

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		14-0063		FROM 7/ 1/2007		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 11/24/2008 TIME 11:47

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:
 OAK PARK HOSPITAL 14-0063

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

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	-120,349	45,185	0	
2	SUBPROVIDER	0	19,296	0	0	
5	HOSPITAL-BASED SNF	0	0	0	0	
100	TOTAL	0	-101,053	45,185	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 & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 14-0063
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/24/2008
 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 520 SOUTH MAPLE
 1.01 CITY: OAK PARK P.O. BOX: STATE: IL ZIP CODE: 60603- 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	XVII	XIX
02.00 HOSPITAL	OAK PARK HOSPITAL	14-0063	2.01	3	4	5	6
03.00 SUBPROVIDER	OAK PARK HOSPITAL REHABILITATION UNIT	14-T063		1/1/1992	N	P	0
06.00 HOSPITAL-BASED SNF	SKILLED NURSING UNIT OF OPH	14-5583		12/7/1987	N	P	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/1/2007 TO: 6/30/2008

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 5

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 O

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 SLEET 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 TERMINATION IN COL. 3. / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER: ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COLUMN 3. / /

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 I. Y

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

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED 11/24/2008
14-0063	FROM 7/ 1/2007	WORKSHEET S-2
	TO 6/30/2008	

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

MULTI CAMPUS

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

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS

62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0063
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 11/24/2008
WORKSHEET S-3
PART I

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		90				9,390	1,055
2 HMO							515
2 01 HMO - (IRF PPS SUBPROVIDER)							67
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS		90				9,390	1,055
6 INTENSIVE CARE UNIT		14				1,747	354
12 TOTAL		104				11,137	1,409
13 RPCH VISITS							
14 SUBPROVIDER		25				2,427	209
15 SKILLED NURSING FACILITY		47				5,533	
25 TOTAL		176					
26 OBSERVATION BED DAYS							
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 ADMITTED 6.01	OBSERVATION BEDS / NOT ADMITTED 6.02	INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			15,316				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			15,316				
6 INTENSIVE CARE UNIT			2,795				
12 TOTAL			18,111			2.66	
13 RPCH VISITS							
14 SUBPROVIDER			3,407				
15 SKILLED NURSING FACILITY			7,112				
25 TOTAL			558		558	2.66	
26 OBSERVATION BED DAYS							
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 XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					1,990	301	3,530
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS					1,990	301	3,530
6 INTENSIVE CARE UNIT							
12 TOTAL	2.66	632.52			1,990	301	3,530
13 RPCH VISITS							
14 SUBPROVIDER		19.23			195	16	279
15 SKILLED NURSING FACILITY		28.89					
25 TOTAL	2.66	680.64					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

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	38,441,025	75,490	38,516,515	1,369,931.00	28.12	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	211,057		211,057	1,716.00	122.99	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	1,805,697		1,805,697	16,366.00	110.33	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R	161,757		161,757	6,802.00	23.78	
7 HOME OFFICE PERSONNEL						
8 SNF	1,387,665		1,387,665	58,964.00	23.53	
8.01 EXCLUDED AREA SALARIES	5,048,371		5,048,371	149,283.00	33.82	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,816,345		1,816,345	30,560.00	59.44	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT		57,980	57,980	322.00	180.06	
10 CONTRACT LABOR: PHYS PART A	240,705	-240,705				
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	464,000		464,000	3,120.00	148.72	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	6,784,510		6,784,510			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,306,333		1,306,333			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	21,907		21,907			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	206,995		206,995			CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	359,940	75,490	435,430	14,437.00	30.16	
22 ADMINISTRATIVE & GENERAL	4,600,566		4,600,566	205,875.00	22.35	
22.01 A & G UNDER CONTRACT		57,980	57,980	322.00	180.06	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	992,393		992,393	45,977.00	21.58	
25 LAUNDRY & LINEN SERVICE	54,748		54,748	4,193.00	13.06	
26 HOUSEKEEPING	639,795		639,795	50,719.00	12.61	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	905,978	-417,847	488,131	34,561.00	14.12	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		417,847	417,847	29,441.00	14.19	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	791,192		791,192	23,425.00	33.78	
31 CENTRAL SERVICE AND SUPPLY	182,598		182,598	12,943.00	14.11	
32 PHARMACY	1,097,986		1,097,986	28,730.00	38.22	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	497,404		497,404	25,233.00	19.71	
34 SOCIAL SERVICE	349,208		349,208	10,689.00	32.67	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	36,473,571	75,490	36,549,061	1,346,763.00	27.14	
2 EXCLUDED AREA SALARIES	6,436,036		6,436,036	208,247.00	30.91	
3 SUBTOTAL SALARIES	30,037,535	75,490	30,113,025	1,138,516.00	26.45	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	2,521,050	-182,725	2,338,325	34,002.00	68.77	
5 SUBTOTAL WAGE-RELATED COSTS	6,806,417		6,806,417		22.60	
6 TOTAL	39,365,002	-107,235	39,257,767	1,172,518.00	33.48	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO:	PERIOD:	PREPARED 11/24/2008
14-0063	FROM 7/ 1/2007	WORKSHEET S-3
	TO 6/30/2008	PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
12 TOTAL						
13 TOTAL OVERHEAD COSTS	10,471,808	133,470	10,605,278	486,545.00	21.80	

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0063 PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 11/24/2008 WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC		30				
2	RUB		111				
3	RUA		93				
3.01	RUX		15				
3.02	RUL		223				
4	RVC		52				
5	RVB		687				
6	RVA		746				
6.01	RVX		26				
6.02	RVL		1,411				
7	RHC		309				
8	RHB		249				
9	RHA		331				
9.01	RHX						
9.02	RHL						
10	RMC		17				
11	RMB		8				
12	RMA		43				
12.01	RMX		461				
12.02	RML		700				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		9				
16	SE2		11				
17	SE1		1				
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		5,533				

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 1.0752
 Wage Index Factor (after 10/01) : 1.0735
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 1600
 SNF CBSA Code : 16974

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0063 PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 11/24/2008 WORKSHEET S-7

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

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 1.0752
 Wage Index Factor (after 10/01) : 1.0735
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 1600
 SNF CBSA Code : 16974

HOSPITAL UNCOMPENSATED CARE DATA

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 4,057,310
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 4,057,310
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) .289353
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
PROVIDER NO: 14-0063 PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 11/24/2008
WORKSHEET S-10

DESCRIPTION

26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	20,504,825
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	5,933,133
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	7,921,789
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	2,292,193
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	5,933,133

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
I 14-0063 I FROM 7/ 1/2007 I WORKSHEET A
I I TO 6/30/2008 I

	COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		3,416,482	3,416,482	-1,476,484	1,939,998
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				2,000,526	2,000,526
5	0500	EMPLOYEE BENEFITS	359,940	8,915,678	9,275,618	-3,917	9,271,701
6.01	0611	NONPATIENT TELEPHONES		119,560	119,560		119,560
6.02	0612	DATA PROCESSING	471,360	328,703	800,063		800,063
6.03	0613	PURCHASING	247,405	45,715	293,120	30,830	323,950
6.04	0614	ADMINISTRATIVE	712,208	122,555	834,763	-6,909	827,854
6.05	0615	CASHIERING	827,268	1,511,041	2,338,309	-4,501	2,333,808
6.06	0660	OTHER ADMINISTRATIVE AND GENERAL	2,342,325	9,101,290	11,443,615	-78,155	11,365,460
7	0700	MAINTENANCE & REPAIRS					
8	0800	OPERATION OF PLANT	992,393	3,348,807	4,341,200	-2,350	4,338,850
9	0900	LAUNDRY & LINEN SERVICE	54,748	30,363	85,111		85,111
10	1000	HOUSEKEEPING	639,795	377,958	1,017,753		1,017,753
11	1100	DIETARY	905,978	399,784	1,305,762	-605,529	700,233
12	1200	CAFETERIA				602,232	602,232
14	1400	NURSING ADMINISTRATION	791,192	53,350	844,542	-4,250	840,292
15	1500	CENTRAL SERVICES & SUPPLY	182,598	846,234	1,028,832	-837,828	191,004
16	1600	PHARMACY	1,097,986	2,622,925	3,720,911	-2,198,885	1,522,026
17	1700	MEDICAL RECORDS & LIBRARY	497,404	339,482	836,886	-4,803	832,083
18	1800	SOCIAL SERVICE	349,208	240,304	589,512		589,512
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		154,462	154,462		154,462
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	4,644,035	870,706	5,514,741	-2,961	5,511,780
26	2600	INTENSIVE CARE UNIT	1,891,190	723,019	2,614,209	-1,260	2,612,949
31	3100	SUBPROVIDER	985,575	500,538	1,486,113	-1,220	1,484,893
34	3400	SKILLED NURSING FACILITY	1,387,665	155,433	1,543,098	-1,627	1,541,471
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	1,931,530	5,301,048	7,232,578	-46,276	7,186,302
37.01	3340	ENDOSCOPY	488,567	376,582	865,149	-103,525	761,624
38	3800	RECOVERY ROOM	635,827	27,004	662,831		662,831
40	4000	ANESTHESIOLOGY	150,412	260,573	410,985		410,985
41	4100	RADIOLOGY-DIAGNOSTIC	1,763,786	1,349,183	3,112,969	-1,728	3,111,241
42	4200	RADIOLOGY-THERAPEUTIC					
43	4300	RADIOISOTOPE	406,209	379,482	785,691	-650	785,041
43.01	3230	CT SCAN	317,844	321,475	639,319	-25,000	614,319
43.02	3630	ULTRASOUND/VASC LAB	320,530	120,103	440,633		440,633
44	4400	LABORATORY	1,459,021	1,363,028	2,822,049	-1,886	2,820,163
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS	142,891	438,508	581,399		581,399
49	4900	RESPIRATORY THERAPY	616,222	149,523	765,745	-8,753	756,992
50	5000	PHYSICAL THERAPY	866,289	294,776	1,161,065	-1,830	1,159,235
51	5100	OCCUPATIONAL THERAPY	475,735	204,383	680,118		680,118
52	5200	SPEECH PATHOLOGY	136,857	23,389	160,246		160,246
53	5300	ELECTROCARDIOLOGY	289,784	121,794	411,578	-270	411,308
54	5400	ELECTROENCEPHALOGRAPHY	55,836	13,717	69,553		69,553
54.01	3950	SLEEP LAB					
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				612,327	612,327
56	5600	DRUGS CHARGED TO PATIENTS				2,196,665	2,196,665
57	5700	RENAL DIALYSIS		531,750	531,750		531,750
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	698,302	481,184	1,179,486	-3,256	1,176,230
60.01	4950	WOUND CARE	387,433	466,022	853,455	-1,748	851,707
60.02	4951	PULMONARY REHAB	57,543	6,908	64,451		64,451
60.03	4952	SPINE CENTER					
60.04	4953	RUSH HEART CENTER		192,478	192,478	-1,234	191,244
61	6100	EMERGENCY	3,797,338	646,854	4,444,192	-5,007	4,439,185
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		SPEC PURPOSE COST CENTERS					
95		SUBTOTALS	34,378,229	47,294,153	81,672,382	10,738	81,683,120
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		656	656		656
96.01	9601	ADC					
98	9800	PHYSICIANS' PRIVATE OFFICES	4,062,796	1,600,501	5,663,297	-10,738	5,652,559
101		TOTAL	38,441,025	48,895,310	87,336,335	-0-	87,336,335

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
I 14-0063 I FROM 7/ 1/2007 I WORKSHEET A
I I TO 6/30/2008 I

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	-89,029	1,850,969
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-397	2,000,129
5	0500 EMPLOYEE BENEFITS	-590	9,271,111
6.01	0611 NONPATIENT TELEPHONES	-118,938	622
6.02	0612 DATA PROCESSING		800,063
6.03	0613 PURCHASING	-30,567	293,383
6.04	0614 ADMITTING		827,854
6.05	0615 CASHIERING		2,333,808
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	-648,583	10,716,877
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT		4,338,850
9	0900 LAUNDRY & LINEN SERVICE		85,111
10	1000 HOUSEKEEPING		1,017,753
11	1100 DIETARY		700,233
12	1200 CAFETERIA	-291,507	310,725
14	1400 NURSING ADMINISTRATION		840,292
15	1500 CENTRAL SERVICES & SUPPLY		191,004
16	1600 PHARMACY		1,522,026
17	1700 MEDICAL RECORDS & LIBRARY	-20	832,063
18	1800 SOCIAL SERVICE		589,512
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		154,462
25	2500 ADULTS & PEDIATRICS		5,511,780
26	2600 INTENSIVE CARE UNIT	-22,500	2,590,449
31	3100 SUBPROVIDER	-49,936	1,434,957
34	3400 SKILLED NURSING FACILITY	-8,320	1,533,151
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		7,186,302
37.01	3340 ENDOSCOPY	-70,000	691,624
38	3800 RECOVERY ROOM		662,831
40	4000 ANESTHESIOLOGY	-50,000	360,985
41	4100 RADIOLOGY-DIAGNOSTIC	-3,349	3,107,892
42	4200 RADIOLOGY-THERAPEUTIC		
43	4300 RADIOISOTOPE	-6,000	779,041
43.01	3230 CT SCAN		614,319
43.02	3630 ULTRASOUND/VASC LAB		440,633
44	4400 LABORATORY	-50,532	2,769,631
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		581,399
49	4900 RESPIRATORY THERAPY	-22,500	734,492
50	5000 PHYSICAL THERAPY		1,159,235
51	5100 OCCUPATIONAL THERAPY		680,118
52	5200 SPEECH PATHOLOGY		160,246
53	5300 ELECTROCARDIOLOGY	-42,862	368,446
54	5400 ELECTROENCEPHALOGRAPHY	-11,400	58,153
54.01	3950 SLEEP LAB		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		612,327
56	5600 DRUGS CHARGED TO PATIENTS		2,196,665
57	5700 RENAL DIALYSIS		531,750
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-477,780	698,450
60.01	4950 WOUND CARE	-24,000	827,707
60.02	4951 PULMONARY REHAB	-5,675	58,776
60.03	4952 SPINE CENTER		
60.04	4953 RUSH HEART CENTER	-191,244	
61	6100 EMERGENCY	-1,883,340	2,555,845
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-4,099,069	77,584,051
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		656
96.01	9601 ADC		
98	9800 PHYSICIANS' PRIVATE OFFICES	-96,020	5,556,539
101	TOTAL	-4,195,089	83,141,246

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0063
 PERIOD: FROM 7/ 1/2007 TO 6/30/2008
 PREPARED 11/24/2008
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0611	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0612	NONPATIENT TELEPHONES
6.03	PURCHASING	0613	NONPATIENT TELEPHONES
6.04	ADMINISTRATIVE	0614	NONPATIENT TELEPHONES
6.05	CASHIERING	0615	NONPATIENT TELEPHONES
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
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	
31	SUBPROVIDER	3100	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	ENDOSCOPY	3340	GASTRO INTESTINAL SERVICES
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
43.01	CT SCAN	3230	CAT SCAN
43.02	ULTRASOUND/VASC LAB	3630	ULTRASOUND
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
54.01	SLEEP LAB	3950	OTHER ANCILLARY SERVICE COST CENTERS
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	WOUND CARE	4950	OTHER OUTPATIENT SERVICE COST CENTER
60.02	PULMONARY REHAB	4951	OTHER OUTPATIENT SERVICE COST CENTER
60.03	SPINE CENTER	4952	OTHER OUTPATIENT SERVICE COST CENTER
60.04	RUSH HEART CENTER	4953	OTHER OUTPATIENT SERVICE COST CENTER
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	ADC	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
98	PHYSICIANS' PRIVATE OFFICES	9800	
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO: 140063	PERIOD: FROM 7/ 1/2007 TO 6/30/2008	PREPARED 11/24/2008 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 POSTAGE	A	PURCHASING	6.03		33,886
2 CAPITAL RELATED INSURANCE	B	NEW CAP REL COSTS-BLDG & FIXT	3		10,518
3 CLINITRON BEDS	D	NEW CAP REL COSTS-MVBLE EQUIP	4		225,501
4 CHARGEABLE MED SUPPLIES	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		612,327
5 CAFETERIA	F	CAFETERIA	12	417,847	184,385
6 RENTALS	G	NEW CAP REL COSTS-MVBLE EQUIP	4		288,023
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33 EQUIPMENT DEPRECIATION	H	NEW CAP REL COSTS-MVBLE EQUIP	4		1,487,002
34 HEART CENTER RECLASS	I	ELECTROCARDIOLOGY	53		1,234
35 DRUGS SOLD	J	DRUGS CHARGED TO PATIENTS	56		2,196,665
1 WAGE INDEX SALARY ADJUSTMENTS	K	EMPLOYEE BENEFITS	5	75,490	
36 TOTAL RECLASSIFICATIONS				493,337	5,039,541

