

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	|	15-0017	|	FROM 7/ 1/2006	|	--AUDITED --DESK REVIEW	|	/ /
	|		|	TO 6/30/2007	|	--INITIAL --REOPENED	|	INTERMEDIARY NO:
	|		|		|	--FINAL 1-MCR CODE	|	
	|		|		|	00 - # OF REOPENINGS	|	

ELECTRONICALLY FILED COST REPORT DATE: 7/16/2010 TIME 10:26

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
 LUTHERAN HOSPITAL OF INDIANA 15-0017
 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2006 AND ENDING 6/30/2007 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	
1	HOSPITAL	0	1,521,952	82,757	10,935,753
2	SUBPROVIDER	0	36,654	0	65,973
100	TOTAL	0	1,558,606	82,757	11,001,726

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.

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? Y

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? Y

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. Y

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) Y Y

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)

	1	2	3	4
28.02	0	0.0000	0.0000	
28.02	0.00	0		

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

	%	Y/N
28.03 STAFFING	0.00%	
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N

35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 15-0017
 PERIOD: FROM 7/1/2006 TO 6/30/2007
 PREPARED 7/16/2010
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	99,472,952	2,238,780	101,711,732	4,514,281.00	22.53	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	4,466,134	-183,833	4,282,301	170,520.00	25.11	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	207,231		207,231	3,065.00	67.61	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	622,836		622,836	5,085.95	122.46	W/S A-8-2
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	1,271,426		1,271,426	22,043.00	57.68	HOME OFFICE COST REPORT
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	23,705,998		23,705,998			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,040,821		1,040,821			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	-1,187,382	2,238,780	1,051,398	29,113.00	36.11	
22 ADMINISTRATIVE & GENERAL	7,197,062		7,197,062	353,533.00	20.36	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	2,031,209		2,031,209	111,111.00	18.28	
25 LAUNDRY & LINEN SERVICE	90,989		90,989	8,444.00	10.78	
26 HOUSEKEEPING	1,669,372		1,669,372	154,831.00	10.78	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	2,627,074		2,627,074	218,624.00	12.02	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	793,063		793,063	29,090.00	27.26	
31 CENTRAL SERVICE AND SUPPLY	1,833,081		1,833,081	120,592.00	15.20	
32 PHARMACY	3,266,907		3,266,907	111,416.00	29.32	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	3,441,960		3,441,960	177,501.00	19.39	
34 SOCIAL SERVICE	493,706		493,706	17,075.00	28.91	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	99,472,952	2,238,780	101,711,732	4,514,281.00	22.53	
2 EXCLUDED AREA SALARIES	4,466,134	-183,833	4,282,301	170,520.00	25.11	
3 SUBTOTAL SALARIES	95,006,818	2,422,613	97,429,431	4,343,761.00	22.43	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	2,101,493		2,101,493	30,193.95	69.60	
5 SUBTOTAL WAGE-RELATED COSTS	23,705,998		23,705,998		24.33	
6 TOTAL	120,814,309	2,422,613	123,236,922	4,373,954.95	28.18	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	22,257,041	2,238,780	24,495,821	1,331,330.00	18.40	

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 2,281,001
17.01	GROSS MEDICAID REVENUES 17,355,281
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS 276,147
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
20	RESTRICTED GRANTS
21	NON-RESTRICTED GRANTS
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES 19,912,429
UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS 7,923,133
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .279188
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24) 2,212,044
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 95,219,706

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	26,584,199
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	18,916,372
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	5,281,224
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	28,796,243

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0017

PERIOD: FROM 7/1/2006 TO 6/30/2007

PREPARED 7/16/2010 WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		4,685,935	4,685,935	31,132,502	35,818,437
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		7,149,711	7,149,711		7,149,711
5	0500	EMPLOYEE BENEFITS	-1,187,382	18,476,618	17,289,236		17,289,236
6.01	0650	ADMINISTRATIVE AND COLLECTIONS	3,053,400	2,982,263	6,035,663		6,035,663
6.02	0660	OTHER ADMINISTRATIVE AND GENERAL	4,143,662	26,100,768	30,244,430	-2,269,350	27,975,080
8	0800	OPERATION OF PLANT	2,031,209	5,671,633	7,702,842		7,702,842
9	0900	LAUNDRY & LINEN SERVICE	90,989	1,371,391	1,462,380		1,462,380
10	1000	HOUSEKEEPING	1,669,372	1,079,324	2,748,696		2,748,696
11	1100	DIETARY	2,627,074	2,012,652	4,639,726		4,639,726
12	1200	CAFETERIA					
14	1400	NURSING ADMINISTRATION	793,063	760,031	1,553,094		1,553,094
15	1500	CENTRAL SERVICES & SUPPLY	1,833,081	5,043,338	6,876,419	-3,433,887	3,442,532
16	1600	PHARMACY	3,266,907	20,373,683	23,640,590	-19,600,182	4,040,408
17	1700	MEDICAL RECORDS & LIBRARY	3,441,960	1,640,074	5,082,034		5,082,034
18	1800	SOCIAL SERVICE	493,706	61,844	555,550		555,550
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		2,305,684	2,305,684		2,305,684
24	2400	PARAMEDICAL PRGM-(PASTORAL CARE)	220,304	115,948	336,252		336,252
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	22,035,748	4,240,994	26,276,742	-2,084,320	24,192,422
26	2600	INTENSIVE CARE UNIT					
26.01	2080	PEDIATRIC INTENSIVE CARE UNIT	1,040,519	263,688	1,304,207	-51,816	1,252,391
26.02	2060	NEONATAL INTENSIVE CARE UNIT	2,724,858	621,027	3,345,885	-141,455	3,204,430
26.03	2601	CARDIOVASCULAR ICU	10,491,108	1,989,213	12,480,321	-533,603	11,946,718
27	2700	CORONARY CARE UNIT	2,946,054	446,748	3,392,802	-87,567	3,305,235
28	2800	BURN INTENSIVE CARE UNIT					
29	2900	SURGICAL INTENSIVE CARE UNIT					
31	3100	SUBPROVIDER	1,605,378	581,675	2,187,053	43,558	2,230,611
33	3300	NURSERY		44,248	44,248	-2,175	42,073
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	9,617,346	41,950,184	51,567,530	-34,372,058	17,195,472
40	4000	ANESTHESIOLOGY	5,378	4,228,842	4,234,220	-12,079	4,222,141
41	4100	RADIOLOGY-DIAGNOSTIC	2,738,651	4,472,350	7,211,001	-1,373,950	5,837,051
41.01	3952	PET SCAN	53,832	716,983	770,815	-210	770,605
44	4400	LABORATORY	3,816,912	9,243,126	13,060,038	-158,151	12,901,887
49	4900	RESPIRATORY THERAPY	3,382,509	1,125,544	4,508,053	-231,064	4,276,989
50	5000	PHYSICAL THERAPY	2,738,675	727,339	3,466,014	-41,431	3,424,583
51	5100	OCCUPATIONAL THERAPY					
52	5200	SPEECH PATHOLOGY					
53	5300	ELECTROCARDIOLOGY	500,687	307,446	808,133	-96,417	711,716
54	5400	ELECTROENCEPHALOGRAPHY	680,920	142,476	823,396	-32,167	791,229
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				61,534,792	61,534,792
56	5600	DRUGS CHARGED TO PATIENTS				19,728,758	19,728,758
57	5700	RENAL DIALYSIS	134	1,885,042	1,885,176	-77,284	1,807,892
59	3120	CARDIAC CATHETERIZATION LABORATORY	1,556,898	16,818,375	18,375,273	-16,321,642	2,053,631
59.01	3230	CAT SCAN	499,400	513,197	1,012,597	-183,009	829,588
59.02	3340	GASTROINTESTINAL SERVICES	1,069,607	867,485	1,937,092	-596,754	1,340,338
59.03	3450	NUCLEAR MEDICINE-DIAGNOSTIC	255,641	839,239	1,094,880	-16,514	1,078,366
59.05	3951	CARDIAC REHAB	333,480	43,240	376,720	-1,392	375,328
		OUTPAT SERVICE COST CNTRS					
61	6100	EMERGENCY	3,172,079	979,828	4,151,907	-410,536	3,741,371
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950	DIAGNOSTIC SURGICAL SERVICES					
63.01	4951	OUTPATIENT CLINIC	3,089,341	2,470,053	5,559,394	-878,554	4,680,840
63.04	4040	GEROCLINIC					
		OTHER REIMBURS COST CNTRS					
65	6500	AMBULANCE SERVICES	1,652,822	1,764,558	3,417,380	-43,074	3,374,306
68	5950	OTHER REIMB COST CENTER					
		SPEC PURPOSE COST CENTERS					
85	8500	HEART ACQUISITION	234,729	554,483	789,212	-522,751	266,461
86	8600	OTHER ORGAN ACQUISITION (KIDNEY)	47,696	137,193	184,889	-3,066	181,823
88	8800	INTEREST EXPENSE		28,861,695	28,861,695	-28,861,695	
90	9000	OTHER CAPITAL RELATED COSTS					
95		SUBTOTALS	98,767,747	226,667,168	325,434,915	1,457	325,436,372
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN	36,419	282,585	319,004		319,004
100	7955	OTHER NONREIMBURSABLE COST CENTERS					
100.01	7950	NONREIMB EDUCATION ROTATIONS					
100.02	7952	TENANT SVC/MOB	-16,165	436,499	420,334		420,334
100.03	7953	MARKETING	577,327	2,605,445	3,182,772	-1,457	3,181,315
100.04	7954	WOMENS CANCER CENTER	-360	392	32		32
100.05	7951	RESEARCH	107,984	3,706	111,690		111,690
101		TOTAL	99,472,952	229,995,795	329,468,747	-0-	329,468,747

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

COST CENTER		COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
		GENERAL SERVICE COST CNTR		
1	0100	OLD CAP REL COSTS-BLDG & FIXT		
2	0200	OLD CAP REL COSTS-MVBLE EQUIP		
3	0300	NEW CAP REL COSTS-BLDG & FIXT	-15,974,106	19,844,331
4	0400	NEW CAP REL COSTS-MVBLE EQUIP	13,049	7,162,760
5	0500	EMPLOYEE BENEFITS	-44,482	17,244,754
6.01	0650	ADMINITTING AND COLLECTIONS	-50,746	5,984,917
6.02	0660	OTHER ADMINISTRATIVE AND GENERAL	-16,294,811	11,680,269
8	0800	OPERATION OF PLANT	-143,305	7,559,537
9	0900	LAUNDRY & LINEN SERVICE	-36,702	1,425,678
10	1000	HOUSEKEEPING	52,886	2,801,582
11	1100	DIETARY	-1,580,798	3,058,928
12	1200	CAFETERIA		
14	1400	NURSING ADMINISTRATION		1,553,094
15	1500	CENTRAL SERVICES & SUPPLY	-1	3,442,531
16	1600	PHARMACY	-3,200	4,037,208
17	1700	MEDICAL RECORDS & LIBRARY	-7,476	5,074,558
18	1800	SOCIAL SERVICE	-13,149	542,401
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		2,305,684
24	2400	PARAMED ED PRGM-(PASTORAL CARE INPAT ROUTINE SRVC CNTRS	-21,690	314,562
25	2500	ADULTS & PEDIATRICS	18,322	24,210,744
26	2600	INTENSIVE CARE UNIT		
26.01	2080	PEDIATRIC INTENSIVE CARE UNIT	-16,171	1,236,220
26.02	2060	NEONATAL INTENSIVE CARE UNIT	-84,605	3,119,825
26.03	2601	CARDIOVASCULAR ICU	-23	11,946,695
27	2700	CORONARY CARE UNIT		3,305,235
28	2800	BURN INTENSIVE CARE UNIT		
29	2900	SURGICAL INTENSIVE CARE UNIT		
31	3100	SUBPROVIDER	345,000	2,575,611
33	3300	NURSERY		42,073
37	3700	ANCILLARY SRVC COST CNTRS OPERATING ROOM	-100,500	17,094,972
40	4000	ANESTHESIOLOGY	-3,834,089	388,052
41	4100	RADIOLOGY-DIAGNOSTIC	-17,670	5,819,381
41.01	3952	PET SCAN		770,605
44	4400	LABORATORY	-33,825	12,868,062
49	4900	RESPIRATORY THERAPY	-42,796	4,234,193
50	5000	PHYSICAL THERAPY	-3,518	3,421,065
51	5100	OCCUPATIONAL THERAPY		
52	5200	SPEECH PATHOLOGY		
53	5300	ELECTROCARDIOLOGY	-2,059	709,657
54	5400	ELECTROENCEPHALOGRAPHY	-727,589	63,640
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	-89,525	61,445,267
56	5600	DRUGS CHARGED TO PATIENTS	-632,521	19,096,237
57	5700	RENAL DIALYSIS		1,807,892
59	3120	CARDIAC CATHORIZATION LABORATORY	-158,799	1,894,832
59.01	3230	CAT SCAN		829,588
59.02	3340	GASTROINTESTINAL SERVICES	-135	1,340,203
59.03	3450	NUCLEAR MEDICINE-DIAGNOSTIC		1,078,366
59.05	3951	CARDIAC REHAB	-248	375,080
61	6100	OUTPAT SERVICE COST CNTRS EMERGENCY	12,291	3,753,662
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950	DIAGNOSTIC SURGICAL SERVICES		
63.01	4951	OUTPATIENT CLINIC	-273,769	4,407,071
63.04	4040	GERO CLINIC		
65	6500	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES	2,970	3,377,276
68	5950	OTHER REIMB COST CENTER SPEC PURPOSE COST CENTERS		
85	8500	HEART ACQUISITION		266,461
86	8600	OTHER ORGAN ACQUISITION (KIDNEY)	-21,790	160,033
88	8800	INTEREST EXPENSE		-0-
90	9000	OTHER CAPITAL RELATED COSTS		-0-
95		SUBTOTALS	-39,765,580	285,670,792
96	9600	NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP & CANTEEN		319,004
100	7955	OTHER NONREIMBURSABLE COST CENTERS		
100.01	7950	NONREIMB EDUCATION ROTATIONS		
100.02	7952	TENANT SVC/MOB		420,334
100.03	7953	MARKETING		3,181,315
100.04	7954	WOMENS CANCER CENTER		32
100.05	7951	RESEARCH	-2,656	109,034
101		TOTAL	-39,768,236	289,700,511

COST CENTERS USED IN COST REPORT

PROVIDER NO: 15-0017
 PERIOD: FROM 7/1/2006 TO 6/30/2007
 PREPARED 7/16/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	ADMINISTRATIVE AND COLLECTIONS	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.02	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
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	
18	SOCIAL SERVICE	1800	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM-(PASTORAL CARE)	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
26.01	PEDIATRIC INTENSIVE CARE UNIT	2080	PEDIATRIC INTENSIVE CARE UNIT
26.02	NEONATAL INTENSIVE CARE UNIT	2060	NEONATAL INTENSIVE CARE UNIT
26.03	CARDIOVASCULAR ICU	2601	INTENSIVE CARE UNIT
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	PET SCAN	3952	OTHER ANCILLARY SERVICE COST CENTERS
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
59.01	CAT SCAN	3230	CAT SCAN
59.02	GASTRO INTESTINAL SERVICES	3340	GASTRO INTESTINAL SERVICES
59.03	NUCLEAR MEDICINE-DIAGNOSTIC	3450	NUCLEAR MEDICINE-DIAGNOSTIC
59.05	CARDIAC REHAB	3951	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	DIAGNOSTIC SURGICAL SERVICES	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.01	OUTPATIENT CLINIC	4951	OTHER OUTPATIENT SERVICE COST CENTER
63.04	GERO CLINIC	4040	FAMILY PRACTICE
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
68	OTHER REIMB COST CENTER	5950	OTHER REIMBURSABLE COST CENTERS
	SPEC PURPOSE COST CE		
85	HEART ACQUISITION	8500	
86	OTHER ORGAN ACQUISITION (KIDNEY)	8600	
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
100	OTHER NONREIMBURSABLE COST CENTERS	7955	OTHER NONREIMBURSABLE COST CENTERS
100.01	NONREIMB EDUCATION ROTATIONS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.02	TENANT SVC/MOB	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	MARKETING	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	WOMENS CANCER CENTER	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	RESEARCH	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
150017

