

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 7/1/2008		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						OO - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/20/2009 TIME 17:30

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 7/1/2008 AND ENDING 12/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	-152,405	148,554	0	0
2	SUBPROVIDER	0	27,072	0	0	0
100	TOTAL	0	-125,333	148,554	0	0

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 9600 GROSS POINT ROAD P. O. BOX:
 1.01 CITY: SKOKIE STATE: IL ZIP CODE: 60076- COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVIII	XIX
02.00 HOSPITAL	RUSH NORTH SHORE MEDICAL CTR	14-0051	2.01	7/ 1/1966	4	5	6
03.00 SUBPROVIDER	RUSH NORTH SHORE PSYCH	14-S051		10/ 1/1989	N	P	0

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2008 TO: 12/31/2008

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 4

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) in column 3 (mm/dd/yyyy) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER: ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /
- 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? Y
- 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? Y
- 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART 11. Y
- 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
- 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
- 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR I ME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N

25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR TIME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)		Y	Y			
26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				0		
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /						
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /						
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.		N	/	/		
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02						
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)		1	2	3	4	
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY		0.00	0			
<p>A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)</p>							
28.03	STAFFING		0.00%				Y/N
28.04	RECRUITMENT		0.00%				
28.05	RETENTION		0.00%				
28.06	TRAINING		0.00%				
28.07			0.00%				
28.08			0.00%				
28.09			0.00%				
28.10			0.00%				
28.11			0.00%				
28.12			0.00%				
28.13			0.00%				
28.14			0.00%				
28.15			0.00%				
28.16			0.00%				
28.17			0.00%				
28.18			0.00%				
28.19			0.00%				
28.20			0.00%				
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?		N				
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)		N				
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70						
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)		N				
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).		N				
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II		N				
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N				
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N				
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N				
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N				
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N				
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N				
<p>MISCELLANEOUS COST REPORT INFORMATION</p>							
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.		N				
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2		N				
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?		N				
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		N				
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		N				
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		N				
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		N				
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		N				
<p>PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL</p>							
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)		N	Y	N		

- 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: 1,711,547
 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, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 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 INSTRUCTIONS)
 Y N 0

MULTI CAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? 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

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). / /

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	31,832			12,363		2,422
2 HMO					303		
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	173	31,832			12,363		2,422
6 INTENSIVE CARE UNIT	12	2,208			1,007		231
9 SURGICAL INTENSIVE CARE UNIT	8	1,472			699		67
11 NURSERY							
12 TOTAL	193	35,512			14,069		2,720
13 RPCH VISITS							
14 SUBPROVIDER	26	4,784			1,534		320
25 TOTAL	219						
26 OBSERVATION BED DAYS							23
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	O/P VISITS / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. / TOTAL 7	FTES / LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			19,018				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			19,018				
6 INTENSIVE CARE UNIT			1,441				
9 SURGICAL INTENSIVE CARE UNIT			818				
11 NURSERY							
12 TOTAL			21,277			22.88	
13 RPCH VISITS							
14 SUBPROVIDER			2,559				
25 TOTAL						22.88	
26 OBSERVATION BED DAYS	9	14	1,237	474	763		
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 XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					2,816	538	4,536
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	22.88	1,142.90			2,816	538	4,536
13 RPCH VISITS							
14 SUBPROVIDER			31.45		170	44	353
25 TOTAL	22.88	1,174.35					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

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	38,350,015	-788,620	37,561,395	1,207,656.00	31.10	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B	242,907		242,907	3,951.00	61.48	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)	788,620	-788,620				cc531
6.01 CONTRACT SERVICES, I&R	707,171		707,171	27,643.00	25.58	calcd ftes
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	4,107,687		4,107,687	96,321.22	42.65	grouping sched
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,475,832		1,475,832	34,841.00	42.36	contract lbr +perfusions
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	244,663		244,663	3,532.00	69.27	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)	5,776,844		5,776,844			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	947,503		947,503			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	42,489		42,489			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)	156,758		156,758			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	550,481		550,481	13,561.00	40.59	
22 ADMINISTRATIVE & GENERAL	7,940,125		7,940,125	148,816.00	53.36	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	935,151		935,151	35,611.00	26.26	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	577,708		577,708	47,430.00	12.18	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	581,892	-268,483	313,409	22,018.00	14.23	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	110,925	268,483	379,408	28,409.00	13.36	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	857,486		857,486	21,469.00	39.94	
31 CENTRAL SERVICE AND SUPPLY	479,733		479,733	30,393.00	15.78	
32 PHARMACY	1,137,107		1,137,107	31,673.00	35.90	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	464,093		464,093	22,642.00	20.50	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	36,611,317		36,611,317	1,176,062.00	31.13	
2 EXCLUDED AREA SALARIES	4,107,687		4,107,687	96,321.22	42.65	
3 SUBTOTAL SALARIES	32,503,630		32,503,630	1,079,740.78	30.10	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	1,720,495		1,720,495	38,373.00	44.84	
5 SUBTOTAL WAGE-RELATED COSTS	5,776,844		5,776,844		17.77	
6 TOTAL	40,000,969		40,000,969	1,118,113.78	35.78	
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	13,634,701		13,634,701	402,022.00	33.92	

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 3,716,456
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 3,716,456
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) .305277
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	23,886,169
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	7,291,898
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	5,287,990
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,614,302
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	7,291,898

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		4,050,406	4,050,406	-57,088	3,993,318
3.01	0301 NEW CAP REL COSTS -OOH				397,867	397,867
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				9,460	2,229,330
5	0500 EMPLOYEE BENEFITS	550,481	6,703,861	7,254,342		7,254,342
6.01	0611 NONPATIENT TELEPHONES	168,355	311,236	479,591		479,591
6.02	0621 DATA PROCESSING	501,788	1,662,737	2,164,525	10,892	2,175,417
6.03	0631 PURCHASING, RECEIVING AND STORES	99,810	135,102	234,912		234,912
6.04	0641 ADMITTING	518,522	34,855	553,377		553,377
6.05	0651 CASHIERING/ACCOUNTS RECEIVABLE	433,445	232,863	666,308		666,308
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	6,218,205	7,212,285	13,430,490	-170,159	13,260,331
8	0800 OPERATION OF PLANT	935,151	1,365,381	2,300,532	150,409	2,450,941
10	1000 HOUSEKEEPING	577,708	499,185	1,076,893		1,076,893
11	1100 DIETARY	581,892	1,135,870	1,717,762	-873,844	843,918
12	1200 CAFETERIA	110,925	-64,546	46,379	873,844	920,223
14	1400 NURSING ADMINISTRATION	857,486	67,500	924,986		924,986
15	1500 CENTRAL SERVICES & SUPPLY	479,733	2,146,613	2,626,346	-2,043,503	582,843
16	1600 PHARMACY	1,137,107	3,088,246	4,225,353	-2,768,663	1,456,690
17	1700 MEDICAL RECORDS & LIBRARY	464,093	188,450	652,543		652,543
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	788,620		788,620		788,620
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		630,098	630,098		630,098
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	6,933,306	690,521	7,623,827	48,954	7,672,781
26	2600 INTENSIVE CARE UNIT	1,109,564	116,928	1,226,492		1,226,492
29	2900 SURGICAL INTENSIVE CARE UNIT	750,516	122,180	872,696		872,696
31	3100 SUBPROVIDER	1,055,241	38,180	1,093,421		1,093,421
33	3300 NURSERY	-7,296	56,250	48,954	-48,954	
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	2,045,407	7,339,355	9,384,762	476,942	9,861,704
38	3800 RECOVERY ROOM	475,552	34,849	510,401		510,401
40	4000 ANESTHESIOLOGY	382,423	324,570	706,993		706,993
41	4100 RADIOLOGY-DIAGNOSTIC	929,490	406,550	1,336,040		1,336,040
43	4300 RADIOISOTOPE	196,700	350,468	547,168		547,168
43.01	3230 PURCHASED SCANS		919,531	919,531		919,531
43.02	3630 ULTRASOUND	236,083	21,918	258,001		258,001
43.03	3440 BREAST IMAGING	199,871	53,505	253,376		253,376
43.04	3120 CARDIAC CATH LAB	389,622	2,082,943	2,472,565		2,472,565
44	4400 LABORATORY	1,323,249	1,270,521	2,593,770		2,593,770
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS	106,569	824,679	931,248		931,248
49	4900 RESPIRATORY THERAPY	626,134	71,953	698,087		698,087
50	5000 PHYSICAL THERAPY	572,589	81,001	653,590		653,590
51	5100 OCCUPATIONAL THERAPY	140,586	27,516	168,102		168,102
51.01	3550 OCC THPY PSYCH	76,910	667	77,577		77,577
52	5200 SPEECH PATHOLOGY	50,590	721	51,311		51,311
53	5300 ELECTROCARDIOLOGY	547,479	103,421	650,900	6,488	657,388
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				2,043,503	2,043,503
56	5600 DRUGS CHARGED TO PATIENTS				2,768,663	2,768,663
58.02	3160 CARDIAC REHAB	179,802	9,813	189,615		189,615
58.04	3280 SPECIAL DIAGNOSTICS	5,175	786	5,961		5,961
58.05	3951 INPATIENT RENAL DIALYSIS		145,350	145,350		145,350
58.06	3340 OP SURG	1,133,258	373,228	1,506,486	12,818	1,519,304
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	43,043	1,814	44,857		44,857
61	6100 EMERGENCY	1,372,385	518,839	1,891,224	71,670	1,962,894
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	35,297,569	47,608,069	82,905,638	909,299	83,814,937
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES	2,823,623	2,452,114	5,275,737	-912,609	4,363,128
98.01	9801 GHP/WH					
98.02	9802 PHYS REFERRAL/DEVELOPMENT	228,823	119,882	348,705	3,310	352,015
98.03	9803 NORTH SHORE BILLING SVC					
101	TOTAL	38,350,015	50,180,065	88,530,080	-0-	88,530,080

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0051
PERIOD: FROM 7/1/2008 TO 12/31/2008
PREPARED 5/20/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	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	-797,663	3,195,655
3.01 0301	NEW CAP REL COSTS -OOH		397,867
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	-450,006	1,779,324
5 0500	EMPLOYEE BENEFITS		7,254,342
6.01 0611	NONPATIENT TELEPHONES	-36,971	442,620
6.02 0621	DATA PROCESSING		2,175,417
6.03 0631	PURCHASING, RECEIVING AND STORES	-26,269	208,643
6.04 0641	ADMITTING		553,377
6.05 0651	CASHIERING/ACCOUNTS RECEIVABLE		666,308
6.06 0660	OTHER ADMINISTRATIVE AND GENERAL	100,464	13,360,795
8 0800	OPERATION OF PLANT	65,876	2,516,817
10 1000	HOUSEKEEPING		1,076,893
11 1100	DIETARY	-25,399	818,519
12 1200	CAFETERIA	-344,781	575,442
14 1400	NURSING ADMINISTRATION	-2,214	922,772
15 1500	CENTRAL SERVICES & SUPPLY		582,843
16 1600	PHARMACY		1,456,690
17 1700	MEDICAL RECORDS & LIBRARY		652,543
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		788,620
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		630,098
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-23,125	7,649,656
26 2600	INTENSIVE CARE UNIT		1,226,492
29 2900	SURGICAL INTENSIVE CARE UNIT		872,696
31 3100	SUBPROVIDER		1,093,421
33 3300	NURSERY		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-146,203	9,715,501
38 3800	RECOVERY ROOM		510,401
40 4000	ANESTHESIOLOGY	-242,907	464,086
41 4100	RADIOLOGY-DIAGNOSTIC	-1,250	1,334,790
43 4300	RADIOISOTOPE		547,168
43.01 3230	PURCHASED SCANS	-893,193	26,338
43.02 3630	ULTRASOUND		258,001
43.03 3440	BREAST IMAGING		253,376
43.04 3120	CARDIAC CATH LAB	-6,000	2,466,565
44 4400	LABORATORY		2,593,770
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		931,248
49 4900	RESPIRATORY THERAPY		698,087
50 5000	PHYSICAL THERAPY		653,590
51 5100	OCCUPATIONAL THERAPY		168,102
51.01 3550	OCC THPY PSYCH		77,577
52 5200	SPEECH PATHOLOGY		51,311
53 5300	ELECTROCARDIOLOGY		657,388
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		2,043,503
56 5600	DRUGS CHARGED TO PATIENTS		2,768,663
58.02 3160	CARDIAC REHAB		189,615
58.04 3280	SPECIAL DIAGNOSTICS		5,961
58.05 3951	INPATIENT RENAL DIALYSIS		145,350
58.06 3340	OP SURG		1,519,304
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		44,857
61 6100	EMERGENCY	-153,307	1,809,587
62 6200	OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-2,982,948	80,831,989
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97 9700	RESEARCH		
98 9800	PHYSICIANS' PRIVATE OFFICES		4,363,128
98.01 9801	GHP/WH		
98.02 9802	PHYS REFERRAL/DEVELOPMENT		352,015
98.03 9803	NORTH SHORE BILLING SVC		
101	TOTAL	-2,982,948	85,547,132

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2009
 I 14-0051 I FROM 7/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 12/31/2008 I

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 C		
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	GI FT, 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/ 1/2008
TO 12/31/2008

PREPARED 5/20/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 INSURANCE	C	NEW CAP REL COSTS-BLDG & FIXT	3		53,609
2		NEW CAP REL COSTS-MVBLE EQUIP	4		9,460
3 DIETARY / CAFE	D	CAFETERIA	12	268,483	605,361
4 CHARGEABLE DRUGS	E	DRUGS CHARGED TO PATIENTS	56		2,768,663
5 CHARGEABLE MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		1,910,399
6 C/S RENTAL COST	G	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		133,104
7 OOH CAPITAL COST	I	NEW CAP REL COSTS -OOH	3.01		189,619
8					
9 OOH FACILITY COST	J	NEW CAP REL COSTS -OOH	3.01		208,248
10		OPERATION OF PLANT	8		148,497
11 EXCLUDED SALARIES	K	I&R SERVICES-SALARY & FRINGES APPRVD	22		788,620
12 POST 3/98 ASSETS <5000	O	EMERGENCY	61		71,670
13		OP SURG	58.06		12,818
14		ELECTROCARDIOLOGY	53		6,488
15		OPERATION OF PLANT	8		1,912
16		DATA PROCESSING	6.02		10,892
17		PHYS REFERRAL/DEVELOPMENT	98.02		3,310
18 PERFUSIONISTS	P	OPERATING ROOM	37		476,942
19 RECLASS NURSERY EXPENSE	Q	NURSERY	33	7,296	
20		ADULTS & PEDIATRICS	25		56,250
36 TOTAL RECLASSIFICATIONS				275,779	7,455,862