(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:
140063

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

PREPARED 11/24/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 POSTAGE	A	OTHER ADMINISTRATIVE AND GENERAL	6.06			33,886	
2 CAPITAL RELATED INSURANCE	B	OTHER ADMINISTRATIVE AND GENERAL	6.06			10,518	9
3 CLINIC TRON BEDS	D	CENTRAL SERVICES & SUPPLY	15			225,501	9
4 CHARGEABLE MED SUPPLIES	E	CENTRAL SERVICES & SUPPLY	15			612,327	
5 CAFETERIA	F	DIETARY	11		417,847	184,385	
6 RENTALS	G	EMPLOYEE BENEFITS	5			3,917	9
7		PURCHASING	6.03			3,056	
8		ADMINISTRATIVE	6.04			6,909	
9		CASHIERING	6.05			4,501	
10		OTHER ADMINISTRATIVE AND GENERAL	6.06			33,751	
11		OPERATION OF PLANT	8			2,350	
12		RADIOISOTOPE	43			650	
13		DIETARY	11			3,297	
14		NURSING ADMINISTRATION	14			4,250	
15		CT SCAN	43.01			25,000	
16		PHARMACY	16			2,220	
17		MEDICAL RECORDS & LIBRARY	17			4,803	
18		ADULTS & PEDIATRICS	25			2,961	
19		INTENSIVE CARE UNIT	26			1,260	
20		SUBPROVIDER	31			1,220	
21		SKILLED NURSING FACILITY	34			1,627	
22		OPERATING ROOM	37			46,276	
23		ENDOSCOPY	37.01			103,525	
24		RADIOLOGY-DIAGNOSTIC	41			1,728	
25		LABORATORY	44			1,886	
26		RESPIRATORY THERAPY	49			8,753	
27		PHYSICAL THERAPY	50			1,830	
28		CLINIC	60			3,256	
29		ELECTROCARDIOLOGY	53			1,504	
30		WOUND CARE	60.01			1,748	
31		PHYSICIANS' PRIVATE OFFICES	98			10,738	
32		EMERGENCY	61			5,007	
33 EQUIPMENT DEPRECIATION	H	NEW CAP REL COSTS-BLDG & FIXT	3			1,487,002	9
34 HEART CENTER RECLASS	I	RUSH HEART CENTER	60.04			1,234	
35 DRUGS SOLD	J	PHARMACY	16			2,196,665	
1 WAGE INDEX SALARY ADJUSTMENTS	K	EMPLOYEE BENEFITS	5			75,490	
36 TOTAL RECLASSIFICATIONS					417,847	5,115,031	

(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: 140063	PERIOD: FROM 7/1/2007 TO 6/30/2008	PREPARED 11/24/2008 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: A
EXPLANATION : POSTAGE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PURCHASING	6.03	33,886	OTHER ADMINISTRATIVE AND GENER	6.06	33,886	
TOTAL RECLASSIFICATIONS FOR CODE A			33,886				

RECLASS CODE: B
EXPLANATION : CAPITAL RELATED INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	10,518	OTHER ADMINISTRATIVE AND GENER	6.06	10,518	
TOTAL RECLASSIFICATIONS FOR CODE B			10,518				

RECLASS CODE: D
EXPLANATION : CLINITRON BEDS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	225,501	CENTRAL SERVICES & SUPPLY	15	225,501	
TOTAL RECLASSIFICATIONS FOR CODE D			225,501				

RECLASS CODE: E
EXPLANATION : CHARGEABLE MED SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	612,327	CENTRAL SERVICES & SUPPLY	15	612,327	
TOTAL RECLASSIFICATIONS FOR CODE E			612,327				

RECLASS CODE: F
EXPLANATION : CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	602,232	DIETARY	11	602,232	
TOTAL RECLASSIFICATIONS FOR CODE F			602,232				

RECLASS CODE: G
EXPLANATION : RENTALS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	288,023	EMPLOYEE BENEFITS	5	3,917	
2.00			0	PURCHASING	6.03	3,056	
3.00			0	ADMINISTRATIVE	6.04	6,909	
4.00			0	CASHIERING	6.05	4,501	
5.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	33,751	
6.00			0	OPERATION OF PLANT	8	2,350	
7.00			0	RADIOISOTOPE	43	650	
8.00			0	DIETARY	11	3,297	
9.00			0	NURSING ADMINISTRATION	14	4,250	
10.00			0	CT SCAN	43.01	25,000	
11.00			0	PHARMACY	16	2,220	
12.00			0	MEDICAL RECORDS & LIBRARY	17	4,803	
13.00			0	ADULTS & PEDIATRICS	25	2,961	
14.00			0	INTENSIVE CARE UNIT	26	1,260	
15.00			0	SUBPROVIDER	31	1,220	
16.00			0	SKILLED NURSING FACILITY	34	1,627	
17.00			0	OPERATING ROOM	37	46,276	
18.00			0	ENDOSCOPY	37.01	103,525	
19.00			0	RADIOLOGY-DIAGNOSTIC	41	1,728	
20.00			0	LABORATORY	44	1,886	
21.00			0	RESPIRATORY THERAPY	49	8,753	
22.00			0	PHYSICAL THERAPY	50	1,830	
23.00			0	CLINIC	60	3,256	
24.00			0	ELECTROCARDIOLOGY	53	1,504	
25.00			0	WOUND CARE	60.01	1,748	
26.00			0	PHYSICIANS' PRIVATE OFFICES	98	10,738	
27.00			0	EMERGENCY	61	5,007	
TOTAL RECLASSIFICATIONS FOR CODE G			288,023				

RECLASSIFICATIONS

PROVIDER NO: 140063	PERIOD: FROM 7/1/2007 TO 6/30/2008	PREPARED 11/24/2008 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: H
EXPLANATION : EQUIPMENT DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,487,002	NEW CAP REL COSTS-BLDG & FIXT	3	1,487,002	
TOTAL RECLASSIFICATIONS FOR CODE H			1,487,002				1,487,002

RECLASS CODE: I
EXPLANATION : HEART CENTER RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ELECTROCARDIOLOGY	53	1,234	RUSH HEART CENTER	60.04	1,234	
TOTAL RECLASSIFICATIONS FOR CODE I			1,234				1,234

RECLASS CODE: J
EXPLANATION : DRUGS SOLD

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	2,196,665	PHARMACY	16	2,196,665	
TOTAL RECLASSIFICATIONS FOR CODE J			2,196,665				2,196,665

RECLASS CODE: K
EXPLANATION : WAGE INDEX SALARY ADJUSTMENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	75,490	EMPLOYEE BENEFITS	5	75,490	
TOTAL RECLASSIFICATIONS FOR CODE K			75,490				75,490

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	2,229,052	324,993		324,993		2,554,045	
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE	45,991,484	3,421,784		3,421,784		49,413,268	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT	24,372,216				548	24,371,668	
6 MOVABLE EQUIPMENT	40,360,228	1,158,650		1,158,650		41,518,878	
7 SUBTOTAL	112,952,980	4,905,427		4,905,427	548	117,857,859	
8 RECONCILING ITEMS	1,056,909				1,056,909		
9 TOTAL	111,896,071	4,905,427		4,905,427	-1,056,361	117,857,859	

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	76,338,981		76,338,981	.647721			
4	NEW CAP REL COSTS-MV	41,518,878		41,518,878	.352279			
5	TOTAL	117,857,859		117,857,859	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	1,850,969						1,850,969
4	NEW CAP REL COSTS-MV	2,000,129						2,000,129
5	TOTAL	3,851,098						3,851,098

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	3,416,482						3,416,482
4	NEW CAP REL COSTS-MV							
5	TOTAL	3,416,482						3,416,482

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

ADJUSTMENTS TO EXPENSES

DESCR IPTION (1)	(2) BASIS/CODE 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			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES	B	-30,567	PURCHASING		6.03	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES	A	-118,938	NONPATIENT TELEPHONES		6.01	
10 TELEVISION AND RADIO SERVICE	A	-9,062	OTHER ADMINISTRATIVE AND		6.06	
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,887,111				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1					
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-291,507	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	B	-20	MEDICAL RECORDS & LIBRARY		17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	-33,789	NEW CAP REL COSTS-BLDG &		3	9
32 DEPRECIATION-NEW MOVABLE EQUIP	A	-397	NEW CAP REL COSTS-MVBLE E		4	9
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 OTHER ADJUSTMENTS (SPECIFY)						
37.01 OTHER MISC	B	-175,751	OTHER ADMINISTRATIVE AND		6.06	
37.02 LAB OTHER REVENUE	B	-540	LABORATORY		44	
37.04 SALE OF SILVER	B	-3,349	RADIOLOGY-DIAGNOSTIC		41	
37.05 HOUSE PHYSICIANS	A	-376,388	OTHER ADMINISTRATIVE AND		6.06	
38 OTHER ADJUSTMENTS (SPECIFY)						
38.01 NON OP OTHER EXP	A	-96,020	PHYSICIANS' PRIVATE OFFIC		98	
39 OTHER ADJUSTMENTS (SPECIFY)						
40 PHYSICIAN RECRUITING	B	-82,550	OTHER ADMINISTRATIVE AND		6.06	
41 MISC REV	B	-5,675	PULMONARY REHAB		60.02	
42 MISC REV	B	-22,763	CLINIC		60	
43 JURY DUTY	B	-607	OTHER ADMINISTRATIVE AND		6.06	
44 INFO CENTER	B	-4,225	OTHER ADMINISTRATIVE AND		6.06	
45 EMPLOYEE IDS	B	-590	EMPLOYEE BENEFITS		5	
46 OTHER ADJUSTMENTS (SPECIFY)						
47 OTHER ADJUSTMENTS (SPECIFY)						
48 PHYSICIAN PRACTICE AMORT	A	-55,240	NEW CAP REL COSTS-BLDG &		3	9
49 OTHER ADJUSTMENTS (SPECIFY)						
50 TOTAL (SUM OF LINES 1 THRU 49)		-4,195,089				

(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: 14-0063
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/24/2008
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 26	ICU	22,500	22,500					
2 31	REHAB UNIT	227,136		227,136	177,200	2,080	177,200	8,860
3 34	SNF	8,320	8,320					
4 37	1 ENDOSCOPY	70,000	70,000					
5 40	ANESTHESIOLOGY	50,000	50,000					
6								
7 43	RADIOLOGY THERAPUTIC	6,000	6,000					
8								
9 44	LAB	49,992	49,992					
10 49	RESP THERAPY	22,500	22,500					
11 53	EKG	42,862	42,862					
12 54	EEG	11,400	11,400					
13 60	CLINIC	455,017	455,017					
14 60	1 WOUND CARE	24,000	24,000					
15 60	4 RUSH HEART CENTER	191,244	191,244					
16 61	ER	1,837,515	1,837,515					
17 61	ER MEDICAL DIRECTOR	116,705		116,705	177,200	832	70,880	3,544
18 60	MEDICAL DIRECTOR	124,000		124,000	177,200	1,612	137,330	6,867
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	3,259,191	2,791,350	467,841		4,524	385,410	19,271

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0063
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/24/2008
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 26	ICU							22,500
2 31	REHAB UNIT					177,200	49,936	49,936
3 34	SNF							8,320
4 37	1 ENDOSCOPY							70,000
5 40	ANESTHESIOLOGY							50,000
6								
7 43	RADIOLOGY THERAPUTIC							6,000
8								
9 44	LAB							49,992
10 49	RESP THERAPY							22,500
11 53	EKG							42,862
12 54	EEG							11,400
13 60	CLINIC							455,017
14 60	1 WOUND CARE							24,000
15 60	4 RUSH HEART CENTER							191,244
16 61	ER							1,837,515
17 61	ER MEDICAL DIRECTOR					70,880	45,825	45,825
18 60	MEDICAL DIRECTOR					137,330		
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					385,410	95,761	2,887,111

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 14-0063 I FROM 7/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 6/30/2008 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
4	NEW CAP REL COSTS-MVBLE EQUIP	3	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	4	GROSS SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	5	NBR OF PHONES	ENTERED
6.02	DATA PROCESSING	6	# OF TERM	ENTERED
6.03	PURCHASING	7	SUPPLIES EXPENSE	ENTERED
6.04	ADMITTING	8	GROSS CHARGES	ENTERED
6.05	CASHIERING	8	GROSS CHARGES	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	-9	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	10	SQUARE FEET	NOT ENTERED
8	OPERATION OF PLANT	11	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	12	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	13	HOURS OF SERVICE	ENTERED
11	DIETARY	14	MEALS SERVED	ENTERED
12	CAFETERIA	15	PROD FTE'S	ENTERED
14	NURSING ADMINISTRATION	16	FTE	ENTERED
15	CENTRAL SERVICES & SUPPLY	17	COSTED REQUIS.	ENTERED
16	PHARMACY	18	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	8	GROSS CHARGES	ENTERED
18	SOCIAL SERVICE	19	TIME SPENT	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	20	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT TELEPHONES
	0	1	2	3	4	5	6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	1,850,969			1,850,969			
005 NEW CAP REL COSTS-MVBLE E	2,000,129				2,000,129		
006 EMPLOYEE BENEFITS	9,271,111			23,769	2,872	9,297,752	
006 01 NONPATIENT TELEPHONES	622			2,051	1,609		4,282
006 02 DATA PROCESSING	800,063			18,927	150,011	115,086	85
006 03 PURCHASING	293,383			55,967	7,948	60,406	114
006 04 ADMINISTRATION	827,854			14,281	8,420	173,891	92
006 05 CASHIERING	2,333,808			21,174	38,944	201,983	170
006 06 OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS	10,716,877			81,809	58,618	571,895	514
008 OPERATION OF PLANT	4,338,850			683,444	48,642	242,300	227
009 LAUNDRY & LINEN SERVICE	85,111			7,977	361	13,367	
010 HOUSEKEEPING	1,017,753			14,747	7,356	156,210	28
011 DIETARY	700,233			70,371	12,539	119,181	178
012 CAFETERIA	310,725					102,020	
014 NURSING ADMINISTRATION	840,292			16,746	34,014	193,175	92
015 CENTRAL SERVICES & SUPPLY	191,004			35,821	31,175	44,583	50
016 PHARMACY	1,522,026			10,480	11,829	268,081	71
017 MEDICAL RECORDS & LIBRARY	832,063			28,297	45,509	121,445	256
018 SOCIAL SERVICE	589,512			2,760	206	85,262	21
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	154,462						
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	5,511,780			118,518	74,260	1,133,858	362
026 INTENSIVE CARE UNIT	2,590,449			32,603	86,569	461,747	135
031 SUBPROVIDER	1,434,957			49,306	12,045	240,635	227
034 SKILLED NURSING FACILITY	1,533,151			68,403	12,588	338,808	128
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	7,186,302			86,564	159,912	471,597	213
038 ENDOSCOPY	691,624			17,721	59,620	119,287	128
040 RECOVERY ROOM	662,831			7,032	7,001	155,242	
041 ANESTHESIOLOGY	360,985			1,668	35,910	36,724	
042 RADIOLOGY-DIAGNOSTIC	3,107,892			62,864	340,283	430,641	213
043 RADIOLOGY-THERAPEUTIC							
043 01 RADIOISOTOPE	779,041			61,218	280,786	99,179	170
043 02 CT SCAN	614,319			2,164	142,540	77,604	21
044 02 ULTRASOUND/VASC LAB	440,633			2,595	62,024	78,260	28
044 LABORATORY	2,769,631			42,304	57,307	356,230	263
046 WHOLE BLOOD & PACKED RED	581,399			2,377	58	34,888	
049 RESPIRATORY THERAPY	734,492			7,271	53,239	150,455	71
050 PHYSICAL THERAPY	1,159,235			42,705	9,050	211,511	57
051 OCCUPATIONAL THERAPY	680,118			5,617	1,252	116,154	14
052 SPEECH PATHOLOGY	160,246			1,019	146	33,415	21
053 ELECTROCARDIOLOGY	368,446			5,238	36,147	70,753	
054 ELECTROENCEPHALOGRAPHY	58,153			1,058	1,705	13,633	7
054 01 SLEEP LAB							
055 MEDICAL SUPPLIES CHARGED	612,327						
056 DRUGS CHARGED TO PATIENTS	2,196,665						
057 RENAL DIALYSIS	531,750				103		
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	698,450			79,484	20,251	170,495	163
060 02 WOUND CARE	827,707			18,335	6,158	94,594	14
060 03 PULMONARY REHAB	58,776				4,928	14,050	
060 04 SPINE CENTER							
061 RUSH HEART CENTER							
061 EMERGENCY	2,555,845			40,306	38,509	927,147	135
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)							
095 SUBTOTALS	77,584,051			1,844,991	1,962,444	8,305,792	4,268
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	656			4,585	52		14
098 ADC					8,245		
098 PHYSICIANS' PRIVATE OFFICE	5,556,539			1,393	29,388	991,960	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	83,141,246			1,850,969	2,000,129	9,297,752	4,282

