

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: 14-0124 | PERIOD FROM 12/1/2007 TO 11/30/2008 | INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS | DATE RECEIVED: / / | INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 4/29/2009 TIME 16:48

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: J. H. STROGER, JR. HOSP. OF COOK CTY 14-0124 FOR THE COST REPORTING PERIOD BEGINNING 12/1/2007 AND ENDING 11/30/2008 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

Table with 5 columns: TITLE V, A, B, C, D. Row 1: 1 HOSPITAL, 0, 684,093, 3,521,360, 0. Row 2: 100 TOTAL, 0, 684,093, 3,521,360, 0.

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1901 W HARRISON ST. P. O. BOX:
 1.01 CITY: CHICAGO, I.L. STATE: IL ZIP CODE: 60612- COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)
02.00 HOSPITAL	J. H. STROGER, JR. HOSP. OF COOK CTY	14-0124	2.01	7/ 1/1966	V XVIII XIX
16.00 RENAL DIALYSIS	JOHN H. STROGER HOSPITAL DIALYSIS	14-2313		1/ 5/2004	4 5 6 N P N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 12/ 1/2007 TO: 11/30/2008

18 TYPE OF CONTROL 1 2
9

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
20 SUBPROVIDER 9

OTHER INFORMATION

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

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3. (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS) 0

MULTI CAMPUS

61.00 IS THIS FACILITY PART OF A MULTI CAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.

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

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

SETTLEMENT DATA

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

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	322	117,852				10,514	26,499
2 HMO						1,064	925
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	322	117,852				10,514	26,499
6 INTENSIVE CARE UNIT	34	12,444				1,004	3,331
8 BURN INTENSIVE CARE UNIT	8	2,928				234	543
9 SURGICAL INTENSIVE CARE UNIT	14	5,124				318	875
10 PEDS INTENSIVE CARE UNIT	8	2,928					1,268
10 01 TRAUMA INTENSIVE CARE UNIT	12	4,392				410	1,171
10 02 NEURO INTENSIVE CARE UNIT	10	3,660				320	
10 03 NEONATAL INTENSIVE CARE UNIT	52	19,032					8,702
11 NURSERY							2,611
12 TOTAL	460	168,360				12,800	45,000
13 RPCH VISITS							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL	460						
26 OBSERVATION BED DAYS							
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			85,396				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			85,396				
6 INTENSIVE CARE UNIT			8,071				
8 BURN INTENSIVE CARE UNIT			1,884				
9 SURGICAL INTENSIVE CARE UNIT			2,555				
10 PEDS INTENSIVE CARE UNIT			1,639				
10 01 TRAUMA INTENSIVE CARE UNIT			3,292				
10 02 NEURO INTENSIVE CARE UNIT			2,575				
10 03 NEONATAL INTENSIVE CARE UNIT			9,558				
11 NURSERY			2,621				
12 TOTAL			117,591			456.53	
13 RPCH VISITS							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL						456.53	
26 OBSERVATION BED DAYS			1,327	345	982		
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	DISCHARGES TITLE V 12	DISCHARGES TITLE XVII 13	DISCHARGES TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					2,687	8,311	23,343
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
10 PEDS INTENSIVE CARE UNIT							
10 01 TRAUMA INTENSIVE CARE UNIT							
10 02 NEURO INTENSIVE CARE UNIT							
10 03 NEONATAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	456.53	4,494.40			2,687	8,311	23,343
13 RPCH VISITS							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							