PERIOD:
FROM 7/1/2006
TO 6/30/2007

PREPARED 7/16/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 DRUGS COSTS	A	DRUGS CHARGED TO PATIENTS	56		19,728,758
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26 MEDICAL SUPPLIES	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		61,534,792
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 MEDICAL SUPPLIES	B				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21 PROPERTY TAXES	C	NEW CAP REL COSTS-BLDG & FIXT	3		2,248,538
22 YELLOW PAGES	D	OTHER ADMINISTRATIVE AND GENERAL	6.02		1,457
23 INTEREST EXPENSE	F	NEW CAP REL COSTS-BLDG & FIXT	3		28,861,695
24 TRANSPLANT NON ACQ	G	OPERATING ROOM	37	234,729	288,022
25 IV TEAM	I	PEDIATRIC INTENSIVE CARE UNIT	26.01	10,293	4,655
26		NEONATAL INTENSIVE CARE UNIT	26.02	64,216	29,041
27		CARDIOVASCULAR ICU	26.03	193,576	87,543
28		CORONARY CARE UNIT	27	54,612	24,698
29		SUBPROVIDER	31	50,896	23,017
30		NURSERY	33	28,074	12,696
31 CLEAR NEG SALARY ON WIS	E	EMPLOYEE BENEFITS	5	2,238,780	
32 CAPITAL INSURANCE	H	NEW CAP REL COSTS-BLDG & FIXT	3		22,269
36 TOTAL RECLASSIFICATIONS				2,875,176	112,867,181

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

RECLASSIFICATIONS

----- DECREASE -----						A-7
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 DRUGS COSTS	A	CENTRAL SERVICES & SUPPLY	15		1,531	
2		PHARMACY	16		19,435,144	
3		ADULTS & PEDIATRICS	25		85,380	
4		PEDIATRIC INTENSIVE CARE UNIT	26.01		370	
5		NEONATAL INTENSIVE CARE UNIT	26.02		6,345	
6		CARDIOVASCULAR ICU	26.03		27,775	
7		CORONARY CARE UNIT	27		4,054	
8		SUBPROVIDER	31		1,163	
9		OPERATING ROOM	37		28,528	
10		RADIOLOGY-DIAGNOSTIC	41		2,844	
11		LABORATORY	44		6,130	
12		RESPIRATORY THERAPY	49		4,120	
13		PHYSICAL THERAPY	50		14	
14		ELECTROCARDIOLOGY	53		77,836	
15		ELECTROENCEPHALOGRAPHY	54		184	
16		RENAL DIALYSIS	57		87	
17		CARDIAC CATHETERIZATION LABORATORY	59		3,664	
18		CAT SCAN	59.01		1,745	
19		GASTROINTESTINAL SERVICES	59.02		4,610	
20		NUCLEAR MEDICINE-DIAGNOSTIC	59.03		1,929	
21		CARDIAC REHAB	59.05		327	
22		EMERGENCY	61		11,976	
23		OUTPATIENT CLINIC	63.01		11,435	
24		AMBULANCE SERVICES	65		11,556	
25		NURSERY	33		11	
26 MEDICAL SUPPLIES	B	CENTRAL SERVICES & SUPPLY	15		3,432,356	
27		PHARMACY	16		165,038	
28		ADULTS & PEDIATRICS	25		1,415,623	
29		PEDIATRIC INTENSIVE CARE UNIT	26.01		66,394	
30		NEONATAL INTENSIVE CARE UNIT	26.02		228,367	
31		CARDIOVASCULAR ICU	26.03		786,947	
32		CORONARY CARE UNIT	27		162,823	
33		SUBPROVIDER	31		29,192	
34		NURSERY	33		42,934	
35		OPERATING ROOM	37		34,866,281	
1 MEDICAL SUPPLIES	B	ANESTHESIOLOGY	40		12,079	
2		RADIOLOGY-DIAGNOSTIC	41		1,371,106	
3		PET SCAN	41.01		210	
4		LABORATORY	44		152,021	
5		RESPIRATORY THERAPY	49		226,944	
6		PHYSICAL THERAPY	50		34,620	
7		PHYSICAL THERAPY	50		708	
8		PHYSICAL THERAPY	50		6,089	
9		ELECTROCARDIOLOGY	53		18,581	
10		ELECTROENCEPHALOGRAPHY	54		31,983	
11		RENAL DIALYSIS	57		77,197	
12		CARDIAC CATHETERIZATION LABORATORY	59		16,317,978	
13		CAT SCAN	59.01		181,264	
14		GASTROINTESTINAL SERVICES	59.02		592,144	
15		NUCLEAR MEDICINE-DIAGNOSTIC	59.03		14,585	
16		CARDIAC REHAB	59.05		1,065	
17		EMERGENCY	61		398,560	
18		OUTPATIENT CLINIC	63.01		867,119	
19		AMBULANCE SERVICES	65		31,518	
20		OTHER ORGAN ACQUISITION (KIDNEY)	86		3,066	
21 PROPERTY TAXES	C	OTHER ADMINISTRATIVE AND GENERAL	6.02		2,248,538	13
22 YELLOW PAGES	D	MARKETING	100.03		1,457	
23 INTEREST EXPENSE	F	INTEREST EXPENSE	88		28,861,695	11
24 TRANSPLANT NON ACO	G	HEART ACQUISITION	85	234,729	288,022	
25 IV TEAM	I	ADULTS & PEDIATRICS	25	401,667	181,650	
26						
27						
28						
29						
30						
31 CLEAR NEG SALARY ON WIS	E	EMPLOYEE BENEFITS	5		2,238,780	
32 CAPITAL INSURANCE	H	OTHER ADMINISTRATIVE AND GENERAL	6.02		22,269	12
36 TOTAL RECLASSIFICATIONS				636,396	115,105,961	

(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:
150017

PERIOD:
FROM 7/1/2006
TO 6/30/2007

PREPARED 7/16/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : DRUGS COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	19,728,758	CENTRAL SERVICES & SUPPLY	15	1,531	
2.00			0	PHARMACY	16	19,435,144	
3.00			0	ADULTS & PEDIATRICS	25	85,380	
4.00			0	PEDIATRIC INTENSIVE CARE UNIT	26.01	370	
5.00			0	NEONATAL INTENSIVE CARE UNIT	26.02	6,345	
6.00			0	CARDIOVASCULAR ICU	26.03	27,775	
7.00			0	CORONARY CARE UNIT	27	4,054	
8.00			0	SUBPROVIDER	31	1,163	
9.00			0	OPERATING ROOM	37	28,528	
10.00			0	RADIOLOGY-DIAGNOSTIC	41	2,844	
11.00			0	LABORATORY	44	6,130	
12.00			0	RESPIRATORY THERAPY	49	4,120	
13.00			0	PHYSICAL THERAPY	50	14	
14.00			0	ELECTROCARDIOLOGY	53	77,836	
15.00			0	ELECTROENCEPHALOGRAPHY	54	184	
16.00			0	RENAL DIALYSIS	57	87	
17.00			0	CARDIAC CATHETERIZATION LABORATO	59	3,664	
18.00			0	CAT SCAN	59.01	1,745	
19.00			0	GASTRO INTESTINAL SERVICES	59.02	4,610	
20.00			0	NUCLEAR MEDICINE-DIAGNOSTIC	59.03	1,929	
21.00			0	CARDIAC REHAB	59.05	327	
22.00			0	EMERGENCY	61	11,976	
23.00			0	OUTPATIENT CLINIC	63.01	11,435	
24.00			0	AMBULANCE SERVICES	65	11,556	
25.00			0	NURSERY	33	11	
TOTAL RECLASSIFICATIONS FOR CODE A			19,728,758	TOTAL RECLASSIFICATIONS FOR CODE A			19,728,758

RECLASS CODE: B
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	61,534,792	CENTRAL SERVICES & SUPPLY	15	3,432,356	
2.00			0	PHARMACY	16	165,038	
3.00			0	ADULTS & PEDIATRICS	25	1,415,623	
4.00			0	PEDIATRIC INTENSIVE CARE UNIT	26.01	66,394	
5.00			0	NEONATAL INTENSIVE CARE UNIT	26.02	228,367	
6.00			0	CARDIOVASCULAR ICU	26.03	786,947	
7.00			0	CORONARY CARE UNIT	27	162,823	
8.00			0	SUBPROVIDER	31	29,192	
9.00			0	NURSERY	33	42,934	
10.00			0	OPERATING ROOM	37	34,866,281	
11.00			0	ANESTHESIOLOGY	40	12,079	
12.00			0	RADIOLOGY-DIAGNOSTIC	41	1,371,106	
13.00			0	PET SCAN	41.01	210	
14.00			0	LABORATORY	44	152,021	
15.00			0	RESPIRATORY THERAPY	49	226,944	
16.00			0	PHYSICAL THERAPY	50	34,620	
17.00			0	PHYSICAL THERAPY	50	708	
18.00			0	PHYSICAL THERAPY	50	6,089	
19.00			0	ELECTROCARDIOLOGY	53	18,581	
20.00			0	ELECTROENCEPHALOGRAPHY	54	31,983	
21.00			0	RENAL DIALYSIS	57	77,197	
22.00			0	CARDIAC CATHETERIZATION LABORATO	59	16,317,978	
23.00			0	CAT SCAN	59.01	181,264	
24.00			0	GASTRO INTESTINAL SERVICES	59.02	592,144	
25.00			0	NUCLEAR MEDICINE-DIAGNOSTIC	59.03	14,585	
26.00			0	CARDIAC REHAB	59.05	1,065	
27.00			0	EMERGENCY	61	398,560	
28.00			0	OUTPATIENT CLINIC	63.01	867,119	
29.00			0	AMBULANCE SERVICES	65	31,518	
30.00			0	OTHER ORGAN ACQUISITION (KIDNE	86	3,066	
TOTAL RECLASSIFICATIONS FOR CODE B			61,534,792	TOTAL RECLASSIFICATIONS FOR CODE B			61,534,792

RECLASS CODE: C
EXPLANATION : PROPERTY TAXES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,248,538	OTHER ADMINISTRATIVE AND GENER	6.02	2,248,538	
TOTAL RECLASSIFICATIONS FOR CODE C			2,248,538	TOTAL RECLASSIFICATIONS FOR CODE C			2,248,538

RECLASS CODE: D
EXPLANATION : YELLOW PAGES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.02	1,457	MARKETING	100.03	1,457	
TOTAL RECLASSIFICATIONS FOR CODE D			1,457	TOTAL RECLASSIFICATIONS FOR CODE D			1,457

RECLASSIFICATIONS

PROVIDER NO:
150017

PERIOD:
FROM 7/1/2006
TO 6/30/2007

PREPARED 7/16/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: F
EXPLANATION: INTEREST EXPENSE

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	28,861,695	INTEREST EXPENSE	88	28,861,695
TOTAL RECLASSIFICATIONS FOR CODE F		28,861,695			

RECLASS CODE: G
EXPLANATION: TRANSPLANT NON ACQ

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OPERATING ROOM	522,751	HEART ACQUISITION	85	522,751
TOTAL RECLASSIFICATIONS FOR CODE G		522,751			

RECLASS CODE: I
EXPLANATION: IV TEAM

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PEDIATRIC INTENSIVE CARE UNIT	14,948	ADULTS & PEDIATRICS	25	583,317
2.00	NEONATAL INTENSIVE CARE UNIT	93,257			0
3.00	CARDIOVASCULAR ICU	281,119			0
4.00	CORONARY CARE UNIT	79,310			0
5.00	SUBPROVIDER	73,913			0
6.00	NURSERY	40,770			0
TOTAL RECLASSIFICATIONS FOR CODE I		583,317			

RECLASS CODE: E
EXPLANATION: CLEAR NEG SALARY ON WIS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	2,238,780	EMPLOYEE BENEFITS	5	2,238,780
TOTAL RECLASSIFICATIONS FOR CODE E		2,238,780			

RECLASS CODE: H
EXPLANATION: CAPITAL INSURANCE

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	22,269	OTHER ADMINISTRATIVE AND GENER	6.02	22,269
TOTAL RECLASSIFICATIONS FOR CODE H		22,269			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	9,641,860					9,641,860	
2 LAND IMPROVEMENTS	8,584,408	483,960		483,960		9,068,368	
3 BUILDINGS & FIXTURE	99,587,491	25,110,263		25,110,263		124,697,754	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT	40,316,069	1,684,330		1,684,330		42,000,399	
6 MOVABLE EQUIPMENT	93,282,502	8,354,490		8,354,490	945,689	100,691,303	
7 SUBTOTAL	251,412,330	35,633,043		35,633,043	945,689	286,099,684	
8 RECONCILING ITEMS	-9,462,901				-3,163,760	-6,299,141	
9 TOTAL	260,875,231	35,633,043		35,633,043	4,109,449	292,398,825	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL				
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
		1	2	3	4	5	6	7	8
*									
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	132,489,290		132,489,290	.568805				
4	NEW CAP REL COSTS-MV	100,436,292		100,436,292	.431195				
5	TOTAL	232,925,582		232,925,582	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	5,048,499		12,525,025	22,269	2,248,538		19,844,331
4	NEW CAP REL COSTS-MV	7,162,760						7,162,760
5	TOTAL	12,211,259		12,525,025	22,269	2,248,538		27,007,091

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	4,685,935						4,685,935
4	NEW CAP REL COSTS-MV	7,149,711						7,149,711
5	TOTAL	11,835,646						11,835,646

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

ADJUSTMENTS TO EXPENSES

1	DESCRPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
				COST CENTER 3	LINE NO 4	
1	INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3	INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4	INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5	INVESTMENT INCOME-OTHER					
6	TRADE, QUANTITY AND TIME DISCOUNTS					
7	REFUNDS AND REBATES OF EXPENSES					
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS	B	-21,871	NEW CAP REL COSTS-BLDG &	3	9
9	TELEPHONE SERVICES	B	-348	OPERATION OF PLANT	8	
10	TELEVISION AND RADIO SERVICE					
11	PARKING LOT					
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-4,305,591			
13	SALE OF SCRAP, WASTE, ETC.					
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1	-29,162,287			
15	LAUNDRY AND LINEN SERVICE					
16	CAFETERIA--EMPLOYEES AND GUESTS	B	-1,563,921	DIETARY	11	
17	RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18	SALE OF MED AND SURG SUPPLIES	B	-89,525	MEDICAL SUPPLIES CHARGED	55	
19	SALE OF DRUGS TO OTHER THAN PATIENTS	B	-632,521	DRUGS CHARGED TO PATIENTS	56	
20	SALE OF MEDICAL RECORDS & ABSTRACTS	B	-7,476	MEDICAL RECORDS & LIBRARY	17	
21	NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22	VENDING MACHINES	B	-16,877	DIETARY	11	
23	INCOME FROM IMPOSITION OF INTEREST	B	-50,746	ADMITTING AND COLLECTIONS	6.01	
24	INTRST EXP ON MEDICARE OVERPAYMENTS					
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28	UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29	DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30	DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31	DEPRECIATION-NEW BLDGS AND FIXTURES	A	564,474	NEW CAP REL COSTS-BLDG &	3	9
32	DEPRECIATION-NEW MOVABLE EQUIP	A	13,049	NEW CAP REL COSTS-MVBLE E	4	9
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	PATIENT PHONE OTHER COSTS	A	-10,782	OTHER ADMINISTRATIVE AND	6.02	
38	PATIENT PHONE SALARIES	A	-44,048	OTHER ADMINISTRATIVE AND	6.02	
39	PATIENT PHONE BENEFITS	A	-10,963	EMPLOYEE BENEFITS	5	
40	PATIENT PHONE DEPRECIATION	A	-6,359	NEW CAP REL COSTS-BLDG &	3	9
41	PATIENT TELEVISION CABLE SVC	A	-19,402	OPERATION OF PLANT	8	
42	PATIENT TV UTILITIES	A	-2,865	OPERATION OF PLANT	8	
43	ACCTG PENALTIES	A	-498	OTHER ADMINISTRATIVE AND	6.02	
44	ADVERTISING	A	-353	SUBPROVIDER	31	
45	ADVERTISING	A	-725	OUTPATIENT CLINIC	63.01	
46	TRAUMA PROGRAM STARTUP COSTS YR 1 OF	A	22,546	EMERGENCY	61	
47	VALET PARKING	A	-598,368	OTHER ADMINISTRATIVE AND	6.02	
48	TRAVEL & ENTERTAINMENT	A	-1,079	OTHER ADMINISTRATIVE AND	6.02	
49	TRAVEL & ENTERTAINMENT	A	-20	PARAMED ED PRGM-(PASTORAL	24	
49.01	TRAVEL & ENTERTAINMENT	A	-25	CARDIAC CATHERIZATION LAB	59	
49.05	COUNTRY CLUB DUES	A	-9,917	OTHER ADMINISTRATIVE AND	6.02	
49.06	DONATIONS	A	-4,263	OTHER ADMINISTRATIVE AND	6.02	
49.07	GIFTS	A	-175	OTHER ADMINISTRATIVE AND	6.02	
49.08	PATIENT GIFTS	A	-2,779	OTHER ADMINISTRATIVE AND	6.02	
49.09	PATIENT GIFTS	A	-52	PHYSICAL THERAPY	50	
49.10	PATIENT GIFTS	A	-40	EMERGENCY	61	
49.11	PATIENT GIFTS	A	-3,969	ADULTS & PEDIATRICS	25	
49.12	PATIENT GIFTS	A	-23	CARDIOVASCULAR ICU	26.03	
49.15	EDUCATION TRUST INCOME	B	-18,565	EMPLOYEE BENEFITS	5	
49.17	PHYSICIAN NOT ON A-8-2	A	-676,725	OTHER ADMINISTRATIVE AND	6.02	
49.18	LOBBYING EXPENSE IN DUES	A	-17,768	OTHER ADMINISTRATIVE AND	6.02	
49.19	1985 LOSS ON SALE CARRYFORWARD	A	-163,595	NEW CAP REL COSTS-BLDG &	3	9
49.20	MISCELLANEOUS REVENUES	B	-1,647,386	OTHER ADMINISTRATIVE AND	6.02	
49.21	OTHER INCOME/CLASS FEES	B	-22,490	OTHER ADMINISTRATIVE AND	6.02	
49.22	OTHER INCOME/MCBC RENT	B	-14,146	OTHER ADMINISTRATIVE AND	6.02	
49.23	SOCIAL SVC INCOME	B	-13,149	SOCIAL SERVICE	18	
49.24	OTHER INCOME/STAFFED	B	-14,804	EMPLOYEE BENEFITS	5	
49.25	OTHER INCOME/WEIGHT MGMT	B	-69,598	OUTPATIENT CLINIC	63.01	
49.26	OTHER INCOME/PEDS	B	-9,646	ADULTS & PEDIATRICS	25	
49.27	OTHER INCOME/HEART PAVILION	B	-750	OUTPATIENT CLINIC	63.01	
49.28	PICU MISC INCOME	B	-1,957	PEDIATRIC INTENSIVE CARE	26.01	
49.29	NICU MISC INCOME	B	-6,145	NEONATAL INTENSIVE CARE U	26.02	
49.30	ER MISC INCOME	B	-4,176	EMERGENCY	61	
49.31	PED PULM MISC INCOME	B	-20,952	OUTPATIENT CLINIC	63.01	
49.32	PHARMACY MISC INCOME	B	-3,200	PHARMACY	16	
49.33	OTHER INCOME PHYSICAL THERAPY	B	-713	PHYSICAL THERAPY	50	
49.34	OTHER INCOME XRAY	B	-48,075	RADIOLOGY-DIAGNOSTIC	41	
49.35	OTHER INCOME CARDIAC EVAL	B	-156,895	CARDIAC CATHERIZATION LAB	59	
49.36	OTHER INCOME CARDIOPULM	B	-43,021	RESPIRATORY THERAPY	49	
49.37	OTHER INCOME CC 790	B	-5,742	OUTPATIENT CLINIC	63.01	
49.39	OTHER INCOMEBIOMED	B	-59,505	OPERATION OF PLANT	8	
49.40	OTHER INCOME PASTORAL CARE	B	-21,670	PARAMED ED PRGM-(PASTORAL	24	
49.41	OTHER INCOME CLEANING SVC	B	52,886	HOUSEKEEPING	10	
49.42	OTHER INCOME COPY SHOP	B	-6,129	OTHER ADMINISTRATIVE AND	6.02	
49.45	LUTHERAN AIR STARTUP YR 3 OF 5	A	7,428	AMBULANCE SERVICES	65	