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING	ADMINISTRATIVE	CASHIERING	SUBTOTAL	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.02	6.03	6.04	6.05	6a.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	1,084,172						
006 03 PURCHASING	31,655	449,473					
006 04 ADMINISTRATIVE	39,568	1,561	1,065,667				
006 05 CASHIERING	122,662	2,013		2,720,754			
006 06 OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS	178,058	3,822			11,611,593	11,611,593	
008 OPERATION OF PLANT	23,741	576			5,337,780	866,498	
009 LAUNDRY & LINEN SERVICE		35			106,851	17,345	
010 HOUSEKEEPING	11,870	34			1,207,998	196,098	
011 DIETARY	23,741	1,207			927,450	150,556	
012 CAFETERIA					412,745	67,002	
014 NURSING ADMINISTRATION	39,568	557			1,124,444	182,534	
015 CENTRAL SERVICES & SUPPLY	11,870	37,566			352,069	57,152	
016 PHARMACY	47,482	11,333			1,871,302	303,774	
017 MEDICAL RECORDS & LIBRARY	114,748	1,144			1,143,462	185,622	
018 SOCIAL SERVICE	7,914	67			685,742	111,319	
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C		42			154,504	25,081	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	51,439	14,900	81,263	207,481	7,193,861	1,167,801	
026 INTENSIVE CARE UNIT	19,784	6,443	30,255	77,248	3,305,233	536,548	
031 SUBPROVIDER	7,914	2,243	15,284	39,022	1,801,633	292,464	
034 SKILLED NURSING FACILITY	19,784	2,244	16,833	42,977	2,034,916	330,334	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	19,784	186,456	174,299	445,021	8,730,148	1,417,163	
038 ENDOSCOPY	15,827	13,045	32,753	83,626	1,033,631	167,792	
040 RECOVERY ROOM	7,914	295	23,261	59,390	922,966	149,828	
041 ANESTHESIOLOGY		24,968	25,509	65,130	550,894	89,428	
042 RADIOLOGY-DIAGNOSTIC	91,007	62,540	73,941	188,787	4,358,168	707,474	
043 RADIOLOGY-THERAPEUTIC							
043 01 RADIOISOTOPE	27,698	3,294	16,443	41,983	1,309,812	212,626	
043 02 CT SCAN	3,957	2,730	64,303	164,180	1,071,818	173,991	
044 02 ULTRASOUND/VASC LAB	3,957	1,417	18,635	47,579	655,128	106,349	
044 LABORATORY	63,309	17,667	184,350	470,568	3,961,629	643,103	
046 WHOLE BLOOD & PACKED RED		720	8,345	21,307	649,094	105,369	
049 RESPIRATORY THERAPY	27,698	6,813	28,951	73,917	1,082,907	175,792	
050 PHYSICAL THERAPY	7,914	2,819	36,892	94,194	1,564,377	253,950	
051 OCCUPATIONAL THERAPY		2,029	20,114	51,357	876,655	142,310	
052 SPEECH PATHOLOGY		103	2,934	7,490	205,374	33,339	
053 ELECTROCARDIOLOGY	1,947	17,512	44,711	544,754	544,754	88,432	
054 ELECTROENCEPHALOGRAPHY		137	456	1,163	76,312	12,388	
054 01 SLEEP LAB							
055 MEDICAL SUPPLIES CHARGED			8,496	21,691	642,514	104,301	
056 DRUGS CHARGED TO PATIENTS			95,376	243,514	2,535,555	411,604	
057 RENAL DIALYSIS			12,054	30,776	574,683	93,290	
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	11,870	2,543	12,331	31,484	1,027,071	166,728	
060 02 WOUND CARE		6,159	14,053	35,881	1,002,901	162,804	
060 03 PULMONARY REHAB		80	1,685	4,303	83,822	13,607	
060 04 SPINE CENTER							
061 RUSH HEART CENTER							
061 EMERGENCY	51,439	19,862	49,339	125,974	3,808,556	618,254	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,084,172	441,411	1,065,667	2,720,754	76,540,352	10,540,050	
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP		2			5,309	862	
098 ADC		394			8,639	1,402	
101 PHYSICIANS' PRIVATE OFFIC		7,666			6,586,946	1,069,279	
102 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,084,172	449,473	1,065,667	2,720,754	83,141,246	11,611,593	

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 ADMINISTRATION							
006 05 CASHIERING							
006 06 OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS							
007 OPERATION OF PLANT	6,204,278						
009 LAUNDRY & LINEN SERVICE	52,119	176,315					
010 HOUSEKEEPING	96,358		1,500,454				
011 DIETARY	459,797		46,561	1,584,364			
012 CAFETERIA					479,747		
014 NURSING ADMINISTRATION	109,416		13,561		10,874	1,440,829	
015 CENTRAL SERVICES & SUPPLY	234,052		22,602		6,033		671,908
016 PHARMACY	68,477		11,823		13,385		
017 MEDICAL RECORDS & LIBRARY	184,892		31,817		11,821		
018 SOCIAL SERVICE	18,037		3,199		4,873		
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	774,391	54,792	305,517	847,577	82,748	407,903	18,812
026 INTENSIVE CARE UNIT	213,028	15,921	76,153	154,673	27,355	134,329	9,227
031 SUBPROVIDER	322,160	10,980	80,152	188,541	18,684	92,719	2,894
034 SKILLED NURSING FACILITY	446,938	18,746	108,492	393,573	27,749	139,295	2,799
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	565,600	19,593	182,628		29,675	147,926	301,014
037 01 ENDOSCOPY	115,789	5,034	13,561		7,906	39,585	20,672
038 01 RECOVERY ROOM	45,946	2,677	9,041		8,299	41,321	441
040 01 ANESTHESIOLOGY	10,896		22,602		1,607		39,997
041 01 RADIOLOGY-DIAGNOSTIC	410,751	17,573	107,935		33,771		97,961
042 01 RADIOLOGY-THERAPEUTIC							
043 01 RADIOISOTOPE	399,997		34,425		6,522		3,953
043 01 CT SCAN	14,139		9,041		4,490		4,096
043 02 ULTRASOUND/VASC LAB	16,956		4,520		4,224		2,202
044 02 LABORATORY	276,413	7	90,410		29,611		23,969
046 02 WHOLE BLOOD & PACKED RED	15,533		4,520		2,394		1,176
049 02 RESPIRATORY THERAPY	47,510		12,240		9,736	48,216	10,830
050 02 PHYSICAL THERAPY	279,031	2,925	54,246		14,300	70,106	3,851
051 02 OCCUPATIONAL THERAPY	36,700	2,640	14,779		6,863	35,053	3,122
052 02 SPEECH PATHOLOGY	6,657		3,199		2,107	10,174	120
053 02 ELECTROCARDIOLOGY	34,224	1,072	54,246		5,277		2,755
054 02 ELECTROENCEPHALOGRAPHY	6,913				479		161
054 01 SLEEP LAB							
055 01 MEDICAL SUPPLIES CHARGED							60,882
056 01 DRUGS CHARGED TO PATIENTS							16,577
057 01 RENAL DIALYSIS							
060 01 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	519,342	1,385	60,644		11,193	55,496	1,956
060 01 WOUND CARE	119,800	1,189	54,246		6,246	31,003	9,418
060 02 PULMONARY REHAB					1,000	4,966	119
060 03 SPINE CENTER							
060 04 RUSH HEART CENTER							
061 04 EMERGENCY	263,355	21,781	63,774		36,942	182,737	27,576
062 04 OBSERVATION BEDS (NON-DIS							
095 04 SPEC PURPOSE COST CENTERS							
095 04 SUBTOTALS	6,165,217	176,315	1,495,934	1,584,364	426,164	1,440,829	666,580
096 04 NONREIMBURS COST CENTERS							
096 04 GIFT, FLOWER, COFFEE SHOP	29,957		4,520		1,915		
096 01 ADC							56
098 01 PHYSICIANS' PRIVATE OFFICE	9,104				51,668		5,272
101 01 CROSS FOOT ADJUSTMENT							
102 01 NEGATIVE COST CENTER							
103 01 TOTAL	6,204,278	176,315	1,500,454	1,584,364	479,747	1,440,829	671,908

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SERVICES-SALARY & FRI 22	I&R SERVICES-OTHER PRGM C 23	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 ADMINISTRATION							
006 05 CASHIERING							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	2,268,761						
017 MEDICAL RECORDS & LIBRARY		1,557,614					
018 SOCIAL SERVICE			823,170				
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C					179,585		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		118,785	617,132		179,585	11,768,904	-179,585
026 INTENSIVE CARE UNIT		44,226				4,516,693	
031 SUBPROVIDER		22,341	206,038			3,038,606	
034 SKILLED NURSING FACILITY		24,605				3,527,447	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		254,780				11,648,527	
038 01 ENDOSCOPY		47,877				1,451,847	
040 01 RECOVERY ROOM		34,001				1,214,520	
041 01 ANESTHESIOLOGY		37,287				752,711	
042 01 RADIOLOGY-DIAGNOSTIC		108,083				5,841,716	
043 01 RADIOLOGY-THERAPEUTIC							
043 01 RADIOISOTOPE		24,036				1,991,371	
043 01 CT SCAN		93,995				1,371,570	
043 02 ULTRASOUND/VASC LAB		27,239				816,618	
044 02 LABORATORY		269,355				5,294,497	
046 02 WHOLE BLOOD & PACKED RED		12,199				790,285	
049 02 RESPIRATORY THERAPY		42,319				1,429,550	
050 02 PHYSICAL THERAPY		53,927				2,296,713	
051 02 OCCUPATIONAL THERAPY		29,402				1,147,524	
052 02 SPEECH PATHOLOGY		4,288				265,258	
053 02 ELECTROCARDIOLOGY		25,598				756,358	
054 02 ELECTROENCEPHALOGRAPHY		666				96,919	
054 01 SLEEP LAB							
055 01 MEDICAL SUPPLIES CHARGED		12,418				820,115	
056 01 DRUGS CHARGED TO PATIENTS	2,268,761	139,415				5,371,912	
057 01 RENAL DIALYSIS		17,619				685,592	
060 01 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC		18,025				1,861,840	
060 01 WOUND CARE		20,542				1,408,149	
060 02 PULMONARY REHAB		2,464				105,978	
060 03 SPINE CENTER							
060 04 RUSH HEART CENTER							
061 04 EMERGENCY		72,122				5,095,097	
062 04 OBSERVATION BEDS (NON-DIS							
095 04 SPEC PURPOSE COST CENTERS							
095 04 SUBTOTALS	2,268,761	1,557,614	823,170		179,585	75,366,317	-179,585
096 04 NONREIMBURS COST CENTERS							
096 04 GIFT, FLOWER, COFFEE SHOP						42,563	
096 01 ADC						10,097	
098 01 PHYSICIANS' PRIVATE OFFICE						7,722,269	
101 01 CROSS FOOT ADJUSTMENT							
102 01 NEGATIVE COST CENTER							
103 01 TOTAL	2,268,761	1,557,614	823,170		179,585	83,141,246	-179,585

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0063
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/24/2008
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION		TOTAL
		27
001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
006 01	NONPATIENT TELEPHONES	
006 02	DATA PROCESSING	
006 03	PURCHASING	
006 04	ADMINISTRATIVE	
006 05	CASHIERING	
006 06	OTHER ADMINISTRATIVE AND	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	11,589,319
026	INTENSIVE CARE UNIT	4,516,693
031	SUBPROVIDER	3,038,606
034	SKILLED NURSING FACILITY	3,527,447
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	11,648,527
037 01	ENDOSCOPY	1,451,847
038	RECOVERY ROOM	1,214,520
040	ANESTHESIOLOGY	752,711
041	RADIOLOGY-DIAGNOSTIC	5,841,716
042	RADIOLOGY-THERAPEUTIC	
043	RADIOISOTOPE	1,991,371
043 01	CT SCAN	1,371,570
043 02	ULTRASOUND/VASC LAB	816,618
044	LABORATORY	5,294,497
046	WHOLE BLOOD & PACKED RED	790,285
049	RESPIRATORY THERAPY	1,429,550
050	PHYSICAL THERAPY	2,296,713
051	OCCUPATIONAL THERAPY	1,147,524
052	SPEECH PATHOLOGY	265,258
053	ELECTROCARDIOLOGY	756,358
054	ELECTROENCEPHALOGRAPHY	96,919
054 01	SLEEP LAB	
055	MEDICAL SUPPLIES CHARGED	820,115
056	DRUGS CHARGED TO PATIENTS	5,371,912
057	RENAL DIALYSIS	685,592
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	1,861,840
060 01	WOUND CARE	1,408,149
060 02	PULMONARY REHAB	105,978
060 03	SPINE CENTER	
060 04	RUSH HEART CENTER	
061	EMERGENCY	5,095,097
062	OBSERVATION BEDS (NON-DIS	
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	75,186,732
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	42,563
096 01	ADC	10,097
098	PHYSICIANS' PRIVATE OFFICE	7,722,269
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	82,961,661

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0063 PERIOD: FROM 7/1/2007 TO 6/30/2008 PREPARED 11/24/2008 WORKSHEET B PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL COSTS-BLDG & OSTS 1	OLD CAP REL COSTS-MVBLE E OSTS 2	NEW CAP REL COSTS-BLDG & OSTS 3	NEW CAP REL COSTS-MVBLE E OSTS 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				23,769	2,872	26,641	26,641
006 01 NONPATIENT TELEPHONES				2,051	1,609	3,660	
006 02 DATA PROCESSING				18,927	150,011	168,938	330
006 03 PURCHASING				55,967	7,948	63,915	173
006 04 ADMINISTRATION				14,281	8,420	22,701	499
006 05 CASHIERING				21,174	38,944	60,118	579
006 06 OTHER ADMINISTRATIVE AND				81,809	58,618	140,427	1,640
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT				683,444	48,642	732,086	695
009 LAUNDRY & LINEN SERVICE				7,977	361	8,338	38
010 HOUSEKEEPING				14,747	7,356	22,103	448
011 DIETARY				70,371	12,539	82,910	342
012 CAFETERIA							292
014 NURSING ADMINISTRATION				16,746	34,014	50,760	554
015 CENTRAL SERVICES & SUPPLY				35,821	31,175	66,996	128
016 PHARMACY				10,480	11,829	22,309	769
017 MEDICAL RECORDS & LIBRARY				28,297	45,509	73,806	348
018 SOCIAL SERVICE				2,760	206	2,966	244
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				118,518	74,260	192,778	3,237
026 INTENSIVE CARE UNIT				32,603	86,569	119,172	1,324
031 SUBPROVIDER				49,306	12,045	61,351	690
034 SKILLED NURSING FACILITY				68,403	12,588	80,991	971
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM				86,564	159,912	246,476	1,352
038 ENDOSCOPY				17,721	59,620	77,341	342
040 RECOVERY ROOM				7,032	7,001	14,033	445
041 ANESTHESIOLOGY				1,668	35,910	37,578	105
042 RADIOLOGY-DIAGNOSTIC				62,864	340,283	403,147	1,235
043 RADIOLOGY-THERAPEUTIC							
043 01 RADIOISOTOPE				61,218	280,786	342,004	284
043 02 CT SCAN				2,164	142,540	144,704	222
044 ULTRASOUND/VASC LAB				2,595	62,024	64,619	224
046 LABORATORY				42,304	57,307	99,611	1,021
049 WHOLE BLOOD & PACKED RED				2,377	58	2,435	100
050 RESPIRATORY THERAPY				7,271	53,239	60,510	431
051 PHYSICAL THERAPY				42,705	9,050	51,755	606
052 OCCUPATIONAL THERAPY				5,617	1,252	6,869	333
053 SPEECH PATHOLOGY				1,019	146	1,165	96
054 ELECTROCARDIOLOGY				5,238	36,147	41,385	203
054 01 ELECTROENCEPHALOGRAPHY				1,058	1,705	2,763	39
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS					103	103	
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC				79,484	20,251	99,735	489
060 02 WOUND CARE				18,335	6,158	24,493	271
060 03 PULMONARY REHAB					4,928	4,928	40
060 04 SPINE CENTER							
061 RUSH HEART CENTER							
061 EMERGENCY				40,306	38,509	78,815	2,658
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS				1,844,991	1,962,444	3,807,435	23,797
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP				4,585	52	4,637	
098 ADC					8,245	8,245	
101 PHYSICIANS' PRIVATE OFFIC				1,393	29,388	30,781	2,844
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL				1,850,969	2,000,129	3,851,098	26,641