COMPONENT	I & R FTES	--- FULL TIME	EQUIV ---	DISCHARGES			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	
25 TOTAL	456.53	4,494.40	11	12	13	14	15
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	326,791,316		326,791,316	8,428,487.00	38.77	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	27,943,110		27,943,110	266,370.00	104.90	See Wage Index Wkst.
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	11,321,945		11,321,945	101,460.00	111.59	See Wage Index Wkst.
5 PHYSICIAN - PART B	33,702,166		33,702,166	312,746.00	107.76	See Wage Index Wkst.
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)	19,812,119	-2,632,289	17,179,830	731,972.00	23.47	NO MOONLIGHTING HRS. REF
6.01 CONTRACT SERVICES, I&R	4,819,031		4,819,031	233,646.00	20.63	See Wage Index Wkst.
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	12,559,273	3,158,620	15,717,893	454,062.00	34.62	See Wage Index Wkst.
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	15,933,810		15,933,810	416,209.00	38.28	See attached Contract La
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						See attached Contract La
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT	41,300		41,300	472.00	87.50	See attached Contract La
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	22,168,337		22,168,337	487,222.00	45.50	In-hse Pharm, IT, Fac Mn
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	59,675,250		59,675,250			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	3,429,420		3,429,420			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	11,382,324		11,382,324			CMS 339
18.01 PART A TEACHING PHYSICIANS	4,611,872		4,611,872			CMS 339
19 PHYSICIAN PART B	13,728,213		13,728,213			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						
20 INTERNS & RESIDENTS (APPRVD)	16,197,053		16,197,053			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	2,267,901	-3,602	2,264,299	20,688.00	109.45	
22 ADMINISTRATIVE & GENERAL	21,002,035	-229,850	20,772,185	916,335.00	22.67	
22.01 A & G UNDER CONTRACT	41,300		41,300	472.00	87.50	
23 MAINTENANCE & REPAIRS	13,046		13,046	127,044.00	.10	
24 OPERATION OF PLANT	3,892,669		3,892,669	58,902.00	66.09	
25 LAUNDRY & LINEN SERVICE	245,638		245,638	10,999.00	22.33	
26 HOUSEKEEPING	6,838,972		6,838,972	341,933.00	20.00	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	2,878,609	-58,936	2,819,673	130,662.00	21.58	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	757,297		757,297	37,593.00	20.14	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	4,326,830		4,326,830	98,135.00	44.09	
31 CENTRAL SERVICE AND SUPPLY	1,426,530	-86,042	1,340,488	62,343.00	21.50	
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	3,787,484		3,787,484	171,896.00	22.03	
34 SOCIAL SERVICE	1,348,426		1,348,426	40,484.00	33.31	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	257,177,355	2,632,289	259,809,644	7,049,135.00	36.86	
2 EXCLUDED AREA SALARIES	12,559,273	3,158,620	15,717,893	454,062.00	34.62	
3 SUBTOTAL SALARIES	244,618,082	-526,331	244,091,751	6,595,073.00	37.01	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	38,143,447		38,143,447	903,903.00	42.20	
5 SUBTOTAL WAGE-RELATED COSTS	71,057,574		71,057,574		29.11	
6 TOTAL	353,819,103	-526,331	353,292,772	7,498,976.00	47.11	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	48,826,737	-378,430	48,448,307	2,017,486.00	24.01	

HOSPITAL RENAL DIALYSIS DEPARTMENT
STATISTICAL DATA

PROVIDER NO: 14-0124
SATELLITE NO:
PERIOD: FROM 12/1/2007 TO 11/30/2008
PREPARED 4/29/2009
WORKSHEET S-5

DESCRIPTION	----- OUTPATIENT -----		----- TRAINING -----		----- HOME -----	
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD	35					
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00					
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	4.50					
4 CAPD EXCHANGES PER DAY						
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	311					
6 NUMBER OF STATIONS	8					
7 TREATMENT CAPACITY PER DAY PER STATION	4					
8 UTILIZATION (SEE INSTRUCTIONS)						
9 AVERAGE TIMES DIALYZERS RE-USED						
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS						
TRANSPLANT INFORMATION						
11 NUMBER OF PATIENTS ON TRANSPLANT LIST						
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD						
EPOIETIN						
13 NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
13 . 1 EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
14 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT						
14 . 1 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						
PHYSICIAN PAYMENT METHOD (ENTER "X" IF METHOD(S) IS APPLICABLE)						
15 MCP [] INITIAL METHOD [X]						
ARANESP						
16 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
17 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
18 NUMBER OF ARANESP UNITS FURNISHED RELATING TO RENAL DIALYSIS DEPARTMENT						
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO HOME DIALYSIS DEPARTMENT						