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
49.46 AMORTIZE NEURO UNIT STARTUP COSTS YR	A	42,690	ADULTS & PEDIATRICS	25	
49.48 SPOUSE TRAVEL	A	-7,052	OTHER ADMINISTRATIVE AND	6.02	
49.49 LEGAL FEES	A	-63,615	OTHER ADMINISTRATIVE AND	6.02	
49.62 OTHER INCOME/SLEEP CTR	B	-724,636	ELECTROENCEPHALOGRAPHY	54	
49.64 OTHER INCOME/GROUNDS	B	-61,185	OPERATION OF PLANT	8	
49.65 PENALTIES	A	-150	EMPLOYEE BENEFITS	5	
49.66 PENALTIES	A	-1	CENTRAL SERVICES & SUPPLY	15	
50 TOTAL (SUM OF LINES 1 THRU 49)		-39,768,236			

(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		
1	6 2	OTHER ADMINISTRATIVE AND	HO MGT FEES	809,870	13,318,165	-12,508,295	
2	3	NEW CAP REL COSTS-BLDG &	HO INTEREST	12,525,000	28,861,670	-16,336,670	11
3	6 2	OTHER ADMINISTRATIVE AND	HO MALPRACTICE	1,533,892	2,191,274	-657,382	
4	6 2	OTHER ADMINISTRATIVE AND	HO GEN INSUR	259,989	259,989		
4.01	5	EMPLOYEE BENEFITS	HO WRKRS COMP	958,117	958,117		
4.02	6 2	OTHER ADMINISTRATIVE AND	HO IS FEES	380,714	382,628	-1,914	
4.03	9	LAUNDRY & LINEN SERVICE	HOSPITAL LAUNDRY	1,176,343	1,213,045	-36,702	
4.04	31	SUBPROVIDER	HOSPITAL LAUNDRY		18,329	-18,329	
4.05	25	ADULTS & PEDIATRICS	HOSPITAL LAUNDRY		34	-34	
4.06	63 1	OUTPATIENT CLINIC	HOSPITAL LAUNDRY		1	-1	
4.07	3	NEW CAP REL COSTS-BLDG &	BOC DEPRECIATION	20,476	30,561	-10,085	9
4.08	31	SUBPROVIDER	SPACE IN RHF	630,505	253,785	376,720	
4.09	41	RADIOLOGY-DIAGNOSTIC	MD IMAGING	1,759,376	1,728,971	30,405	
5		TOTALS		20,054,282	49,216,569	-29,162,287	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) NAME	AND/OR HOME OFFICE PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	100.00	TRIAD	100.00	HOME OFFICE
2	E	0.00	ST JOSEPH HOSP	0.00	HOSPITAL
3	C	50.00	MD IMAGING	50.00	RADIOLOGY
4	E	0.00	REHAB HOSP FW	0.00	HOSPITAL
5	E	0.00	HOSPITAL LAUNDR	50.00	CONSOLIDATED LA

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
15-0017

PERIOD:
FROM 7/1/2006
TO 6/30/2007

PREPARED 7/16/2010
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	AGGREGATE	15,169	4,369	10,800	171,400	54	4,450	223
2 26 1	AGGREGATE	36,875		36,875	171,400	275	22,661	1,133
3 26 2	AGGREGATE	101,121	57,996	43,125	171,400	275	22,661	1,133
4 31	AGGREGATE	13,038	13,038					
5 37	AGGREGATE	177,705	100,500	77,205	204,100	869	85,271	4,264
6 44	AGGREGATE	198,450		198,450	219,500	1,560	164,625	8,231
7 49	AGGREGATE	-225	-225					
8 53	AGGREGATE	3,213		3,213	171,400	14	1,154	58
9 54	AGGREGATE	7,650		7,650	171,400	57	4,697	235
10 59	AGGREGATE	5,175		5,175	171,400	40	3,296	165
11 59 2	AGGREGATE	300		300	171,400	2	165	8
12 59 5	AGGREGATE	825		825	171,400	7	577	29
13 61	AGGREGATE	47,488	-20,262	67,750	171,400	503	41,449	2,072
14 63 1	AGGREGATE	214,236	155,074	59,162	171,400	464	38,235	1,912
15 40	AGGREGATE	3,834,089	3,834,089					
16 65	AGGREGATE	15,500		15,500	171,400	134	11,042	552
17 50	AGGREGATE	3,000		3,000	171,400	3	247	12
18 86	AGGREGATE	43,050		43,050	171,400	258	21,260	1,063
19 100 5	AGGREGATE	2,656	2,656					
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	4,719,315	4,147,235	572,080		4,515	421,790	21,090

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
15-0017

PERIOD:
FROM 7/1/2006
TO 6/30/2007

PREPARED 7/16/2010
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 25	AGGREGATE					4,450	6,350	10,719
2 26	1 AGGREGATE					22,661	14,214	14,214
3 26	2 AGGREGATE					22,661	20,464	78,460
4 31	AGGREGATE							13,038
5 37	AGGREGATE					85,271		100,500
6 44	AGGREGATE					164,625	33,825	33,825
7 49	AGGREGATE							-225
8 53	AGGREGATE					1,154	2,059	2,059
9 54	AGGREGATE					4,697	2,953	2,953
10 59	AGGREGATE					3,296	1,879	1,879
11 59	2 AGGREGATE					165	135	135
12 59	5 AGGREGATE					577	248	248
13 61	AGGREGATE					41,449	26,301	6,039
14 63	1 AGGREGATE					38,235	20,927	176,001
15 40	AGGREGATE							3,834,089
16 65	AGGREGATE					11,042	4,458	4,458
17 50	AGGREGATE					247	2,753	2,753
18 86	AGGREGATE					21,260	21,790	21,790
19 100	5 AGGREGATE							2,656
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					421,790	158,356	4,305,591

COST ALLOCATION STATISTICS

PROVIDER NO: 15-0017
 PERIOD: FROM 7/1/2006 TO 6/30/2007
 PREPARED 7/16/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALU- OLD	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALU- OLD	ENTERED
5	EMPLOYEE BENEFITS	3	GROSS SALA RIE	ENTERED
6.01	ADMITTING AND COLLECTIONS	4	GROSS REVE NUE	ENTERED
6.02	OTHER ADMINISTRATIVE AND GENERAL	-5	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	6	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	7	POUNDS-LINEN	ENTERED
10	HOUSEKEEPING	8	SQUARE FEET	ENTERED
11	DIETARY	9	MEALS	ENTERED
12	CAFETERIA	10	FTE'S	ENTERED
14	NURSING ADMINISTRATION	11	NSG ADMN HOURS	ENTERED
15	CENTRAL SERVICES & SUPPLY	12	C/S REQS	ENTERED
16	PHARMACY	13	DRUG REQS	ENTERED
17	MEDICAL RECORDS & LIBRARY	14	GROSS REVE NUE	ENTERED
18	SOCIAL SERVICE	15	PATIENT DA YS	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	16	RESIDENT %	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	16	RESIDENT %	ENTERED
24	PARAMED ED PRGM-(PASTORAL CARE	17	PASTORAL CARE %	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0017
 PERIOD: FROM 7/1/2006 TO 6/30/2007
 PREPARED 7/16/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	ADMITTING AND COLLECTIONS
	0	1	2	3	4	5	6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	19,844,331			19,844,331			
005 NEW CAP REL COSTS-MVBLE E	7,162,760				7,162,760		
006 EMPLOYEE BENEFITS	17,244,754			542,122	14,663	17,801,539	
006 01 ADMITTING AND COLLECTIONS	5,984,917			466,033	18,298	539,899	7,009,147
006 02 OTHER ADMINISTRATIVE AND	11,680,269			986,924	1,729,619	732,678	
008 OPERATION OF PLANT	7,559,537			3,758,568	86,258	359,156	
009 LAUNDRY & LINEN SERVICE	1,425,678			24,474	592	16,089	
010 HOUSEKEEPING	2,801,582			82,171	12,781	295,177	
011 DIETARY	3,058,928			776,581	50,218	464,517	
012 CAFETERIA							
014 NURSING ADMINISTRATION	1,553,094			75,712	2,161	140,229	
015 CENTRAL SERVICES & SUPPLY	3,442,531			533,719	268,055	324,124	
016 PHARMACY	4,037,208			182,658	155,819	577,651	
017 MEDICAL RECORDS & LIBRARY	5,074,558			208,794	12,614	608,604	
018 SOCIAL SERVICE	542,401			140,659		87,297	
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	2,305,684						
024 PARAMED ED PRGM-(PASTORAL	314,562			32,705	790	38,954	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	24,210,744			3,593,382	686,911	3,825,269	430,408
026 INTENSIVE CARE UNIT							
026 01 PEDIATRIC INTENSIVE CARE	1,236,220			119,401	43,292	185,804	11,908
026 02 NEONATAL INTENSIVE CARE U	3,119,825			177,098	47,617	493,161	74,561
026 03 CARDIOVASCULAR ICU	11,946,695			1,077,848	400,019	1,889,255	225,139
027 CORONARY CARE UNIT	3,305,235			387,227	99,658	530,575	68,839
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	2,575,611				8,778	292,861	61,630
033 NURSERY	42,073			14,881	219	4,964	9,969
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	17,094,972			3,259,019	1,201,896	1,742,034	1,198,159
040 ANESTHESIOLOGY	388,052			2,180	5,916	951	153,781
041 RADIOLOGY-DIAGNOSTIC	5,819,381			391,561	274,699	484,246	289,912
041 01 PET SCAN	770,605			47,013	5,192	9,519	34,854
044 LABORATORY	12,868,062			387,200	166,508	674,903	434,163
049 RESPIRATORY THERAPY	4,234,193			159,246	139,475	598,092	170,336
050 PHYSICAL THERAPY	3,421,065			346,074	24,122	484,250	63,561
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	709,657			32,378	116,597	88,531	40,953
054 ELECTROENCEPHALOGRAPHY	63,640			40,990	49,093	120,400	20,858
055 MEDICAL SUPPLIES CHARGED	61,445,267						1,525,394
056 DRUGS CHARGED TO PATIENTS	19,096,237						1,067,859
057 RENAL DIALYSIS	1,807,892			134,799	505	24	33,470
059 CARDIAC CATHETERIZATION LAB	1,894,832			176,389	654,087	275,289	345,214
059 01 CAT SCAN	829,588			54,154	303,362	88,303	309,935
059 02 GASTRO INTESTINAL SERVICE	1,340,203			189,580	158,012	189,127	52,208
059 03 NUCLEAR MEDICINE-DIAGNOST	1,078,366			109,507	44,795	45,202	56,886
059 05 CARDIAC REHAB	375,080			19,078	2,978	58,966	14,443
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	3,753,662			547,064	111,203	560,884	219,426
062 OBSERVATION BEDS (NON-DIS							
063 DIAGNOSTIC SURGICAL SERVI							
063 01 OUTPATIENT CLINIC	4,407,071			532,492	6,306	546,254	62,895
063 04 GERO CLINIC							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	3,377,276			12,591	63,168	292,250	32,386
068 OTHER REIMB COST CENTER							
068 SPEC PURPOSE COST CENTERS							
085 HEART ACQUISITION	266,461						
086 OTHER ORGAN ACQUISITION (	160,033			18,596	2,087	8,434	
095 SUBTOTALS	285,670,792			19,640,868	6,968,363	17,673,923	7,009,147
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	319,004			72,816	1,867	6,440	
100 OTHER NONREIMBURSABLE COS					183,144		
100 01 NONREIMB EDUCATION ROTATI							
100 02 TENANT SVC/MOB	420,334			81,599			
100 03 MARKETING	3,181,315			8,712	9,373	102,082	
100 04 WOMENS CANCER CENTER	32			40,336	13		
100 05 RESEARCH	109,034					19,094	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	289,700,511			19,844,331	7,162,760	17,801,539	7,009,147

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0017
 PERIOD: FROM 7/1/2006 TO 6/30/2007
 PREPARED 7/16/2010
 WORKSHEET B PART I