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING	ADMINISTRATIVE	CASHIERING	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	3,660						
006 02 DATA PROCESSING	73	169,341					
006 03 PURCHASING	97	4,944	69,129				
006 04 ADMINISTRATIVE	79	6,180	240	29,699			
006 05 CASHIERING	146	19,159	310		80,312		
006 06 OTHER ADMINISTRATIVE AND	437	27,815	588			170,907	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	194	3,708	89			12,752	
009 LAUNDRY & LINEN SERVICE			5			255	
010 HOUSEKEEPING	24	1,854	5			2,886	
011 DIETARY	152	3,708	186			2,216	
012 CAFETERIA						986	
014 NURSING ADMINISTRATION	79	6,180	86			2,686	
015 CENTRAL SERVICES & SUPPLY	42	1,854	5,778			841	
016 PHARMACY	61	7,416	1,743			4,471	
017 MEDICAL RECORDS & LIBRARY	219	17,923	176			2,732	
018 SOCIAL SERVICE	18	1,236	10			1,638	
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C			6			369	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	310	8,034	2,292	2,272	6,118	17,186	
026 INTENSIVE CARE UNIT	115	3,090	991	846	2,278	7,896	
031 SUBPROVIDER	194	1,236	345	427	1,151	4,304	
034 SKILLED NURSING FACILITY	109	3,090	345	471	1,267	4,861	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	182	3,090	28,675	4,872	13,122	20,880	
038 01 ENDOSCOPY	109	2,472	2,006	916	2,466	2,469	
040 RECOVERY ROOM		1,236	45	650	1,751	2,205	
041 ANESTHESIOLOGY			3,840	713	1,920	1,316	
042 RADIOLOGY-DIAGNOSTIC	182	14,215	9,619	2,067	5,566	10,412	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	146	4,326	507	460	1,238	3,129	
043 01 CT SCAN	18	618	420	1,798	4,841	2,561	
043 02 ULTRASOUND/VASC LAB	24	618	218	521	1,403	1,565	
044 LABORATORY	225	9,889	2,717	5,062	13,966	9,464	
046 WHOLE BLOOD & PACKED RED			111	233	628	1,551	
049 RESPIRATORY THERAPY	61	4,326	1,048	809	2,179	2,587	
050 PHYSICAL THERAPY	49	1,236	434	1,031	2,777	3,737	
051 OCCUPATIONAL THERAPY	12		312	562	1,514	2,094	
052 SPEECH PATHOLOGY	18		16	82	221	491	
053 ELECTROCARDIOLOGY			300	490	1,318	1,301	
054 ELECTROENCEPHALOGRAPHY	6		21	13	34	182	
054 01 SLEEP LAB							
055 MEDICAL SUPPLIES CHARGED				237	640	1,535	
056 DRUGS CHARGED TO PATIENTS				2,666	7,180	6,057	
057 RENAL DIALYSIS				337	907	1,373	
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	140	1,854	391	345	928	2,454	
060 01 WOUND CARE	12		947	393	1,058	2,396	
060 02 PULMONARY REHAB			12	47	127	200	
060 03 SPINE CENTER							
060 04 RUSH HEART CENTER							
061 EMERGENCY	115	8,034	3,055	1,379	3,714	9,099	
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	3,648	169,341	67,889	29,699	80,312	155,137	
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	12					13	
098 ADC			61			21	
101 PHYSICIANS' PRIVATE OFFIC			1,179			15,736	
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
103 TOTAL	3,660	169,341	69,129	29,699	80,312	170,907	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 ADMINISTRATION							
006 05 CASHIERING							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	749,524						
009 LAUNDRY & LINEN SERVICE	6,296	14,932					
010 HOUSEKEEPING	11,641		38,961				
011 DIETARY	55,547		1,209	146,270			
012 CAFETERIA					1,278		
014 NURSING ADMINISTRATION	13,218		352		29	73,944	
015 CENTRAL SERVICES & SUPPLY	28,275		587		16		104,517
016 PHARMACY	8,273		307		36		
017 MEDICAL RECORDS & LIBRARY	22,336		826		31		
018 SOCIAL SERVICE	2,179		83		13		
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	93,552	4,639	7,932	78,249	221	20,933	2,926
026 INTENSIVE CARE UNIT	25,735	1,348	1,977	14,280	73	6,894	1,435
031 SUBPROVIDER	38,919	930	2,081	17,406	50	4,758	450
034 SKILLED NURSING FACILITY	53,994	1,588	2,817	36,335	74	7,149	435
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	68,329	1,659	4,742		79	7,592	46,820
037 01 ENDOSCOPY	13,988	426	352		21	2,032	3,216
038 01 RECOVERY ROOM	5,551	227	235		22	2,121	69
040 01 ANESTHESIOLOGY	1,316		587		4		6,222
041 01 RADIOLOGY-DIAGNOSTIC	49,622	1,488	2,803		90		15,238
042 01 RADIOLOGY-THERAPEUTIC							
043 01 RADIOISOTOPE	48,323		894		17		615
043 01 CT SCAN	1,708		235		12		637
043 02 ULTRASOUND/VASC LAB	2,048		117		11		342
044 02 LABORATORY	33,393	1	2,348		79		3,729
046 02 WHOLE BLOOD & PACKED RED	1,877		117		6		183
049 02 RESPIRATORY THERAPY	5,740		318		26	2,474	1,685
050 02 PHYSICAL THERAPY	33,709	248	1,409		38	3,598	599
051 02 OCCUPATIONAL THERAPY	4,434	224	384		18	1,799	486
052 02 SPEECH PATHOLOGY	804		83		6	522	19
053 02 ELECTROCARDIOLOGY	4,135	91	1,409		14		429
054 02 ELECTROENCEPHALOGRAPHY	835				1		25
054 01 SLEEP LAB							
055 01 MEDICAL SUPPLIES CHARGED							9,471
056 01 DRUGS CHARGED TO PATIENTS							2,579
057 01 RENAL DIALYSIS							
060 01 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	62,740	117	1,575		30	2,848	304
060 01 WOUND CARE	14,473	101	1,409		17	1,591	1,465
060 02 PULMONARY REHAB					3	255	19
060 03 SPINE CENTER							
060 04 RUSH HEART CENTER							
061 04 EMERGENCY	31,815	1,845	1,656		98	9,378	4,290
062 04 OBSERVATION BEDS (NON-DIS							
062 04 SPEC PURPOSE COST CENTERS							
095 04 SUBTOTALS	744,805	14,932	38,844	146,270	1,135	73,944	103,688
096 04 NONREIMBURS COST CENTERS							
096 04 GIFT, FLOWER, COFFEE SHOP	3,619		117		5		
096 01 ADC							9
098 01 PHYSICIANS' PRIVATE OFFICE	1,100				138		820
101 01 CROSS FOOT ADJUSTMENTS							
102 01 NEGATIVE COST CENTER							
103 01 TOTAL	749,524	14,932	38,961	146,270	1,278	73,944	104,517

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SERVICES-SALARY & FRI 22	I&R SERVICES-OTHER PRGM C 23	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 ADMINISTRATION							
006 05 CASHIERING							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	45,385						
017 MEDICAL RECORDS & LIBRARY		118,397					
018 SOCIAL SERVICE			8,387				
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C					375		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		9,027	6,288			455,994	
031 INTENSIVE CARE UNIT		3,361				190,815	
034 SUBPROVIDER		1,698	2,099			138,089	
037 SKILLED NURSING FACILITY		1,870				196,367	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		19,362				467,232	
037 02 ENDOSCOPY		3,638				111,794	
038 03 RECOVERY ROOM		2,584				31,174	
040 04 ANESTHESIOLOGY		2,834				56,435	
041 05 RADIOLOGY-DIAGNOSTIC		8,214				523,898	
042 06 RADIOLOGY-THERAPEUTIC							
043 01 RADIOISOTOPE		1,827				403,770	
043 02 CT SCAN		7,143				164,917	
043 03 ULTRASOUND/VASC LAB		2,070				73,780	
044 04 LABORATORY		20,495				202,000	
046 05 WHOLE BLOOD & PACKED RED		927				8,168	
049 06 RESPIRATORY THERAPY		3,216				85,410	
050 07 PHYSICAL THERAPY		4,098				105,324	
051 08 OCCUPATIONAL THERAPY		2,234				21,275	
052 09 SPEECH PATHOLOGY		326				3,849	
053 10 ELECTROCARDIOLOGY		1,945				53,020	
054 11 ELECTROENCEPHALOGRAPHY		51				3,970	
054 01 SLEEP LAB							
055 02 MEDICAL SUPPLIES CHARGED		944				12,827	
056 03 DRUGS CHARGED TO PATIENTS	45,385	10,595				74,462	
057 04 RENAL DIALYSIS		1,339				4,059	
060 05 OUTPAT SERVICE COST CNTRS							
060 06 CLINIC		1,370				175,320	
060 01 WOUND CARE		1,561				50,187	
060 02 PULMONARY REHAB		187				5,818	
060 03 SPINE CENTER							
060 04 RUSH HEART CENTER							
061 05 EMERGENCY		5,481				161,432	
062 06 OBSERVATION BEDS (NON-DIS							
095 07 SPEC PURPOSE COST CENTERS							
095 08 SUBTOTALS	45,385	118,397	8,387			3,781,386	
096 09 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP						8,403	
098 02 ADC						8,336	
101 03 PHYSICIANS' PRIVATE OFFICE						52,598	
102 04 CROSS FOOT ADJUSTMENTS					375	375	
103 05 NEGATIVE COST CENTER							
TOTAL	45,385	118,397	8,387		375	3,851,098	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0063
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/24/2008
 WORKSHEET B
 PART III

TOTAL

27

001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
006	01 NONPATIENT TELEPHONES	
006	02 DATA PROCESSING	
006	03 PURCHASING	
006	04 ADMINISTRATION	
006	05 CASHIERING	
006	06 OTHER ADMINISTRATIVE AND	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	455,994
026	INTENSIVE CARE UNIT	190,815
031	SUBPROVIDER	138,089
034	SKILLED NURSING FACILITY	196,367
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	467,232
037	01 ENDOSCOPY	111,794
038	RECOVERY ROOM	31,174
040	ANESTHESIOLOGY	56,435
041	RADIOLOGY-DIAGNOSTIC	523,898
042	RADIOLOGY-THERAPEUTIC	
043	RADIOISOTOPE	403,770
043	01 CT SCAN	164,917
043	02 ULTRASOUND/VASC LAB	73,780
044	LABORATORY	202,000
046	WHOLE BLOOD & PACKED RED	8,168
049	RESPIRATORY THERAPY	85,410
050	PHYSICAL THERAPY	105,324
051	OCCUPATIONAL THERAPY	21,275
052	SPEECH PATHOLOGY	3,849
053	ELECTROCARDIOLOGY	53,020
054	ELECTROENCEPHALOGRAPHY	3,970
054	01 SLEEP LAB	
055	MEDICAL SUPPLIES CHARGED	12,827
056	DRUGS CHARGED TO PATIENTS	74,462
057	RENAL DIALYSIS	4,059
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	175,320
060	01 WOUND CARE	50,187
060	02 PULMONARY REHAB	5,818
060	03 SPINE CENTER	
060	04 RUSH HEART CENTER	
061	EMERGENCY	161,432
062	OBSERVATION BEDS (NON-DIS	
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	3,781,386
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	8,403
096	01 ADC	8,336
098	PHYSICIANS' PRIVATE OFFIC	52,598
101	CROSS FOOT ADJUSTMENTS	375
102	NEGATIVE COST CENTER	
103	TOTAL	3,851,098

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0063
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/24/2008
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TELEPHONES
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	FITS (GROSS SALARIES)	(NBR OF PHONES)
	1	2	3	4	5	6.01
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	425,111					
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			425,111			
004 NEW CAP REL COSTS-MVB				1,902,083		
005 EMPLOYEE BENEFITS	5,459		5,459	2,731	38,081,085	
006 01 NONPATIENT TELEPHONES	471		471	1,530		603
006 02 DATA PROCESSING	4,347		4,347	142,657	471,360	12
006 03 PURCHASING	12,854		12,854	7,558	247,405	16
006 04 ADMITTING	3,280		3,280	8,007	712,208	13
006 05 CASHIERING	4,863		4,863	37,035	827,268	24
006 06 OTHER ADMINISTRATIVE	18,789		18,789	55,745	2,342,325	72
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT	156,966		156,966	46,258	992,393	32
009 LAUNDRY & LINEN SERVICE	1,832		1,832	343	54,748	
010 HOUSEKEEPING	3,387		3,387	6,995	639,795	4
011 DIETARY	16,162		16,162	11,924	488,131	25
012 CAFETERIA					417,847	
014 NURSING ADMINISTRATION	3,846		3,846	32,347	791,192	13
015 CENTRAL SERVICES & SUPPLIES	8,227		8,227	29,647	182,598	7
016 PHARMACY	2,407		2,407	11,249	1,097,986	10
017 MEDICAL RECORDS & LIBRARY	6,499		6,499	43,278	497,404	36
018 SOCIAL SERVICE	634		634	196	349,208	3
022 I&R SERVICES-SALARY & BENEFITS						
023 I&R SERVICES-OTHER PERSONNEL						
025 ADULTS & PEDIATRICS	27,220		27,220	70,620	4,644,035	51
026 INTENSIVE CARE UNIT	7,488		7,488	82,325	1,891,190	19
031 SUBPROVIDER	11,324		11,324	11,455	985,575	32
034 SKILLED NURSING FACILITY	15,710		15,710	11,971	1,387,665	18
ANCILLARY SERVICE COST CENTER						
037 OPERATING ROOM	19,881		19,881	152,073	1,931,530	30
037 01 ENDOSCOPY	4,070		4,070	56,697	488,567	18
038 RECOVERY ROOM	1,615		1,615	6,658	635,827	
040 ANESTHESIOLOGY	383		383	34,150	150,412	
041 RADIOLOGY-DIAGNOSTIC	14,438		14,438	323,605	1,763,786	30
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE	14,060		14,060	267,022	406,209	24
043 01 CT SCAN	497		497	135,553	317,844	3
043 02 ULTRASOUND/VASC LAB	596		596	58,984	320,530	4
044 LABORATORY	9,716		9,716	54,498	1,459,021	37
046 WHOLE BLOOD & PACKED	546		546	55	142,891	
049 RESPIRATORY THERAPY	1,670		1,670	50,629	616,222	10
050 PHYSICAL THERAPY	9,808		9,808	8,606	866,289	8
051 OCCUPATIONAL THERAPY	1,290		1,290	1,191	475,735	2
052 SPEECH PATHOLOGY	234		234	139	136,857	3
053 ELECTROCARDIOLOGY	1,203		1,203	34,375	289,784	
054 ELECTROENCEPHALOGRAPH	243		243	1,621	55,836	1
054 01 SLEEP LAB						
055 MEDICAL SUPPLIES CHARGED TO PATIENTS						
056 DRUGS CHARGED TO PATIENTS						
057 RENAL DIALYSIS				98		
OUTPATIENT SERVICE COST CENTER						
060 CLINIC	18,255		18,255	19,258	698,302	23
060 01 WOUND CARE	4,211		4,211	5,856	387,433	2
060 02 PULMONARY REHAB				4,686	57,543	
060 03 SPINE CENTER						
060 04 RUSH HEART CENTER						
061 EMERGENCY	9,257		9,257	36,621	3,797,338	19
062 OBSERVATION BEDS (NON-SPECIFIC PURPOSE COST CENTER)						
095 SUBTOTALS	423,738		423,738	1,866,246	34,018,289	601
NONREIMBURSABLE COST CENTER						
096 GIFT, FLOWER, COFFEE	1,053		1,053	49		2
096 01 ADC				7,841		
098 PHYSICIANS' PRIVATE OFFICE	320		320	27,947	4,062,796	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WORKSHEET B, PART I)			1,850,969	2,000,129	9,297,752	4,282
104 UNIT COST MULTIPLIER (WORKSHEET B, PART I)			4.354084		.244157	
105 COST TO BE ALLOCATED (WORKSHEET B, PART II)				1.051547		7.101161
106 UNIT COST MULTIPLIER (WORKSHEET B, PART II)						
107 COST TO BE ALLOCATED (WORKSHEET B, PART III)					26,641	3,660
108 UNIT COST MULTIPLIER					.000700	

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED 11/24/2008
14-0063	FROM 7/ 1/2007	WORKSHEET B-1
	TO 6/30/2008	

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TE
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	LEPHONES
	(SQUARE FEET	(DOLLAR)VALUE	(SQUARE)FEET	(DOLLAR)VALUE	(GROSS)SALARIES	(NBR OF)PHONES
	1	2	3	4	5	6.01
NONREIMBURS COST CENT (WRKSHT B, PT III)						6.069652