(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/ 1/2008
TO 12/31/2008

PREPARED 5/20/2009
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		63,069	9
2						9
3 DIETARY / CAFE	D	DIETARY	11	268,483	605,361	9
4 CHARGEABLE DRUGS	E	PHARMACY	16		2,768,663	9
5 CHARGEABLE MEDICAL SUPPLIES	F	CENTRAL SERVICES & SUPPLY	15		1,910,399	9
6 C/S RENTAL COST	G	CENTRAL SERVICES & SUPPLY	15		133,104	9
7 OOH CAPITAL COST	I	NEW CAP REL COSTS-BLDG & FIXT	3		110,697	9
8		PHYSICIANS' PRIVATE OFFICES	98		78,922	9
9 OOH FACILITY COST	J	PHYSICIANS' PRIVATE OFFICES	98		356,745	9
10						9
11 EXCLUDED SALARIES	K	I&R SERVICES-SALARY & FRINGES APPRVD	22	788,620		9
12 POST 3/98 ASSETS <5000	O	OTHER ADMINISTRATIVE AND GENERAL	6.06		107,090	9
13						9
14						9
15						9
16						9
17						9
18 PERFUSIONISTS	P	PHYSICIANS' PRIVATE OFFICES	98		476,942	9
19 RECLASS NURSERY EXPENSE	Q	NURSERY	33		56,250	9
20		ADULTS & PEDIATRICS	25	7,296		
36 TOTAL RECLASSIFICATIONS				1,064,399	6,667,242	

(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/ 1/2008
TO 12/31/2008

PREPARED 5/20/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: C
EXPLANATION : INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	53,609	OTHER ADMINISTRATIVE AND GENER	6.06	63,069	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	9,460			0	
TOTAL RECLASSIFICATIONS FOR CODE C			63,069				63,069

RECLASS CODE: D
EXPLANATION : DIETARY / CAFE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	873,844	DIETARY	11	873,844	
TOTAL RECLASSIFICATIONS FOR CODE D			873,844				873,844

RECLASS CODE: E
EXPLANATION : CHARGEABLE DRUGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	2,768,663	PHARMACY	16	2,768,663	
TOTAL RECLASSIFICATIONS FOR CODE E			2,768,663				2,768,663

RECLASS CODE: F
EXPLANATION : CHARGEABLE MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	1,910,399	CENTRAL SERVICES & SUPPLY	15	1,910,399	
TOTAL RECLASSIFICATIONS FOR CODE F			1,910,399				1,910,399

RECLASS CODE: G
EXPLANATION : C/S RENTAL COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	133,104	CENTRAL SERVICES & SUPPLY	15	133,104	
TOTAL RECLASSIFICATIONS FOR CODE G			133,104				133,104

RECLASS CODE: I
EXPLANATION : 00H CAPITAL COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS -00H	3.01	189,619	NEW CAP REL COSTS-BLDG & FIXT	3	110,697	
2.00			0	PHYSICIANS' PRIVATE OFFICES	98	78,922	
TOTAL RECLASSIFICATIONS FOR CODE I			189,619				189,619

RECLASS CODE: J
EXPLANATION : 00H FACILITY COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS -00H	3.01	208,248	PHYSICIANS' PRIVATE OFFICES	98	356,745	
2.00	OPERATION OF PLANT	8	148,497			0	
TOTAL RECLASSIFICATIONS FOR CODE J			356,745				356,745

RECLASS CODE: K
EXPLANATION : EXCLUDED SALARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-SALARY & FRINGES	22	788,620	I&R SERVICES-SALARY & FRINGES	22	788,620	
TOTAL RECLASSIFICATIONS FOR CODE K			788,620				788,620

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

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMERGENCY	61	71,670	OTHER ADMINISTRATIVE AND GENER	6.06	107,090	

RECLASSIFICATIONS

PROVIDER NO:
140051

PERIOD:
FROM 7/1/2008
TO 12/31/2008

PREPARED 5/20/2009
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	
2.00	OP SURG	58.06	12,818			0	
3.00	ELECTROCARDIOLOGY	53	6,488			0	
4.00	OPERATION OF PLANT	8	1,912			0	
5.00	DATA PROCESSING	6.02	10,892			0	
6.00	PHYS REFERRAL/DEVELOPMENT	98.02	3,310			0	
TOTAL RECLASSIFICATIONS FOR CODE 0			107,090			107,090	

RECLASS CODE: P
EXPLANATION : PERFUSIONISTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATING ROOM	37	476,942	PHYSICIANS' PRIVATE OFFICES	98	476,942	
TOTAL RECLASSIFICATIONS FOR CODE P			476,942			476,942	

RECLASS CODE: Q
EXPLANATION : RECLASS NURSERY EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	7,296	NURSERY	33	56,250	
2.00	ADULTS & PEDIATRICS	25	56,250	ADULTS & PEDIATRICS	25	7,296	
TOTAL RECLASSIFICATIONS FOR CODE Q			63,546			63,546	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	3,114,836					3,114,836	
2 LAND IMPROVEMENTS	2,698,559				337,500	2,361,059	
3 BUILDINGS & FIXTURE	136,346,057				287,654	136,058,403	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	79,177,928				4,400,948	74,776,980	
7 SUBTOTAL	221,337,380				5,026,102	216,311,278	
8 RECONCILING ITEMS					1,268,503	-1,268,503	
9 TOTAL	221,337,380				3,757,599	217,579,781	

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	141,534,298		141,534,298	.654308			
3 01	NEW CAP REL COSTS -0							
4	NEW CAP REL COSTS-MV	74,776,980		74,776,980	.345692			
5	TOTAL	216,311,278		216,311,278	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	3,195,655						3,195,655
3 01	NEW CAP REL COSTS -0	397,867						397,867
4	NEW CAP REL COSTS-MV	1,779,324						1,779,324
5	TOTAL	5,372,846						5,372,846

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	4,050,406						4,050,406
3 01	NEW CAP REL COSTS -0							
4	NEW CAP REL COSTS-MV	2,219,870						2,219,870
5	TOTAL	6,270,276						6,270,276

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
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	-797,663	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	-26,269	PURCHASING, RECEIVING AND		6.03	
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES	A	-36,971	NONPATIENT TELEPHONES		6.01	
10 TELEVISION AND RADIO SERVICE	A	-749	OPERATION OF PLANT		8	
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,121,190				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1					
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-344,781	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	-2,200	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	-75,686	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						
42.03 DEPR POST 33098 ASSETS <5K FY04 AMOU	A	-67,835	NEW CAP REL COSTS-MVBLE E		4	9
42.04 DEPR POST 33098 ASSETS <5K FY05 AMOU	A	-91,288	NEW CAP REL COSTS-MVBLE E		4	9
42.05 DEPR POST 33098 ASSETS <5K FY06 AMOU	A	-154,972	NEW CAP REL COSTS-MVBLE E		4	9
42.06 EXPENSE ASSETS<5K FY12/31/08 ADDS	A	116,005	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						
45.07						
45.09 NURSING ED REVENUES	B	-2,214	NURSING ADMINISTRATION		14	
45.12 RENTAL INCOME SCANS	B	-344,795	PURCHASED SCANS		43.01	
45.18 LOBBYING EXPENSES	A	-15,541	OTHER ADMINISTRATIVE AND		6.06	
46 MEALS ON WHEELS	B	-23,199	DIETARY		11	
47						
48 OTHER ADJUSTMENTS (SPECIFY)						
49 KENTON KNOX PLANT OPS SALRY	A	79,175	OPERATION OF PLANT		8	
50 TOTAL (SUM OF LINES 1 THRU 49)		-2,982,948				

(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 7/1/2008 TO 12/31/2008
 PREPARED: 5/20/2009
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
3 37	OPERATING ROOM	146,203	146,203					
4 40	ANESTHESIOLOGY	242,907	242,907					
5 41	RADIOLOGY-DIAGNOSTIC	1,250	1,250					
6 43 1	CT SCANS	548,398	548,398					
7 43 4	CARDIAC CATH LAB	6,000	6,000					
8								
9 61	EMERGENCY ROOM	153,307	153,307					
10 25	ADULTS & PEDIATRICS	23,125	23,125					
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,121,190	1,121,190					

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-0051

PERIOD:
FROM 7/1/2008
TO 12/31/2008

PREPARED 5/20/2009
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						146,203
4	40	ANESTHESIOLOGY						242,907
5	41	RADIOLOGY-DIAGNOSTIC						1,250
6	43	1 CT SCANS						548,398
7	43	4 CARDIAC CATH LAB						6,000
8								
9	61	EMERGENCY ROOM						153,307
10	25	ADULTS & PEDIATRICS						23,125
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL						1,121,190

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2009
 I 14-0051 I FROM 7/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 12/31/2008 I

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 &	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	EMPLOYEE BENE FITS
	0	1	2	3	3.01	4	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &	3,195,655			3,195,655			
003 01 NEW CAP REL COSTS -OOH	397,867				397,867		
004 NEW CAP REL COSTS-MVBLE E	1,779,324					1,779,324	
005 EMPLOYEE BENEFITS	7,254,342			18,340		4,077	7,276,759
006 01 NONPATIENT TELEPHONES	442,620			9,627		6,677	33,100
006 02 DATA PROCESSING	2,175,417			45,878		373,599	98,657
006 03 PURCHASING, RECEIVING AND	208,643			97,202		2,905	19,624
006 04 ADMINITTING	553,377			29,166		2,158	101,947
006 05 CASHIERING/ACCOUNTS RECEI	666,308			7,437		9,139	85,220
006 06 OTHER ADMINISTRATIVE AND	13,360,795			253,220	6,763	37,251	1,222,568
008 OPERATION OF PLANT	2,516,817			194,844		27,995	183,861
010 HOUSEKEEPING	1,076,893			3,928	3,320	5,864	113,584
011 DIETARY	818,519			60,752		7,594	61,620
012 CAFETERIA	575,442			60,752			74,596
014 NURSING ADMINISTRATION	922,772			14,886	13,341	69,340	168,591
015 CENTRAL SERVICES & SUPPLY	582,843			105,860		23,664	94,321
016 PHARMACY	1,456,690			34,183		2,102	223,568
017 MEDICAL RECORDS & LIBRARY	652,543			33,600		10,056	91,246
022 I&R SERVICES-SALARY & FRI	788,620					110	
023 I&R SERVICES-OTHER PRGM C	630,098			14,534			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	7,649,656			1,012,710		63,104	1,361,734
026 INTENSIVE CARE UNIT	1,226,492			74,769		6,652	218,152
029 SURGICAL INTENSIVE CARE U	872,696			55,516		3,903	147,560
031 SUBPROVIDER	1,093,421				77,588	3,546	207,472
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	9,715,501			247,411		337,299	402,150
038 RECOVERY ROOM	510,401					133	93,499
040 ANESTHESIOLOGY	464,086					41,575	75,189
041 RADIOLOGY-DIAGNOSTIC	1,334,790			90,040		192,805	182,748
043 RADIOISOTOPE	547,168			22,026		34,991	38,673
043 01 PURCHASED SCANS	26,338			102,538			
043 02 ULTRASOUND	258,001			26,900		22,308	46,417
043 03 BREAST IMAGING	253,376			31,939		64,584	39,297
043 04 CARDIAC CATH LAB	2,466,565			41,235		95,940	76,604
044 LABORATORY	2,593,770			117,863		79,445	260,165
046 WHOLE BLOOD & PACKED RED	931,248					2,374	20,953
049 RESPIRATORY THERAPY	698,087					29,678	123,105
050 PHYSICAL THERAPY	653,590			53,557		4,920	112,577
051 OCCUPATIONAL THERAPY	168,102					291	27,641
051 01 OCC THPY PSYCH	77,577				26,559	984	15,121
052 SPEECH PATHOLOGY	51,311			2,949		142	9,947
053 ELECTROCARDIOLOGY	657,388			83,306		53,345	107,640
055 MEDICAL SUPPLIES CHARGED	2,043,503						
056 DRUGS CHARGED TO PATIENTS	2,768,663						
058 02 CARDIAC REHAB	189,615			22,389		4,808	35,351
058 04 SPECIAL DIAGNOSTICS	5,961			7,063		1,562	1,017
058 05 INPATIENT RENAL DIALYSIS	145,350			1,045			
058 06 OP SURG	1,519,304			137,788		21,584	222,811
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	44,857					238	8,463
061 EMERGENCY	1,809,587			68,223		92,715	269,826
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	80,831,989			3,183,476	127,571	1,741,457	6,676,615
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				8,460			
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	4,363,128				270,296	27,695	555,155
098 01 GHP/WH						351	
098 02 PHYS REFERRAL/DEVELOPMENT	352,015			3,719		9,788	44,989
098 03 NORTH SHORE BILLING SVC						33	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	85,547,132			3,195,655	397,867	1,779,324	7,276,759