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0124
PERIOD: FROM 12/1/2007 TO 11/30/2008
PREPARED 4/29/2009
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	9/30/01 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
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						

(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 : 0
 Wage Index Factor (before 10/01) : 0.0000
 Wage Index Factor (after 10/01) : 0.0000
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : NOT SPECIFIED
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0124
PERIOD: FROM 12/1/2007 TO 11/30/2008
PREPARED 4/29/2009
WORKSHEET S-7

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

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

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

Worksheet S-2 reference data:
 Transition Period : 0
 Wage Index Factor (before 10/01) : 0.0000
 Wage Index Factor (after 10/01) : 0.0000
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : NOT SPECIFIED
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : NOT SPECIFIED

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	Other methods of write-offs (speci
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE 2,391,212
17.01	GROSS MEDICAID REVENUES 887,138,655
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS 3,019,623
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS) 18,789,566
20	RESTRICTED GRANTS 1,424,869
21	NON-RESTRICTED GRANTS
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES 912,763,925
UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS 2,421,199
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .771050
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24) 1,866,865
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS 11,274,131
27	TOTAL SCHIP COST, (LINE 24 * LINE 26) 8,692,919
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 168,579,226

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	129,983,012
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	354,911,381
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	273,654,420
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	140,542,796

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT				2,316,058	2,316,058
4	0400	NEW CAP REL COSTS-MVBLE EQUIP					
5	0500	EMPLOYEE BENEFITS	2,267,901	405,614	2,673,515	81,408,392	84,081,907
6	0600	ADMINISTRATIVE & GENERAL	21,002,035	102,908,302	123,910,337	-87,385,664	36,524,673
7	0700	MAINTENANCE & REPAIRS	13,046	111,224	124,270	5,611,324	5,735,594
8	0800	OPERATION OF PLANT	3,892,669	451,445	4,344,114	11,800,638	16,144,752
9	0900	LAUNDRY & LINEN SERVICE	245,638	1,684,881	1,930,519	980	1,931,499
10	1000	HOUSEKEEPING	6,838,972	937,935	7,776,907		7,776,907
11	1100	DIETARY	2,878,609	2,398,020	5,276,629	-58,936	5,217,693
12	1200	CAFETERIA	757,297	7,711	765,008		765,008
14	1400	NURSING ADMINISTRATION	4,326,830	306,416	4,633,246		4,633,246
15	1500	CENTRAL SERVICES & SUPPLY	1,426,530	174,320	1,600,850	-86,042	1,514,808
17	1700	MEDICAL RECORDS & LIBRARY	3,787,484	770,087	4,557,571		4,557,571
18	1800	SOCIAL SERVICE	1,348,426	2,236,630	3,585,056		3,585,056
20	2000	NONPHYSICIAN ANESTHETISTS				1,296,335	1,296,335
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD	19,812,119	2,799,082	22,611,201	-4,623,309	17,987,892