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING	ADMINING	CASHIERING	RECONCILIATION	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS
	(# OF TERM	(SUPPLIES)EXPENSE	(GROSS)CHARGES	(GROSS)CHARGES		(ACCUM. COST	(SQUARE)FEET
	6.02	6.03	6.04	6.05	6a.06	6.06	7
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	274						
006 03 PURCHASING	8	4,351,639					
006 04 ADMINING	10	15,115	261,308,803				
006 05 CASHIERING	31	19,491		261,308,803			
006 06 OTHER ADMINIS TRATIVE	45	37,006			-11,611,593	71,529,653	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	6	5,579				5,337,780	
009 LAUNDRY & LINEN SERVI		338				106,851	
010 HOUSEKEEPING	3	330				1,207,998	
011 DIETARY	6	11,690				927,450	
012 CAFETERIA						412,745	
014 NURSING ADMINIS TRATIO	10	5,396				1,124,444	
015 CENTRAL SERVICES & SU	3	363,706				352,069	
016 PHARMACY	12	109,723				1,871,302	
017 MEDICAL RECORDS & LIB	29	11,080				1,143,462	
018 SOCIAL SERVICE	2	652				685,742	
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR		402				154,504	
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICALS	13	144,260	19,927,062	19,927,062		7,193,861	
026 INTENSIVE CARE UNIT	5	62,380	7,419,168	7,419,168		3,305,233	
031 SUBPROVIDER	2	21,717	3,747,808	3,747,808		1,801,633	
034 SKILLED NURSING FACIL	5	21,726	4,127,649	4,127,649		2,034,916	
037 ANCILLARY SRVC COST C							
037 01 OPERATING ROOM	5	1,805,163	42,741,174	42,741,174		8,730,148	
037 01 ENDOSCOPY	4	126,302	8,031,652	8,031,652		1,033,631	
038 RECOVERY ROOM	2	2,852	5,703,954	5,703,954		922,966	
040 ANESTHESIOLOGY		241,735	6,255,237	6,255,237		550,894	
041 RADIOLOGY-DIAGNOSTIC	23	605,493	18,131,629	18,131,629		4,358,168	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	7	31,892	4,032,202	4,032,202		1,309,812	
043 01 CT SCAN	1	26,435	15,768,361	15,768,361		1,071,818	
043 02 ULTRASOUND/VASC LAB	1	13,715	4,569,586	4,569,586		655,128	
044 LABORATORY	16	171,045	45,194,223	45,194,223		3,961,629	
046 WHOLE BLOOD & PACKED		6,973	2,046,409	2,046,409		649,094	
049 RESPIRATORY THERAPY	7	65,959	7,099,242	7,099,242		1,082,907	
050 PHYSICAL THERAPY	2	27,292	9,046,707	9,046,707		1,564,377	
051 OCCUPATIONAL THERAPY		19,641	4,932,439	4,932,439		876,655	
052 SPEECH PATHOLOGY		999	719,351	719,351		205,374	
053 ELECTROCARDIOLOGY		18,854	4,294,165	4,294,165		544,754	
054 ELECTROENCEPHALOGRAPH		1,322	111,740	111,740		76,312	
054 01 SLEEP LAB							
055 MEDICAL SUPPLIES CHAR			2,083,284	2,083,284		642,514	
056 DRUGS CHARGED TO PATI			23,387,820	23,387,820		2,535,555	
057 RENAL DIALYSIS			2,955,783	2,955,783		574,683	
060 OUTPAT SERVICE COST C							
060 01 CLINIC	3	24,619	3,023,828	3,023,828		1,027,071	
060 01 WOUND CARE		59,627	3,446,108	3,446,108		1,002,901	
060 02 PULMONARY REHAB		774	413,311	413,311		83,822	
060 03 SPINE CENTER							
060 04 RUSH HEART CENTER							
061 EMERGENCY	13	192,301	12,098,911	12,098,911		3,808,556	
062 OBSERVATION BEDS (NON							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	274	4,273,584	261,308,803	261,308,803	-11,611,593	64,928,759	
096 NONREIMBURS COST CENT							
096 01 GIFT, FLOWER, COFFEE			18			5,309	
098 ADC			3,813			8,639	
101 PHYSICIANS' PRIVATE O			74,224			6,586,946	
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	1,084,172	449,473	1,065,667	2,720,754		11,611,593	
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.103288		.010412		.162333	
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED	3,956.832117		.004078				
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	169,341	69,129	29,699	80,312		170,907	
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.015886		.000307		.002389	

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0063
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/24/2008
 WORKSHEET B-1

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING	ADMITTING	CASHIERING	RECONCILIATION	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	(# OF TERM)	(SUPPLIES) EXPENSE	(GROSS) CHARGES	(GROSS) CHARGES		(ACCUM. COST	(SQUARE) FEET
NONREIMBURS COST CENT (WRKSHT B, PT III)	6.02	6.03	6.04	6.05	6a.06	6.06	7
	618.032847		.000114				

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(PROD FTE'S)	(FTE)	(COSTED REQUIS.)
	8	9	10	11	12	14	15
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 ADMINISTRATION							
006 05 CASHIERING							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	218,082						
009 LAUNDRY & LINEN SERVICE	1,832	660,702					
010 HOUSEKEEPING	3,387		43,150				
011 DIETARY	16,162		1,339	85,890			
012 CAFETERIA					45,089		
014 NURSING ADMINISTRATION	3,846		390		1,022	29,883	
015 CENTRAL SERVICES & SUPPLY	8,227		650		567		3,983,910
016 PHARMACY	2,407		340		1,258		
017 MEDICAL RECORDS & LIBRARY	6,499		915		1,111		
018 SOCIAL SERVICE	634		92		458		
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
025 ADULTS & PEDIATRICS	27,220	205,318	8,786	45,948	7,777	8,460	111,539
026 INTENSIVE CARE UNIT	7,488	59,661	2,190	8,385	2,571	2,786	54,708
031 SUBPROVIDER	11,324	41,146	2,305	10,221	1,756	1,923	17,162
034 SKILLED NURSING FACILITY	15,710	70,245	3,120	21,336	2,608	2,889	16,595
037 OPERATING ROOM	19,881	73,421	5,252		2,789	3,068	1,784,777
037 01 ENDOSCOPY	4,070	18,862	390		743	821	122,569
038 RECOVERY ROOM	1,615	10,032	260		780	857	2,614
040 ANESTHESIOLOGY	383		650		151		237,153
041 RADIOLOGY-DIAGNOSTIC	14,438	65,850	3,104		3,174		580,838
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	14,060		990		613		23,441
043 01 CT SCAN	497		260		422		24,288
043 02 ULTRASOUND/VASC LAB	596		130		397		13,054
044 LABORATORY	9,716	28	2,600		2,783		142,121
046 WHOLE BLOOD & PACKED	546		130		225		6,973
049 RESPIRATORY THERAPY	1,670		352		915	1,000	64,211
050 PHYSICAL THERAPY	9,808	10,962	1,560		1,344	1,454	22,835
051 OCCUPATIONAL THERAPY	1,290	9,894	425		645	727	18,511
052 SPEECH PATHOLOGY	234		92		198	211	710
053 ELECTROCARDIOLOGY	1,203	4,018	1,560		496		16,337
054 ELECTROENCEPHALOGRAPH	243				45		952
054 01 SLEEP LAB							
055 MEDICAL SUPPLIES CHARGED TO PATIENTS							360,988
056 DRUGS CHARGED TO PATIENTS							98,288
057 RENAL DIALYSIS							
060 OUTPAT SERVICE COST CENTER							
060 CLINIC	18,255	5,189	1,744		1,052	1,151	11,599
060 01 WOUND CARE	4,211	4,457	1,560		587	643	55,844
060 02 PULMONARY REHAB					94	103	708
060 03 SPINE CENTER							
060 04 RUSH HEART CENTER							
061 EMERGENCY	9,257	81,619	1,834		3,472	3,790	163,507
062 OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER)							
095 SUBTOTALS	216,709	660,702	43,020	85,890	40,053	29,883	3,952,322
096 NONREIMBURS COST CENTER							
096 GIFT, FLOWER, COFFEE	1,053		130		180		
096 01 ADC							330
098 PHYSICIANS' PRIVATE OFFICE	320				4,856		31,258
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	6,204,278	176,315	1,500,454	1,584,364	479,747	1,440,829	671,908
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.266860		18.446431		48.215674	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	28.449290		34.772978		10.640001		.168655
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	749,524	14,932	38,961	146,270	1,278	73,944	104,517
108 UNIT COST MULTIPLIER		.022600		1.702992		2.474450	

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0063
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/24/2008
 WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(PROD FTE'S)	(FTE)	(COSTED REQUIS.)
NONREIMBURS COST CENT (WRKSHT B, PT III)	8 3.436891	9 	10 .902920	11 	12 .028344	14 	15 .026235

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	(COSTED REQUIS.)	(GROSS CHARGES)	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)
	16	17	18	22	23
GENERAL SERVICE COST					
001 OLD CAP REL COSTS-BLD					
002 OLD CAP REL COSTS-MVB					
003 NEW CAP REL COSTS-BLD					
004 NEW CAP REL COSTS-MVB					
005 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 DATA PROCESSING					
006 03 PURCHASING					
006 04 ADMINISTRATION					
006 05 CASHIERING					
006 06 OTHER ADMINISTRATIVE					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPORT					
016 PHARMACY	100				
017 MEDICAL RECORDS & LIBRARY		261,308,803			
018 SOCIAL SERVICE			11,738		
022 I&R SERVICES-SALARY & FRI				100	
023 I&R SERVICES-OTHER PROGRAMS					100
025 ADULTS & PEDIATRICS		19,927,062	8,800	100	100
026 INTENSIVE CARE UNIT		7,419,168			
031 SUBPROVIDER		3,747,808	2,938		
034 SKILLED NURSING FACILITY		4,127,649			
037 OPERATING ROOM		42,741,174			
037 01 ENDOSCOPY		8,031,652			
038 RECOVERY ROOM		5,703,954			
040 ANESTHESIOLOGY		6,255,237			
041 RADIOLOGY-DIAGNOSTIC		18,131,629			
042 RADIOLOGY-THERAPEUTIC					
043 RADIOISOTOPE		4,032,202			
043 01 CT SCAN		15,768,361			
043 02 ULTRASOUND/VASC LAB		4,569,586			
044 LABORATORY		45,194,223			
046 WHOLE BLOOD & PACKED		2,046,409			
049 RESPIRATORY THERAPY		7,099,242			
050 PHYSICAL THERAPY		9,046,707			
051 OCCUPATIONAL THERAPY		4,932,439			
052 SPEECH PATHOLOGY		719,351			
053 ELECTROCARDIOLOGY		4,294,165			
054 ELECTROENCEPHALOGRAPH		111,740			
054 01 SLEEP LAB					
055 MEDICAL SUPPLIES CHARGE		2,083,284			
056 DRUGS CHARGED TO PATIENT	100	23,387,820			
057 RENAL DIALYSIS		2,955,783			
060 OUTPAT SERVICE COST CENTER					
060 01 CLINIC		3,023,828			
060 01 WOUND CARE		3,446,108			
060 02 PULMONARY REHAB		413,311			
060 03 SPINE CENTER					
060 04 RUSH HEART CENTER					
061 EMERGENCY		12,098,911			
062 OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER)					
095 SUBTOTALS	100	261,308,803	11,738	100	100
096 NONREIMBURS COST CENTER					
096 01 GIFT, FLOWER, COFFEE					
098 PHYSICIANS' PRIVATE OFFICE					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I))	2,268,761	1,557,614	823,170		179,585
104 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I))	22,687.610000	.005961	70.128642		1,795.850000
105 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I))					
106 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I))	45,385	118,397	8,387		375
107 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I))					
108 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I))					

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0063
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/24/2008
 WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C
	(COSTED REQUIS.	(GROSS CHARGES	(TIME SPENT	(ASSIGNED TIME	(ASSIGNED TIME)
	16	17	18	22	23
NONREIMBURS COST CENT (WRKSHT B, PT III)	453.850000		.714517		3.750000

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	11,589,319		11,589,319		11,589,319
26	INTENSIVE CARE UNIT	4,516,693		4,516,693		4,516,693
31	SUBPROVIDER	3,038,606		3,038,606	49,936	3,088,542
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	3,527,447		3,527,447		3,527,447
37	OPERATING ROOM	11,648,527		11,648,527		11,648,527
37	01 ENDOSCOPY	1,451,847		1,451,847		1,451,847
38	RECOVERY ROOM	1,214,520		1,214,520		1,214,520
40	ANESTHESIOLOGY	752,711		752,711		752,711
41	RADIOLOGY-DIAGNOSTIC	5,841,716		5,841,716		5,841,716
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	1,991,371		1,991,371		1,991,371
43	01 CT SCAN	1,371,570		1,371,570		1,371,570
43	02 ULTRASOUND/VASC LAB	816,618		816,618		816,618
44	LABORATORY	5,294,497		5,294,497		5,294,497
46	WHOLE BLOOD & PACKED RED	790,285		790,285		790,285
49	RESPIRATORY THERAPY	1,429,550		1,429,550		1,429,550
50	PHYSICAL THERAPY	2,296,713		2,296,713		2,296,713
51	OCCUPATIONAL THERAPY	1,147,524		1,147,524		1,147,524
52	SPEECH PATHOLOGY	265,258		265,258		265,258
53	ELECTROCARDIOLOGY	756,358		756,358		756,358
54	ELECTROENCEPHALOGRAPHY	96,919		96,919		96,919
54	01 SLEEP LAB					
55	MEDICAL SUPPLIES CHARGED	820,115		820,115		820,115
56	DRUGS CHARGED TO PATIENTS	5,371,912		5,371,912		5,371,912
57	RENAL DIALYSIS	685,592		685,592		685,592
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,861,840		1,861,840		1,861,840
60	01 WOUND CARE	1,408,149		1,408,149		1,408,149
60	02 PULMONARY REHAB	105,978		105,978		105,978
60	03 SPINE CENTER					
60	04 RUSH HEART CENTER					
61	EMERGENCY	5,095,097		5,095,097	45,825	5,140,922
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	407,385		407,385		407,385
101	SUBTOTAL	75,594,117		75,594,117	95,761	75,689,878
102	LESS OBSERVATION BEDS	407,385		407,385		407,385
103	TOTAL	75,186,732		75,186,732	95,761	75,282,493