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	492,024						
006 02 DATA PROCESSING	10,988	2,704,539					
006 03 PURCHASING, RECEIVING AND	10,988		339,362				
006 04 ADMINISTRATION	10,988	265,351	559	963,546			
006 05 CASHIERING/ACCOUNTS RECEIVABLE	16,686	2,051,367	75		2,836,232		
006 06 OTHER ADMINISTRATIVE AND	47,615	387,821	2,948			15,318,981	15,318,981
008 OPERATION OF PLANT	23,197		1,012			2,947,726	657,865
010 HOUSEKEEPING			5,965			1,209,554	269,945
011 DIETARY	6,511		59			955,055	213,146
012 CAFETERIA			65			710,855	158,646
014 NURSING ADMINISTRATION	4,477		326			1,193,733	266,414
015 CENTRAL SERVICES & SUPPLY	6,918		45,520			859,126	191,737
016 PHARMACY	11,802		2,663			1,731,008	386,321
017 MEDICAL RECORDS & LIBRARY	15,872		317			803,634	179,353
022 I&R SERVICES-SALARY & FRI			10			788,740	176,029
023 I&R SERVICES-OTHER PRGM C	2,849					647,481	144,503
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	37,034		10,942	97,388	286,638	10,519,206	2,347,645
026 INTENSIVE CARE UNIT	4,477		1,556	13,930	40,998	1,587,026	354,188
029 SURGICAL INTENSIVE CARE U	4,884		1,396	7,659	22,542	1,116,156	249,100
031 SUBPROVIDER	9,360		380	21,777	64,096	1,477,640	329,775
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	4,477		167,599	160,827	473,624	11,508,888	2,568,493
038 RECOVERY ROOM	3,256		479	33,149	97,567	738,484	164,813
040 ANESTHESIOLOGY	7,325		6,869	25,039	73,695	693,778	154,835
041 RADIOLOGY-DIAGNOSTIC	47,208		9,507	32,002	94,191	1,983,291	442,625
043 RADIOISOTOPE	6,105		950	26,422	77,765	754,100	168,298
043 01 PURCHASED SCANS	3,663			35,876	105,593	274,008	61,152
043 02 ULTRASOUND			368	8,828	25,983	388,805	86,772
043 03 BREAST IMAGING	8,953		835	6,042	17,783	422,809	94,361
043 04 CARDIAC CATH LAB	9,767		45,058	82,769	243,611	3,061,549	683,267
044 LABORATORY	28,488		14,831	65,081	191,549	3,351,192	747,909
046 WHOLE BLOOD & PACKED RED			1,228	11,357	33,428	1,000,588	223,308
049 RESPIRATORY THERAPY	6,918		1,385	14,338	42,202	915,713	204,366
050 PHYSICAL THERAPY	16,279		183	8,823	25,969	875,898	195,480
051 OCCUPATIONAL THERAPY	814		68	3,187	9,380	209,483	46,752
051 01 OCC THPY PSYCH	4,477			1,058	3,113	128,889	28,765
052 SPEECH PATHOLOGY	407			1,338	3,939	70,033	15,630
053 ELECTROCARDIOLOGY	12,209		1,493	37,989	111,810	1,065,180	237,724
055 MEDICAL SUPPLIES CHARGED				57,375	168,870	2,269,748	506,556
056 DRUGS CHARGED TO PATIENTS				105,971	311,900	3,186,534	711,161
058 02 CARDIAC REHAB	2,849		94	1,922	5,657	262,685	58,625
058 04 SPECIAL DIAGNOSTICS			15	658	1,937	18,213	4,065
058 05 INPATIENT RENAL DIALYSIS			9	2,330	6,858	155,592	34,725
058 06 OP SURG	15,465		7,610	49,862	146,756	2,121,180	473,399
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			35	211	620	54,424	12,146
061 EMERGENCY	12,616		4,121	50,338	148,158	2,455,584	548,030
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	415,922	2,704,539	336,530	963,546	2,836,232	79,832,569	14,397,924
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	1,628					10,088	2,251
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	65,113		2,311			5,283,698	824,899
098 01 GHP/WH	4,884		430			5,665	1,264
098 02 PHYS REFERRAL/DEVELOPMENT	4,477		91			415,079	92,636
098 03 NORTH SHORE BILLING SVC						33	7
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	492,024	2,704,539	339,362	963,546	2,836,232	85,547,132	15,318,981

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								
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	3,605,591							
010 HOUSEKEEPING	11,042	1,490,541						
011 DIETARY	67,978		1,264,367					
012 CAFETERIA	67,978	28,188		965,667				
014 NURSING ADMINISTRATION	43,370	17,984		22,398	1,543,899			
015 CENTRAL SERVICES & SUPPLY	118,451	49,118		31,709	82,262	1,332,403		
016 PHARMACY	38,248	15,860		33,044		12,162	2,216,643	
017 MEDICAL RECORDS & LIBRARY	37,596	15,590		23,625		1		
022 I&R SERVICES-SALARY & FRI				814		70		
023 I&R SERVICES-OTHER PRGM C								
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	1,133,162	469,884	1,008,799	281,455	730,172	178,152	1,306	
026 INTENSIVE CARE UNIT	83,661	34,692	76,437	34,335	89,075	33,348	281	
029 SURGICAL INTENSIVE CARE U	62,118	25,758	43,390	25,035	64,948	25,821	262	
031 SUBPROVIDER	155,357	64,422	135,741	37,917	98,366	5,473	129	
033 NURSERY								
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	276,836	114,795		66,110	171,507	473,540	855	
038 RECOVERY ROOM				14,498	37,612	10,016		
040 ANESTHESIOLOGY				10,537	27,336	145,107		
041 RADIOLOGY-DIAGNOSTIC	100,748	41,777		43,071		38,416	128	
043 RADIOISOTOPE	24,645	10,220		5,491		3,236		
043 01 PURCHASED SCANS	114,733	47,576					138	
043 02 ULTRASOUND	30,099	12,481		5,958		2,438	22	
043 03 BREAST IMAGING	35,737	14,819		7,607		7,634	167	
043 04 CARDIAC CATH LAB	46,139	19,132		11,319		125,126		
044 LABORATORY	131,881	54,687		58,177		7,391		
046 WHOLE BLOOD & PACKED RED				3,722		604		
049 RESPIRATORY THERAPY				23,744		28,221	64	
050 PHYSICAL THERAPY	59,927	24,850		23,104		3,779	20	
051 OCCUPATIONAL THERAPY				3,809		118		
051 01 OCC THPY PSYCH	53,181	22,052		2,724	7,066			
052 SPEECH PATHOLOGY				2,127				
053 ELECTROCARDIOLOGY	93,214	38,653		20,738		12,534	127	
055 MEDICAL SUPPLIES CHARGED								
056 DRUGS CHARGED TO PATIENTS							2,200,842	
058 02 CARDIAC REHAB	25,052	10,388		5,936		873	158	
058 04 SPECIAL DIAGNOSTICS	7,903	3,277		271		332		
058 05 INPATIENT RENAL DIALYSIS	1,169	485				171		
058 06 OP SURG	154,175	63,931		41,248	107,009	86,830	382	
060 OUTPAT SERVICE COST CNTRS								
061 CLINIC				1,085		860		
061 EMERGENCY	76,337	31,654		49,550	128,546	79,399	285	
062 OBSERVATION BEDS (NON-DIS								
062 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	3,050,737	1,260,461	1,264,367	891,158	1,543,899	1,281,652	2,205,166	
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP	9,467	3,926						
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFIC	541,226	224,429		67,412		40,715	11,477	
098 01 GHP/WH						10,036		
098 02 PHYS REFERRAL/DEVELOPMENT	4,161	1,725		7,097				
098 03 NORTH SHORE BILLING SVC								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	3,605,591	1,490,541	1,264,367	965,667	1,543,899	1,332,403	2,216,643	

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						
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 ADMINITTING						
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	1,059,799					
022 I&R SERVICES-SALARY & FRI		965,653				
023 I&R SERVICES-OTHER PRGM C			791,984			
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	107,104	965,653	791,984	18,534,522	-1,757,637	16,776,885
026 INTENSIVE CARE UNIT	15,319			2,308,362		2,308,362
029 SURGICAL INTENSIVE CARE U	8,423			1,621,011		1,621,011
031 SUBPROVIDER	23,950			2,328,770		2,328,770
033 NURSERY						
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	176,991			15,358,015		15,358,015
038 RECOVERY ROOM	36,457			1,001,880		1,001,880
040 ANESTHESIOLOGY	27,537			1,059,130		1,059,130
041 RADIOLOGY-DIAGNOSTIC	35,195			2,685,251		2,685,251
043 RADIOISOTOPE	29,057			995,047		995,047
043 01 PURCHASED SCANS	39,456			537,063		537,063
043 02 ULTRASOUND	9,709			536,284		536,284
043 03 BREAST IMAGING	6,645			589,779		589,779
043 04 CARDIAC CATH LAB	91,027			4,037,559		4,037,559
044 LABORATORY	71,574			4,422,811		4,422,811
046 WHOLE BLOOD & PACKED RED	12,490			1,240,712		1,240,712
049 RESPIRATORY THERAPY	15,769			1,187,877		1,187,877
050 PHYSICAL THERAPY	9,704			1,192,762		1,192,762
051 OCCUPATIONAL THERAPY	3,505			263,667		263,667
051 01 OCC THPY PSYCH	1,163			243,840		243,840
052 SPEECH PATHOLOGY	1,472			89,262		89,262
053 ELECTROCARDIOLOGY	41,779			1,509,949		1,509,949
055 MEDICAL SUPPLIES CHARGED	63,100			2,839,404		2,839,404
056 DRUGS CHARGED TO PATIENTS	116,544			6,215,081		6,215,081
058 02 CARDIAC REHAB	2,114			365,831		365,831
058 04 SPECIAL DIAGNOSTICS	724			34,785		34,785
058 05 INPATIENT RENAL DIALYSIS	2,563			194,705		194,705
058 06 OP SURG	54,836			3,102,990		3,102,990
060 OUTPAT SERVICE COST CNTRS						
061 CLINIC	232			68,747		68,747
061 EMERGENCY	55,360			3,424,745		3,424,745
062 OBSERVATION BEDS (NON-DIS						
062 SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	1,059,799	965,653	791,984	77,989,841	-1,757,637	76,232,204
096 NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				25,732		25,732
097 RESEARCH						
098 PHYSICIANS' PRIVATE OFFIC				6,993,856		6,993,856
098 01 GHP/WH				16,965		16,965
098 02 PHYS REFERRAL/DEVELOPMENT				520,698		520,698
098 03 NORTH SHORE BILLING SVC				40		40
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	1,059,799	965,653	791,984	85,547,132	-1,757,637	83,789,495

ALLOCATION OF NEW CAPITAL RELATED COSTS

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				18,340		4,077	22,417
006 01 NONPATIENT TELEPHONES	425			9,627		6,677	16,729
006 02 DATA PROCESSING				45,878		373,599	419,477
006 03 PURCHASING, RECEIVING AND				97,202		2,905	100,107
006 04 ADMITTING				29,166		2,158	31,324
006 05 CASHIERING/ACCOUNTS RECEI				7,437		9,139	16,576
006 06 OTHER ADMINISTRATIVE AND	110,635			253,220	6,763	37,251	407,869
008 OPERATION OF PLANT				194,844		27,995	222,839
010 HOUSEKEEPING				3,928	3,320	5,864	13,112
011 DIETARY				60,752		7,594	68,346
012 CAFETERIA				60,752			60,752
014 NURSING ADMINISTRATION				14,886	13,341	69,340	97,567
015 CENTRAL SERVICES & SUPPLY				105,860		23,664	129,524
016 PHARMACY				34,183		2,102	36,285
017 MEDICAL RECORDS & LIBRARY				33,600		10,056	43,656
022 I&R SERVICES-SALARY & FRI	241,531					110	241,641
023 I&R SERVICES-OTHER PRGM C				14,534			14,534
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	12,156			1,012,710		63,104	1,087,970
026 INTENSIVE CARE UNIT				74,769		6,652	81,421
029 SURGICAL INTENSIVE CARE U				55,516		3,903	59,419
031 SUBPROVIDER	25,184				77,588	3,546	106,318
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3,600			247,411		337,299	588,310
038 RECOVERY ROOM						133	133
040 ANESTHESIOLOGY						41,575	41,575
041 RADIOLOGY-DIAGNOSTIC				90,040		192,805	282,845
043 RADIOISOTOPE				22,026		34,991	57,017
043 01 PURCHASED SCANS				102,538			102,538
043 02 ULTRASOUND				26,900		22,308	49,208
043 03 BREAST IMAGING				31,939		64,584	96,523
043 04 CARDIAC CATH LAB	1,413			41,235		95,940	138,588
044 LABORATORY				117,863		79,445	197,308
046 WHOLE BLOOD & PACKED RED						2,374	2,374
049 RESPIRATORY THERAPY						29,678	29,678
050 PHYSICAL THERAPY	192			53,557		4,920	58,669
051 OCCUPATIONAL THERAPY						291	291
051 01 OCC THPY PSYCH					26,559	984	27,543
052 SPEECH PATHOLOGY				2,949		142	3,091
053 ELECTROCARDIOLOGY				83,306		53,345	136,651
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
058 02 CARDIAC REHAB				22,389		4,808	27,197
058 04 SPECIAL DIAGNOSTICS				7,063		1,562	8,625
058 05 INPATIENT RENAL DIALYSIS				1,045			1,045
058 06 OP SURG				137,788		21,584	159,372
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC						238	238
061 EMERGENCY				68,223		92,715	160,938
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	395,136			3,183,476	127,571	1,741,457	5,447,640
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				8,460			8,460
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	474,391				270,296	27,695	772,382
098 01 GHP/WH						351	351
098 02 PHYS REFERRAL/DEVELOPMENT				3,719		9,788	13,507
098 03 NORTH SHORE BILLING SVC						33	33
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	869,527			3,195,655	397,867	1,779,324	6,242,373

