

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		14-0051		FROM 7/ 1/2007		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 11/17/2008 TIME 8:27

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:  
 RUSH NORTH SHORE MEDICAL CTR 14-0051  
 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2007 AND ENDING 6/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

\_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	
1	HOSPITAL	0	572,017	84,671	83,450
2	SUBPROVIDER	0	90,469	-1,785	-643
100	TOTAL	0	662,486	82,886	82,807

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.





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

TITLE XIX INPATIENT SERVICES

- 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?      Y
- 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?      N
- 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?      N
- 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?      N
- 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?      N
- 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE N
- 40.01 NAME:      FI/CONTRACTOR NAME      FI/CONTRACTOR #
- 40.02 STREET:      P.O. BOX:
- 40.03 CITY:      STATE:      ZIP CODE:      -
- 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?      Y
- 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?      N
- 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?      N
- 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?      N
- 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?      N
- 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY?      Y
- 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT?      N      00/00/0000  
 SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
- 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?      N
- 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?      N
- 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?      N
- 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N

- 52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS)      N
- 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV      N
- 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.      0
- 53.01 MDH PERIOD:      BEGINNING:      /      /      ENDING:      /      /
- 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
 PREMIUMS:      3,183,010  
 PAID LOSSES:      0  
 AND/OR SELF INSURANCE:      0
- 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.      N
- 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO.      N
- 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.      N      0.00      0
- 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.      0.00      0
- 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.      0.00      0
- 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.      0.00      0
- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?      N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.      N
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).      0
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)      N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW

FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)      Y      N

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).      Y      N      0

MULTI CAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	173	63,318			27,564		5,362
2 HMO					317		45
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	173	63,318			27,564		5,362
6 INTENSIVE CARE UNIT	12	4,392			2,178		845
9 SURGICAL INTENSIVE CARE UNIT	8	2,928			1,304		495
11 NURSERY							180
12 TOTAL	193	70,638			31,046		6,882
13 RPCH VISITS							
14 SUBPROVIDER	26	9,516			3,351		676
25 TOTAL	219						
26 OBSERVATION BED DAYS							259
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	TRIPS / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. / TOTAL 7	FTES / LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			43,071				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			43,071				
6 INTENSIVE CARE UNIT			3,209				
9 SURGICAL INTENSIVE CARE UNIT			1,799				
11 NURSERY			1,131				
12 TOTAL			49,210			22.94	
13 RPCH VISITS							
14 SUBPROVIDER			5,624				
25 TOTAL						22.94	
26 OBSERVATION BED DAYS	130	129	2,127	1,064	1,063		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					5,978	1,220	10,140
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	22.94	1,172.49			5,978	1,220	10,140
13 RPCH VISITS							
14 SUBPROVIDER			35.51		396	102	775
25 TOTAL	22.94	1,208.00					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0051  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 11/17/2008  
 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	75,254,681	-1,776,458	73,478,223	2,487,342.00	29.54	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B	494,734		494,734	8,028.60	61.62	crna wp
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)	1,515,957	-1,281,724	234,233	1,582.80	147.99	cc531
6.01 CONTRACT SERVICES, I&R	1,281,724		1,281,724	50,232.00	25.52	calcd ftes
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	8,560,122		8,560,122	224,459.25	38.14	grouping sched
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	2,802,696		2,802,696	60,262.00	46.51	contract lbr +perfusio
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	542,697		542,697	7,096.00	76.48	phys wp
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	12,249,316		12,249,316			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,980,602		1,980,602			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	94,162		94,162			CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	286,989		286,989			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	1,081,481		1,081,481	28,650.00	37.75	
22 ADMINISTRATIVE & GENERAL	10,721,100		10,721,100	311,833.00	34.38	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,681,971		1,681,971	69,706.00	24.13	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	1,126,155		1,126,155	90,288.00	12.47	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,154,520	-416,350	738,170	49,884.00	14.80	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	203,266	416,350	619,616	48,228.00	12.85	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,413,292		1,413,292	34,950.00	40.44	
31 CENTRAL SERVICE AND SUPPLY	924,424		924,424	57,141.00	16.18	
32 PHARMACY	2,257,944		2,257,944	61,495.00	36.72	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,001,306		1,001,306	47,668.00	21.01	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	71,962,266	-494,734	71,467,532	2,427,498.60	29.44	
2 EXCLUDED AREA SALARIES	8,560,122		8,560,122	224,459.25	38.14	
3 SUBTOTAL SALARIES	63,402,144	-494,734	62,907,410	2,203,039.35	28.55	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	3,345,393		3,345,393	67,358.00	49.67	
5 SUBTOTAL WAGE-RELATED COSTS	12,249,316		12,249,316		19.47	
6 TOTAL	78,996,853	-494,734	78,502,119	2,270,397.35	34.58	
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	21,565,459		21,565,459	799,843.00	26.96	

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	15,051,981
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	15,051,981
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.308571
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	46,560,324
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	14,367,166
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	11,926,478
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	3,680,165
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	14,367,166

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0051

PERIOD: FROM 7/1/2007 TO 6/30/2008

PREPARED 11/17/2008  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	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		8,639,585	8,639,585	-90,578	8,549,007
3.01	0301 NEW CAP REL COSTS -OOH				995,706	995,706
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		4,728,989	4,728,989	23,549	4,752,538
5	0500 EMPLOYEE BENEFITS	1,081,481	14,294,140	15,375,621		15,375,621
6.01	0611 NONPATIENT TELEPHONES	317,519	594,440	911,959		911,959
6.02	0621 DATA PROCESSING	1,229,788	2,770,046	3,999,834	45,739	4,045,573
6.03	0631 PURCHASING, RECEIVING AND STORES	206,840	241,267	448,107		448,107
6.04	0641 ADMITTING	1,013,972	55,490	1,069,462		1,069,462
6.05	0651 CASHIERING/ACCOUNTS RECEIVABLE	858,859	511,362	1,370,221		1,370,221
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	7,094,122	10,201,622	17,295,744	-750,184	16,545,560
8	0800 OPERATION OF PLANT	1,681,971	2,135,442	3,817,413	294,529	4,111,942
10	1000 HOUSEKEEPING	1,126,155	773,721	1,899,876		1,899,876
11	1100 DIETARY	1,154,520	2,055,741	3,210,261	-1,348,568	1,861,693
12	1200 CAFETERIA	203,266	-127,326	75,940	1,348,568	1,424,508
14	1400 NURSING ADMINISTRATION	1,413,292	446,576	1,859,868		1,859,868
15	1500 CENTRAL SERVICES & SUPPLY	924,424	4,342,622	5,267,046	-4,182,429	1,084,617
16	1600 PHARMACY	2,257,944	6,492,322	8,750,266	-5,876,407	2,873,859
17	1700 MEDICAL RECORDS & LIBRARY	1,001,306	409,911	1,411,217		1,411,217
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	1,515,957		1,515,957		1,515,957
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		1,265,714	1,265,714		1,265,714
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	16,415,827	1,485,264	17,901,091	10,585	17,911,676
26	2600 INTENSIVE CARE UNIT	2,416,804	229,751	2,646,555	1,076	2,647,631
29	2900 SURGICAL INTENSIVE CARE UNIT	1,552,552	174,083	1,726,635	2,128	1,728,763
31	3100 SUBPROVIDER	2,166,167	75,167	2,241,334		2,241,334
33	3300 NURSERY	234,431	139,477	373,908		373,908
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	4,208,591	14,917,118	19,125,709	1,281,944	20,407,653
38	3800 RECOVERY ROOM	986,997	53,099	1,040,096		1,040,096
40	4000 ANESTHESIOLOGY	820,875	506,539	1,327,414	4,033	1,331,447
41	4100 RADIOLOGY-DIAGNOSTIC	2,034,068	726,983	2,761,051	18,728	2,779,779
43	4300 RADIOISOTOPE	418,510	728,712	1,147,222	13,244	1,160,466
43.01	3230 PURCHASED SCANS		1,824,556	1,824,556		1,824,556
43.02	3630 ULTRASOUND	472,358	40,974	513,332	6,254	519,586
43.03	3440 BREAST IMAGING	402,927	86,033	488,960	2,760	491,720
43.04	3120 CARDIAC CATH LAB	725,886	2,535,638	3,261,524	9,442	3,270,966
44	4400 LABORATORY	2,790,695	1,947,226	4,737,921	34,506	4,772,427
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS	192,226	1,685,911	1,878,137		1,878,137
49	4900 RESPIRATORY THERAPY	1,254,072	9,086	1,263,158	5,434	1,268,592
50	5000 PHYSICAL THERAPY	1,225,381	126,252	1,351,633	3,726	1,355,359
51	5100 OCCUPATIONAL THERAPY	246,280	158,323	404,603		404,603
51.01	3550 OCC THPY PSYCH	150,404	1,980	152,384		152,384
52	5200 SPEECH PATHOLOGY	75,550	23,875	99,425		99,425
53	5300 ELECTROCARDIOLOGY	1,187,372	185,924	1,373,296	4,567	1,377,863
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				4,193,780	4,193,780
56	5600 DRUGS CHARGED TO PATIENTS				5,879,521	5,879,521
58.02	3160 CARDIAC REHAB	423,308	12,576	435,884		435,884
58.04	3280 SPECIAL DIAGNOSTICS	11,369	2,350	13,719		13,719
58.05	3951 INPATIENT RENAL DIALYSIS		368,164	368,164		368,164
58.06	3340 OP SURG	2,417,148	781,821	3,198,969		3,198,969
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	94,719	127,912	222,631		222,631
61	6100 EMERGENCY	2,854,793	805,251	3,660,044	2,124	3,662,168
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	68,860,726	89,591,709	158,452,435	1,933,777	160,386,212
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES	5,804,487	5,993,477	11,797,964	-1,933,777	9,864,187
98.01	9801 GHP/WH		175	175		175
98.02	9802 PHYS REFERRAL/DEVELOPMENT	589,468	575,442	1,164,910		1,164,910
98.03	9803 NORTH SHORE BILLING SVC					
101	TOTAL	75,254,681	96,160,803	171,415,484	-0-	171,415,484

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0051  
PERIOD: FROM 7/1/2007 TO 6/30/2008  
PREPARED 11/17/2008  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	-1,692,463	6,856,544
3.01 0301	NEW CAP REL COSTS -OOH		995,706
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	-843,322	3,909,216
5 0500	EMPLOYEE BENEFITS		15,375,621
6.01 0611	NONPATIENT TELEPHONES	-159,333	752,626
6.02 0621	DATA PROCESSING		4,045,573
6.03 0631	PURCHASING, RECEIVING AND STORES	-24,313	423,794
6.04 0641	ADMITTING		1,069,462
6.05 0651	CASHIERING/ACCOUNTS RECEIVABLE		1,370,221
6.06 0660	OTHER ADMINISTRATIVE AND GENERAL	562,946	17,108,506
8 0800	OPERATION OF PLANT	120,146	4,232,088
10 1000	HOUSEKEEPING		1,899,876
11 1100	DIETARY	-45,693	1,816,000
12 1200	CAFETERIA	-665,635	758,873
14 1400	NURSING ADMINISTRATION	-4,584	1,855,284
15 1500	CENTRAL SERVICES & SUPPLY		1,084,617
16 1600	PHARMACY		2,873,859
17 1700	MEDICAL RECORDS & LIBRARY		1,411,217
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		1,515,957
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		1,265,714
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-32,500	17,879,176
26 2600	INTENSIVE CARE UNIT		2,647,631
29 2900	SURGICAL INTENSIVE CARE UNIT		1,728,763
31 3100	SUBPROVIDER		2,241,334
33 3300	NURSERY	-1,200	372,708
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-451,348	19,956,305
38 3800	RECOVERY ROOM		1,040,096
40 4000	ANESTHESIOLOGY	-494,734	836,713
41 4100	RADIOLOGY-DIAGNOSTIC	-7,140	2,772,639
43 4300	RADIOISOTOPE		1,160,466
43.01 3230	PURCHASED SCANS	-1,417,648	406,908
43.02 3630	ULTRASOUND		519,586
43.03 3440	BREAST IMAGING		491,720
43.04 3120	CARDIAC CATH LAB	-12,000	3,258,966
44 4400	LABORATORY		4,772,427
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		1,878,137
49 4900	RESPIRATORY THERAPY		1,268,592
50 5000	PHYSICAL THERAPY		1,355,359
51 5100	OCCUPATIONAL THERAPY		404,603
51.01 3550	OCC THPY PSYCH		152,384
52 5200	SPEECH PATHOLOGY		99,425
53 5300	ELECTROCARDIOLOGY		1,377,863
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		4,193,780
56 5600	DRUGS CHARGED TO PATIENTS		5,879,521
58.02 3160	CARDIAC REHAB		435,884
58.04 3280	SPECIAL DIAGNOSTICS		13,719
58.05 3951	INPATIENT RENAL DIALYSIS		368,164
58.06 3340	OP SURG		3,198,969
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		222,631
61 6100	EMERGENCY	-285,981	3,376,187
62 6200	OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-5,454,802	154,931,410
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97 9700	RESEARCH		
98 9800	PHYSICIANS' PRIVATE OFFICES		9,864,187
98.01 9801	GHP/WH		175
98.02 9802	PHYS REFERRAL/DEVELOPMENT		1,164,910
98.03 9803	NORTH SHORE BILLING SVC		
101	TOTAL	-5,454,802	165,960,682

