				
060 21 CENTER OF EXCELLENCE		446	2,656				
060 22 OP BURN CLINIC		219	972	72	501		
060 23 BARIATRIC CLINIC		28	991	292	2,045		
060 24 PLASTIC CLINIC		14	436				
061 EMERGENCY		15,223	54,880	8,046	56,297	2,761	24,266
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							

ALLOCATION OF NEW CAPITAL RELATED COSTS

15-0024

FROM 1/ 1/2008

WORKSHEET B

TO 12/31/2008

PART III

COST CENTER DESCRIPTION	ADMITTING	CASHIERING/AC COUNTS RECEI	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.03	6.04	6.05	7	8	9	10
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES		11,623	46,466			182	685
067 DURABLE MEDICAL EQUIP-REN							
069 DURABLE MEDICAL EQUIP-SOL CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION							
085 LIVER ACQUISITION							
085 01 HEART ACQUISITION							
086 PANCREAS ACQUISITION							
092 OTHER ORGAN ACQUISITION							
093 AMBULATORY SURGICAL CENTE HOSPICE							
095 SUBTOTALS	57,363	262,475	1,249,810	234,596	1,311,674	32,124	192,742
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP RESEARCH			991	403	2,821		
098 PHYSICIANS' PRIVATE OFFIC			453	1,661	11,622		2,554
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
100 01 OTHER NONREIMBURSABLE COS							
100 02 RENTAL SPACE			2,599	19,104	133,663		
100 03 UNUSED SPACE			820	6,513	45,573		
100 04 NON REIMB PSYCH PROGRAMS		8,342	76,997	7,425	51,951		
100 05 SR CONNECTIONS-NRCC			436				
100 06 LV BEAUTY			153	50	351		
100 07 LV DAY CARE							
100 08 GRANT PROGRAMS			28,905				
100 09 BLANK							
100 10 DME			5,773				
100 11 FATHER RESOURCE			24	195	1,365		
100 12 NONREIMB HOUSE CALLS COST			884				
100 13 RENAL NONCERTIFIED		577	3,741	1,303	9,116		1,622
100 14 NONREIMBURSEABLE FREESTAN		141	2,790	14,958	104,660	171	433
100 15 OTHER NONREIMBURSABLE COS			2,182				
100 16 OTHER NONREIMBURSABLE COS							
100 17 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	57,363	271,535	1,376,558	286,208	1,672,796	32,295	197,351

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	I&R SERVICES-SALARY & FRI 22
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING, RECEIVING AND ADMITTING							
006 04 CASHIERING/ACCOUNTS RECEIVABLE							
006 05 OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	193,448						
012 CAFETERIA		100,505					
014 NURSING ADMINISTRATION			186,879				
015 CENTRAL SERVICES & SUPPLY				284,630			
016 PHARMACY					697,404		
017 MEDICAL RECORDS & LIBRARY						299,789	
022 I&R SERVICES-SALARY & FRI							46,498
024 01 PARAMEDICAL PRGM PHARMACY		203					
024 01 INPATIENT ROUTINE SRVC CNTRS		114					
025 ADULTS & PEDIATRICS	123,036	10,365	42,472			10,719	
026 INTENSIVE CARE UNIT	37,809	5,155	21,122			15,620	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE UNIT							
030 NEONATAL INTENSIVE CARE UNIT		2,013	8,250			3,500	
031 SUBPROVIDER	24,456	2,464				3,309	
031 01 SUBPROVIDER 2	8,147	1,688	6,916			7,576	
033 NURSERY		2,946	12,073			8,827	
034 SKILLED NURSING FACILITY		2,171				2,845	
035 NURSING FACILITY		7,098				4,298	
037 01 OPERATING ROOM		4,361	17,868			28,952	
040 ANESTHESIOLOGY		485	1,989			65	
041 RADIOLOGY-DIAGNOSTIC		151	618			3,096	
041 01 NUCLEAR MEDICINE		2,694				23,374	
041 02 CAT SCAN		168				1,508	
044 LABORATORY		643				21,090	
047 BLOOD STORAGE, PROCESSING		4,000				30,753	
049 RESPIRATORY THERAPY		449				2,768	
050 PHYSICAL THERAPY		2,342				11,818	
051 OCCUPATIONAL THERAPY		1,414				3,668	
052 SPEECH PATHOLOGY		807				2,074	
052 01 PULMONARY FUNCTIONS		218				353	
053 ELECTROCARDIOLOGY		167				568	
055 MEDICAL SUPPLIES CHARGED		625	2,561			3,100	
056 DRUGS CHARGED TO PATIENTS				284,630		2,051	
060 01 OUTPAT SERVICE COST CNTRS CLINIC					697,404	27,680	
060 01 MEDICINE CLINIC		2,419				2,264	
060 02 OB/GYN CLINIC		1,291				1,780	
060 03 ORTHO CLINIC		496				794	
060 04 PEDIATRICS CLINIC							
060 05 DENTISTRY CLINIC							
060 06 DERMATOLOGY CLINIC		261				407	
060 07 OPHTHALMOLOGY CLINIC		531				959	
060 08 ENT CLINIC		215				375	
060 09 GERIATRIC CLINIC						1	
060 10 SURGERY CLINIC		324				696	
060 11 NEUROLOGY CLINIC		449				474	
060 12 ENDOSCOPY CLINIC		776				3,750	
060 13 OCCUPATIONAL THERAPY		174				2	
060 14 URGENT VISIT CLINIC		630				1,674	
060 15 SENIOR CARE CLINIC		92				209	
060 16 WOMENS VISIT CLINIC		964				1,879	
060 17 CHC CLINICS		10,635				9,905	
060 18 PSYCH CLINIC						7,833	
060 19 ORAL SURGERY CLINIC							
060 20 DIETARY CLINIC		189					
060 21 CENTER OF EXCELLENCE		459				466	
060 22 OP BURN CLINIC		108				229	
060 23 BARIATRIC CLINIC		122				30	
060 24 PLASTIC CLINIC		65				15	
061 EMERGENCY		6,343	25,992			15,905	
062 OBSERVATION BEDS (NON-DIS)							
063 OTHER OUTPATIENT SERVICE							
064 HOME PROGRAM DIALYSIS							

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	I&R SERVICES-SALARY & FRI 22
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES		7,209	29,539			12,145	
067 DURABLE MEDICAL EQUIP-REN							
069 DURABLE MEDICAL EQUIP-SOL CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	193,448	95,992	169,400	284,630	697,404	281,404	
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP RESEARCH		247					
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
100 01 OTHER NONREIMBURSABLE COS							
100 02 RENTAL SPACE							
100 03 UNUSED SPACE							
100 04 NON REIMB PSYCH PROGRAMS						17,635	
100 05 SR CONNECTIONS-NRCC		84	343				
100 06 LV BEAUTY							
100 07 LV DAY CARE							
100 08 GRANT PROGRAMS		3,977	16,295				
100 09 BLANK							
100 10 DME		44	180				
100 11 FATHER RESOURCE							
100 12 NONREIMB HOUSE CALLS COST							
100 13 RENAL NONCERTIFIED		40	164			602	
100 14 NONREIMBURSEABLE FREESTAN						148	
100 15 OTHER NONREIMBURSABLE COS		121	497				
100 16 OTHER NONREIMBURSABLE COS							
100 17 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							46,498
102 NEGATIVE COST CENTER							
103 TOTAL	193,448	100,505	186,879	284,630	697,404	299,789	46,498

ALLOCATION OF NEW CAPITAL RELATED COSTS

15-0024

FROM 1/ 1/2008

WORKSHEET B

TO 12/31/2008

PART III

COST CENTER DESCRIPTION	PARAMED ED PR GM	PARAMED ED PR GM PHARMACY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24	24.01	25	26	27
003 GENERAL SERVICE COST CNTR					
003 01 NEW CAP REL COSTS-BLDG &					
005 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 PURCHASING, RECEIVING AND					
006 03 ADMINITTING					
006 04 CASHIERING/ACCOUNTS RECEI					
006 05 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					
022 I&R SERVICES-SALARY & FRI					
024 PARAMED ED PRGM	9,437				
024 01 PARAMED ED PRGM PHARMACY		1,958			
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS			1,790,428		1,790,428
026 INTENSIVE CARE UNIT			344,397		344,397
027 CORONARY CARE UNIT					
028 BURN INTENSIVE CARE UNIT					
029 SURGICAL INTENSIVE CARE U					
030 NEONATAL INTENSIVE CARE U			187,208		187,208
031 SUBPROVIDER			250,985		250,985
031 01 SUBPROVIDER 2			388,320		388,320
033 NURSERY			247,639		247,639
034 SKILLED NURSING FACILITY			72,739		72,739
035 NURSING FACILITY			507,015		507,015
037 ANCILLARY SRVC COST CNTRS					
037 01 OPERATING ROOM			1,229,752		1,229,752
040 AMBULATORY SURGERY			157,088		157,088
041 ANESTHESIOLOGY			277,185		277,185
041 01 RADIOLOGY-DIAGNOSTIC			1,805,468		1,805,468
041 02 NUCLEAR MEDICINE			124,883		124,883
044 02 CAT SCAN			400,342		400,342
047 LABORATORY			531,486		531,486
049 BLOOD STORING, PROCESSING			46,281		46,281
050 RESPIRATORY THERAPY			184,366		184,366
051 PHYSICAL THERAPY			102,302		102,302
052 OCCUPATIONAL THERAPY			63,062		63,062
052 01 SPEECH PATHOLOGY			8,583		8,583
053 PULMONARY FUNCTIONS			32,046		32,046
055 ELECTROCARDIOLOGY			145,588		145,588
056 MEDICAL SUPPLIES CHARGED			289,637		289,637
060 DRUGS CHARGED TO PATIENTS			764,973		764,973
060 OUTPAT SERVICE COST CNTRS					
060 01 CLINIC					
060 01 MEDICINE CLINIC			479,153		479,153
060 02 OB/GYN CLINIC			306,066		306,066
060 03 ORTHO CLINIC			102,940		102,940
060 04 PEDIATRICS CLINIC					
060 05 DENTISTRY CLINIC			106,724		106,724
060 06 DERMATOLOGY CLINIC			81,319		81,319
060 07 OPHTHALMOLOGY CLINIC			107,552		107,552
060 08 ENT CLINIC			124,696		124,696
060 09 GERIATRIC CLINIC			1,245		1,245
060 10 SURGERY CLINIC			115,484		115,484
060 11 NEUROLOGY CLINIC			116,164		116,164
060 12 ENDOSCOPY CLINIC			145,488		145,488
060 13 OCCUPATIONAL THERAPY			25,385		25,385
060 14 URGENT VISIT CLINIC			25,059		25,059
060 15 SENIOR CARE CLINIC			78,110		78,110
060 16 WOMENS VISIT CLINIC			50,238		50,238
060 17 CHC CLINICS			948,865		948,865
060 18 PSYCH CLINIC			385,431		385,431
060 19 ORAL SURGERY CLINIC			5,958		5,958
060 20 DIETARY CLINIC			1,466		1,466
060 21 CENTER OF EXCELLENCE			15,553		15,553
060 22 OP BURN CLINIC			4,612		4,612
060 23 BARIATRIC CLINIC			18,890		18,890
060 24 PLASTIC CLINIC			736		736
061 EMERGENCY			543,929		543,929
062 OBSERVATION BEDS (NON-DIS					
063 OTHER OUTPATIENT SERVICE					
064 OTHER REIMBURS COST CNTRS					
064 HOME PROGRAM DIALYSIS					

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:
15-0024

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/27/2009
WORKSHEET B
PART III

	COST CENTER DESCRIPTION	PARAMED ED PR GM	PARAMED ED PR GM PHARMACY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		24	24.01	25	26	27
065	OTHER REIMBURS COST CNTRS					
	AMBULANCE SERVICES			493,979		493,979
066	DURABLE MEDICAL EQUIP-REN					
067	DURABLE MEDICAL EQUIP-SOL					
069	CORF					
070	I&R SERVICES-NOT APPRVD P					
071	HOME HEALTH AGENCY					
082	LUNG ACQUISITION					
	SPEC PURPOSE COST CENTERS					
083	KIDNEY ACQUISITION					
084	LIVER ACQUISITION					
085	HEART ACQUISITION					
085	01 PANCREAS ACQUISITION					
086	OTHER ORGAN ACQUISITION					
092	AMBULATORY SURGICAL CENTE					
093	HOSPICE					
095	SUBTOTALS			14,236,815		14,236,815
	NONREIMBURS COST CENTERS					
096	GIFT, FLOWER, COFFEE SHOP			18,474		18,474
097	RESEARCH			71,420		71,420
098	PHYSICIANS' PRIVATE OFFIC					
099	NONPAID WORKERS					
100	OTHER NONREIMBURSABLE COS					
100	01 OTHER NONREIMBURSABLE COS					
100	02 RENTAL SPACE			774,102		774,102
100	03 UNUSED SPACE			263,456		263,456
100	04 NON REIMB PSYCH PROGRAMS			411,179		411,179
100	05 SR CONNECTIONS-NRCC			900		900
100	06 LV BEAUTY			2,189		2,189
100	07 LV DAY CARE					
100	08 GRANT PROGRAMS			162,254		162,254
100	09 BLANK					
100	10 DME			6,649		6,649
100	11 FATHER RESOURCE			7,888		7,888
100	12 NONREIMB HOUSE CALLS COST			886		886
100	13 RENAL NONCERTIFIED			60,166		60,166
100	14 NONREIMBURSEABLE FREESTAN			615,042		615,042
100	15 OTHER NONREIMBURSABLE COS			2,884		2,884
100	16 OTHER NONREIMBURSABLE COS					
100	17 OTHER NONREIMBURSABLE COS					
101	CROSS FOOT ADJUSTMENTS	9,437	1,958	57,893		57,893
102	NEGATIVE COST CENTER					
103	TOTAL	9,437	1,958	16,692,197		16,692,197

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-BLDG & (SQUARE FT)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	PURCHASING, RECEIVING AND (COST REQS)	ADMITTING (GROSS CHGS)
	3	3.01	5	6.01	6.02	6.03
003 GENERAL SERVICE COST						
003 01 NEW CAP REL COSTS-BLD	1,403,741					
005 EMPLOYEE BENEFITS	12,272	51,889	186,379,772			
006 01 NONPATIENT TELEPHONES	4,518		230,230	2,461		
006 02 PURCHASING, RECEIVING	14,348		1,236,396	21	29,954	
006 03 ADMITTING	7,530		536,859	21	164	535,755,273
006 04 CASHIERING/ACCOUNTS R	16,954		4,478,141	188	160	
006 05 OTHER ADMINISTRATIVE	114,366		12,225,947	291	1,257	
007 MAINTENANCE & REPAIRS	13,556		2,517,619	77	1,668	
008 OPERATION OF PLANT	209,461		2,643,142	43	398	
009 LAUNDRY & LINEN SERVI	2,814		134,865	1	225	
010 HOUSEKEEPING	17,216		3,005,832	20	157	
011 DIETARY	15,419		981,233	25	208	
012 CAFETERIA	9,524		1,528,392	1		
014 NURSING ADMINISTRATION	11,731		1,694,206	16	52	
015 CENTRAL SERVICES & SU	9,940		351,156	7	415	
016 PHARMACY	16,138		10,235,769	94	1,501	
017 MEDICAL RECORDS & LIB	28,463		2,172,938	35	165	
022 I&R SERVICES-SALARY &				39		
024 PARAMED PRGM			272,182	5	29	
024 01 PARAMED PRGM PHARM	100		194,505			
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	137,354		16,881,859	445	1,529	27,068,534
026 INTENSIVE CARE UNIT	10,483		9,495,832	64	861	39,444,333
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
030 NEONATAL INTENSIVE CA	7,443		3,758,415	33	659	8,837,484
031 SUBPROVIDER	19,107		3,207,404	112	243	8,356,109
031 01 SUBPROVIDER 2	13,930		1,566,129	11	924	19,131,088
033 NURSERY	8,981		5,527,709	2	1,590	22,290,009
034 SKILLED NURSING FACIL		6,700	2,005,344		203	
035 NURSING FACILITY		45,189	6,680,241		678	
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	47,426		6,366,373	110	4,085	73,112,243
037 01 AMBULATORY SURGERY	13,940		785,071	9	117	165,057
040 ANESTHESIOLOGY	5,039		127,459	21	644	7,818,130
041 RADIOLOGY-DIAGNOSTIC	45,486		3,983,174	85	1,162	59,025,765
041 01 NUCLEAR MEDICINE	5,600		319,400	16	74	3,806,910
041 02 CAT SCAN	1,798		1,099,448		138	53,256,375
044 LABORATORY	27,873		5,483,585	104	1,052	76,880,342
047 BLOOD STORING, PROCES	1,908		687,825		125	6,988,836
049 RESPIRATORY THERAPY	3,608		3,280,002	10	314	29,842,646
050 PHYSICAL THERAPY	7,272		2,085,460	19	439	9,263,638
051 OCCUPATIONAL THERAPY	5,292		1,239,340		171	5,236,798
052 SPEECH PATHOLOGY			381,931	1	13	891,562
052 01 PULMONARY FUNCTIONS	2,213		246,382	12	109	1,433,981
053 ELECTROCARDIOLOGY	3,849		812,444	13	130	7,827,405
055 MEDICAL SUPPLIES CHAR						5,180,057
056 DRUGS CHARGED TO PATI						69,897,971
060 OUTPAT SERVICE COST C						
060 CLINIC						
060 01 MEDICINE CLINIC	46,984		1,896,999		343	
060 02 OB/GYN CLINIC	27,106		1,640,552		442	
060 03 ORTHO CLINIC	9,819		501,763		132	
060 04 PEDIATRICS CLINIC						
060 05 DENTISTRY CLINIC	10,813				1	
060 06 DERMATOLOGY CLINIC	7,740		281,669		106	
060 07 OPHTHALMOLOGY CLINIC	8,311		532,317		177	
060 08 ENT CLINIC	10,411		226,466		95	
060 09 GERIATRIC CLINIC			72			
060 10 SURGERY CLINIC	8,486		437,022		85	
060 11 NEUROLOGY CLINIC	9,817		462,599		90	
060 12 ENDOSCOPY CLINIC	5,892		1,328,280	41	443	
060 13 OCCUPATIONAL THERAPY	2,403		209,268		80	
060 14 URGENT VISIT CLINIC	1,045		1,090,505	17	115	
060 15 SENIOR CARE CLINIC	7,383		115,230	36	152	
060 16 WOMENS VISIT CLINIC	3,587		1,298,812	25	525	
060 17 CHC CLINICS	78,241		3,463,882		710	
060 18 PSYCH CLINIC	25,669		10,738,712		559	
060 19 ORAL SURGERY CLINIC	304		1		77	
060 20 DIETARY CLINIC			238,445		1	
060 21 CENTER OF EXCELLENCE			481,884		64	
060 22 OP BURN CLINIC	318		131,657		32	
060 23 BARIATRIC CLINIC	1,299		159,125	8	33	
060 24 PLASTIC CLINIC			68,991		41	
061 EMERGENCY	35,762		9,128,552	115	1,183	

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 5/27/2009

15-0024

FROM 1/ 1/2008

WORKSHEET B-1

TO 12/31/2008

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET	NEW CAP REL C OSTS-BLDG & (SQUARE)FT	EMPLOYEE BENE FITS (GROSS)SALARIES	NONPATIENT TELEPHONES (NO OF)PHONES	PURCHASING, RECEIVING AND (COST)REQS	R ADMITTING (GROSS)CHGS
062 OUTPAT SERVICE COST C	3	3.01	5	6.01	6.02	6.03
063 OBSERVATION BEDS (NON OTHER OUTPATIENT SERV OTHER REIMBURS COST C						
064 HOME PROGRAM DIALYSIS						
065 AMBULANCE SERVICES			7,533,067	13	432	
066 DURABLE MEDICAL EQUIP						
067 DURABLE MEDICAL EQUIP						
069 CORF						
070 I&R SERVICES-NOT APPR						
071 HOME HEALTH AGENCY						
082 LUNG ACQUISITION SPEC PURPOSE COST CEN						
083 KIDNEY ACQUISITION						
084 LIVER ACQUISITION						
085 HEART ACQUISITION						
085 01 PANCREAS ACQUISITION						
086 OTHER ORGAN ACQUISITI						
092 AMBULATORY SURGICAL C						
093 HOSPICE						
095 SUBTOTALS	1,174,342	51,889	162,426,109	2,206	27,577	535,755,273
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	1,792		177,527	8		
097 RESEARCH	7,383			105		
098 PHYSICIANS' PRIVATE O						
099 NONPAID WORKERS						
100 OTHER NONREIMBURSABLE						
100 01 OTHER NONREIMBURSABLE						
100 02 RENTAL SPACE	84,908			102		
100 03 UNUSED SPACE	28,950			5		
100 04 NON REIMB PSYCH PROGR	33,001		12,416,289		649	
100 05 SR CONNECTIONS-NRCC			73,629			
100 06 LV BEAUTY	223		28,269			
100 07 LV DAY CARE						
100 08 GRANT PROGRAMS			4,590,865	22	328	
100 09 BLANK						
100 10 DME			64,169	6	92	
100 11 FATHER RESOURCE	867					
100 12 NONREIMB HOUSE CALLS			4,768			
100 13 RENAL NONCERTIFIED	5,791		71,347	7	67	
100 14 NONREIMBURSEABLE FREE	66,484		6,357,041		1,241	
100 15 OTHER NONREIMBURSABLE			169,759			
100 16 OTHER NONREIMBURSABLE						
100 17 OTHER NONREIMBURSABLE						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	10,205,915	315,175	3,677,200	1,412,054	2,637,660	1,111,814
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	7.270511		.019730	573.772450	88.057021	.002075
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		6.074023				
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)			92,626	34,032	125,736	57,363
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)			.000497	13.828525	4.197636	.000107