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0051
 PERIOD: FROM 7/1/2008 TO 12/31/2008
 PREPARED 5/20/2009
 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	22,417							
006 01 NONPATIENT TELEPHONES	102	16,831						
006 02 DATA PROCESSING	304		376	420,157				
006 03 PURCHASING, RECEIVING AND	60		376		100,543			
006 04 ADMITTING	314		376	41,223	165	73,402		
006 05 CASHIERING/ACCOUNTS RECEI	263		571	318,685	22		336,117	
006 06 OTHER ADMINISTRATIVE AND	3,768	1,629		60,249	874			474,389
008 OPERATION OF PLANT	567		794		300			20,372
010 HOUSEKEEPING	350				1,767			8,359
011 DIETARY	190	223			17			6,600
012 CAFETERIA	230				19			4,913
014 NURSING ADMINISTRATION	520		153		97			8,250
015 CENTRAL SERVICES & SUPPLY	291		237		13,487			5,937
016 PHARMACY	689		404		789			11,963
017 MEDICAL RECORDS & LIBRARY	281		543		94			5,554
022 I&R SERVICES-SALARY & FRI					3			5,451
023 I&R SERVICES-OTHER PRGM C			97					4,475
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	4,185	1,267			3,242	7,420	33,969	72,698
026 INTENSIVE CARE UNIT	672	153			461	1,061	4,859	10,968
029 SURGICAL INTENSIVE CARE U	455	167			414	583	2,671	7,714
031 SUBPROVIDER	639	320			113	1,659	7,596	10,212
033 NURSERY								
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	1,240	153			49,653	12,247	56,132	79,552
038 RECOVERY ROOM	288	111			142	2,526	11,562	5,104
040 ANESTHESIOLOGY	232	251			2,035	1,908	8,733	4,795
041 RADIOLOGY-DIAGNOSTIC	563	1,615			2,817	2,438	11,162	13,707
043 RADIOISOTOPE	119	209			281	2,013	9,216	5,212
043 01 PURCHASED SCANS		125				2,733	12,513	1,894
043 02 ULTRASOUND	143				109	673	3,079	2,687
043 03 BREAST IMAGING	121	306			247	460	2,107	2,922
043 04 CARDIAC CATH LAB	236	334			13,350	6,306	28,870	21,158
044 LABORATORY	802	974			4,394	4,958	22,700	23,160
046 WHOLE BLOOD & PACKED RED	65				364	865	3,961	6,915
049 RESPIRATORY THERAPY	379	237			410	1,092	5,001	6,328
050 PHYSICAL THERAPY	347	557			54	672	3,078	6,053
051 OCCUPATIONAL THERAPY	85	28			20	243	1,112	1,448
051 01 OCC THPY PSYCH	47	153				81	369	891
052 SPEECH PATHOLOGY	31	14				102	467	484
053 ELECTROCARDIOLOGY	332	418			442	2,894	13,250	7,361
055 MEDICAL SUPPLIES CHARGED						4,371	20,012	15,686
056 DRUGS CHARGED TO PATIENTS						8,073	36,962	22,022
058 02 CARDIAC REHAB	109	97			28	146	670	1,815
058 04 SPECIAL DIAGNOSTICS	3				5	50	230	126
058 05 INPATIENT RENAL DIALYSIS					3	178	813	1,075
058 06 OP SURG	687	529			2,255	3,799	17,392	14,659
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC	26				10	16	73	376
061 EMERGENCY	832	432			1,221	3,835	17,558	16,971
062 OBSERVATION BEDS (NON-DIS								
062 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	20,567	14,229		420,157	99,704	73,402	336,117	445,867
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP		56						70
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFIC	1,711	2,226			685			25,544
098 01 GHP/WH		167			127			39
098 02 PHYS REFERRAL/DEVELOPMENT	139	153			27			2,869
098 03 NORTH SHORE BILLING SVC								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	22,417	16,831		420,157	100,543	73,402	336,117	474,389

ALLOCATION OF NEW CAPITAL RELATED COSTS

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	244,872						
010 HOUSEKEEPING	750	24,338					
011 DIETARY	4,617	460	80,453				
012 CAFETERIA	4,617	460		70,991			
014 NURSING ADMINISTRATION	2,945	294		1,647	111,473		
015 CENTRAL SERVICES & SUPPLY	8,045	802		2,331	5,940	166,594	
016 PHARMACY	2,598	259		2,429		1,521	56,937
017 MEDICAL RECORDS & LIBRARY	2,553	255		1,737			
022 I&R SERVICES-SALARY & FRI				60		9	
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	76,956	7,671	64,191	20,691	52,721	22,275	34
026 INTENSIVE CARE UNIT	5,682	566	4,864	2,524	6,431	4,170	7
029 SURGICAL INTENSIVE CARE U	4,219	421	2,761	1,840	4,689	3,229	7
031 SUBPROVIDER	10,551	1,052	8,637	2,787	7,102	684	3
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	18,801	1,874		4,860	12,383	59,206	22
038 RECOVERY ROOM				1,066	2,716	1,252	
040 ANESTHESIOLOGY				775	1,974	18,143	
041 RADIOLOGY-DIAGNOSTIC	6,842	682		3,166		4,803	3
043 RADIOISOTOPE	1,674	167		404		405	
043 01 PURCHASED SCANS	7,792	777					4
043 02 ULTRASOUND	2,044	204		438		305	1
043 03 BREAST IMAGING	2,427	242		559		955	4
043 04 CARDIAC CATH LAB	3,134	312		832		15,645	
044 LABORATORY	8,957	893		4,277		924	
046 WHOLE BLOOD & PACKED RED				274		75	
049 RESPIRATORY THERAPY				1,746		3,529	2
050 PHYSICAL THERAPY	4,070	406		1,698		473	1
051 OCCUPATIONAL THERAPY				280		15	
051 01 OCC THPY PSYCH	3,612	360		200	510		
052 SPEECH PATHOLOGY				156			
053 ELECTROCARDIOLOGY	6,331	631		1,525		1,567	3
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							56,530
058 02 CARDIAC REHAB	1,701	170		436		109	4
058 04 SPECIAL DIAGNOSTICS	537	54		20		42	
058 05 INPATIENT RENAL DIALYSIS	79	8				21	
058 06 OP SURG	10,471	1,044		3,032	7,726	10,857	10
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC				80		107	
061 EMERGENCY	5,184	517		3,643	9,281	9,927	7
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	207,189	20,581	80,453	65,513	111,473	160,248	56,642
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	643	64					
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	36,757	3,665		4,956		5,091	295
098 01 GHP/WH						1,255	
098 02 PHYS REFERRAL/DEVELOPMENT	283	28		522			
098 03 NORTH SHORE BILLING SVC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	244,872	24,338	80,453	70,991	111,473	166,594	56,937

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0051

FROM 7/1/2008

WORKSHEET B

TO 12/31/2008

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	54,673					
022 I&R SERVICES-SALARY & FRI		247,164				
023 I&R SERVICES-OTHER PRGM C			19,106			
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	5,527			1,460,817		1,460,817
026 INTENSIVE CARE UNIT	791			124,630		124,630
029 SURGICAL INTENSIVE CARE U	435			89,024		89,024
031 SUBPROVIDER	1,236			158,909		158,909
033 NURSERY						
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	9,117			893,550		893,550
038 RECOVERY ROOM	1,881			26,781		26,781
040 ANESTHESIOLOGY	1,421			81,842		81,842
041 RADIOLOGY-DIAGNOSTIC	1,816			332,459		332,459
043 RADIOISOTOPE	1,499			78,216		78,216
043 01 PURCHASED SCANS	2,036			130,412		130,412
043 02 ULTRASOUND	501			59,392		59,392
043 03 BREAST IMAGING	343			107,216		107,216
043 04 CARDIAC CATH LAB	4,697			233,462		233,462
044 LABORATORY	3,693			273,040		273,040
046 WHOLE BLOOD & PACKED RED	645			15,538		15,538
049 RESPIRATORY THERAPY	814			49,216		49,216
050 PHYSICAL THERAPY	501			76,579		76,579
051 OCCUPATIONAL THERAPY	181			3,703		3,703
051 01 OCC THPY PSYCH	60			33,826		33,826
052 SPEECH PATHOLOGY	76			4,421		4,421
053 ELECTROCARDIOLOGY	2,156			173,561		173,561
055 MEDICAL SUPPLIES CHARGED	3,256			43,325		43,325
056 DRUGS CHARGED TO PATIENTS	6,014			129,601		129,601
058 02 CARDIAC REHAB	109			32,591		32,591
058 04 SPECIAL DIAGNOSTICS	37			9,729		9,729
058 05 INPATIENT RENAL DIALYSIS	132			3,354		3,354
058 06 OP SURG	2,830			234,663		234,663
060 OUTPAT SERVICE COST CNTRS						
060 CLINIC	12			938		938
061 EMERGENCY	2,857			233,203		233,203
062 OBSERVATION BEDS (NON-DIS						
062 SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	54,673			5,093,998		5,093,998
096 NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				9,293		9,293
097 RESEARCH						
098 PHYSICIANS' PRIVATE OFFIC				853,312		853,312
098 01 GHP/WH				1,939		1,939
098 02 PHYS REFERRAL/DEVELOPMENT				17,528		17,528
098 03 NORTH SHORE BILLING SVC				33		33
101 CROSS FOOT ADJUSTMENTS		247,164	19,106	266,270		266,270
102 NEGATIVE COST CENTER						
103 TOTAL	54,673	247,164	19,106	6,242,373		6,242,373

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS -00H	OSTS-MVBLE E	FITS
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(SQ FT)00H	(DOLLAR VALUE)	(GROSS SALARIES)
	1	2	3	3.01	4	5
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	290,464					
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			290,464			
003 01 NEW CAP REL COSTS -00				64,715		
004 NEW CAP REL COSTS-MVB					4,708,749	
005 EMPLOYEE BENEFITS	1,667		1,667		10,790	37,010,914
006 01 NONPATIENT TELEPHONES	875		875		17,670	168,355
006 02 DATA PROCESSING	4,170		4,170		988,681	501,788
006 03 PURCHASING, RECEIVING	8,835		8,835		7,687	99,810
006 04 ADMINITTING	2,651		2,651		5,710	518,522
006 05 CASHIERING/ACCOUNTS R	676		676		24,186	433,445
006 06 OTHER ADMINISTRATIVE	23,016		23,016	1,100	98,581	6,218,205
008 OPERATION OF PLANT	17,710		17,710		74,085	935,151
010 HOUSEKEEPING	357		357	540	15,518	577,708
011 DIETARY	5,522		5,522		20,096	313,409
012 CAFETERIA	5,522		5,522			379,408
014 NURSING ADMINISTRATIO	1,353		1,353	2,170	183,499	857,486
015 CENTRAL SERVICES & SU	9,622		9,622		62,623	479,733
016 PHARMACY	3,107		3,107		5,563	1,137,107
017 MEDICAL RECORDS & LIB	3,054		3,054		26,611	464,093
022 I&R SERVICES-SALARY &					290	
023 I&R SERVICES-OTHER PR	1,321		1,321			
025 INPAT ROUTINE SRVC CN					166,996	6,926,010
026 ADULTS & PEDIATRICS	92,049		92,049		17,603	1,109,564
029 INTENSIVE CARE UNIT	6,796		6,796		10,328	750,516
031 SURGICAL INTENSIVE CA	5,046		5,046		9,383	1,055,241
033 SUBPROVIDER NURSERY				12,620		
037 ANCILLARY SRVC COST C						
038 OPERATING ROOM	22,488		22,488		892,618	2,045,407
040 RECOVERY ROOM					352	475,552
041 ANESTHESIOLOGY					110,023	382,423
041 RADIOLOGY-DIAGNOSTIC	8,184		8,184		510,234	929,490
043 RADIOISOTOPE	2,002		2,002		92,599	196,700
043 01 PURCHASED SCANS	9,320		9,320			
043 02 ULTRASOUND	2,445		2,445		59,036	236,083
043 03 BREAST IMAGING	2,903		2,903		170,914	199,871
043 04 CARDIAC CATH LAB	3,748		3,748		253,894	389,622
044 LABORATORY	10,713		10,713		210,242	1,323,249
046 WHOLE BLOOD & PACKED					6,282	106,569
049 RESPIRATORY THERAPY					78,540	626,134
050 PHYSICAL THERAPY	4,868		4,868		13,021	572,589
051 OCCUPATIONAL THERAPY					769	140,586
051 01 OCC THPY PSYCH				4,320	2,603	76,910
052 SPEECH PATHOLOGY	268		268		377	50,590
053 ELECTROCARDIOLOGY	7,572		7,572		141,170	547,479
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
058 02 CARDIAC REHAB	2,035		2,035		12,724	179,802
058 04 SPECIAL DIAGNOSTICS	642		642		4,134	5,175
058 05 INPATIENT RENAL DIALY	95		95			
058 06 OP SURG	12,524		12,524		57,119	1,133,258
060 OUTPAT SERVICE COST C						
061 CLINIC					631	43,043
062 EMERGENCY	6,201		6,201		245,358	1,372,385
062 OBSERVATION BEDS (NON						
062 SPEC PURPOSE COST CEN						
095 SUBTOTALS	289,357		289,357	20,750	4,608,540	33,958,468
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	769		769			
097 RESEARCH						
098 PHYSICIANS' PRIVATE O					43,965	2,823,623
098 01 GHP/WH					929	
098 02 PHYS REFERRAL/DEVELOP	338		338		25,902	228,823
098 03 NORTH SHORE BILLING S					88	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			3,195,655	397,867	1,779,324	7,276,759
103 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			11.001897		.377876	
104 (WRKSHT B, PT I)						
105 COST TO BE ALLOCATED				6.147987		.196611
105 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
106 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						22,417
107 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						.000606
108 (WRKSHT B, PT III)						

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (TIME SPENT)	PURCHASING, RECEIVING AND (SUPPLIES) EXPENSE	ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEI (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	1,209						
006 02 DATA PROCESSING	27	530					
006 03 PURCHASING, RECEIVING	27		15,407,680				
006 04 ADMINISTRATION	27	52	25,357	249,714,480			
006 05 CASHIERING/ACCOUNTS R	41	402	3,391		249,714,480		
006 06 OTHER ADMINISTRATIVE	117	76	133,856			-15,318,981	68,640,618
008 OPERATION OF PLANT	57		45,927				2,947,726
010 HOUSEKEEPING			270,810				1,209,554
011 DIETARY	16		2,660				955,055
012 CAFETERIA			2,966				710,855
014 NURSING ADMINISTRATION	11		14,822				1,193,733
015 CENTRAL SERVICES & SU	17		2,066,659				859,126
016 PHARMACY	29		120,924				1,731,008
017 MEDICAL RECORDS & LIB	39		14,391				803,634
022 I&R SERVICES-SALARY &			472				788,740
023 I&R SERVICES-OTHER PR	7						647,481
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	91		496,754	25,236,648	25,236,648		10,519,206
026 INTENSIVE CARE UNIT	11		70,660	3,609,629	3,609,629		1,587,026
029 SURGICAL INTENSIVE CA	12		63,387	1,984,650	1,984,650		1,116,156
031 SUBPROVIDER	23		17,253	5,643,231	5,643,231		1,477,640
033 NURSERY							
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	11		7,609,484	41,701,852	41,701,852		11,508,888
038 RECOVERY ROOM	8		21,740	8,590,150	8,590,150		738,484
040 ANESTHESIOLOGY	18		311,838	6,488,377	6,488,377		693,778
041 RADIOLOGY-DIAGNOSTIC	116		431,618	8,292,907	8,292,907		1,983,291
043 RADIOISOTOPE	15		43,109	6,846,722	6,846,722		754,100
043 01 PURCHASED SCANS	9			9,296,777	9,296,777		274,008
043 02 ULTRASOUND			16,722	2,287,600	2,287,600		388,805
043 03 BREAST IMAGING	22		37,912	1,565,655	1,565,655		422,809
043 04 CARDIAC CATH LAB	24		2,045,693	21,448,406	21,448,406		3,061,549
044 LABORATORY	70		673,341	16,864,663	16,864,663		3,351,192
046 WHOLE BLOOD & PACKED			55,754	2,943,086	2,943,086		1,000,588
049 RESPIRATORY THERAPY	17		62,876	3,715,598	3,715,598		915,713
050 PHYSICAL THERAPY	40		8,311	2,286,445	2,286,445		875,898
051 OCCUPATIONAL THERAPY	2		3,097	825,875	825,875		209,483
051 01 OCC THPY PSYCH	11			274,084	274,084		128,889
052 SPEECH PATHOLOGY	1			346,837	346,837		70,033
053 ELECTROCARDIOLOGY	30		67,790	9,844,180	9,844,180		1,065,180
055 MEDICAL SUPPLIES CHAR				14,867,952	14,867,952		2,269,748
056 DRUGS CHARGED TO PATI				27,460,831	27,460,831		3,186,534
058 02 CARDIAC REHAB	7		4,259	498,036	498,036		262,685
058 04 SPECIAL DIAGNOSTICS			695	170,543	170,543		18,213
058 05 INPATIENT RENAL DIALY			405	603,820	603,820		155,592
058 06 OP SURG	38		345,507	12,920,936	12,920,936		2,121,180
060 OUTPAT SERVICE COST C							
060 CLINIC			1,604	54,592	54,592		54,424
061 EMERGENCY	31		187,101	13,044,398	13,044,398		2,455,584
062 OBSERVATION BEDS (NON SPEC PURPOSE COST CEN							
095 SUBTOTALS	1,022	530	15,279,145	249,714,480	249,714,480	-15,318,981	64,513,588
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	4						10,088
097 RESEARCH							
098 PHYSICIANS' PRIVATE O	160		104,912			-1,587,533	3,696,165
098 01 GHP/WH	12		19,508				5,665
098 02 PHYS REFERRAL/DEVELOP	11		4,115				415,079
098 03 NORTH SHORE BILLING S							33
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	492,024	2,704,539	339,362	963,546	2,836,232		15,318,981
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	406.967742	5,102.903774	.022026	.003859	.011358		.223177
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	16,831	420,157	100,543	73,402	336,117		474,389
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	13.921423	792.749057	.006526	.000294	.001346		.006911