COST CENTER DESCRIPTION	SUBTOTAL	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6a.01	6.02	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMITTING AND COLLECTIONS							
006 02 OTHER ADMINISTRATIVE AND	15,129,490	15,129,490					
008 OPERATION OF PLANT	11,763,519	648,193	12,411,712				
009 LAUNDRY & LINEN SERVICE	1,466,833	80,825	21,593	1,569,251			
010 HOUSEKEEPING	3,191,711	175,870	72,499		3,440,080		
011 DIETARY	4,350,244	239,707	685,172		191,356	5,466,479	
012 CAFETERIA						2,803,669	2,803,669
014 NURSING ADMINISTRATION	1,771,196	97,596	66,800		18,656		22,382
015 CENTRAL SERVICES & SUPPLY	4,568,429	251,730	470,897		131,513		92,999
016 PHARMACY	4,953,336	272,939	161,158		45,008		85,703
017 MEDICAL RECORDS & LIBRARY	5,904,570	325,354	184,218		51,449		137,138
018 SOCIAL SERVICE	770,357	42,448	124,102		34,660		13,135
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	2,305,684	127,048					
024 PARAMED ED PRGM-(PASTORAL	387,011	21,325	28,855	888	8,059		6,415
024 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	32,746,714	1,804,409	3,170,422	646,376	885,436	1,400,880	708,999
026 INTENSIVE CARE UNIT							
026 01 PEDIATRIC INTENSIVE CARE	1,596,625	87,977	105,346	11,264	29,421	22,403	26,605
026 02 NEONATAL INTENSIVE CARE U	3,912,262	215,573	156,252	24,558	43,638	139,334	79,976
026 03 CARDIOVASCULAR ICU	15,538,956	856,228	950,979	146,810	265,591	420,816	305,057
027 CORONARY CARE UNIT	4,391,534	241,982	341,648	63,505	95,416	118,713	83,368
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	2,938,880	161,938		25,455		110,679	56,266
033 NURSERY	72,106	3,973	13,129	12,916	3,667	61,063	704
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	24,496,080	1,349,783	2,875,413	319,131	803,049		326,959
040 ANESTHESIOLOGY	550,880	30,355	1,924		537		336
041 RADIOLOGY-DIAGNOSTIC	7,259,799	400,029	345,472	52,479	96,484		90,039
041 01 PET SCAN	867,183	47,784	41,480		11,585		1,472
044 LABORATORY	14,530,836	800,678	341,624		95,409		143,298
049 RESPIRATORY THERAPY	5,301,342	292,115	140,502	4,796	39,240		107,509
050 PHYSICAL THERAPY	4,339,072	239,092	305,339	1,688	85,275		76,824
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	988,116	54,447	28,567	7,733	7,978		21,038
054 ELECTROENCEPHALOGRAPHY	294,981	16,254	36,165		10,100		24,430
055 MEDICAL SUPPLIES CHARGED	62,970,661	3,469,884					
056 DRUGS CHARGED TO PATIENTS	20,164,096	1,111,082					
057 RENAL DIALYSIS	1,976,690	108,920	118,933		33,216		
059 CARDIAC CATHETERIZATION LAB	3,345,811	184,361	155,627	29,213	43,464		43,004
059 01 CAT SCAN	1,585,342	87,356	47,780	28,282	13,344		16,462
059 02 GASTRO INTESTINAL SERVICE	1,929,130	106,299	167,265	38,044	46,714		33,229
059 03 NUCLEAR MEDICINE-DIAGNOST	1,334,756	73,548	96,618		26,984		7,231
059 05 CARDIAC REHAB	470,545	25,928	16,832		4,701		14,303
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	5,192,239	286,103	482,671	146,688	134,801		106,469
062 OBSERVATION BEDS (NON-DIS							
063 DIAGNOSTIC SURGICAL SERVI							
063 01 OUTPATIENT CLINIC	5,555,018	306,093	469,815	9,425	131,210		91,911
063 04 GERO CLINIC							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	3,777,671	208,157	11,109		3,103		56,090
068 OTHER REIMB COST CENTER							
085 SPEC PURPOSE COST CENTERS							
085 HEART ACQUISITION	266,461	14,683					
086 OTHER ORGAN ACQUISITION (	189,150	10,423					1,312
095 SUBTOTALS	285,145,316	14,878,489	12,236,206	1,569,251	3,391,064	5,077,557	2,780,663
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	400,127	22,048	64,245		17,943		1,840
100 OTHER NONREIMBURSABLE COS	183,144	10,092				388,922	
100 01 NONREIMB EDUCATION ROTATI							
100 02 TENANT SVC/MOB	501,933	27,658	71,994		20,107		
100 03 MARKETING	3,301,482	181,918	3,679		1,027		18,638
100 04 WOMENS CANCER CENTER	40,381	2,225	35,588		9,939		2,528
100 05 RESEARCH	128,128	7,060					
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	289,700,511	15,129,490	12,411,712	1,569,251	3,440,080	5,466,479	2,803,669

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	14	15	16	17	18	22	23
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMITTING AND COLLECTIONS							
006 02 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION	1,976,630						
015 CENTRAL SERVICES & SUPPLY		5,515,568					
016 PHARMACY		41,309	5,559,453				
017 MEDICAL RECORDS & LIBRARY		5,731		6,608,460			
018 SOCIAL SERVICE		414	10		985,126		
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C		1,272					2,434,004
024 PARAMEDICAL PRGM-(PASTORAL		532					
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	755,151	55,286		405,843	596,632		1,380,479
026 INTENSIVE CARE UNIT							
026 01 PEDIATRIC INTENSIVE CARE	27,596	4,287		11,228	10,495		
026 02 NEONATAL INTENSIVE CARE U	83,038	4,327		70,305	73,537		145,314
026 03 CARDIOVASCULAR ICU	314,595	15,776		212,289	176,607		
027 CORONARY CARE UNIT	86,979	4,410		64,910	53,873		
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	58,287	3,348		58,112	47,009		
033 NURSERY		59		9,400	26,973		
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	345,087	153,931		1,129,776			272,463
040 ANESTHESIOLOGY		27,847		145,004			
041 RADIOLOGY-DIAGNOSTIC		16,728		273,366			
041 01 PET SCAN		19,062		32,865			
044 LABORATORY		478,457		409,384			
049 RESPIRATORY THERAPY		33,796		160,615			
050 PHYSICAL THERAPY		1,918		59,933			
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		1,254		38,616			
054 ELECTROENCEPHALOGRAPHY		1,820		19,668			
055 MEDICAL SUPPLIES CHARGED		4,494,128		1,437,681			
056 DRUGS CHARGED TO PATIENTS			5,559,443	1,006,914			
057 RENAL DIALYSIS		734		31,560			
059 CARDIAC CATHETERIZATION LAB	45,783	17,522		325,512			54,493
059 01 CAT SCAN		14,311		292,246			
059 02 GASTRO INTESTINAL SERVICE	34,944	3,837		49,228			
059 03 NUCLEAR MEDICINE-DIAGNOST		55,505		53,639			
059 05 CARDIAC REHAB	15,229	628		13,619			
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	112,264	15,794		206,903			254,299
062 OBSERVATION BEDS (NON-DIS							
063 DIAGNOSTIC SURGICAL SERVI							
063 01 OUTPATIENT CLINIC	97,677	18,038		59,306			308,792
063 04 GERO CLINIC							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		1,006		30,538			
068 OTHER REIMB COST CENTER							
085 SPEC PURPOSE COST CENTERS							
085 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITION (		748					
095 SUBTOTALS	1,976,630	5,493,815	5,559,453	6,608,460	985,126		2,415,840
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP		19,467					
100 OTHER NONREIMBURSABLE COS							
100 01 NONREIMB EDUCATION ROTATI							18,164
100 02 TENANT SVC/MOB		461					
100 03 MARKETING		1,809					
100 04 WOMENS CANCER CENTER		16					
100 05 RESEARCH							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,976,630	5,515,568	5,559,453	6,608,460	985,126		2,434,004

COST CENTER DESCRIPTION	PARAMED ED PR GM-(PASTORAL	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	24	25	26	27
001 GENERAL SERVICE COST CNTR				
002 OLD CAP REL COSTS-BLDG &				
003 OLD CAP REL COSTS-MVBLE E				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
006 01 ADMITTING AND COLLECTIONS				
006 02 OTHER ADMINISTRATIVE AND				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE				
022 I&R SERVICES-SALARY & FRI				
023 I&R SERVICES-OTHER PRGM C				
024 PARAMED ED PRGM-(PASTORAL	453,085			
INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS	259,646	44,816,273	-1,380,479	43,435,794
026 INTENSIVE CARE UNIT				
026 01 PEDIATRIC INTENSIVE CARE	9,057	1,942,304		1,942,304
026 02 NEONATAL INTENSIVE CARE U	803	4,948,917	-145,314	4,803,603
026 03 CARDIOVASCULAR ICU	32,973	19,236,677		19,236,677
027 CORONARY CARE UNIT	38,752	5,585,090		5,585,090
028 BURN INTENSIVE CARE UNIT				
029 SURGICAL INTENSIVE CARE U				
031 SUBPROVIDER	7,338	3,467,312		3,467,312
033 NURSERY		203,990		203,990
ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM	13,873	32,085,545	-272,463	31,813,082
040 ANESTHESIOLOGY		756,883		756,883
041 RADIOLOGY-DIAGNOSTIC	1,376	8,535,772		8,535,772
041 01 PET SCAN		1,021,431		1,021,431
044 LABORATORY		16,799,686		16,799,686
049 RESPIRATORY THERAPY		6,079,915		6,079,915
050 PHYSICAL THERAPY		5,109,141		5,109,141
051 OCCUPATIONAL THERAPY				
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY		1,147,749		1,147,749
054 ELECTROENCEPHALOGRAPHY		403,418		403,418
055 MEDICAL SUPPLIES CHARGED		72,372,354		72,372,354
056 DRUGS CHARGED TO PATIENTS		27,841,535		27,841,535
057 RENAL DIALYSIS		2,270,053		2,270,053
059 CARDIAC CATHETERIZATION LAB	229	4,245,019	-54,493	4,190,526
059 01 CAT SCAN		2,085,123		2,085,123
059 02 GASTROINTESTINAL SERVICE		2,408,690		2,408,690
059 03 NUCLEAR MEDICINE-DIAGNOST		1,648,281		1,648,281
059 05 CARDIAC REHAB		561,785		561,785
061 OUTPAT SERVICE COST CNTRS				
062 EMERGENCY	30,382	6,968,613	-254,299	6,714,314
063 OBSERVATION BEDS (NON-DIS				
063 DIAGNOSTIC SURGICAL SERVI				
063 01 OUTPATIENT CLINIC	41,114	7,088,399	-308,792	6,779,607
063 04 GEROCLINIC				
065 OTHER REIMBURS COST CNTRS				
068 AMBULANCE SERVICES		4,087,674		4,087,674
068 OTHER REIMB COST CENTER				
SPEC PURPOSE COST CENTERS				
085 HEART ACQUISITION	2,408	283,552		283,552
086 OTHER ORGAN ACQUISITION (		201,633		201,633
095 SUBTOTALS	437,951	284,202,814	-2,415,840	281,786,974
NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		525,670		525,670
100 OTHER NONREIMBURSABLE COS		582,158		582,158
100 01 NONREIMB EDUCATION ROTATI	15,134	33,298	-18,164	15,134
100 02 TENANT SVC/MOB		622,153		622,153
100 03 MARKETING		3,508,553		3,508,553
100 04 WOMENS CANCER CENTER		90,677		90,677
100 05 RESEARCH		135,188		135,188
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL	453,085	289,700,511	-2,434,004	287,266,507

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0017
 PERIOD: FROM 7/1/2006 TO 6/30/2007
 PREPARED 7/16/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS	1,497			542,122	14,663	558,282	558,282
006 01 ADMIN TTING AND COLLECTIONS	670			466,033	18,298	485,001	16,931
006 02 OTHER ADMINI STRATIVE AND	916,158			986,924	1,729,619	3,632,701	22,977
008 OPERATION OF PLANT	28,676			3,758,568	86,258	3,873,502	11,263
009 LAUNDRY & LINEN SERVICE	81,067			24,474	592	106,133	505
010 HOUSEKEEPING	31,651			82,171	12,781	126,603	9,257
011 DIETARY	5,415			776,581	50,218	832,214	14,567
012 CAFETERIA							
014 NURSING ADMINI STRATION	110			75,712	2,161	77,983	4,398
015 CENTRAL SERVICES & SUPPLY	1,069,307			533,719	268,055	1,871,081	10,164
016 PHARMACY	18,583			182,658	155,819	357,060	18,115
017 MEDICAL RECORDS & LIBRARY	136,930			208,794	12,614	358,338	19,086
018 SOCIAL SERVICE				140,659		140,659	2,738
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(PASTORAL				32,705	790	33,495	1,222
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	10,812			3,593,382	686,911	4,291,105	119,987
026 INTENSIVE CARE UNIT							
026 01 PEDIATRIC INTENSIVE CARE				119,401	43,292	162,693	5,827
026 02 NEONATAL INTENSIVE CARE U	1,830			177,098	47,617	226,545	15,465
026 03 CARDIOVASCULAR ICU				1,077,848	400,019	1,477,867	59,247
027 CORONARY CARE UNIT				387,227	99,658	486,885	16,639
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	379,604				8,778	388,382	9,184
033 NURSERY				14,881	219	15,100	156
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	218,802			3,259,019	1,201,896	4,679,717	54,630
040 ANESTHESIOLOGY				2,180	5,916	8,096	30
041 RADIOLOGY-DIAGNOSTIC	937,853			391,561	274,699	1,604,113	15,186
041 01 PET SCAN	367,655			47,013	5,192	419,860	298
044 LABORATORY	113,154			387,200	166,508	666,862	21,165
049 RESPIRATORY THERAPY	127,232			159,246	139,475	425,953	18,756
050 PHYSICAL THERAPY	218,850			346,074	24,122	589,046	15,186
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	1,802			32,378	116,597	150,777	2,776
054 ELECTROENCEPHALOGRAPHY	2,382			40,990	49,093	92,465	3,776
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS				134,799	505	135,304	1
059 CARDIAC CATHERIZATION LAB	21,817			176,389	654,087	852,293	8,633
059 01 CAT SCAN	78,442			54,154	303,362	435,958	2,769
059 02 GASTRO INTESTINAL SERVICE	553			189,580	158,012	348,145	5,931
059 03 NUCLEAR MEDICINE-DIAGNOST	21,428			109,507	44,795	175,730	1,418
059 05 CARDIAC REHAB	471			19,078	2,978	22,527	1,849
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY				547,064	111,203	658,267	17,589
062 OBSERVATION BEDS (NON-DIS							
063 DIAGNOSTIC SURGICAL SERVI							
063 01 OUTPATIENT CLINIC	96,932			532,492	6,306	635,730	17,130
063 04 GERO CLINIC							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	912,354			12,591	63,168	988,113	9,165
068 OTHER REIMB COST CENTER							
085 SPEC PURPOSE COST CENTERS							
085 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITION (				18,596	2,087	20,683	264
095 SUBTOTALS	5,802,037			19,640,868	6,968,363	32,411,268	554,280
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				72,816	1,867	74,683	202
100 OTHER NONREIMBURSABLE COS					183,144	183,144	
100 01 NONREIMB EDUCATION ROTATI							
100 02 TENANT SVC/MOB				81,599		81,599	
100 03 MARKETING				8,712	9,373	18,085	3,201
100 04 WOMENS CANCER CENTER				40,336	13	40,349	
100 05 RESEARCH							599
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	5,802,037			19,844,331	7,162,760	32,809,128	558,282

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0017
 PERIOD: FROM 7/1/2006 TO 6/30/2007
 PREPARED 7/16/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADMITTING AND COLLECTIONS	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6.01	6.02	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMITTING AND COLLECTIONS	501,932						
006 02 OTHER ADMINISTRATIVE AND		3,655,678					
008 OPERATION OF PLANT		156,619	4,041,384				
009 LAUNDRY & LINEN SERVICE		19,529	7,031	133,198			
010 HOUSEKEEPING		42,494	23,607		201,961		
011 DIETARY		57,919	223,099		11,234	1,139,033	
012 CAFETERIA						584,192	584,192
014 NURSING ADMINISTRATION		23,582	21,751		1,095		4,664
015 CENTRAL SERVICES & SUPPLY		60,824	153,329		7,721		19,378
016 PHARMACY		65,949	52,475		2,642		17,858
017 MEDICAL RECORDS & LIBRARY		78,613	59,983		3,020		28,575
018 SOCIAL SERVICE		10,257	40,409		2,035		2,737
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C		30,698					
024 PARAMED ED PRGM-(PASTORAL		5,153	9,396	75	473		1,337
024 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	30,814	435,990	1,032,319	54,866	51,987	291,897	147,731
026 INTENSIVE CARE UNIT							
026 01 PEDIATRIC INTENSIVE CARE	852	21,257	34,302	956	1,727	4,668	5,544
026 02 NEONATAL INTENSIVE CARE U	5,338	52,088	50,877	2,084	2,562	29,033	16,664
026 03 CARDIOVASCULAR ICU	16,118	206,886	309,649	12,461	15,592	87,684	63,564
027 CORONARY CARE UNIT	4,928	58,469	111,244	5,390	5,602	24,736	17,371
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	4,412	39,128		2,161		23,062	11,724
033 NURSERY	714	960	4,275	1,096	215	12,723	147
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	85,780	326,141	936,265	27,088	47,145		68,127
040 ANESTHESIOLOGY	11,010	7,334	626		32		70
041 RADIOLOGY-DIAGNOSTIC	20,756	96,657	112,489	4,454	5,664		18,761
041 01 PET SCAN	2,495	11,546	13,506		680		307
044 LABORATORY	31,083	193,464	111,237		5,601		29,858
049 RESPIRATORY THERAPY	12,195	70,582	45,749	407	2,304		22,401
050 PHYSICAL THERAPY	4,550	57,770	99,422	143	5,006		16,008
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	2,932	13,156	9,302	656	468		4,384
054 ELECTROENCEPHALOGRAPHY	1,493	3,927	11,776		593		5,090
055 MEDICAL SUPPLIES CHARGED	109,335	838,431					
056 DRUGS CHARGED TO PATIENTS	76,451	268,465					
057 RENAL DIALYSIS	2,396	26,318	38,726		1,950		
059 CARDIAC CATHETERIZATION LAB	24,715	44,546	50,674	2,480	2,552		8,961
059 01 CAT SCAN	22,189	21,107	15,558	2,401	783		3,430
059 02 GASTRO INTESTINAL SERVICE	3,738	25,684	54,463	3,229	2,742		6,924
059 03 NUCLEAR MEDICINE-DIAGNOST	4,073	17,771	31,460		1,584		1,507
059 05 CARDIAC REHAB	1,034	6,265	5,481		276		2,980
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	15,709	69,129	157,163	12,451	7,914		22,185
062 OBSERVATION BEDS (NON-DIS							
063 DIAGNOSTIC SURGICAL SERVI							
063 01 OUTPATIENT CLINIC	4,503	73,960	152,977	800	7,703		19,151
063 04 GERO CLINIC							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	2,319	50,296	3,617		182		11,687
068 OTHER REIMB COST CENTER							
068 SPEC PURPOSE COST CENTERS							
085 HEART ACQUISITION		3,548					
086 OTHER ORGAN ACQUISITION (		2,518					273
095 SUBTOTALS	501,932	3,595,030	3,984,237	133,198	199,084	1,057,995	579,398
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP		5,327	20,919		1,053		383
100 OTHER NONREIMBURSABLE COS		2,438				81,038	
100 01 NONREIMB EDUCATION ROTATI							
100 02 TENANT SVC/MOB		6,683	23,442		1,180		
100 03 MARKETING		43,956	1,198		60		3,884
100 04 WOMENS CANCER CENTER		538	11,588		584		527
100 05 RESEARCH		1,706					
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	501,932	3,655,678	4,041,384	133,198	201,961	1,139,033	584,192