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0051  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 11/17/2008  
 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	
3.01	NEW CAP REL COSTS -OOH	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0611	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0621	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0631	PURCHASING, RECEIVING AND STORES
6.04	ADMITTING	0641	ADMITTING
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0651	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
	INPAT ROUTINE SRVC		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
43	RADIOISOTOPE	4300	
43.01	PURCHASED SCANS	3230	CAT SCAN
43.02	ULTRASOUND	3630	ULTRASOUND
43.03	BREAST IMAGING	3440	MAMMOGRAPHY
43.04	CARDIAC CATH LAB	3120	CARDIAC CATHETERIZATION LABORATORY
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
51.01	OCC THPY PSYCH	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
58.02	CARDIAC REHAB	3160	CARDIOPULMONARY
58.04	SPECIAL DIAGNOSTICS	3280	EKG AND EEG
58.05	INPATIENT RENAL DIALYSIS	3951	OTHER ANCILLARY SERVICE COST CENTERS
58.06	OP SURG	3340	GASTROINTESTINAL SERVICES
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	GHP/WH	9801	PHYSICIANS' PRIVATE OFFICES
98.02	PHYS REFERRAL/DEVELOPMENT	9802	PHYSICIANS' PRIVATE OFFICES
98.03	NORTH SHORE BILLING SVC	9803	PHYSICIANS' PRIVATE OFFICES
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:  
140051

PERIOD:  
FROM 7/ 1/2007  
TO 6/30/2008

PREPARED 11/17/2008  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 INSURANCE	C	NEW CAP REL COSTS-BLDG & FIXT	3		133,446
2		NEW CAP REL COSTS-MVBLE EQUIP	4		23,549
3 DIETARY / CAFE	D	CAFETERIA	12	416,350	932,218
4 CHARGEABLE DRUGS	E	DRUGS CHARGED TO PATIENTS	56		5,876,407
5 CHARGEABLE MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		4,102,714
6 C/S RENTAL COST	G	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		91,066
7 OOH CAPITAL COST	I	NEW CAP REL COSTS -OOH	3.01		524,024
8					
9 OOH FACILITY COST	J	NEW CAP REL COSTS -OOH	3.01		471,682
10		OPERATION OF PLANT	8		256,094
11 EXCLUDED SALARIES	K	I&R SERVICES-SALARY & FRINGES APPRVD	22		1,281,724
12 CRNA TO NON SALARY	M	ANESTHESIOLOGY	40		494,734
13 POST 3/98 ASSETS <5000	O	DATA PROCESSING	6.02		45,739
14		OTHER ADMINISTRATIVE AND GENERAL	6.06		9,064
15		OPERATION OF PLANT	8		38,435
16		CENTRAL SERVICES & SUPPLY	15		11,351
17		ADULTS & PEDIATRICS	25		10,585
18		INTENSIVE CARE UNIT	26		1,076
19		SURGICAL INTENSIVE CARE UNIT	29		2,128
20		OPERATING ROOM	37		375,943
21		ANESTHESIOLOGY	40		4,033
22		RADIOLOGY-DIAGNOSTIC	41		18,728
23		RADIOISOTOPE	43		13,244
24		ULTRASOUND	43.02		6,254
25		BREAST IMAGING	43.03		2,760
26		CARDIAC CATH LAB	43.04		9,442
27		LABORATORY	44		34,506
28		RESPIRATORY THERAPY	49		5,434
29		ELECTROCARDIOLOGY	53		4,567
30		PHYSICAL THERAPY	50		3,726
31		EMERGENCY	61		2,124
32		DRUGS CHARGED TO PATIENTS	56		3,114
33 PERFUSIONISTS	P	OPERATING ROOM	37		906,001
36 TOTAL RECLASSIFICATIONS				416,350	15,695,912

(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:  
140051

PERIOD:  
FROM 7/1/2007  
TO 6/30/2008

PREPARED 11/17/2008  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----					A-7 REF 10
	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 INSURANCE	C	OTHER ADMINISTRATIVE AND GENERAL	6.06		156,995	9
2						9
3 DIETARY / CAFE	D	DIETARY	11	416,350	932,218	9
4 CHARGEABLE DRUGS	E	PHARMACY	16		5,876,407	9
5 CHARGEABLE MEDICAL SUPPLIES	F	CENTRAL SERVICES & SUPPLY	15		4,102,714	9
6 C/S RENTAL COST	G	CENTRAL SERVICES & SUPPLY	15		91,066	9
7 OOH CAPITAL COST	I	NEW CAP REL COSTS-BLDG & FIXT	3		224,024	9
8		PHYSICIANS' PRIVATE OFFICES	98		300,000	9
9 OOH FACILITY COST	J	PHYSICIANS' PRIVATE OFFICES	98		727,776	9
10						9
11 EXCLUDED SALARIES	K	I&R SERVICES-SALARY & FRINGES APPRVD	22	1,281,724		9
12 CRNA TO NON SALARY	M	ANESTHESIOLOGY	40	494,734		9
13 POST 3/98 ASSETS <5000	O	OTHER ADMINISTRATIVE AND GENERAL	6.06		602,253	9
14						9
15						9
16						9
17						9
18						9
19						9
20						9
21						9
22						9
23						9
24						9
25						9
26						9
27						9
28						9
29						9
30						9
31						9
32						9
33 PERFUSIONISTS	P	PHYSICIANS' PRIVATE OFFICES	98		906,001	9
36 TOTAL RECLASSIFICATIONS				2,192,808	13,919,454	

(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:  
140051

PERIOD:  
FROM 7/1/2007  
TO 6/30/2008

PREPARED 11/17/2008  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: C  
EXPLANATION: INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	133,446
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	23,549
TOTAL RECLASSIFICATIONS FOR CODE C			156,995

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	156,995	
			0
TOTAL RECLASSIFICATIONS FOR CODE C			156,995

RECLASS CODE: D  
EXPLANATION: DIETARY / CAFE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,348,568
TOTAL RECLASSIFICATIONS FOR CODE D			1,348,568

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	1,348,568	
			1,348,568

RECLASS CODE: E  
EXPLANATION: CHARGEABLE DRUGS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	5,876,407
TOTAL RECLASSIFICATIONS FOR CODE E			5,876,407

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	5,876,407	
			5,876,407

RECLASS CODE: F  
EXPLANATION: CHARGEABLE MEDICAL SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	4,102,714
TOTAL RECLASSIFICATIONS FOR CODE F			4,102,714

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	4,102,714	
			4,102,714

RECLASS CODE: G  
EXPLANATION: C/S RENTAL COST

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	91,066
TOTAL RECLASSIFICATIONS FOR CODE G			91,066

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	91,066	
			91,066

RECLASS CODE: I  
EXPLANATION: 00H CAPITAL COST

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS -00H	3.01	524,024
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE I			524,024

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	224,024	
PHYSICIANS' PRIVATE OFFICES	98	300,000	
			524,024

RECLASS CODE: J  
EXPLANATION: 00H FACILITY COST

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS -00H	3.01	471,682
2.00	OPERATION OF PLANT	8	256,094
TOTAL RECLASSIFICATIONS FOR CODE J			727,776

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHYSICIANS' PRIVATE OFFICES	98	727,776	
			0
TOTAL RECLASSIFICATIONS FOR CODE J			727,776

RECLASS CODE: K  
EXPLANATION: EXCLUDED SALARIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-SALARY & FRINGES	22	1,281,724
TOTAL RECLASSIFICATIONS FOR CODE K			1,281,724

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
I&R SERVICES-SALARY & FRINGES	22	1,281,724	
			1,281,724

RECLASS CODE: M  
EXPLANATION: CRNA TO NON SALARY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ANESTHESIOLOGY	40	494,734
TOTAL RECLASSIFICATIONS FOR CODE M			494,734

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ANESTHESIOLOGY	40	494,734	
			494,734

RECLASSIFICATIONS

PROVIDER NO:  
140051

PERIOD:  
FROM 7/ 1/2007  
TO 6/30/2008

PREPARED 11/17/2008  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: 0  
EXPLANATION : POST 3/98 ASSETS <5000

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DATA PROCESSING	6.02	45,739	OTHER ADMINISTRATIVE AND GENER	6.06	602,253	
2.00	OTHER ADMINISTRATIVE AND GENER	6.06	9,064			0	
5.00	OPERATION OF PLANT	8	38,435			0	
9.00	CENTRAL SERVICES & SUPPLY	15	11,351			0	
11.00	ADULTS & PEDIATRICS	25	10,585			0	
12.00	INTENSIVE CARE UNIT	26	1,076			0	
13.00	SURGICAL INTENSIVE CARE UNIT	29	2,128			0	
15.00	OPERATING ROOM	37	375,943			0	
16.00	ANESTHESIOLOGY	40	4,033			0	
17.00	RADIOLOGY-DIAGNOSTIC	41	18,728			0	
18.00	RADIOISOTOPE	43	13,244			0	
19.00	ULTRASOUND	43.02	6,254			0	
20.00	BREAST IMAGING	43.03	2,760			0	
21.00	CARDIAC CATH LAB	43.04	9,442			0	
22.00	LABORATORY	44	34,506			0	
24.00	RESPIRATORY THERAPY	49	5,434			0	
25.00	ELECTROCARDIOLOGY	53	4,567			0	
27.00	PHYSICAL THERAPY	50	3,726			0	
28.00	EMERGENCY	61	2,124			0	
29.00	DRUGS CHARGED TO PATIENTS	56	3,114			0	
TOTAL RECLASSIFICATIONS FOR CODE 0			602,253				602,253

RECLASS CODE: P  
EXPLANATION : PERFUSIONISTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATING ROOM	37	906,001	PHYSICIANS' PRIVATE OFFICES	98	906,001	
TOTAL RECLASSIFICATIONS FOR CODE P			906,001				906,001

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	3,114,836					3,114,836	
2 LAND IMPROVEMENTS	2,698,559					2,698,559	
3 BUILDINGS & FIXTURE	131,709,879	4,636,178		4,636,178		136,346,057	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	77,909,118	1,268,810		1,268,810		79,177,928	
7 SUBTOTAL	215,432,392	5,904,988		5,904,988		221,337,380	
8 RECONCILING ITEMS							
9 TOTAL	215,432,392	5,904,988		5,904,988		221,337,380	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS
		1	2	3	4	5	6	7
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	142,159,452		142,159,452	.642275			
3 01	NEW CAP REL COSTS -0							
4	NEW CAP REL COSTS-MV	79,177,928		79,177,928	.357725			
5	TOTAL	221,337,380		221,337,380	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	6,856,544						6,856,544
3 01	NEW CAP REL COSTS -0	995,706						995,706
4	NEW CAP REL COSTS-MV	3,909,216						3,909,216
5	TOTAL	11,761,466						11,761,466

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	8,639,585						8,639,585
3 01	NEW CAP REL COSTS -0							
4	NEW CAP REL COSTS-MV	4,728,989						4,728,989
5	TOTAL	13,368,574						13,368,574

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-1,692,463	NEW CAP REL COSTS-BLDG &	3	9
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-24,313	PURCHASING, RECEIVING AND	6.03	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-159,333	NONPATIENT TELEPHONES	6.01	
10 TELEVISION AND RADIO SERVICE	A	-1,497	OPERATION OF PLANT	8	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,363,230			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-665,635	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-5,187	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 OTHER ADJUSTMENTS (SPECIFY)					
38 OTHER ADJUSTMENTS (SPECIFY)					
39 OTHER ADJUSTMENTS (SPECIFY)					
40 OTHER ADJUSTMENTS (SPECIFY)					
41 OTHER ADJUSTMENTS (SPECIFY)					
42 DEPR POST 33098 ASSETS <5K FY07 AMOU	A	-151,371	NEW CAP REL COSTS-MVBLE E	4	9
42.01 DEPR POST 33098 ASSETS <5K FY08 AMOU	A	-60,225	NEW CAP REL COSTS-MVBLE E	4	9
42.02 DEPR POST 33098 ASSETS <5K FY03 AMOU	A	-3,536	NEW CAP REL COSTS-MVBLE E	4	9
42.03 DEPR POST 33098 ASSETS <5K FY04 AMOU	A	-135,670	NEW CAP REL COSTS-MVBLE E	4	9
42.04 DEPR POST 33098 ASSETS <5K FY05 AMOU	A	-182,576	NEW CAP REL COSTS-MVBLE E	4	9
42.05 DEPR POST 33098 ASSETS <5K FY06 AMOU	A	-309,944	NEW CAP REL COSTS-MVBLE E	4	9
42.06 EXPENSE ASSETS<5K FY08 ADDS	A	602,253	OTHER ADMINISTRATIVE AND	6.06	
43 OTHER ADJUSTMENTS (SPECIFY)					
44 OTHER ADJUSTMENTS (SPECIFY)					
45 TV REPAIRS	A	-12,550	OPERATION OF PLANT	8	
45.01 RECORDS FEES XRAY	A	-380	RADIOLOGY-DIAGNOSTIC	41	
45.07 MISC OTHER OPERATING REVENUE	A	-5,510	RADIOLOGY-DIAGNOSTIC	41	
45.09 NURSING ED REVENUES	B	-4,584	NURSING ADMINISTRATION	14	
45.12 RENTAL INCOME SCANS	B	-333,431	PURCHASED SCANS	43.01	
45.18 LOBBYING EXPENSES	A	-39,307	OTHER ADMINISTRATIVE AND	6.06	
46 MEALS ON WHEELS	B	-40,506	DIETARY	11	
47					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 KENTON KNOX PLANT OPS SALRY	A	134,193	OPERATION OF PLANT	8	
50 TOTAL (SUM OF LINES 1 THRU 49)		-5,454,802			