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 ADMINITING							
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	71,508				
012 CAFETERIA	5,522	5,522		88,986			
014 NURSING ADMINISTRATION	3,523	3,523		2,064	54,840		
015 CENTRAL SERVICES & SU	9,622	9,622		2,922	2,922	2,476,787	
016 PHARMACY	3,107	3,107		3,045		22,607	2,788,543
017 MEDICAL RECORDS & LIB	3,054	3,054		2,177		1	
022 I&R SERVICES-SALARY &				75		131	
023 I&R SERVICES-OTHER PR							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	92,049	92,049	57,054	25,936	25,936	331,165	1,643
026 INTENSIVE CARE UNIT	6,796	6,796	4,323	3,164	3,164	61,990	354
029 SURGICAL INTENSIVE CA	5,046	5,046	2,454	2,307	2,307	47,999	329
031 SUBPROVIDER	12,620	12,620	7,677	3,494	3,494	10,174	162
033 NURSERY							
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	22,488	22,488		6,092	6,092	880,260	1,076
038 RECOVERY ROOM				1,336	1,336	18,619	
040 ANESTHESIOLOGY				971	971	269,737	
041 RADIOLOGY-DIAGNOSTIC	8,184	8,184		3,969		71,411	161
043 RADIOISOTOPE	2,002	2,002		506		6,015	
043 01 PURCHASED SCANS	9,320	9,320					174
043 02 ULTRASOUND	2,445	2,445		549		4,532	28
043 03 BREAST IMAGING	2,903	2,903		701		14,191	210
043 04 CARDIAC CATH LAB	3,748	3,748		1,043		232,595	
044 LABORATORY	10,713	10,713		5,361		13,739	
046 WHOLE BLOOD & PACKED				343		1,122	
049 RESPIRATORY THERAPY				2,188		52,460	81
050 PHYSICAL THERAPY	4,868	4,868		2,129		7,025	25
051 OCCUPATIONAL THERAPY				351		219	
051 01 OCC THPY PSYCH	4,320	4,320		251	251		
052 SPEECH PATHOLOGY				196			
053 ELECTROCARDIOLOGY	7,572	7,572		1,911		23,299	160
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI							2,768,663
058 02 CARDIAC REHAB	2,035	2,035		547		1,623	199
058 04 SPECIAL DIAGNOSTICS	642	642		25		618	
058 05 INPATIENT RENAL DIALY	95	95				317	
058 06 OP SURG	12,524	12,524		3,801	3,801	161,407	481
060 OUTPAT SERVICE COST C							
060 CLINIC				100		1,598	
061 EMERGENCY	6,201	6,201		4,566	4,566	147,594	359
062 OBSERVATION BEDS (NON SPEC PURPOSE COST CEN							
095 SUBTOTALS	247,818	246,921	71,508	82,120	54,840	2,382,448	2,774,105
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	769	769					
097 RESEARCH							
098 PHYSICIANS' PRIVATE O	43,965	43,965		6,212		75,684	14,438
098 01 GHP/WH						18,655	
098 02 PHYS REFERRAL/DEVELOP	338	338		654			
098 03 NORTH SHORE BILLING S							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	3,605,591	1,490,541	1,264,367	965,667	1,543,899	1,332,403	2,216,643
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		5.104715		10.851898		.537956	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	12.310393		17.681476		28.152790		.794911
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	244,872	24,338	80,453	70,991	111,473	166,594	56,937
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.836054	.083351	1.125091	.797777	2.032695	.067262	.020418

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	(GROSS CHARGES)	(ASSIGNED TIME)	(ASSIGNED TIME)
GENERAL SERVICE COST	17	22	23
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	249,714,480		
022 I&R SERVICES-SALARY &		1,000	
023 I&R SERVICES-OTHER PR			1,000
INPAT ROUTINE SRVC CN			
025 ADULTS & PEDIATRICS	25,236,648	1,000	1,000
026 INTENSIVE CARE UNIT	3,609,629		
029 SURGICAL INTENSIVE CA	1,984,650		
031 SUBPROVIDER	5,643,231		
033 NURSERY			
ANCILLARY SRVC COST C			
037 OPERATING ROOM	41,701,852		
038 RECOVERY ROOM	8,590,150		
040 ANESTHESIOLOGY	6,488,377		
041 RADIOLOGY-DIAGNOSTIC	8,292,907		
043 RADIOISOTOPE	6,846,722		
043 01 PURCHASED SCANS	9,296,777		
043 02 ULTRASOUND	2,287,600		
043 03 BREAST IMAGING	1,565,655		
043 04 CARDIAC CATH LAB	21,448,406		
044 LABORATORY	16,864,663		
046 WHOLE BLOOD & PACKED	2,943,086		
049 RESPIRATORY THERAPY	3,715,598		
050 PHYSICAL THERAPY	2,286,445		
051 OCCUPATIONAL THERAPY	825,875		
051 01 OCC THPY PSYCH	274,084		
052 SPEECH PATHOLOGY	346,837		
053 ELECTROCARDIOLOGY	9,844,180		
055 MEDICAL SUPPLIES CHAR	14,867,952		
056 DRUGS CHARGED TO PATI	27,460,831		
058 02 CARDIAC REHAB	498,036		
058 04 SPECIAL DIAGNOSTICS	170,543		
058 05 INPATIENT RENAL DIALY	603,820		
058 06 OP SURG	12,920,936		
OUTPAT SERVICE COST C			
060 CLINIC	54,592		
061 EMERGENCY	13,044,398		
062 OBSERVATION BEDS (NON SPEC PURPOSE COST CEN			
095 SUBTOTALS	249,714,480	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	1,059,799	965,653	791,984
(PER WRKSHT B, PART			
UNIT COST MULTIPLIER		965.653000	791.984000
(WRKSHT B, PT I)	.004244		
105 COST TO BE ALLOCATED			
(PER WRKSHT B, PART			
UNIT COST MULTIPLIER			
(WRKSHT B, PT II)			
107 COST TO BE ALLOCATED	54,673	247,164	19,106
(PER WRKSHT B, PART			
UNIT COST MULTIPLIER		247.164000	19.106000
(WRKSHT B, PT III)	.000219		

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	16,776,885		16,776,885		16,776,885
26	INTENSIVE CARE UNIT	2,308,362		2,308,362		2,308,362
29	SURGICAL INTENSIVE CARE U	1,621,011		1,621,011		1,621,011
31	SUBPROVIDER	2,328,770		2,328,770		2,328,770
33	NURSERY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	15,358,015		15,358,015		15,358,015
38	RECOVERY ROOM	1,001,880		1,001,880		1,001,880
40	ANESTHESIOLOGY	1,059,130		1,059,130		1,059,130
41	RADIOLOGY-DIAGNOSTIC	2,685,251		2,685,251		2,685,251
43	RADIOISOTOPE	995,047		995,047		995,047
43 01	PURCHASED SCANS	537,063		537,063		537,063
43 02	ULTRASOUND	536,284		536,284		536,284
43 03	BREAST IMAGING	589,779		589,779		589,779
43 04	CARDIAC CATH LAB	4,037,559		4,037,559		4,037,559
44	LABORATORY	4,422,811		4,422,811		4,422,811
46	WHOLE BLOOD & PACKED RED	1,240,712		1,240,712		1,240,712
49	RESPIRATORY THERAPY	1,187,877		1,187,877		1,187,877
50	PHYSICAL THERAPY	1,192,762		1,192,762		1,192,762
51	OCCUPATIONAL THERAPY	263,667		263,667		263,667
51 01	OCC THPY PSYCH	243,840		243,840		243,840
52	SPEECH PATHOLOGY	89,262		89,262		89,262
53	ELECTROCARDIOLOGY	1,509,949		1,509,949		1,509,949
55	MEDICAL SUPPLIES CHARGED	2,839,404		2,839,404		2,839,404
56	DRUGS CHARGED TO PATIENTS	6,215,081		6,215,081		6,215,081
58 02	CARDIAC REHAB	365,831		365,831		365,831
58 04	SPECIAL DIAGNOSTICS	34,785		34,785		34,785
58 05	INPATIENT RENAL DIALYSIS	194,705		194,705		194,705
58 06	OP SURG	3,102,990		3,102,990		3,102,990
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	68,747		68,747		68,747
61	EMERGENCY	3,424,745		3,424,745		3,424,745
62	OBSERVATION BEDS (NON-DIS	1,024,582		1,024,582		1,024,582
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	77,256,786		77,256,786		77,256,786
102	LESS OBSERVATION BEDS	1,024,582		1,024,582		1,024,582
103	TOTAL	76,232,204		76,232,204		76,232,204

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	23,845,073		23,845,073			
26	INTENSIVE CARE UNIT	3,609,629		3,609,629			
29	SURGICAL INTENSIVE CARE U	1,984,650		1,984,650			
31	SUBPROVIDER	5,643,231		5,643,231			
33	NURSERY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	29,668,441	12,033,411	41,701,852	.368281	.368281	.368281
38	RECOVERY ROOM	4,487,169	4,102,981	8,590,150	.116631	.116631	.116631
40	ANESTHESIOLOGY	3,350,672	3,137,705	6,488,377	.163235	.163235	.163235
41	RADIOLOGY-DIAGNOSTIC	3,712,567	4,580,340	8,292,907	.323801	.323801	.323801
43	RADIOISOTOPE	1,793,813	5,052,909	6,846,722	.145332	.145332	.145332
43 01	PURCHASED SCANS	6,095,630	3,201,147	9,296,777	.057769	.057769	.057769
43 02	ULTRASOUND	509,546	1,778,054	2,287,600	.234431	.234431	.234431
43 03	BREAST IMAGING	15,214	1,550,441	1,565,655	.376698	.376698	.376698
43 04	CARDIAC CATH LAB	14,419,516	7,028,890	21,448,406	.188245	.188245	.188245
44	LABORATORY	9,983,222	6,881,441	16,864,663	.262253	.262253	.262253
46	WHOLE BLOOD & PACKED RED	2,486,833	456,253	2,943,086	.421568	.421568	.421568
49	RESPIRATORY THERAPY	3,284,145	431,453	3,715,598	.319700	.319700	.319700
50	PHYSICAL THERAPY	1,371,745	914,700	2,286,445	.521667	.521667	.521667
51	OCCUPATIONAL THERAPY	631,984	193,891	825,875	.319258	.319258	.319258
51 01	OCC THPY PSYCH	234,169	39,915	274,084	.889654	.889654	.889654
52	SPEECH PATHOLOGY	322,243	24,594	346,837	.257360	.257360	.257360
53	ELECTROCARDIOLOGY	5,118,431	4,725,749	9,844,180	.153385	.153385	.153385
55	MEDICAL SUPPLIES CHARGED	10,934,568	3,933,384	14,867,952	.190975	.190975	.190975
56	DRUGS CHARGED TO PATIENTS	21,734,749	5,726,082	27,460,831	.226325	.226325	.226325
58 02	CARDIAC REHAB	10,563	487,473	498,036	.734547	.734547	.734547
58 04	SPECIAL DIAGNOSTICS	44,762	125,781	170,543	.203966	.203966	.203966
58 05	INPATIENT RENAL DIALYSIS	538,671	65,149	603,820	.322455	.322455	.322455
58 06	OP SURG	1,931,823	10,989,113	12,920,936	.240152	.240152	.240152
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,387	52,205	54,592	1.259287	1.259287	1.259287
61	EMERGENCY	5,834,454	7,209,944	13,044,398	.262545	.262545	.262545
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	365,820	1,025,755	1,391,575	.736275	.736275	.736275
101	SUBTOTAL	163,965,720	85,748,760	249,714,480			
102	LESS OBSERVATION BEDS						
103	TOTAL	163,965,720	85,748,760	249,714,480			