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	18,784,497		18,784,497			
26	INTENSIVE CARE UNIT	7,419,168		7,419,168			
31	SUBPROVIDER	3,747,808		3,747,808			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	4,127,649		4,127,649			
37	OPERATING ROOM	11,694,517	31,046,657	42,741,174	.272536	.272536	.272536
37 01	ENDOSCOPY	1,605,082	6,426,570	8,031,652	.180766	.180766	.180766
38	RECOVERY ROOM	1,338,953	4,365,001	5,703,954	.212926	.212926	.212926
40	ANESTHESIOLOGY	1,639,143	4,616,094	6,255,237	.120333	.120333	.120333
41	RADIOLOGY-DIAGNOSTIC	7,509,006	10,622,623	18,131,629	.322184	.322184	.322184
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	715,144	3,317,058	4,032,202	.493867	.493867	.493867
43 01	CT SCAN	5,205,399	10,562,962	15,768,361	.086982	.086982	.086982
43 02	ULTRASOUND/VASC LAB	1,299,609	3,269,977	4,569,586	.178707	.178707	.178707
44	LABORATORY	15,681,275	29,512,948	45,194,223	.117150	.117150	.117150
46	WHOLE BLOOD & PACKED RED	1,722,338	324,071	2,046,409	.386181	.386181	.386181
49	RESPIRATORY THERAPY	5,390,829	1,708,413	7,099,242	.201367	.201367	.201367
50	PHYSICAL THERAPY	4,266,554	4,780,153	9,046,707	.253873	.253873	.253873
51	OCCUPATIONAL THERAPY	3,603,388	1,329,051	4,932,439	.232648	.232648	.232648
52	SPEECH PATHOLOGY	521,139	198,212	719,351	.368746	.368746	.368746
53	ELECTROCARDIOLOGY	1,843,865	2,450,300	4,294,165	.176136	.176136	.176136
54	ELECTROENCEPHALOGRAPHY	85,164	26,576	111,740	.867362	.867362	.867362
54 01	SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED	1,074,304	1,008,980	2,083,284	.393665	.393665	.393665
56	DRUGS CHARGED TO PATIENTS	15,254,971	8,132,849	23,387,820	.229688	.229688	.229688
57	RENAL DIALYSIS	2,715,935	239,848	2,955,783	.231949	.231949	.231949
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,240	1,557,437	1,559,677	1.193734	1.193734	1.193734
60 01	WOUND CARE	17,404	3,428,704	3,446,108	.408620	.408620	.408620
60 02	PULMONARY REHAB		413,311	413,311	.256412	.256412	.256412
60 03	SPINE CENTER						
60 04	RUSH HEART CENTER						
61	EMERGENCY	2,400,833	9,698,078	12,098,911	.421120	.421120	.424908
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	17,946	1,124,619	1,142,565	.356553	.356553	.356553
101	SUBTOTAL	119,684,160	140,160,492	259,844,652			
102	LESS OBSERVATION BEDS						
103	TOTAL	119,684,160	140,160,492	259,844,652			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0063
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 11/24/2008
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	11,768,904		11,768,904		11,768,904
26	INTENSIVE CARE UNIT	4,516,693		4,516,693		4,516,693
31	SUBPROVIDER	3,038,606		3,038,606	49,936	3,088,542
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	3,527,447		3,527,447		3,527,447
37	OPERATING ROOM	11,648,527		11,648,527		11,648,527
37 01	ENDOSCOPY	1,451,847		1,451,847		1,451,847
38	RECOVERY ROOM	1,214,520		1,214,520		1,214,520
40	ANESTHESIOLOGY	752,711		752,711		752,711
41	RADIOLOGY-DIAGNOSTIC	5,841,716		5,841,716		5,841,716
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	1,991,371		1,991,371		1,991,371
43 01	CT SCAN	1,371,570		1,371,570		1,371,570
43 02	ULTRASOUND/VASC LAB	816,618		816,618		816,618
44	LABORATORY	5,294,497		5,294,497		5,294,497
46	WHOLE BLOOD & PACKED RED	790,285		790,285		790,285
49	RESPIRATORY THERAPY	1,429,550		1,429,550		1,429,550
50	PHYSICAL THERAPY	2,296,713		2,296,713		2,296,713
51	OCCUPATIONAL THERAPY	1,147,524		1,147,524		1,147,524
52	SPEECH PATHOLOGY	265,258		265,258		265,258
53	ELECTROCARDIOLOGY	756,358		756,358		756,358
54	ELECTROENCEPHALOGRAPHY	96,919		96,919		96,919
54 01	SLEEP LAB					
55	MEDICAL SUPPLIES CHARGED	820,115		820,115		820,115
56	DRUGS CHARGED TO PATIENTS	5,371,912		5,371,912		5,371,912
57	RENAL DIALYSIS	685,592		685,592		685,592
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,861,840		1,861,840		1,861,840
60 01	WOUND CARE	1,408,149		1,408,149		1,408,149
60 02	PULMONARY REHAB	105,978		105,978		105,978
60 03	SPINE CENTER					
60 04	RUSH HEART CENTER					
61	EMERGENCY	5,095,097		5,095,097	45,825	5,140,922
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)	407,385		407,385		407,385
101	SUBTOTAL	75,773,702		75,773,702	95,761	75,869,463
102	LESS OBSERVATION BEDS	407,385		407,385		407,385
103	TOTAL	75,366,317		75,366,317	95,761	75,462,078

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	18,784,497		18,784,497			
26	INTENSIVE CARE UNIT	7,419,168		7,419,168			
31	SUBPROVIDER	3,747,808		3,747,808			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	4,127,649		4,127,649			
37	OPERATING ROOM	11,694,517	31,046,657	42,741,174	.272536	.272536	.272536
37 01	ENDOSCOPY	1,605,082	6,426,570	8,031,652	.180766	.180766	.180766
38	RECOVERY ROOM	1,338,953	4,365,001	5,703,954	.212926	.212926	.212926
40	ANESTHESIOLOGY	1,639,143	4,616,094	6,255,237	.120333	.120333	.120333
41	RADIOLOGY-DIAGNOSTIC	7,509,006	10,622,623	18,131,629	.322184	.322184	.322184
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	715,144	3,317,058	4,032,202	.493867	.493867	.493867
43 01	CT SCAN	5,205,399	10,562,962	15,768,361	.086982	.086982	.086982
43 02	ULTRASOUND/VASC LAB	1,299,609	3,269,977	4,569,586	.178707	.178707	.178707
44	LABORATORY	15,681,275	29,512,948	45,194,223	.117150	.117150	.117150
46	WHOLE BLOOD & PACKED RED	1,722,338	324,071	2,046,409	.386181	.386181	.386181
49	RESPIRATORY THERAPY	5,390,829	1,708,413	7,099,242	.201367	.201367	.201367
50	PHYSICAL THERAPY	4,266,554	4,780,153	9,046,707	.253873	.253873	.253873
51	OCCUPATIONAL THERAPY	3,603,388	1,329,051	4,932,439	.232648	.232648	.232648
52	SPEECH PATHOLOGY	521,139	198,212	719,351	.368746	.368746	.368746
53	ELECTROCARDIOLOGY	1,843,865	2,450,300	4,294,165	.176136	.176136	.176136
54	ELECTROENCEPHALOGRAPHY	85,164	26,576	111,740	.867362	.867362	.867362
54 01	SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED	1,074,304	1,008,980	2,083,284	.393665	.393665	.393665
56	DRUGS CHARGED TO PATIENTS	15,254,971	8,132,849	23,387,820	.229688	.229688	.229688
57	RENAL DIALYSIS	2,715,935	239,848	2,955,783	.231949	.231949	.231949
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,240	1,557,437	1,559,677	1.193734	1.193734	1.193734
60 01	WOUND CARE	17,404	3,428,704	3,446,108	.408620	.408620	.408620
60 02	PULMONARY REHAB		413,311	413,311	.256412	.256412	.256412
60 03	SPINE CENTER						
60 04	RUSH HEART CENTER						
61	EMERGENCY	2,400,833	9,698,078	12,098,911	.421120	.421120	.424908
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	17,946	1,124,619	1,142,565	.356553	.356553	.356553
101	SUBTOTAL	119,684,160	140,160,492	259,844,652			
102	LESS OBSERVATION BEDS						
103	TOTAL	119,684,160	140,160,492	259,844,652			

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	11,648,527	467,232	11,181,295			11,648,527
37	01 ENDOSCOPY	1,451,847	111,794	1,340,053			1,451,847
38	RECOVERY ROOM	1,214,520	31,174	1,183,346			1,214,520
40	ANESTHESIOLOGY	752,711	56,435	696,276			752,711
41	RADIOLOGY-DIAGNOSTIC	5,841,716	523,898	5,317,818			5,841,716
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	1,991,371	403,770	1,587,601			1,991,371
43	01 CT SCAN	1,371,570	164,917	1,206,653			1,371,570
43	02 ULTRASOUND/VASC LAB	816,618	73,780	742,838			816,618
44	LABORATORY	5,294,497	202,000	5,092,497			5,294,497
46	WHOLE BLOOD & PACKED RED	790,285	8,168	782,117			790,285
49	RESPIRATORY THERAPY	1,429,550	85,410	1,344,140			1,429,550
50	PHYSICAL THERAPY	2,296,713	105,324	2,191,389			2,296,713
51	OCCUPATIONAL THERAPY	1,147,524	21,275	1,126,249			1,147,524
52	SPEECH PATHOLOGY	265,258	3,849	261,409			265,258
53	ELECTROCARDIOLOGY	756,358	53,020	703,338			756,358
54	ELECTROENCEPHALOGRAPHY	96,919	3,970	92,949			96,919
54	01 SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED	820,115	12,827	807,288			820,115
56	DRUGS CHARGED TO PATIENTS	5,371,912	74,462	5,297,450			5,371,912
57	RENAL DIALYSIS	685,592	4,059	681,533			685,592
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,861,840	175,320	1,686,520			1,861,840
60	01 WOUND CARE	1,408,149	50,187	1,357,962			1,408,149
60	02 PULMONARY REHAB	105,978	5,818	100,160			105,978
60	03 SPINE CENTER						
60	04 RUSH HEART CENTER						
61	EMERGENCY	5,095,097	161,432	4,933,665			5,095,097
62	OBSERVATION BEDS (NON-DIS	407,385	16,029	391,356			407,385
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	52,922,052	2,816,150	50,105,902			52,922,052
102	LESS OBSERVATION BEDS	407,385	16,029	391,356			407,385
103	TOTAL	52,514,667	2,800,121	49,714,546			52,514,667

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	42,741,174	.272536	.272536
37 01	ENDOSCOPY	8,031,652	.180766	.180766
38	RECOVERY ROOM	5,703,954	.212926	.212926
40	ANESTHESIOLOGY	6,255,237	.120333	.120333
41	RADIOLOGY-DIAGNOSTIC	18,131,629	.322184	.322184
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	4,032,202	.493867	.493867
43 01	CT SCAN	15,768,361	.086982	.086982
43 02	ULTRASOUND/VASC LAB	4,569,586	.178707	.178707
44	LABORATORY	45,194,223	.117150	.117150
46	WHOLE BLOOD & PACKED RED	2,046,409	.386181	.386181
49	RESPIRATORY THERAPY	7,099,242	.201367	.201367
50	PHYSICAL THERAPY	9,046,707	.253873	.253873
51	OCCUPATIONAL THERAPY	4,932,439	.232648	.232648
52	SPEECH PATHOLOGY	719,351	.368746	.368746
53	ELECTROCARDIOLOGY	4,294,165	.176136	.176136
54	ELECTROENCEPHALOGRAPHY	111,740	.867362	.867362
54 01	SLEEP LAB			
55	MEDICAL SUPPLIES CHARGED	2,083,284	.393665	.393665
56	DRUGS CHARGED TO PATIENTS	23,387,820	.229688	.229688
57	RENAL DIALYSIS	2,955,783	.231949	.231949
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,559,677	1.193734	1.193734
60 01	WOUND CARE	3,446,108	.408620	.408620
60 02	PULMONARY REHAB	413,311	.256412	.256412
60 03	SPINE CENTER			
60 04	RUSH HEART CENTER			
61	EMERGENCY	12,098,911	.421120	.421120
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,142,565	.356553	.356553
101	SUBTOTAL	225,765,530		
102	LESS OBSERVATION BEDS	1,142,565		
103	TOTAL	224,622,965		

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	11,648,527	467,232	11,181,295	46,723	648,515	10,953,289
37	01 ENDOSCOPY	1,451,847	111,794	1,340,053	11,179	77,723	1,362,945
38	RECOVERY ROOM	1,214,520	31,174	1,183,346	3,117	68,634	1,142,769
40	ANESTHESIOLOGY	752,711	56,435	696,276	5,644	40,384	706,683
41	RADIOLOGY-DIAGNOSTIC	5,841,716	523,898	5,317,818	52,390	308,433	5,480,893
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	1,991,371	403,770	1,587,601	40,377	92,081	1,858,913
43	01 CT SCAN	1,371,570	164,917	1,206,653	16,492	69,986	1,285,092
43	02 ULTRASOUND/VASC LAB	816,618	73,780	742,838	7,378	43,085	766,155
44	LABORATORY	5,294,497	202,000	5,092,497	20,200	295,365	4,978,932
46	WHOLE BLOOD & PACKED RED	790,285	8,168	782,117	817	45,363	744,105
49	RESPIRATORY THERAPY	1,429,550	85,410	1,344,140	8,541	77,960	1,343,049
50	PHYSICAL THERAPY	2,296,713	105,324	2,191,389	10,532	127,101	2,159,080
51	OCCUPATIONAL THERAPY	1,147,524	21,275	1,126,249	2,128	65,322	1,080,074
52	SPEECH PATHOLOGY	265,258	3,849	261,409	385	15,162	249,711
53	ELECTROCARDIOLOGY	756,358	53,020	703,338	5,302	40,794	710,262
54	ELECTROENCEPHALOGRAPHY	96,919	3,970	92,949	397	5,391	91,131
54	01 SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED	820,115	12,827	807,288	1,283	46,823	772,009
56	DRUGS CHARGED TO PATIENTS	5,371,912	74,462	5,297,450	7,446	307,252	5,057,214
57	RENAL DIALYSIS	685,592	4,059	681,533	406	39,529	645,657
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,861,840	175,320	1,686,520	17,532	97,818	1,746,490
60	01 WOUND CARE	1,408,149	50,187	1,357,962	5,019	78,762	1,324,368
60	02 PULMONARY REHAB	105,978	5,818	100,160	582	5,809	99,587
60	03 SPINE CENTER						
60	04 RUSH HEART CENTER						
61	EMERGENCY	5,095,097	161,432	4,933,665	16,143	286,153	4,792,801
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	407,385	16,029	391,356	1,603	22,699	383,083
101	SUBTOTAL	52,922,052	2,816,150	50,105,902	281,616	2,906,144	49,734,292
102	LESS OBSERVATION BEDS	407,385	16,029	391,356	1,603	22,699	383,083
103	TOTAL	52,514,667	2,800,121	49,714,546	280,013	2,883,445	49,351,209

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	42,741,174	.256270	.271443
37 01	ENDOSCOPY	8,031,652	.169697	.179374
38	RECOVERY ROOM	5,703,954	.200347	.212380
40	ANESTHESIOLOGY	6,255,237	.112975	.119431
41	RADIOLOGY-DIAGNOSTIC	18,131,629	.302284	.319294
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	4,032,202	.461017	.483853
43 01	CT SCAN	15,768,361	.081498	.085937
43 02	ULTRASOUND/VASC LAB	4,569,586	.167664	.177093
44	LABORATORY	45,194,223	.110167	.116703
46	WHOLE BLOOD & PACKED RED	2,046,409	.363615	.385782
49	RESPIRATORY THERAPY	7,099,242	.189182	.200163
50	PHYSICAL THERAPY	9,046,707	.238659	.252709
51	OCCUPATIONAL THERAPY	4,932,439	.218974	.232217
52	SPEECH PATHOLOGY	719,351	.347134	.368211
53	ELECTROCARDIOLOGY	4,294,165	.165402	.174902
54	ELECTROENCEPHALOGRAPHY	111,740	.815563	.863809
54 01	SLEEP LAB			
55	MEDICAL SUPPLIES CHARGED	2,083,284	.370573	.393049
56	DRUGS CHARGED TO PATIENTS	23,387,820	.216233	.229370
57	RENAL DIALYSIS	2,955,783	.218439	.231812
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,559,677	1.119777	1.182494
60 01	WOUND CARE	3,446,108	.384308	.407164
60 02	PULMONARY REHAB	413,311	.240949	.255004
60 03	SPINE CENTER			
60 04	RUSH HEART CENTER			
61	EMERGENCY	12,098,911	.396135	.419786
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,142,565	.335283	.355150
101	SUBTOTAL	225,765,530		
102	LESS OBSERVATION BEDS	1,142,565		
103	TOTAL	224,622,965		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0063 PERIOD: FROM 7/1/2007 TO 6/30/2008 PREPARED 11/24/2008 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				455,994		455,994
26	INTENSIVE CARE UNIT				190,815		190,815
31	SUBPROVIDER				138,089		138,089
101	TOTAL				784,898		784,898

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0063
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/24/2008
 WORKSHEET D
 PART I

TITLE XVIII, PART A

PPS

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
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	15,874	9,390			28.73	269,775
26	INTENSIVE CARE UNIT	2,795	1,747			68.27	119,268
31	SUBPROVIDER	3,407	2,427			40.53	98,366
101	TOTAL	22,076	13,564				487,409

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 11/24/2008
14-0063	FROM 7/ 1/2007	WORKSHEET D
COMPONENT NO:	TO 6/30/2008	PART II
14-0063		

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		467,232	42,741,174	5,937,865		
37	01 ENDOSCOPY		111,794	8,031,652	1,007,375		
38	RECOVERY ROOM		31,174	5,703,954	654,896		
40	ANESTHESIOLOGY		56,435	6,255,237	822,299		
41	RADIOLOGY-DIAGNOSTIC		523,898	18,131,629	4,712,692		
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE		403,770	4,032,202	415,073		
43	01 CT SCAN		164,917	15,768,361	2,827,697		
43	02 ULTRASOUND/VASC LAB		73,780	4,569,586	791,659		
44	LABORATORY		202,000	45,194,223	9,410,858		
46	WHOLE BLOOD & PACKED RED		8,168	2,046,409	1,010,866		
49	RESPIRATORY THERAPY		85,410	7,099,242	3,494,681		
50	PHYSICAL THERAPY		105,324	9,046,707	843,560		
51	OCCUPATIONAL THERAPY		21,275	4,932,439	219,804		
52	SPEECH PATHOLOGY		3,849	719,351	150,962		
53	ELECTROCARDIOLOGY		53,020	4,294,165	1,294,089		
54	ELECTROENCEPHALOGRAPHY		3,970	111,740	57,006		
54	01 SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED		12,827	2,083,284	601,897		
56	DRUGS CHARGED TO PATIENTS		74,462	23,387,820	8,853,747		
57	RENAL DIALYSIS		4,059	2,955,783	1,680,567		
60	OUTPAT SERVICE COST CNTRS						
	CLINIC		175,320	1,559,677	1,104		
60	01 WOUND CARE		50,187	3,446,108	14,482		
60	02 PULMONARY REHAB		5,818	413,311			
60	03 SPINE CENTER						
60	04 RUSH HEART CENTER						
61	EMERGENCY		161,432	12,098,911	1,319,068		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		16,029	1,142,565			
101	TOTAL		2,816,150	225,765,530	46,122,247		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 11/24/2008
14-0063	FROM 7/ 1/2007	WORKSHEET D
COMPONENT NO:	TO 6/30/2008	PART II
14-0063		