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0017
 PERIOD: FROM 7/1/2006 TO 6/30/2007
 PREPARED 7/16/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	14	15	16	17	18	22	23
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMITTING AND COLLECTIONS							
006 02 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION	133,473						
015 CENTRAL SERVICES & SUPPLY		2,122,497					
016 PHARMACY		15,896	529,995				
017 MEDICAL RECORDS & LIBRARY		2,205		549,820			
018 SOCIAL SERVICE		159	1		198,995		
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C		490					31,188
024 PARAMEDICAL PRGM-(PASTORAL		205					
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	50,992	21,275		33,784	120,520		
026 INTENSIVE CARE UNIT							
026 01 PEDIATRIC INTENSIVE CARE	1,863	1,650		935	2,120		
026 02 NEONATAL INTENSIVE CARE U	5,607	1,665		5,853	14,854		
026 03 CARDIOVASCULAR ICU	21,243	6,071		17,672	35,675		
027 CORONARY CARE UNIT	5,873	1,697		5,403	10,882		
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	3,936	1,289		4,838	9,496		
033 NURSERY		23		783	5,448		
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	23,302	59,236		94,048			
040 ANESTHESIOLOGY		10,716		12,071			
041 RADIOLOGY-DIAGNOSTIC		6,437		22,756			
041 01 PET SCAN		7,335		2,736			
044 LABORATORY		184,119		34,079			
049 RESPIRATORY THERAPY		13,005		13,370			
050 PHYSICAL THERAPY		738		4,989			
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		482		3,215			
054 ELECTROENCEPHALOGRAPHY		700		1,637			
055 MEDICAL SUPPLIES CHARGED		1,729,429		119,380			
056 DRUGS CHARGED TO PATIENTS			529,994	83,820			
057 RENAL DIALYSIS		282		2,627			
059 CARDIAC CATHETERIZATION LAB	3,092	6,743		27,097			
059 01 CAT SCAN		5,507		24,328			
059 02 GASTROINTESTINAL SERVICE	2,360	1,477		4,098			
059 03 NUCLEAR MEDICINE-DIAGNOST		21,360		4,465			
059 05 CARDIAC REHAB	1,028	242		1,134			
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	7,581	6,078		17,223			
062 OBSERVATION BEDS (NON-DIS							
063 DIAGNOSTIC SURGICAL SERVI							
063 01 OUTPATIENT CLINIC	6,596	6,941		4,937			
063 04 GEROCLINIC							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		387		2,542			
068 OTHER REIMB COST CENTER							
085 SPEC PURPOSE COST CENTERS							
085 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITION (		288					
095 SUBTOTALS	133,473	2,114,127	529,995	549,820	198,995		
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP		7,491					
100 OTHER NONREIMBURSABLE COS							
100 01 NONREIMB EDUCATION ROTATI							
100 02 TENANT SVC/MOB		177					
100 03 MARKETING		696					
100 04 WOMENS CANCER CENTER		6					
100 05 RESEARCH							
101 CROSS FOOT ADJUSTMENTS							31,188
102 NEGATIVE COST CENTER							
103 TOTAL	133,473	2,122,497	529,995	549,820	198,995		31,188

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PARAMED ED PR GM-(PASTORAL)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24	25	26	27
001 GENERAL SERVICE COST CNTR				
002 OLD CAP REL COSTS-BLDG &				
003 OLD CAP REL COSTS-MVBLE E				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
006 01 ADMITTING AND COLLECTIONS				
006 02 OTHER ADMINISTRATIVE AND				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE				
022 I&R SERVICES-SALARY & FRI				
023 I&R SERVICES-OTHER PRGM C				
024 PARAMED ED PRGM-(PASTORAL	51,356			
INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS		6,683,267		6,683,267
026 INTENSIVE CARE UNIT				
026 01 PEDIATRIC INTENSIVE CARE		244,394		244,394
026 02 NEONATAL INTENSIVE CARE U		428,635		428,635
026 03 CARDIOVASCULAR ICU		2,329,729		2,329,729
027 CORONARY CARE UNIT		755,119		755,119
028 BURN INTENSIVE CARE UNIT				
029 SURGICAL INTENSIVE CARE U				
031 SUBPROVIDER		497,612		497,612
033 NURSERY		41,640		41,640
037 ANCILLARY SRVC COST CNTRS				
040 OPERATING ROOM		6,401,479		6,401,479
041 ANESTHESIOLOGY		49,985		49,985
041 01 RADIOLOGY-DIAGNOSTIC		1,907,273		1,907,273
041 01 PET SCAN		458,763		458,763
044 LABORATORY		1,277,468		1,277,468
049 RESPIRATORY THERAPY		624,722		624,722
050 PHYSICAL THERAPY		792,858		792,858
051 OCCUPATIONAL THERAPY				
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY		188,148		188,148
054 ELECTROENCEPHALOGRAPHY		121,457		121,457
055 MEDICAL SUPPLIES CHARGED		2,796,575		2,796,575
056 DRUGS CHARGED TO PATIENTS		958,730		958,730
057 RENAL DIALYSIS		207,604		207,604
059 CARDIAC CATHETERIZATION LAB		1,031,786		1,031,786
059 01 CAT SCAN		534,030		534,030
059 02 GASTRO INTESTINAL SERVICE		458,791		458,791
059 03 NUCLEAR MEDICINE-DIAGNOST		259,368		259,368
059 05 CARDIAC REHAB		42,816		42,816
061 OUTPAT SERVICE COST CNTRS				
062 EMERGENCY		991,289		991,289
063 OBSERVATION BEDS (NON-DIS				
063 01 DIAGNOSTIC SURGICAL SERVI		930,428		930,428
063 04 OUTPATIENT CLINIC				
063 04 GERO CLINIC				
065 OTHER REIMBURS COST CNTRS				
068 AMBULANCE SERVICES		1,068,308		1,068,308
085 OTHER REIMB COST CENTER				
085 SPEC PURPOSE COST CENTERS				
086 HEART ACQUISITION		3,548		3,548
086 OTHER ORGAN ACQUISITION (		24,026		24,026
095 SUBTOTALS		32,109,848		32,109,848
096 NONREIMBURS COST CENTERS				
100 GIFT, FLOWER, COFFEE SHOP		110,058		110,058
100 OTHER NONREIMBURSABLE COS		266,620		266,620
100 01 NONREIMB EDUCATION ROTATI				
100 02 TENANT SVC/MOB		113,081		113,081
100 03 MARKETING		71,080		71,080
100 04 WOMENS CANCER CENTER		53,592		53,592
100 05 RESEARCH		2,305		2,305
101 CROSS FOOT ADJUSTMENTS	51,356	82,544		82,544
102 NEGATIVE COST CENTER				
103 TOTAL	51,356	32,809,128		32,809,128

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	ADMITTING AND
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	COLLECTIONS
	(SQUARE FEET)	(DOLLAR VALU- OLD)	(SQUARE FEET)	(DOLLAR VALU- OLD)	(GROSS SALA RIE)	(GROSS REVE NUE)
	1	2	3	4	5	6.01
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD	8,737,446					
003 OLD CAP REL COSTS-MVB		7,150,399				
004 NEW CAP REL COSTS-BLD			8,737,446			
005 NEW CAP REL COSTS-MVB				7,150,399		
006 EMPLOYEE BENEFITS	238,696	14,638	238,696	14,638	100,676,859	
006 01 ADMITTING AND COLLECT	205,194	18,266	205,194	18,266	3,053,400	1007,570,771
006 02 OTHER ADMINISTRATIVE	434,542	1,726,636	434,542	1,726,636	4,143,662	
008 OPERATION OF PLANT	1,654,893	86,109	1,654,893	86,109	2,031,209	
009 LAUNDRY & LINEN SERVI	10,776	591	10,776	591	90,989	
010 HOUSEKEEPING	36,180	12,759	36,180	12,759	1,669,372	
011 DIETARY	341,928	50,131	341,928	50,131	2,627,074	
012 CAFETERIA						
014 NURSING ADMINISTRATIO	33,336	2,157	33,336	2,157	793,063	
015 CENTRAL SERVICES & SU	234,996	267,592	234,996	267,592	1,833,081	
016 PHARMACY	80,424	155,550	80,424	155,550	3,266,907	
017 MEDICAL RECORDS & LIB	91,932	12,592	91,932	12,592	3,441,960	
018 SOCIAL SERVICE	61,932		61,932		493,706	
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM-(PAST	14,400	789	14,400	789	220,304	
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	1,582,164	685,725	1,582,164	685,725	21,634,081	61,875,794
026 INTENSIVE CARE UNIT						
026 01 PEDIATRIC INTENSIVE C	52,572	43,217	52,572	43,217	1,050,812	1,711,843
026 02 NEONATAL INTENSIVE CA	77,976	47,535	77,976	47,535	2,789,074	10,718,890
026 03 CARDIOVASCULAR ICU	474,576	399,329	474,576	399,329	10,684,684	32,366,101
027 CORONARY CARE UNIT	170,496	99,486	170,496	99,486	3,000,666	9,896,293
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
031 SUBPROVIDER		8,763		8,763	1,656,274	8,859,927
033 NURSERY	6,552	219	6,552	219	28,074	1,433,188
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	1,434,944	1,199,822	1,434,944	1,199,822	9,852,075	172,248,252
040 ANESTHESIOLOGY	960	5,906	960	5,906	5,378	22,107,700
041 RADIOLOGY-DIAGNOSTIC	172,404	274,225	172,404	274,225	2,738,651	41,677,951
041 01 PET SCAN	20,700	5,183	20,700	5,183	53,832	5,010,701
044 LABORATORY	170,484	166,221	170,484	166,221	3,816,912	62,415,545
049 RESPIRATORY THERAPY	70,116	139,234	70,116	139,234	3,382,509	24,487,695
050 PHYSICAL THERAPY	152,376	24,080	152,376	24,080	2,738,675	9,137,514
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY	14,256	116,396	14,256	116,396	500,687	5,887,419
054 ELECTROENCEPHALOGRAPH	18,048	49,008	18,048	49,008	680,920	2,998,553
055 MEDICAL SUPPLIES CHAR						219,222,395
056 DRUGS CHARGED TO PATI						153,516,315
057 RENAL DIALYSIS	59,352	504	59,352	504	134	4,811,667
059 CARDIAC CATHERIZATION	77,664	652,958	77,664	652,958	1,556,898	49,628,297
059 01 CAT SCAN	23,844	302,838	23,844	302,838	499,400	44,556,499
059 02 GASTROINTESTINAL SER	83,472	157,739	83,472	157,739	1,069,607	7,505,438
059 03 NUCLEAR MEDICINE-DIAG	48,216	44,718	48,216	44,718	255,641	8,177,912
059 05 CARDIAC REHAB	8,400	2,973	8,400	2,973	333,480	2,076,340
061 OUTPAT SERVICE COST C						
062 EMERGENCY	240,872	111,011	240,872	111,011	3,172,079	31,544,851
062 OBSERVATION BEDS (NON						
063 DIAGNOSTIC SURGICAL S						
063 01 OUTPATIENT CLINIC	234,456	6,295	234,456	6,295	3,089,341	9,041,861
063 04 GERO CLINIC						
065 OTHER REIMBURS COST C						
065 AMBULANCE SERVICES	5,544	63,059	5,544	63,059	1,652,822	4,655,830
068 OTHER REIMB COST CENT						
068 SPEC PURPOSE COST CENT						
085 HEART ACQUISITION						
086 OTHER ORGAN ACQUISITI	8,188	2,083	8,188	2,083	47,696	
095 SUBTOTALS	8,647,861	6,956,337	8,647,861	6,956,337	99,955,129	1007,570,771
096 NONREIMBURS COST CENT						
096 GI FT, FLOWER, COFFEE	32,061	1,864	32,061	1,864	36,419	
100 OTHER NONREIMBURSABLE		182,828		182,828		
100 01 NONREIMB EDUCATION RO						
100 02 TENANT SVC/MOB	35,928		35,928			
100 03 MARKETING	3,836	9,357	3,836	9,357	577,327	
100 04 WOMENS CANCER CENTER	17,760	13	17,760	13		
100 05 RESEARCH					107,984	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			19,844,331	7,162,760	17,801,539	7,009,147
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			2.271182		.176819	
(WRKSHT B, PT I)				1.001729		.006956
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						

	1	2	3	4	5	6.01
COST CENTER DESCRIPTION	(SQUARE FEET	(DOLLAR)VALU- OLD	(SQUARE)FEET	(DOLLAR)VALU- OLD	(GROSS)SALA RIE	(GROSS)REVE NUE)
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FIT S	BENE ADMITTING AND COLLECTIONS
NONREIMBURS COST CENT (WRKSHT B, PT I I)						
107 COST TO BE ALLOCATED (WRKSHT B, PART I I I					558,282	501,932
108 UNIT COST MULTIPLIER (WRKSHT B, PT I I I)					.005545	.000498

COST CENTER DESCRIPTION	RECONCILIATION	OTHER ADMINISTRATIVE AND (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS-LINEN)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS)	CAFETERIA (FTE'S)
	6a. 02	6. 02	8	9	10	11	12
001							
002							
003							
004							
005							
006							
006	01						
006	02	-15,129,490	274,571,021				
008			11,763,519	6,193,933			
009			1,466,833	10,776	2,646,888		
010			3,191,711	36,180		6,146,977	
011			4,350,244	341,928		341,928	
012						1,193,422	
014			1,771,196	33,336		33,336	175,247
015			4,568,429	234,996		234,996	1,399
016			4,953,336	80,424		80,424	5,813
017			5,904,570	91,932		91,932	5,357
018			770,357	61,932		61,932	8,572
022							821
023			2,305,684				
024			387,011	14,400	1,497	14,400	401
025			32,746,714	1,582,164	1,090,256	1,582,164	305,835
026							44,317
026	01		1,596,625	52,572	18,999	52,572	4,891
026	02		3,912,262	77,976	41,423	77,976	30,419
026	03		15,538,956	474,576	247,627	474,576	91,871
027			4,391,534	170,496	107,115	170,496	25,917
028							5,211
029							
031			2,938,880				3,517
033			72,106	6,552	42,935	21,786	6,552
037			24,496,080	1,434,944	538,285	1,434,944	20,437
040			550,880	960		960	21
041			7,259,799	172,404	88,518	172,404	5,628
041	01		867,183	20,700		20,700	92
044			14,530,836	170,484		170,484	8,957
049			5,301,342	70,116	8,090	70,116	6,720
050			4,339,072	152,376	2,848	152,376	4,802
051							
052							
053			988,116	14,256	13,043	14,256	1,315
054			294,981	18,048		18,048	1,527
055			62,970,661				
056			20,164,096				
057			1,976,690	59,352		59,352	
059			3,345,811	77,664	49,274	77,664	2,688
059	01		1,585,342	23,844	47,704	23,844	1,029
059	02		1,929,130	83,472	64,169	83,472	2,077
059	03		1,334,756	48,216		48,216	452
059	05		470,545	8,400		8,400	894
061							
062			5,192,239	240,872	247,422	240,872	6,655
063							
063	01		5,555,018	234,456	15,897	234,456	5,745
063	04						
065			3,777,671	5,544		5,544	3,506
068							
085			266,461				
086			189,150				82
095		-15,129,490	270,015,826	6,106,348	2,646,888	6,059,392	1,108,514
096			400,127	32,061		32,061	115
100			183,144			84,908	
100	01						
100	02		501,933	35,928		35,928	
100	03		3,301,482	1,836		1,836	1,165
100	04		40,381	17,760		17,760	158
100	05		128,128				
101							
102							
103			15,129,490	12,411,712	1,569,251	3,440,080	5,466,479
104							2,803,669
104			.055102		.592866		4.580508
105				2.003850		.559638	15.998385
106							