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	18,534,522		18,534,522		18,534,522
26	INTENSIVE CARE UNIT	2,308,362		2,308,362		2,308,362
29	SURGICAL INTENSIVE CARE U	1,621,011		1,621,011		1,621,011
31	SUBPROVIDER	2,328,770		2,328,770		2,328,770
33	NURSERY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	15,358,015		15,358,015		15,358,015
38	RECOVERY ROOM	1,001,880		1,001,880		1,001,880
40	ANESTHESIOLOGY	1,059,130		1,059,130		1,059,130
41	RADIOLOGY-DIAGNOSTIC	2,685,251		2,685,251		2,685,251
43	RADIOISOTOPE	995,047		995,047		995,047
43 01	PURCHASED SCANS	537,063		537,063		537,063
43 02	ULTRASOUND	536,284		536,284		536,284
43 03	BREAST IMAGING	589,779		589,779		589,779
43 04	CARDIAC CATH LAB	4,037,559		4,037,559		4,037,559
44	LABORATORY	4,422,811		4,422,811		4,422,811
46	WHOLE BLOOD & PACKED RED	1,240,712		1,240,712		1,240,712
49	RESPIRATORY THERAPY	1,187,877		1,187,877		1,187,877
50	PHYSICAL THERAPY	1,192,762		1,192,762		1,192,762
51	OCCUPATIONAL THERAPY	263,667		263,667		263,667
51 01	OCC THPY PSYCH	243,840		243,840		243,840
52	SPEECH PATHOLOGY	89,262		89,262		89,262
53	ELECTROCARDIOLOGY	1,509,949		1,509,949		1,509,949
55	MEDICAL SUPPLIES CHARGED	2,839,404		2,839,404		2,839,404
56	DRUGS CHARGED TO PATIENTS	6,215,081		6,215,081		6,215,081
58 02	CARDIAC REHAB	365,831		365,831		365,831
58 04	SPECIAL DIAGNOSTICS	34,785		34,785		34,785
58 05	INPATIENT RENAL DIALYSIS	194,705		194,705		194,705
58 06	OP SURG	3,102,990		3,102,990		3,102,990
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	68,747		68,747		68,747
61	EMERGENCY	3,424,745		3,424,745		3,424,745
62	OBSERVATION BEDS (NON-DIS	1,024,582		1,024,582		1,024,582
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	79,014,423		79,014,423		79,014,423
102	LESS OBSERVATION BEDS	1,024,582		1,024,582		1,024,582
103	TOTAL	77,989,841		77,989,841		77,989,841

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	23,845,073		23,845,073			
26	INTENSIVE CARE UNIT	3,609,629		3,609,629			
29	SURGICAL INTENSIVE CARE U	1,984,650		1,984,650			
31	SUBPROVIDER	5,643,231		5,643,231			
33	NURSERY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	29,668,441	12,033,411	41,701,852	.368281	.368281	.368281
38	RECOVERY ROOM	4,487,169	4,102,981	8,590,150	.116631	.116631	.116631
40	ANESTHESIOLOGY	3,350,672	3,137,705	6,488,377	.163235	.163235	.163235
41	RADIOLOGY-DIAGNOSTIC	3,712,567	4,580,340	8,292,907	.323801	.323801	.323801
43	RADIOISOTOPE	1,793,813	5,052,909	6,846,722	.145332	.145332	.145332
43 01	PURCHASED SCANS	6,095,630	3,201,147	9,296,777	.057769	.057769	.057769
43 02	ULTRASOUND	509,546	1,778,054	2,287,600	.234431	.234431	.234431
43 03	BREAST IMAGING	15,214	1,550,441	1,565,655	.376698	.376698	.376698
43 04	CARDIAC CATH LAB	14,419,516	7,028,890	21,448,406	.188245	.188245	.188245
44	LABORATORY	9,983,222	6,881,441	16,864,663	.262253	.262253	.262253
46	WHOLE BLOOD & PACKED RED	2,486,833	456,253	2,943,086	.421568	.421568	.421568
49	RESPIRATORY THERAPY	3,284,145	431,453	3,715,598	.319700	.319700	.319700
50	PHYSICAL THERAPY	1,371,745	914,700	2,286,445	.521667	.521667	.521667
51	OCCUPATIONAL THERAPY	631,984	193,891	825,875	.319258	.319258	.319258
51 01	OCC THPY PSYCH	234,169	39,915	274,084	.889654	.889654	.889654
52	SPEECH PATHOLOGY	322,243	24,594	346,837	.257360	.257360	.257360
53	ELECTROCARDIOLOGY	5,118,431	4,725,749	9,844,180	.153385	.153385	.153385
55	MEDICAL SUPPLIES CHARGED	10,934,568	3,933,384	14,867,952	.190975	.190975	.190975
56	DRUGS CHARGED TO PATIENTS	21,734,749	5,726,082	27,460,831	.226325	.226325	.226325
58 02	CARDIAC REHAB	10,563	487,473	498,036	.734547	.734547	.734547
58 04	SPECIAL DIAGNOSTICS	44,762	125,781	170,543	.203966	.203966	.203966
58 05	INPATIENT RENAL DIALYSIS	538,671	65,149	603,820	.322455	.322455	.322455
58 06	OP SURG	1,931,823	10,989,113	12,920,936	.240152	.240152	.240152
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,387	52,205	54,592	1.259287	1.259287	1.259287
61	EMERGENCY	5,834,454	7,209,944	13,044,398	.262545	.262545	.262545
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	365,820	1,025,755	1,391,575	.736275	.736275	.736275
101	SUBTOTAL	163,965,720	85,748,760	249,714,480			
102	LESS OBSERVATION BEDS						
103	TOTAL	163,965,720	85,748,760	249,714,480			

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	15,358,015	893,550	14,464,465			15,358,015
38	RECOVERY ROOM	1,001,880	26,781	975,099			1,001,880
40	ANESTHESIOLOGY	1,059,130	81,842	977,288			1,059,130
41	RADIOLOGY-DIAGNOSTIC	2,685,251	332,459	2,352,792			2,685,251
43	RADIOISOTOPE	995,047	78,216	916,831			995,047
43 01	PURCHASED SCANS	537,063	130,412	406,651			537,063
43 02	ULTRASOUND	536,284	59,392	476,892			536,284
43 03	BREAST IMAGING	589,779	107,216	482,563			589,779
43 04	CARDIAC CATH LAB	4,037,559	233,462	3,804,097			4,037,559
44	LABORATORY	4,422,811	273,040	4,149,771			4,422,811
46	WHOLE BLOOD & PACKED RED	1,240,712	15,538	1,225,174			1,240,712
49	RESPIRATORY THERAPY	1,187,877	49,216	1,138,661			1,187,877
50	PHYSICAL THERAPY	1,192,762	76,579	1,116,183			1,192,762
51	OCCUPATIONAL THERAPY	263,667	3,703	259,964			263,667
51 01	OCC THPY PSYCH	243,840	33,826	210,014			243,840
52	SPEECH PATHOLOGY	89,262	4,421	84,841			89,262
53	ELECTROCARDIOLOGY	1,509,949	173,561	1,336,388			1,509,949
55	MEDICAL SUPPLIES CHARGED	2,839,404	43,325	2,796,079			2,839,404
56	DRUGS CHARGED TO PATIENTS	6,215,081	129,601	6,085,480			6,215,081
58 02	CARDIAC REHAB	365,831	32,591	333,240			365,831
58 04	SPECIAL DIAGNOSTICS	34,785	9,729	25,056			34,785
58 05	INPATIENT RENAL DIALYSIS	194,705	3,354	191,351			194,705
58 06	OP SURG	3,102,990	234,663	2,868,327			3,102,990
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	68,747	938	67,809			68,747
61	EMERGENCY	3,424,745	233,203	3,191,542			3,424,745
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,024,582	89,213	935,369			1,024,582
101	SUBTOTAL	54,221,758	3,349,831	50,871,927			54,221,758
102	LESS OBSERVATION BEDS	1,024,582	89,213	935,369			1,024,582
103	TOTAL	53,197,176	3,260,618	49,936,558			53,197,176

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			
	OPERATING ROOM	41,701,852	.368281	.368281
38	RECOVERY ROOM	8,590,150	.116631	.116631
40	ANESTHESIOLOGY	6,488,377	.163235	.163235
41	RADIOLOGY-DIAGNOSTIC	8,292,907	.323801	.323801
43	RADIOISOTOPE	6,846,722	.145332	.145332
43 01	PURCHASED SCANS	9,296,777	.057769	.057769
43 02	ULTRASOUND	2,287,600	.234431	.234431
43 03	BREAST IMAGING	1,565,655	.376698	.376698
43 04	CARDIAC CATH LAB	21,448,406	.188245	.188245
44	LABORATORY	16,864,663	.262253	.262253
46	WHOLE BLOOD & PACKED RED	2,943,086	.421568	.421568
49	RESPIRATORY THERAPY	3,715,598	.319700	.319700
50	PHYSICAL THERAPY	2,286,445	.521667	.521667
51	OCCUPATIONAL THERAPY	825,875	.319258	.319258
51 01	OCC THPY PSYCH	274,084	.889654	.889654
52	SPEECH PATHOLOGY	346,837	.257360	.257360
53	ELECTROCARDIOLOGY	9,844,180	.153385	.153385
55	MEDICAL SUPPLIES CHARGED	14,867,952	.190975	.190975
56	DRUGS CHARGED TO PATIENTS	27,460,831	.226325	.226325
58 02	CARDIAC REHAB	498,036	.734547	.734547
58 04	SPECIAL DIAGNOSTICS	170,543	.203966	.203966
58 05	INPATIENT RENAL DIALYSIS	603,820	.322455	.322455
58 06	OP SURG	12,920,936	.240152	.240152
60	OUTPAT SERVICE COST CNTRS			
	CLINIC	54,592	1.259287	1.259287
61	EMERGENCY	13,044,398	.262545	.262545
62	OBSERVATION BEDS (NON-DIS	1,391,575	.736275	.736275
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	214,631,897		
102	LESS OBSERVATION BEDS	1,391,575		
103	TOTAL	213,240,322		

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	15,358,015	893,550	14,464,465	89,355	838,939	14,429,721
38	RECOVERY ROOM	1,001,880	26,781	975,099	2,678	56,556	942,646
40	ANESTHESIOLOGY	1,059,130	81,842	977,288	8,184	56,683	994,263
41	RADIOLOGY-DIAGNOSTIC	2,685,251	332,459	2,352,792	33,246	136,462	2,515,543
43	RADIOISOTOPE	995,047	78,216	916,831	7,822	53,176	934,049
43 01	PURCHASED SCANS	537,063	130,412	406,651	13,041	23,586	500,436
43 02	ULTRASOUND	536,284	59,392	476,892	5,939	27,660	502,685
43 03	BREAST IMAGING	589,779	107,216	482,563	10,722	27,989	551,068
43 04	CARDIAC CATH LAB	4,037,559	233,462	3,804,097	23,346	220,638	3,793,575
44	LABORATORY	4,422,811	273,040	4,149,771	27,304	240,687	4,154,820
46	WHOLE BLOOD & PACKED RED	1,240,712	15,538	1,225,174	1,554	71,060	1,168,098
49	RESPIRATORY THERAPY	1,187,877	49,216	1,138,661	4,922	66,042	1,116,913
50	PHYSICAL THERAPY	1,192,762	76,579	1,116,183	7,658	64,739	1,120,365
51	OCCUPATIONAL THERAPY	263,667	3,703	259,964	370	15,078	248,219
51 01	OCC THPY PSYCH	243,840	33,826	210,014	3,383	12,181	228,276
52	SPEECH PATHOLOGY	89,262	4,421	84,841	442	4,921	83,899
53	ELECTROCARDIOLOGY	1,509,949	173,561	1,336,388	17,356	77,511	1,415,082
55	MEDICAL SUPPLIES CHARGED	2,839,404	43,325	2,796,079	4,333	162,173	2,672,898
56	DRUGS CHARGED TO PATIENTS	6,215,081	129,601	6,085,480	12,960	352,958	5,849,163
58 02	CARDIAC REHAB	365,831	32,591	333,240	3,259	19,328	343,244
58 04	SPECIAL DIAGNOSTICS	34,785	9,729	25,056	973	1,453	32,359
58 05	INPATIENT RENAL DIALYSIS	194,705	3,354	191,351	335	11,098	183,272
58 06	OP SURG	3,102,990	234,663	2,868,327	23,466	166,363	2,913,161
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	68,747	938	67,809	94	3,933	64,720
61	EMERGENCY	3,424,745	233,203	3,191,542	23,320	185,109	3,216,316
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,024,582	89,213	935,369	8,921	54,251	961,410
101	SUBTOTAL	54,221,758	3,349,831	50,871,927	334,983	2,950,574	50,936,201
102	LESS OBSERVATION BEDS	1,024,582	89,213	935,369	8,921	54,251	961,410
103	TOTAL	53,197,176	3,260,618	49,936,558	326,062	2,896,323	49,974,791

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	41,701,852	.346021	.366139
38	RECOVERY ROOM	8,590,150	.109736	.116320
40	ANESTHESIOLOGY	6,488,377	.153238	.161974
41	RADIOLOGY-DIAGNOSTIC	8,292,907	.303337	.319792
43	RADIOISOTOPE	6,846,722	.136423	.144189
43 01	PURCHASED SCANS	9,296,777	.053829	.056366
43 02	ULTRASOUND	2,287,600	.219743	.231835
43 03	BREAST IMAGING	1,565,655	.351973	.369850
43 04	CARDIAC CATH LAB	21,448,406	.176870	.187157
44	LABORATORY	16,864,663	.246362	.260634
46	WHOLE BLOOD & PACKED RED	2,943,086	.396896	.421040
49	RESPIRATORY THERAPY	3,715,598	.300601	.318375
50	PHYSICAL THERAPY	2,286,445	.490003	.518317
51	OCCUPATIONAL THERAPY	825,875	.300553	.318810
51 01	OCC THPY PSYCH	274,084	.832869	.877311
52	SPEECH PATHOLOGY	346,837	.241897	.256086
53	ELECTROCARDIOLOGY	9,844,180	.143748	.151622
55	MEDICAL SUPPLIES CHARGED	14,867,952	.179776	.190683
56	DRUGS CHARGED TO PATIENTS	27,460,831	.213000	.225853
58 02	CARDIAC REHAB	498,036	.689195	.728004
58 04	SPECIAL DIAGNOSTICS	170,543	.189741	.198261
58 05	INPATIENT RENAL DIALYSIS	603,820	.303521	.321901
58 06	OP SURG	12,920,936	.225461	.238336
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	54,592	1.185522	1.257565
61	EMERGENCY	13,044,398	.246567	.260758
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,391,575	.690879	.729864
101	SUBTOTAL	214,631,897		
102	LESS OBSERVATION BEDS	1,391,575		
103	TOTAL	213,240,322		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				1,460,817		1,460,817
26	INTENSIVE CARE UNIT				124,630		124,630
29	SURGICAL INTENSIVE CARE U				89,024		89,024
31	SUBPROVIDER				158,909		158,909
33	NURSERY						
101	TOTAL				1,833,380		1,833,380

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	20,255	12,363			72.12	891,620
26	INTENSIVE CARE UNIT	1,441	1,007			86.49	87,095
29	SURGICAL INTENSIVE CARE U	818	699			108.83	76,072
31	SUBPROVIDER	2,559	1,534			62.10	95,261
33	NURSERY						
101	TOTAL	25,073	15,603				1,150,048