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI		OTHER ADMINIS	MAINTENANCE &	OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING
	(GROSS CHGS	RECONCILIATION	(ACCUM. COST	(SQUARE) FEET	(SQUARE) FEET	(POUNDS OF) LAUNDRY	(HOURS OF) SERVICE
	6.04	6a.05	6.05	7	8	9	10
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING, RECEIVING							
006 03 ADMINITTING							
006 04 CASHIERING/ACCOUNTS R	715,701,079						
006 05 OTHER ADMINISTRATIVE		-129,353,391	358,015,886				
007 MAINTENANCE & REPAIRS			7,324,792	1,272,086			
008 OPERATION OF PLANT			11,179,874	209,461	1,062,625		
009 LAUNDRY & LINEN SERVI			1,495,055	2,814	2,814	854,009	
010 HOUSEKEEPING			5,254,689	17,216	17,216		131,376
011 DIETARY			2,288,332	15,419	15,419		
012 CAFETERIA			3,398,942	9,524	9,524		188
014 NURSING ADMINISTRATION			2,356,230	11,731	11,731		419
015 CENTRAL SERVICES & SU			2,344,357	9,940	9,940	37,464	2,016
016 PHARMACY			45,015,560	16,138	16,138		2,192
017 MEDICAL RECORDS & LIB			4,893,853	28,463	28,463		1,908
022 I&R SERVICES-SALARY &			11,952,961				
024 PARAMED ED PRGM			359,593				
024 01 PARAMED ED PRGM PHARM			218,672	100	100		
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	27,068,534		25,684,235	137,354	137,354	124,644	21,073
026 INTENSIVE CARE UNIT	39,444,333		14,749,988	10,483	10,483	45,148	5,431
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
030 NEONATAL INTENSIVE CA	8,837,484		5,360,016	7,443	7,443	27,859	2,647
031 SUBPROVIDER	8,356,109		4,554,652	19,107	19,107	6,725	9,236
031 01 SUBPROVIDER 2	19,131,088		3,547,303	13,930	13,930	30,020	5,376
033 NURSERY	22,290,009		8,644,612	8,981	8,981		6,008
034 SKILLED NURSING FACIL			3,413,183	6,700	6,700		
035 NURSING FACILITY			11,137,723	45,189	45,189		
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	73,112,243		23,725,297	47,426	47,426	418,839	972
037 01 AMBULATORY SURGERY	165,057		1,142,972	13,940	13,940	7,684	
040 ANESTHESIOLOGY	7,818,130		1,290,066	5,039	5,039		288
041 RADIOLOGY-DIAGNOSTIC	59,025,765		10,745,015	45,486	45,486	2,882	3,708
041 01 NUCLEAR MEDICINE	3,806,910		1,040,424	5,600	5,600	1,922	1,056
041 02 CAT SCAN	53,256,375		3,407,884	1,798	1,798	960	324
044 LABORATORY	76,880,342		15,140,011	27,873	27,873		2,160
047 BLOOD STORING, PROCES	6,988,836		3,889,432	1,908	1,908		168
049 RESPIRATORY THERAPY	29,842,646		5,169,126	3,608	3,608		336
050 PHYSICAL THERAPY	9,263,638		2,898,416	7,272	7,272	5,765	480
051 OCCUPATIONAL THERAPY	5,236,798		1,823,847	5,292	5,292		480
052 SPEECH PATHOLOGY	891,562		520,641				
052 01 PULMONARY FUNCTIONS	1,433,981		434,545	2,213	2,213	1,325	168
053 ELECTROCARDIOLOGY	7,827,405		1,576,547	3,849	3,849		192
055 MEDICAL SUPPLIES CHAR	5,180,057		114,076				
056 DRUGS CHARGED TO PATI	69,897,971		1,539,293				
056 OUTPAT SERVICE COST C							
060 CLINIC							
060 01 MEDICINE CLINIC	5,717,296		3,230,216	46,984	46,984	4,309	6,660
060 02 OB/GYN CLINIC	4,495,918		2,312,041	27,106	27,106	15,579	4,930
060 03 ORTHO CLINIC	2,006,182		860,283	9,819	9,819	1,325	1,603
060 04 PEDIATRICS CLINIC							
060 05 DENTISTRY CLINIC			88,047	10,813	10,813	1,325	862
060 06 DERMATOLOGY CLINIC	1,028,830		486,670	7,740	7,740	994	1,109
060 07 OPHTHALMOLOGY CLINIC	2,422,797		193,446	8,311	8,311	1,325	989
060 08 ENT CLINIC	946,853		444,972	10,411	10,411	1,325	1,189
060 09 GERIATRIC CLINIC	1,448		1,590				
060 10 SURGERY CLINIC	1,757,201		734,324	8,486	8,486	6,296	1,300
060 11 NEUROLOGY CLINIC	1,196,833		763,709	9,817	9,817	6,629	1,280
060 12 ENDOSCOPY CLINIC	9,470,223		2,455,619	5,892	5,892		
060 13 OCCUPATIONAL THERAPY	5,172		325,810	2,403	2,403		367
060 14 URGENT VISIT CLINIC	4,226,946		1,575,558	1,045	1,045		1,555
060 15 SENIOR CARE CLINIC	527,603		760,147	7,383	7,383		
060 16 WOMENS VISIT CLINIC	4,745,309		1,973,961	3,587	3,587		
060 17 CHC CLINICS	25,012,934		20,079,196	78,241	78,241	14,044	19,332
060 18 PSYCH CLINIC	19,779,873		11,119,009	25,669	25,669		3,696
060 19 ORAL SURGERY CLINIC	13		42,249	304	304	7,290	
060 20 DIETARY CLINIC			300,059				
060 21 CENTER OF EXCELLENCE	1,177,943		690,845				
060 22 OP BURN CLINIC	577,248		252,766	318	318		
060 23 BARIATRIC CLINIC	75,183		257,608	1,299	1,299		
060 24 PLASTIC CLINIC	36,758		113,398				
061 EMERGENCY	40,164,994		14,272,976	35,762	35,762	73,009	16,154

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:
15-0024

PERIOD:
FROM 1/1/2008
TO 12/31/2008

PREPARED 5/27/2009
WORKSHEET B-1

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI		OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING
	(GROSS CHGS)	RECONCILI- IATION	(ACCUM. COST)	(SQUARE)FEET	(SQUARE)FEET	(POUNDS OF)LAUNDRY	(HOURS OF)SERVICE)
062 OUTPAT SERVICE COST C	6.04	6a.05	6.05	7	8	9	10
063 OBSERVATION BEDS (NON OTHER OUTPATIENT SERV OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES	30,668,827		12,084,790			4,804	456
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
069 CORF							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION SPEC PURPOSE COST CEN							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITI							
092 AMBULATORY SURGICAL C							
093 HOSPICE							
095 SUBTOTALS	691,797,657	-129,353,391	325,051,503	1,042,687	833,226	849,491	128,308
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE			257,822	1,792	1,792		
097 RESEARCH			117,713	7,383	7,383		1,700
098 PHYSICIANS' PRIVATE O							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE							
100 01 OTHER NONREIMBURSABLE							
100 02 RENTAL SPACE			675,850	84,908	84,908		
100 03 UNUSED SPACE			213,350	28,950	28,950		
100 04 NON REIMB PSYCH PROGR	22,009,411		20,025,152	33,001	33,001		
100 05 SR CONNECTIONS-NRCC			113,520				
100 06 LV BEAUTY			39,747	223	223		
100 07 LV DAY CARE							
100 08 GRANT PROGRAMS			7,517,554				
100 09 BLANK							
100 10 DME			1,501,503				
100 11 FATHER RESOURCE			6,304	867	867		
100 12 NONREIMB HOUSE CALLS			229,796				
100 13 RENAL NONCERTIFIED	1,521,170		973,017	5,791	5,791		1,080
100 14 NONREIMBURSEABLE FREE	372,841		725,513	66,484	66,484	4,518	288
100 15 OTHER NONREIMBURSABLE			567,542				
100 16 OTHER NONREIMBURSABLE							
100 17 OTHER NONREIMBURSABLE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	14,276,250		129,353,391	9,971,283	16,861,098	2,101,936	7,561,361
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.019947		.361306	7.838529	15.867402	2.461257	57.555117
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	271,535		1,376,558	286,208	1,672,796	32,295	197,351
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000379		.003845	.224991	1.574211	.037816	1.502185

COST ALLOCATION - STATISTICAL BASIS

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FROM 1/ 1/2008

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TO 12/31/2008

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SERVICES-SALARY & FRI
	(MEALS SERVED)	(PAID HOURS)	(PAID HOURS)	(100% ALLOC)	(100% ALLOC)	(GROSS CHARGES)	(ASSIGNED TIME)
	11	12	14	15	16	17	22
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING, RECEIVING							
006 03 ADMINITTING							
006 04 CASHIERING/ACCOUNTS R							
006 05 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY	227,572						
012 CAFETERIA		5,203,773					
014 NURSING ADMINISTRATION		49,609	2,361,295				
015 CENTRAL SERVICES & SU		25,971		100			
016 PHARMACY		302,796			9,999,999		
017 MEDICAL RECORDS & LIB		113,440				756,261,077	
022 I&R SERVICES-SALARY &							433,073
024 PARAMED ED PRGM		10,502					
024 01 PARAMED ED PRGM PHARM		5,897					
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	144,740	536,644	536,644			27,068,534	105,201
026 INTENSIVE CARE UNIT	44,478	266,885	266,885			39,444,333	2,071
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
030 NEONATAL INTENSIVE CA		104,241	104,241			8,837,484	513
031 SUBPROVIDER	28,770	127,573				8,356,109	3,745
031 01 SUBPROVIDER 2	9,584	87,386	87,386			19,131,088	
033 NURSERY		152,549	152,549			22,290,009	
034 SKILLED NURSING FACIL		112,390				7,183,245	
035 NURSING FACILITY		367,501				10,854,568	
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM		225,769	225,769			73,112,243	42,786
037 01 AMBULATORY SURGERY		25,127	25,127			165,057	
040 ANESTHESIOLOGY		7,807	7,807			7,818,130	43,612
041 RADIOLOGY-DIAGNOSTIC		139,489				59,025,765	24,683
041 01 NUCLEAR MEDICINE		8,684				3,806,910	
041 02 CAT SCAN		33,284				53,256,375	
044 LABORATORY		207,082				76,880,342	9,056
047 BLOOD STORING, PROCES		23,268				6,988,836	
049 RESPIRATORY THERAPY		121,269				29,842,646	
050 PHYSICAL THERAPY		73,237				9,263,638	
051 OCCUPATIONAL THERAPY		41,791				5,236,798	
052 SPEECH PATHOLOGY		11,295				891,562	
052 01 PULMONARY FUNCTIONS		8,659				1,433,981	1,443
053 ELECTROCARDIOLOGY		32,356	32,356			7,827,405	1,735
055 MEDICAL SUPPLIES CHAR				100		5,180,057	
056 DRUGS CHARGED TO PATI					9,999,999	69,897,971	
060 OUTPAT SERVICE COST C							
060 CLINIC							
060 01 MEDICINE CLINIC		125,249				5,717,296	16,466
060 02 OB/GYN CLINIC		66,817				4,495,918	3,199
060 03 ORTHO CLINIC		25,704				2,006,182	12,010
060 04 PEDIATRICS CLINIC							
060 05 DENTISTRY CLINIC							9,685
060 06 DERMATOLOGY CLINIC		13,534				1,028,830	8,869
060 07 OPHTHALMOLOGY CLINIC		27,492				2,422,797	10,806
060 08 ENT CLINIC		11,142				946,853	9,407
060 09 GERIATRIC CLINIC		2				1,448	5,817
060 10 SURGERY CLINIC		16,798				1,757,201	
060 11 NEUROLOGY CLINIC		23,231				1,196,833	2,766
060 12 ENDOSCOPY CLINIC		40,160				9,470,223	38
060 13 OCCUPATIONAL THERAPY		9,013				5,172	
060 14 URGENT VISIT CLINIC		32,622				4,226,946	1,569
060 15 SENIOR CARE CLINIC		4,788				527,603	858
060 16 WOMENS VISIT CLINIC		49,889				4,745,309	3,811
060 17 CHC CLINICS		550,662				25,012,934	24,632
060 18 PSYCH CLINIC						19,779,873	9,831
060 19 ORAL SURGERY CLINIC						13	12,712
060 20 DIETARY CLINIC		9,804					
060 21 CENTER OF EXCELLENCE		23,791				1,177,943	33
060 22 OP BURN CLINIC		5,570				577,248	
060 23 BARIATRIC CLINIC		6,329				75,183	
060 24 PLASTIC CLINIC		3,366				36,758	
061 EMERGENCY		328,416	328,416			40,164,994	62,020

COST ALLOCATION - STATISTICAL BASIS

15-0024

FROM 1/ 1/2008

WORKSHEET B-1

TO 12/31/2008

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SERVICES-SALARY & FRI
	(MEALS SERVED)	(PAID HOURS)	(PAID HOURS)	(100%)ALLOC	(100%)ALLOC	(GROSS)CHARGES	(ASSIGNED)TIME
	11	12	14	15	16	17	22
062 OUTPAT SERVICE COST C							
063 OBSERVATION BEDS (NON							
064 OTHER OUTPATIENT SERV							
065 OTHER REIMBURS COST C							
066 HOME PROGRAM DIALYSIS							
067 AMBULANCE SERVICES		373,240	373,240			30,668,827	
069 DURABLE MEDICAL EQUIP							
070 DURABLE MEDICAL EQUIP							
071 CORF							
072 I&R SERVICES-NOT APPR							
073 HOME HEALTH AGENCY							
074 LUNG ACQUISITION							
075 SPEC PURPOSE COST CEN							
076 KIDNEY ACQUISITION							
077 LIVER ACQUISITION							
078 HEART ACQUISITION							
079 01 PANCREAS ACQUISITION							
080 OTHER ORGAN ACQUISITI							
081 AMBULATORY SURGICAL C							
082 HOSPICE							
083 SUBTOTALS	227,572	4,970,120	2,140,420	100	9,999,999	709,835,470	429,374
084 NONREIMBURS COST CENT							
085 GIFT, FLOWER, COFFEE		12,778					
086 RESEARCH							1,854
087 PHYSICIANS' PRIVATE O							
088 NONPAID WORKERS							
089 OTHER NONREIMBURSABLE							
090 01 OTHER NONREIMBURSABLE							
091 02 RENTAL SPACE							
092 03 UNUSED SPACE							
093 04 NON REIMB PSYCH PROGR						44,531,596	
094 05 SR CONNECTIONS-NRCC		4,340	4,340				
095 06 LV BEAUTY							
096 07 LV DAY CARE							
097 08 GRANT PROGRAMS		205,899	205,899				
098 09 BLANK							
099 10 DME		2,275	2,275				
100 11 FATHER RESOURCE							
101 12 NONREIMB HOUSE CALLS		4	4				624
102 13 RENAL NONCERTIFIED		2,076	2,076			1,521,170	1,221
103 14 NONREIMBURSEABLE FREE						372,841	
104 15 OTHER NONREIMBURSABLE		6,281	6,281				
105 16 OTHER NONREIMBURSABLE							
106 17 OTHER NONREIMBURSABLE							
107 CROSS FOOT ADJUSTMENT							
108 NEGATIVE COST CENTER							
109 COST TO BE ALLOCATED	3,480,641	4,863,595	3,556,126	3,659,537	62,071,785	7,552,612	16,271,638
110 (WRKSHT B, PART I)							
111 UNIT COST MULTIPLIER		.934629		36,595.370000		.009987	
112 (WRKSHT B, PT I)							
113 COST TO BE ALLOCATED	15.294680		1.506007		6.207179		37.572506
114 (WRKSHT B, PART II)							
115 UNIT COST MULTIPLIER							
116 (WRKSHT B, PT II)							
117 COST TO BE ALLOCATED	193,448	100,505	186,879	284,630	697,404	299,789	46,498
118 (WRKSHT B, PART III)							
119 UNIT COST MULTIPLIER		.019314		2,846.300000		.000396	
120 (WRKSHT B, PT III)	.850052		.079143		.069740		.107368

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0024
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED ED PR GM	PARAMED ED PR GM PHARMACY
	(ASSIGNED TIME	(ASSIGNED TIME
GENERAL SERVICE COST	24	24.01
003 NEW CAP REL COSTS-BLD		
003 01 NEW CAP REL COSTS-BLD		
005 EMPLOYEE BENEFITS		
006 01 NONPATIENT TELEPHONES		
006 02 PURCHASING, RECEIVING		
006 03 ADMITTING		
006 04 CASHIERING/ACCOUNTS R		
006 05 OTHER ADMINISTRATIVE		
007 MAINTENANCE & REPAIRS		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVI		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATIO		
015 CENTRAL SERVICES & SU		
016 PHARMACY		
017 MEDICAL RECORDS & LIB		
022 I&R SERVICES-SALARY &		
024 PARAMED ED PRGM	100	
024 01 PARAMED ED PRGM PHARM		100
INPAT ROUTINE SRVC CN		
025 ADULTS & PEDIATRICS		
026 INTENSIVE CARE UNIT		
027 CORONARY CARE UNIT		
028 BURN INTENSIVE CARE U		
029 SURGICAL INTENSIVE CA		
030 NEONATAL INTENSIVE CA		
031 SUBPROVIDER		
031 01 SUBPROVIDER 2		
033 NURSERY		
034 SKILLED NURSING FACIL		
035 NURSING FACILITY		
ANCILLARY SRVC COST C		
037 OPERATING ROOM		
037 01 AMBULATORY SURGERY		
040 ANESTHESIOLOGY		
041 RADIOLOGY-DIAGNOSTIC		
041 01 NUCLEAR MEDICINE		
041 02 CAT SCAN		
044 LABORATORY		
047 BLOOD STORING, PROCES		
049 RESPIRATORY THERAPY		
050 PHYSICAL THERAPY		
051 OCCUPATIONAL THERAPY		
052 SPEECH PATHOLOGY		
052 01 PULMONARY FUNCTIONS		
053 ELECTROCARDIOLOGY		
055 MEDICAL SUPPLIES CHAR		
056 DRUGS CHARGED TO PATI		100
OUTPAT SERVICE COST C		
060 CLINIC		
060 01 MEDICINE CLINIC		
060 02 OB/GYN CLINIC		
060 03 ORTHO CLINIC		
060 04 PEDIATRICS CLINIC		
060 05 DENTISTRY CLINIC		
060 06 DERMATOLOGY CLINIC		
060 07 OPHTHALMOLOGY CLINIC		
060 08 ENT CLINIC		
060 09 GERIATRIC CLINIC		
060 10 SURGERY CLINIC		
060 11 NEUROLOGY CLINIC		
060 12 ENDOSCOPY CLINIC		
060 13 OCCUPATIONAL THERAPY		
060 14 URGENT VISIT CLINIC		
060 15 SENIOR CARE CLINIC		
060 16 WOMENS VISIT CLINIC		
060 17 CHC CLINICS		
060 18 PSYCH CLINIC		
060 19 ORAL SURGERY CLINIC		
060 20 DIETARY CLINIC		
060 21 CENTER OF EXCELLENCE		
060 22 OP BURN CLINIC		
060 23 BARIATRIC CLINIC		
060 24 PLASTIC CLINIC		
061 EMERGENCY		

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0024
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED ED PR GM (ASSIGNED TIME	PARAMED ED PR GM PHARMACY (ASSIGNED TIME)
	24	24.01
062 OUTPAT SERVICE COST C		
063 OBSERVATION BEDS (NON OTHER OUTPATIENT SERV OTHER REIMBURS COST C		
064 HOME PROGRAM DIALYSIS		
065 AMBULANCE SERVICES	100	
066 DURABLE MEDICAL EQUIP		
067 DURABLE MEDICAL EQUIP		
069 CORF		
070 I&R SERVICES-NOT APPR		
071 HOME HEALTH AGENCY		
082 LUNG ACQUISITION SPEC PURPOSE COST CEN		
083 KIDNEY ACQUISITION		
084 LIVER ACQUISITION		
085 HEART ACQUISITION		
085 01 PANCREAS ACQUISITION		
086 OTHER ORGAN ACQUISITI		
092 AMBULATORY SURGICAL C		
093 HOSPICE		
095 SUBTOTALS	100	100
NONREIMBURS COST CENT		
096 GIFT, FLOWER, COFFEE		
097 RESEARCH		
098 PHYSICIANS' PRIVATE O		
099 NONPAID WORKERS		
100 OTHER NONREIMBURSABLE		
100 01 OTHER NONREIMBURSABLE		
100 02 RENTAL SPACE		
100 03 UNUSED SPACE		
100 04 NON REIMB PSYCH PROGR		
100 05 SR CONNECTIONS-NRCC		
100 06 LV BEAUTY		
100 07 LV DAY CARE		
100 08 GRANT PROGRAMS		
100 09 BLANK		
100 10 DME		
100 11 FATHER RESOURCE		
100 12 NONREIMB HOUSE CALLS		
100 13 RENAL NONCERTIFIED		
100 14 NONREIMBURSEABLE FREE		
100 15 OTHER NONREIMBURSABLE		
100 16 OTHER NONREIMBURSABLE		
100 17 OTHER NONREIMBURSABLE		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED	499,331	305,563
(PER WRKSHT B, PART		
104 UNIT COST MULTIPLIER		3,055.630000
(WRKSHT B, PT I)	4,993.310000	
105 COST TO BE ALLOCATED		
(PER WRKSHT B, PART		
106 UNIT COST MULTIPLIER		
(WRKSHT B, PT II)		
107 COST TO BE ALLOCATED	9,437	1,958
(PER WRKSHT B, PART		
108 UNIT COST MULTIPLIER		19.580000
(WRKSHT B, PT III)	94.370000	

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	43,533,685		43,533,685		43,533,685
26	INTENSIVE CARE UNIT	22,477,036		22,477,036		22,477,036
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
30	NEONATAL INTENSIVE CARE U	8,036,656		8,036,656		8,036,656
31	SUBPROVIDER	7,844,068		7,844,068		7,844,068
31	01 SUBPROVIDER 2	6,093,415		6,093,415		6,093,415
33	NURSERY	12,921,583		12,921,583		12,921,583
34	SKILLED NURSING FACILITY	4,981,998		4,981,998		4,981,998
35	NURSING FACILITY	16,684,978		16,684,978		16,684,978
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	35,789,672		35,789,672		35,789,672
37	01 AMBULATORY SURGERY	1,968,281		1,968,281		1,968,281
40	ANESTHESIOLOGY	1,989,339		1,989,339		1,989,339
41	RADIOLOGY-DIAGNOSTIC	16,645,908		16,645,908		16,645,908
41	01 NUCLEAR MEDICINE	1,660,733		1,660,733		1,660,733
41	02 CAT SCAN	5,265,787		5,265,787		5,265,787
44	LABORATORY	22,356,443		22,356,443		22,356,443
47	BLOOD STORING, PROCESSING	5,441,152		5,441,152		5,441,152
49	RESPIRATORY THERAPY	7,553,013		7,553,013		7,553,013
50	PHYSICAL THERAPY	4,320,801		4,320,801		4,320,801
51	OCCUPATIONAL THERAPY	2,727,250		2,727,250		2,727,250
52	SPEECH PATHOLOGY	728,213		728,213		728,213
52	01 PULMONARY FUNCTIONS	679,355		679,355		679,355
53	ELECTROCARDIOLOGY	2,405,599		2,405,599		2,405,599
55	MEDICAL SUPPLIES CHARGED	3,866,562		3,866,562		3,866,562
56	DRUGS CHARGED TO PATIENTS	65,170,868		65,170,868		65,170,868
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 MEDICINE CLINIC	6,079,194		6,079,194		6,079,194
60	02 OB/GYN CLINIC	4,219,409		4,219,409		4,219,409
60	03 ORTHO CLINIC	1,543,459		1,543,459		1,543,459
60	04 PEDIATRICS CLINIC					
60	05 DENTISTRY CLINIC	429,065		429,065		429,065
60	06 DERMATOLOGY CLINIC	935,190		935,190		935,190
60	07 OPHTHALMOLOGY CLINIC	570,433		570,433		570,433
60	08 ENT CLINIC	944,110		944,110		944,110
60	09 GERIATRIC CLINIC	2,180		2,180		2,180
60	10 SURGERY CLINIC	1,324,376		1,324,376		1,324,376
60	11 NEUROLOGY CLINIC	1,396,015		1,396,015		1,396,015
60	12 ENDOSCOPY CLINIC	3,614,639		3,614,639		3,614,639
60	13 OCCUPATIONAL THERAPY	530,091		530,091		530,091
60	14 URGENT VISIT CLINIC	2,331,791		2,331,791		2,331,791
60	15 SENIOR CARE CLINIC	1,219,558		1,219,558		1,219,558
60	16 WOMENS VISIT CLINIC	2,866,217		2,866,217		2,866,217
60	17 CHC CLINICS	31,100,396		31,100,396		31,100,396
60	18 PSYCH CLINIC	16,155,147		16,155,147		16,155,147
60	19 ORAL SURGERY CLINIC	82,664		82,664		82,664
60	20 DIETARY CLINIC	417,635		417,635		417,635
60	21 CENTER OF EXCELLENCE	974,451		974,451		974,451
60	22 OP BURN CLINIC	362,602		362,602		362,602
60	23 BARIATRIC CLINIC	388,143		388,143		388,143
60	24 PLASTIC CLINIC	157,882		157,882		157,882
61	EMERGENCY	22,589,770		22,589,770		22,589,770
62	OBSERVATION BEDS (NON-DIS	4,982,449		4,982,449		4,982,449
63	OTHER OUTPATIENT SERVICE					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES	18,205,730		18,205,730		18,205,730
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	424,564,991		424,564,991		424,564,991
102	LESS OBSERVATION BEDS	4,982,449		4,982,449		4,982,449
103	TOTAL	419,582,542		419,582,542		419,582,542