(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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:  
14-0051

PERIOD:  
FROM 7/ 1/2007  
TO 6/30/2008

PREPARED 11/17/2008  
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
3 37	OPERATING ROOM	451,348	451,348					
4 40	ANESTHESIOLOGY	494,734	494,734					
5 41	RADIOLOGY-DIAGNOSTIC	1,250	1,250					
6 43 1	CT SCANS	1,084,217	1,084,217					
7 43 4	CARDIAC CATH LAB	12,000	12,000					
8 33	NURSERY	1,200	1,200					
9 61	EMERGENCY ROOM	285,981	285,981					
10 25	ADULTS & PEDIATRICS	32,500	32,500					
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,363,230	2,363,230					

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:  
14-0051

PERIOD:  
FROM 7/1/2007  
TO 6/30/2008

PREPARED 11/17/2008  
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
3	37	OPERATING ROOM						451,348
4	40	ANESTHESIOLOGY						494,734
5	41	RADIOLOGY-DIAGNOSTIC						1,250
6	43	1 CT SCANS						1,084,217
7	43	4 CARDIAC CATH LAB						12,000
8	33	NURSERY						1,200
9	61	EMERGENCY ROOM						285,981
10	25	ADULTS & PEDIATRICS						32,500
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL						2,363,230

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0051  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 11/17/2008  
 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 VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
3.01	NEW CAP REL COSTS -OOH	3	SQ FT OOH	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	7	PHONES	ENTERED
6.02	DATA PROCESSING	8	TIME SPENT	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	9	SUPPLIES EXPENSE	ENTERED
6.04	ADMINISTRATIVE	C	GROSS CHARGES	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	C	GROSS CHARGES	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	-11	ACCUM. COST	ENTERED
8	OPERATION OF PLANT	13	SQUARE FEET	ENTERED
10	HOUSEKEEPING	15	SQUARE FEET	ENTERED
11	DIETARY	16	MEALS SERVED	ENTERED
12	CAFETERIA	17	FTE'S SERVED	ENTERED
14	NURSING ADMINISTRATION	19	DIRECT NRSNG FTE'S	ENTERED
15	CENTRAL SERVICES & SUPPLY	20	COSTED REQUIS	ENTERED
16	PHARMACY	21	COSTED REQUIS	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	26	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	26	ASSIGNED TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	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 -OOH 3.01	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS -BLDG &	6,856,544			6,856,544			
004 01 NEW CAP REL COSTS -OOH	995,706				995,706		
004 02 NEW CAP REL COSTS-MVBLE E	3,909,216					3,909,216	
005 EMPLOYEE BENEFITS	15,375,621					8,958	15,423,929
006 01 NONPATIENT TELEPHONES	752,626			20,655		14,670	67,646
006 02 DATA PROCESSING	4,045,573			98,435		820,804	262,003
006 03 PURCHASING, RECEIVING AND	423,794			208,554		6,382	44,067
006 04 ADMINISTRATION	1,069,462			62,578		4,740	216,024
006 05 CASHIERING/ACCOUNTS RECEI	1,370,221			15,957		20,079	182,977
006 06 OTHER ADMINISTRATIVE AND	17,108,506			543,304	16,925	81,842	1,511,381
008 OPERATION OF PLANT	4,232,088			418,053		61,506	358,339
010 HOUSEKEEPING	1,899,876			8,427	8,308	12,883	239,924
011 DIETARY	1,816,000			130,349		16,684	157,265
012 CAFETERIA	758,873			130,349			132,007
014 NURSING ADMINISTRATION	1,855,284			31,938	33,388	152,341	301,098
015 CENTRAL SERVICES & SUPPLY	1,084,617			227,132		51,990	196,946
016 PHARMACY	2,873,859			73,342		4,618	481,048
017 MEDICAL RECORDS & LIBRARY	1,411,217			72,091		22,093	213,325
022 I&R SERVICES-SALARY & FRI	1,515,957					241	49,903
023 I&R SERVICES-OTHER PRGM C	1,265,714			31,183			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	17,879,176			2,172,863		138,553	3,497,364
026 INTENSIVE CARE UNIT	2,647,631			160,423		14,614	514,893
029 SURGICAL INTENSIVE CARE U	1,728,763			119,113		8,574	330,767
031 SUBPROVIDER	2,241,334				194,172	7,790	461,495
033 NURSERY	372,708					88	49,945
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	19,956,305			530,840		741,054	896,628
038 RECOVERY ROOM	1,040,096					292	210,277
040 ANESTHESIOLOGY	836,713					91,341	69,483
041 RADIOLOGY-DIAGNOSTIC	2,772,639			193,187		423,598	433,352
043 RADIOISOTOPE	1,160,466			47,258		76,876	89,162
043 01 PURCHASED SCANS	406,908			220,003			
043 02 ULTRASOUND	519,586			57,715		49,012	100,634
043 03 BREAST IMAGING	491,720			68,527		141,893	85,842
043 04 CARDIAC CATH LAB	3,258,966			88,473		210,784	154,648
044 LABORATORY	4,772,427			252,886		174,544	594,549
046 WHOLE BLOOD & PACKED RED	1,878,137					5,215	40,953
049 RESPIRATORY THERAPY	1,268,592					65,204	267,176
050 PHYSICAL THERAPY	1,355,359			114,912		10,810	261,064
051 OCCUPATIONAL THERAPY	404,603					638	52,469
051 01 OCC THPY PSYCH	152,384				66,468	2,161	32,043
052 SPEECH PATHOLOGY	99,425			6,326		313	16,096
053 ELECTROCARDIOLOGY	1,377,863			178,741		117,200	252,966
055 MEDICAL SUPPLIES CHARGED	4,193,780						
056 DRUGS CHARGED TO PATIENTS	5,879,521						
058 02 CARDIAC REHAB	435,884			48,037		10,564	90,184
058 04 SPECIAL DIAGNOSTICS	13,719			15,155		3,432	2,422
058 05 INPATIENT RENAL DIALYSIS	368,164			2,243			
058 06 OP SURG	3,198,969			295,635		47,420	514,966
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	222,631					524	20,180
061 EMERGENCY	3,376,187			146,378		203,697	608,205
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	154,931,410			6,830,412	319,261	3,826,022	14,061,716
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				18,153			
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	9,864,187				676,445	60,846	1,236,629
098 01 GHP/WH	175					771	
098 02 PHYS REFERRAL/DEVELOPMENT	1,164,910			7,979		21,504	125,584
098 03 NORTH SHORE BILLING SVC						73	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	165,960,682			6,856,544	995,706	3,909,216	15,423,929

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL	OTHER ADMINISTRATIVE
	6.01	6.02	6.03	6.04	6.05	6a.05	6.06
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS -BLDG &							
004 NEW CAP REL COSTS -OOH							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	855,597						
006 02 DATA PROCESSING	18,539	5,245,354					
006 03 PURCHASING, RECEIVING AND	14,508		697,305				
006 04 ADMINISTRATION	10,881	514,639	960	1,879,284			
006 05 CASHIERING/ACCOUNTS RECEI	14,508	3,978,551	149		5,582,442		
006 06 OTHER ADMINISTRATIVE AND	64,079	752,164	3,843			20,082,044	20,082,044
008 OPERATION OF PLANT	28,211		913			5,099,110	747,805
010 HOUSEKEEPING	2,821		6,211			2,178,450	319,478
011 DIETARY	6,045		180			2,126,523	311,863
012 CAFETERIA			114			1,021,343	149,784
014 NURSING ADMINISTRATION	33,047		690			2,407,786	353,111
015 CENTRAL SERVICES & SUPPLY	4,836		100,649			1,666,170	244,350
016 PHARMACY	16,121		5,674			3,454,662	506,640
017 MEDICAL RECORDS & LIBRARY	20,151		404			1,739,281	255,073
022 I&R SERVICES-SALARY & FRI			4			1,566,105	229,676
023 I&R SERVICES-OTHER PRGM C						1,296,897	190,195
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	132,995		22,121	230,378	684,288	24,757,738	3,630,836
026 INTENSIVE CARE UNIT	15,315		2,860	30,370	90,207	3,476,313	509,815
029 SURGICAL INTENSIVE CARE U	11,284		2,078	16,638	49,419	2,266,636	332,411
031 SUBPROVIDER	17,733		93	31,859	94,632	3,049,108	447,164
033 NURSERY			15	3,344	9,931	436,031	63,946
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	49,168		375,372	317,504	943,508	23,810,379	3,491,887
038 RECOVERY ROOM	8,866		1,491	65,435	194,362	1,520,819	223,034
040 ANESTHESIOLOGY	10,075		14,305	55,308	164,280	1,241,505	182,072
041 RADIOLOGY-DIAGNOSTIC	91,081		14,773	62,700	186,237	4,177,567	612,657
043 RADIOISOTOPE			3,585	33,637	99,910	1,510,894	221,579
043 01 PURCHASED SCANS				63,952	189,956	880,819	129,176
043 02 ULTRASOUND	806		699	12,054	35,804	776,310	113,849
043 03 BREAST IMAGING			1,427	10,747	31,922	832,078	122,028
043 04 CARDIAC CATH LAB			62,848	126,163	374,741	4,276,623	627,184
044 LABORATORY	31,435		28,927	129,591	384,922	6,369,281	934,081
046 WHOLE BLOOD & PACKED RED			2,485	14,419	42,828	1,984,037	290,967
049 RESPIRATORY THERAPY	9,269		2,837	34,104	101,300	1,748,482	256,422
050 PHYSICAL THERAPY	11,687		437	14,805	43,974	1,813,048	265,891
051 OCCUPATIONAL THERAPY			206	5,109	15,174	478,199	70,130
051 01 OCC THPY PSYCH				2,458	7,302	262,816	38,543
052 SPEECH PATHOLOGY			15	2,132	6,334	130,641	19,159
053 ELECTROCARDIOLOGY	30,226		2,051	66,933	198,811	2,224,791	326,274
055 MEDICAL SUPPLIES CHARGED				117,862	350,084	4,661,726	683,661
056 DRUGS CHARGED TO PATIENTS				240,112	713,203	6,832,836	1,002,063
058 02 CARDIAC REHAB	2,418		130	2,907	8,633	598,757	87,810
058 04 SPECIAL DIAGNOSTICS	806		53	1,162	3,450	40,199	5,895
058 05 INPATIENT RENAL DIALYSIS	1,209		29	4,347	12,910	388,902	57,034
058 06 OP SURG	20,957		21,214	81,185	241,144	4,421,490	648,429
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	806		2,870	1,378	4,093	252,482	37,027
061 EMERGENCY	46,750		8,276	100,691	299,083	4,789,267	702,365
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	726,633	5,245,354	690,988	1,879,284	5,582,442	152,648,145	19,441,364
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	1,209					19,362	2,840
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	91,081		5,238			11,934,426	438,574
098 01 GHP/WH	12,896		783			14,625	2,145
098 02 PHYS REFERRAL/DEVELOPMENT	23,778		296			1,344,051	197,110
098 03 NORTH SHORE BILLING SVC						73	11
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	855,597	5,245,354	697,305	1,879,284	5,582,442	165,960,682	20,082,044