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		893,550	41,701,852	23,631,398		
38	RECOVERY ROOM		26,781	8,590,150	2,486,389		
40	ANESTHESIOLOGY		81,842	6,488,377	1,338,835		
41	RADIOLOGY-DIAGNOSTIC		332,459	8,292,907	1,914,618		
43	RADIOISOTOPE		78,216	6,846,722	1,171,881		
43 01	PURCHASED SCANS		130,412	9,296,777	3,489,255		
43 02	ULTRASOUND		59,392	2,287,600	307,715		
43 03	BREAST IMAGING		107,216	1,565,655	9,354		
43 04	CARDIAC CATH LAB		233,462	21,448,406	4,230,263		
44	LABORATORY		273,040	16,864,663	6,612,471		
46	WHOLE BLOOD & PACKED RED		15,538	2,943,086	1,181,969		
49	RESPIRATORY THERAPY		49,216	3,715,598	1,257,734		
50	PHYSICAL THERAPY		76,579	2,286,445	932,097		
51	OCCUPATIONAL THERAPY		3,703	825,875	429,442		
51 01	OCC THPY PSYCH		33,826	274,084			
52	SPEECH PATHOLOGY		4,421	346,837	233,494		
53	ELECTROCARDIOLOGY		173,561	9,844,180	3,943,269		
55	MEDICAL SUPPLIES CHARGED		43,325	14,867,952	6,575,642		
56	DRUGS CHARGED TO PATIENTS		129,601	27,460,831	14,086,696		
58 02	CARDIAC REHAB		32,591	498,036	467		
58 04	SPECIAL DIAGNOSTICS		9,729	170,543	27,579		
58 05	INPATIENT RENAL DIALYSIS		3,354	603,820	505,391		
58 06	OP SURG		234,663	12,920,936	1,031,242		
60	OUTPAT SERVICE COST CNTRS						
	CLINIC		938	54,592	1,985		
61	EMERGENCY		233,203	13,044,398	3,076,395		
62	OBSERVATION BEDS (NON-DIS		89,213	1,391,575	362,522		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		3,349,831	214,631,897	78,838,103		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0051
PERIOD: FROM 7/1/2008 TO 12/31/2008
COMPONENT NO: 14-0051
PPS
PREPARED 5/20/2009
WORKSHEET D
PART II

TITLE XVIII, PART A

HOSPITAL

Table with columns: WKST A LINE NO., COST CENTER DESCRIPTION, NEW CAPITAL CST/CHRG RATIO, COSTS. Rows include various hospital services like OPERATING ROOM, RECOVERY ROOM, ANESTHESIOLOGY, etc., ending with a TOTAL row for 1,147,410.

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

PROVIDER NO: 14-0051
 PERIOD: FROM 7/1/2008 TO 12/31/2008
 PREPARED 5/20/2009
 WORKSHEET D
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					20,255	
26	INTENSIVE CARE UNIT					1,441	
29	SURGICAL INTENSIVE CARE U					818	
31	SUBPROVIDER					2,559	
33	NURSERY						
101	TOTAL					25,073	

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

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	12,363	
26	INTENSIVE CARE UNIT	1,007	
29	SURGICAL INTENSIVE CARE U	699	
31	SUBPROVIDER	1,534	
33	NURSERY		
101	TOTAL	15,603	

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
37	ANCILLARY SRVC COST CNTRS			41,701,852			23,631,398	
38	OPERATING ROOM			8,590,150			2,486,389	
40	ANESTHESIOLOGY			6,488,377			1,338,835	
41	RADIOLOGY-DIAGNOSTIC			8,292,907			1,914,618	
43	RADIOISOTOPE			6,846,722			1,171,881	
43 01	PURCHASED SCANS			9,296,777			3,489,255	
43 02	ULTRASOUND			2,287,600			307,715	
43 03	BREAST IMAGING			1,565,655			9,354	
43 04	CARDIAC CATH LAB			21,448,406			4,230,263	
44	LABORATORY			16,864,663			6,612,471	
46	WHOLE BLOOD & PACKED RED			2,943,086			1,181,969	
49	RESPIRATORY THERAPY			3,715,598			1,257,734	
50	PHYSICAL THERAPY			2,286,445			932,097	
51	OCCUPATIONAL THERAPY			825,875			429,442	
51 01	OCC THPY PSYCH			274,084				
52	SPEECH PATHOLOGY			346,837			233,494	
53	ELECTROCARDIOLOGY			9,844,180			3,943,269	
55	MEDICAL SUPPLIES CHARGED			14,867,952			6,575,642	
56	DRUGS CHARGED TO PATIENTS			27,460,831			14,086,696	
58 02	CARDIAC REHAB			498,036			467	
58 04	SPECIAL DIAGNOSTICS			170,543			27,579	
58 05	INPATIENT RENAL DIALYSIS			603,820			505,391	
58 06	OP SURG			12,920,936			1,031,242	
60	OUTPAT SERVICE COST CNTRS							
61	CLINIC			54,592			1,985	
61	EMERGENCY			13,044,398			3,076,395	
62	OBSERVATION BEDS (NON-DIS			1,391,575			362,522	
62	OTHER REIMBURS COST CNTRS							
101	TOTAL			214,631,897			78,838,103	

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	5,211,530					
38	RECOVERY ROOM	1,978,678					
40	ANESTHESIOLOGY	820,616					
41	RADIOLOGY-DIAGNOSTIC	1,947,246					
43	RADIOISOTOPE	2,662,540					
43 01	PURCHASED SCANS	1,623,629					
43 02	ULTRASOUND						
43 03	BREAST IMAGING	523,696					
43 04	CARDIAC CATH LAB	3,220,223					
44	LABORATORY	1,391,326					
46	WHOLE BLOOD & PACKED RED	247,775					
49	RESPIRATORY THERAPY	171,664					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
51 01	OCC THPY PSYCH	39,915					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,967,644					
55	MEDICAL SUPPLIES CHARGED	3,721,233					
56	DRUGS CHARGED TO PATIENTS	3,166,809					
58 02	CARDIAC REHAB	225,833					
58 04	SPECIAL DIAGNOSTICS	54,459					
58 05	INPATIENT RENAL DIALYSIS	65,149					
58 06	OP SURG	3,295,034					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	52,205					
61	EMERGENCY	2,254,417					
62	OBSERVATION BEDS (NON-DIS	470,127					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	36,111,748					

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.368281	.368281			
38 RECOVERY ROOM	.116631	.116631			
40 ANESTHESIOLOGY	.163235	.163235			
41 RADIOLOGY-DIAGNOSTIC	.323801	.323801			
43 RADIOISOTOPE	.145332	.145332			
43 01 PURCHASED SCANS	.057769	.057769			
43 02 ULTRASOUND	.234431	.234431			
43 03 BREAST IMAGING	.376698	.376698			
43 04 CARDIAC CATH LAB	.188245	.188245			
44 LABORATORY	.262253	.262253			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.421568	.421568			
49 RESPIRATORY THERAPY	.319700	.319700			
50 PHYSICAL THERAPY	.521667	.521667			
51 OCCUPATIONAL THERAPY	.319258	.319258			
51 01 OCC THPY PSYCH	.889654	.889654			
52 SPEECH PATHOLOGY	.257360	.257360			
53 ELECTROCARDIOLOGY	.153385	.153385			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.190975	.190975			
56 DRUGS CHARGED TO PATIENTS	.226325	.226325			
58 02 CARDIAC REHAB	.734547	.734547			
58 04 SPECIAL DIAGNOSTICS	.203966	.203966			
58 05 INPATIENT RENAL DIALYSIS	.322455	.322455			
58 06 OP SURG	.240152	.240152			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	1.259287	1.259287			
61 EMERGENCY	.262545	.262545			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.736275	.736275			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XVIII, PART B

HOSPITAL

		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center	Description	5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		5,211,530	44,784		
38	RECOVERY ROOM		1,978,678			
40	ANESTHESIOLOGY		820,616			
41	RADIOLOGY-DIAGNOSTIC		1,947,246			
43	RADIOISOTOPE		2,662,540			
43 01	PURCHASED SCANS		1,623,629			
43 02	ULTRASOUND					
43 03	BREAST IMAGING		523,696			
43 04	CARDIAC CATH LAB		3,220,223			
44	LABORATORY		1,391,326			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS		247,775			
49	RESPIRATORY THERAPY		171,664			
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
51 01	OCC THPY PSYCH		39,915			
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY		2,967,644			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		3,721,233			
56	DRUGS CHARGED TO PATIENTS		3,166,809			
58 02	CARDIAC REHAB		225,833			
58 04	SPECIAL DIAGNOSTICS		54,459			
58 05	INPATIENT RENAL DIALYSIS		65,149			
58 06	OP SURG		3,295,034			
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC		52,205			
61	EMERGENCY		2,254,417			
62	OBSERVATION BEDS (NON-DISTINCT PART)		470,127			
101	SUBTOTAL		36,111,748	44,784		
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		36,111,748	44,784		

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B HOSPITAL

Cost Center	Description	7	8	9	9.01	9.02
		Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				1,919,307	16,493
38	RECOVERY ROOM				230,775	
40	ANESTHESIOLOGY				133,953	
41	RADIOLOGY-DIAGNOSTIC				630,520	
43	RADIOISOTOPE				386,952	
43	01 PURCHASED SCANS				93,795	
43	02 ULTRASOUND					
43	03 BREAST IMAGING				197,275	
43	04 CARDIAC CATH LAB				606,191	
44	LABORATORY				364,879	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS				104,454	
49	RESPIRATORY THERAPY				54,881	
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
51	01 OCC THPY PSYCH				35,511	
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY				455,192	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				710,662	
56	DRUGS CHARGED TO PATIENTS				716,728	
58	02 CARDIAC REHAB				165,885	
58	04 SPECIAL DIAGNOSTICS				11,108	
58	05 INPATIENT RENAL DIALYSIS				21,008	
58	06 OP SURG				791,309	
60	OUTPAT SERVICE COST CNTRS					
	CLINIC				65,741	
61	EMERGENCY				591,886	
62	OBSERVATION BEDS (NON-DISTINCT PART)				346,143	
101	SUBTOTAL				8,634,155	16,493
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES				8,634,155	16,493

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

PPS Services Hospital I/P Hospital I/P
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 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 BLOOD CELLS
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 51 01 OCC THPY PSYCH
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 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
- 61 CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES
- 104 NET CHARGES

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.226325
2	PROGRAM VACCINE CHARGES		2,527
3	PROGRAM COSTS		572

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		893,550	41,701,852	1,875		
38	RECOVERY ROOM		26,781	8,590,150	108,369		
40	ANESTHESIOLOGY		81,842	6,488,377	15,868		
41	RADIOLOGY-DIAGNOSTIC		332,459	8,292,907	14,404		
43	RADIOISOTOPE		78,216	6,846,722	827		
43 01	PURCHASED SCANS		130,412	9,296,777	34,480		
43 02	ULTRASOUND		59,392	2,287,600			
43 03	BREAST IMAGING		107,216	1,565,655	5,860		
43 04	CARDIAC CATH LAB		233,462	21,448,406			
44	LABORATORY		273,040	16,864,663	178,586		
46	WHOLE BLOOD & PACKED RED		15,538	2,943,086			
49	RESPIRATORY THERAPY		49,216	3,715,598	4,128		
50	PHYSICAL THERAPY		76,579	2,286,445	11,704		
51	OCCUPATIONAL THERAPY		3,703	825,875			
51 01	OCC THPY PSYCH		33,826	274,084	200,109		
52	SPEECH PATHOLOGY		4,421	346,837	388		
53	ELECTROCARDIOLOGY		173,561	9,844,180	42,432		
55	MEDICAL SUPPLIES CHARGED		43,325	14,867,952	8,586		
56	DRUGS CHARGED TO PATIENTS		129,601	27,460,831	445,399		
58 02	CARDIAC REHAB		32,591	498,036			
58 04	SPECIAL DIAGNOSTICS		9,729	170,543	1,310		
58 05	INPATIENT RENAL DIALYSIS		3,354	603,820			
58 06	OP SURG		234,663	12,920,936			
60	OUTPAT SERVICE COST CNTRS						
	CLINIC		938	54,592	402		
61	EMERGENCY		233,203	13,044,398	150,619		
62	OBSERVATION BEDS (NON-DIS		89,213	1,391,575			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		3,349,831	214,631,897	1,225,346		

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			41,701,852			1,875	
38	OPERATING ROOM			8,590,150			108,369	
40	ANESTHESIOLOGY			6,488,377			15,868	
41	RADIOLOGY-DIAGNOSTIC			8,292,907			14,404	
43	RADIOISOTOPE			6,846,722			827	
43 01	PURCHASED SCANS			9,296,777			34,480	
43 02	ULTRASOUND			2,287,600				
43 03	BREAST IMAGING			1,565,655			5,860	
43 04	CARDIAC CATH LAB			21,448,406				
44	LABORATORY			16,864,663			178,586	
46	WHOLE BLOOD & PACKED RED			2,943,086				
49	RESPIRATORY THERAPY			3,715,598			4,128	
50	PHYSICAL THERAPY			2,286,445			11,704	
51	OCCUPATIONAL THERAPY			825,875				
51 01	OCC THPY PSYCH			274,084			200,109	
52	SPEECH PATHOLOGY			346,837			388	
53	ELECTROCARDIOLOGY			9,844,180			42,432	
55	MEDICAL SUPPLIES CHARGED			14,867,952			8,586	
56	DRUGS CHARGED TO PATIENTS			27,460,831			445,399	
58 02	CARDIAC REHAB			498,036				
58 04	SPECIAL DIAGNOSTICS			170,543			1,310	
58 05	INPATIENT RENAL DIALYSIS			603,820				
58 06	OP SURG			12,920,936				
60	OUTPAT SERVICE COST CNTRS							
61	CLINIC			54,592			402	
61	EMERGENCY			13,044,398			150,619	
62	OBSERVATION BEDS (NON-DIS			1,391,575				
62	OTHER REIMBURS COST CNTRS							
101	TOTAL			214,631,897			1,225,346	

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
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						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART B SUBPROVIDER 1