COST CENTER DESCRIPTION	RECONCILIATION	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		(ACCUM. COST)	(SQUARE FEET)	(POUNDS-LINEN)	(SQUARE FEET)	(MEALS)	(FTE'S)
NONREIMBURS COST CENT (WRKSH B, PT I I)	6a.02	6.02	8	9	10	11	12
107 COST TO BE ALLOCATED (WRKSH B, PART I I I)		3,655,678	4,041,384	133,198	201,961	1,139,033	584,192
108 UNIT COST MULTIPLIER (WRKSH B, PT I I I)		.013314	.652475	.050322	.032855	.954426	3.333535

	COST CENTER DESCRIPTION	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDI CAL RECOR	SOCIAL SERVIC	I&R SERVI CES-	I&R SERVI CES-
		ISTRATION	CES & SUPPLY	(DRUG REQS	DS & LIBRARY	E	SALARY & FRI	OTHER PRGM C
		(NSG ADMN HOURS	(C/S REQS)	(DRUG REQS)	(GROSS)REVE NUE	(PATIENT)DA YS	(RESI DENT)%	(RESI DENT)%
	NONREIMBURS COST CENT (WRKSHT B, PT I I)	14	15	16	17	18	22	23
107	COST TO BE ALLOCATED (WRKSHT B, PART I I I)	133,473	2,122,497	529,995	549,820	198,995		31,188
108	UNIT COST MULTIPLIER (WRKSHT B, PT I I I)	.383424	.028046	.026866	.000546	1.833886		2.327463

COST CENTER DESCRIPTION	PARAMETER GM-(PASTORAL (PASTORAL CARE %)
NONREIMBURS COST CENT (WRKSHT B, PT I I)	24
107 COST TO BE ALLOCATED (PER WRKSHT B, PART	51,356
108 UNIT COST MULTIPLIER (WRKSHT B, PT I I I)	.519813

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:

15-0017

PERIOD:

FROM 7/1/2006
TO 6/30/2007

PREPARED 7/16/2010

WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	43,435,794		43,435,794	6,350	43,442,144
26	INTENSIVE CARE UNIT					
26 01	PEDIATRIC INTENSIVE CARE	1,942,304		1,942,304	14,214	1,956,518
26 02	NEONATAL INTENSIVE CARE U	4,803,603		4,803,603	20,464	4,824,067
26 03	CARDIOVASCULAR ICU	19,236,677		19,236,677		19,236,677
27	CORONARY CARE UNIT	5,585,090		5,585,090		5,585,090
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	3,467,312		3,467,312		3,467,312
33	NURSERY	203,990		203,990		203,990
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	31,813,082		31,813,082		31,813,082
40	ANESTHESIOLOGY	756,883		756,883		756,883
41	RADIOLOGY-DIAGNOSTIC	8,535,772		8,535,772		8,535,772
41 01	PET SCAN	1,021,431		1,021,431		1,021,431
44	LABORATORY	16,799,686		16,799,686	33,825	16,833,511
49	RESPIRATORY THERAPY	6,079,915		6,079,915		6,079,915
50	PHYSICAL THERAPY	5,109,141		5,109,141	2,753	5,111,894
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	1,147,749		1,147,749	2,059	1,149,808
54	ELECTROENCEPHALOGRAPHY	403,418		403,418	2,953	406,371
55	MEDICAL SUPPLIES CHARGED	72,372,354		72,372,354		72,372,354
56	DRUGS CHARGED TO PATIENTS	27,841,535		27,841,535		27,841,535
57	RENAL DIALYSIS	2,270,053		2,270,053		2,270,053
59	CARDIAC CATHETERIZATION LAB	4,190,526		4,190,526	1,879	4,192,405
59 01	CAT SCAN	2,085,123		2,085,123		2,085,123
59 02	GASTROINTESTINAL SERVICE	2,408,690		2,408,690	135	2,408,825
59 03	NUCLEAR MEDICINE-DIAGNOST	1,648,281		1,648,281		1,648,281
59 05	CARDIAC REHAB	561,785		561,785	248	562,033
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	6,714,314		6,714,314	26,301	6,740,615
62	OBSERVATION BEDS (NON-DIS	4,237,716		4,237,716		4,237,716
63	DIAGNOSTIC SURGICAL SERVI					
63 01	OUTPATIENT CLINIC	6,779,607		6,779,607	20,927	6,800,534
63 04	GERO CLINIC					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	4,087,674		4,087,674	4,458	4,092,132
68	OTHER REIMB COST CENTER					
101	SUBTOTAL	285,539,505		285,539,505	136,566	285,676,071
102	LESS OBSERVATION BEDS	4,237,716		4,237,716		4,237,716
103	TOTAL	281,301,789		281,301,789	136,566	281,438,355

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	56,013,162		56,013,162			
26	INTENSIVE CARE UNIT						
26 01	PEDIATRIC INTENSIVE CARE	1,711,843		1,711,843			
26 02	NEONATAL INTENSIVE CARE U	10,718,890		10,718,890			
26 03	CARDIOVASCULAR ICU	32,366,101		32,366,101			
27	CORONARY CARE UNIT	9,896,293		9,896,293			
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	8,859,927		8,859,927			
33	NURSERY	1,433,188		1,433,188			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	101,584,220	70,664,032	172,248,252	.184693	.184693	.184693
40	ANESTHESIOLOGY	14,374,987	7,732,714	22,107,701	.034236	.034236	.034236
41	RADIOLOGY-DIAGNOSTIC	23,509,916	18,168,036	41,677,952	.204803	.204803	.204803
41 01	PET SCAN	379,253	4,631,449	5,010,702	.203850	.203850	.203850
44	LABORATORY	40,067,469	22,348,075	62,415,544	.269159	.269159	.269701
49	RESPIRATORY THERAPY	23,334,968	1,152,727	24,487,695	.248284	.248284	.248284
50	PHYSICAL THERAPY	5,961,788	3,175,725	9,137,513	.559139	.559139	.559440
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	3,592,101	2,295,318	5,887,419	.194949	.194949	.195299
54	ELECTROENCEPHALOGRAPHY	679,507	2,319,045	2,998,552	.134538	.134538	.135522
55	MEDICAL SUPPLIES CHARGED	168,900,451	50,321,944	219,222,395	.330132	.330132	.330132
56	DRUGS CHARGED TO PATIENTS	121,133,380	32,382,935	153,516,315	.181359	.181359	.181359
57	RENAL DIALYSIS	4,749,354	62,313	4,811,667	.471781	.471781	.471781
59	CARDIAC CATHETERIZATION LAB	44,610,088	5,018,210	49,628,298	.084438	.084438	.084476
59 01	CAT SCAN	19,402,316	25,154,183	44,556,499	.046797	.046797	.046797
59 02	GASTROINTESTINAL SERVICE	2,398,412	5,107,026	7,505,438	.320926	.320926	.320944
59 03	NUCLEAR MEDICINE-DIAGNOST	2,929,410	5,248,502	8,177,912	.201553	.201553	.201553
59 05	CARDIAC REHAB	1,638,662	437,678	2,076,340	.270565	.270565	.270684
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	11,194,778	20,350,073	31,544,851	.212850	.212850	.213684
62	OBSERVATION BEDS (NON-DIS	759,166	5,103,466	5,862,632	.722835	.722835	.722835
63	DIAGNOSTIC SURGICAL SERVI						
63 01	OUTPATIENT CLINIC	125,117	8,916,744	9,041,861	.749802	.749802	.752117
63 04	GERO CLINIC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	3,368	4,652,462	4,655,830	.877969	.877969	.878926
68	OTHER REIMB COST CENTER						
101	SUBTOTAL	712,328,115	295,242,657	1007,570,772			
102	LESS OBSERVATION BEDS						
103	TOTAL	712,328,115	295,242,657	1007,570,772			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
15-0017

PERIOD:
FROM 7/1/2006
TO 6/30/2007

PREPARED 7/16/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	44,816,273		44,816,273	6,350	44,822,623
26	INTENSIVE CARE UNIT					
26 01	PEDIATRIC INTENSIVE CARE	1,942,304		1,942,304	14,214	1,956,518
26 02	NEONATAL INTENSIVE CARE U	4,948,917		4,948,917	20,464	4,969,381
26 03	CARDIOVASCULAR ICU	19,236,677		19,236,677		19,236,677
27	CORONARY CARE UNIT	5,585,090		5,585,090		5,585,090
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	3,467,312		3,467,312		3,467,312
33	NURSERY	203,990		203,990		203,990
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	32,085,545		32,085,545		32,085,545
40	ANESTHESIOLOGY	756,883		756,883		756,883
41	RADIOLOGY-DIAGNOSTIC	8,535,772		8,535,772		8,535,772
41 01	PET SCAN	1,021,431		1,021,431		1,021,431
44	LABORATORY	16,799,686		16,799,686	33,825	16,833,511
49	RESPIRATORY THERAPY	6,079,915		6,079,915		6,079,915
50	PHYSICAL THERAPY	5,109,141		5,109,141	2,753	5,111,894
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	1,147,749		1,147,749	2,059	1,149,808
54	ELECTROENCEPHALOGRAPHY	403,418		403,418	2,953	406,371
55	MEDICAL SUPPLIES CHARGED	72,372,354		72,372,354		72,372,354
56	DRUGS CHARGED TO PATIENTS	27,841,535		27,841,535		27,841,535
57	RENAL DIALYSIS	2,270,053		2,270,053		2,270,053
59	CARDIAC CATHETERIZATION LAB	4,245,019		4,245,019	1,879	4,246,898
59 01	CAT SCAN	2,085,123		2,085,123		2,085,123
59 02	GASTROINTESTINAL SERVICE	2,408,690		2,408,690	135	2,408,825
59 03	NUCLEAR MEDICINE-DIAGNOST	1,648,281		1,648,281		1,648,281
59 05	CARDIAC REHAB	561,785		561,785	248	562,033
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	6,968,613		6,968,613	26,301	6,994,914
62	OBSERVATION BEDS (NON-DIS	4,237,716		4,237,716		4,237,716
63	DIAGNOSTIC SURGICAL SERVI					
63 01	OUTPATIENT CLINIC	7,088,399		7,088,399	20,927	7,109,326
63 04	GERO CLINIC					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	4,087,674		4,087,674	4,458	4,092,132
68	OTHER REIMB COST CENTER					
101	SUBTOTAL	287,955,345		287,955,345	136,566	288,091,911
102	LESS OBSERVATION BEDS	4,237,716		4,237,716		4,237,716
103	TOTAL	283,717,629		283,717,629	136,566	283,854,195

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						
40	OPERATING ROOM	31,813,082	6,401,479	25,411,603			31,813,082
41	ANESTHESIOLOGY	756,883	49,985	706,898			756,883
41	RADIOLOGY-DIAGNOSTIC	8,535,772	1,907,273	6,628,499			8,535,772
41	01 PET SCAN	1,021,431	458,763	562,668			1,021,431
44	LABORATORY	16,799,686	1,277,468	15,522,218			16,799,686
49	RESPIRATORY THERAPY	6,079,915	624,722	5,455,193			6,079,915
50	PHYSICAL THERAPY	5,109,141	792,858	4,316,283			5,109,141
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,147,749	188,148	959,601			1,147,749
54	ELECTROENCEPHALOGRAPHY	403,418	121,457	281,961			403,418
55	MEDICAL SUPPLIES CHARGED	72,372,354	2,796,575	69,575,779			72,372,354
56	DRUGS CHARGED TO PATIENTS	27,841,535	958,730	26,882,805			27,841,535
57	RENAL DIALYSIS	2,270,053	207,604	2,062,449			2,270,053
59	CARDIAC CATHETERIZATION LAB	4,190,526	1,031,786	3,158,740			4,190,526
59	01 CAT SCAN	2,085,123	534,030	1,551,093			2,085,123
59	02 GASTROINTESTINAL SERVICE	2,408,690	458,791	1,949,899			2,408,690
59	03 NUCLEAR MEDICINE-DIAGNOSTIC	1,648,281	259,368	1,388,913			1,648,281
59	05 CARDIAC REHAB	561,785	42,816	518,969			561,785
61	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	6,714,314	991,289	5,723,025			6,714,314
62	OBSERVATION BEDS (NON-DIS)	4,237,716	651,943	3,585,773			4,237,716
63	DIAGNOSTIC SURGICAL SERVICE						
63	01 OUTPATIENT CLINIC	6,779,607	930,428	5,849,179			6,779,607
63	04 GEROCLINIC						
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	4,087,674	1,068,308	3,019,366			4,087,674
68	OTHER REIMB COST CENTER						
101	SUBTOTAL	206,864,735	21,753,821	185,110,914			206,864,735
102	LESS OBSERVATION BEDS	4,237,716	651,943	3,585,773			4,237,716
103	TOTAL	202,627,019	21,101,878	181,525,141			202,627,019

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	172,248,252	.184693	.184693
40	ANESTHESIOLOGY	22,107,701	.034236	.034236
41	RADIOLOGY-DIAGNOSTIC	41,677,952	.204803	.204803
41 01	PET SCAN	5,010,702	.203850	.203850
44	LABORATORY	62,415,544	.269159	.269159
49	RESPIRATORY THERAPY	24,487,695	.248284	.248284
50	PHYSICAL THERAPY	9,137,513	.559139	.559139
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	5,887,419	.194949	.194949
54	ELECTROENCEPHALOGRAPHY	2,998,552	.134538	.134538
55	MEDICAL SUPPLIES CHARGED	219,222,395	.330132	.330132
56	DRUGS CHARGED TO PATIENTS	153,516,315	.181359	.181359
57	RENAL DIALYSIS	4,811,667	.471781	.471781
59	CARDIAC CATHETERIZATION LAB	49,628,298	.084438	.084438
59 01	CAT SCAN	44,556,499	.046797	.046797
59 02	GASTROINTESTINAL SERVICE	7,505,438	.320926	.320926
59 03	NUCLEAR MEDICINE-DIAGNOSTIC	8,177,912	.201553	.201553
59 05	CARDIAC REHAB	2,076,340	.270565	.270565
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	31,544,851	.212850	.212850
62	OBSERVATION BEDS (NON-DIS)	5,862,632	.722835	.722835
63	DIAGNOSTIC SURGICAL SERVICE			
63 01	OUTPATIENT CLINIC	9,041,861	.749802	.749802
63 04	GEROCLINIC			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	4,655,830	.877969	.877969
68	OTHER REIMB COST CENTER			
101	SUBTOTAL	886,571,368		
102	LESS OBSERVATION BEDS	5,862,632		
103	TOTAL	880,708,736		