COST CENTER DESCRIPTION	OPERATION OF HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY							
	8	10	11	12	14	15	16	
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
003 NEW CAP REL COSTS-BLDG &								
004 01 NEW CAP REL COSTS -OOH								
005 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS								
006 01 NONPATIENT TELEPHONES								
006 02 DATA PROCESSING								
006 03 PURCHASING, RECEIVING AND								
006 04 ADMITTING								
006 05 CASHIERING/ACCOUNTS RECEI								
006 06 OTHER ADMINISTRATIVE AND								
008 OPERATION OF PLANT	5,846,915							
010 HOUSEKEEPING	17,907	2,515,835						
011 DIETARY	110,235	47,578	2,596,199					
012 CAFETERIA	110,235	47,578		1,328,940				
014 NURSING ADMINISTRATION	70,329	30,354		24,261	2,885,841			
015 CENTRAL SERVICES & SUPPLY	192,082	82,904		39,670	137,937	2,363,113		
016 PHARMACY	62,025	26,770		42,688		24,339	4,117,124	
017 MEDICAL RECORDS & LIBRARY	60,967	26,314		33,099				
022 I&R SERVICES-SALARY & FRI							31	
023 I&R SERVICES-OTHER PRGM C								
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	1,837,559	793,102	2,083,583	405,411	1,409,654	348,141	426	
026 INTENSIVE CARE UNIT	135,667	58,555	154,720	47,685	165,806	52,164	35	
029 SURGICAL INTENSIVE CARE U	100,732	43,477	86,738	33,937	118,003	37,484	20	
031 SUBPROVIDER	251,931	108,735	271,158	51,281	178,309	9,053	1	
033 NURSERY				3,827	13,307	184		
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	448,924	193,758		89,507	311,226	818,917	309	
038 RECOVERY ROOM				19,568	68,040	27,489		
040 ANESTHESIOLOGY				14,513	50,465	268,180		
041 RADIOLOGY-DIAGNOSTIC	163,376	70,514		60,783		60,608	1	
043 RADIOISOTOPE	39,966	17,249		7,408		8,135	2	
043 01 PURCHASED SCANS	186,054	80,302					88	
043 02 ULTRASOUND	48,809	21,066		7,712		5,333	49	
043 03 BREAST IMAGING	57,952	25,012		10,123		22,281	151	
043 04 CARDIAC CATH LAB	74,821	32,293		14,513		168,383		
044 LABORATORY	213,862	92,304		77,925		12,218		
046 WHOLE BLOOD & PACKED RED				4,722		617		
049 RESPIRATORY THERAPY				31,179		48,893	106	
050 PHYSICAL THERAPY	97,179	41,943		31,395		6,706	43	
051 OCCUPATIONAL THERAPY				4,708		719		
051 01 OCC THPY PSYCH	86,239	37,221		3,610	12,553			
052 SPEECH PATHOLOGY				2,094		285		
053 ELECTROCARDIOLOGY	151,159	65,241		28,810		19,642		
055 MEDICAL SUPPLIES CHARGED								
056 DRUGS CHARGED TO PATIENTS								4,096,708
058 02 CARDIAC REHAB	40,624	17,534		8,954		1,132		
058 04 SPECIAL DIAGNOSTICS	12,816	5,532		390		962		
058 05 INPATIENT RENAL DIALYSIS	1,896	819				456		
058 06 OP SURG	250,015	107,908		56,133	195,181	220,414	395	
060 OUTPAT SERVICE COST CNTRS								
061 CLINIC				1,444		4,679	3,210	
061 EMERGENCY	123,790	53,428		64,812	225,360	144,302	4	
062 OBSERVATION BEDS (NON-DIS								
062 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	4,947,151	2,127,491	2,596,199	1,222,162	2,885,841	2,311,747	4,101,548	
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP	15,351	6,626						
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFIC	877,666	378,806		93,406		36,872	14,857	
098 01 GHP/WH				14		14,075	719	
098 02 PHYS REFERRAL/DEVELOPMENT	6,747	2,912		13,358		419		
098 03 NORTH SHORE BILLING SVC								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	5,846,915	2,515,835	2,596,199	1,328,940	2,885,841	2,363,113	4,117,124	

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	17	22	23	25	26	27
001 GENERAL SERVICE COST CNTR						
002 OLD CAP REL COSTS-BLDG &						
003 OLD CAP REL COSTS-MVBLE E						
003 NEW CAP REL COSTS-BLDG &						
004 01 NEW CAP REL COSTS -OOH						
004 NEW CAP REL COSTS-MVBLE E						
005 EMPLOYEE BENEFITS						
006 01 NONPATIENT TELEPHONES						
006 02 DATA PROCESSING						
006 03 PURCHASING, RECEIVING AND						
006 04 ADMITTING						
006 05 CASHIERING/ACCOUNTS RECEI						
006 06 OTHER ADMINISTRATIVE AND						
008 OPERATION OF PLANT						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY						
017 MEDICAL RECORDS & LIBRARY	2,114,734					
022 I&R SERVICES-SALARY & FRI		1,795,812				
023 I&R SERVICES-OTHER PRGM C			1,487,092			
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	259,219	1,795,812	1,487,092	38,808,573	-3,282,904	35,525,669
026 INTENSIVE CARE UNIT	34,172			4,634,932		4,634,932
029 SURGICAL INTENSIVE CARE U	18,721			3,038,159		3,038,159
031 SUBPROVIDER	35,848			4,402,588		4,402,588
033 NURSERY	3,762			521,057		521,057
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	357,436			29,522,343		29,522,343
038 RECOVERY ROOM	73,627			1,932,577		1,932,577
040 ANESTHESIOLOGY	62,232			1,818,967		1,818,967
041 RADIOLOGY-DIAGNOSTIC	70,549			5,216,055		5,216,055
043 RADIOISOTOPE	37,848			1,843,081		1,843,081
043 01 PURCHASED SCANS	71,958			1,348,397		1,348,397
043 02 ULTRASOUND	13,563			986,691		986,691
043 03 BREAST IMAGING	12,092			1,081,717		1,081,717
043 04 CARDIAC CATH LAB	141,958			5,335,775		5,335,775
044 LABORATORY	145,814			7,845,485		7,845,485
046 WHOLE BLOOD & PACKED RED	16,224			2,296,567		2,296,567
049 RESPIRATORY THERAPY	38,374			2,123,456		2,123,456
050 PHYSICAL THERAPY	16,658			2,272,863		2,272,863
051 OCCUPATIONAL THERAPY	5,748			559,504		559,504
051 01 OCC THPY PSYCH	2,766			443,748		443,748
052 SPEECH PATHOLOGY	2,399			154,578		154,578
053 ELECTROCARDIOLOGY	75,313			2,891,230		2,891,230
055 MEDICAL SUPPLIES CHARGED	132,617			5,478,004		5,478,004
056 DRUGS CHARGED TO PATIENTS	270,172			12,201,779		12,201,779
058 02 CARDIAC REHAB	3,270			758,081		758,081
058 04 SPECIAL DIAGNOSTICS	1,307			67,101		67,101
058 05 INPATIENT RENAL DIALYSIS	4,891			453,998		453,998
058 06 OP SURG	91,349			5,991,314		5,991,314
060 OUTPAT SERVICE COST CNTRS						
060 CLINIC	1,550			300,392		300,392
061 EMERGENCY	113,297			6,216,625		6,216,625
062 OBSERVATION BEDS (NON-DIS						
062 SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	2,114,734	1,795,812	1,487,092	150,545,637	-3,282,904	147,262,733
096 NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				44,179		44,179
097 RESEARCH						
098 PHYSICIANS' PRIVATE OFFIC				13,774,607		13,774,607
098 01 GHP/WH				31,578		31,578
098 02 PHYS REFERRAL/DEVELOPMENT				1,564,597		1,564,597
098 03 NORTH SHORE BILLING SVC				84		84
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	2,114,734	1,795,812	1,487,092	165,960,682	-3,282,904	162,677,778

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0051

FROM 7/ 1/2007

WORKSHEET B

TO 6/30/2008

PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS -OOH	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL
	0	1	2	3	3.01	4	4a
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS -OOH							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				39,350		8,958	48,308
006 01 NONPATIENT TELEPHONES	425			20,655		14,670	35,750
006 02 DATA PROCESSING				98,435		820,804	919,239
006 03 PURCHASING, RECEIVING AND				208,554		6,382	214,936
006 04 ADMINITTING				62,578		4,740	67,318
006 05 CASHIERING/ACCOUNTS RECEI				15,957		20,079	36,036
006 06 OTHER ADMINISTRATIVE AND	110,635			543,304	16,925	81,842	752,706
008 OPERATION OF PLANT				418,053		61,506	479,559
010 HOUSEKEEPING				8,427	8,308	12,883	29,618
011 DIETARY				130,349		16,684	147,033
012 CAFETERIA				130,349			130,349
014 NURSING ADMINISTRATION				31,938	33,388	152,341	217,667
015 CENTRAL SERVICES & SUPPLY				227,132		51,990	279,122
016 PHARMACY				73,342		4,618	77,960
017 MEDICAL RECORDS & LIBRARY				72,091		22,093	94,184
022 I&R SERVICES-SALARY & FRI	241,531					241	241,772
023 I&R SERVICES-OTHER PRGM C				31,183			31,183
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	12,156			2,172,863		138,553	2,323,572
026 INTENSIVE CARE UNIT				160,423		14,614	175,037
029 SURGICAL INTENSIVE CARE U				119,113		8,574	127,687
031 SUBPROVIDER	25,184				194,172	7,790	227,146
033 NURSERY						88	88
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3,600			530,840		741,054	1,275,494
038 RECOVERY ROOM						292	292
040 ANESTHESIOLOGY						91,341	91,341
041 RADIOLOGY-DIAGNOSTIC				193,187		423,598	616,785
043 RADIOISOTOPE				47,258		76,876	124,134
043 01 PURCHASED SCANS				220,003			220,003
043 02 ULTRASOUND				57,715		49,012	106,727
043 03 BREAST IMAGING				68,527		141,893	210,420
043 04 CARDIAC CATH LAB	1,413			88,473		210,784	300,670
044 LABORATORY				252,886		174,544	427,430
046 WHOLE BLOOD & PACKED RED						5,215	5,215
049 RESPIRATORY THERAPY						65,204	65,204
050 PHYSICAL THERAPY	192			114,912		10,810	125,914
051 OCCUPATIONAL THERAPY						638	638
051 01 OCC THPY PSYCH					66,468	2,161	68,629
052 SPEECH PATHOLOGY				6,326		313	6,639
053 ELECTROCARDIOLOGY				178,741		117,200	295,941
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
058 02 CARDIAC REHAB				48,037		10,564	58,601
058 04 SPECIAL DIAGNOSTICS				15,155		3,432	18,587
058 05 INPATIENT RENAL DIALYSIS				2,243			2,243
058 06 OP SURG				295,635		47,420	343,055
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC						524	524
061 EMERGENCY				146,378		203,697	350,075
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	395,136			6,830,412	319,261	3,826,022	11,370,831
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				18,153			18,153
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	474,391				676,445	60,846	1,211,682
098 01 GHP/WH						771	771
098 02 PHYS REFERRAL/DEVELOPMENT				7,979		21,504	29,483
098 03 NORTH SHORE BILLING SVC						73	73
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	869,527			6,856,544	995,706	3,909,216	12,630,993

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0051  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 11/17/2008  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	EMPLOYEE FITS	BENEFIT LEPHONES	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING	CASHIERING/ACCOUNTS RECEI	OTHER ADMINISTRATIVE AND
	5		6.01	6.02	6.03	6.04	6.05	6.06
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
003 NEW CAP REL COSTS-BLDG &								
004 01 NEW CAP REL COSTS -OOH								
004 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS	48,308							
006 01 NONPATIENT TELEPHONES	212	35,962						
006 02 DATA PROCESSING	820	779		920,838				
006 03 PURCHASING, RECEIVING AND	138	610			215,684			
006 04 ADMITTING	676	457		90,346	297	159,094		
006 05 CASHIERING/ACCOUNTS RECEI	573	610		698,447	46		735,712	
006 06 OTHER ADMINISTRATIVE AND	4,732	2,693		132,045	1,189			893,365
008 OPERATION OF PLANT	1,122	1,186			282			33,267
010 HOUSEKEEPING	751	119			1,921			14,212
011 DIETARY	492	254			56			13,873
012 CAFETERIA	413				35			6,663
014 NURSING ADMINISTRATION	943	1,389			213			15,708
015 CENTRAL SERVICES & SUPPLY	617	203			31,132			10,870
016 PHARMACY	1,506	678			1,755			22,538
017 MEDICAL RECORDS & LIBRARY	668	847			125			11,347
022 I&R SERVICES-SALARY & FRI	156				1			10,217
023 I&R SERVICES-OTHER PRGM C								8,461
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	10,971	5,590			6,843	19,481	90,209	161,526
026 INTENSIVE CARE UNIT	1,612	644			885	2,568	11,892	22,679
029 SURGICAL INTENSIVE CARE U	1,036	474			643	1,407	6,515	14,788
031 SUBPROVIDER	1,445	745			29	2,694	12,475	19,892
033 NURSERY	156				5	283	1,309	2,845
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	2,807	2,067			116,103	27,029	124,165	155,339
038 RECOVERY ROOM	658	373			461	5,533	25,623	9,922
040 ANESTHESIOLOGY	218	423			4,425	4,677	21,657	8,100
041 RADIOLOGY-DIAGNOSTIC	1,357	3,828			4,570	5,302	24,551	27,254
043 RADIOISOTOPE	279				1,109	2,844	13,171	9,857
043 01 PURCHASED SCANS						5,408	25,042	5,746
043 02 ULTRASOUND	315	34			216	1,019	4,720	5,065
043 03 BREAST IMAGING	269				442	909	4,208	5,428
043 04 CARDIAC CATH LAB	484				19,440	10,668	49,402	27,901
044 LABORATORY	1,861	1,321			8,948	10,958	50,744	41,553
046 WHOLE BLOOD & PACKED RED	128				769	1,219	5,646	12,944
049 RESPIRATORY THERAPY	836	390			878	2,884	13,354	11,407
050 PHYSICAL THERAPY	817	491			135	1,252	5,797	11,828
051 OCCUPATIONAL THERAPY	164				64	432	2,000	3,120
051 01 OCC THPY PSYCH	100					208	963	1,715
052 SPEECH PATHOLOGY	50				4	180	835	852
053 ELECTROCARDIOLOGY	792	1,270			634	5,660	26,209	14,515
055 MEDICAL SUPPLIES CHARGED						9,966	46,151	30,413
056 DRUGS CHARGED TO PATIENTS						20,304	94,021	44,577
058 02 CARDIAC REHAB	282	102			40	246	1,138	3,906
058 04 SPECIAL DIAGNOSTICS	8	34			16	98	455	262
058 05 INPATIENT RENAL DIALYSIS		51			9	368	1,702	2,537
058 06 OP SURG	1,612	881			6,562	6,865	31,790	28,846
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC	63	34			888	117	540	1,647
061 EMERGENCY	1,904	1,965			2,560	8,515	39,428	31,245
062 OBSERVATION BEDS (NON-DIS								
062 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	44,043	30,542		920,838	213,730	159,094	735,712	864,865
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP		51						126
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFIC	3,872	3,828			1,620			19,510
098 01 GHP/WH		542			242			95
098 02 PHYS REFERRAL/DEVELOPMENT	393	999			92			8,769
098 03 NORTH SHORE BILLING SVC								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	48,308	35,962		920,838	215,684	159,094	735,712	893,365