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.368281	.368281			
38 RECOVERY ROOM	.116631	.116631			
40 ANESTHESIOLOGY	.163235	.163235			
41 RADIOLOGY-DIAGNOSTIC	.323801	.323801			
43 RADIOISOTOPE	.145332	.145332			
43 01 PURCHASED SCANS	.057769	.057769			
43 02 ULTRASOUND	.234431	.234431			
43 03 BREAST IMAGING	.376698	.376698			
43 04 CARDIAC CATH LAB	.188245	.188245			
44 LABORATORY	.262253	.262253			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.421568	.421568			
49 RESPIRATORY THERAPY	.319700	.319700			
50 PHYSICAL THERAPY	.521667	.521667			
51 OCCUPATIONAL THERAPY	.319258	.319258			
51 01 OCC THPY PSYCH	.889654	.889654			
52 SPEECH PATHOLOGY	.257360	.257360			
53 ELECTROCARDIOLOGY	.153385	.153385			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.190975	.190975			
56 DRUGS CHARGED TO PATIENTS	.226325	.226325			
58 02 CARDIAC REHAB	.734547	.734547			
58 04 SPECIAL DIAGNOSTICS	.203966	.203966			
58 05 INPATIENT RENAL DIALYSIS	.322455	.322455			
58 06 OP SURG	.240152	.240152			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	1.259287	1.259287			
61 EMERGENCY	.262545	.262545			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.736275	.736275			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 14-0051	PERIOD: FROM 7/ 1/2008 TO 12/31/2008	PREPARED 5/20/2009 WORKSHEET D PART V
COMPONENT NO: 14-S051		

TITLE XVIII, PART B

SUBPROVIDER 1

PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
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Cost Center Description	9.03	10	11
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- (A) ANCILLARY SRVC COST CNTRS
- 37 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 BLOOD CELLS
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 51 01 OCC THPY PSYCH
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 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
- 61 CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES
- 104 NET CHARGES

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					828.28
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					10,240,026
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					10,240,026

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	INTENSIVE CARE UNIT	2,308,362	1,441	1,007	1,613,133
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT	1,621,011	818	699	1,385,194
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					1,054,787
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					1,147,410
52	TOTAL PROGRAM EXCLUDABLE COST					2,202,197
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					31,971,958

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,237
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	828.28
85	OBSERVATION BED COST	1,024,582

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	16,776,885		1,024,582	
87	NEW CAPITAL-RELATED COST	1,460,817	.087073	1,024,582	89,213
88	NON PHYSICIAN ANESTHETIST	16,776,885		1,024,582	
89	MEDICAL EDUCATION	16,776,885		1,024,582	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	2,559
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,559
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,559
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,534
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,328,770
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,328,770

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,643,231
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,643,231
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.412666
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2,205.25
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,328,770

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM				910.03
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				1,395,986
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM				
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				1,395,986

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				
					406,562
					1,802,548

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES				95,261
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES				35,738
52	TOTAL PROGRAM EXCLUDABLE COST				130,999
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS				1,671,549

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES

55 TARGET AMOUNT PER DISCHARGE

56 TARGET AMOUNT

57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT

58 BONUS PAYMENT

58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET

58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET

58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.

58.04 RELIEF PAYMENT

59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT

59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)

59.02 PROGRAM DISCHARGES PRIOR TO JULY 1

59.03 PROGRAM DISCHARGES AFTER JULY 1

59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)

59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)

59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)

59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)

59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)

61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)

62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS

63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD

64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD

65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	910.03
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	2,328,770			
87	NEW CAPITAL-RELATED COST	158,909	.068237		
88	NON PHYSICIAN ANESTHETIST	2,328,770			
89	MEDICAL EDUCATION	2,328,770			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		15,084,609	
26	INTENSIVE CARE UNIT		2,184,240	
29	SURGICAL INTENSIVE CARE UNIT		1,397,005	
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.368281	23,631,398	8,702,995
38	RECOVERY ROOM	.116631	2,486,389	289,990
40	ANESTHESIOLOGY	.163235	1,338,835	218,545
41	RADIOLOGY-DIAGNOSTIC	.323801	1,914,618	619,955
43	RADIOISOTOPE	.145332	1,171,881	170,312
43 01	PURCHASED SCANS	.057769	3,489,255	201,571
43 02	ULTRASOUND	.234431	307,715	72,138
43 03	BREAST IMAGING	.376698	9,354	3,524
43 04	CARDIAC CATH LAB	.188245	4,230,263	796,326
44	LABORATORY	.262253	6,612,471	1,734,140
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.421568	1,181,969	498,280
49	RESPIRATORY THERAPY	.319700	1,257,734	402,098
50	PHYSICAL THERAPY	.521667	932,097	486,244
51	OCCUPATIONAL THERAPY	.319258	429,442	137,103
51 01	OCC THPY PSYCH	.889654		
52	SPEECH PATHOLOGY	.257360	233,494	60,092
53	ELECTROCARDIOLOGY	.153385	3,943,269	604,838
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.190975	6,575,642	1,255,783
56	DRUGS CHARGED TO PATIENTS	.226325	14,086,696	3,188,171
58 02	CARDIAC REHAB	.734547	467	343
58 04	SPECIAL DIAGNOSTICS	.203966	27,579	5,625
58 05	INPATIENT RENAL DIALYSIS	.322455	505,391	162,966
58 06	OP SURG	.240152	1,031,242	247,655
60	OUTPAT SERVICE COST CNTRS CLINIC	1.259287	1,985	2,500
61	EMERGENCY	.262545	3,076,395	807,692
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.736275	362,522	266,916
101	TOTAL		78,838,103	20,935,802
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		78,838,103	

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		3,307,780	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.368281	1,875	691
38	RECOVERY ROOM	.116631	108,369	12,639
40	ANESTHESIOLOGY	.163235	15,868	2,590
41	RADIOLOGY-DIAGNOSTIC	.323801	14,404	4,664
43	RADIOISOTOPE	.145332	827	120
43 01	PURCHASED SCANS	.057769	34,480	1,992
43 02	ULTRASOUND	.234431		
43 03	BREAST IMAGING	.376698	5,860	2,207
43 04	CARDIAC CATH LAB	.188245		
44	LABORATORY	.262253	178,586	46,835
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.421568		
49	RESPIRATORY THERAPY	.319700	4,128	1,320
50	PHYSICAL THERAPY	.521667	11,704	6,106
51	OCCUPATIONAL THERAPY	.319258		
51 01	OCC THPY PSYCH	.889654	200,109	178,028
52	SPEECH PATHOLOGY	.257360	388	100
53	ELECTROCARDIOLOGY	.153385	42,432	6,508
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.190975	8,586	1,640
56	DRUGS CHARGED TO PATIENTS	.226325	445,399	100,805
58 02	CARDIAC REHAB	.734547		
58 04	SPECIAL DIAGNOSTICS	.203966	1,310	267
58 05	INPATIENT RENAL DIALYSIS	.322455		
58 06	OP SURG	.240152		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.259287	402	506
61	EMERGENCY	.262545	150,619	39,544
62	OBSERVATION BEDS (NON-DISTINCT PART)	.736275		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		1,225,346	406,562
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,225,346	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	11,454,354	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	11,002,064	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	223,356	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	223,356	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	975,806	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	188.85	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	24.99	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005	
	E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	24.99	
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	20.88	
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.	2.00	
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	22.88	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	24.59	
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	24.93	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	24.13	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.127773	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.129359	
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19. (SEE INST)	.127773	
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	786,727	
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	756,257	
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	
	1,542,984	
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	1,542,984	
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	9.38	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	12.55	
4.02 SUM OF LINES 4 AND 4.01	21.93	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	7.31	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	1,641,564	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)	2,816	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		335.00
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)		26,616,772
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)		26,616,772
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		2,148,979
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		969,838
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL		29,735,589
17 PRIMARY PAYER PAYMENTS		21,055
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES		29,714,534
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		1,999,826
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		123,904
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		156,540
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		109,578
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		140,852
22 SUBTOTAL		27,700,382
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER		27,700,382
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS		27,852,787
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		-152,405
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)	17,065
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	8,634,155
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	6,720,656
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.817
1.04	LINE 1.01 TIMES LINE 1.03.	7,054,105
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	95.27
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)	17,065
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	47,311
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	47,311
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)	47,311
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	30,246
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	17,065
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	6,720,656
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,675,116
19	SUBTOTAL (SEE INSTRUCTIONS)	5,062,605
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	233,302
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	5,295,907
24	PRIMARY PAYER PAYMENTS	1,832
25	SUBTOTAL	5,294,075
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	341,082
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	238,757
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	341,082
28	SUBTOTAL	5,532,832
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	5,532,832
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	5,384,278
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	148,554
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)
- 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).
- 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
- 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
- 1.04 LINE 1.01 TIMES LINE 1.03.
- 1.05 LINE 1.02 DIVIDED BY LINE 1.04.
- 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
- 1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.
- 2 INTERNS AND RESIDENTS
- 3 ORGAN ACQUISITIONS
- 4 COST OF TEACHING PHYSICIANS
- 5 TOTAL COST (SEE INSTRUCTIONS)

COMPUTATION OF LESSER OF COST OR CHARGES

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

COMPUTATION OF REIMBURSEMENT SETTLEMENT

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

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		26,795,317		5,044,824
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.		821,889		339,454
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01	12/31/2008	235,581	
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		235,581	NONE
4 TOTAL INTERIM PAYMENTS		27,852,787		5,384,278
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99		NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			152,405	148,554
7 TOTAL MEDICARE PROGRAM LIABILITY			27,700,382	5,532,832

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.

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,325,195		
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		NONE		NONE
4 TOTAL INTERIM PAYMENTS		1,325,195		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		27,072		
7 TOTAL MEDICARE PROGRAM LIABILITY		1,352,267		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	1,178,024
1.09	NET IPF PPS OUTLIER PAYMENTS	234,249
1.10	NET IPF PPS ECT PAYMENTS	10,713
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)	13.907609
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)	1,422,986
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	1,422,986
	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)	1,422,986
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	1,422,986
7	DEDUCTIBLES	89,088
8	SUBTOTAL	1,333,898
9	COINSURANCE	8,704
10	SUBTOTAL	1,325,194
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS)	38,675
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	27,073
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	38,675
12	SUBTOTAL	1,352,267
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)	1,352,267	
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
19	INTERIM PAYMENTS	1,325,195	
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
20	BALANCE DUE PROVIDER/PROGRAM	27,072	
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

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

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

51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)

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

53 ENTER THE TIME VALUE OF MONEY.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		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		10.52
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		10.52
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.		4.00
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.		5.76
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		9.76
3.10	SEE INSTRUCTIONS		9.76
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.		.76
3.12	SEE INSTRUCTIONS		6.52
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		13.55
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	11.54
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)		11.54
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		92,947.00
3.18	SEE INSTRUCTIONS		1,072,608
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		8.83
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		9.23
3.21	SEE INSTRUCTIONS	RES INIT YEARS	7.35
3.22	SEE INSTRUCTIONS		7.35
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		100,031.00
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		735,228
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		1,807,836

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		15,603
5	TOTAL INPATIENT DAYS		23,836
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.654598
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	1,183,406	1,183,406
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		303
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		23,836
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.		19,734
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) 35,976,703
- 13 ORGAN ACQUISITION COSTS
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS 21,055
- 16 TOTAL PART A REASONABLE COST 35,955,648

PART B REASONABLE COST

- 17 REASONABLE COST 8,651,220
- 18 PRIMARY PAYER PAYMENTS 1,832
- 19 TOTAL PART B REASONABLE COST 8,649,388
- 20 TOTAL REASONABLE COST 44,605,036
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST .806089
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST .193911

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 1,203,140
(SUM OF LINES 6.01, 6.05, & 6.08)
- 24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY 969,838
- 25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY 233,302

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

-4.11

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	2,153,416			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	19,943,822			
5 OTHER RECEIVABLES	5,184,520			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY	3,973,155			
8 PREPAID EXPENSES	994,246			
9 OTHER CURRENT ASSETS	22,975,094			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	55,224,253			
FIXED ASSETS				
12 LAND	5,475,895			
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	136,058,403			
14.01 LESS ACCUMULATED DEPRECIATION	-146,664,647			
15 LEASEHOLD IMPROVEMENTS	1,268,504			
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	74,776,980			
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	70,915,135			
OTHER ASSETS				
22 INVESTMENTS	940,103			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	1,367,590			
26 TOTAL OTHER ASSETS	2,307,693			
27 TOTAL ASSETS	128,447,081			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	6,908,184			
29 SALARIES, WAGES & FEES PAYABLE	10,520,291			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	216,865			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	9,646,191			
36 TOTAL CURRENT LIABILITIES	27,291,531			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	422,149			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	6,700,794			
42 TOTAL LONG-TERM LIABILITIES	7,122,943			
43 TOTAL LIABILITIES	34,414,474			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	94,032,607			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	94,032,607			
52 TOTAL LIABILITIES AND FUND BALANCES	128,447,081			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING		46,112,270		
	OF PERIOD				
2	NET INCOME (LOSS)		-4,846,000		
3	TOTAL		41,266,270		
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4	ADDITIONS	52,766,337			
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS		52,766,337		
11	SUBTOTAL		94,032,607		
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12	DEDUCTIONS (DEBIT ADJUSTM				
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF		94,032,607		
	PERIOD PER BALANCE SHEET				

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

DESCRIPTION

1	TOTAL PATIENT REVENUES	253,177,510
2	LESS: ALLOWANCES AND DISCOUNTS ON	170,298,388
3	NET PATIENT REVENUES	82,879,122
4	LESS: TOTAL OPERATING EXPENSES	88,650,951
5	NET INCOME FROM SERVICE TO PATIENT OTHER INCOME	-5,771,829
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
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	5,000
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER	920,829
25	TOTAL OTHER INCOME	925,829
26	TOTAL	-4,846,000
27	OTHER EXPENSES	
28	LOSS ON EXTINGUISHMENT OF DEBT	
29	OTHER NON OPERATING EXPENSES	
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	-4,846,000

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS		
	CAPITAL FEDERAL AMOUNT		
2	CAPITAL DRG OTHER THAN OUTLIER	1,886,688	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997		
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	62,113	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	115.64	
	IN THE COST REPORTING PERIOD		
4.01	NUMBER OF INTERNS AND RESIDENTS	24.13	
	(SEE INSTRUCTIONS)		
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	6.07	
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	114,522	
	(SEE INSTRUCTIONS)		
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	9.38	
	MEDICARE PART A PATIENT DAYS		
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	12.55	
	DAYS REPORTED ON S-3, PART I		
5.02	SUM OF 5 AND 5.01	21.93	
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.54	
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	85,656	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2,148,979	
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)		