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD INPAT ROUTINE SRVC CNTRS	1,166,941		1,166,941	11,541,302	12,708,243
25	2500	ADULTS & PEDIATRICS	51,821,819	8,275,966	60,097,785	-5,671,953	54,425,832
26	2600	INTENSIVE CARE UNIT	9,130,234	138,543	9,268,777	60,592	9,329,369
28	2800	BURN INTENSIVE CARE UNIT	2,199,439	40,686	2,240,125	11,265	2,251,390
29	2900	SURGICAL INTENSIVE CARE UNIT	4,096,232	109,043	4,205,275	37,863	4,243,138
30	2080	PEDS INTENSIVE CARE UNIT	2,859,377	30,821	2,890,198	-74,795	2,815,403
30.01	2180	TRAUMA INTENSIVE CARE UNIT	7,494,395	199,808	7,694,203	97,514	7,791,717
30.02	2901	NEURO INTENSIVE CARE UNIT	3,601,605	54,529	3,656,134	-197,885	3,458,249
30.03	2060	NEONATAL INTENSIVE CARE UNIT	10,597,367	188,629	10,785,996	-118,002	10,667,994
33	3300	NURSERY	1,784,834	19,521	1,804,355	-100,000	1,704,355
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	32,944,727	754,315	33,699,042	-825,501	32,873,541
38	3800	RECOVERY ROOM	2,296,818	24,492	2,321,310		2,321,310
39	3900	DELIVERY ROOM & LABOR ROOM	4,199,118	71,701	4,270,819	492	4,271,311
40	4000	ANESTHESIOLOGY	9,177,492	90,677	9,268,169	-2,411,077	6,857,092
41	4100	RADIOLOGY-DIAGNOSTIC	14,900,094	8,553,161	23,453,255	-2,906,235	20,547,020
44	4400	LABORATORY	16,226,147	1,552,933	17,779,080	-176,380	17,602,700
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,631,991	5,403,275	7,035,266	-3,082	7,032,184
48	4800	INTRAVENOUS THERAPY	907,560	5,570	913,130		913,130
49	4900	RESPIRATORY THERAPY	4,281,132	644,016	4,925,148	-76,971	4,848,177
50	5000	PHYSICAL THERAPY	842,394	16,410	858,804		858,804
51	5100	OCCUPATIONAL THERAPY	276,959	4,588	281,547		281,547
52	5200	SPEECH PATHOLOGY	335,186	69,253	404,439		404,439
53	5300	ELECTROCARDIOLOGY	4,891,508	69,671	4,961,179	-16,664	4,944,515
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		16,352,054	16,352,054		16,352,054
56	5600	DRUGS CHARGED TO PATIENTS	191,283	40,852,342	41,043,625		41,043,625
57	5700	RENAL DIALYSIS	2,699,840	126,981	2,826,821	54,660	2,881,481
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	29,003,209	18,400,690	47,403,899	-14,074,042	33,329,857
61	6100	EMERGENCY	26,076,786	469,323	26,546,109	1,026,016	27,572,125
62	6200	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS					
64	6400	HOME PROGRAM DIALYSIS					
65	6500	AMBULANCE SERVICES					
66	6600	DURABLE MEDICAL EQUIP-RENTED					
67	6700	DURABLE MEDICAL EQUIP-SOLD					
69	6900	CORF					
70	7000	I&R SERVICES-NOT APPRVD PRGM					
71	7100	HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS					
82	8200	LUNG ACQUISITION					
83	8300	KIDNEY ACQUISITION					
84	8400	LIVER ACQUISITION					
85	8500	HEART ACQUISITION					
88	8800	INTEREST EXPENSE					
89	8900	UTILIZATION REVIEW-SNF					
90	9000	OTHER CAPITAL RELATED COSTS					
92	9200	AMBULATORY SURGICAL CENTER (D. P.)					
93	9300	HOSPICE					
95		SUBTOTALS	314,232,043	217,710,665	531,942,708	-3,543,107	528,399,601
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700	RESEARCH					
98	9800	PHYSICIANS' PRIVATE OFFICES					
99	9900	NONPAID WORKERS					
100	7950	OTHER NONREIMBURSABLE (SPECIFY)					
100.01	7951	DENISTRY	1,551,790	87,933	1,639,723		1,639,723
100.02	7952	CHP BUREAU	11,007,483	11,156,208	22,163,691	2,114,770	24,278,461
100.03	7953	SPECIAL FUNDS/RESEARCH				1,428,337	1,428,337
101		TOTAL	326,791,316	228,954,806	555,746,122	-0-	555,746,122