PPS

TITLE XVIII, PART A HOSPITAL

WKST A	COST CENTER	DESCRIPTION	NEW CAPITAL	
LINE NO.			CST/CHRG	RATIO COSTS
			7	8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.010932	64,913
37	01	ENDOSCOPY	.013919	14,022
38		RECOVERY ROOM	.005465	3,579
40		ANESTHESIOLOGY	.009022	7,419
41		RADIOLOGY-DIAGNOSTIC	.028894	136,169
42		RADIOLOGY-THERAPEUTIC		
43		RADIOISOTOPE	.100136	41,564
43	01	CT SCAN	.010459	29,575
43	02	ULTRASOUND/VASC LAB	.016146	12,782
44		LABORATORY	.004470	42,067
46		WHOLE BLOOD & PACKED RED	.003991	4,034
49		RESPIRATORY THERAPY	.012031	42,045
50		PHYSICAL THERAPY	.011642	9,821
51		OCCUPATIONAL THERAPY	.004313	948
52		SPEECH PATHOLOGY	.005351	808
53		ELECTROCARDIOLOGY	.012347	15,978
54		ELECTROENCEPHALOGRAPHY	.035529	2,025
54	01	SLEEP LAB		
55		MEDICAL SUPPLIES CHARGED	.006157	3,706
56		DRUGS CHARGED TO PATIENTS	.003184	28,190
57		RENAL DIALYSIS	.001373	2,307
		OUTPAT SERVICE COST CNTRS		
60		CLINIC	.112408	124
60	01	WOUND CARE	.014563	211
60	02	PULMONARY REHAB	.014077	
60	03	SPINE CENTER		
60	04	RUSH HEART CENTER		
61		EMERGENCY	.013343	17,600
62		OBSERVATION BEDS (NON-DIS	.014029	
		OTHER REIMBURS COST CNTRS		
101		TOTAL		479,887

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

PROVIDER NO: 14-0063
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 11/24/2008
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					15,874	
26	INTENSIVE CARE UNIT					2,795	
31	SUBPROVIDER					3,407	
34	SKILLED NURSING FACILITY					7,112	
101	TOTAL					29,188	

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

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 14-0063 I FROM 7/ 1/2007 I WORKSHEET D
 I TO 6/30/2008 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	9,390	
26	INTENSIVE CARE UNIT	1,747	
31	SUBPROVIDER	2,427	
34	SKILLED NURSING FACILITY	5,533	
101	TOTAL	19,097	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 ENDOSCOPY						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43	01 CT SCAN						
43	02 ULTRASOUND/VASC LAB						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54	01 SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WOUND CARE						
60	02 PULMONARY REHAB						
60	03 SPINE CENTER						
60	04 RUSH HEART CENTER						
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			42,741,174			5,937,865	
37	01 OPERATING ROOM			8,031,652			1,007,375	
38	RECOVERY ROOM			5,703,954			654,896	
40	ANESTHESIOLOGY			6,255,237			822,299	
41	RADIOLOGY-DIAGNOSTIC			18,131,629			4,712,692	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			4,032,202			415,073	
43	01 CT SCAN			15,768,361			2,827,697	
43	02 ULTRASOUND/VASC LAB			4,569,586			791,659	
44	LABORATORY			45,194,223			9,410,858	
46	WHOLE BLOOD & PACKED RED			2,046,409			1,010,866	
49	RESPIRATORY THERAPY			7,099,242			3,494,681	
50	PHYSICAL THERAPY			9,046,707			843,560	
51	OCCUPATIONAL THERAPY			4,932,439			219,804	
52	SPEECH PATHOLOGY			719,351			150,962	
53	ELECTROCARDIOLOGY			4,294,165			1,294,089	
54	ELECTROENCEPHALOGRAPHY			111,740			57,006	
54	01 SLEEP LAB							
55	MEDICAL SUPPLIES CHARGED			2,083,284			601,897	
56	DRUGS CHARGED TO PATIENTS			23,387,820			8,853,747	
57	RENAL DIALYSIS			2,955,783			1,680,567	
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			1,559,677			1,104	
60	01 WOUND CARE			3,446,108			14,482	
60	02 PULMONARY REHAB			413,311				
60	03 SPINE CENTER							
60	04 RUSH HEART CENTER							
61	EMERGENCY			12,098,911			1,319,068	
62	OBSERVATION BEDS (NON-DIS			1,142,565				
62	OTHER REIMBURS COST CNTRS							
101	TOTAL			225,765,530			46,122,247	

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	7,540,794					
37 01	ENDOSCOPY	1,521,198					
38	RECOVERY ROOM	989,314					
40	ANESTHESIOLOGY	1,038,833					
41	RADIOLOGY-DIAGNOSTIC	3,556,354					
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	1,239,237					
43 01	CT SCAN	2,954,266					
43 02	ULTRASOUND/VASC LAB	877,757					
44	LABORATORY	254,075					
46	WHOLE BLOOD & PACKED RED	98,132					
49	RESPIRATORY THERAPY	204,169					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	982,053					
54	ELECTROENCEPHALOGRAPHY	8,302					
54 01	SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED	152,281					
56	DRUGS CHARGED TO PATIENTS	1,380,516					
57	RENAL DIALYSIS	45,723					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	526,659					
60 01	WOUND CARE	1,969,801					
60 02	PULMONARY REHAB	187,207					
60 03	SPINE CENTER						
60 04	RUSH HEART CENTER						
61	EMERGENCY	845,859					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	454,171					
101	TOTAL	26,826,701					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 11/24/2008
 | 14-0063 | FROM 7/ 1/2007 | WORKSHEET D
 | COMPONENT NO: | TO 6/30/2008 | PART V
 | 14-0063 | |

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	.272536	.272536			
37 01 ENDOSCOPY	.180766	.180766			
38 RECOVERY ROOM	.212926	.212926			
40 ANESTHESIOLOGY	.120333	.120333			
41 RADIOLOGY-DIAGNOSTIC	.322184	.322184			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE	.493867	.493867			
43 01 CT SCAN	.086982	.086982			
43 02 ULTRASOUND/VASC LAB	.178707	.178707			
44 LABORATORY	.117150	.117150			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.386181	.386181			
49 RESPIRATORY THERAPY	.201367	.201367			
50 PHYSICAL THERAPY	.253873	.253873			
51 OCCUPATIONAL THERAPY	.232648	.232648			
52 SPEECH PATHOLOGY	.368746	.368746			
53 ELECTROCARDIOLOGY	.176136	.176136			
54 ELECTROENCEPHALOGRAPHY	.867362	.867362			
54 01 SLEEP LAB					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.393665	.393665			
56 DRUGS CHARGED TO PATIENTS	.229688	.229688			
57 RENAL DIALYSIS	.231949	.231949			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	1.193734	1.193734			
60 01 WOUND CARE	.408620	.408620			
60 02 PULMONARY REHAB	.256412	.256412			
60 03 SPINE CENTER					
60 04 RUSH HEART CENTER					
61 EMERGENCY	.421120	.421120			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.356553	.356553			
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)

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED 11/24/2008
14-0063	FROM 7/ 1/2007	WORKSHEET D
COMPONENT NO:	TO 6/30/2008	PART VI
14-0063		

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.229688
3	PROGRAM COSTS	15,706
		3,607

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0063
 COMPONENT NO: 14-T063
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/24/2008
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		467,232	42,741,174	54,570		
37 01	ENDOSCOPY		111,794	8,031,652			
38	RECOVERY ROOM		31,174	5,703,954	13,032		
40	ANESTHESIOLOGY		56,435	6,255,237	9,414		
41	RADIOLOGY-DIAGNOSTIC		523,898	18,131,629	77,143		
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE		403,770	4,032,202	2,243		
43 01	CT SCAN		164,917	15,768,361	65,669		
43 02	ULTRASOUND/VASC LAB		73,780	4,569,586	45,116		
44	LABORATORY		202,000	45,194,223	354,237		
46	WHOLE BLOOD & PACKED RED		8,168	2,046,409	11,595		
49	RESPIRATORY THERAPY		85,410	7,099,242	145,304		
50	PHYSICAL THERAPY		105,324	9,046,707	1,398,555		
51	OCCUPATIONAL THERAPY		21,275	4,932,439	1,229,722		
52	SPEECH PATHOLOGY		3,849	719,351	216,119		
53	ELECTROCARDIOLOGY		53,020	4,294,165	13,279		
54	ELECTROENCEPHALOGRAPHY		3,970	111,740	561		
54 01	SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED		12,827	2,083,284	85,066		
56	DRUGS CHARGED TO PATIENTS		74,462	23,387,820	702,477		
57	RENAL DIALYSIS		4,059	2,955,783	125,258		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		175,320	1,559,677	76		
60 01	WOUND CARE		50,187	3,446,108			
60 02	PULMONARY REHAB		5,818	413,311			
60 03	SPINE CENTER						
60 04	RUSH HEART CENTER						
61	EMERGENCY		161,432	12,098,911	2,652		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		16,029	1,142,565			
101	TOTAL		2,816,150	225,765,530	4,552,088		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0063
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 COMPONENT NO: 14-T063
 PREPARED 11/24/2008
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.010932	597
37 01	ENDOSCOPY	.013919	
38	RECOVERY ROOM	.005465	71
40	ANESTHESIOLOGY	.009022	85
41	RADIOLOGY-DIAGNOSTIC	.028894	2,229
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE	.100136	225
43 01	CT SCAN	.010459	687
43 02	ULTRASOUND/VASC LAB	.016146	728
44	LABORATORY	.004470	1,583
46	WHOLE BLOOD & PACKED RED	.003991	46
49	RESPIRATORY THERAPY	.012031	1,748
50	PHYSICAL THERAPY	.011642	16,282
51	OCCUPATIONAL THERAPY	.004313	5,304
52	SPEECH PATHOLOGY	.005351	1,156
53	ELECTROCARDIOLOGY	.012347	164
54	ELECTROENCEPHALOGRAPHY	.035529	20
54 01	SLEEP LAB		
55	MEDICAL SUPPLIES CHARGED	.006157	524
56	DRUGS CHARGED TO PATIENTS	.003184	2,237
57	RENAL DIALYSIS	.001373	172
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.112408	9
60 01	WOUND CARE	.014563	
60 02	PULMONARY REHAB	.014077	
60 03	SPINE CENTER		
60 04	RUSH HEART CENTER		
61	EMERGENCY	.013343	35
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	.014029	
101	TOTAL		33,902

TITLE XVIII, PART A SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37 01	ENDOSCOPY						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43 01	CT SCAN						
43 02	ULTRASOUND/VASC LAB						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54 01	SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	WOUND CARE						
60 02	PULMONARY REHAB						
60 03	SPINE CENTER						
60 04	RUSH HEART CENTER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			42,741,174			54,570	
37	01 ENDOSCOPY			8,031,652				
38	RECOVERY ROOM			5,703,954			13,032	
40	ANESTHESIOLOGY			6,255,237			9,414	
41	RADIOLOGY-DIAGNOSTIC			18,131,629			77,143	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			4,032,202			2,243	
43	01 CT SCAN			15,768,361			65,669	
43	02 ULTRASOUND/VASC LAB			4,569,586			45,116	
44	LABORATORY			45,194,223			354,237	
46	WHOLE BLOOD & PACKED RED			2,046,409			11,595	
49	RESPIRATORY THERAPY			7,099,242			145,304	
50	PHYSICAL THERAPY			9,046,707			1,398,555	
51	OCCUPATIONAL THERAPY			4,932,439			1,229,722	
52	SPEECH PATHOLOGY			719,351			216,119	
53	ELECTROCARDIOLOGY			4,294,165			13,279	
54	ELECTROENCEPHALOGRAPHY			111,740			561	
54	01 SLEEP LAB							
55	MEDICAL SUPPLIES CHARGED			2,083,284			85,066	
56	DRUGS CHARGED TO PATIENTS			23,387,820			702,477	
57	RENAL DIALYSIS			2,955,783			125,258	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			1,559,677			76	
60	01 WOUND CARE			3,446,108				
60	02 PULMONARY REHAB			413,311				
60	03 SPINE CENTER							
60	04 RUSH HEART CENTER							
61	EMERGENCY			12,098,911			2,652	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			1,142,565				
101	TOTAL			225,765,530			4,552,088	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37 01	ENDOSCOPY	2,296					
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	3,708					
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43 01	CT SCAN	7,494					
43 02	ULTRASOUND/VASC LAB	816					
44	LABORATORY	756					
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	324					
54	ELECTROENCEPHALOGRAPHY						
54 01	SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	720					
57	RENAL DIALYSIS	14,985					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	WOUND CARE						
60 02	PULMONARY REHAB	94					
60 03	SPINE CENTER						
60 04	RUSH HEART CENTER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	TOTAL	31,193					

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0063
 COMPONENT NO: 14-5583
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/24/2008
 WORKSHEET D
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 ENDOSCOPY						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43	01 CT SCAN						
43	02 ULTRASOUND/VASC LAB						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54	01 SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WOUND CARE						
60	02 PULMONARY REHAB						
60	03 SPINE CENTER						
60	04 RUSH HEART CENTER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0063
 COMPONENT NO: 14-5583
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/24/2008
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SKILLED NURSING FACILITY

WKST A	COST CENTER	DESCRIPTION	NEW CAPITAL
LINE NO.			CST/CHRG RATIO COSTS
			7 8
		ANCILLARY SRVC COST CNTRS	
37		OPERATING ROOM	
37	01	ENDOSCOPY	
38		RECOVERY ROOM	
40		ANESTHESIOLOGY	
41		RADIOLOGY-DIAGNOSTIC	
42		RADIOLOGY-THERAPEUTIC	
43		RADIOISOTOPE	
43	01	CT SCAN	
43	02	ULTRASOUND/VASC LAB	
44		LABORATORY	
46		WHOLE BLOOD & PACKED RED	
49		RESPIRATORY THERAPY	
50		PHYSICAL THERAPY	
51		OCCUPATIONAL THERAPY	
52		SPEECH PATHOLOGY	
53		ELECTROCARDIOLOGY	
54		ELECTROENCEPHALOGRAPHY	
54	01	SLEEP LAB	
55		MEDICAL SUPPLIES CHARGED	
56		DRUGS CHARGED TO PATIENTS	
57		RENAL DIALYSIS	
		OUTPAT SERVICE COST CNTRS	
60		CLINIC	
60	01	WOUND CARE	
60	02	PULMONARY REHAB	
60	03	SPINE CENTER	
60	04	RUSH HEART CENTER	
61		EMERGENCY	
62		OBSERVATION BEDS (NON-DIS	
		OTHER REIMBURS COST CNTRS	
101		TOTAL	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 ENDOSCOPY						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43	01 CT SCAN						
43	02 ULTRASOUND/VASC LAB						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54	01 SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WOUND CARE						
60	02 PULMONARY REHAB						
60	03 SPINE CENTER						
60	04 RUSH HEART CENTER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			42,741,174			45,724	
37 01	ENDOSCOPY			8,031,652			26,792	
38	RECOVERY ROOM			5,703,954			7,129	
40	ANESTHESIOLOGY			6,255,237			7,218	
41	RADIOLOGY-DIAGNOSTIC			18,131,629			118,040	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			4,032,202			24,477	
43 01	CT SCAN			15,768,361			89,933	
43 02	ULTRASOUND/VASC LAB			4,569,586			40,925	
44	LABORATORY			45,194,223			797,026	
46	WHOLE BLOOD & PACKED RED			2,046,409			37,800	
49	RESPIRATORY THERAPY			7,099,242			697,664	
50	PHYSICAL THERAPY			9,046,707			1,686,829	
51	OCCUPATIONAL THERAPY			4,932,439			1,842,298	
52	SPEECH PATHOLOGY			719,351			116,984	
53	ELECTROCARDIOLOGY			4,294,165			16,215	
54	ELECTROENCEPHALOGRAPHY			111,740			1,629	
54 01	SLEEP LAB							
55	MEDICAL SUPPLIES CHARGED			2,083,284			127,176	
56	DRUGS CHARGED TO PATIENTS			23,387,820			1,895,597	
57	RENAL DIALYSIS			2,955,783				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			1,559,677			217	
60 01	WOUND CARE			3,446,108				
60 02	PULMONARY REHAB			413,311				
60 03	SPINE CENTER							
60 04	RUSH HEART CENTER							
61	EMERGENCY			12,098,911			507	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			1,142,565				
101	TOTAL			225,765,530			7,580,180	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37 01	ENDOSCOPY						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43 01	CT SCAN						
43 02	ULTRASOUND/VASC LAB						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54 01	SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	WOUND CARE						
60 02	PULMONARY REHAB						
60 03	SPINE CENTER						
60 04	RUSH HEART CENTER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	TOTAL						