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	37,920,648		37,920,648			
26	INTENSIVE CARE UNIT	39,444,333		39,444,333			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U	8,837,484		8,837,484			
31	SUBPROVIDER	8,356,109		8,356,109			
31	01 SUBPROVIDER 2	8,278,974		8,278,974			
33	NURSERY	22,290,009		22,290,009			
34	SKILLED NURSING FACILITY	7,183,245		7,183,245			
35	NURSING FACILITY	10,854,568		10,854,568			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	41,186,979	31,925,264	73,112,243	.489517	.489517	.489517
37	01 AMBULATORY SURGERY	1,457	163,600	165,057	11.924856	11.924856	11.924856
40	ANESTHESIOLOGY	4,454,240	3,363,890	7,818,130	.254452	.254452	.254452
41	RADIOLOGY-DIAGNOSTIC	23,742,299	35,283,466	59,025,765	.282011	.282011	.282011
41	01 NUCLEAR MEDICINE	980,748	2,826,162	3,806,910	.436242	.436242	.436242
41	02 CAT SCAN	17,797,032	35,459,342	53,256,374	.098876	.098876	.098876
44	LABORATORY	27,670,289	49,210,053	76,880,342	.290795	.290795	.290795
47	BLOOD STORING, PROCESSING	5,903,641	1,085,195	6,988,836	.778549	.778549	.778549
49	RESPIRATORY THERAPY	27,731,236	2,111,410	29,842,646	.253095	.253095	.253095
50	PHYSICAL THERAPY	4,673,032	4,590,605	9,263,637	.466426	.466426	.466426
51	OCCUPATIONAL THERAPY	3,657,384	1,579,414	5,236,798	.520786	.520786	.520786
52	SPEECH PATHOLOGY	745,525	146,037	891,562	.816783	.816783	.816783
52	01 PULMONARY FUNCTIONS	768,868	665,113	1,433,981	.473755	.473755	.473755
53	ELECTROCARDIOLOGY	3,427,168	4,400,237	7,827,405	.307330	.307330	.307330
55	MEDICAL SUPPLIES CHARGED	4,321,861	858,195	5,180,056	.746432	.746432	.746432
56	DRUGS CHARGED TO PATIENTS	26,703,705	43,194,266	69,897,971	.932371	.932371	.932371
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 MEDICINE CLINIC	51,840	5,665,456	5,717,296	1.063299	1.063299	1.063299
60	02 OB/GYN CLINIC	130,795	4,365,123	4,495,918	.938498	.938498	.938498
60	03 ORTHO CLINIC	6,565	1,999,617	2,006,182	.769351	.769351	.769351
60	04 PEDIATRICS CLINIC						
60	05 DENTISTRY CLINIC						
60	06 DERMATOLOGY CLINIC	2,937	1,025,893	1,028,830	.908984	.908984	.908984
60	07 OPHTHALMOLOGY CLINIC	27,451	2,395,346	2,422,797	.235444	.235444	.235444
60	08 ENT CLINIC	3,190	943,663	946,853	.997103	.997103	.997103
60	09 GERIATRIC CLINIC		1,448	1,448	1.505525	1.505525	1.505525
60	10 SURGERY CLINIC	397,950	1,359,251	1,757,201	.753685	.753685	.753685
60	11 NEUROLOGY CLINIC	67,420	1,129,413	1,196,833	1.166424	1.166424	1.166424
60	12 ENDOSCOPY CLINIC	1,525,938	7,944,285	9,470,223	.381685	.381685	.381685
60	13 OCCUPATIONAL THERAPY		5,172	5,172	102.492459	102.492459	102.492459
60	14 URGENT VISIT CLINIC	30,631	4,196,315	4,226,946	.551649	.551649	.551649
60	15 SENIOR CARE CLINIC	2,757	524,846	527,603	2.311507	2.311507	2.311507
60	16 WOMENS VISIT CLINIC	1,186,792	3,558,517	4,745,309	.604011	.604011	.604011
60	17 CHC CLINICS	110,555	24,902,379	25,012,934	1.243373	1.243373	1.243373
60	18 PSYCH CLINIC	140,606	19,639,267	19,779,873	.816747	.816747	.816747
60	19 ORAL SURGERY CLINIC		13	13	6358.769231	6358.769231	6358.769231
60	20 DIETARY CLINIC						
60	21 CENTER OF EXCELLENCE	1,401	1,176,542	1,177,943	.827248	.827248	.827248
60	22 OP BURN CLINIC	17,464	559,784	577,248	.628156	.628156	.628156
60	23 BARIATRIC CLINIC	210	74,973	75,183	5.162643	5.162643	5.162643
60	24 PLASTIC CLINIC	2,661	34,097	36,758	4.295174	4.295174	4.295174
61	EMERGENCY	11,882,995	28,281,999	40,164,994	.562424	.562424	.562424
62	OBSERVATION BEDS (NON-DIS	597,709	3,694,233	4,291,942	1.160885	1.160885	1.160885
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	19,254	30,649,573	30,668,827	.593623	.593623	.593623
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	353,137,955	360,989,454	714,127,409			
102	LESS OBSERVATION BEDS						
103	TOTAL	353,137,955	360,989,454	714,127,409			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	47,486,350		47,486,350		47,486,350
26	INTENSIVE CARE UNIT	22,554,849		22,554,849		22,554,849
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
30	NEONATAL INTENSIVE CARE U	8,055,931		8,055,931		8,055,931
31	SUBPROVIDER	7,984,777		7,984,777		7,984,777
31	01 SUBPROVIDER 2	6,093,415		6,093,415		6,093,415
33	NURSERY	12,921,583		12,921,583		12,921,583
34	SKILLED NURSING FACILITY	4,981,998		4,981,998		4,981,998
35	NURSING FACILITY	16,684,978		16,684,978		16,684,978
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	37,397,249		37,397,249		37,397,249
37	01 AMBULATORY SURGERY	1,968,281		1,968,281		1,968,281
40	ANESTHESIOLOGY	3,627,951		3,627,951		3,627,951
41	RADIOLOGY-DIAGNOSTIC	17,573,310		17,573,310		17,573,310
41	01 NUCLEAR MEDICINE	1,660,733		1,660,733		1,660,733
41	02 CAT SCAN	5,265,787		5,265,787		5,265,787
44	LABORATORY	22,696,700		22,696,700		22,696,700
47	BLOOD STORING, PROCESSING	5,441,152		5,441,152		5,441,152
49	RESPIRATORY THERAPY	7,553,013		7,553,013		7,553,013
50	PHYSICAL THERAPY	4,320,801		4,320,801		4,320,801
51	OCCUPATIONAL THERAPY	2,727,250		2,727,250		2,727,250
52	SPEECH PATHOLOGY	728,213		728,213		728,213
52	01 PULMONARY FUNCTIONS	733,572		733,572		733,572
53	ELECTROCARDIOLOGY	2,470,787		2,470,787		2,470,787
55	MEDICAL SUPPLIES CHARGED	3,866,562		3,866,562		3,866,562
56	DRUGS CHARGED TO PATIENTS	65,170,868		65,170,868		65,170,868
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 MEDICINE CLINIC	6,697,863		6,697,863		6,697,863
60	02 OB/GYN CLINIC	4,339,603		4,339,603		4,339,603
60	03 ORTHO CLINIC	1,994,705		1,994,705		1,994,705
60	04 PEDIATRICS CLINIC					
60	05 DENTISTRY CLINIC	792,955		792,955		792,955
60	06 DERMATOLOGY CLINIC	1,268,421		1,268,421		1,268,421
60	07 OPHTHALMOLOGY CLINIC	976,441		976,441		976,441
60	08 ENT CLINIC	1,297,555		1,297,555		1,297,555
60	09 GERIATRIC CLINIC	220,739		220,739		220,739
60	10 SURGERY CLINIC	1,324,376		1,324,376		1,324,376
60	11 NEUROLOGY CLINIC	1,499,941		1,499,941		1,499,941
60	12 ENDOSCOPY CLINIC	3,616,067		3,616,067		3,616,067
60	13 OCCUPATIONAL THERAPY	530,091		530,091		530,091
60	14 URGENT VISIT CLINIC	2,390,742		2,390,742		2,390,742
60	15 SENIOR CARE CLINIC	1,251,795		1,251,795		1,251,795
60	16 WOMENS VISIT CLINIC	3,009,406		3,009,406		3,009,406
60	17 CHC CLINICS	32,025,882		32,025,882		32,025,882
60	18 PSYCH CLINIC	16,524,522		16,524,522		16,524,522
60	19 ORAL SURGERY CLINIC	560,286		560,286		560,286
60	20 DIETARY CLINIC	417,635		417,635		417,635
60	21 CENTER OF EXCELLENCE	975,691		975,691		975,691
60	22 OP BURN CLINIC	362,602		362,602		362,602
60	23 BARIATRIC CLINIC	388,143		388,143		388,143
60	24 PLASTIC CLINIC	157,882		157,882		157,882
61	EMERGENCY	24,920,017		24,920,017		24,920,017
62	OBSERVATION BEDS (NON-DIS	4,982,449		4,982,449		4,982,449
63	OTHER OUTPATIENT SERVICE					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES	18,205,730		18,205,730		18,205,730
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	440,697,649		440,697,649		440,697,649
102	LESS OBSERVATION BEDS	4,982,449		4,982,449		4,982,449
103	TOTAL	435,715,200		435,715,200		435,715,200

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	37,920,648		37,920,648			
26	INTENSIVE CARE UNIT	39,444,333		39,444,333			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U	8,837,484		8,837,484			
31	SUBPROVIDER	8,356,109		8,356,109			
31	01 SUBPROVIDER 2	8,278,974		8,278,974			
33	NURSERY	22,290,009		22,290,009			
34	SKILLED NURSING FACILITY	7,183,245		7,183,245			
35	NURSING FACILITY	10,854,568		10,854,568			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	41,186,979	31,925,264	73,112,243	.511505	.511505	.511505
37	01 AMBULATORY SURGERY	1,457	163,600	165,057	11.924856	11.924856	11.924856
40	ANESTHESIOLOGY	4,454,240	3,363,890	7,818,130	.464043	.464043	.464043
41	RADIOLOGY-DIAGNOSTIC	23,742,299	35,283,466	59,025,765	.297723	.297723	.297723
41	01 NUCLEAR MEDICINE	980,748	2,826,162	3,806,910	.436242	.436242	.436242
41	02 CAT SCAN	17,797,032	35,459,342	53,256,374	.098876	.098876	.098876
44	LABORATORY	27,670,289	49,210,053	76,880,342	.295221	.295221	.295221
47	BLOOD STORING, PROCESSING	5,903,641	1,085,195	6,988,836	.778549	.778549	.778549
49	RESPIRATORY THERAPY	27,731,236	2,111,410	29,842,646	.253095	.253095	.253095
50	PHYSICAL THERAPY	4,673,032	4,590,605	9,263,637	.466426	.466426	.466426
51	OCCUPATIONAL THERAPY	3,657,384	1,579,414	5,236,798	.520786	.520786	.520786
52	SPEECH PATHOLOGY	745,525	146,037	891,562	.816783	.816783	.816783
52	01 PULMONARY FUNCTIONS	768,868	665,113	1,433,981	.511563	.511563	.511563
53	ELECTROCARDIOLOGY	3,427,168	4,400,237	7,827,405	.315659	.315659	.315659
55	MEDICAL SUPPLIES CHARGED	4,321,861	858,195	5,180,056	.746432	.746432	.746432
56	DRUGS CHARGED TO PATIENTS	26,703,705	43,194,266	69,897,971	.932371	.932371	.932371
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 MEDICINE CLINIC	51,840	5,665,456	5,717,296	1.171509	1.171509	1.171509
60	02 OB/GYN CLINIC	130,795	4,365,123	4,495,918	.965232	.965232	.965232
60	03 ORTHO CLINIC	6,565	1,999,617	2,006,182	.994279	.994279	.994279
60	04 PEDIATRICS CLINIC						
60	05 DENTISTRY CLINIC						
60	06 DERMATOLOGY CLINIC	2,937	1,025,893	1,028,830	1.232877	1.232877	1.232877
60	07 OPHTHALMOLOGY CLINIC	27,451	2,395,346	2,422,797	.403022	.403022	.403022
60	08 ENT CLINIC	3,190	943,663	946,853	1.370387	1.370387	1.370387
60	09 GERIATRIC CLINIC		1,448	1,448	152.444061	152.444061	152.444061
60	10 SURGERY CLINIC	397,950	1,359,251	1,757,201	.753685	.753685	.753685
60	11 NEUROLOGY CLINIC	67,420	1,129,413	1,196,833	1.253258	1.253258	1.253258
60	12 ENDOSCOPY CLINIC	1,525,938	7,944,285	9,470,223	.381835	.381835	.381835
60	13 OCCUPATIONAL THERAPY		5,172	5,172	102.492459	102.492459	102.492459
60	14 URGENT VISIT CLINIC	30,631	4,196,315	4,226,946	.565596	.565596	.565596
60	15 SENIOR CARE CLINIC	2,757	524,846	527,603	2.372608	2.372608	2.372608
60	16 WOMENS VISIT CLINIC	1,186,792	3,558,517	4,745,309	.634185	.634185	.634185
60	17 CHC CLINICS	110,555	24,902,379	25,012,934	1.280373	1.280373	1.280373
60	18 PSYCH CLINIC	140,606	19,639,267	19,779,873	.835421	.835421	.835421
60	19 ORAL SURGERY CLINIC		13	13	43098.923077	43098.923077	43098.923077
60	20 DIETARY CLINIC						
60	21 CENTER OF EXCELLENCE	1,401	1,176,542	1,177,943	.828301	.828301	.828301
60	22 OP BURN CLINIC	17,464	559,784	577,248	.628156	.628156	.628156
60	23 BARIATRIC CLINIC	210	74,973	75,183	5.162643	5.162643	5.162643
60	24 PLASTIC CLINIC	2,661	34,097	36,758	4.295174	4.295174	4.295174
61	EMERGENCY	11,882,995	28,281,999	40,164,994	.620441	.620441	.620441
62	OBSERVATION BEDS (NON-DIS	597,709	3,694,233	4,291,942	1.160885	1.160885	1.160885
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	19,254	30,649,573	30,668,827	.593623	.593623	.593623
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	353,137,955	360,989,454	714,127,409			
102	LESS OBSERVATION BEDS						
103	TOTAL	353,137,955	360,989,454	714,127,409			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	35,789,672	1,229,752	34,559,920			35,789,672
37 01	AMBULATORY SURGERY	1,968,281	157,088	1,811,193			1,968,281
40	ANESTHESIOLOGY	1,989,339	277,185	1,712,154			1,989,339
41	RADIOLOGY-DIAGNOSTIC	16,645,908	1,805,468	14,840,440			16,645,908
41 01	NUCLEAR MEDICINE	1,660,733	124,883	1,535,850			1,660,733
41 02	CAT SCAN	5,265,787	400,342	4,865,445			5,265,787
44	LABORATORY	22,356,443	531,486	21,824,957			22,356,443
47	BLOOD STORING, PROCESSING	5,441,152	46,281	5,394,871			5,441,152
49	RESPIRATORY THERAPY	7,553,013	184,366	7,368,647			7,553,013
50	PHYSICAL THERAPY	4,320,801	102,302	4,218,499			4,320,801
51	OCCUPATIONAL THERAPY	2,727,250	63,062	2,664,188			2,727,250
52	SPEECH PATHOLOGY	728,213	8,583	719,630			728,213
52 01	PULMONARY FUNCTIONS	679,355	32,046	647,309			679,355
53	ELECTROCARDIOLOGY	2,405,599	145,588	2,260,011			2,405,599
55	MEDICAL SUPPLIES CHARGED	3,866,562	289,637	3,576,925			3,866,562
56	DRUGS CHARGED TO PATIENTS	65,170,868	764,973	64,405,895			65,170,868
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60 01	MEDICINE CLINIC	6,079,194	479,153	5,600,041			6,079,194
60 02	OB/GYN CLINIC	4,219,409	306,066	3,913,343			4,219,409
60 03	ORTHO CLINIC	1,543,459	102,940	1,440,519			1,543,459
60 04	PEDIATRICS CLINIC						
60 05	DENTISTRY CLINIC	429,065	106,724	322,341			429,065
60 06	DERMATOLOGY CLINIC	935,190	81,319	853,871			935,190
60 07	OPHTHALMOLOGY CLINIC	570,433	107,552	462,881			570,433
60 08	ENT CLINIC	944,110	124,696	819,414			944,110
60 09	GERIATRIC CLINIC	2,180	1,245	935			2,180
60 10	SURGERY CLINIC	1,324,376	115,484	1,208,892			1,324,376
60 11	NEUROLOGY CLINIC	1,396,015	116,164	1,279,851			1,396,015
60 12	ENDOSCOPY CLINIC	3,614,639	145,488	3,469,151			3,614,639
60 13	OCCUPATIONAL THERAPY	530,091	25,385	504,706			530,091
60 14	URGENT VISIT CLINIC	2,331,791	25,059	2,306,732			2,331,791
60 15	SENIOR CARE CLINIC	1,219,558	78,110	1,141,448			1,219,558
60 16	WOMENS VISIT CLINIC	2,866,217	50,238	2,815,979			2,866,217
60 17	CHC CLINICS	31,100,396	948,865	30,151,531			31,100,396
60 18	PSYCH CLINIC	16,155,147	385,431	15,769,716			16,155,147
60 19	ORAL SURGERY CLINIC	82,664	5,958	76,706			82,664
60 20	DIETARY CLINIC	417,635	1,466	416,169			417,635
60 21	CENTER OF EXCELLENCE	974,451	15,553	958,898			974,451
60 22	OP BURN CLINIC	362,602	4,612	357,990			362,602
60 23	BARIATRIC CLINIC	388,143	18,890	369,253			388,143
60 24	PLASTIC CLINIC	157,882	736	157,146			157,882
61	EMERGENCY	22,589,770	543,929	22,045,841			22,589,770
62	OBSERVATION BEDS (NON-DIS	4,982,449	204,913	4,777,536			4,982,449
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	18,205,730	493,979	17,711,751			18,205,730
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	301,991,572	10,652,997	291,338,575			301,991,572
102	LESS OBSERVATION BEDS	4,982,449	204,913	4,777,536			4,982,449
103	TOTAL	297,009,123	10,448,084	286,561,039			297,009,123

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	73,112,243	.489517	.489517
37 01	AMBULATORY SURGERY	165,057	11.924856	11.924856
40	ANESTHESIOLOGY	7,818,130	.254452	.254452
41	RADIOLOGY-DIAGNOSTIC	59,025,765	.282011	.282011
41 01	NUCLEAR MEDICINE	3,806,910	.436242	.436242
41 02	CAT SCAN	53,256,374	.098876	.098876
44	LABORATORY	76,880,342	.290795	.290795
47	BLOOD STORING, PROCESSING	6,988,836	.778549	.778549
49	RESPIRATORY THERAPY	29,842,646	.253095	.253095
50	PHYSICAL THERAPY	9,263,637	.466426	.466426
51	OCCUPATIONAL THERAPY	5,236,798	.520786	.520786
52	SPEECH PATHOLOGY	891,562	.816783	.816783
52 01	PULMONARY FUNCTIONS	1,433,981	.473755	.473755
53	ELECTROCARDIOLOGY	7,827,405	.307330	.307330
55	MEDICAL SUPPLIES CHARGED	5,180,056	.746432	.746432
56	DRUGS CHARGED TO PATIENTS	69,897,971	.932371	.932371
	OUTPAT SERVICE COST CNTRS			
	CLINIC			
60 01	MEDICINE CLINIC	5,717,296	1.063299	1.063299
60 02	OB/GYN CLINIC	4,495,918	.938498	.938498
60 03	ORTHO CLINIC	2,006,182	.769351	.769351
60 04	PEDIATRICS CLINIC			
60 05	DENTISTRY CLINIC			
60 06	DERMATOLOGY CLINIC	1,028,830	.908984	.908984
60 07	OPHTHALMOLOGY CLINIC	2,422,797	.235444	.235444
60 08	ENT CLINIC	946,853	.997103	.997103
60 09	GERIATRIC CLINIC	1,448	1.505525	1.505525
60 10	SURGERY CLINIC	1,757,201	.753685	.753685
60 11	NEUROLOGY CLINIC	1,196,833	1.166424	1.166424
60 12	ENDOSCOPY CLINIC	9,470,223	.381685	.381685
60 13	OCCUPATIONAL THERAPY	5,172	102.492459	102.492459
60 14	URGENT VISIT CLINIC	4,226,946	.551649	.551649
60 15	SENIOR CARE CLINIC	527,603	2.311507	2.311507
60 16	WOMENS VISIT CLINIC	4,745,309	.604011	.604011
60 17	CHC CLINICS	25,012,934	1.243373	1.243373
60 18	PSYCH CLINIC	19,779,873	.816747	.816747
60 19	ORAL SURGERY CLINIC	13	6358.769231	6358.769231
60 20	DIETARY CLINIC			
60 21	CENTER OF EXCELLENCE	1,177,943	.827248	.827248
60 22	OP BURN CLINIC	577,248	.628156	.628156
60 23	BARIATRIC CLINIC	75,183	5.162643	5.162643
60 24	PLASTIC CLINIC	36,758	4.295174	4.295174
61	EMERGENCY	40,164,994	.562424	.562424
62	OBSERVATION BEDS (NON-DIS	4,291,942	1.160885	1.160885
63	OTHER OUTPATIENT SERVICE			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES	30,668,827	.593623	.593623
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	570,962,039		
102	LESS OBSERVATION BEDS	4,291,942		
103	TOTAL	566,670,097		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	37,397,249	1,229,752	36,167,497	122,975	2,097,715	35,176,559
37 01	AMBULATORY SURGERY	1,968,281	157,088	1,811,193	15,709	105,049	1,847,523
40	ANESTHESIOLOGY	3,627,951	277,185	3,350,766	27,719	194,344	3,405,888
41	RADIOLOGY-DIAGNOSTIC	17,573,310	1,805,468	15,767,842	180,547	914,535	16,478,228
41 01	NUCLEAR MEDICINE	1,660,733	124,883	1,535,850	12,488	89,079	1,559,166
41 02	CAT SCAN	5,265,787	400,342	4,865,445	40,034	282,196	4,943,557
44	LABORATORY	22,696,700	531,486	22,165,214	53,149	1,285,582	21,357,969
47	BLOOD STORING, PROCESSING	5,441,152	46,281	5,394,871	4,628	312,903	5,123,621
49	RESPIRATORY THERAPY	7,553,013	184,366	7,368,647	18,437	427,382	7,107,194
50	PHYSICAL THERAPY	4,320,801	102,302	4,218,499	10,230	244,673	4,065,898
51	OCCUPATIONAL THERAPY	2,727,250	63,062	2,664,188	6,306	154,523	2,566,421
52	SPEECH PATHOLOGY	728,213	8,583	719,630	858	41,739	685,616
52 01	PULMONARY FUNCTIONS	733,572	32,046	701,526	3,205	40,689	689,678
53	ELECTROCARDIOLOGY	2,470,787	145,588	2,325,199	14,559	134,862	2,321,366
55	MEDICAL SUPPLIES CHARGED	3,866,562	289,637	3,576,925	28,964	207,462	3,630,136
56	DRUGS CHARGED TO PATIENTS	65,170,868	764,973	64,405,895	76,497	3,735,542	61,358,829
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60 01	MEDICINE CLINIC	6,697,863	479,153	6,218,710	47,915	360,685	6,289,263
60 02	OB/GYN CLINIC	4,339,603	306,066	4,033,537	30,607	233,945	4,075,051
60 03	ORTHO CLINIC	1,994,705	102,940	1,891,765	10,294	109,722	1,874,689
60 04	PEDIATRICS CLINIC						
60 05	DENTISTRY CLINIC	792,955	106,724	686,231	10,672	39,801	742,482
60 06	DERMATOLOGY CLINIC	1,268,421	81,319	1,187,102	8,132	68,852	1,191,437
60 07	OPHTHALMOLOGY CLINIC	976,441	107,552	868,889	10,755	50,396	915,290
60 08	ENT CLINIC	1,297,555	124,696	1,172,859	12,470	68,026	1,217,059
60 09	GERIATRIC CLINIC	220,739	1,245	219,494	125	12,731	207,883
60 10	SURGERY CLINIC	1,324,376	115,484	1,208,892	11,548	70,116	1,242,712
60 11	NEUROLOGY CLINIC	1,499,941	116,164	1,383,777	11,616	80,259	1,408,066
60 12	ENDOSCOPY CLINIC	3,616,067	145,488	3,470,579	14,549	201,294	3,400,224
60 13	OCCUPATIONAL THERAPY	530,091	25,385	504,706	2,539	29,273	498,279
60 14	URGENT VISIT CLINIC	2,390,742	25,059	2,365,683	2,506	137,210	2,251,026
60 15	SENIOR CARE CLINIC	1,251,795	78,110	1,173,685	7,811	68,074	1,175,910
60 16	WOMENS VISIT CLINIC	3,009,406	50,238	2,959,168	5,024	171,632	2,832,750
60 17	CHC CLINICS	32,025,882	948,865	31,077,017	94,887	1,802,467	30,128,528
60 18	PSYCH CLINIC	16,524,522	385,431	16,139,091	38,543	936,067	15,549,912
60 19	ORAL SURGERY CLINIC	560,286	5,958	554,328	596	32,151	527,539
60 20	DIETARY CLINIC	417,635	1,466	416,169	147	24,138	393,350
60 21	CENTER OF EXCELLENCE	975,691	15,553	960,138	1,555	55,688	918,448
60 22	OP BURN CLINIC	362,602	4,612	357,990	461	20,763	341,378
60 23	BARIATRIC CLINIC	388,143	18,890	369,253	1,889	21,417	364,837
60 24	PLASTIC CLINIC	157,882	736	157,146	74	9,114	148,694
61	EMERGENCY	24,920,017	543,929	24,376,088	54,393	1,413,813	23,451,811
62	OBSERVATION BEDS (NON-DIS	4,982,449	204,913	4,777,536	20,491	277,097	4,684,861
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	18,205,730	493,979	17,711,751	49,398	1,027,282	17,129,050
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	313,933,768	10,652,997	303,280,771	1,065,302	17,590,288	295,278,178
102	LESS OBSERVATION BEDS	4,982,449	204,913	4,777,536	20,491	277,097	4,684,861
103	TOTAL	308,951,319	10,448,084	298,503,235	1,044,811	17,313,191	290,593,317