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

COST CENTER		COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
		GENERAL SERVICE COST CNTR		
1	0100	OLD CAP REL COSTS-BLDG & FIXT		
2	0200	OLD CAP REL COSTS-MVBLE EQUIP		
3	0300	NEW CAP REL COSTS-BLDG & FIXT	43,314,067	45,630,125
4	0400	NEW CAP REL COSTS-MVBLE EQUIP	17,909,197	17,909,197
5	0500	EMPLOYEE BENEFITS		84,081,907
6	0600	ADMINISTRATIVE & GENERAL	66,830,835	103,355,508
7	0700	MAINTENANCE & REPAIRS	10,955,072	16,690,666
8	0800	OPERATION OF PLANT	114,748	16,259,500
9	0900	LAUNDRY & LINEN SERVICE		1,931,499
10	1000	HOUSEKEEPING		7,776,907
11	1100	DIETARY		5,217,693
12	1200	CAFETERIA	-606,179	158,829
14	1400	NURSING ADMINISTRATION		4,633,246
15	1500	CENTRAL SERVICES & SUPPLY		1,514,808
17	1700	MEDICAL RECORDS & LIBRARY	-80,805	4,476,766
18	1800	SOCIAL SERVICE		3,585,056
20	2000	NONPHYSICIAN ANESTHETISTS	-1,296,335	
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD		17,987,892
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	-4,092,440	8,615,803
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS	-15,495,272	38,930,560
26	2600	INTENSIVE CARE UNIT	-59,481	9,269,888
28	2800	BURN INTENSIVE CARE UNIT	-518,119	1,733,271
29	2900	SURGICAL INTENSIVE CARE UNIT	-270,108	3,973,030
30	2080	PEDS INTENSIVE CARE UNIT	-524,458	2,290,945
30.01	2180	TRAUMA INTENSIVE CARE UNIT	-1,969,974	5,821,743
30.02	2901	NEURO INTENSIVE CARE UNIT	-749,465	2,708,784
30.03	2060	NEONATAL INTENSIVE CARE UNIT	-1,332,094	9,335,900
33	3300	NURSERY		1,704,355
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM	-8,901,444	23,972,097
38	3800	RECOVERY ROOM		2,321,310
39	3900	DELIVERY ROOM & LABOR ROOM		4,271,311
40	4000	ANESTHESIOLOGY	-4,095,578	2,761,514
41	4100	RADIOLOGY-DIAGNOSTIC	-5,944,801	14,602,219
44	4400	LABORATORY	-2,976,761	14,625,939
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS	-45,210	6,986,974
48	4800	INTRAVENOUS THERAPY		913,130
49	4900	RESPIRATORY THERAPY	-888,104	3,960,073
50	5000	PHYSICAL THERAPY		858,804
51	5100	OCCUPATIONAL THERAPY		281,547
52	5200	SPEECH PATHOLOGY		404,439
53	5300	ELECTROCARDIOLOGY	-646,406	4,298,109
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		16,352,054
56	5600	DRUGS CHARGED TO PATIENTS	25,680,109	66,723,734
57	5700	RENAL DIALYSIS		2,881,481
		OUTPAT SERVICE COST CNTRS		
60	6000	CLINIC	-4,758,183	28,571,674
61	6100	EMERGENCY	-3,160,502	24,411,623
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
		OTHER REIMBURS COST CNTRS		
64	6400	HOME PROGRAM DIALYSIS		
65	6500	AMBULANCE SERVICES		
66	6600	DURABLE MEDICAL EQUIP-RENTED		
67	6700	DURABLE MEDICAL EQUIP-SOLD		
69	6900	CORF		
70	7000	I&R SERVICES-NOT APPRVD PRGM		
71	7100	HOME HEALTH AGENCY		
		SPEC PURPOSE COST CENTERS		
82	8200	LUNG ACQUISITION		
83	8300	KIDNEY ACQUISITION		
84	8400	LIVER ACQUISITION		
85	8500	HEART ACQUISITION		
88	8800	INTEREST EXPENSE		-0-
89	8900	UTILIZATION REVIEW-SNF		-0-
90	9000	OTHER CAPITAL RELATED COSTS		-0-
92	9200	AMBULATORY SURGICAL CENTER (D. P.)		
93	9300	HOSPICE		
95		SUBTOTALS	106,392,309	634,791,910
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700	RESEARCH		
98	9800	PHYSICIANS' PRIVATE OFFICES		
99	9900	NONPAID WORKERS		
100	7950	OTHER NONREIMBURSABLE (SPECIFY)		
100.01	7951	DENISTRY		1,639,723
100.02	7952	CHP BUREAU		24,278,461
100.03	7953	SPECIAL FUNDS/RESEARCH		1,428,337
101		TOTAL	106,392,309	662,138,431