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/24/2008
14-0063	FROM 7/ 1/2007	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2008	PART I
14-0063		

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	15,874
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	15,874
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	15,874
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)	9,390
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	11,589,319
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	11,589,319

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	18,965,411
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	18,965,411
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.611077
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,194.75
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	11,589,319

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/24/2008
14-0063	FROM 7/ 1/2007	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2008	PART III
14-0063		

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	558
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	730.08
85	OBSERVATION BED COST	407,385

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	11,589,319		407,385	
87	NEW CAPITAL-RELATED COST	455,994	.039346	407,385	16,029
88	NON PHYSICIAN ANESTHETIST	11,589,319		407,385	
89	MEDICAL EDUCATION	11,589,319		407,385	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/24/2008
14-0063	FROM 7/ 1/2007	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2008	PART I
14-T063		

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)	3,407
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,407
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,407
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)	2,427
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	3,088,542
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	3,088,542

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,747,808
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,747,808
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.824093
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,100.03
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	3,088,542

COMPUTATION OF INPATIENT OPERATING COST

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14-T063		

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	906.53
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,200,148
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,200,148

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	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				
					1,082,529
					3,282,677

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	98,366
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	33,902
52	TOTAL PROGRAM EXCLUDABLE COST	132,268
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	3,150,409

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

COMPUTATION OF INPATIENT OPERATING COST

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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	906.53
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	3,088,542			
87	NEW CAPITAL-RELATED COST	138,089	.044710		
88	NON PHYSICIAN ANESTHETIST	3,088,542			
89	MEDICAL EDUCATION	3,088,542			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

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14-5583		

TITLE XVIII PART A

SNF

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	7,112
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	7,112
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7,112
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)	5,533
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	3,527,447
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	3,527,447

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,127,649
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,127,649
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.854590
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	580.38
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	3,527,447

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COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1	3,527,447
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		495.99
68	PROGRAM ROUTINE SERVICE COST		2,744,313
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		2,744,313
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS		196,367
72	PER DIEM CAPITAL-RELATED COSTS		27.61
73	PROGRAM CAPITAL-RELATED COSTS		152,766
74	INPATIENT ROUTINE SERVICE COST		2,591,547
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION		2,591,547
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS		2,744,313
80	PROGRAM INPATIENT ANCILLARY SERVICES		1,723,591
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS		4,467,904

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0063
 COMPONENT NO: 14-0063
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/24/2008
 WORKSHEET D-4

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		12,047,273	
26	INTENSIVE CARE UNIT		4,543,914	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.272536	5,937,865	1,618,282
37 01	ENDOSCOPY	.180766	1,007,375	182,099
38	RECOVERY ROOM	.212926	654,896	139,444
40	ANESTHESIOLOGY	.120333	822,299	98,950
41	RADIOLOGY-DIAGNOSTIC	.322184	4,712,692	1,518,354
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	.493867	415,073	204,991
43 01	CT SCAN	.086982	2,827,697	245,959
43 02	ULTRASOUND/VASC LAB	.178707	791,659	141,475
44	LABORATORY	.117150	9,410,858	1,102,482
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.386181	1,010,866	390,377
49	RESPIRATORY THERAPY	.201367	3,494,681	703,713
50	PHYSICAL THERAPY	.253873	843,560	214,157
51	OCCUPATIONAL THERAPY	.232648	219,804	51,137
52	SPEECH PATHOLOGY	.368746	150,962	55,667
53	ELECTROCARDIOLOGY	.176136	1,294,089	227,936
54	ELECTROENCEPHALOGRAPHY	.867362	57,006	49,445
54 01	SLEEP LAB			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.393665	601,897	236,946
56	DRUGS CHARGED TO PATIENTS	.229688	8,853,747	2,033,599
57	RENAL DIALYSIS	.231949	1,680,567	389,806
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.193734	1,104	1,318
60 01	WOUND CARE	.408620	14,482	5,918
60 02	PULMONARY REHAB	.256412		
60 03	SPINE CENTER			
60 04	RUSH HEART CENTER			
61	EMERGENCY	.424908	1,319,068	560,483
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.356553		
101	TOTAL		46,122,247	10,172,538
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		46,122,247	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0063
 COMPONENT NO: 14-T063
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/24/2008
 WORKSHEET D-4

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS		2,528,097	
37	OPERATING ROOM	.272536	54,570	14,872
37	01 ENDOSCOPY	.180766		
38	RECOVERY ROOM	.212926	13,032	2,775
40	ANESTHESIOLOGY	.120333	9,414	1,133
41	RADIOLOGY-DIAGNOSTIC	.322184	77,143	24,854
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	.493867	2,243	1,108
43	01 CT SCAN	.086982	65,669	5,712
43	02 ULTRASOUND/VASC LAB	.178707	45,116	8,063
44	LABORATORY	.117150	354,237	41,499
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.386181	11,595	4,478
49	RESPIRATORY THERAPY	.201367	145,304	29,259
50	PHYSICAL THERAPY	.253873	1,398,555	355,055
51	OCCUPATIONAL THERAPY	.232648	1,229,722	286,092
52	SPEECH PATHOLOGY	.368746	216,119	79,693
53	ELECTROCARDIOLOGY	.176136	13,279	2,339
54	ELECTROENCEPHALOGRAPHY	.867362	561	487
54	01 SLEEP LAB			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.393665	85,066	33,488
56	DRUGS CHARGED TO PATIENTS	.229688	702,477	161,351
57	RENAL DIALYSIS	.231949	125,258	29,053
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.193734	76	91
60	01 WOUND CARE	.408620		
60	02 PULMONARY REHAB	.256412		
60	03 SPINE CENTER			
60	04 RUSH HEART CENTER			
61	EMERGENCY	.424908	2,652	1,127
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.356553		
101	TOTAL		4,552,088	1,082,529
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,552,088	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0063
 COMPONENT NO: 14-5583
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/24/2008
 WORKSHEET D-4

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.272536	45,724	12,461
37 01	ENDOSCOPY	.180766	26,792	4,843
38	RECOVERY ROOM	.212926	7,129	1,518
40	ANESTHESIOLOGY	.120333	7,218	869
41	RADIOLOGY-DIAGNOSTIC	.322184	118,040	38,031
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	.493867	24,477	12,088
43 01	CT SCAN	.086982	89,933	7,823
43 02	ULTRASOUND/VASC LAB	.178707	40,925	7,314
44	LABORATORY	.117150	797,026	93,372
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.386181	37,800	14,598
49	RESPIRATORY THERAPY	.201367	697,664	140,487
50	PHYSICAL THERAPY	.253873	1,686,829	428,240
51	OCCUPATIONAL THERAPY	.232648	1,842,298	428,607
52	SPEECH PATHOLOGY	.368746	116,984	43,137
53	ELECTROCARDIOLOGY	.176136	16,215	2,856
54	ELECTROENCEPHALOGRAPHY	.867362	1,629	1,413
54 01	SLEEP LAB			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.393665	127,176	50,065
56	DRUGS CHARGED TO PATIENTS	.229688	1,895,597	435,396
57	RENAL DIALYSIS	.231949		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.193734	217	259
60 01	WOUND CARE	.408620		
60 02	PULMONARY REHAB	.256412		
60 03	SPINE CENTER			
60 04	RUSH HEART CENTER			
61	EMERGENCY	.421120	507	214
62	OBSERVATION BEDS (NON-DISTINCT PART)	.356553		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		7,580,180	1,723,591
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		7,580,180	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0063	FROM 7/1/2007	11/24/2008
COMPONENT NO:	TO 6/30/2008	WORKSHEET E
14-0063		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 & 317		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, AND 317.		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	15,427,558	
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)	15,427,558	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,312,664	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	92,103	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	26,250	
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	16,858,575	
17 PRIMARY PAYER PAYMENTS	3,679	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	16,854,896	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,269,920	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	152,773	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	264,705	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	185,294	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	264,705	
22 SUBTOTAL	15,617,497	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	15,617,497	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	15,737,846	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-120,349	
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)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0063	FROM 7/1/2007	11/24/2008
COMPONENT NO:	TO 6/30/2008	WORKSHEET E
14-0063		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	7,158
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	7,513,752
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	5,312,206
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.768
1.04	LINE 1.01 TIMES LINE 1.03.	5,770,562
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	92.06
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)	7,158

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	24,760
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	24,760

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)	24,760
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	17,602
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	7,158
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	5,312,206

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	1,762
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,348,903
19	SUBTOTAL (SEE INSTRUCTIONS)	3,968,699
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	26,793
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	3,995,492
24	PRIMARY PAYER PAYMENTS	85
25	SUBTOTAL	3,995,407

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	256,121
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	179,285
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	256,121
28	SUBTOTAL	4,174,692
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	4,174,692
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	4,129,507
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	45,185
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0063	FROM 7/ 1/2007	11/24/2008
COMPONENT NO:	TO 6/30/2008	WORKSHEET E
14-T063		PART B

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).	6,219
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	3,759
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.937
1.04	LINE 1.01 TIMES LINE 1.03.	5,827
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	64.51
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)	3,759

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	597
19	SUBTOTAL (SEE INSTRUCTIONS)	3,162
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	3,162
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	3,162
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	3,162
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	3,162
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	3,162
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	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0063
 COMPONENT NO: 14-0063
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/24/2008
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION

INPATIENT-PART A P A R T B
 MM/DD/YYYY AMOUNT MM/DD/YYYY AMOUNT

1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER				
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.		15,322,384		3,971,421
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)		415,462		158,086
	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			
	ADJUSTMENTS TO PROGRAM	.99			
	SUBTOTAL		NONE		NONE
4	TOTAL INTERIM PAYMENTS		15,737,846		4,129,507
	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			
	TENTATIVE TO PROGRAM	.99			
	SUBTOTAL		NONE		NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
	SETTLEMENT TO PROVIDER	.01			
	SETTLEMENT TO PROGRAM	.02			
7	TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0063
 COMPONENT NO: 14-T063
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/24/2008
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,248,192		3,162
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0063
 COMPONENT NO: 14-5583
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/24/2008
 WORKSHEET E-1

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,144,076		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		2,144,076		
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/24/2008
14-0063	FROM 7/ 1/2007	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2008	PART I
14-T063		

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	2,944,878
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0424
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	221,390
1.05	OUTLIER PAYMENTS	118,320
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	3,284,588
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	9.308743
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	3,284,588
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	3,284,588
7	DEDUCTIBLES	14,080
8	SUBTOTAL	3,270,508
9	COINSURANCE	5,624
10	SUBTOTAL	3,264,884
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	3,720
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	2,604
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	3,720
12	SUBTOTAL	3,267,488
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	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/24/2008
14-0063	FROM 7/ 1/2007	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2008	PART I
14-T063		

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

15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	3,267,488
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	3,248,192
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	19,296
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/24/2008
14-0063	FROM 7/1/2007	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2008	PART III
14-5583		

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)
| PROVIDER NO: | PERIOD: | PREPARED 11/24/2008
| 14-0063 | FROM 7/ 1/2007 | WORKSHEET E-3
| COMPONENT NO: | TO 6/30/2008 | PART III
| 14-5583 | |

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

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		1.76
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	1.40	1.40
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		2.27
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		1.40
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		1.18
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		1.18
3.10	SEE INSTRUCTIONS		.73
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.		1.00
3.12	SEE INSTRUCTIONS		1.73
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		.83
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		2.31
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	1.62
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)		1.62
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		99,272.65
3.18	SEE INSTRUCTIONS		160,822
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		.84
3.21	SEE INSTRUCTIONS	RES INIT YEARS	.28
3.22	SEE INSTRUCTIONS		.28
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		99,272.65
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		27,796
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		188,618

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		13,564
5	TOTAL INPATIENT DAYS		21,518
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.630356
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	118,896	118,896
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		21,518
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	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

TITLE XVIII

8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES	2,955,783
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)	25,878,114
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	3,679
16	TOTAL PART A REASONABLE COST	25,874,435

PART B REASONABLE COST

17	REASONABLE COST	7,527,129
18	PRIMARY PAYER PAYMENTS	85
19	TOTAL PART B REASONABLE COST	7,527,044
20	TOTAL REASONABLE COST	33,401,479
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.774649
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.225351

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

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	118,896
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	92,103
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	26,793

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	1.40	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	1.76	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	1.40	

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])

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

BALANCE SHEET

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	582,000			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	13,647,000			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY	1,904,000			
8 PREPAID EXPENSES	620,000			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	16,753,000			
FIXED ASSETS				
12 LAND	1,747,952			
12.01 LAND IMPROVEMENTS	806,093			
13.01 LESS ACCUMULATED DEPRECIATION	-592,843			
14 BUILDINGS	68,090,438			
14.01 LESS ACCUMULATED DEPRECIATION	-53,649,713			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT	6,648,362			
16.01 LESS ACCUMULATED DEPRECIATION	-6,314,045			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	42,274,329			
18.01 LESS ACCUMULATED DEPRECIATION	-37,606,573			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE	720,000			
21 TOTAL FIXED ASSETS	22,124,000			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS	11,289,000			
25 OTHER ASSETS	516,000			
26 TOTAL OTHER ASSETS	11,805,000			
27 TOTAL ASSETS	50,682,000			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	10,118,000			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	7,786,000			
36 TOTAL CURRENT LIABILITIES	17,904,000			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	4,646,000			
42 TOTAL LONG-TERM LIABILITIES	4,646,000			
43 TOTAL LIABILITIES	22,550,000			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	28,132,000			
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	28,132,000			
52 TOTAL LIABILITIES AND FUND BALANCES	50,682,000			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING		29,402,000		
	OF PERIOD				
2	NET INCOME (LOSS)		-3,294,000		
3	TOTAL		26,108,000		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
	SUPPORT FOR CAPITAL EXPEN	2,146,000			
5	RECONCILING				
6					
7					
8					
9					
10	TOTAL ADDITIONS		2,146,000		
11	SUBTOTAL		28,254,000		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
	ALLOCATION OF INCOME TO R	122,000			
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		122,000		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		28,132,000		

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 14-0063
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/24/2008
 WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	18,965,411		18,965,411
2 00 SUBPROVIDER	3,747,808		3,747,808
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	4,127,649		4,127,649
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	26,840,868		26,840,868
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	7,419,168		7,419,168
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	7,419,168		7,419,168
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	34,260,036		34,260,036
17 00 ANCILLARY SERVICES	78,951,243	148,097,524	227,048,767
18 00 OUTPATIENT SERVICES		242,623	242,623
24 00 NON-REIM		8,657,694	8,657,694
24 01 PROFESSIONAL FEES	93,200	8,500,639	8,593,839
25 00 TOTAL PATIENT REVENUES	113,304,479	165,498,480	278,802,959

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		87,336,335	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00 GAAP BAD DEBT EXPENSE	7,546,000		
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		7,546,000	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00 ROUNDING	335		
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		335	
40 00 TOTAL OPERATING EXPENSES		94,882,000	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0063
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/24/2008
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	278,802,959
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	187,663,959
3	NET PATIENT REVENUES	91,139,000
4	LESS: TOTAL OPERATING EXPENSES	94,882,000
5	NET INCOME FROM SERVICE TO PATIENTS	-3,743,000
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	34,991
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	30,567
11	REBATES AND REFUNDS OF EXPENSES	1,966
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	280,945
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	1,404
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	93,680
21	RENTAL OF VENDING MACHINES	10,562
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	MISC INCOME	253,885
25	TOTAL OTHER INCOME	708,000
26	TOTAL	-3,035,000
	OTHER EXPENSES	
27	NON OPERATING	259,000
28		
29		
30	TOTAL OTHER EXPENSES	259,000
31	NET INCOME (OR LOSS) FOR THE PERIOD	-3,294,000

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,242,826
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	4,963
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	49.48
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	2.90
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	1.67
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	20,755
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	6.59
	MEDI CARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	10.62
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	17.21
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	3.55
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	44,120
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,312,664
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)	