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	32,085,545	6,401,479	25,684,066	640,148	1,489,676	29,955,721
40	ANESTHESIOLOGY	756,883	49,985	706,898	4,999	41,000	710,884
41	RADIOLOGY-DIAGNOSTIC	8,535,772	1,907,273	6,628,499	190,727	384,453	7,960,592
41 01	PET SCAN	1,021,431	458,763	562,668	45,876	32,635	942,920
44	LABORATORY	16,799,686	1,277,468	15,522,218	127,747	900,289	15,771,650
49	RESPIRATORY THERAPY	6,079,915	624,722	5,455,193	62,472	316,401	5,701,042
50	PHYSICAL THERAPY	5,109,141	792,858	4,316,283	79,286	250,344	4,779,511
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,147,749	188,148	959,601	18,815	55,657	1,073,277
54	ELECTROENCEPHALOGRAPHY	403,418	121,457	281,961	12,146	16,354	374,918
55	MEDICAL SUPPLIES CHARGED	72,372,354	2,796,575	69,575,779	279,658	4,035,395	68,057,301
56	DRUGS CHARGED TO PATIENTS	27,841,535	958,730	26,882,805	95,873	1,559,203	26,186,459
57	RENAL DIALYSIS	2,270,053	207,604	2,062,449	20,760	119,622	2,129,671
59	CARDIAC CATHETERIZATION LAB	4,245,019	1,031,786	3,213,233	103,179	186,368	3,955,472
59 01	CAT SCAN	2,085,123	534,030	1,551,093	53,403	89,963	1,941,757
59 02	GASTROINTESTINAL SERVICE	2,408,690	458,791	1,949,899	45,879	113,094	2,249,717
59 03	NUCLEAR MEDICINE-DIAGNOSTIC	1,648,281	259,368	1,388,913	25,937	80,557	1,541,787
59 05	CARDIAC REHAB	561,785	42,816	518,969	4,282	30,100	527,403
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	6,968,613	991,289	5,977,324	99,129	346,685	6,522,799
62	OBSERVATION BEDS (NON-DIS)	4,237,716	651,943	3,585,773	65,194	207,975	3,964,547
63	DIAGNOSTIC SURGICAL SERVICE						
63 01	OUTPATIENT CLINIC	7,088,399	930,428	6,157,971	93,043	357,162	6,638,194
63 04	GEROCLINIC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	4,087,674	1,068,308	3,019,366	106,831	175,123	3,805,720
68	OTHER REIMB COST CENTER						
101	SUBTOTAL	207,754,782	21,753,821	186,000,961	2,175,384	10,788,056	194,791,342
102	LESS OBSERVATION BEDS	4,237,716	651,943	3,585,773	65,194	207,975	3,964,547
103	TOTAL	203,517,066	21,101,878	182,415,188	2,110,190	10,580,081	190,826,795

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	172,248,252	.173910	.182559
40	ANESTHESIOLOGY	22,107,701	.032155	.034010
41	RADIOLOGY-DIAGNOSTIC	41,677,952	.191002	.200227
41 01	PET SCAN	5,010,702	.188181	.194694
44	LABORATORY	62,415,544	.252688	.267112
49	RESPIRATORY THERAPY	24,487,695	.232813	.245733
50	PHYSICAL THERAPY	9,137,513	.523065	.550462
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	5,887,419	.182300	.191754
54	ELECTROENCEPHALOGRAPHY	2,998,552	.125033	.130487
55	MEDICAL SUPPLIES CHARGED	219,222,395	.310449	.328856
56	DRUGS CHARGED TO PATIENTS	153,516,315	.170578	.180734
57	RENAL DIALYSIS	4,811,667	.442606	.467466
59	CARDIAC CATHETERIZATION LAB	49,628,298	.079702	.083457
59 01	CAT SCAN	44,556,499	.043580	.045599
59 02	GASTROINTESTINAL SERVICE	7,505,438	.299745	.314813
59 03	NUCLEAR MEDICINE-DIAGNOSTIC	8,177,912	.188531	.198381
59 05	CARDIAC REHAB	2,076,340	.254006	.268503
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	31,544,851	.206779	.217769
62	OBSERVATION BEDS (NON-DIS)	5,862,632	.676240	.711715
63	DIAGNOSTIC SURGICAL SERVICE			
63 01	OUTPATIENT CLINIC	9,041,861	.734162	.773663
63 04	GEROCLINIC			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	4,655,830	.817410	.855023
68	OTHER REIMB COST CENTER			
101	SUBTOTAL	886,571,368		
102	LESS OBSERVATION BEDS	5,862,632		
103	TOTAL	880,708,736		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				6,683,267		6,683,267
26	INTENSIVE CARE UNIT						
26 01	PEDIATRIC INTENSIVE CARE				244,394		244,394
26 02	NEONATAL INTENSIVE CARE U				428,635		428,635
26 03	CARDIOVASCULAR ICU				2,329,729		2,329,729
27	CORONARY CARE UNIT				755,119		755,119
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER				497,612		497,612
33	NURSERY				41,640		41,640
101	TOTAL				10,980,396		10,980,396

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	77,612	33,676			86.11	2,899,840
26	INTENSIVE CARE UNIT						
26 01	PEDIATRIC INTENSIVE CARE	1,119	1			218.40	218
26 02	NEONATAL INTENSIVE CARE U	6,981				61.40	
26 03	CARDIOVASCULAR ICU	21,044	10,949			110.71	1,212,164
27	CORONARY CARE UNIT	5,937	2,799			127.19	356,005
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	5,533	4,663			89.94	419,390
33	NURSERY	3,052				13.64	
101	TOTAL	121,278	52,088				4,887,617

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

PROVIDER NO: 15-0017
PERIOD: FROM 7/1/2006 TO 6/30/2007
PREPARED 7/16/2010
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			259,646			259,646
26	INTENSIVE CARE UNIT						
26 01	PEDIATRIC INTENSIVE CARE			9,057			9,057
26 02	NEONATAL INTENSIVE CARE U			803			803
26 03	CARDIOVASCULAR ICU			32,973			32,973
27	CORONARY CARE UNIT			38,752			38,752
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER			7,338			7,338
33	NURSERY						
101	TOTAL			348,569			348,569

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

PROVIDER NO:	PERIOD:	PREPARED
15-0017	FROM 7/1/2006	7/16/2010
	TO 6/30/2007	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	77,612	3.35	33,676	112,815
26	INTENSIVE CARE UNIT				
26 01	PEDIATRIC INTENSIVE CARE	1,119	8.09	1	8
26 02	NEONATAL INTENSIVE CARE U	6,981	.12		
26 03	CARDIOVASCULAR ICU	21,044	1.57	10,949	17,190
27	CORONARY CARE UNIT	5,937	6.53	2,799	18,277
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE U				
31	SUBPROVIDER	5,533	1.33	4,663	6,202
33	NURSERY	3,052			
101	TOTAL	121,278		52,088	154,492

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
	ANCILLARY SRVC COST CNTRS										
37	OPERATING ROOM							13,873			
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC							1,376			
41	01 PET SCAN										
44	LABORATORY										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
59	CARDIAC CATHETERIZATION LAB							229			
59	01 CAT SCAN										
59	02 GASTROINTESTINAL SERVICE										
59	03 NUCLEAR MEDICINE-DIAGNOSTIC										
59	05 CARDIAC REHAB										
61	OUTPAT SERVICE COST CNTRS										
61	EMERGENCY							30,382			
62	OBSERVATION BEDS (NON-DIS)							25,329			
63	DIAGNOSTIC SURGICAL SERVICE										
63	01 OUTPATIENT CLINIC							41,114			
63	04 GEROCLINIC										
65	OTHER REIMBURS COST CNTRS										
65	AMBULANCE SERVICES										
68	OTHER REIMB COST CENTER										
101	TOTAL							112,303			

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							
40	OPERATING ROOM	13,873	13,873	172,248,252	.000081	.000081	41,781,370	3,384
41	ANESTHESIOLOGY			22,107,701			5,702,004	
41	RADIOLOGY-DIAGNOSTIC	1,376	1,376	41,677,952	.000033	.000033	10,901,536	360
41	01 PET SCAN			5,010,702				
44	LABORATORY			62,415,544			19,272,545	
49	RESPIRATORY THERAPY			24,487,695			11,230,976	
50	PHYSICAL THERAPY			9,137,513			3,161,585	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			5,887,419			1,666,964	
54	ELECTROENCEPHALOGRAPHY			2,998,552			245,671	
55	MEDICAL SUPPLIES CHARGED			219,222,395			64,787,197	
56	DRUGS CHARGED TO PATIENTS			153,516,315			52,027,944	
57	RENAL DIALYSIS			4,811,667			3,559,546	
59	CARDIAC CATHETERIZATION LAB	229	229	49,628,298	.000005	.000005	13,587,696	68
59	01 CAT SCAN			44,556,499			9,276,275	
59	02 GASTROINTESTINAL SERVICE			7,505,438			1,244,759	
59	03 NUCLEAR MEDICINE-DIAGNOSTIC			8,177,912			1,413,580	
59	05 CARDIAC REHAB			2,076,340			882,924	
61	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	30,382	30,382	31,544,851	.000963	.000963	5,280,529	5,085
62	OBSERVATION BEDS (NON-DIS)	25,329	25,329	5,862,632	.004320	.004320	288,865	1,248
63	DIAGNOSTIC SURGICAL SERVICE							
63	01 OUTPATIENT CLINIC	41,114	41,114	9,041,861	.004547	.004547	49,112	223
63	04 GEROCLINIC							
65	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
68	OTHER REIMB COST CENTER							
101	TOTAL	112,303	112,303	881,915,538			246,361,078	10,368

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	17,704,052				1,434	
40	ANESTHESIOLOGY	1,422,073					
41	RADIOLOGY-DIAGNOSTIC	6,242,147				206	
41 01	PET SCAN	1,604,758					
44	LABORATORY	1,706,171					
49	RESPIRATORY THERAPY	312,942					
50	PHYSICAL THERAPY	979					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	652,314					
54	ELECTROENCEPHALOGRAPHY	190,661					
55	MEDICAL SUPPLIES CHARGED	16,749,148					
56	DRUGS CHARGED TO PATIENTS	8,630,457					
57	RENAL DIALYSIS	62,313					
59	CARDIAC CATHETERIZATION LAB	3,826,327				19	
59 01	CAT SCAN	6,601,248					
59 02	GASTROINTESTINAL SERVICE	1,388,849					
59 03	NUCLEAR MEDICINE-DIAGNOSTIC	1,677,489					
59 05	CARDIAC REHAB	131,068					
61	OUTPAT SERVICE COST CNTRS						
	EMERGENCY	3,839,605				3,698	
62	OBSERVATION BEDS (NON-DIS)	1,481,071				6,398	
63	DIAGNOSTIC SURGICAL SERVICE						
63 01	OUTPATIENT CLINIC	1,314,857				5,979	
63 04	GEROCLINIC						
65	OTHER REIMBURS COST CNTRS						
	AMBULANCE SERVICES						
68	OTHER REIMB COST CENTER						
101	TOTAL	75,538,529				17,734	

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		6,401,479	172,248,252	424,702		
40	ANESTHESIOLOGY		49,985	22,107,701	723		
41	RADIOLOGY-DIAGNOSTIC		1,907,273	41,677,952	86,541		
41 01	PET SCAN		458,763	5,010,702			
44	LABORATORY		1,277,468	62,415,544	289,868		
49	RESPIRATORY THERAPY		624,722	24,487,695	48,429		
50	PHYSICAL THERAPY		792,858	9,137,513	78,822		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		188,148	5,887,419	21,324		
54	ELECTROENCEPHALOGRAPHY		121,457	2,998,552	8,059		
55	MEDICAL SUPPLIES CHARGED		2,796,575	219,222,395	49,963		
56	DRUGS CHARGED TO PATIENTS		958,730	153,516,315	650,207		
57	RENAL DIALYSIS		207,604	4,811,667	16,522		
59	CARDIAC CATHETERIZATION LAB		1,031,786	49,628,298	17,544		
59 01	CAT SCAN		534,030	44,556,499	86,662		
59 02	GASTROINTESTINAL SERVICE		458,791	7,505,438	1,668		
59 03	NUCLEAR MEDICINE-DIAGNOSTIC		259,368	8,177,912	9,642		
59 05	CARDIAC REHAB		42,816	2,076,340			
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		991,289	31,544,851	32,760		
62	OBSERVATION BEDS (NON-DIS)		651,943	5,862,632			
63	DIAGNOSTIC SURGICAL SERVICE						
63 01	OUTPATIENT CLINIC		930,428	9,041,861	75		
63 04	GEROCLINIC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
68	OTHER REIMB COST CENTER						
101	TOTAL		20,685,513	881,915,538	1,823,511		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0017
 PERIOD: FROM 7/1/2006 TO 6/30/2007
 COMPONENT NO: 15-S017
 PREPARED 7/16/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A SUBPROVIDER 1 TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.037164	15,784
40	ANESTHESIOLOGY	.002261	2
41	RADIOLOGY-DIAGNOSTIC	.045762	3,960
41 01	PET SCAN	.091557	
44	LABORATORY	.020467	5,933
49	RESPIRATORY THERAPY	.025512	1,236
50	PHYSICAL THERAPY	.086770	6,839
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.031958	681
54	ELECTROENCEPHALOGRAPHY	.040505	326
55	MEDICAL SUPPLIES CHARGED	.012757	637
56	DRUGS CHARGED TO PATIENTS	.006245	4,061
57	RENAL DIALYSIS	.043146	713
59	CARDIAC CATHETERIZATION LAB	.020790	365
59 01	CAT SCAN	.011985	1,039
59 02	GASTROINTESTINAL SERVICE	.061128	102
59 03	NUCLEAR MEDICINE-DIAGNOSTIC	.031716	306
59 05	CARDIAC REHAB	.020621	
61	OUTPATIENT SERVICE COST CNTRS		
	EMERGENCY	.031425	1,029
62	OBSERVATION BEDS (NON-DIS)	.111203	
63	DIAGNOSTIC SURGICAL SERVICE		
63 01	OUTPATIENT CLINIC	.102902	8
63 04	GEROCLINIC		
65	OTHER REIMBURS COST CNTRS		
	AMBULANCE SERVICES		
68	OTHER REIMB COST CENTER		
101	TOTAL		43,021

TITLE XVIII, PART A SUBPROVIDER 1 TEFRA

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										
40	OPERATING ROOM						13,873				
41	ANESTHESIOLOGY										
41	01 RADIOLOGY-DIAGNOSTIC						1,376				
44	PET SCAN										
49	LABORATORY										
50	RESPIRATORY THERAPY										
51	PHYSICAL THERAPY										
52	OCCUPATIONAL THERAPY										
53	SPEECH PATHOLOGY										
54	ELECTROCARDIOLOGY										
55	ELECTROENCEPHALOGRAPHY										
56	MEDICAL SUPPLIES CHARGED										
57	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
59	CARDIAC CATHETERIZATION LAB						229				
59	01 CAT SCAN										
59	02 GASTROINTESTINAL SERVICE										
59	03 NUCLEAR MEDICINE-DIAGNOSTIC										
59	05 CARDIAC REHAB										
61	OUTPATIENT SERVICE COST CNTRS										
61	EMERGENCY						30,382				
62	OBSERVATION BEDS (NON-DIS)						25,329				
63	DIAGNOSTIC SURGICAL SERVICE										
63	01 OUTPATIENT CLINIC						41,114				
63	04 GERIATRIC CLINIC										
65	OTHER REIMBURS COST CNTRS										
65	AMBULANCE SERVICES										
68	OTHER REIMB COST CENTER										
101	TOTAL						112,303				

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
40	OPERATING ROOM	13,873	13,873	172,248,252	.000081	.000081	424,702	34
41	ANESTHESIOLOGY			22,107,701			723	
41	RADIOLOGY-DIAGNOSTIC	1,376	1,376	41,677,952	.000033	.000033	86,541	3
44	01 PET SCAN			5,010,702				
49	LABORATORY			62,415,544			289,868	
50	RESPIRATORY THERAPY			24,487,695			48,429	
51	PHYSICAL THERAPY			9,137,513			78,822	
52	OCCUPATIONAL THERAPY							
53	SPEECH PATHOLOGY							
54	ELECTROCARDIOLOGY			5,887,419			21,324	
55	ELECTROENCEPHALOGRAPHY			2,998,552			8,059	
56	MEDICAL SUPPLIES CHARGED			219,222,395			49,963	
57	DRUGS CHARGED TO PATIENTS			153,516,315			650,207	
59	RENAL DIALYSIS			4,811,667			16,522	
59	CARDIAC CATHETERIZATION LAB	229	229	49,628,298	.000005	.000005	17,544	
59	01 CAT SCAN			44,556,499			86,662	
59	02 GASTROINTESTINAL SERVICE			7,505,438			1,668	
59	03 NUCLEAR MEDICINE-DIAGNOSTIC			8,177,912			9,642	
59	05 CARDIAC REHAB			2,076,340				
61	OUTPAT SERVICE COST CNTRS							
62	EMERGENCY	30,382	30,382	31,544,851	.000963	.000963	32,760	32
63	OBSERVATION BEDS (NON-DIS)	25,329	25,329	5,862,632	.004320	.004320		
63	DIAGNOSTIC SURGICAL SERVICE							
63	01 OUTPATIENT CLINIC	41,114	41,114	9,041,861	.004547	.004547	75	
63	04 GEROCLINIC							
65	OTHER REIMBURS COST CNTRS							
68	AMBULANCE SERVICES							
68	OTHER REIMB COST CENTER							
101	TOTAL	112,303	112,303	881,915,538			1,823,511	69