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0051

FROM 7/ 1/2007

WORKSHEET B

TO 6/30/2008

PART III

COST CENTER DESCRIPTION	OPERATION OF PLANT	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	8	10	11	12	14	15	16
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS -OOH							
005 01 NEW CAP REL COSTS-MVBLE E							
006 01 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT	515,416						
010 HOUSEKEEPING	1,579	48,200					
011 DIETARY	9,717	912	172,337				
012 CAFETERIA	9,717	912		148,089			
014 NURSING ADMINISTRATION	6,200	582		2,704	245,406		
015 CENTRAL SERVICES & SUPPLY	16,932	1,588		4,421	11,730	356,615	
016 PHARMACY	5,468	513		4,757		3,673	118,848
017 MEDICAL RECORDS & LIBRARY	5,374	504		3,688			
022 I&R SERVICES-SALARY & FRI						5	
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	161,984	15,194	138,309	45,178	119,873	52,538	12
026 INTENSIVE CARE UNIT	11,959	1,122	10,270	5,314	14,100	7,872	1
029 SURGICAL INTENSIVE CARE U	8,880	833	5,758	3,782	10,035	5,657	1
031 SUBPROVIDER	22,208	2,083	18,000	5,714	15,163	1,366	
033 NURSERY				426	1,132	28	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	39,573	3,712		9,974	26,466	123,582	9
038 RECOVERY ROOM				2,181	5,786	4,148	
040 ANESTHESIOLOGY				1,617	4,291	40,471	
041 RADIOLOGY-DIAGNOSTIC	14,402	1,351		6,773		9,146	
043 RADIOISOTOPE	3,523	330		826		1,228	
043 01 PURCHASED SCANS	16,401	1,538					3
043 02 ULTRASOUND	4,303	404		859		805	1
043 03 BREAST IMAGING	5,109	479		1,128		3,362	4
043 04 CARDIAC CATH LAB	6,596	619		1,617		25,411	
044 LABORATORY	18,852	1,768		8,683		1,844	
046 WHOLE BLOOD & PACKED RED				526		93	
049 RESPIRATORY THERAPY				3,474		7,378	3
050 PHYSICAL THERAPY	8,567	804		3,498		1,012	1
051 OCCUPATIONAL THERAPY				525		109	
051 01 OCC THPY PSYCH	7,602	713		402	1,068		
052 SPEECH PATHOLOGY				233		43	
053 ELECTROCARDIOLOGY	13,325	1,250		3,210		2,964	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							118,259
058 02 CARDIAC REHAB	3,581	336		998		171	
058 04 SPECIAL DIAGNOSTICS	1,130	106		43		145	
058 05 INPATIENT RENAL DIALYSIS	167	16				69	
058 06 OP SURG	22,039	2,067		6,255	16,598	33,262	11
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC				161		706	93
061 EMERGENCY	10,912	1,024		7,222	19,164	21,776	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	436,100	40,760	172,337	136,189	245,406	348,864	118,398
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	1,353	127					
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	77,368	7,257		10,409		5,564	429
098 01 GHP/WH				2		2,124	21
098 02 PHYS REFERRAL/DEVELOPMENT	595	56		1,489		63	
098 03 NORTH SHORE BILLING SVC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	515,416	48,200	172,337	148,089	245,406	356,615	118,848

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0051

FROM 7/ 1/2007

WORKSHEET B

TO 6/30/2008

PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	22	23	25	26	27
001 GENERAL SERVICE COST CNTR						
002 OLD CAP REL COSTS-BLDG &						
003 OLD CAP REL COSTS-MVBLE E						
003 NEW CAP REL COSTS-BLDG &						
004 01 NEW CAP REL COSTS -OOH						
004 NEW CAP REL COSTS-MVBLE E						
005 EMPLOYEE BENEFITS						
006 01 NONPATIENT TELEPHONES						
006 02 DATA PROCESSING						
006 03 PURCHASING, RECEIVING AND						
006 04 ADMITTING						
006 05 CASHIERING/ACCOUNTS RECEI						
006 06 OTHER ADMINISTRATIVE AND						
008 OPERATION OF PLANT						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY						
017 MEDICAL RECORDS & LIBRARY	116,737					
022 I&R SERVICES-SALARY & FRI		252,151				
023 I&R SERVICES-OTHER PRGM C			39,644			
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	14,333			3,165,613		3,165,613
026 INTENSIVE CARE UNIT	1,889			267,844		267,844
029 SURGICAL INTENSIVE CARE U	1,035			188,531		188,531
031 SUBPROVIDER	1,982			330,942		330,942
033 NURSERY	208			6,480		6,480
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	19,572			1,925,892		1,925,892
038 RECOVERY ROOM	4,071			59,048		59,048
040 ANESTHESIOLOGY	3,441			180,661		180,661
041 RADIOLOGY-DIAGNOSTIC	3,901			719,220		719,220
043 RADIOISOTOPE	2,093			159,394		159,394
043 01 PURCHASED SCANS	3,979			278,120		278,120
043 02 ULTRASOUND	750			125,218		125,218
043 03 BREAST IMAGING	669			232,427		232,427
043 04 CARDIAC CATH LAB	7,849			450,657		450,657
044 LABORATORY	8,062			582,024		582,024
046 WHOLE BLOOD & PACKED RED	897			27,437		27,437
049 RESPIRATORY THERAPY	2,122			107,930		107,930
050 PHYSICAL THERAPY	921			161,037		161,037
051 OCCUPATIONAL THERAPY	318			7,370		7,370
051 01 OCC THPY PSYCH	153			81,553		81,553
052 SPEECH PATHOLOGY	133			8,969		8,969
053 ELECTROCARDIOLOGY	4,164			369,934		369,934
055 MEDICAL SUPPLIES CHARGED	7,333			93,863		93,863
056 DRUGS CHARGED TO PATIENTS	14,938			292,099		292,099
058 02 CARDIAC REHAB	181			69,582		69,582
058 04 SPECIAL DIAGNOSTICS	72			20,956		20,956
058 05 INPATIENT RENAL DIALYSIS	270			7,432		7,432
058 06 OP SURG	5,051			504,894		504,894
060 OUTPAT SERVICE COST CNTRS						
060 CLINIC	86			4,859		4,859
061 EMERGENCY	6,264			502,054		502,054
062 OBSERVATION BEDS (NON-DIS						
062 SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	116,737			10,932,040		10,932,040
096 NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				19,810		19,810
097 RESEARCH						
098 PHYSICIANS' PRIVATE OFFIC				1,341,539		1,341,539
098 01 GHP/WH				3,797		3,797
098 02 PHYS REFERRAL/DEVELOPMENT				41,939		41,939
098 03 NORTH SHORE BILLING SVC				73		73
101 CROSS FOOT ADJUSTMENTS		252,151	39,644	291,795		291,795
102 NEGATIVE COST CENTER						
103 TOTAL	116,737	252,151	39,644	12,630,993		12,630,993



COST CENTER DESCRIPTION	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (TIME SPENT)	PURCHASING, RECEIVING AND (SUPPLIES) EXPENSE	ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	RECONCILIATION	OTHER ADMINISTRATIVE AND (ACCUM. COST)
	6.01	6.02	6.03	6.04	6.05	6a.06	6.06
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS -00							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	2,123						
006 02 DATA PROCESSING	46	530					
006 03 PURCHASING, RECEIVING	36		27,801,984				
006 04 ADMINISTRATION	27	52	38,282	477,241,238			
006 05 CASHIERING/ACCOUNTS R	36	402	5,948		477,241,238		
006 06 OTHER ADMINISTRATIVE	159	76	153,236			-20,082,044	136,934,746
008 OPERATION OF PLANT	70		36,390				5,099,110
010 HOUSEKEEPING	7		247,630				2,178,450
011 DIETARY	15		7,165				2,126,523
012 CAFETERIA			4,551				1,021,343
014 NURSING ADMINISTRATION	82		27,510				2,407,786
015 CENTRAL SERVICES & SU	12		4,012,941				1,666,170
016 PHARMACY	40		226,236				3,454,662
017 MEDICAL RECORDS & LIB	50		16,102				1,739,281
022 I&R SERVICES-SALARY &			155				1,566,105
023 I&R SERVICES-OTHER PR							1,296,897
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	330		881,993	58,501,158	58,501,158		24,757,738
026 INTENSIVE CARE UNIT	38		114,020	7,711,967	7,711,967		3,476,313
029 SURGICAL INTENSIVE CA	28		82,834	4,224,939	4,224,939		2,266,636
031 SUBPROVIDER	44		3,692	8,090,253	8,090,253		3,049,108
033 NURSERY			593	849,050	849,050		436,031
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	122		14,966,296	80,649,280	80,649,280		23,810,379
038 RECOVERY ROOM	22		59,431	16,616,411	16,616,411		1,520,819
040 ANESTHESIOLOGY	25		570,369	14,044,656	14,044,656		1,241,505
041 RADIOLOGY-DIAGNOSTIC	226		589,005	15,921,773	15,921,773		4,177,567
043 RADIO SOTOP			142,946	8,541,549	8,541,549		1,510,894
043 01 PURCHASED SCANS				16,239,754	16,239,754		880,819
043 02 ULTRASOUND	2		27,871	3,060,940	3,060,940		776,310
043 03 BREAST IMAGING			56,909	2,729,034	2,729,034		832,078
043 04 CARDIAC CATH LAB			2,505,806	32,037,356	32,037,356		4,276,623
044 LABORATORY	78		1,153,355	32,907,769	32,907,769		6,369,281
046 WHOLE BLOOD & PACKED			99,067	3,661,457	3,661,457		1,984,037
049 RESPIRATORY THERAPY	23		113,132	8,660,327	8,660,327		1,748,482
050 PHYSICAL THERAPY	29		17,420	3,759,420	3,759,420		1,813,048
051 OCCUPATIONAL THERAPY			8,218	1,297,288	1,297,288		478,199
051 01 OCC THPY PSYCH			13	624,267	624,267		262,816
052 SPEECH PATHOLOGY			580	541,510	541,510		130,641
053 ELECTROCARDIOLOGY	75		81,771	16,996,777	16,996,777		2,224,791
055 MEDICAL SUPPLIES CHAR				29,929,353	29,929,353		4,661,726
056 DRUGS CHARGED TO PATI				60,973,194	60,973,194		6,832,836
058 02 CARDIAC REHAB	6		5,169	738,083	738,083		598,757
058 04 SPECIAL DIAGNOSTICS	2		2,111	294,985	294,985		40,199
058 05 INPATIENT RENAL DIALY	3		1,145	1,103,739	1,103,739		388,902
058 06 OP SURG	52		845,809	20,615,868	20,615,868		4,421,490
060 OUTPAT SERVICE COST C							
060 CLINIC	2		114,433	349,886	349,886		252,482
061 EMERGENCY	116		329,970	25,569,195	25,569,195		4,789,267
062 OBSERVATION BEDS (NON SPEC PURPOSE COST CEN							
095 SUBTOTALS	1,803	530	27,550,104	477,241,238	477,241,238	-20,082,044	132,566,101
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	3						19,362
097 RESEARCH							
098 PHYSICIANS' PRIVATE O	226		208,845			-8,943,892	2,990,534
098 01 GHP/WH	32		31,228				14,625
098 02 PHYS REFERRAL/DEVELOP	59		11,807				1,344,051
098 03 NORTH SHORE BILLING S							73
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	855,597	5,245,354	697,305	1,879,284	5,582,442		20,082,044
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		9,896.894340		.003938			
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	403.013189		.025081		.011697		.146654
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	35,962	920,838	215,684	159,094	735,712		893,365
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	16.939237	1,737.430189	.007758	.000333	.001542		.006524