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	73,112,243	.481131	.509823
37 01	AMBULATORY SURGERY	165,057	11.193242	11.829683
40	ANESTHESIOLOGY	7,818,130	.435640	.460498
41	RADIOLOGY-DIAGNOSTIC	59,025,765	.279170	.294664
41 01	NUCLEAR MEDICINE	3,806,910	.409562	.432961
41 02	CAT SCAN	53,256,374	.092826	.098124
44	LABORATORY	76,880,342	.277808	.294530
47	BLOOD STORING, PROCESSING	6,988,836	.733115	.777887
49	RESPIRATORY THERAPY	29,842,646	.238156	.252477
50	PHYSICAL THERAPY	9,263,637	.438909	.465322
51	OCCUPATIONAL THERAPY	5,236,798	.490074	.519582
52	SPEECH PATHOLOGY	891,562	.769005	.815821
52 01	PULMONARY FUNCTIONS	1,433,981	.480953	.509328
53	ELECTROCARDIOLOGY	7,827,405	.296569	.313799
55	MEDICAL SUPPLIES CHARGED	5,180,056	.700791	.740841
56	DRUGS CHARGED TO PATIENTS	69,897,971	.877834	.931277
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	MEDICINE CLINIC	5,717,296	1.100042	1.163128
60 02	OB/GYN CLINIC	4,495,918	.906389	.958424
60 03	ORTHO CLINIC	2,006,182	.934456	.989148
60 04	PEDIATRICS CLINIC			
60 05	DENTISTRY CLINIC			
60 06	DERMATOLOGY CLINIC	1,028,830	1.158050	1.224973
60 07	OPHTHALMOLOGY CLINIC	2,422,797	.377782	.398583
60 08	ENT CLINIC	946,853	1.285373	1.357217
60 09	GERIATRIC CLINIC	1,448	143.565608	152.357735
60 10	SURGERY CLINIC	1,757,201	.707211	.747113
60 11	NEUROLOGY CLINIC	1,196,833	1.176493	1.243553
60 12	ENDOSCOPY CLINIC	9,470,223	.359044	.380299
60 13	OCCUPATIONAL THERAPY	5,172	96.341647	102.001547
60 14	URGENT VISIT CLINIC	4,226,946	.532542	.565003
60 15	SENIOR CARE CLINIC	527,603	2.228778	2.357803
60 16	WOMENS VISIT CLINIC	4,745,309	.596958	.633127
60 17	CHC CLINICS	25,012,934	1.204518	1.276579
60 18	PSYCH CLINIC	19,779,873	.786148	.833472
60 19	ORAL SURGERY CLINIC	13	40579.923077	43053.076923
60 20	DIETARY CLINIC			
60 21	CENTER OF EXCELLENCE	1,177,943	.779705	.826981
60 22	OP BURN CLINIC	577,248	.591389	.627358
60 23	BARIATRIC CLINIC	75,183	4.852653	5.137518
60 24	PLASTIC CLINIC	36,758	4.045215	4.293161
61	EMERGENCY	40,164,994	.583887	.619087
62	OBSERVATION BEDS (NON-DIS	4,291,942	1.091548	1.156110
63	OTHER OUTPATIENT SERVICE			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES	30,668,827	.558517	.592013
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	570,962,039		
102	LESS OBSERVATION BEDS	4,291,942		
103	TOTAL	566,670,097		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO:
15-0024

PERIOD:
FROM 1/1/2008
TO 12/31/2008

PREPARED 5/27/2009
WORKSHEET D
PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				1,790,428		1,790,428
26	INTENSIVE CARE UNIT				344,397		344,397
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U				187,208		187,208
31	SUBPROVIDER				250,985		250,985
31 01	SUBPROVIDER 2				388,320		388,320
33	NURSERY				247,639		247,639
101	TOTAL				3,208,977		3,208,977

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	54,670	9,827			32.75	321,834
26	INTENSIVE CARE UNIT	16,800	6,579			20.50	134,870
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U	8,635				21.68	
31	SUBPROVIDER	10,867	2,934			23.10	67,775
31	01 SUBPROVIDER 2	3,620	801			107.27	85,923
33	NURSERY	5,013				49.40	
101	TOTAL	99,605	20,141				610,402

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0024
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 COMPONENT NO: 15-0024
 PREPARED 5/27/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.016820	157,076
37 01	AMBULATORY SURGERY	.951720	
40	ANESTHESIOLOGY	.035454	32,755
41	RADIOLOGY-DIAGNOSTIC	.030588	137,735
41 01	NUCLEAR MEDICINE	.032804	8,199
41 02	CAT SCAN	.007517	33,105
44	LABORATORY	.006913	49,961
47	BLOOD STORING, PROCESSING	.006622	7,222
49	RESPIRATORY THERAPY	.006178	44,864
50	PHYSICAL THERAPY	.011043	8,077
51	OCCUPATIONAL THERAPY	.012042	4,981
52	SPEECH PATHOLOGY	.009627	1,907
52 01	PULMONARY FUNCTIONS	.022348	1,398
53	ELECTROCARDIOLOGY	.018600	24,662
55	MEDICAL SUPPLIES CHARGED	.055914	48,531
56	DRUGS CHARGED TO PATIENTS	.010944	69,157
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	MEDICINE CLINIC	.083808	66
60 02	OB/GYN CLINIC	.068076	36
60 03	ORTHO CLINIC	.051311	56
60 04	PEDIATRICS CLINIC		
60 05	DENTISTRY CLINIC		
60 06	DERMATOLOGY CLINIC	.079040	218
60 07	OPHTHALMOLOGY CLINIC	.044392	38
60 08	ENT CLINIC	.131695	388
60 09	GERIATRIC CLINIC	.859807	
60 10	SURGERY CLINIC	.065720	12,228
60 11	NEUROLOGY CLINIC	.097059	1,860
60 12	ENDOSCOPY CLINIC	.015363	3,747
60 13	OCCUPATIONAL THERAPY	4.908159	
60 14	URGENT VISIT CLINIC	.005928	
60 15	SENIOR CARE CLINIC	.148047	408
60 16	WOMENS VISIT CLINIC	.010587	324
60 17	CHC CLINICS	.037935	98
60 18	PSYCH CLINIC	.019486	35
60 19	ORAL SURGERY CLINIC	458.307692	
60 20	DIETARY CLINIC		
60 21	CENTER OF EXCELLENCE	.013204	6
60 22	OP BURN CLINIC	.007990	4
60 23	BARIATRIC CLINIC	.251254	
60 24	PLASTIC CLINIC	.020023	9
61	EMERGENCY	.013542	24,629
62	OBSERVATION BEDS (NON-DIS	.047744	
63	OTHER OUTPATIENT SERVICE		
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		673,780

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

PROVIDER NO: 15-0024
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/27/2009
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					54,670	
26	INTENSIVE CARE UNIT					16,800	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U					8,635	
31	SUBPROVIDER					10,867	
31 01	SUBPROVIDER 2					3,620	
33	NURSERY					5,013	
34	SKILLED NURSING FACILITY					15,452	
35	NURSING FACILITY					51,474	
101	TOTAL					166,531	

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

PROVIDER NO:	PERIOD:	PREPARED
15-0024	FROM 1/ 1/2008	5/27/2009
	TO 12/31/2008	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		9,827
26	INTENSIVE CARE UNIT		6,579
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
30	NEONATAL INTENSIVE CARE U		
31	SUBPROVIDER		2,934
01 31	SUBPROVIDER 2		801
33	NURSERY		
34	SKILLED NURSING FACILITY		6,121
35	NURSING FACILITY		
101	TOTAL		26,262

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM										
37	01 AMBULATORY SURGERY										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
41	01 NUCLEAR MEDICINE										
41	02 CAT SCAN										
44	LABORATORY										
47	BLOOD STORING, PROCESSING										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
52	01 PULMONARY FUNCTIONS										
53	ELECTROCARDIOLOGY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS					305,563					
60	CLINIC										
60	01 MEDICINE CLINIC										
60	02 OB/GYN CLINIC										
60	03 ORTHO CLINIC										
60	04 PEDIATRICS CLINIC										
60	05 DENTISTRY CLINIC										
60	06 DERMATOLOGY CLINIC										
60	07 OPHTHALMOLOGY CLINIC										
60	08 ENT CLINIC										
60	09 GERIATRIC CLINIC										
60	10 SURGERY CLINIC										
60	11 NEUROLOGY CLINIC										
60	12 ENDOSCOPY CLINIC										
60	13 OCCUPATIONAL THERAPY										
60	14 URGENT VISIT CLINIC										
60	15 SENIOR CARE CLINIC										
60	16 WOMENS VISIT CLINIC										
60	17 CHC CLINICS										
60	18 PSYCH CLINIC										
60	19 ORAL SURGERY CLINIC										
60	20 DIETARY CLINIC										
60	21 CENTER OF EXCELLENCE										
60	22 OP BURN CLINIC										
60	23 BARIATRIC CLINIC										
60	24 PLASTIC CLINIC										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
63	OTHER OUTPATIENT SERVICE										
	OTHER REIMBURS COST CNTRS										
64	HOME PROGRAM DIALYSIS										
65	AMBULANCE SERVICES										
66	DURABLE MEDICAL EQUIP-REN										
67	DURABLE MEDICAL EQUIP-SOL										
101	TOTAL					305,563					

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			73,112,243			9,338,615	
	OPERATING ROOM			165,057				
37 01	AMBULATORY SURGERY			7,818,130			923,876	
40	ANESTHESIOLOGY			59,025,765			4,502,909	
41	RADIOLOGY-DIAGNOSTIC			3,806,910			249,950	
41 01	NUCLEAR MEDICINE			53,256,374			4,404,007	
41 02	CAT SCAN			76,880,342			7,227,166	
44	LABORATORY			6,988,836			1,090,583	
47	BLOOD STORING, PROCESSING			29,842,646			7,261,969	
49	RESPIRATORY THERAPY			9,263,637			731,394	
50	PHYSICAL THERAPY			5,236,798			413,663	
51	OCCUPATIONAL THERAPY			891,562			198,067	
52	SPEECH PATHOLOGY			1,433,981			62,535	
52 01	PULMONARY FUNCTIONS			7,827,405			1,325,936	
53	ELECTROCARDIOLOGY			5,180,056			867,955	
55	MEDICAL SUPPLIES CHARGED	305,563	305,563	69,897,971	.004372	.004372	6,319,129	27,627
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60 01	MEDICINE CLINIC			5,717,296			785	
60 02	OB/GYN CLINIC			4,495,918			525	
60 03	ORTHO CLINIC			2,006,182			1,091	
60 04	PEDIATRICS CLINIC							
60 05	DENTISTRY CLINIC							
60 06	DERMATOLOGY CLINIC			1,028,830			2,762	
60 07	OPHTHALMOLOGY CLINIC			2,422,797			854	
60 08	ENT CLINIC			946,853			2,946	
60 09	GERIATRIC CLINIC			1,448				
60 10	SURGERY CLINIC			1,757,201			186,064	
60 11	NEUROLOGY CLINIC			1,196,833			19,165	
60 12	ENDOSCOPY CLINIC			9,470,223			243,906	
60 13	OCCUPATIONAL THERAPY			5,172				
60 14	URGENT VISIT CLINIC			4,226,946				
60 15	SENIOR CARE CLINIC			527,603			2,757	
60 16	WOMENS VISIT CLINIC			4,745,309			30,593	
60 17	CHC CLINICS			25,012,934			2,591	
60 18	PSYCH CLINIC			19,779,873			1,805	
60 19	ORAL SURGERY CLINIC			13				
60 20	DIETARY CLINIC							
60 21	CENTER OF EXCELLENCE			1,177,943			444	
60 22	OP BURN CLINIC			577,248			443	
60 23	BARIATRIC CLINIC			75,183				
60 24	PLASTIC CLINIC			36,758			461	
61	EMERGENCY			40,164,994			1,818,695	
62	OBSERVATION BEDS (NON-DIS			4,291,942				
63	OTHER OUTPATIENT SERVICE							
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES		499,331					
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	305,563	804,894	540,293,212			47,233,641	27,627

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	7,950,894					
37 01	AMBULATORY SURGERY						
40	ANESTHESIOLOGY	930,251					
41	RADIOLOGY-DIAGNOSTIC	4,583,230					
41 01	NUCLEAR MEDICINE	552,912					
41 02	CAT SCAN	4,135,467					
44	LABORATORY	544,167					
47	BLOOD STORING, PROCESSING	95,993					
49	RESPIRATORY THERAPY	255,078					
50	PHYSICAL THERAPY	31,483					
51	OCCUPATIONAL THERAPY	4,477					
52	SPEECH PATHOLOGY	109					
52 01	PULMONARY FUNCTIONS	116,412					
53	ELECTROCARDIOLOGY	1,221,555					
55	MEDICAL SUPPLIES CHARGED	118,928					
56	DRUGS CHARGED TO PATIENTS	4,299,831			18,799		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	MEDICINE CLINIC	592,575					
60 02	OB/GYN CLINIC						
60 03	ORTHO CLINIC	141,478					
60 04	PEDIATRICS CLINIC						
60 05	DENTISTRY CLINIC						
60 06	DERMATOLOGY CLINIC	141,478					
60 07	OPHTHALMOLOGY CLINIC	424,433					
60 08	ENT CLINIC	139,775					
60 09	GERIATRIC CLINIC						
60 10	SURGERY CLINIC	338,781					
60 11	NEUROLOGY CLINIC	184,926					
60 12	ENDOSCOPY CLINIC	862,242					
60 13	OCCUPATIONAL THERAPY						
60 14	URGENT VISIT CLINIC	132,021					
60 15	SENIOR CARE CLINIC	330,115					
60 16	WOMENS VISIT CLINIC	326,032					
60 17	CHC CLINICS	2,452,613					
60 18	PSYCH CLINIC	572,805					
60 19	ORAL SURGERY CLINIC						
60 20	DIETARY CLINIC						
60 21	CENTER OF EXCELLENCE	141,478					
60 22	OP BURN CLINIC	7,139					
60 23	BARIATRIC CLINIC						
60 24	PLASTIC CLINIC						
61	EMERGENCY	2,754,368					
62	OBSERVATION BEDS (NON-DIS	1,206,241					
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	35,589,287			18,799		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/27/2009
 | 15-0024 | FROM 1/ 1/2008 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2008 | PART V
 | 15-0024 | |

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.489517	.489517			
37 01 AMBULATORY SURGERY	11.924856	11.924856			
40 ANESTHESIOLOGY	.254452	.254452			
41 RADIOLOGY-DIAGNOSTIC	.282011	.282011			
41 01 NUCLEAR MEDICINE	.436242	.436242			
41 02 CAT SCAN	.098876	.098876			
44 LABORATORY	.290795	.290795			
47 BLOOD STORING, PROCESSING & TRANS.	.778549	.778549			
49 RESPIRATORY THERAPY	.253095	.253095			
50 PHYSICAL THERAPY	.466426	.466426			
51 OCCUPATIONAL THERAPY	.520786	.520786			
52 SPEECH PATHOLOGY	.816783	.816783			
52 01 PULMONARY FUNCTIONS	.473755	.473755			
53 ELECTROCARDIOLOGY	.307330	.307330			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.746432	.746432			
56 DRUGS CHARGED TO PATIENTS	.932371	.932371			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 MEDICINE CLINIC	1.063299	1.063299			
60 02 OB/GYN CLINIC	.938498	.938498			
60 03 ORTHO CLINIC	.769351	.769351			
60 04 PEDIATRICS CLINIC					
60 05 DENTISTRY CLINIC					
60 06 DERMATOLOGY CLINIC	.908984	.908984			
60 07 OPHTHALMOLOGY CLINIC	.235444	.235444			
60 08 ENT CLINIC	.997103	.997103			
60 09 GERIATRIC CLINIC	1.505525	1.505525			
60 10 SURGERY CLINIC	.753685	.753685			
60 11 NEUROLOGY CLINIC	1.166424	1.166424			
60 12 ENDOSCOPY CLINIC	.381685	.381685			
60 13 OCCUPATIONAL THERAPY	102.492459	102.492459			
60 14 URGENT VISIT CLINIC	.551649	.551649			
60 15 SENIOR CARE CLINIC	2.311507	2.311507			
60 16 WOMENS VISIT CLINIC	.604011	.604011			
60 17 CHC CLINICS	1.243373	1.243373			
60 18 PSYCH CLINIC	.816747	.816747			
60 19 ORAL SURGERY CLINIC	6,358.769231	6,358.769231			
60 20 DIETARY CLINIC					
60 21 CENTER OF EXCELLENCE	.827248	.827248			
60 22 OP BURN CLINIC	.628156	.628156			
60 23 BARIATRIC CLINIC	5.162643	5.162643			
60 24 PLASTIC CLINIC	4.295174	4.295174			
61 EMERGENCY	.562424	.562424			
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.160885	1.160885			
63 OTHER OUTPATIENT SERVICE COST CENTER					
64 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES	.593623	.593623			
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B HOSPITAL

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		7,950,894			
37 01 AMBULATORY SURGERY					
40 ANESTHESIOLOGY		930,251			
41 RADIOLOGY-DIAGNOSTIC		4,583,230			
41 01 NUCLEAR MEDICINE		552,912			
41 02 CAT SCAN		4,135,467			
44 LABORATORY		544,167			
47 BLOOD STORING, PROCESSING & TRANS.		95,993			
49 RESPIRATORY THERAPY		255,078			
50 PHYSICAL THERAPY		31,483			
51 OCCUPATIONAL THERAPY		4,477			
52 SPEECH PATHOLOGY		109			
52 01 PULMONARY FUNCTIONS		116,412			
53 ELECTROCARDIOLOGY		1,221,555			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		118,928			
56 DRUGS CHARGED TO PATIENTS		4,299,831	4,123		
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 MEDICINE CLINIC		592,575			
60 02 OB/GYN CLINIC					
60 03 ORTHO CLINIC		141,478			
60 04 PEDIATRICS CLINIC					
60 05 DENTISTRY CLINIC					
60 06 DERMATOLOGY CLINIC		141,478			
60 07 OPHTHALMOLOGY CLINIC		424,433			
60 08 ENT CLINIC		139,775			
60 09 GERIATRIC CLINIC					
60 10 SURGERY CLINIC		338,781			
60 11 NEUROLOGY CLINIC		184,926			
60 12 ENDOSCOPY CLINIC		862,242			
60 13 OCCUPATIONAL THERAPY					
60 14 URGENT VISIT CLINIC		132,021			
60 15 SENIOR CARE CLINIC		330,115			
60 16 WOMENS VISIT CLINIC		326,032			
60 17 CHC CLINICS		2,452,613			
60 18 PSYCH CLINIC		572,805			
60 19 ORAL SURGERY CLINIC					
60 20 DIETARY CLINIC					
60 21 CENTER OF EXCELLENCE		141,478			
60 22 OP BURN CLINIC		7,139			
60 23 BARIATRIC CLINIC					
60 24 PLASTIC CLINIC					
61 EMERGENCY		2,754,368			
62 OBSERVATION BEDS (NON-DISTINCT PART)		1,206,241			
63 OTHER OUTPATIENT SERVICE COST CENTER					
64 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL		35,589,287	4,123		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		35,589,287	4,123		

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

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.932371
2	PROGRAM VACCINE CHARGES		27,185
3	PROGRAM COSTS		25,347

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		1,229,752	73,112,243	14,602		
37	01 AMBULATORY SURGERY		157,088	165,057			
40	ANESTHESIOLOGY		277,185	7,818,130			
41	RADIOLOGY-DIAGNOSTIC		1,805,468	59,025,765	12,978		
41	01 NUCLEAR MEDICINE		124,883	3,806,910	510		
41	02 CAT SCAN		400,342	53,256,374	21,252		
44	LABORATORY		531,486	76,880,342	131,291		
47	BLOOD STORING, PROCESSING		46,281	6,988,836	2,336		
49	RESPIRATORY THERAPY		184,366	29,842,646	6,729		
50	PHYSICAL THERAPY		102,302	9,263,637	2,674		
51	OCCUPATIONAL THERAPY		63,062	5,236,798	628		
52	SPEECH PATHOLOGY		8,583	891,562	227		
52	01 PULMONARY FUNCTIONS		32,046	1,433,981	2,203		
53	ELECTROCARDIOLOGY		145,588	7,827,405	2,819		
55	MEDICAL SUPPLIES CHARGED		289,637	5,180,056	3,127		
56	DRUGS CHARGED TO PATIENTS		764,973	69,897,971	262,528		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 MEDICINE CLINIC		479,153	5,717,296			
60	02 OB/GYN CLINIC		306,066	4,495,918			
60	03 ORTHO CLINIC		102,940	2,006,182			
60	04 PEDIATRICS CLINIC						
60	05 DENTISTRY CLINIC		106,724				
60	06 DERMATOLOGY CLINIC		81,319	1,028,830			
60	07 OPHTHALMOLOGY CLINIC		107,552	2,422,797			
60	08 ENT CLINIC		124,696	946,853			
60	09 GERIATRIC CLINIC		1,245	1,448			
60	10 SURGERY CLINIC		115,484	1,757,201			
60	11 NEUROLOGY CLINIC		116,164	1,196,833			
60	12 ENDOSCOPY CLINIC		145,488	9,470,223			
60	13 OCCUPATIONAL THERAPY		25,385	5,172			
60	14 URGENT VISIT CLINIC		25,059	4,226,946			
60	15 SENIOR CARE CLINIC		78,110	527,603			
60	16 WOMENS VISIT CLINIC		50,238	4,745,309			
60	17 CHC CLINICS		948,865	25,012,934			
60	18 PSYCH CLINIC		385,431	19,779,873	20,714		
60	19 ORAL SURGERY CLINIC		5,958	13			
60	20 DIETARY CLINIC		1,466				
60	21 CENTER OF EXCELLENCE		15,553	1,177,943			
60	22 OP BURN CLINIC		4,612	577,248			
60	23 BARIATRIC CLINIC		18,890	75,183			
60	24 PLASTIC CLINIC		736	36,758			
61	EMERGENCY		543,929	40,164,994	35,944		
62	OBSERVATION BEDS (NON-DIS		204,913	4,291,942			
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		10,159,018	540,293,212	520,562		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0024
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 COMPONENT NO: 15-S024
 PREPARED 5/27/2009
 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	.016820	246
37 01	AMBULATORY SURGERY	.951720	
40	ANESTHESIOLOGY	.035454	
41	RADIOLOGY-DIAGNOSTIC	.030588	397
41 01	NUCLEAR MEDICINE	.032804	17
41 02	CAT SCAN	.007517	160
44	LABORATORY	.006913	908
47	BLOOD STORING, PROCESSING	.006622	15
49	RESPIRATORY THERAPY	.006178	42
50	PHYSICAL THERAPY	.011043	30
51	OCCUPATIONAL THERAPY	.012042	8
52	SPEECH PATHOLOGY	.009627	2
52 01	PULMONARY FUNCTIONS	.022348	49
53	ELECTROCARDIOLOGY	.018600	52
55	MEDICAL SUPPLIES CHARGED	.055914	175
56	DRUGS CHARGED TO PATIENTS	.010944	2,873
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	MEDICINE CLINIC	.083808	
60 02	OB/GYN CLINIC	.068076	
60 03	ORTHO CLINIC	.051311	
60 04	PEDIATRICS CLINIC		
60 05	DENTISTRY CLINIC		
60 06	DERMATOLOGY CLINIC	.079040	
60 07	OPHTHALMOLOGY CLINIC	.044392	
60 08	ENT CLINIC	.131695	
60 09	GERIATRIC CLINIC	.859807	
60 10	SURGERY CLINIC	.065720	
60 11	NEUROLOGY CLINIC	.097059	
60 12	ENDOSCOPY CLINIC	.015363	
60 13	OCCUPATIONAL THERAPY	4.908159	
60 14	URGENT VISIT CLINIC	.005928	
60 15	SENIOR CARE CLINIC	.148047	
60 16	WOMENS VISIT CLINIC	.010587	
60 17	CHC CLINICS	.037935	
60 18	PSYCH CLINIC	.019486	404
60 19	ORAL SURGERY CLINIC	458.307692	
60 20	DIETARY CLINIC		
60 21	CENTER OF EXCELLENCE	.013204	
60 22	OP BURN CLINIC	.007990	
60 23	BARIATRIC CLINIC	.251254	
60 24	PLASTIC CLINIC	.020023	
61	EMERGENCY	.013542	487
62	OBSERVATION BEDS (NON-DIS	.047744	
63	OTHER OUTPATIENT SERVICE		
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		5,865