COST CENTERS USED IN COST REPORT

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	ADMINISTRATIVE & GENERAL	0600	
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	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
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	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
30	PEDS INTENSIVE CARE UNIT	2080	PEDIATRIC INTENSIVE CARE UNIT
30.01	TRAUMA INTENSIVE CARE UNIT	2180	TRAUMA INTENSIVE CARE UNIT
30.02	NEURO INTENSIVE CARE UNIT	2901	SURGICAL INTENSIVE CARE UNIT
30.03	NEONATAL INTENSIVE CARE UNIT	2060	NEONATAL INTENSIVE CARE UNIT
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE (SPECIFY)	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	DENISTRY	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	CHP BUREAU	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	SPECIAL FUNDS/RESEARCH	7953	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140124

PERIOD:
FROM 12/ 1/2007
TO 11/30/2008

PREPARED 4/29/2009
WORKSHEET A-6

		----- INCREASE -----				
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	
	1	2	3	4	5	
1 TO RECLASS FRINGE BENEFITS TO EHW	A	EMPLOYEE BENEFITS	5		80,711,230	
2						
3 RECLASS PAYMENTS FOR SERVICE MASTER	B	MAINTENANCE & REPAIRS	7		5,611,324	
4		OPERATION OF PLANT	8		11,800,638	
5		LAUNDRY & LINEN SERVICE	9		980	
6 TO ADJUST INT & RES SALARIES PAID EL	C	I&R SERVICES-SALARY & FRINGES APPRVD	22	143,964		
7						
8						
9 TO TRNSF. I & R'S MNLGTNG. FROM OTH	D	EMERGENCY	61	30,689		
10 TO RECLASS I & R'S TO PROPER GROUPS	E	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	437,581		
11		ADULTS & PEDIATRICS	25	629,283		
12		SURGICAL INTENSIVE CARE UNIT	29	31,508		
13 TRANSFER OF MOONLIGHTING TO E/R	F	EMERGENCY	61	1,647,192		
14 TO RCLASS ROTATING RES. TO I/R OTHER	G	I&R SERVICES-OTHER PRGM COSTS APPRVD	23		4,817,531	
15						
16						
17						
18						
19 TO TRANSFER PEDS ALLERGY & PSYCH TO	H	ADULTS & PEDIATRICS	25	183,442	2,171	
20 TO TRANSFER DIETARY SALARY TO CLINIC	I	CLINIC	60	58,936		
21 TO ADJUST REGISTRY & IN-HOUSE NRSG.	J	INTENSIVE CARE UNIT	26		86,183	
22		BURN INTENSIVE CARE UNIT	28	240	76,677	
23		SURGICAL INTENSIVE CARE UNIT	29		24,675	
24		PEDS INTENSIVE CARE UNIT	30		184	
25		TRAUMA INTENSIVE CARE UNIT	30.01		238,667	
26		NEURO INTENSIVE CARE UNIT	30.02		37,864	
27		NEONATAL INTENSIVE CARE UNIT	30.03		1,048	
28		OPERATING ROOM	37		520	
29		DELIVERY ROOM & LABOR ROOM	39	492		
30		RENAL DIALYSIS	57		9,332	
31		EMERGENCY	61		971,777	
32 TO PROPERLY ALLOCATE CTY COST SEE A-	K	NEW CAP REL COSTS-BLDG & FIXT	3		2,316,058	
33		EMPLOYEE BENEFITS	5		702,025	
34 NONPHYSICIAN ANESTHETISTS	L	NONPHYSICIAN ANESTHETISTS	20	1,296,335		
35 TO RECLASSIFY HBP TEACHING	M	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	6,286,190		
1 TO RECLASSIFY HBP TEACHING	M					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17 FOR PHY. WORKING AT SAT. CL. PD IN CL	N	CHP BUREAU	100.02	2,114,770		
18 PARTIAL SAL PD. IN A & P S/B RENAL	O	RENAL DIALYSIS	57	45,328		
19 TO RECLASS HEKTOEN COST	P	SPECIAL FUNDS/RESEARCH	100.03	1,043,850	384,487	
20						
21						
22						
23						
24						
25						
26						
36 TOTAL RECLASSIFICATIONS				13,949,800	107,793,371	