COST CENTER DESCRIPTION	OPERATION OF PLANT (SQUARE FEET)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES SERVED)	NURSING ADMINISTRATION (DIRECT NRSNG FTE'S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)
	8	10	11	12	14	15	16
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS -00							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE							
008 OPERATION OF PLANT	292,890						
010 HOUSEKEEPING	897	291,993					
011 DIETARY	5,522	5,522	161,541				
012 CAFETERIA	5,522	5,522		92,024			
014 NURSING ADMINISTRATION	3,523	3,523		1,680	57,471		
015 CENTRAL SERVICES & SU	9,622	9,622		2,747	2,747	4,801,909	
016 PHARMACY	3,107	3,107		2,956		49,458	5,824,736
017 MEDICAL RECORDS & LIB	3,054	3,054		2,292		1	
022 I&R SERVICES-SALARY &						62	
023 I&R SERVICES-OTHER PR							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	92,049	92,049	129,645	28,073	28,073	707,433	602
026 INTENSIVE CARE UNIT	6,796	6,796	9,627	3,302	3,302	105,999	50
029 SURGICAL INTENSIVE CA	5,046	5,046	5,397	2,350	2,350	76,168	28
031 SUBPROVIDER	12,620	12,620	16,872	3,551	3,551	18,395	1
033 NURSERY				265	265	373	
ANCILLARY SRVC COST C							
037 OPERATING ROOM	22,488	22,488		6,198	6,198	1,664,060	437
038 RECOVERY ROOM				1,355	1,355	55,859	
040 ANESTHESIOLOGY				1,005	1,005	544,950	
041 RADIOLOGY-DIAGNOSTIC	8,184	8,184		4,209		123,158	2
043 RADIOISOTOPE	2,002	2,002		513		16,530	3
043 01 PURCHASED SCANS	9,320	9,320					124
043 02 ULTRASOUND	2,445	2,445		534		10,837	69
043 03 BREAST IMAGING	2,903	2,903		701		45,275	214
043 04 CARDIAC CATH LAB	3,748	3,748		1,005		342,160	
044 LABORATORY	10,713	10,713		5,396		24,828	
046 WHOLE BLOOD & PACKED				327		1,253	
049 RESPIRATORY THERAPY				2,159		99,351	150
050 PHYSICAL THERAPY	4,868	4,868		2,174		13,627	61
051 OCCUPATIONAL THERAPY				326		1,462	
051 01 OCC THPY PSYCH	4,320	4,320		250	250		
052 SPEECH PATHOLOGY				145		580	
053 ELECTROCARDIOLOGY	7,572	7,572		1,995		39,914	
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI							5,795,853
058 02 CARDIAC REHAB	2,035	2,035		620		2,301	
058 04 SPECIAL DIAGNOSTICS	642	642		27		1,954	
058 05 INPATIENT RENAL DIALY	95	95				926	
058 06 OP SURG	12,524	12,524		3,887	3,887	447,888	559
OUTPAT SERVICE COST C							
060 CLINIC				100		9,507	4,541
061 EMERGENCY	6,201	6,201		4,488	4,488	293,225	6
062 OBSERVATION BEDS (NON SPEC PURPOSE COST CEN							
095 SUBTOTALS	247,818	246,921	161,541	84,630	57,471	4,697,534	5,802,700
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	769	769					
097 RESEARCH							
098 PHYSICIANS' PRIVATE O	43,965	43,965		6,468		74,924	21,019
098 01 GHP/WH				1		28,600	1,017
098 02 PHYS REFERRAL/DEVELOP	338	338		925		851	
098 03 NORTH SHORE BILLING S							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	5,846,915	2,515,835	2,596,199	1,328,940	2,885,841	2,363,113	4,117,124
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		8.616080		14.441233		.492119	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	19.962836		16.071456		50.213864		.706834
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	515,416	48,200	172,337	148,089	245,406	356,615	118,848
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	1.759760	.165072	1.066831	1.609243	4.270084	.074265	.020404

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	(GROSS CHARGES)	(ASSIGNED TIME)	(ASSIGNED TIME)
	17	22	23
GENERAL SERVICE COST			
001 OLD CAP REL COSTS-BLD			
002 OLD CAP REL COSTS-MVB			
003 NEW CAP REL COSTS-BLD			
003 01 NEW CAP REL COSTS -00			
004 NEW CAP REL COSTS-MVB			
005 EMPLOYEE BENEFITS			
006 01 NONPATIENT TELEPHONES			
006 02 DATA PROCESSING			
006 03 PURCHASING, RECEIVING			
006 04 ADMINISTRATION			
006 05 CASHIERING/ACCOUNTS R			
006 06 OTHER ADMINISTRATIVE			
008 OPERATION OF PLANT			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SU			
016 PHARMACY			
017 MEDICAL RECORDS & LIB	477,241,238		
022 I&R SERVICES-SALARY &		1,000	
023 I&R SERVICES-OTHER PR			1,000
INPAT ROUTINE SRVC CN			
025 ADULTS & PEDIATRICS	58,501,158	1,000	1,000
026 INTENSIVE CARE UNIT	7,711,967		
029 SURGICAL INTENSIVE CA	4,224,939		
031 SUBPROVIDER	8,090,253		
033 NURSERY	849,050		
ANCILLARY SRVC COST C			
037 OPERATING ROOM	80,649,280		
038 RECOVERY ROOM	16,616,411		
040 ANESTHESIOLOGY	14,044,656		
041 RADIOLOGY-DIAGNOSTIC	15,921,773		
043 RADIOISOTOPE	8,541,549		
043 01 PURCHASED SCANS	16,239,754		
043 02 ULTRASOUND	3,060,940		
043 03 BREAST IMAGING	2,729,034		
043 04 CARDIAC CATH LAB	32,037,356		
044 LABORATORY	32,907,769		
046 WHOLE BLOOD & PACKED	3,661,457		
049 RESPIRATORY THERAPY	8,660,327		
050 PHYSICAL THERAPY	3,759,420		
051 OCCUPATIONAL THERAPY	1,297,288		
051 01 OCC THPY PSYCH	624,267		
052 SPEECH PATHOLOGY	541,510		
053 ELECTROCARDIOLOGY	16,996,777		
055 MEDICAL SUPPLIES CHAR	29,929,353		
056 DRUGS CHARGED TO PATI	60,973,194		
058 02 CARDIAC REHAB	738,083		
058 04 SPECIAL DIAGNOSTICS	294,985		
058 05 INPATIENT RENAL DIALY	1,103,739		
058 06 OP SURG	20,615,868		
OUTPAT SERVICE COST C			
060 CLINIC	349,886		
061 EMERGENCY	25,569,195		
062 OBSERVATION BEDS (NON SPEC PURPOSE COST CEN			
095 SUBTOTALS	477,241,238	1,000	1,000
NONREIMBURS COST CENT			
096 GIFT, FLOWER, COFFEE			
097 RESEARCH			
098 PHYSICIANS' PRIVATE O			
098 01 GHP/WH			
098 02 PHYS REFERRAL/DEVELOP			
098 03 NORTH SHORE BILLING S			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED	2,114,734	1,795,812	1,487,092
(PER WRKSHT B, PART			
UNIT COST MULTIPLIER		1,795.812000	
(WRKSHT B, PT I)	.004431		1,487.092000
105 COST TO BE ALLOCATED			
(PER WRKSHT B, PART			
UNIT COST MULTIPLIER			
(WRKSHT B, PT II)			
107 COST TO BE ALLOCATED	116,737	252,151	39,644
(PER WRKSHT B, PART			
UNIT COST MULTIPLIER		252.151000	
(WRKSHT B, PT III)	.000245		39.644000

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	35,525,669		35,525,669		35,525,669
26	INTENSIVE CARE UNIT	4,634,932		4,634,932		4,634,932
29	SURGICAL INTENSIVE CARE U	3,038,159		3,038,159		3,038,159
31	SUBPROVIDER	4,402,588		4,402,588		4,402,588
33	NURSERY	521,057		521,057		521,057
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	29,522,343		29,522,343		29,522,343
38	RECOVERY ROOM	1,932,577		1,932,577		1,932,577
40	ANESTHESIOLOGY	1,818,967		1,818,967		1,818,967
41	RADIOLOGY-DIAGNOSTIC	5,216,055		5,216,055		5,216,055
43	RADIOISOTOPE	1,843,081		1,843,081		1,843,081
43 01	PURCHASED SCANS	1,348,397		1,348,397		1,348,397
43 02	ULTRASOUND	986,691		986,691		986,691
43 03	BREAST IMAGING	1,081,717		1,081,717		1,081,717
43 04	CARDIAC CATH LAB	5,335,775		5,335,775		5,335,775
44	LABORATORY	7,845,485		7,845,485		7,845,485
46	WHOLE BLOOD & PACKED RED	2,296,567		2,296,567		2,296,567
49	RESPIRATORY THERAPY	2,123,456		2,123,456		2,123,456
50	PHYSICAL THERAPY	2,272,863		2,272,863		2,272,863
51	OCCUPATIONAL THERAPY	559,504		559,504		559,504
51 01	OCC THPY PSYCH	443,748		443,748		443,748
52	SPEECH PATHOLOGY	154,578		154,578		154,578
53	ELECTROCARDIOLOGY	2,891,230		2,891,230		2,891,230
55	MEDICAL SUPPLIES CHARGED	5,478,004		5,478,004		5,478,004
56	DRUGS CHARGED TO PATIENTS	12,201,779		12,201,779		12,201,779
58 02	CARDIAC REHAB	758,081		758,081		758,081
58 04	SPECIAL DIAGNOSTICS	67,101		67,101		67,101
58 05	INPATIENT RENAL DIALYSIS	453,998		453,998		453,998
58 06	OP SURG	5,991,314		5,991,314		5,991,314
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	300,392		300,392		300,392
61	EMERGENCY	6,216,625		6,216,625		6,216,625
62	OBSERVATION BEDS (NON-DIS	1,671,822		1,671,822		1,671,822
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	148,934,555		148,934,555		148,934,555
102	LESS OBSERVATION BEDS	1,671,822		1,671,822		1,671,822
103	TOTAL	147,262,733		147,262,733		147,262,733

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	55,128,631		55,128,631			
26	INTENSIVE CARE UNIT	7,711,967		7,711,967			
29	SURGICAL INTENSIVE CARE U	4,224,939		4,224,939			
31	SUBPROVIDER	8,090,253		8,090,253			
33	NURSERY	849,050		849,050			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	58,518,391	22,130,889	80,649,280	.366058	.366058	.366058
38	RECOVERY ROOM	8,825,157	7,791,254	16,616,411	.116305	.116305	.116305
40	ANESTHESIOLOGY	7,395,755	6,648,901	14,044,656	.129513	.129513	.129513
41	RADIOLOGY-DIAGNOSTIC	8,179,626	7,742,147	15,921,773	.327605	.327605	.327605
43	RADIOISOTOPE	2,798,319	5,743,230	8,541,549	.215778	.215778	.215778
43 01	PURCHASED SCANS	11,456,533	4,783,221	16,239,754	.083031	.083031	.083031
43 02	ULTRASOUND	732,301	2,328,639	3,060,940	.322349	.322349	.322349
43 03	BREAST IMAGING	15,113	2,713,921	2,729,034	.396374	.396374	.396374
43 04	CARDIAC CATH LAB	23,612,891	8,424,465	32,037,356	.166549	.166549	.166549
44	LABORATORY	20,863,971	12,043,798	32,907,769	.238408	.238408	.238408
46	WHOLE BLOOD & PACKED RED	3,216,510	444,947	3,661,457	.627228	.627228	.627228
49	RESPIRATORY THERAPY	7,883,497	776,830	8,660,327	.245194	.245194	.245194
50	PHYSICAL THERAPY	2,317,678	1,441,742	3,759,420	.604578	.604578	.604578
51	OCCUPATIONAL THERAPY	981,207	316,081	1,297,288	.431287	.431287	.431287
51 01	OCC THPY PSYCH	624,267		624,267	.710830	.710830	.710830
52	SPEECH PATHOLOGY	483,272	58,238	541,510	.285457	.285457	.285457
53	ELECTROCARDIOLOGY	9,149,530	7,847,247	16,996,777	.170105	.170105	.170105
55	MEDICAL SUPPLIES CHARGED	21,896,874	8,032,479	29,929,353	.183031	.183031	.183031
56	DRUGS CHARGED TO PATIENTS	49,815,536	11,157,658	60,973,194	.200117	.200117	.200117
58 02	CARDIAC REHAB	68,880	669,203	738,083	1.027095	1.027095	1.027095
58 04	SPECIAL DIAGNOSTICS	119,236	175,749	294,985	.227473	.227473	.227473
58 05	INPATIENT RENAL DIALYSIS	1,041,993	61,746	1,103,739	.411327	.411327	.411327
58 06	OP SURG	3,400,238	17,215,630	20,615,868	.290617	.290617	.290617
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,285	348,601	349,886	.858542	.858542	.858542
61	EMERGENCY	12,239,828	13,329,367	25,569,195	.243129	.243129	.243129
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	570,609	2,801,918	3,372,527	.495718	.495718	.495718
101	SUBTOTAL	332,213,337	145,027,901	477,241,238			
102	LESS OBSERVATION BEDS						
103	TOTAL	332,213,337	145,027,901	477,241,238			