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37		ANCILLARY SRVC COST CNTRS										
		OPERATING ROOM										
37	01	AMBULATORY SURGERY										
40		ANESTHESIOLOGY										
41		RADIOLOGY-DIAGNOSTIC										
41	01	NUCLEAR MEDICINE										
41	02	CAT SCAN										
44		LABORATORY										
47		BLOOD STORING, PROCESSING										
49		RESPIRATORY THERAPY										
50		PHYSICAL THERAPY										
51		OCCUPATIONAL THERAPY										
52		SPEECH PATHOLOGY										
52	01	PULMONARY FUNCTIONS										
53		ELECTROCARDIOLOGY										
55		MEDICAL SUPPLIES CHARGED										
56		DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS				305,563						
60		CLINIC										
60	01	MEDICINE CLINIC										
60	02	OB/GYN CLINIC										
60	03	ORTHO CLINIC										
60	04	PEDIATRICS CLINIC										
60	05	DENTISTRY CLINIC										
60	06	DERMATOLOGY CLINIC										
60	07	OPHTHALMOLOGY CLINIC										
60	08	ENT CLINIC										
60	09	GERIATRIC CLINIC										
60	10	SURGERY CLINIC										
60	11	NEUROLOGY CLINIC										
60	12	ENDOSCOPY CLINIC										
60	13	OCCUPATIONAL THERAPY										
60	14	URGENT VISIT CLINIC										
60	15	SENIOR CARE CLINIC										
60	16	WOMENS VISIT CLINIC										
60	17	CHC CLINICS										
60	18	PSYCH CLINIC										
60	19	ORAL SURGERY CLINIC										
60	20	DIETARY CLINIC										
60	21	CENTER OF EXCELLENCE										
60	22	OP BURN CLINIC										
60	23	BARIATRIC CLINIC										
60	24	PLASTIC CLINIC										
61		EMERGENCY										
62		OBSERVATION BEDS (NON-DIS										
63		OTHER OUTPATIENT SERVICE										
		OTHER REIMBURS COST CNTRS										
64		HOME PROGRAM DIALYSIS										
65		AMBULANCE SERVICES										
66		DURABLE MEDICAL EQUIP-REN										
67		DURABLE MEDICAL EQUIP-SOL										
101		TOTAL				305,563						

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			73,112,243			14,602	
37 01	AMBULATORY SURGERY			165,057				
40	ANESTHESIOLOGY			7,818,130				
41	RADIOLOGY-DIAGNOSTIC			59,025,765			12,978	
41 01	NUCLEAR MEDICINE			3,806,910			510	
41 02	CAT SCAN			53,256,374			21,252	
44	LABORATORY			76,880,342			131,291	
47	BLOOD STORING, PROCESSING			6,988,836			2,336	
49	RESPIRATORY THERAPY			29,842,646			6,729	
50	PHYSICAL THERAPY			9,263,637			2,674	
51	OCCUPATIONAL THERAPY			5,236,798			628	
52	SPEECH PATHOLOGY			891,562			227	
52 01	PULMONARY FUNCTIONS			1,433,981			2,203	
53	ELECTROCARDIOLOGY			7,827,405			2,819	
55	MEDICAL SUPPLIES CHARGED			5,180,056			3,127	
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	305,563	305,563	69,897,971	.004372	.004372	262,528	1,148
60	CLINIC							
60 01	MEDICINE CLINIC			5,717,296				
60 02	OB/GYN CLINIC			4,495,918				
60 03	ORTHO CLINIC			2,006,182				
60 04	PEDIATRICS CLINIC							
60 05	DENTISTRY CLINIC							
60 06	DERMATOLOGY CLINIC			1,028,830				
60 07	OPHTHALMOLOGY CLINIC			2,422,797				
60 08	ENT CLINIC			946,853				
60 09	GERIATRIC CLINIC			1,448				
60 10	SURGERY CLINIC			1,757,201				
60 11	NEUROLOGY CLINIC			1,196,833				
60 12	ENDOSCOPY CLINIC			9,470,223				
60 13	OCCUPATIONAL THERAPY			5,172				
60 14	URGENT VISIT CLINIC			4,226,946				
60 15	SENIOR CARE CLINIC			527,603				
60 16	WOMENS VISIT CLINIC			4,745,309				
60 17	CHC CLINICS			25,012,934				
60 18	PSYCH CLINIC			19,779,873			20,714	
60 19	ORAL SURGERY CLINIC			13				
60 20	DIETARY CLINIC							
60 21	CENTER OF EXCELLENCE			1,177,943				
60 22	OP BURN CLINIC			577,248				
60 23	BARIATRIC CLINIC			75,183				
60 24	PLASTIC CLINIC			36,758				
61	EMERGENCY			40,164,994			35,944	
62	OBSERVATION BEDS (NON-DIS			4,291,942				
63	OTHER OUTPATIENT SERVICE OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES		499,331					
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	305,563	804,894	540,293,212			520,562	1,148

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 AMBULATORY SURGERY						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 NUCLEAR MEDICINE						
41	02 CAT SCAN						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52	01 PULMONARY FUNCTIONS						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 MEDICINE CLINIC						
60	02 OB/GYN CLINIC						
60	03 ORTHO CLINIC						
60	04 PEDIATRICS CLINIC						
60	05 DENTISTRY CLINIC						
60	06 DERMATOLOGY CLINIC						
60	07 OPHTHALMOLOGY CLINIC						
60	08 ENT CLINIC						
60	09 GERIATRIC CLINIC						
60	10 SURGERY CLINIC						
60	11 NEUROLOGY CLINIC						
60	12 ENDOSCOPY CLINIC						
60	13 OCCUPATIONAL THERAPY						
60	14 URGENT VISIT CLINIC						
60	15 SENIOR CARE CLINIC						
60	16 WOMENS VISIT CLINIC						
60	17 CHC CLINICS						
60	18 PSYCH CLINIC						
60	19 ORAL SURGERY CLINIC						
60	20 DIETARY CLINIC						
60	21 CENTER OF EXCELLENCE						
60	22 OP BURN CLINIC						
60	23 BARIATRIC CLINIC						
60	24 PLASTIC CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0024
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 COMPONENT NO: 15-T024
 PREPARED 5/27/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.016820	11,402
37 01	AMBULATORY SURGERY	.951720	
40	ANESTHESIOLOGY	.035454	1,455
41	RADIOLOGY-DIAGNOSTIC	.030588	1,302
41 01	NUCLEAR MEDICINE	.032804	31
41 02	CAT SCAN	.007517	100
44	LABORATORY	.006913	2,089
47	BLOOD STORING, PROCESSING	.006622	771
49	RESPIRATORY THERAPY	.006178	1,873
50	PHYSICAL THERAPY	.011043	1,355
51	OCCUPATIONAL THERAPY	.012042	1,585
52	SPEECH PATHOLOGY	.009627	203
52 01	PULMONARY FUNCTIONS	.022348	1,246
53	ELECTROCARDIOLOGY	.018600	162
55	MEDICAL SUPPLIES CHARGED	.055914	9,694
56	DRUGS CHARGED TO PATIENTS	.010944	3,901
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	MEDICINE CLINIC	.083808	
60 02	OB/GYN CLINIC	.068076	
60 03	ORTHO CLINIC	.051311	
60 04	PEDIATRICS CLINIC		
60 05	DENTISTRY CLINIC		
60 06	DERMATOLOGY CLINIC	.079040	
60 07	OPHTHALMOLOGY CLINIC	.044392	
60 08	ENT CLINIC	.131695	
60 09	GERIATRIC CLINIC	.859807	
60 10	SURGERY CLINIC	.065720	
60 11	NEUROLOGY CLINIC	.097059	676
60 12	ENDOSCOPY CLINIC	.015363	
60 13	OCCUPATIONAL THERAPY	4.908159	
60 14	URGENT VISIT CLINIC	.005928	
60 15	SENIOR CARE CLINIC	.148047	
60 16	WOMENS VISIT CLINIC	.010587	
60 17	CHC CLINICS	.037935	
60 18	PSYCH CLINIC	.019486	
60 19	ORAL SURGERY CLINIC	458.307692	
60 20	DIETARY CLINIC		
60 21	CENTER OF EXCELLENCE	.013204	
60 22	OP BURN CLINIC	.007990	102
60 23	BARIATRIC CLINIC	.251254	
60 24	PLASTIC CLINIC	.020023	
61	EMERGENCY	.013542	479
62	OBSERVATION BEDS (NON-DIS	.047744	
63	OTHER OUTPATIENT SERVICE		
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		38,426

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM										
37	01 AMBULATORY SURGERY										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
41	01 NUCLEAR MEDICINE										
41	02 CAT SCAN										
44	LABORATORY										
47	BLOOD STORING, PROCESSING										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
52	01 PULMONARY FUNCTIONS										
53	ELECTROCARDIOLOGY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS					305,563					
60	CLINIC										
60	01 MEDICINE CLINIC										
60	02 OB/GYN CLINIC										
60	03 ORTHO CLINIC										
60	04 PEDIATRICS CLINIC										
60	05 DENTISTRY CLINIC										
60	06 DERMATOLOGY CLINIC										
60	07 OPHTHALMOLOGY CLINIC										
60	08 ENT CLINIC										
60	09 GERIATRIC CLINIC										
60	10 SURGERY CLINIC										
60	11 NEUROLOGY CLINIC										
60	12 ENDOSCOPY CLINIC										
60	13 OCCUPATIONAL THERAPY										
60	14 URGENT VISIT CLINIC										
60	15 SENIOR CARE CLINIC										
60	16 WOMENS VISIT CLINIC										
60	17 CHC CLINICS										
60	18 PSYCH CLINIC										
60	19 ORAL SURGERY CLINIC										
60	20 DIETARY CLINIC										
60	21 CENTER OF EXCELLENCE										
60	22 OP BURN CLINIC										
60	23 BARIATRIC CLINIC										
60	24 PLASTIC CLINIC										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
63	OTHER OUTPATIENT SERVICE										
	OTHER REIMBURS COST CNTRS										
64	HOME PROGRAM DIALYSIS										
65	AMBULANCE SERVICES										
66	DURABLE MEDICAL EQUIP-REN										
67	DURABLE MEDICAL EQUIP-SOL										
101	TOTAL					305,563					

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			73,112,243			677,862	
37 01	AMBULATORY SURGERY			165,057				
40	ANESTHESIOLOGY			7,818,130			41,029	
41	RADIOLOGY-DIAGNOSTIC			59,025,765			42,556	
41 01	NUCLEAR MEDICINE			3,806,910			947	
41 02	CAT SCAN			53,256,374			13,338	
44	LABORATORY			76,880,342			302,214	
47	BLOOD STORING, PROCESSING			6,988,836			116,486	
49	RESPIRATORY THERAPY			29,842,646			303,239	
50	PHYSICAL THERAPY			9,263,637			122,666	
51	OCCUPATIONAL THERAPY			5,236,798			131,627	
52	SPEECH PATHOLOGY			891,562			21,078	
52 01	PULMONARY FUNCTIONS			1,433,981			55,754	
53	ELECTROCARDIOLOGY			7,827,405			8,702	
55	MEDICAL SUPPLIES CHARGED			5,180,056			173,379	
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	305,563	305,563	69,897,971	.004372	.004372	356,439	1,558
60	CLINIC							
60 01	MEDICINE CLINIC			5,717,296				
60 02	OB/GYN CLINIC			4,495,918				
60 03	ORTHO CLINIC			2,006,182				
60 04	PEDIATRICS CLINIC							
60 05	DENTISTRY CLINIC							
60 06	DERMATOLOGY CLINIC			1,028,830				
60 07	OPHTHALMOLOGY CLINIC			2,422,797				
60 08	ENT CLINIC			946,853				
60 09	GERIATRIC CLINIC			1,448				
60 10	SURGERY CLINIC			1,757,201				
60 11	NEUROLOGY CLINIC			1,196,833			6,960	
60 12	ENDOSCOPY CLINIC			9,470,223				
60 13	OCCUPATIONAL THERAPY			5,172				
60 14	URGENT VISIT CLINIC			4,226,946				
60 15	SENIOR CARE CLINIC			527,603				
60 16	WOMENS VISIT CLINIC			4,745,309				
60 17	CHC CLINICS			25,012,934				
60 18	PSYCH CLINIC			19,779,873				
60 19	ORAL SURGERY CLINIC			13				
60 20	DIETARY CLINIC							
60 21	CENTER OF EXCELLENCE			1,177,943				
60 22	OP BURN CLINIC			577,248			12,765	
60 23	BARIATRIC CLINIC			75,183				
60 24	PLASTIC CLINIC			36,758				
61	EMERGENCY			40,164,994			35,356	
62	OBSERVATION BEDS (NON-DIS			4,291,942				
63	OTHER OUTPATIENT SERVICE OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES		499,331					
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	305,563	804,894	540,293,212			2,422,397	1,558

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 AMBULATORY SURGERY						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 NUCLEAR MEDICINE						
41	02 CAT SCAN						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52	01 PULMONARY FUNCTIONS						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 MEDICINE CLINIC						
60	02 OB/GYN CLINIC						
60	03 ORTHO CLINIC						
60	04 PEDIATRICS CLINIC						
60	05 DENTISTRY CLINIC						
60	06 DERMATOLOGY CLINIC						
60	07 OPHTHALMOLOGY CLINIC						
60	08 ENT CLINIC						
60	09 GERIATRIC CLINIC						
60	10 SURGERY CLINIC						
60	11 NEUROLOGY CLINIC						
60	12 ENDOSCOPY CLINIC						
60	13 OCCUPATIONAL THERAPY						
60	14 URGENT VISIT CLINIC						
60	15 SENIOR CARE CLINIC						
60	16 WOMENS VISIT CLINIC						
60	17 CHC CLINICS						
60	18 PSYCH CLINIC						
60	19 ORAL SURGERY CLINIC						
60	20 DIETARY CLINIC						
60	21 CENTER OF EXCELLENCE						
60	22 OP BURN CLINIC						
60	23 BARIATRIC CLINIC						
60	24 PLASTIC CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0024
 COMPONENT NO: 15-5021
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 AMBULATORY SURGERY						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 NUCLEAR MEDICINE						
41	02 CAT SCAN						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52	01 PULMONARY FUNCTIONS						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 MEDICINE CLINIC						
60	02 OB/GYN CLINIC						
60	03 ORTHO CLINIC						
60	04 PEDIATRICS CLINIC						
60	05 DENTISTRY CLINIC						
60	06 DERMATOLOGY CLINIC						
60	07 OPHTHALMOLOGY CLINIC						
60	08 ENT CLINIC						
60	09 GERIATRIC CLINIC						
60	10 SURGERY CLINIC						
60	11 NEUROLOGY CLINIC						
60	12 ENDOSCOPY CLINIC						
60	13 OCCUPATIONAL THERAPY						
60	14 URGENT VISIT CLINIC						
60	15 SENIOR CARE CLINIC						
60	16 WOMENS VISIT CLINIC						
60	17 CHC CLINICS						
60	18 PSYCH CLINIC						
60	19 ORAL SURGERY CLINIC						
60	20 DIETARY CLINIC						
60	21 CENTER OF EXCELLENCE						
60	22 OP BURN CLINIC						
60	23 BARIATRIC CLINIC						
60	24 PLASTIC CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM										
37	01 AMBULATORY SURGERY										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
41	01 NUCLEAR MEDICINE										
41	02 CAT SCAN										
44	LABORATORY										
47	BLOOD STORING, PROCESSING										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
52	01 PULMONARY FUNCTIONS										
53	ELECTROCARDIOLOGY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS					305,563					
60	CLINIC										
60	01 MEDICINE CLINIC										
60	02 OB/GYN CLINIC										
60	03 ORTHO CLINIC										
60	04 PEDIATRICS CLINIC										
60	05 DENTISTRY CLINIC										
60	06 DERMATOLOGY CLINIC										
60	07 OPHTHALMOLOGY CLINIC										
60	08 ENT CLINIC										
60	09 GERIATRIC CLINIC										
60	10 SURGERY CLINIC										
60	11 NEUROLOGY CLINIC										
60	12 ENDOSCOPY CLINIC										
60	13 OCCUPATIONAL THERAPY										
60	14 URGENT VISIT CLINIC										
60	15 SENIOR CARE CLINIC										
60	16 WOMENS VISIT CLINIC										
60	17 CHC CLINICS										
60	18 PSYCH CLINIC										
60	19 ORAL SURGERY CLINIC										
60	20 DIETARY CLINIC										
60	21 CENTER OF EXCELLENCE										
60	22 OP BURN CLINIC										
60	23 BARIATRIC CLINIC										
60	24 PLASTIC CLINIC										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
63	OTHER OUTPATIENT SERVICE										
	OTHER REIMBURS COST CNTRS										
64	HOME PROGRAM DIALYSIS										
65	AMBULANCE SERVICES										
66	DURABLE MEDICAL EQUIP-REN										
67	DURABLE MEDICAL EQUIP-SOL										
101	TOTAL					305,563					

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			73,112,243				
37 01	AMBULATORY SURGERY			165,057				
40	ANESTHESIOLOGY			7,818,130				
41	RADIOLOGY-DIAGNOSTIC			59,025,765			850	
41 01	NUCLEAR MEDICINE			3,806,910				
41 02	CAT SCAN			53,256,374				
44	LABORATORY			76,880,342			82,784	
47	BLOOD STORING, PROCESSING			6,988,836				
49	RESPIRATORY THERAPY			29,842,646			160,206	
50	PHYSICAL THERAPY			9,263,637			341,416	
51	OCCUPATIONAL THERAPY			5,236,798			325,920	
52	SPEECH PATHOLOGY			891,562			8,880	
52 01	PULMONARY FUNCTIONS			1,433,981				
53	ELECTROCARDIOLOGY			7,827,405			2,851	
55	MEDICAL SUPPLIES CHARGED			5,180,056			88,253	
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	305,563	305,563	69,897,971	.004372	.004372	797,880	3,488
60	CLINIC							
60 01	MEDICINE CLINIC			5,717,296				
60 02	OB/GYN CLINIC			4,495,918				
60 03	ORTHO CLINIC			2,006,182				
60 04	PEDIATRICS CLINIC							
60 05	DENTISTRY CLINIC							
60 06	DERMATOLOGY CLINIC			1,028,830				
60 07	OPHTHALMOLOGY CLINIC			2,422,797				
60 08	ENT CLINIC			946,853				
60 09	GERIATRIC CLINIC			1,448				
60 10	SURGERY CLINIC			1,757,201				
60 11	NEUROLOGY CLINIC			1,196,833				
60 12	ENDOSCOPY CLINIC			9,470,223				
60 13	OCCUPATIONAL THERAPY			5,172				
60 14	URGENT VISIT CLINIC			4,226,946				
60 15	SENIOR CARE CLINIC			527,603				
60 16	WOMENS VISIT CLINIC			4,745,309				
60 17	CHC CLINICS			25,012,934				
60 18	PSYCH CLINIC			19,779,873				
60 19	ORAL SURGERY CLINIC			13				
60 20	DIETARY CLINIC							
60 21	CENTER OF EXCELLENCE			1,177,943				
60 22	OP BURN CLINIC			577,248				
60 23	BARIATRIC CLINIC			75,183				
60 24	PLASTIC CLINIC			36,758				
61	EMERGENCY			40,164,994			44,074	
62	OBSERVATION BEDS (NON-DIS			4,291,942				
63	OTHER OUTPATIENT SERVICE OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES		499,331					
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	305,563	804,894	540,293,212			1,853,114	3,488

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 AMBULATORY SURGERY						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 NUCLEAR MEDICINE						
41	02 CAT SCAN						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52	01 PULMONARY FUNCTIONS						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 MEDICINE CLINIC						
60	02 OB/GYN CLINIC						
60	03 ORTHO CLINIC						
60	04 PEDIATRICS CLINIC						
60	05 DENTISTRY CLINIC						
60	06 DERMATOLOGY CLINIC						
60	07 OPHTHALMOLOGY CLINIC						
60	08 ENT CLINIC						
60	09 GERIATRIC CLINIC						
60	10 SURGERY CLINIC						
60	11 NEUROLOGY CLINIC						
60	12 ENDOSCOPY CLINIC						
60	13 OCCUPATIONAL THERAPY						
60	14 URGENT VISIT CLINIC						
60	15 SENIOR CARE CLINIC						
60	16 WOMENS VISIT CLINIC						
60	17 CHC CLINICS						
60	18 PSYCH CLINIC						
60	19 ORAL SURGERY CLINIC						
60	20 DIETARY CLINIC						
60	21 CENTER OF EXCELLENCE						
60	22 OP BURN CLINIC						
60	23 BARIATRIC CLINIC						
60	24 PLASTIC CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0024
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET D
 PART I

TITLE XIX

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				1,790,428		1,790,428
26	INTENSIVE CARE UNIT				344,397		344,397
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U				187,208		187,208
31	SUBPROVIDER				250,985		250,985
31 01	SUBPROVIDER 2				388,320		388,320
33	NURSERY				247,639		247,639
101	TOTAL				3,208,977		3,208,977