(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:
140124

PERIOD:
FROM 12/ 1/2007
TO 11/30/2008

PREPARED 4/29/2009
WORKSHEET A-6

						----- DECREASE -----			
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9			A-7 REF 10	
1 TO RECLASS FRINGE BENEFITS TO EHW	A	ADMINISTRATIVE & GENERAL	6		69,659,816				
2		CLINIC	60		11,051,414				
3 RECLASS PAYMENTS FOR SERVICE MASTER	B	ADMINISTRATIVE & GENERAL	6		14,272,949				
4		CLINIC	60		524,421				
5		RADIOLOGY-DIAGNOSTIC	41		2,615,572				
6 TO ADJUST INT & RES SALARIES PAID EL	C	CENTRAL SERVICES & SUPPLY	15	86,042					
7		ADULTS & PEDIATRICS	25	46,373					
8		EMERGENCY	61	11,549					
9 TO TRNSF. I & R'S MNLGTNG. FROM OTH	D	I&R SERVICES-SALARY & FRINGES APPRVD	22	30,689					
10 TO RECLASS I & R'S TO PROPER GROUPS	E	I&R SERVICES-SALARY & FRINGES APPRVD	22	1,098,372					
11									
12									
13 TRANSFER OF MOONLIGHTING TO E/R	F	I&R SERVICES-SALARY & FRINGES APPRVD	22	1,647,192					
14 TO RCLASS ROTATING RES. TO I/R OTHER	G	ADMINISTRATIVE & GENERAL	6		115,191				
15		I&R SERVICES-SALARY & FRINGES APPRVD	22		1,991,020				
16		ADULTS & PEDIATRICS	25		2,610,770				
17		NURSERY	33		100,000				
18		CLINIC	60		550				
19 TO TRANSFER PEDS ALLERGY & PSYCH TO	H	CLINIC	60	183,442	2,171				
20 TO TRANSFER DIETARY SALARY TO CLINIC	I	DIETARY	11	58,936					
21 TO ADJUST REGISTRY & IN-HOUSE NRSNG.	J	ADULTS & PEDIATRICS	25	732	1,446,927				
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32 TO PROPERLY ALLOCATE CTY COST SEE A-	K	ADMINISTRATIVE & GENERAL	6		3,018,083			11	
33									
34 NONPHYSICIAN ANESTHETISTS	L	ANESTHESIOLOGY	40	1,296,335					
35 TO RECLASSIFY HBP TEACHING	M	ADULTS & PEDIATRICS	25	1,266,121					
1 TO RECLASSIFY HBP TEACHING	M	INTENSIVE CARE UNIT	26	25,591					
2		BURN INTENSIVE CARE UNIT	28	65,652					
3		SURGICAL INTENSIVE CARE UNIT	29	18,320					
4		PEDS INTENSIVE CARE UNIT	30	74,979					
5		TRAUMA INTENSIVE CARE UNIT	30.01	141,153					
6		NEURO INTENSIVE CARE UNIT	30.02	235,749					
7		NEONATAL INTENSIVE CARE UNIT	30.03	100,344					
8		OPERATING ROOM	37	826,021					
9		ANESTHESIOLOGY	40	1,107,073					
10		RADIOLOGY-DIAGNOSTIC	41	287,434					
11		LABORATORY	44	173,949					
12		WHOLE BLOOD & PACKED RED BLOOD CELLS	46	3,082					
13		RESPIRATORY THERAPY	49	76,971					
14		ELECTROCARDIOLOGY	53	16,664					
15		CLINIC	60	254,994					
16		EMERGENCY	61	1,612,093					
17 FOR PHY. WORKING AT SAT. CL. PD IN CL	N	CLINIC	60	2,114,770				10	
18 PARTIAL SAL PD. IN A & P S/B RENAL	O	ADULTS & PEDIATRICS	25	45,328					
19 TO RECLASS HEKTOEN COST	P	EMPLOYEE BENEFITS	5	3,602	1,261				
20		ADMINISTRATIVE & GENERAL	6	229,850	89,775				
21		ADULTS & PEDIATRICS	25	786,380	284,218				
22		NEONATAL INTENSIVE CARE UNIT	30.03	13,361	5,345				
23		ANESTHESIOLOGY	40	5,598	2,071				
24		RADIOLOGY-DIAGNOSTIC	41	2,357	872				
25		LABORATORY	44	1,801	630				
26		CLINIC	60	901	315				
36 TOTAL RECLASSIFICATIONS				13,949,800	107,793,371				