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	29,522,343	1,925,892	27,596,451			29,522,343
38	RECOVERY ROOM	1,932,577	59,048	1,873,529			1,932,577
40	ANESTHESIOLOGY	1,818,967	180,661	1,638,306			1,818,967
41	RADIOLOGY-DIAGNOSTIC	5,216,055	719,220	4,496,835			5,216,055
43	RADIOISOTOPE	1,843,081	159,394	1,683,687			1,843,081
43 01	PURCHASED SCANS	1,348,397	278,120	1,070,277			1,348,397
43 02	ULTRASOUND	986,691	125,218	861,473			986,691
43 03	BREAST IMAGING	1,081,717	232,427	849,290			1,081,717
43 04	CARDIAC CATH LAB	5,335,775	450,657	4,885,118			5,335,775
44	LABORATORY	7,845,485	582,024	7,263,461			7,845,485
46	WHOLE BLOOD & PACKED RED	2,296,567	27,437	2,269,130			2,296,567
49	RESPIRATORY THERAPY	2,123,456	107,930	2,015,526			2,123,456
50	PHYSICAL THERAPY	2,272,863	161,037	2,111,826			2,272,863
51	OCCUPATIONAL THERAPY	559,504	7,370	552,134			559,504
51 01	OCC THPY PSYCH	443,748	81,553	362,195			443,748
52	SPEECH PATHOLOGY	154,578	8,969	145,609			154,578
53	ELECTROCARDIOLOGY	2,891,230	369,934	2,521,296			2,891,230
55	MEDICAL SUPPLIES CHARGED	5,478,004	93,863	5,384,141			5,478,004
56	DRUGS CHARGED TO PATIENTS	12,201,779	292,099	11,909,680			12,201,779
58 02	CARDIAC REHAB	758,081	69,582	688,499			758,081
58 04	SPECIAL DIAGNOSTICS	67,101	20,956	46,145			67,101
58 05	INPATIENT RENAL DIALYSIS	453,998	7,432	446,566			453,998
58 06	OP SURG	5,991,314	504,894	5,486,420			5,991,314
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	300,392	4,859	295,533			300,392
61	EMERGENCY	6,216,625	502,054	5,714,571			6,216,625
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,671,822	148,973	1,522,849			1,671,822
101	SUBTOTAL	100,812,150	7,121,603	93,690,547			100,812,150
102	LESS OBSERVATION BEDS	1,671,822	148,973	1,522,849			1,671,822
103	TOTAL	99,140,328	6,972,630	92,167,698			99,140,328

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	80,649,280	.366058	.366058
38	RECOVERY ROOM	16,616,411	.116305	.116305
40	ANESTHESIOLOGY	14,044,656	.129513	.129513
41	RADIOLOGY-DIAGNOSTIC	15,921,773	.327605	.327605
43	RADIOISOTOPE	8,541,549	.215778	.215778
43 01	PURCHASED SCANS	16,239,754	.083031	.083031
43 02	ULTRASOUND	3,060,940	.322349	.322349
43 03	BREAST IMAGING	2,729,034	.396374	.396374
43 04	CARDIAC CATH LAB	32,037,356	.166549	.166549
44	LABORATORY	32,907,769	.238408	.238408
46	WHOLE BLOOD & PACKED RED	3,661,457	.627228	.627228
49	RESPIRATORY THERAPY	8,660,327	.245194	.245194
50	PHYSICAL THERAPY	3,759,420	.604578	.604578
51	OCCUPATIONAL THERAPY	1,297,288	.431287	.431287
51 01	OCC THPY PSYCH	624,267	.710830	.710830
52	SPEECH PATHOLOGY	541,510	.285457	.285457
53	ELECTROCARDIOLOGY	16,996,777	.170105	.170105
55	MEDICAL SUPPLIES CHARGED	29,929,353	.183031	.183031
56	DRUGS CHARGED TO PATIENTS	60,973,194	.200117	.200117
58 02	CARDIAC REHAB	738,083	1.027095	1.027095
58 04	SPECIAL DIAGNOSTICS	294,985	.227473	.227473
58 05	INPATIENT RENAL DIALYSIS	1,103,739	.411327	.411327
58 06	OP SURG	20,615,868	.290617	.290617
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	349,886	.858542	.858542
61	EMERGENCY	25,569,195	.243129	.243129
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,372,527	.495718	.495718
101	SUBTOTAL	401,236,398		
102	LESS OBSERVATION BEDS	3,372,527		
103	TOTAL	397,863,871		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	29,522,343	1,925,892	27,596,451	192,589	1,600,594	27,729,160
38	RECOVERY ROOM	1,932,577	59,048	1,873,529	5,905	108,665	1,818,007
40	ANESTHESIOLOGY	1,818,967	180,661	1,638,306	18,066	95,022	1,705,879
41	RADIOLOGY-DIAGNOSTIC	5,216,055	719,220	4,496,835	71,922	260,816	4,883,317
43	RADIOISOTOPE	1,843,081	159,394	1,683,687	15,939	97,654	1,729,488
43 01	PURCHASED SCANS	1,348,397	278,120	1,070,277	27,812	62,076	1,258,509
43 02	ULTRASOUND	986,691	125,218	861,473	12,522	49,965	924,204
43 03	BREAST IMAGING	1,081,717	232,427	849,290	23,243	49,259	1,009,215
43 04	CARDIAC CATH LAB	5,335,775	450,657	4,885,118	45,066	283,337	5,007,372
44	LABORATORY	7,845,485	582,024	7,263,461	58,202	421,281	7,366,002
46	WHOLE BLOOD & PACKED RED	2,296,567	27,437	2,269,130	2,744	131,610	2,162,213
49	RESPIRATORY THERAPY	2,123,456	107,930	2,015,526	10,793	116,901	1,995,762
50	PHYSICAL THERAPY	2,272,863	161,037	2,111,826	16,104	122,486	2,134,273
51	OCCUPATIONAL THERAPY	559,504	7,370	552,134	737	32,024	526,743
51 01	OCC THPY PSYCH	443,748	81,553	362,195	8,155	21,007	414,586
52	SPEECH PATHOLOGY	154,578	8,969	145,609	897	8,445	145,236
53	ELECTROCARDIOLOGY	2,891,230	369,934	2,521,296	36,993	146,235	2,708,002
55	MEDICAL SUPPLIES CHARGED	5,478,004	93,863	5,384,141	9,386	312,280	5,156,338
56	DRUGS CHARGED TO PATIENTS	12,201,779	292,099	11,909,680	29,210	690,761	11,481,808
58 02	CARDIAC REHAB	758,081	69,582	688,499	6,958	39,933	711,190
58 04	SPECIAL DIAGNOSTICS	67,101	20,956	46,145	2,096	2,676	62,329
58 05	INPATIENT RENAL DIALYSIS	453,998	7,432	446,566	743	25,901	427,354
58 06	OP SURG	5,991,314	504,894	5,486,420	50,489	318,212	5,622,613
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	300,392	4,859	295,533	486	17,141	282,765
61	EMERGENCY	6,216,625	502,054	5,714,571	50,205	331,445	5,834,975
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,671,822	148,973	1,522,849	14,897	88,325	1,568,600
101	SUBTOTAL	100,812,150	7,121,603	93,690,547	712,159	5,434,051	94,665,940
102	LESS OBSERVATION BEDS	1,671,822	148,973	1,522,849	14,897	88,325	1,568,600
103	TOTAL	99,140,328	6,972,630	92,167,698	697,262	5,345,726	93,097,340

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS	80,649,280	.343824	.363670
38	OPERATING ROOM	16,616,411	.109410	.115950
40	RECOVERY ROOM	14,044,656	.121461	.128227
41	ANESTHESIOLOGY	15,921,773	.306707	.323088
43	RADIOLOGY-DIAGNOSTIC	8,541,549	.202479	.213912
43	01 RADIOSOTOPE	16,239,754	.077496	.081318
43	02 PURCHASED SCANS	3,060,940	.301935	.318258
43	03 ULTRASOUND	2,729,034	.369807	.387857
43	04 BREAST IMAGING	32,037,356	.156298	.165142
44	CARDIAC CATH LAB	32,907,769	.223838	.236640
46	LABORATORY	3,661,457	.590533	.626478
49	WHOLE BLOOD & PACKED RED	8,660,327	.230449	.243947
50	RESPIRATORY THERAPY	3,759,420	.567713	.600294
51	PHYSICAL THERAPY	1,297,288	.406034	.430719
51	01 OCC THPY PSYCH	624,267	.664116	.697767
52	SPEECH PATHOLOGY	541,510	.268206	.283801
53	ELECTROCARDIOLOGY	16,996,777	.159324	.167928
55	MEDICAL SUPPLIES CHARGED	29,929,353	.172284	.182718
56	DRUGS CHARGED TO PATIENTS	60,973,194	.188309	.199638
58	02 CARDIAC REHAB	738,083	.963564	1.017667
58	04 SPECIAL DIAGNOSTICS	294,985	.211295	.220367
58	05 INPATIENT RENAL DIALYSIS	1,103,739	.387188	.410654
58	06 OP SURG	20,615,868	.272732	.288168
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC	349,886	.808163	.857153
61	EMERGENCY	25,569,195	.228203	.241166
62	OBSERVATION BEDS (NON-DIS	3,372,527	.465111	.491301
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	401,236,398		
102	LESS OBSERVATION BEDS	3,372,527		
103	TOTAL	397,863,871		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				3,165,613		3,165,613
26	INTENSIVE CARE UNIT				267,844		267,844
29	SURGICAL INTENSIVE CARE U				188,531		188,531
31	SUBPROVIDER				330,942		330,942
33	NURSERY				6,480		6,480
101	TOTAL				3,959,410		3,959,410

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	45,198	27,564			70.04	1,930,583
26	INTENSIVE CARE UNIT	3,209	2,178			83.47	181,798
29	SURGICAL INTENSIVE CARE U	1,799	1,304			104.80	136,659
31	SUBPROVIDER	5,624	3,351			58.84	197,173
33	NURSERY	1,131				5.73	
101	TOTAL	56,961	34,397				2,446,213





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

PROVIDER NO:	PERIOD:	PREPARED 11/17/2008
14-0051	FROM 7/ 1/2007	WORKSHEET D
	TO 6/30/2008	PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					45,198	
26	INTENSIVE CARE UNIT					3,209	
29	SURGICAL INTENSIVE CARE U					1,799	
31	SUBPROVIDER					5,624	
33	NURSERY					1,131	
101	TOTAL					56,961	

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

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
		PROG DAYS 7	PASS THRU COST 8
25	ADULTS & PEDIATRICS	27,564	
26	INTENSIVE CARE UNIT	2,178	
29	SURGICAL INTENSIVE CARE U	1,304	
31	SUBPROVIDER	3,351	
33	NURSERY		
101	TOTAL	34,397	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
43	01 PURCHASED SCANS						
43	02 ULTRASOUND						
43	03 BREAST IMAGING						
43	04 CARDIAC CATH LAB						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
51	01 OCC THPY PSYCH						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	02 CARDIAC REHAB						
58	04 SPECIAL DIAGNOSTICS						
58	05 INPATIENT RENAL DIALYSIS						
58	06 OP SURG						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			80,649,280			39,982,317	
38	RECOVERY ROOM			16,616,411			4,759,736	
40	ANESTHESIOLOGY			14,044,656			2,754,639	
41	RADIOLOGY-DIAGNOSTIC			15,921,773			3,988,775	
43	RADIOISOTOPE			8,541,549			1,968,404	
43 01	PURCHASED SCANS			16,239,754			6,489,274	
43 02	ULTRASOUND			3,060,940			429,093	
43 03	BREAST IMAGING			2,729,034			5,845	
43 04	CARDIAC CATH LAB			32,037,356			7,271,428	
44	LABORATORY			32,907,769			13,834,393	
46	WHOLE BLOOD & PACKED RED			3,661,457			1,011,550	
49	RESPIRATORY THERAPY			8,660,327			3,145,509	
50	PHYSICAL THERAPY			3,759,420			1,587,524	
51	OCCUPATIONAL THERAPY			1,297,288			672,756	
51 01	OCC THPY PSYCH			624,267			14,577	
52	SPEECH PATHOLOGY			541,510			377,571	
53	ELECTROCARDIOLOGY			16,996,777			7,942,974	
55	MEDICAL SUPPLIES CHARGED			29,929,353			14,549,987	
56	DRUGS CHARGED TO PATIENTS			60,973,194			30,611,762	
58 02	CARDIAC REHAB			738,083			32,990	
58 04	SPECIAL DIAGNOSTICS			294,985			70,710	
58 05	INPATIENT RENAL DIALYSIS			1,103,739			744,481	
58 06	OP SURG			20,615,868			1,967,688	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			349,886				
61	EMERGENCY			25,569,195			6,360,183	
62	OBSERVATION BEDS (NON-DIS			3,372,527			560,941	
	OTHER REIMBURS COST CNTRS							
101	TOTAL			401,236,398			151,135,107	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	8,395,214					
38	RECOVERY ROOM	3,241,975					
40	ANESTHESIOLOGY	1,892,736					
41	RADIOLOGY-DIAGNOSTIC	3,477,546					
43	RADIOISOTOPE	3,188,217					
43 01	PURCHASED SCANS	2,479,050					
43 02	ULTRASOUND						
43 03	BREAST IMAGING	722,369					
43 04	CARDIAC CATH LAB	4,859,659					
44	LABORATORY	2,184,300					
46	WHOLE BLOOD & PACKED RED	195,267					
49	RESPIRATORY THERAPY	273,815					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY	144,135					
51 01	OCC THPY PSYCH						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	5,474,580					
55	MEDICAL SUPPLIES CHARGED	6,636,129					
56	DRUGS CHARGED TO PATIENTS	6,529,821					
58 02	CARDIAC REHAB	222,530					
58 04	SPECIAL DIAGNOSTICS	76,735					
58 05	INPATIENT RENAL DIALYSIS	45,664					
58 06	OP SURG	5,761,685					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	36,382					
61	EMERGENCY	3,753,603					
62	OBSERVATION BEDS (NON-DIS	728,245					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	60,319,657					

