TITLE XIX		HOSPITAL		PPS			
WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,229,752	73,112,243	9,034,247		
37	01 AMBULATORY SURGERY		157,088	165,057	357		
40	ANESTHESIOLOGY		277,185	7,818,130	1,020,105		
41	RADIOLOGY-DIAGNOSTIC		1,805,468	59,025,765	5,983,079		
41	01 NUCLEAR MEDICINE		124,883	3,806,910	281,368		
41	02 CAT SCAN		400,342	53,256,374	4,908,208		
44	LABORATORY		531,486	76,880,342	9,611,864		
47	BLOOD STORING, PROCESSING		46,281	6,988,836	2,436,663		
49	RESPIRATORY THERAPY		184,366	29,842,646	11,042,146		
50	PHYSICAL THERAPY		102,302	9,263,637	787,254		
51	OCCUPATIONAL THERAPY		63,062	5,236,798	469,934		
52	SPEECH PATHOLOGY		8,583	891,562	212,671		
52	01 PULMONARY FUNCTIONS		32,046	1,433,981	199,348		
53	ELECTROCARDIOLOGY		145,588	7,827,405	801,414		
55	MEDICAL SUPPLIES CHARGED		289,637	5,180,056	1,401,539		
56	DRUGS CHARGED TO PATIENTS		764,973	69,897,971	8,847,596		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 MEDICINE CLINIC		479,153	5,717,296	27,733		
60	02 OB/GYN CLINIC		306,066	4,495,918	119,266		
60	03 ORTHO CLINIC		102,940	2,006,182	2,246		
60	04 PEDIATRICS CLINIC						
60	05 DENTISTRY CLINIC		106,724				
60	06 DERMATOLOGY CLINIC		81,319	1,028,830			
60	07 OPHTHALMOLOGY CLINIC		107,552	2,422,797	6,664		
60	08 ENT CLINIC		124,696	946,853			
60	09 GERIATRIC CLINIC		1,245	1,448			
60	10 SURGERY CLINIC		115,484	1,757,201	110,797		
60	11 NEUROLOGY CLINIC		116,164	1,196,833			
60	12 ENDOSCOPY CLINIC		145,488	9,470,223	405,278		
60	13 OCCUPATIONAL THERAPY		25,385	5,172			
60	14 URGENT VISIT CLINIC		25,059	4,226,946			
60	15 SENIOR CARE CLINIC		78,110	527,603			
60	16 WOMENS VISIT CLINIC		50,238	4,745,309	1,048,779		
60	17 CHC CLINICS		948,865	25,012,934	84,997		
60	18 PSYCH CLINIC		385,431	19,779,873	1,151		
60	19 ORAL SURGERY CLINIC		5,958	13			
60	20 DIETARY CLINIC		1,466				
60	21 CENTER OF EXCELLENCE		15,553	1,177,943	550		
60	22 OP BURN CLINIC		4,612	577,248			
60	23 BARIATRIC CLINIC		18,890	75,183	105		
60	24 PLASTIC CLINIC		736	36,758			
61	EMERGENCY		543,929	40,164,994	2,805,253		
62	OBSERVATION BEDS (NON-DIS		204,913	4,291,942			
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		10,159,018	540,293,212	61,650,612		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0024
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 COMPONENT NO: 15-0024
 PREPARED 5/27/2009
 WORKSHEET D
 PART II
 PPS

TITLE XIX

HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.016820	151,956
37 01	AMBULATORY SURGERY	.951720	340
40	ANESTHESIOLOGY	.035454	36,167
41	RADIOLOGY-DIAGNOSTIC	.030588	183,010
41 01	NUCLEAR MEDICINE	.032804	9,230
41 02	CAT SCAN	.007517	36,895
44	LABORATORY	.006913	66,447
47	BLOOD STORING, PROCESSING	.006622	16,136
49	RESPIRATORY THERAPY	.006178	68,218
50	PHYSICAL THERAPY	.011043	8,694
51	OCCUPATIONAL THERAPY	.012042	5,659
52	SPEECH PATHOLOGY	.009627	2,047
52 01	PULMONARY FUNCTIONS	.022348	4,455
53	ELECTROCARDIOLOGY	.018600	14,906
55	MEDICAL SUPPLIES CHARGED	.055914	78,366
56	DRUGS CHARGED TO PATIENTS	.010944	96,828
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	MEDICINE CLINIC	.083808	2,324
60 02	OB/GYN CLINIC	.068076	8,119
60 03	ORTHO CLINIC	.051311	115
60 04	PEDIATRICS CLINIC		
60 05	DENTISTRY CLINIC		
60 06	DERMATOLOGY CLINIC	.079040	
60 07	OPHTHALMOLOGY CLINIC	.044392	296
60 08	ENT CLINIC	.131695	
60 09	GERIATRIC CLINIC	.859807	
60 10	SURGERY CLINIC	.065720	7,282
60 11	NEUROLOGY CLINIC	.097059	
60 12	ENDOSCOPY CLINIC	.015363	6,226
60 13	OCCUPATIONAL THERAPY	4.908159	
60 14	URGENT VISIT CLINIC	.005928	
60 15	SENIOR CARE CLINIC	.148047	
60 16	WOMENS VISIT CLINIC	.010587	11,103
60 17	CHC CLINICS	.037935	3,224
60 18	PSYCH CLINIC	.019486	22
60 19	ORAL SURGERY CLINIC	458.307692	
60 20	DIETARY CLINIC		
60 21	CENTER OF EXCELLENCE	.013204	7
60 22	OP BURN CLINIC	.007990	
60 23	BARIATRIC CLINIC	.251254	26
60 24	PLASTIC CLINIC	.020023	
61	EMERGENCY	.013542	37,989
62	OBSERVATION BEDS (NON-DIS	.047744	
63	OTHER OUTPATIENT SERVICE		
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		856,087

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

PROVIDER NO: 15-0024
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/27/2009
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		3,952,665		3,952,665	54,670	72.30
26	INTENSIVE CARE UNIT		77,813		77,813	16,800	4.63
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U		19,275		19,275	8,635	2.23
31	SUBPROVIDER		140,709		140,709	10,867	12.95
31	01 SUBPROVIDER 2					3,620	
33	NURSERY					5,013	
34	SKILLED NURSING FACILITY					15,452	
35	NURSING FACILITY					51,474	
101	TOTAL		4,190,462		4,190,462	166,531	

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

PROVIDER NO: 15-0024
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/27/2009
WORKSHEET D
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	9,719	702,684
26	INTENSIVE CARE UNIT	6,079	28,146
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
30	NEONATAL INTENSIVE CARE U	4,834	10,780
31	SUBPROVIDER	2,556	33,100
31 01	SUBPROVIDER 2	1,596	
33	NURSERY	3,195	
34	SKILLED NURSING FACILITY	4,134	
35	NURSING FACILITY		
101	TOTAL	32,113	774,710

TITLE XIX HOSPITAL PPS

WKST A LINE NO.	COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37		ANCILLARY SRVC COST CNTRS										
		OPERATING ROOM				1,607,577						
37	01	AMBULATORY SURGERY										
40		ANESTHESIOLOGY				1,638,612						
41		RADIOLOGY-DIAGNOSTIC				927,402						
41	01	NUCLEAR MEDICINE										
41	02	CAT SCAN										
44		LABORATORY				340,257						
47		BLOOD STORING, PROCESSING										
49		RESPIRATORY THERAPY										
50		PHYSICAL THERAPY										
51		OCCUPATIONAL THERAPY										
52		SPEECH PATHOLOGY										
52	01	PULMONARY FUNCTIONS				54,217						
53		ELECTROCARDIOLOGY				65,188						
55		MEDICAL SUPPLIES CHARGED										
56		DRUGS CHARGED TO PATIENTS				305,563						
		OUTPAT SERVICE COST CNTRS										
60		CLINIC										
60	01	MEDICINE CLINIC				618,669						
60	02	OB/GYN CLINIC				120,194						
60	03	ORTHO CLINIC				451,246						
60	04	PEDIATRICS CLINIC										
60	05	DENTISTRY CLINIC				363,890						
60	06	DERMATOLOGY CLINIC				333,231						
60	07	OPHTHALMOLOGY CLINIC				406,008						
60	08	ENT CLINIC				353,445						
60	09	GERIATRIC CLINIC				218,559						
60	10	SURGERY CLINIC										
60	11	NEUROLOGY CLINIC				103,926						
60	12	ENDOSCOPY CLINIC				1,428						
60	13	OCCUPATIONAL THERAPY										
60	14	URGENT VISIT CLINIC				58,951						
60	15	SENIOR CARE CLINIC				32,237						
60	16	WOMENS VISIT CLINIC				143,189						
60	17	CHC CLINICS				925,486						
60	18	PSYCH CLINIC				369,375						
60	19	ORAL SURGERY CLINIC				477,622						
60	20	DIETARY CLINIC										
60	21	CENTER OF EXCELLENCE				1,240						
60	22	OP BURN CLINIC										
60	23	BARIATRIC CLINIC										
60	24	PLASTIC CLINIC										
61		EMERGENCY				2,330,247						
62		OBSERVATION BEDS (NON-DIS										
63		OTHER OUTPATIENT SERVICE										
		OTHER REIMBURS COST CNTRS										
64		HOME PROGRAM DIALYSIS										
65		AMBULANCE SERVICES										
66		DURABLE MEDICAL EQUIP-REN										
67		DURABLE MEDICAL EQUIP-SOL										
101		TOTAL				12,247,759						

TITLE XIX		HOSPITAL			PPS			
WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF COST TO CHARGES	INPAT PROG CHARGE	INPAT PROG PASS THRU COST
LINE NO.		3	3.01	4	5	5.01	6	7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	1,607,577	1,607,577	73,112,243	.021988	.021988	9,034,247	198,645
37 01	AMBULATORY SURGERY			165,057			357	
40	ANESTHESIOLOGY	1,638,612	1,638,612	7,818,130	.209591	.209591	1,020,105	213,805
41	RADIOLOGY-DIAGNOSTIC	927,402	927,402	59,025,765	.015712	.015712	5,983,079	94,006
41 01	NUCLEAR MEDICINE			3,806,910			281,368	
41 02	CAT SCAN			53,256,374			4,908,208	
44	LABORATORY	340,257	340,257	76,880,342	.004426	.004426	9,611,864	42,542
47	BLOOD STORING, PROCESSING			6,988,836			2,436,663	
49	RESPIRATORY THERAPY			29,842,646			11,042,146	
50	PHYSICAL THERAPY			9,263,637			787,254	
51	OCCUPATIONAL THERAPY			5,236,798			469,934	
52	SPEECH PATHOLOGY			891,562			212,671	
52 01	PULMONARY FUNCTIONS	54,217	54,217	1,433,981	.037809	.037809	199,348	7,537
53	ELECTROCARDIOLOGY	65,188	65,188	7,827,405	.008328	.008328	801,414	6,674
55	MEDICAL SUPPLIES CHARGED			5,180,056			1,401,539	
56	DRUGS CHARGED TO PATIENTS	305,563	305,563	69,897,971	.004372	.004372	8,847,596	38,682
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60 01	MEDICINE CLINIC	618,669	618,669	5,717,296	.108210	.108210	27,733	3,001
60 02	OB/GYN CLINIC	120,194	120,194	4,495,918	.026734	.026734	119,266	3,188
60 03	ORTHO CLINIC	451,246	451,246	2,006,182	.224928	.224928	2,246	505
60 04	PEDIATRICS CLINIC							
60 05	DENTISTRY CLINIC	363,890	363,890					
60 06	DERMATOLOGY CLINIC	333,231	333,231	1,028,830	.323893	.323893		
60 07	OPHTHALMOLOGY CLINIC	406,008	406,008	2,422,797	.167578	.167578	6,664	1,117
60 08	ENT CLINIC	353,445	353,445	946,853	.373284	.373284		
60 09	GERIATRIC CLINIC	218,559	218,559	1,448	150.938536	150.938536		
60 10	SURGERY CLINIC			1,757,201			110,797	
60 11	NEUROLOGY CLINIC	103,926	103,926	1,196,833	.086834	.086834		
60 12	ENDOSCOPY CLINIC	1,428	1,428	9,470,223	.000151	.000151	405,278	61
60 13	OCCUPATIONAL THERAPY			5,172				
60 14	URGENT VISIT CLINIC	58,951	58,951	4,226,946	.013946	.013946		
60 15	SENIOR CARE CLINIC	32,237	32,237	527,603	.061101	.061101		
60 16	WOMENS VISIT CLINIC	143,189	143,189	4,745,309	.030175	.030175	1,048,779	31,647
60 17	CHC CLINICS	925,486	925,486	25,012,934	.037000	.037000	84,997	3,145
60 18	PSYCH CLINIC	369,375	369,375	19,779,873	.018674	.018674	1,151	21
60 19	ORAL SURGERY CLINIC	477,622	477,622	13	36740.153846	36740.153846		
60 20	DIETARY CLINIC							
60 21	CENTER OF EXCELLENCE	1,240	1,240	1,177,943	.001053	.001053	550	1
60 22	OP BURN CLINIC			577,248				
60 23	BARIATRIC CLINIC			75,183			105	
60 24	PLASTIC CLINIC			36,758				
61	EMERGENCY	2,330,247	2,330,247	40,164,994	.058017	.058017	2,805,253	162,752
62	OBSERVATION BEDS (NON-DIS			4,291,942				
63	OTHER OUTPATIENT SERVICE							
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES		499,331					
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	12,247,759	12,747,090	540,293,212			61,650,612	807,329

TITLE XIX 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	5,556,198			122,170		
37 01	AMBULATORY SURGERY	20,440					
40	ANESTHESIOLOGY	623,765			130,736		
41	RADIOLOGY-DIAGNOSTIC	5,329,098			83,731		
41 01	NUCLEAR MEDICINE	346,040					
41 02	CAT SCAN	4,786,258					
44	LABORATORY	10,800,790			47,804		
47	BLOOD STORING, PROCESSING	341,697					
49	RESPIRATORY THERAPY	387,099					
50	PHYSICAL THERAPY	439,816					
51	OCCUPATIONAL THERAPY	164,789					
52	SPEECH PATHOLOGY	18,497					
52 01	PULMONARY FUNCTIONS	87,903			3,324		
53	ELECTROCARDIOLOGY	485,912			4,047		
55	MEDICAL SUPPLIES CHARGED	93,055					
56	DRUGS CHARGED TO PATIENTS	3,759,050			16,435		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	MEDICINE CLINIC	730,175			79,012		
60 02	OB/GYN CLINIC	1,966,133			52,563		
60 03	ORTHO CLINIC	348,689			78,430		
60 04	PEDIATRICS CLINIC						
60 05	DENTISTRY CLINIC						
60 06	DERMATOLOGY CLINIC	192,223			62,260		
60 07	OPHTHALMOLOGY CLINIC	294,159			49,295		
60 08	ENT CLINIC	244,236			91,169		
60 09	GERIATRIC CLINIC	168			25,358		
60 10	SURGERY CLINIC	196,299					
60 11	NEUROLOGY CLINIC	171,245			14,870		
60 12	ENDOSCOPY CLINIC	887,116			134		
60 13	OCCUPATIONAL THERAPY						
60 14	URGENT VISIT CLINIC	438,101			6,110		
60 15	SENIOR CARE CLINIC	17,638			1,078		
60 16	WOMENS VISIT CLINIC	1,709,696			51,590		
60 17	CHC CLINICS	11,571,886			428,160		
60 18	PSYCH CLINIC	5,670,431			105,890		
60 19	ORAL SURGERY CLINIC						
60 20	DIETARY CLINIC						
60 21	CENTER OF EXCELLENCE	141,356			149		
60 22	OP BURN CLINIC	61,519					
60 23	BARIATRIC CLINIC	25,378					
60 24	PLASTIC CLINIC	3,557					
61	EMERGENCY	5,194,698			301,381		
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	7,199,456					
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	70,304,566			1,755,696		

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		2,673,259			
37 01 AMBULATORY SURGERY		228,790			
40 ANESTHESIOLOGY		271,737			
41 RADIOLOGY-DIAGNOSTIC		1,487,724			
41 01 NUCLEAR MEDICINE		141,725			
41 02 CAT SCAN		444,289			
44 LABORATORY		3,000,546			
47 BLOOD STORING, PROCESSING & TRANS.		250,503			
49 RESPIRATORY THERAPY		92,190			
50 PHYSICAL THERAPY		193,039			
51 OCCUPATIONAL THERAPY		80,759			
52 SPEECH PATHOLOGY		14,224			
52 01 PULMONARY FUNCTIONS		42,277			
53 ELECTROCARDIOLOGY		144,106			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		65,212			
56 DRUGS CHARGED TO PATIENTS		3,299,822			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 MEDICINE CLINIC		803,223			
60 02 OB/GYN CLINIC		1,782,081			
60 03 ORTHO CLINIC		325,835			
60 04 PEDIATRICS CLINIC					
60 05 DENTISTRY CLINIC					
60 06 DERMATOLOGY CLINIC		222,604			
60 07 OPHTHALMOLOGY CLINIC		111,128			
60 08 ENT CLINIC		313,934			
60 09 GERIATRIC CLINIC		24,119			
60 10 SURGERY CLINIC		138,825			
60 11 NEUROLOGY CLINIC		201,469			
60 12 ENDOSCOPY CLINIC		318,514			
60 13 OCCUPATIONAL THERAPY					
60 14 URGENT VISIT CLINIC		233,307			
60 15 SENIOR CARE CLINIC		39,311			
60 16 WOMENS VISIT CLINIC		1,020,617			
60 17 CHC CLINICS		13,938,545			
60 18 PSYCH CLINIC		4,457,798			
60 19 ORAL SURGERY CLINIC					
60 20 DIETARY CLINIC					
60 21 CENTER OF EXCELLENCE		110,216			
60 22 OP BURN CLINIC		36,382			
60 23 BARIATRIC CLINIC		123,151			
60 24 PLASTIC CLINIC		14,389			
61 EMERGENCY		3,033,117			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 OTHER OUTPATIENT SERVICE COST CENTER					
64 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES		4,021,019			
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL		43,699,786			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		43,699,786			

TITLE XIX SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,229,752	73,112,243	5,714		
37	01 AMBULATORY SURGERY		157,088	165,057			
40	ANESTHESIOLOGY		277,185	7,818,130	1,090		
41	RADIOLOGY-DIAGNOSTIC		1,805,468	59,025,765	19,905		
41	01 NUCLEAR MEDICINE		124,883	3,806,910			
41	02 CAT SCAN		400,342	53,256,374	23,952		
44	LABORATORY		531,486	76,880,342	173,595		
47	BLOOD STORING, PROCESSING		46,281	6,988,836			
49	RESPIRATORY THERAPY		184,366	29,842,646	2,504		
50	PHYSICAL THERAPY		102,302	9,263,637	6,635		
51	OCCUPATIONAL THERAPY		63,062	5,236,798	5,134		
52	SPEECH PATHOLOGY		8,583	891,562	447		
52	01 PULMONARY FUNCTIONS		32,046	1,433,981			
53	ELECTROCARDIOLOGY		145,588	7,827,405	2,279		
55	MEDICAL SUPPLIES CHARGED		289,637	5,180,056	75		
56	DRUGS CHARGED TO PATIENTS		764,973	69,897,971	254,631		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 MEDICINE CLINIC		479,153	5,717,296			
60	02 OB/GYN CLINIC		306,066	4,495,918			
60	03 ORTHO CLINIC		102,940	2,006,182			
60	04 PEDIATRICS CLINIC						
60	05 DENTISTRY CLINIC		106,724				
60	06 DERMATOLOGY CLINIC		81,319	1,028,830			
60	07 OPHTHALMOLOGY CLINIC		107,552	2,422,797	176		
60	08 ENT CLINIC		124,696	946,853			
60	09 GERIATRIC CLINIC		1,245	1,448			
60	10 SURGERY CLINIC		115,484	1,757,201			
60	11 NEUROLOGY CLINIC		116,164	1,196,833	790		
60	12 ENDOSCOPY CLINIC		145,488	9,470,223	2,466		
60	13 OCCUPATIONAL THERAPY		25,385	5,172			
60	14 URGENT VISIT CLINIC		25,059	4,226,946	280		
60	15 SENIOR CARE CLINIC		78,110	527,603			
60	16 WOMENS VISIT CLINIC		50,238	4,745,309	165		
60	17 CHC CLINICS		948,865	25,012,934	457		
60	18 PSYCH CLINIC		385,431	19,779,873	49,133		
60	19 ORAL SURGERY CLINIC		5,958	13			
60	20 DIETARY CLINIC		1,466				
60	21 CENTER OF EXCELLENCE		15,553	1,177,943	105		
60	22 OP BURN CLINIC		4,612	577,248			
60	23 BARIATRIC CLINIC		18,890	75,183			
60	24 PLASTIC CLINIC		736	36,758			
61	EMERGENCY		543,929	40,164,994	18,399		
62	OBSERVATION BEDS (NON-DIS		204,913	4,291,942			
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		10,159,018	540,293,212	567,932		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0024
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 COMPONENT NO: 15-S024
 PREPARED 5/27/2009
 WORKSHEET D
 PART II

TITLE XIX SUBPROVIDER 1

WKST A LINE NO.	COST CENTER	DESCRIPTION	NEW CAPITAL COSTS	
			CST/CHRG 7	RATIO 8
37		ANCILLARY SRVC COST CNTRS		
		OPERATING ROOM	.016820	96
37	01	AMBULATORY SURGERY	.951720	
40		ANESTHESIOLOGY	.035454	39
41		RADIOLOGY-DIAGNOSTIC	.030588	609
41	01	NUCLEAR MEDICINE	.032804	
41	02	CAT SCAN	.007517	180
44		LABORATORY	.006913	1,200
47		BLOOD STORING, PROCESSING	.006622	
49		RESPIRATORY THERAPY	.006178	15
50		PHYSICAL THERAPY	.011043	73
51		OCCUPATIONAL THERAPY	.012042	62
52		SPEECH PATHOLOGY	.009627	4
52	01	PULMONARY FUNCTIONS	.022348	
53		ELECTROCARDIOLOGY	.018600	42
55		MEDICAL SUPPLIES CHARGED	.055914	4
56		DRUGS CHARGED TO PATIENTS	.010944	2,787
		OUTPAT SERVICE COST CNTRS		
60		CLINIC		
60	01	MEDICINE CLINIC	.083808	
60	02	OB/GYN CLINIC	.068076	
60	03	ORTHO CLINIC	.051311	
60	04	PEDIATRICS CLINIC		
60	05	DENTISTRY CLINIC		
60	06	DERMATOLOGY CLINIC	.079040	
60	07	OPHTHALMOLOGY CLINIC	.044392	8
60	08	ENT CLINIC	.131695	
60	09	GERIATRIC CLINIC	.859807	
60	10	SURGERY CLINIC	.065720	
60	11	NEUROLOGY CLINIC	.097059	77
60	12	ENDOSCOPY CLINIC	.015363	38
60	13	OCCUPATIONAL THERAPY	4.908159	
60	14	URGENT VISIT CLINIC	.005928	2
60	15	SENIOR CARE CLINIC	.148047	
60	16	WOMENS VISIT CLINIC	.010587	2
60	17	CHC CLINICS	.037935	17
60	18	PSYCH CLINIC	.019486	957
60	19	ORAL SURGERY CLINIC	458.307692	
60	20	DIETARY CLINIC		
60	21	CENTER OF EXCELLENCE	.013204	1
60	22	OP BURN CLINIC	.007990	
60	23	BARIATRIC CLINIC	.251254	
60	24	PLASTIC CLINIC	.020023	
61		EMERGENCY	.013542	249
62		OBSERVATION BEDS (NON-DIS	.047744	
63		OTHER OUTPATIENT SERVICE		
		OTHER REIMBURS COST CNTRS		
64		HOME PROGRAM DIALYSIS		
65		AMBULANCE SERVICES		
66		DURABLE MEDICAL EQUIP-REN		
67		DURABLE MEDICAL EQUIP-SOL		
101		TOTAL		6,462

TITLE XIX SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
37		ANCILLARY SRVC COST CNTRS						
		OPERATING ROOM			1,607,577			
37	01	AMBULATORY SURGERY						
40		ANESTHESIOLOGY			1,638,612			
41		RADIOLOGY-DIAGNOSTIC			927,402			
41	01	NUCLEAR MEDICINE						
41	02	CAT SCAN						
44		LABORATORY			340,257			
47		BLOOD STORING, PROCESSING						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
52	01	PULMONARY FUNCTIONS			54,217			
53		ELECTROCARDIOLOGY			65,188			
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS			305,563			
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	MEDICINE CLINIC			618,669			
60	02	OB/GYN CLINIC			120,194			
60	03	ORTHO CLINIC			451,246			
60	04	PEDIATRICS CLINIC						
60	05	DENTISTRY CLINIC			363,890			
60	06	DERMATOLOGY CLINIC			333,231			
60	07	OPHTHALMOLOGY CLINIC			406,008			
60	08	ENT CLINIC			353,445			
60	09	GERIATRIC CLINIC			218,559			
60	10	SURGERY CLINIC						
60	11	NEUROLOGY CLINIC			103,926			
60	12	ENDOSCOPY CLINIC			1,428			
60	13	OCCUPATIONAL THERAPY						
60	14	URGENT VISIT CLINIC			58,951			
60	15	SENIOR CARE CLINIC			32,237			
60	16	WOMENS VISIT CLINIC			143,189			
60	17	CHC CLINICS			925,486			
60	18	PSYCH CLINIC			369,375			
60	19	ORAL SURGERY CLINIC			477,622			
60	20	DIETARY CLINIC						
60	21	CENTER OF EXCELLENCE			1,240			
60	22	OP BURN CLINIC						
60	23	BARIATRIC CLINIC						
60	24	PLASTIC CLINIC						
61		EMERGENCY			2,330,247			
62		OBSERVATION BEDS (NON-DIS						
63		OTHER OUTPATIENT SERVICE						
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS						
65		AMBULANCE SERVICES						
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
101		TOTAL			12,247,759			