TITLE XVIII, PART A SUBPROVIDER 1 TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	PET SCAN						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	CARDIAC CATHETERIZATION LAB						
59 01	CAT SCAN						
59 02	GASTROINTESTINAL SERVICE						
59 03	NUCLEAR MEDICINE-DIAGNOSTIC						
59 05	CARDIAC REHAB						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS)						
63	DIAGNOSTIC SURGICAL SERVICE						
63 01	OUTPATIENT CLINIC						
63 04	GEROCLINIC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
68	OTHER REIMB COST CENTER						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	7,571
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	559.73
85	OBSERVATION BED COST	4,237,716

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	43,442,144		4,237,716	
87	NEW CAPITAL-RELATED COST	6,683,267	.153843	4,237,716	651,943
88	NON PHYSICIAN ANESTHETIST	43,442,144		4,237,716	
89	MEDICAL EDUCATION	43,442,144		4,237,716	
89.01	MEDICAL EDUCATION - ALLIED HEA	259,646	.005977	4,237,716	25,329
89.02	MEDICAL EDUCATION - ALL OTHER	43,442,144		4,237,716	

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	7,571
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	577.44
85	OBSERVATION BED COST	4,371,798

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				

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		2,642,851	
26	INTENSIVE CARE UNIT			
26 01	PEDIATRIC INTENSIVE CARE UNIT		236,824	
26 02	NEONATAL INTENSIVE CARE UNIT		1,952,256	
26 03	CARDIOVASCULAR ICU		1,650,713	
27	CORONARY CARE UNIT		304,446	
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.186275	3,236,867	602,947
40	ANESTHESIOLOGY	.034236	442,548	15,151
41	RADIOLOGY-DIAGNOSTIC	.204803	1,036,242	212,225
41 01	PET SCAN	.203850		
44	LABORATORY	.269159	2,214,116	595,949
49	RESPIRATORY THERAPY	.248284	1,929,334	479,023
50	PHYSICAL THERAPY	.559139	241,832	135,218
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.194949	84,741	16,520
54	ELECTROENCEPHALOGRAPHY	.134538	34,363	4,623
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.330132	5,050,940	1,667,477
56	DRUGS CHARGED TO PATIENTS	.181359	7,704,589	1,397,297
57	RENAL DIALYSIS	.471781	219,301	103,462
59	CARDIAC CATHETERIZATION LABORATORY	.085536	972,305	83,167
59 01	CAT SCAN	.046797	944,188	44,185
59 02	GASTROINTESTINAL SERVICES	.320926	86,927	27,897
59 03	NUCLEAR MEDICINE-DIAGNOSTIC	.201553	125,095	25,213
59 05	CARDIAC REHAB	.270565	43,886	11,874
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.220911	391,088	86,396
62	OBSERVATION BEDS (NON-DISTINCT PART)	.722835	25,168	18,192
63	DIAGNOSTIC SURGICAL SERVICES			
63 01	OUTPATIENT CLINIC	.783954	75,930	59,526
63 04	GERO CLINIC			
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES			
68	OTHER REIMB COST CENTER			
101	TOTAL		24,859,460	5,586,342
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		24,859,460	

HEART

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS FROM WKST. D-1		ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3) 4
		1	D	2	D-1	3	
1	ADULTS & PEDIATRICS		38				
2	INTENSIVE CARE UNIT		43				
2.01	PEDIATRIC INTENSIVE CARE UNIT		43.01	1,748.45			
2.02	NEONATAL INTENSIVE CARE UNIT		43.02	691.03			
2.03	CARDIOVASCULAR ICU		43.03	914.12			
3	CORONARY CARE UNIT		44	940.73			
4	BURN INTENSIVE CARE UNIT		45				
5	SURGICAL INTENSIVE CARE UNIT		46				
7	TOTAL (SUM OF LINES 1-6)						

COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION		C	RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
		1	2	3	
8	OPERATING ROOM	37	.184693	40,112	7,408
11	ANESTHESIOLOGY	40	.034236	8,798	301
12	RADIOLOGY-DIAGNOSTIC	41	.204803	1,192	244
12.01	PET SCAN	41.01	.203850		
15	LABORATORY	44	.269159	24,312	6,544
20	RESPIRATORY THERAPY	49	.248284	9,954	2,471
21	PHYSICAL THERAPY	50	.559139		
22	OCCUPATIONAL THERAPY	51			
23	SPEECH PATHOLOGY	52			
24	ELECTROCARDIOLOGY	53	.194949	4,786	933
25	ELECTROENCEPHALOGRAPHY	54	.134538		
26	MEDICAL SUPPLIES CHARGED	55	.330132	2,317	765
27	DRUGS CHARGED TO PATIENTS	56	.181359	7,914	1,435
28	RENAL DIALYSIS	57	.471781		
30	CARDIAC CATHETERIZATION LAB	59	.084438		
30.01	CAT SCAN	59.01	.046797		
30.02	GASTROINTESTINAL SERVICE	59.02	.320926		
30.03	NUCLEAR MEDICINE-DIAGNOSTIC	59.03	.201553		
30.05	CARDIAC REHAB	59.05	.270565		
32	EMERGENCY	61	.212850		
33	OBSERVATION BEDS (NON-DIS)	62	.722835	8,854	6,400
34	DIAGNOSTIC SURGICAL SERVICE	63			
34.01	OUTPATIENT CLINIC	63.01	.749802		
34.04	GEROCLINIC	63.04			
35	TOTAL (SUM OF LINES 8-34)			108,239	26,501

HEART

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS
D		1	2	3
36	ADULTS & PEDIATRICS			
		2		
37	INTENSIVE CARE UNIT			
		3		
37.01	PEDIATRIC INTENSIVE CARE UNIT			3.01
37.02	NEONATAL INTENSIVE CARE UNIT			3.02
37.03	CARDIOVASCULAR ICU			3.03
38	CORONARY CARE UNIT			4
39	BURN INTENSIVE CARE UNIT			5
40	SURGICAL INTENSIVE CARE UNIT			6
42	TOTAL (SUM OF LINES 36-41)			

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS
D		1	2	3
44	EMERGENCY			21
45	OBSERVATION BEDS (NON-DISTINCT PART)	8,854		22
46	DIAGNOSTIC SURGICAL SERVICES			23
46.01	OUTPATIENT CLINIC			23.01
46.04	GERO CLINIC			23.04
47	TOTAL (SUM OF LINES 43-46)	8,854		

HEART

PART III - SUMMARY OF COSTS AND CHARGES

	C O S T		C H A R G E S	
	PART A 1	PART B 2	PART A 3	PART B 4
48 ROUTINE & ANCILLARY FROM PT 1	26,501		108,239	
49 INTERNS & RESIDENTS (INPATIENT)				
50 INTERNS & RESIDENTS (OUTPATIENT)				
51 DIRECT ORGAN ACQUISITION	283,552			
52 COST OF SERVS OF TEACHING PHYSICIANS				
53 TOTAL (SUM OF LINES 48-52)	310,053		108,239	
54 TOTAL USABLE ORGANS		16		
55 MEDICARE USABLE ORGANS		9		
56 RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.562500		
57 MEDICARE COST/CHARGES	174,405		60,884	
58 REVENUE FOR ORGANS SOLD	60,279		60,279	
59 SUBTOTAL (LN 57 MINUS LN 58)	114,126		605	
60 ORGANS FURNISHED PART B				
61 NET ORGAN ACQUISITION COST & CHARGES	114,126		605	

PART IV - STATISTICS

	L I V I N G R E L A T E D 1	C A D A V E R I C 2	R E V E N U E 3
62 ORGANS EXCISED IN PROVIDER (1)			
63 ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64 ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65 ORGANS PURCHASED FROM OPOS			9
66 TOTAL (SUM OF LINES 62-65)			9
67 ORGANS TRANSPLANTED			9
68 ORGANS SOLD TO OTHER HOSPITALS			
69 ORGANS SOLD TO OPOS			
70 ORGANS SOLD TO TRANSPLANT HOSPITALS			
71 ORGANS SOLD TO MILITARY OR VA HOSPS			
72 ORGANS SOLD OUTSIDE UNITED STATES			
73 ORGANS SENT OUTSIDE U.S. NO REVENUE			
74 ORGANS USED FOR RESEARCH			
75 UNUSABLE/DISCARDED ORGANS			
76 TOTAL (SUM LNS 67-75 SHOULD = LN 66)			9

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team are included in the count.

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)	2.56	
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)	2,306	
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK	1.655420	
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	75,359,901	
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)	75,359,901	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	6,717,977	
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)	432,539	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	4,587	
12 NET ORGAN ACQUISITION COST	114,126	
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS	148,290	
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	10,368	
16 TOTAL	82,787,788	
17 PRIMARY PAYER PAYMENTS	202,582	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	82,585,206	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	5,459,848	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	321,338	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	620,858	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	434,601	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	620,858	
22 SUBTOTAL	77,238,621	
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	77,238,621	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	75,716,669	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	1,521,952	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	536,215	
----- 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

SUBPROVIDER 1

- 1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
- 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).
- 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
- 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO. .838
- 1.04 LINE 1.01 TIMES LINE 1.03.
- 1.05 LINE 1.02 DIVIDED BY LINE 1.04.
- 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
- 1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.
- 2 INTERNS AND RESIDENTS
- 3 ORGAN ACQUISITIONS
- 4 COST OF TEACHING PHYSICIANS
- 5 TOTAL COST (SEE INSTRUCTIONS)

COMPUTATION OF LESSER OF COST OR CHARGES

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

COMPUTATION OF REIMBURSEMENT SETTLEMENT

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

TO BE COMPLETED BY CONTRACTOR

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

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		74,875,849		13,251,095
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		867,784		410,025
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01	1/13/2005	1/26/2006	
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50	1/25/2007	1/25/2007	40,352
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99	-26,964		-40,352
4 TOTAL INTERIM PAYMENTS		75,716,669		13,620,768
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99	NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		1,521,952		82,757
7 TOTAL MEDICARE PROGRAM LIABILITY		77,238,621		13,703,525

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	3,327,376
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	1,663,688
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)	1,673,528
1.09	NET IPF PPS OUTLIER PAYMENTS	8,624
1.10	NET IPF PPS ECT PAYMENTS	9,836
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)	15.158904
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	1,691,988
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	2,329,163
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	1,164,582
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)	3,355,676
	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)	3,355,676
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	3,355,676
7	DEDUCTIBLES	158,136
8	SUBTOTAL	3,197,540
9	COINSURANCE	53,998
10	SUBTOTAL	3,143,542
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	952
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	666
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	952
12	SUBTOTAL	3,144,208
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	3,136
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

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

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	3,147,344
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	3,110,690
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	36,654
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	3,939
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 III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		9,005,032	
2	MEDICAL AND OTHER SERVICES		1,930,721	
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		10,935,753	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		10,935,753	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		6,131,456	
11	ANCILLARY SERVICE CHARGES		33,010,740	
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		39,142,196	
	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)		39,142,196	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		28,206,443	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		10,935,753	
	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		10,935,753	
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		10,935,753	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		10,935,753	
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)		10,935,753	
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		10,935,753	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		10,935,753	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		10,935,753	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

TITLE XIX

HOSPITAL

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

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

	TITLE XIX	SUBPROVIDER 1	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		114,395	
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		114,395	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		114,395	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		149,687	
11	ANCILLARY SERVICE CHARGES		67,728	
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		217,415	
	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)		217,415	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		103,020	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		114,395	
	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		114,395	
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		114,395	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		114,395	
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)		114,395	
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		114,395	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		114,395	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		48,422	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		65,973	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

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

TITLE XIX

SUBPROVIDER 1

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		8.21
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)		8.21
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		13.02
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		8.21
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.		9.55
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		3.47
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		13.02
3.10	SEE INSTRUCTIONS		8.21
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		2.19
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		3.56
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		2.42
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	2.72
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)		2.72
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		78,728.84
3.18	SEE INSTRUCTIONS		214,142
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		5.63
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		5.58
3.21	SEE INSTRUCTIONS	RES INIT YEARS	5.74
3.22	SEE INSTRUCTIONS		5.74
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		81,994.26
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		470,647
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		684,789

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		52,088
5	TOTAL INPATIENT DAYS		110,655
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.470724
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	322,347 137,120	459,467
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		7,101
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		110,655
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.		37,735
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	16,052	16,052

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		4,811,667
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		

TITLE XVIII

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

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	91,449,238
13	ORGAN ACQUISITION COSTS	114,126
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	202,582
16	TOTAL PART A REASONABLE COST	91,360,782

PART B REASONABLE COST

17	REASONABLE COST	17,065,195
18	PRIMARY PAYER PAYMENTS	16,523
19	TOTAL PART B REASONABLE COST	17,048,672
20	TOTAL REASONABLE COST	108,409,454
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.842738
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.157262

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

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	513,254
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	432,539
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	80,715

TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT

- 1 NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE
- 1.01 NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)
- 2 UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY
- 2.01 UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)
- 3 AGGREGATE APPROVED AMOUNT
- 3.01 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96
- 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)
- 3.05 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS
- 3.06 ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.
- 3.07 WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.
- 3.08 WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.
- 3.09 ENTER THE SUM OF LINES 3.07 AND 3.08.
- 3.10 SEE INSTRUCTIONS
- 3.11 WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.
- 3.12 SEE INSTRUCTIONS
- 3.13 TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)
- 3.14 TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)
- 3.15 ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS) RES INIT YEARS
- 3.16 ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)
- 3.17 ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.
- 3.18 SEE INSTRUCTIONS
- 3.19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)
- 3.20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)
- 3.21 SEE INSTRUCTIONS RES INIT YEARS
- 3.22 SEE INSTRUCTIONS
- 3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001
- 3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001
- 3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001

COMPUTATION OF PROGRAM PATIENT LOAD

- 4 PROGRAM PART A INPATIENT DAYS 5,414
- 5 TOTAL INPATIENT DAYS 110,655
- 6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. LN 6 * LN 3.25 + E-3, 6 L 11 .048927
- 6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS
- 6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)
- 6.03 ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE. 110,655
- 6.04 ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS) 100.00
- 6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.
- 6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)
- 6.07 ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS) 100.00
- 6.08 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD PRIOR TO 422 E-3, 6 LN 12

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

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

TITLE XIX

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

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

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

PART B REASONABLE COST

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

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

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

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

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

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

5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)	3.70	
5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)		
6 DIRECT GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	4.81	
7 SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	3.70	
8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	78,728.84	
9 MULTIPLY LINE 7 TIMES LINE 8	291,297	
10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.	.470724	
11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)	137,120	
12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])	16,052	

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

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

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IIME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).	3.00	
17 IIME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	3.01	
18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)	3.00	
19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)	.008029	
20 IIME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.002141	
21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.	67,049,345	
22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	11,950,547	
23 ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	169,139	

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	14,152,077			
29 SALARIES, WAGES & FEES PAYABLE	4,867,129			
30 PAYROLL TAXES PAYABLE	6,748,481			
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	2,050,123			
36 TOTAL CURRENT LIABILITIES	27,817,810			
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	206,251,812			
42 TOTAL LONG-TERM LIABILITIES	206,251,812			
43 TOTAL LIABILITIES	234,069,622			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	452,925,312			
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	452,925,312			
52 TOTAL LIABILITIES AND FUND BALANCES	686,994,934			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		366,159,284		
2	NET INCOME (LOSS)		86,766,028		
3	TOTAL ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		452,925,312		
4					
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		452,925,312		
12					
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		452,925,312		

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

DESCRIPTION

1	TOTAL PATIENT REVENUES	1007,487,737
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	584,633,991
3	NET PATIENT REVENUES	422,853,746
4	LESS: TOTAL OPERATING EXPENSES	329,468,747
5	NET INCOME FROM SERVICE TO PATIENTS	93,384,999
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	57,594
7	INCOME FROM INVESTMENTS	-5,349
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	348
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,563,921
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	632,521
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	7,476
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	447,413
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	MISCELLANEOUS	3,874,850
25	TOTAL OTHER INCOME	6,578,774
26	TOTAL	99,963,773
	OTHER EXPENSES	
27	BAD DEBTS	13,197,745
28		
29		
30	TOTAL OTHER EXPENSES	13,197,745
31	NET INCOME (OR LOSS) FOR THE PERIOD	86,766,028

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 7/16/2010
15-0017	FROM 7/1/2006	WORKSHEET L
COMPONENT NO:	TO 6/30/2007	PARTS I-IV
15-0017		

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	5,871,241
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	539,083
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	288.01
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	13.01
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	1.28
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	75,152
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	3.00
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	16.19
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	19.19
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	3.96
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	232,501
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	6,717,977
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)	