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			80,649,280			1,833	
38	OPERATING ROOM			16,616,411			34,740	
40	ANESTHESIOLOGY			14,044,656			58,060	
41	RADIOLOGY-DIAGNOSTIC			15,921,773			25,972	
43	RADIOISOTOPE			8,541,549			52,374	
43 01	PURCHASED SCANS			16,239,754			96,860	
43 02	ULTRASOUND			3,060,940				
43 03	BREAST IMAGING			2,729,034			5,030	
43 04	CARDIAC CATH LAB			32,037,356				
44	LABORATORY			32,907,769			375,918	
46	WHOLE BLOOD & PACKED RED			3,661,457				
49	RESPIRATORY THERAPY			8,660,327			13,028	
50	PHYSICAL THERAPY			3,759,420			15,176	
51	OCCUPATIONAL THERAPY			1,297,288				
51 01	OCC THPY PSYCH			624,267			501,259	
52	SPEECH PATHOLOGY			541,510			1,898	
53	ELECTROCARDIOLOGY			16,996,777			101,250	
55	MEDICAL SUPPLIES CHARGED			29,929,353			17,137	
56	DRUGS CHARGED TO PATIENTS			60,973,194			917,379	
58 02	CARDIAC REHAB			738,083				
58 04	SPECIAL DIAGNOSTICS			294,985			3,654	
58 05	INPATIENT RENAL DIALYSIS			1,103,739				
58 06	OP SURG			20,615,868			4,686	
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			349,886				
61	EMERGENCY			25,569,195			308,927	
62	OBSERVATION BEDS (NON-DIS			3,372,527				
62	OTHER REIMBURS COST CNTRS							
101	TOTAL			401,236,398			2,535,181	

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
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
40	RECOVERY ROOM						
41	ANESTHESIOLOGY						
43	RADIOLOGY-DIAGNOSTIC	1,242					
43	RADIOISOTOPE						
43	01 PURCHASED SCANS						
43	02 ULTRASOUND						
43	03 BREAST IMAGING	562					
43	04 CARDIAC CATH LAB						
44	LABORATORY	468					
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY	600					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
51	01 OCC THPY PSYCH						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,433					
55	MEDICAL SUPPLIES CHARGED	6					
56	DRUGS CHARGED TO PATIENTS	6,529					
58	02 CARDIAC REHAB						
58	04 SPECIAL DIAGNOSTICS						
58	05 INPATIENT RENAL DIALYSIS						
58	06 OP SURG	4,068					
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
62	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62	OTHER REIMBURS COST CNTRS						
101	TOTAL	14,908					

























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	2,127
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	858.63
85	OBSERVATION BED COST	1,826,306

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			
26	INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		4,768,728	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.366058	1,833	671
38	RECOVERY ROOM	.116305	34,740	4,040
40	ANESTHESIOLOGY	.129513	58,060	7,520
41	RADIOLOGY-DIAGNOSTIC	.327605	25,972	8,509
43	RADIOISOTOPE	.215778	52,374	11,301
43 01	PURCHASED SCANS	.083031	96,860	8,042
43 02	ULTRASOUND	.322349		
43 03	BREAST IMAGING	.396374	5,030	1,994
43 04	CARDIAC CATH LAB	.166549		
44	LABORATORY	.238408	375,918	89,622
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.627228		
49	RESPIRATORY THERAPY	.245194	13,028	3,194
50	PHYSICAL THERAPY	.604578	15,176	9,175
51	OCCUPATIONAL THERAPY	.431287		
51 01	OCC THPY PSYCH	.710830	501,259	356,310
52	SPEECH PATHOLOGY	.285457	1,898	542
53	ELECTROCARDIOLOGY	.170105	101,250	17,223
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.183031	17,137	3,137
56	DRUGS CHARGED TO PATIENTS	.200117	917,379	183,583
58 02	CARDIAC REHAB	1.027095		
58 04	SPECIAL DIAGNOSTICS	.227473	3,654	831
58 05	INPATIENT RENAL DIALYSIS	.411327		
58 06	OP SURG	.290617	4,686	1,362
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.858542		
61	EMERGENCY	.243129	308,927	75,109
62	OBSERVATION BEDS (NON-DISTINCT PART)	.495718		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		2,535,181	782,165
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,535,181	



PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, AND 317.		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCT)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	55,262,553	
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)	55,262,553	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	4,546,890	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	1,172,874	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	60,982,317	
17 PRIMARY PAYER PAYMENTS	74,832	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	60,907,485	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,170,802	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	221,685	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	825,703	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	577,992	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	765,582	
22 SUBTOTAL	57,092,990	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	57,092,990	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	56,520,973	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	572,017	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	19,183
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	14,293,294
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	13,569,753
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.817
1.04	LINE 1.01 TIMES LINE 1.03.	11,677,621
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)	19,183
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	52,641
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	52,641
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)	52,641
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	33,458
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	19,183
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	13,569,753
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	3,728,244
19	SUBTOTAL (SEE INSTRUCTIONS)	9,860,692
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	245,161
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	10,105,853
24	PRIMARY PAYER PAYMENTS	4,674
25	SUBTOTAL	10,101,179
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	849,536
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	594,675
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	807,877
28	SUBTOTAL	10,695,854
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)	74
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	10,695,780
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	10,611,109
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	84,671
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	1
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	3,623
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	1
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	6
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	6
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)	6
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	5
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	1
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)	1
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	1
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	1
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	1
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	1
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,786
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-1,785
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	



TITLE XVII I SUBPROVIDER 1

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		2,603,788		1,786
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		2,603,788		1,786
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				

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)	3,513,229
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	878,307
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICAID 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)	1,867,728
1.09	NET IPF PPS OUTLIER PAYMENTS	53,817
1.10	NET IPF PPS ECT PAYMENTS	23,128
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	1.00
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)	15.366120
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)	1,944,673
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	2,459,260
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	1,844,445
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	2,822,980
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$ .	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	2,822,980
5	PRIMARY PAYER PAYMENTS	9,375
6	SUBTOTAL	2,813,605
7	DEDUCTIBLES	211,522
8	SUBTOTAL	2,602,083
9	COINSURANCE	27,630
10	SUBTOTAL	2,574,453
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	171,149
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	119,804
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	160,223
12	SUBTOTAL	2,694,257
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,694,257
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	2,603,788
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	90,469
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	6,743,332			
9	INPATIENT PRIMARY PAYER PAYMENTS			
10	OUTPATIENT PRIMARY PAYER PAYMENTS			
11	SUBTOTAL			
12	6,743,332			
13	COMPUTATION OF LESSER OF COST OR CHARGES			
14	REASONABLE CHARGES			
15	ROUTINE SERVICE CHARGES			
16	ANCILLARY SERVICE CHARGES			
17	INTERNS AND RESIDENTS SERVICE CHARGES			
18	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
19	TEACHING PHYSICIANS			
20	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
21	TOTAL REASONABLE CHARGES			
22	10,515,153			
23	CUSTOMARY CHARGES			
24	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
25	PAYMENT FOR SERVICES ON A CHARGE BASIS			
26	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
27	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
28	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
29	RATIO OF LINE 17 TO LINE 18			
30	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
31	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
32	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
33	COST OF COVERED SERVICES			
34	6,743,332			
35	PROSPECTIVE PAYMENT AMOUNT			
36	OTHER THAN OUTLIER PAYMENTS			
37	OUTLIER PAYMENTS			
38	PROGRAM CAPITAL PAYMENTS			
39	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
40	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
41	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
42	SUBTOTAL			
43	6,743,332			
44	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
45	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
46	XVIII ENTER AMOUNT FROM LINE 30			
47	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
48	6,743,332			
49	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
50	EXCESS OF REASONABLE COST			
51	SUBTOTAL			
52	6,743,332			
53	COINSURANCE			
54	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
55	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
56	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
57	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
58	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
59	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
60	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
61	UTILIZATION REVIEW			
62	SUBTOTAL (SEE INSTRUCTIONS)			
63	6,743,332			
64	INPATIENT ROUTINE SERVICE COST			
65	MEDICARE INPATIENT ROUTINE CHARGES			
66	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
67	PAYMENT FOR SERVICES ON A CHARGE BASIS			
68	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
69	FOR PAYMENT OF PART A SERVICES			
70	RATIO OF LINE 43 TO 44			
71	TOTAL CUSTOMARY CHARGES			
72	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
73	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
74	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
75	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
76	OTHER ADJUSTMENTS (SPECIFY)			
77	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
78	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
79	SUBTOTAL			
80	6,743,332			
81	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
82	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
83	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
84	6,743,332			
85	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
86	INTERIM PAYMENTS			
87	6,659,882			
88	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
89	BALANCE DUE PROVIDER/PROGRAM			
90	83,450			

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

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

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

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

TITLE XIX

SUBPROVIDER 1

OTHER  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

59      PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)  
IN ACCORDANCE WITH CMS PUB. 15-11, 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		24.99
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)		24.99
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		20.77
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		20.77
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.		6.92
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.		12.39
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		19.31
3.10	SEE INSTRUCTIONS		19.31
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.		2.17
3.12	SEE INSTRUCTIONS		14.56
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		14.55
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		14.55
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	14.55
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)		14.55
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		91,247.99
3.18	SEE INSTRUCTIONS		1,327,658
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		9.23
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		10.44
3.21	SEE INSTRUCTIONS	RES INIT YEARS	8.86
3.22	SEE INSTRUCTIONS		8.86
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		98,069.39
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		868,895
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		2,196,553

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		34,397
5	TOTAL INPATIENT DAYS		53,703
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.640504
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	1,406,901	1,406,901
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		317
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		53,703
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.		11,134
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

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

TITLE XVIII

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

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

- 12 REASONABLE COST (SEE INSTRUCTIONS) 68,551,516
- 13 ORGAN ACQUISITION COSTS
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS 84,207
- 16 TOTAL PART A REASONABLE COST 68,467,309

PART B REASONABLE COST

- 17 REASONABLE COST 14,316,101
- 18 PRIMARY PAYER PAYMENTS 4,674
- 19 TOTAL PART B REASONABLE COST 14,311,427
- 20 TOTAL REASONABLE COST 82,778,736
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST .827112
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST .172888

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 1,418,035  
(SUM OF LINES 6.01, 6.05, & 6.08)
- 24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY 1,172,874
- 25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY 245,161

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 7,378
- 5 TOTAL INPATIENT DAYS 53,703
- 6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. LN 6 \* LN 3.25 + E-3, 6 L 11 .137385
- 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) 45
- 6.03 ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE. 53,703
- 6.04 ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS) 100.00
- 6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.
- 6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)
- 6.07 ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS) 100.00
- 6.08 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD PRIOR TO 422 E-3, 6 LN 12

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

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

TITLE XIX

- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES
- 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

- 1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.
- 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)

COLUMN 1  
1.000000

COLUMN 1.01

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

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

3.33

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

3.99

-4.93





	GENERAL FUND	SPECIFIC PURPOSE FUND
	1	2
1 FUND BALANCE AT BEGINNING OF PERIOD	46,704,000	
2 NET INCOME (LOSS)	-594,000	
3 TOTAL	46,110,000	
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
5 ADDITIONS		
6		
7		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL	46,110,000	
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	46,110,000	

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	55,128,631		55,128,631
2 00 SUBPROVIDER	8,090,253		8,090,253
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	63,218,884		63,218,884
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	7,711,967		7,711,967
13 00 SURGICAL INTENSIVE CARE UNIT	4,224,939		4,224,939
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	11,936,906		11,936,906
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	75,155,790		75,155,790
17 00 ANCILLARY SERVICES	255,687,891	142,175,983	397,863,874
18 00 OUTPATIENT SERVICES		3,372,527	3,372,527
24 00 NURSERY	849,050		849,050
25 00 TOTAL PATIENT REVENUES	331,692,731	145,548,510	477,241,241

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		171,415,484	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00 GAAP BAD DEBTS	10,344,000		
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		10,344,000	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00 NON OP DEPTS NETTED IN REV	2,259,484		
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		2,259,484	
40 00 TOTAL OPERATING EXPENSES		179,500,000	

DESCRIPTION

1	TOTAL PATIENT REVENUES	477,241,241
2	LESS: ALLOWANCES AND DISCOUNTS ON	301,446,241
3	NET PATIENT REVENUES	175,795,000
4	LESS: TOTAL OPERATING EXPENSES	179,500,000
5	NET INCOME FROM SERVICE TO PATIENT	-3,705,000
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	919,000
7	INCOME FROM INVESTMENTS	3,464,000
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	24,313
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	706,141
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	10,000
21	RENTAL OF VENDI NG MACHI NES	
22	RENTAL OF HOSPITAL SPACE	1,444,546
23	GOVERNMENTAL APPROPRI ATIONS	
24	OTHER	
25	TOTAL OTHER INCOME	6,568,000
26	TOTAL	2,863,000
	OTHER EXPENSES	
27	OTHER	
28	LOSS ON EXTINGUISHMENT OF DEBT	172,000
29	OTHER NON OPERATING EXPENSES	3,285,000
30	TOTAL OTHER EXPENSES	3,457,000
31	NET INCOME (OR LOSS) FOR THE PERIO	-594,000

PART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	4,024,929
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	101,758
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	131.36
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	25.29
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	5.58
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	224,591
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	9.38
	MEDI CARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	14.04
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	23.42
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.86
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	195,612
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	4,546,890
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)	