TITLE XIX SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
37	01 OPERATING ROOM	1,607,577	1,607,577	73,112,243	.021988	.021988	5,714	126
40	01 AMBULATORY SURGERY			165,057				
41	ANESTHESIOLOGY	1,638,612	1,638,612	7,818,130	.209591	.209591	1,090	228
41	01 RADIOLOGY-DIAGNOSTIC	927,402	927,402	59,025,765	.015712	.015712	19,905	313
41	01 NUCLEAR MEDICINE			3,806,910				
41	02 CAT SCAN			53,256,374			23,952	
44	LABORATORY	340,257	340,257	76,880,342	.004426	.004426	173,595	768
47	BLOOD STORING, PROCESSING			6,988,836				
49	RESPIRATORY THERAPY			29,842,646			2,504	
50	PHYSICAL THERAPY			9,263,637			6,635	
51	OCCUPATIONAL THERAPY			5,236,798			5,134	
52	SPEECH PATHOLOGY			891,562			447	
52	01 PULMONARY FUNCTIONS	54,217	54,217	1,433,981	.037809	.037809		
53	ELECTROCARDIOLOGY	65,188	65,188	7,827,405	.008328	.008328	2,279	19
55	MEDICAL SUPPLIES CHARGED			5,180,056			75	
56	DRUGS CHARGED TO PATIENTS	305,563	305,563	69,897,971	.004372	.004372	254,631	1,113
60	OUTPAT SERVICE COST CNTRS							
60	01 CLINIC							
60	01 MEDICINE CLINIC	618,669	618,669	5,717,296	.108210	.108210		
60	02 OB/GYN CLINIC	120,194	120,194	4,495,918	.026734	.026734		
60	03 ORTHO CLINIC	451,246	451,246	2,006,182	.224928	.224928		
60	04 PEDIATRICS CLINIC							
60	05 DENTISTRY CLINIC	363,890	363,890					
60	06 DERMATOLOGY CLINIC	333,231	333,231	1,028,830	.323893	.323893		
60	07 OPHTHALMOLOGY CLINIC	406,008	406,008	2,422,797	.167578	.167578	176	29
60	08 ENT CLINIC	353,445	353,445	946,853	.373284	.373284		
60	09 GERIATRIC CLINIC	218,559	218,559	1,448	150.938536	150.938536		
60	10 SURGERY CLINIC			1,757,201				
60	11 NEUROLOGY CLINIC	103,926	103,926	1,196,833	.086834	.086834	790	69
60	12 ENDOSCOPY CLINIC	1,428	1,428	9,470,223	.000151	.000151	2,466	
60	13 OCCUPATIONAL THERAPY			5,172				
60	14 URGENT VISIT CLINIC	58,951	58,951	4,226,946	.013946	.013946	280	4
60	15 SENIOR CARE CLINIC	32,237	32,237	527,603	.061101	.061101		
60	16 WOMENS VISIT CLINIC	143,189	143,189	4,745,309	.030175	.030175	165	5
60	17 CHC CLINICS	925,486	925,486	25,012,934	.037000	.037000	457	17
60	18 PSYCH CLINIC	369,375	369,375	19,779,873	.018674	.018674	49,133	918
60	19 ORAL SURGERY CLINIC	477,622	477,622	13	36740.153846	36740.153846		
60	20 DIETARY CLINIC							
60	21 CENTER OF EXCELLENCE	1,240	1,240	1,177,943	.001053	.001053	105	
60	22 OP BURN CLINIC			577,248				
60	23 BARIATRIC CLINIC			75,183				
60	24 PLASTIC CLINIC			36,758				
61	EMERGENCY	2,330,247	2,330,247	40,164,994	.058017	.058017	18,399	1,067
62	OBSERVATION BEDS (NON-DIS			4,291,942				
63	OTHER OUTPATIENT SERVICE							
64	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES		499,331					
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	12,247,759	12,747,090	540,293,212			567,932	4,676

TITLE XIX SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 AMBULATORY SURGERY						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 NUCLEAR MEDICINE						
41	02 CAT SCAN						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52	01 PULMONARY FUNCTIONS						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 MEDICINE CLINIC						
60	02 OB/GYN CLINIC						
60	03 ORTHO CLINIC						
60	04 PEDIATRICS CLINIC						
60	05 DENTISTRY CLINIC						
60	06 DERMATOLOGY CLINIC						
60	07 OPHTHALMOLOGY CLINIC						
60	08 ENT CLINIC						
60	09 GERIATRIC CLINIC						
60	10 SURGERY CLINIC						
60	11 NEUROLOGY CLINIC						
60	12 ENDOSCOPY CLINIC						
60	13 OCCUPATIONAL THERAPY						
60	14 URGENT VISIT CLINIC						
60	15 SENIOR CARE CLINIC						
60	16 WOMENS VISIT CLINIC						
60	17 CHC CLINICS						
60	18 PSYCH CLINIC						
60	19 ORAL SURGERY CLINIC						
60	20 DIETARY CLINIC						
60	21 CENTER OF EXCELLENCE						
60	22 OP BURN CLINIC						
60	23 BARIATRIC CLINIC						
60	24 PLASTIC CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XIX SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		1,229,752	73,112,243	271,022		
37	01 AMBULATORY SURGERY		157,088	165,057			
40	ANESTHESIOLOGY		277,185	7,818,130	38,801		
41	RADIOLOGY-DIAGNOSTIC		1,805,468	59,025,765	104,019		
41	01 NUCLEAR MEDICINE		124,883	3,806,910	5,039		
41	02 CAT SCAN		400,342	53,256,374	56,543		
44	LABORATORY		531,486	76,880,342	390,334		
47	BLOOD STORING, PROCESSING		46,281	6,988,836	199,118		
49	RESPIRATORY THERAPY		184,366	29,842,646	507,425		
50	PHYSICAL THERAPY		102,302	9,263,637	310,977		
51	OCCUPATIONAL THERAPY		63,062	5,236,798	362,548		
52	SPEECH PATHOLOGY		8,583	891,562	93,637		
52	01 PULMONARY FUNCTIONS		32,046	1,433,981	19,376		
53	ELECTROCARDIOLOGY		145,588	7,827,405	15,317		
55	MEDICAL SUPPLIES CHARGED		289,637	5,180,056	163,977		
56	DRUGS CHARGED TO PATIENTS		764,973	69,897,971	552,575		
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 MEDICINE CLINIC		479,153	5,717,296			
60	02 OB/GYN CLINIC		306,066	4,495,918			
60	03 ORTHO CLINIC		102,940	2,006,182	105		
60	04 PEDIATRICS CLINIC						
60	05 DENTISTRY CLINIC		106,724				
60	06 DERMATOLOGY CLINIC		81,319	1,028,830			
60	07 OPHTHALMOLOGY CLINIC		107,552	2,422,797	88		
60	08 ENT CLINIC		124,696	946,853			
60	09 GERIATRIC CLINIC		1,245	1,448			
60	10 SURGERY CLINIC		115,484	1,757,201	4,406		
60	11 NEUROLOGY CLINIC		116,164	1,196,833	263		
60	12 ENDOSCOPY CLINIC		145,488	9,470,223	18,275		
60	13 OCCUPATIONAL THERAPY		25,385	5,172			
60	14 URGENT VISIT CLINIC		25,059	4,226,946			
60	15 SENIOR CARE CLINIC		78,110	527,603			
60	16 WOMENS VISIT CLINIC		50,238	4,745,309			
60	17 CHC CLINICS		948,865	25,012,934			
60	18 PSYCH CLINIC		385,431	19,779,873			
60	19 ORAL SURGERY CLINIC		5,958	13			
60	20 DIETARY CLINIC		1,466				
60	21 CENTER OF EXCELLENCE		15,553	1,177,943			
60	22 OP BURN CLINIC		4,612	577,248	2,670		
60	23 BARIATRIC CLINIC		18,890	75,183			
60	24 PLASTIC CLINIC		736	36,758			
61	EMERGENCY		543,929	40,164,994	25,874		
62	OBSERVATION BEDS (NON-DIS		204,913	4,291,942			
63	OTHER OUTPATIENT SERVICE						
63	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		10,159,018	540,293,212	3,142,389		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0024
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 COMPONENT NO: 15-T024
 PREPARED 5/27/2009
 WORKSHEET D
 PART II
 PPS

TITLE XIX SUBPROVIDER 2

WKST A LINE NO.	COST CENTER	DESCRIPTION	NEW CAPITAL CST/CHRG 7	RATIO	COSTS 8
37		ANCILLARY SRVC COST CNTRS			
		OPERATING ROOM	.016820		4,559
37	01	AMBULATORY SURGERY	.951720		
40		ANESTHESIOLOGY	.035454		1,376
41		RADIOLOGY-DIAGNOSTIC	.030588		3,182
41	01	NUCLEAR MEDICINE	.032804		165
41	02	CAT SCAN	.007517		425
44		LABORATORY	.006913		2,698
47		BLOOD STORING, PROCESSING	.006622		1,319
49		RESPIRATORY THERAPY	.006178		3,135
50		PHYSICAL THERAPY	.011043		3,434
51		OCCUPATIONAL THERAPY	.012042		4,366
52		SPEECH PATHOLOGY	.009627		901
52	01	PULMONARY FUNCTIONS	.022348		433
53		ELECTROCARDIOLOGY	.018600		285
55		MEDICAL SUPPLIES CHARGED	.055914		9,169
56		DRUGS CHARGED TO PATIENTS	.010944		6,047
		OUTPAT SERVICE COST CNTRS			
60		CLINIC			
60	01	MEDICINE CLINIC	.083808		
60	02	OB/GYN CLINIC	.068076		
60	03	ORTHO CLINIC	.051311		5
60	04	PEDIATRICS CLINIC			
60	05	DENTISTRY CLINIC			
60	06	DERMATOLOGY CLINIC	.079040		
60	07	OPHTHALMOLOGY CLINIC	.044392		4
60	08	ENT CLINIC	.131695		
60	09	GERIATRIC CLINIC	.859807		
60	10	SURGERY CLINIC	.065720		290
60	11	NEUROLOGY CLINIC	.097059		26
60	12	ENDOSCOPY CLINIC	.015363		281
60	13	OCCUPATIONAL THERAPY	4.908159		
60	14	URGENT VISIT CLINIC	.005928		
60	15	SENIOR CARE CLINIC	.148047		
60	16	WOMENS VISIT CLINIC	.010587		
60	17	CHC CLINICS	.037935		
60	18	PSYCH CLINIC	.019486		
60	19	ORAL SURGERY CLINIC	458.307692		
60	20	DIETARY CLINIC			
60	21	CENTER OF EXCELLENCE	.013204		
60	22	OP BURN CLINIC	.007990		21
60	23	BARIATRIC CLINIC	.251254		
60	24	PLASTIC CLINIC	.020023		
61		EMERGENCY	.013542		350
62		OBSERVATION BEDS (NON-DIS	.047744		
63		OTHER OUTPATIENT SERVICE			
		OTHER REIMBURS COST CNTRS			
64		HOME PROGRAM DIALYSIS			
65		AMBULANCE SERVICES			
66		DURABLE MEDICAL EQUIP-REN			
67		DURABLE MEDICAL EQUIP-SOL			
101		TOTAL			42,471

TITLE XIX SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	1,607,577	1,607,577	73,112,243	.021988	.021988	271,022	5,959
37 01	AMBULATORY SURGERY			165,057				
40	ANESTHESIOLOGY	1,638,612	1,638,612	7,818,130	.209591	.209591	38,801	8,132
41	RADIOLOGY-DIAGNOSTIC	927,402	927,402	59,025,765	.015712	.015712	104,019	1,634
41 01	NUCLEAR MEDICINE			3,806,910			5,039	
41 02	CAT SCAN			53,256,374			56,543	
44	LABORATORY	340,257	340,257	76,880,342	.004426	.004426	390,334	1,728
47	BLOOD STORING, PROCESSING			6,988,836			199,118	
49	RESPIRATORY THERAPY			29,842,646			507,425	
50	PHYSICAL THERAPY			9,263,637			310,977	
51	OCCUPATIONAL THERAPY			5,236,798			362,548	
52	SPEECH PATHOLOGY			891,562			93,637	
52 01	PULMONARY FUNCTIONS	54,217	54,217	1,433,981	.037809	.037809	19,376	733
53	ELECTROCARDIOLOGY	65,188	65,188	7,827,405	.008328	.008328	15,317	128
55	MEDICAL SUPPLIES CHARGED			5,180,056			163,977	
56	DRUGS CHARGED TO PATIENTS	305,563	305,563	69,897,971	.004372	.004372	552,575	2,416
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60 01	MEDICINE CLINIC	618,669	618,669	5,717,296	.108210	.108210		
60 02	OB/GYN CLINIC	120,194	120,194	4,495,918	.026734	.026734		
60 03	ORTHO CLINIC	451,246	451,246	2,006,182	.224928	.224928	105	24
60 04	PEDIATRICS CLINIC							
60 05	DENTISTRY CLINIC	363,890	363,890					
60 06	DERMATOLOGY CLINIC	333,231	333,231	1,028,830	.323893	.323893		
60 07	OPHTHALMOLOGY CLINIC	406,008	406,008	2,422,797	.167578	.167578	88	15
60 08	ENT CLINIC	353,445	353,445	946,853	.373284	.373284		
60 09	GERIATRIC CLINIC	218,559	218,559	1,448	150.938536	150.938536		
60 10	SURGERY CLINIC			1,757,201			4,406	
60 11	NEUROLOGY CLINIC	103,926	103,926	1,196,833	.086834	.086834	263	23
60 12	ENDOSCOPY CLINIC	1,428	1,428	9,470,223	.000151	.000151	18,275	3
60 13	OCCUPATIONAL THERAPY			5,172				
60 14	URGENT VISIT CLINIC	58,951	58,951	4,226,946	.013946	.013946		
60 15	SENIOR CARE CLINIC	32,237	32,237	527,603	.061101	.061101		
60 16	WOMENS VISIT CLINIC	143,189	143,189	4,745,309	.030175	.030175		
60 17	CHC CLINICS	925,486	925,486	25,012,934	.037000	.037000		
60 18	PSYCH CLINIC	369,375	369,375	19,779,873	.018674	.018674		
60 19	ORAL SURGERY CLINIC	477,622	477,622	13	36740.153846	36740.153846		
60 20	DIETARY CLINIC							
60 21	CENTER OF EXCELLENCE	1,240	1,240	1,177,943	.001053	.001053		
60 22	OP BURN CLINIC			577,248			2,670	
60 23	BARIATRIC CLINIC			75,183				
60 24	PLASTIC CLINIC			36,758				
61	EMERGENCY	2,330,247	2,330,247	40,164,994	.058017	.058017	25,874	1,501
62	OBSERVATION BEDS (NON-DIS			4,291,942				
63	OTHER OUTPATIENT SERVICE							
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES		499,331					
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	12,247,759	12,747,090	540,293,212			3,142,389	22,296

TITLE XIX SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 AMBULATORY SURGERY						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 NUCLEAR MEDICINE						
41	02 CAT SCAN						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52	01 PULMONARY FUNCTIONS						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 MEDICINE CLINIC						
60	02 OB/GYN CLINIC						
60	03 ORTHO CLINIC						
60	04 PEDIATRICS CLINIC						
60	05 DENTISTRY CLINIC						
60	06 DERMATOLOGY CLINIC						
60	07 OPHTHALMOLOGY CLINIC						
60	08 ENT CLINIC						
60	09 GERIATRIC CLINIC						
60	10 SURGERY CLINIC						
60	11 NEUROLOGY CLINIC						
60	12 ENDOSCOPY CLINIC						
60	13 OCCUPATIONAL THERAPY						
60	14 URGENT VISIT CLINIC						
60	15 SENIOR CARE CLINIC						
60	16 WOMENS VISIT CLINIC						
60	17 CHC CLINICS						
60	18 PSYCH CLINIC						
60	19 ORAL SURGERY CLINIC						
60	20 DIETARY CLINIC						
60	21 CENTER OF EXCELLENCE						
60	22 OP BURN CLINIC						
60	23 BARIATRIC CLINIC						
60	24 PLASTIC CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XVIII PART A SNF PPS

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

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	4,981,998
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	322.42
68	PROGRAM ROUTINE SERVICE COST	1,973,533
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	1,973,533
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	72,739
72	PER DIEM CAPITAL-RELATED COSTS	4.71
73	PROGRAM CAPITAL-RELATED COSTS	28,830
74	INPATIENT ROUTINE SERVICE COST	1,944,703
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	1,944,703
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	1,973,533
80	PROGRAM INPATIENT ANCILLARY SERVICES	1,236,552
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	3,210,085

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P HOSPITAL 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	6,257
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	868.60
85	OBSERVATION BED COST	5,434,830

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	47,486,350		5,434,830	
87	NEW CAPITAL-RELATED COST	1,790,428	.037704	5,434,830	204,915
88	NON PHYSICIAN ANESTHETIST	47,486,350		5,434,830	
89	MEDICAL EDUCATION	3,952,665	.083238	5,434,830	452,384
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0024
 COMPONENT NO: 15-0024
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET D-4

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		8,892,624	
26	INTENSIVE CARE UNIT		12,090,198	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.489517	9,338,615	4,571,411
37	01 AMBULATORY SURGERY	11.924856		
40	ANESTHESIOLOGY	.254452	923,876	235,082
41	RADIOLOGY-DIAGNOSTIC	.282011	4,502,909	1,269,870
41	01 NUCLEAR MEDICINE	.436242	249,950	109,039
41	02 CAT SCAN	.098876	4,404,007	435,451
44	LABORATORY	.290795	7,227,166	2,101,624
47	BLOOD STORING, PROCESSING & TRANS.	.778549	1,090,583	849,072
49	RESPIRATORY THERAPY	.253095	7,261,969	1,837,968
50	PHYSICAL THERAPY	.466426	731,394	341,141
51	OCCUPATIONAL THERAPY	.520786	413,663	215,430
52	SPEECH PATHOLOGY	.816783	198,067	161,778
52	01 PULMONARY FUNCTIONS	.473755	62,535	29,626
53	ELECTROCARDIOLOGY	.307330	1,325,936	407,500
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.746432	867,955	647,869
56	DRUGS CHARGED TO PATIENTS	.932371	6,319,129	5,891,773
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 MEDICINE CLINIC	1.063299	785	835
60	02 OB/GYN CLINIC	.938498	525	493
60	03 ORTHO CLINIC	.769351	1,091	839
60	04 PEDIATRICS CLINIC			
60	05 DENTISTRY CLINIC			
60	06 DERMATOLOGY CLINIC	.908984	2,762	2,511
60	07 OPHTHALMOLOGY CLINIC	.235444	854	201
60	08 ENT CLINIC	.997103	2,946	2,937
60	09 GERIATRIC CLINIC	1.505525		
60	10 SURGERY CLINIC	.753685	186,064	140,234
60	11 NEUROLOGY CLINIC	1.166424	19,165	22,355
60	12 ENDOSCOPY CLINIC	.381685	243,906	93,095
60	13 OCCUPATIONAL THERAPY	102.492459		
60	14 URGENT VISIT CLINIC	.551649		
60	15 SENIOR CARE CLINIC	2.311507	2,757	6,373
60	16 WOMENS VISIT CLINIC	.604011	30,593	18,479
60	17 CHC CLINICS	1.243373	2,591	3,222
60	18 PSYCH CLINIC	.816747	1,805	1,474
60	19 ORAL SURGERY CLINIC	6358.769231		
60	20 DIETARY CLINIC			
60	21 CENTER OF EXCELLENCE	.827248	444	367
60	22 OP BURN CLINIC	.628156	443	278
60	23 BARIATRIC CLINIC	5.162643		
60	24 PLASTIC CLINIC	4.295174	461	1,980
61	EMERGENCY	.562424	1,818,695	1,022,878
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.160885		
63	OTHER OUTPATIENT SERVICE COST CENTER			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		47,233,641	20,423,185
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		47,233,641	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0024
 COMPONENT NO: 15-S024
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET D-4

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		1,661,545	
31	01 SUBPROVIDER 2		9,044	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.489517	14,602	7,148
37	01 AMBULATORY SURGERY	11.924856		
40	ANESTHESIOLOGY	.254452		
41	RADIOLOGY-DIAGNOSTIC	.282011	12,978	3,660
41	01 NUCLEAR MEDICINE	.436242	510	222
41	02 CAT SCAN	.098876	21,252	2,101
44	LABORATORY	.290795	131,291	38,179
47	BLOOD STORING, PROCESSING & TRANS.	.778549	2,336	1,819
49	RESPIRATORY THERAPY	.253095	6,729	1,703
50	PHYSICAL THERAPY	.466426	2,674	1,247
51	OCCUPATIONAL THERAPY	.520786	628	327
52	SPEECH PATHOLOGY	.816783	227	185
52	01 PULMONARY FUNCTIONS	.473755	2,203	1,044
53	ELECTROCARDIOLOGY	.307330	2,819	866
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.746432	3,127	2,334
56	DRUGS CHARGED TO PATIENTS	.932371	262,528	244,773
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 MEDICINE CLINIC	1.063299		
60	02 OB/GYN CLINIC	.938498		
60	03 ORTHO CLINIC	.769351		
60	04 PEDIATRICS CLINIC			
60	05 DENTISTRY CLINIC			
60	06 DERMATOLOGY CLINIC	.908984		
60	07 OPHTHALMOLOGY CLINIC	.235444		
60	08 ENT CLINIC	.997103		
60	09 GERIATRIC CLINIC	1.505525		
60	10 SURGERY CLINIC	.753685		
60	11 NEUROLOGY CLINIC	1.166424		
60	12 ENDOSCOPY CLINIC	.381685		
60	13 OCCUPATIONAL THERAPY	102.492459		
60	14 URGENT VISIT CLINIC	.551649		
60	15 SENIOR CARE CLINIC	2.311507		
60	16 WOMENS VISIT CLINIC	.604011		
60	17 CHC CLINICS	1.243373		
60	18 PSYCH CLINIC	.816747	20,714	16,918
60	19 ORAL SURGERY CLINIC	6358.769231		
60	20 DIETARY CLINIC			
60	21 CENTER OF EXCELLENCE	.827248		
60	22 OP BURN CLINIC	.628156		
60	23 BARIATRIC CLINIC	5.162643		
60	24 PLASTIC CLINIC	4.295174		
61	EMERGENCY	.562424	35,944	20,216
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.160885		
63	OTHER OUTPATIENT SERVICE COST CENTER			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		520,562	342,742
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		520,562	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0024
 COMPONENT NO: 15-T024
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET D-4

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2		1,783,431	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.489517	677,862	331,825
37	01 AMBULATORY SURGERY	11.924856		
40	ANESTHESIOLOGY	.254452	41,029	10,440
41	RADIOLOGY-DIAGNOSTIC	.282011	42,556	12,001
41	01 NUCLEAR MEDICINE	.436242	947	413
41	02 CAT SCAN	.098876	13,338	1,319
44	LABORATORY	.290795	302,214	87,882
47	BLOOD STORING, PROCESSING & TRANS.	.778549	116,486	90,690
49	RESPIRATORY THERAPY	.253095	303,239	76,748
50	PHYSICAL THERAPY	.466426	122,666	57,215
51	OCCUPATIONAL THERAPY	.520786	131,627	68,549
52	SPEECH PATHOLOGY	.816783	21,078	17,216
52	01 PULMONARY FUNCTIONS	.473755	55,754	26,414
53	ELECTROCARDIOLOGY	.307330	8,702	2,674
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.746432	173,379	129,416
56	DRUGS CHARGED TO PATIENTS	.932371	356,439	332,333
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 MEDICINE CLINIC	1.063299		
60	02 OB/GYN CLINIC	.938498		
60	03 ORTHO CLINIC	.769351		
60	04 PEDIATRICS CLINIC			
60	05 DENTISTRY CLINIC			
60	06 DERMATOLOGY CLINIC	.908984		
60	07 OPHTHALMOLOGY CLINIC	.235444		
60	08 ENT CLINIC	.997103		
60	09 GERIATRIC CLINIC	1.505525		
60	10 SURGERY CLINIC	.753685		
60	11 NEUROLOGY CLINIC	1.166424	6,960	8,118
60	12 ENDOSCOPY CLINIC	.381685		
60	13 OCCUPATIONAL THERAPY	102.492459		
60	14 URGENT VISIT CLINIC	.551649		
60	15 SENIOR CARE CLINIC	2.311507		
60	16 WOMENS VISIT CLINIC	.604011		
60	17 CHC CLINICS	1.243373		
60	18 PSYCH CLINIC	.816747		
60	19 ORAL SURGERY CLINIC	6358.769231		
60	20 DIETARY CLINIC			
60	21 CENTER OF EXCELLENCE	.827248		
60	22 OP BURN CLINIC	.628156	12,765	8,018
60	23 BARIATRIC CLINIC	5.162643		
60	24 PLASTIC CLINIC	4.295174		
61	EMERGENCY	.562424	35,356	19,885
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.160885		
63	OTHER OUTPATIENT SERVICE COST CENTER			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		2,422,397	1,281,156
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,422,397	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0024
 COMPONENT NO: 15-5021
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
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TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.489517		
37	01 AMBULATORY SURGERY	11.924856		
40	ANESTHESIOLOGY	.254452		
41	RADIOLOGY-DIAGNOSTIC	.282011	850	240
41	01 NUCLEAR MEDICINE	.436242		
41	02 CAT SCAN	.098876		
44	LABORATORY	.290795	82,784	24,073
47	BLOOD STORING, PROCESSING & TRANS.	.778549		
49	RESPIRATORY THERAPY	.253095	160,206	40,547
50	PHYSICAL THERAPY	.466426	341,416	159,245
51	OCCUPATIONAL THERAPY	.520786	325,920	169,735
52	SPEECH PATHOLOGY	.816783	8,880	7,253
52	01 PULMONARY FUNCTIONS	.473755		
53	ELECTROCARDIOLOGY	.307330	2,851	876
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.746432	88,253	65,875
56	DRUGS CHARGED TO PATIENTS	.932371	797,880	743,920
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 MEDICINE CLINIC	1.063299		
60	02 OB/GYN CLINIC	.938498		
60	03 ORTHO CLINIC	.769351		
60	04 PEDIATRICS CLINIC			
60	05 DENTISTRY CLINIC			
60	06 DERMATOLOGY CLINIC	.908984		
60	07 OPHTHALMOLOGY CLINIC	.235444		
60	08 ENT CLINIC	.997103		
60	09 GERIATRIC CLINIC	1.505525		
60	10 SURGERY CLINIC	.753685		
60	11 NEUROLOGY CLINIC	1.166424		
60	12 ENDOSCOPY CLINIC	.381685		
60	13 OCCUPATIONAL THERAPY	102.492459		
60	14 URGENT VISIT CLINIC	.551649		
60	15 SENIOR CARE CLINIC	2.311507		
60	16 WOMENS VISIT CLINIC	.604011		
60	17 CHC CLINICS	1.243373		
60	18 PSYCH CLINIC	.816747		
60	19 ORAL SURGERY CLINIC	6358.769231		
60	20 DIETARY CLINIC			
60	21 CENTER OF EXCELLENCE	.827248		
60	22 OP BURN CLINIC	.628156		
60	23 BARIATRIC CLINIC	5.162643		
60	24 PLASTIC CLINIC	4.295174		
61	EMERGENCY	.562424	44,074	24,788
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.160885		
63	OTHER OUTPATIENT SERVICE COST CENTER			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		1,853,114	1,236,552
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,853,114	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0024
 COMPONENT NO: 15-0024
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
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TITLE XIX

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		10,030,456	
26	INTENSIVE CARE UNIT		14,182,662	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT		8,233,907	
31	SUBPROVIDER			
31	01 SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.511505	9,034,247	4,621,063
37	01 AMBULATORY SURGERY	11.924856	357	4,257
40	ANESTHESIOLOGY	.464043	1,020,105	473,373
41	RADIOLOGY-DIAGNOSTIC	.297723	5,983,079	1,781,300
41	01 NUCLEAR MEDICINE	.436242	281,368	122,745
41	02 CAT SCAN	.098876	4,908,208	485,304
44	LABORATORY	.295221	9,611,864	2,837,624
47	BLOOD STORING, PROCESSING & TRANS.	.778549	2,436,663	1,897,062
49	RESPIRATORY THERAPY	.253095	11,042,146	2,794,712
50	PHYSICAL THERAPY	.466426	787,254	367,196
51	OCCUPATIONAL THERAPY	.520786	469,934	244,735
52	SPEECH PATHOLOGY	.816783	212,671	173,706
52	01 PULMONARY FUNCTIONS	.511563	199,348	101,979
53	ELECTROCARDIOLOGY	.315659	801,414	252,974
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.746432	1,401,539	1,046,154
56	DRUGS CHARGED TO PATIENTS	.932371	8,847,596	8,249,242
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 MEDICINE CLINIC	1.171509	27,733	32,489
60	02 OB/GYN CLINIC	.965232	119,266	115,119
60	03 ORTHO CLINIC	.994279	2,246	2,233
60	04 PEDIATRICS CLINIC			
60	05 DENTISTRY CLINIC			
60	06 DERMATOLOGY CLINIC	1.232877		
60	07 OPHTHALMOLOGY CLINIC	.403022	6,664	2,686
60	08 ENT CLINIC	1.370387		
60	09 GERIATRIC CLINIC	152.444061		
60	10 SURGERY CLINIC	.753685	110,797	83,506
60	11 NEUROLOGY CLINIC	1.253258		
60	12 ENDOSCOPY CLINIC	.381835	405,278	154,749
60	13 OCCUPATIONAL THERAPY	102.492459		
60	14 URGENT VISIT CLINIC	.565596		
60	15 SENIOR CARE CLINIC	2.372608		
60	16 WOMENS VISIT CLINIC	.634185	1,048,779	665,120
60	17 CHC CLINICS	1.280373	84,997	108,828
60	18 PSYCH CLINIC	.835421	1,151	962
60	19 ORAL SURGERY CLINIC	43098.923077		
60	20 DIETARY CLINIC			
60	21 CENTER OF EXCELLENCE	.828301	550	456
60	22 OP BURN CLINIC	.628156		
60	23 BARIATRIC CLINIC	5.162643	105	542
60	24 PLASTIC CLINIC	4.295174		
61	EMERGENCY	.620441	2,805,253	1,740,494
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.160885		
63	OTHER OUTPATIENT SERVICE COST CENTER			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		61,650,612	28,360,610
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		61,650,612	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0024
 COMPONENT NO: 15-S024
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET D-4

TITLE XIX

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		2,395,575	
31	01 SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.511505	5,714	2,923
37	01 AMBULATORY SURGERY	11.924856		
40	ANESTHESIOLOGY	.464043	1,090	506
41	RADIOLOGY-DIAGNOSTIC	.297723	19,905	5,926
41	01 NUCLEAR MEDICINE	.436242		
41	02 CAT SCAN	.098876	23,952	2,368
44	LABORATORY	.295221	173,595	51,249
47	BLOOD STORING, PROCESSING & TRANS.	.778549		
49	RESPIRATORY THERAPY	.253095	2,504	634
50	PHYSICAL THERAPY	.466426	6,635	3,095
51	OCCUPATIONAL THERAPY	.520786	5,134	2,674
52	SPEECH PATHOLOGY	.816783	447	365
52	01 PULMONARY FUNCTIONS	.511563		
53	ELECTROCARDIOLOGY	.315659	2,279	719
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.746432	75	56
56	DRUGS CHARGED TO PATIENTS	.932371	254,631	237,411
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 MEDICINE CLINIC	1.171509		
60	02 OB/GYN CLINIC	.965232		
60	03 ORTHO CLINIC	.994279		
60	04 PEDIATRICS CLINIC			
60	05 DENTISTRY CLINIC			
60	06 DERMATOLOGY CLINIC	1.232877		
60	07 OPHTHALMOLOGY CLINIC	.403022	176	71
60	08 ENT CLINIC	1.370387		
60	09 GERIATRIC CLINIC	152.444061		
60	10 SURGERY CLINIC	.753685		
60	11 NEUROLOGY CLINIC	1.253258	790	990
60	12 ENDOSCOPY CLINIC	.381835	2,466	942
60	13 OCCUPATIONAL THERAPY	102.492459		
60	14 URGENT VISIT CLINIC	.565596	280	158
60	15 SENIOR CARE CLINIC	2.372608		
60	16 WOMENS VISIT CLINIC	.634185	165	105
60	17 CHC CLINICS	1.280373	457	585
60	18 PSYCH CLINIC	.835421	49,133	41,047
60	19 ORAL SURGERY CLINIC	43098.923077		
60	20 DIETARY CLINIC			
60	21 CENTER OF EXCELLENCE	.828301	105	87
60	22 OP BURN CLINIC	.628156		
60	23 BARIATRIC CLINIC	5.162643		
60	24 PLASTIC CLINIC	4.295174		
61	EMERGENCY	.620441	18,399	11,415
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.160885		
63	OTHER OUTPATIENT SERVICE COST CENTER			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		567,932	363,326
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		567,932	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0024
 COMPONENT NO: 15-T024
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET D-4

TITLE XIX

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2		2,529,409	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.511505	271,022	138,629
37	01 AMBULATORY SURGERY	11.924856		
40	ANESTHESIOLOGY	.464043	38,801	18,005
41	RADIOLOGY-DIAGNOSTIC	.297723	104,019	30,969
41	01 NUCLEAR MEDICINE	.436242	5,039	2,198
41	02 CAT SCAN	.098876	56,543	5,591
44	LABORATORY	.295221	390,334	115,235
47	BLOOD STORING, PROCESSING & TRANS.	.778549	199,118	155,023
49	RESPIRATORY THERAPY	.253095	507,425	128,427
50	PHYSICAL THERAPY	.466426	310,977	145,048
51	OCCUPATIONAL THERAPY	.520786	362,548	188,810
52	SPEECH PATHOLOGY	.816783	93,637	76,481
52	01 PULMONARY FUNCTIONS	.511563	19,376	9,912
53	ELECTROCARDIOLOGY	.315659	15,317	4,835
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.746432	163,977	122,398
56	DRUGS CHARGED TO PATIENTS	.932371	552,575	515,205
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 MEDICINE CLINIC	1.171509		
60	02 OB/GYN CLINIC	.965232		
60	03 ORTHO CLINIC	.994279	105	104
60	04 PEDIATRICS CLINIC			
60	05 DENTISTRY CLINIC			
60	06 DERMATOLOGY CLINIC	1.232877		
60	07 OPHTHALMOLOGY CLINIC	.403022	88	35
60	08 ENT CLINIC	1.370387		
60	09 GERIATRIC CLINIC	152.444061		
60	10 SURGERY CLINIC	.753685	4,406	3,321
60	11 NEUROLOGY CLINIC	1.253258	263	330
60	12 ENDOSCOPY CLINIC	.381835	18,275	6,978
60	13 OCCUPATIONAL THERAPY	102.492459		
60	14 URGENT VISIT CLINIC	.565596		
60	15 SENIOR CARE CLINIC	2.372608		
60	16 WOMENS VISIT CLINIC	.634185		
60	17 CHC CLINICS	1.280373		
60	18 PSYCH CLINIC	.835421		
60	19 ORAL SURGERY CLINIC	43098.923077		
60	20 DIETARY CLINIC			
60	21 CENTER OF EXCELLENCE	.828301		
60	22 OP BURN CLINIC	.628156	2,670	1,677
60	23 BARIATRIC CLINIC	5.162643		
60	24 PLASTIC CLINIC	4.295174		
61	EMERGENCY	.620441	25,874	16,053
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.160885		
63	OTHER OUTPATIENT SERVICE COST CENTER			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		3,142,389	1,685,264
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,142,389	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	17,252,247	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	5,488,835	
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	1,210,760	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	1,114,395	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	261.71	
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.	149.07	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005
		E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	149.07	
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	200.44	
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.	13.00	
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	162.07	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	159.60	
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	160.38	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	160.68	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.613962	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.623030	
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)	.613962	
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	5,332,449	
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	1,585,274	
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	6,917,723	6,917,723
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	15.74	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	44.19	
4.02 SUM OF LINES 4 AND 4.01	59.93	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	39.13	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	8,898,585	

ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		335.00
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)		39,671,785
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)		39,671,785
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		2,676,884
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)		2,083,129
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		27,627
16 TOTAL		44,459,425
17 PRIMARY PAYER PAYMENTS		25,173
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES		44,434,252
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		2,206,333
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		129,801
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		1,368,204
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		957,743
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		637,647
22 SUBTOTAL		43,055,861
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER		43,055,861
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS		45,366,008
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		-2,310,147
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		1,398,000
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	29,191	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	20,423,738	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	12,760,918	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.892	.892
1.04	LINE 1.01 TIMES LINE 1.03.	18,217,974	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	70.05	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	18,799	
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)	29,191	
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
6	ANCILLARY SERVICE CHARGES	31,308	
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES	31,308	
CUSTOMARY CHARGES			
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).		
13	RATIO OF LINE 11 TO LINE 12		
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	31,308	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	2,117	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	29,191	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	12,779,717	
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	933	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	3,349,345	
19	SUBTOTAL (SEE INSTRUCTIONS)	9,458,630	
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)		
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	967,224	
22	ESRD DIRECT MEDICAL EDUCATION COSTS		
23	SUBTOTAL	10,425,854	
24	PRIMARY PAYER PAYMENTS	608	
25	SUBTOTAL	10,425,246	
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)	2,009,136	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,406,395	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	802,607	
28	SUBTOTAL	11,831,641	
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.		
30	OTHER ADJUSTMENTS (SPECIFY)		
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	-121	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.		
32	SUBTOTAL	11,831,762	
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS	9,575,179	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM	2,256,583	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2		

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		
1.05	OUTLIER PAYMENTS		
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
INPATIENT PSYCHIATRIC FACILITY (IPF)			
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	1,874,405	
1.09	NET IPF PPS OUTLIER PAYMENTS	61,350	
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)	4.96	
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.)	6.58	
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)	4.96	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	29.691257	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	.082808	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	155,216	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	2,090,971	
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)	2,090,971	
INPATIENT REHABILITATION FACILITY (IRF)			
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)	2,090,971	
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL	2,090,971	
7	DEDUCTIBLES	170,250	
8	SUBTOTAL	1,920,721	
9	COINSURANCE	52,384	
10	SUBTOTAL	1,868,337	
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	28,251	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	19,776	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL	1,888,113	
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	1,148	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER		

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

TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,889,261
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,863,073
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	26,188
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

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

51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)

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

53 ENTER THE TIME VALUE OF MONEY.

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	665,541	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.1278	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	215,455	
1.05	OUTLIER PAYMENTS	2,596,603	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	3,477,599	
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.)	.30	
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)	9.890710	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)	3,477,599	
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL	3,477,599	
7	DEDUCTIBLES	20,448	
8	SUBTOTAL	3,457,151	
9	COINSURANCE	10,168	
10	SUBTOTAL	3,446,983	
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	5,120	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	3,584	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL	3,450,567	
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	1,558	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER		

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

15	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	3,452,125
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	3,357,921
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	94,204
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

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

51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)

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

53 ENTER THE TIME VALUE OF MONEY.

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0024	FROM 1/ 1/2008	5/27/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
15-5021		PART III

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX

TITLE XVIII
SNF PPS

- 57 INTERIM PAYMENTS
- 57.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 58 BALANCE DUE PROVIDER/PROGRAM
- 59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

1

2

1,609,911

3,488

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0024	FROM 1/ 1/2008	5/27/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
-		PART III

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

TITLE XIX

HOSPITAL

PPS
TITLE V OR
TITLE XIX

TITLE XVIII
SNF PPS

- 57 INTERIM PAYMENTS
- 57.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 58 BALANCE DUE PROVIDER/PROGRAM
- 59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

1
29,604,800
-29,604,800

2

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

TITLE XIX

SUBPROVIDER 2

PPS
 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	MEDICAL AND OTHER SERVICES		
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
7	SUBTOTAL		
8	INPATIENT PRIMARY PAYER PAYMENTS		
9	OUTPATIENT PRIMARY PAYER PAYMENTS		
	SUBTOTAL		
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
10	ROUTINE SERVICE CHARGES	2,529,409	
11	ANCILLARY SERVICE CHARGES	3,142,389	
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	5,671,798	
	CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR		
18	PAYMENT FOR SERVICES ON A CHARGE BASIS		
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE		
20	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT		
21	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
22	RATIO OF LINE 17 TO LINE 18		
23	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	5,671,798	
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	5,671,798	
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
26	COST OF COVERED SERVICES		
	PROSPECTIVE PAYMENT AMOUNT		
27	OTHER THAN OUTLIER PAYMENTS		
28	OUTLIER PAYMENTS		
29	PROGRAM CAPITAL PAYMENTS		
30	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
31	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
32	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	22,296	
33	SUBTOTAL	22,296	
34	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		
35	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE		
36	XVIII ENTER AMOUNT FROM LINE 30		
37	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
38	EXCESS OF REASONABLE COST		
39	SUBTOTAL		
40	COINSURANCE		
41	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
42	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
43	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING		
44	BEFORE 10/01/05 (SEE INSTRUCTIONS)		
45	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
46	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING		
47	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
48	UTILIZATION REVIEW		
49	SUBTOTAL (SEE INSTRUCTIONS)		
50	INPATIENT ROUTINE SERVICE COST		
51	MEDICARE INPATIENT ROUTINE CHARGES		
52	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR		
53	PAYMENT FOR SERVICES ON A CHARGE BASIS		
54	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE		
55	FOR PAYMENT OF PART A SERVICES		
56	RATIO OF LINE 43 TO 44		
57	TOTAL CUSTOMARY CHARGES		
58	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
59	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
60	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER		
61	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
62	OTHER ADJUSTMENTS (SPECIFY)		
63	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		
64	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
65	SUBTOTAL		
66	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
67	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
68	TOTAL AMOUNT PAYABLE TO THE PROVIDER		
69	SEQUESTERATION ADJUSTMENT (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0024	FROM 1/ 1/2008	5/27/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
15-T024		PART III

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

TITLE XIX

SUBPROVIDER 2

PPS
TITLE V OR
TITLE XIX

TITLE XVIII
SNF PPS

- 57 INTERIM PAYMENTS
- 57.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 58 BALANCE DUE PROVIDER/PROGRAM
- 59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

1
2,317,779
-2,317,779

2

TITLE XVII I

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		149.29
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		149.29
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		200.44
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		149.29
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.		83.97
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.		104.89
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		188.86
3.10	SEE INSTRUCTIONS		140.66
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.		13.00
3.12	SEE INSTRUCTIONS		91.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		89.83
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		90.17
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	90.37
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)		90.37
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		84,000.42
3.18	SEE INSTRUCTIONS		7,591,118
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		59.58
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		59.15
3.21	SEE INSTRUCTIONS	RES INIT YEARS	60.42
3.22	SEE INSTRUCTIONS		60.42
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		88,709.85
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		5,359,849
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		12,950,967

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		20,141
5	TOTAL INPATIENT DAYS		88,335
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.228007
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	2,952,911	2,952,911
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		774
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		88,335
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.		97,442
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 XVII I ONLY

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
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TITLE XVIII

- 8 RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES
- 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) 44,114,143
- 13 ORGAN ACQUISITION COSTS
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS 25,173
- 16 TOTAL PART A REASONABLE COST 44,088,970

PART B REASONABLE COST

- 17 REASONABLE COST 20,471,728
- 18 PRIMARY PAYER PAYMENTS 608
- 19 TOTAL PART B REASONABLE COST 20,471,120
- 20 TOTAL REASONABLE COST 64,560,090
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST .682914
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST .317086

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 3,050,353
 (SUM OF LINES 6.01, 6.05, & 6.08)
- 24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY 2,083,129
- 25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY 967,224

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	30,528,004			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	53,721,906			
5 OTHER RECEIVABLES	9,477,664			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY	4,734,665			
8 PREPAID EXPENSES				
9 OTHER CURRENT ASSETS	2,128,675			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	100,590,914			
FIXED ASSETS				
12 LAND	1,189,878			
12.01 LAND IMPROVEMENTS	5,362,786			
13.01 LESS ACCUMULATED DEPRECIATION	-4,259,282			
14 BUILDINGS	179,525,645			
14.01 LESS ACCUMULATED DEPRECIATION	-91,513,555			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT	63,631,733			
16.01 LESS ACCUMULATED DEPRECIATION	-50,269,744			
17 AUTOMOBILES AND TRUCKS	6,201,432			
17.01 LESS ACCUMULATED DEPRECIATION	-4,913,723			
18 MAJOR MOVABLE EQUIPMENT	102,929,575			
18.01 LESS ACCUMULATED DEPRECIATION	-83,716,544			
19 MINOR EQUIPMENT DEPRECIABLE	44,284,484			
19.01 LESS ACCUMULATED DEPRECIATION	-23,222,987			
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	145,229,698			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	28,996,371			
26 TOTAL OTHER ASSETS	28,996,371			
27 TOTAL ASSETS	274,816,983			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	23,836,462			
29 SALARIES, WAGES & FEES PAYABLE	35,079,462			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	24,654,303			
36 TOTAL CURRENT LIABILITIES	83,570,227			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES				
43 TOTAL LIABILITIES	83,570,227			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	191,246,756			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	191,246,756			
52 TOTAL LIABILITIES AND FUND BALANCES	274,816,983			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		179,206,363		
2	NET INCOME (LOSS)		-21,055,545		
3	TOTAL		158,150,818		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
	RECONCILE BEGINNING FUND	33,095,938			
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS		33,095,938		
11	SUBTOTAL		191,246,756		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	RECONCILE BEGINNING FUND				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		191,246,756		

		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)				
	RECONCILE BEGINNING FUND				
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	RECONCILE BEGINNING FUND				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	37,920,648		37,920,648
2 00 SUBPROVIDER	8,356,109		8,356,109
2 01 SUBPROVIDER 2	8,278,974		8,278,974
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	7,183,245		7,183,245
7 00 NURSING FACILITY	10,854,568		10,854,568
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	72,593,544		72,593,544
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	39,444,333		39,444,333
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
14 00 NEONATAL INTENSIVE CARE UNIT	8,837,484		8,837,484
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	48,281,817		48,281,817
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	120,875,361		120,875,361
17 00 ANCILLARY SERVICES	232,262,597		232,262,597
18 00 OUTPATIENT SERVICES		360,989,454	360,989,454
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE			
24 00			
25 00 TOTAL PATIENT REVENUES	353,137,958	360,989,454	714,127,412

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	452,012,274
ADD (SPECIFY)	
27 00 ADD (SPECIFY)	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00 DEDUCT (SPECIFY)	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	452,012,274

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION

1	TOTAL PATIENT REVENUES	714,127,412
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	508,820,306
3	NET PATIENT REVENUES	205,307,106
4	LESS: TOTAL OPERATING EXPENSES	452,012,274
5	NET INCOME FROM SERVICE TO PATIENTS	-246,705,168
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER REVENUE	30,901,899
24.01	HHC SUPPORT	167,999,999
24.02	PRO FEES	3,238,061
24.03	RECONCILE REVENUE TO FS	12,284
24.04	OP ROUTINE CHARGES	816,345
24.05	NR CC / UNMAPPED	22,849,874
25	TOTAL OTHER INCOME	225,818,462
26	TOTAL	-20,886,706
	OTHER EXPENSES	
27	UNMAPPED EXPENSES	165,746
28	RECONCILE EXPENSE TO FS	3,093
29		
30	TOTAL OTHER EXPENSES	168,839
31	NET INCOME (OR LOSS) FOR THE PERIOD	-21,055,545

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0024	FROM 1/ 1/2008	5/27/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET L
15-0024		PARTS I-IV

FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A

HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,923,577
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	20,425
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	201.77
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	160.68
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	25.20
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	484,741
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	15.74
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	44.19
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	59.93
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	12.90
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	248,141
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2,676,884
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 5/27/2009
15-0024	FROM 1/ 1/2008	WORKSHEET L
COMPONENT NO:	TO 12/31/2008	PARTS I-IV
15-0024		

TITLE XIX

HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	.00
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	