(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:
140124

PERIOD:
FROM 12/ 1/2007
TO 11/30/2008

PREPARED 4/29/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : TO RECLASS FRINGE BENEFITS TO EHW

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	80,711,230
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE A			80,711,230

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	69,659,816	
CLINIC	60	11,051,414	
		80,711,230	

RECLASS CODE: B
EXPLANATION : RECLASS PAYMENTS FOR SERVICE MASTER

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MAINTENANCE & REPAIRS	7	5,611,324
2.00	OPERATION OF PLANT	8	11,800,638
3.00	LAUNDRY & LINEN SERVICE	9	980
TOTAL RECLASSIFICATIONS FOR CODE B			17,412,942

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	14,272,949	
CLINIC	60	524,421	
RADIOLOGY-DIAGNOSTIC	41	2,615,572	
		17,412,942	

RECLASS CODE: C
EXPLANATION : TO ADJUST INT & RES SALARIES PAID EL

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-SALARY & FRINGES	22	143,964
2.00			0
3.00			0
TOTAL RECLASSIFICATIONS FOR CODE C			143,964

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	86,042	
ADULTS & PEDIATRICS	25	46,373	
EMERGENCY	61	11,549	
		143,964	

RECLASS CODE: D
EXPLANATION : TO TRNSF. I & R'S MNLGTNG. FROM OTH

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMERGENCY	61	30,689
TOTAL RECLASSIFICATIONS FOR CODE D			30,689

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
I&R SERVICES-SALARY & FRINGES	22	30,689	
		30,689	

RECLASS CODE: E
EXPLANATION : TO RECLASS I & R'S TO PROPER GROUPS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-OTHER PRGM COSTS	23	437,581
2.00	ADULTS & PEDIATRICS	25	629,283
3.00	SURGICAL INTENSIVE CARE UNIT	29	31,508
TOTAL RECLASSIFICATIONS FOR CODE E			1,098,372

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
I&R SERVICES-SALARY & FRINGES	22	1,098,372	
ADULTS & PEDIATRICS	25	0	
SURGICAL INTENSIVE CARE UNIT	29	0	
		1,098,372	

RECLASS CODE: F
EXPLANATION : TRANSFER OF MOONLIGHTING TO E/R

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMERGENCY	61	1,647,192
TOTAL RECLASSIFICATIONS FOR CODE F			1,647,192

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
I&R SERVICES-SALARY & FRINGES	22	1,647,192	
		1,647,192	

RECLASS CODE: G
EXPLANATION : TO RCLASS ROTATING RES. TO I/R OTHER

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-OTHER PRGM COSTS	23	4,817,531
2.00			0
3.00			0
4.00			0
5.00			0
TOTAL RECLASSIFICATIONS FOR CODE G			4,817,531

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	115,191	
I&R SERVICES-SALARY & FRINGES	22	1,991,020	
ADULTS & PEDIATRICS	25	2,610,770	
NURSERY	33	100,000	
CLINIC	60	550	
		4,817,531	

RECLASS CODE: H
EXPLANATION : TO TRANSFER PEDS ALLERGY & PSYCH TO

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	185,613
TOTAL RECLASSIFICATIONS FOR CODE H			185,613

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CLINIC	60	185,613	
		185,613	

RECLASSIFICATIONS

PROVIDER NO:
140124

PERIOD:
FROM 12/ 1/2007
TO 11/30/2008

PREPARED 4/29/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION : TO TRANSFER DIETARY SALARY TO CLINIC

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CLINIC	60	58,936	DIETARY	11	58,936	
TOTAL RECLASSIFICATIONS FOR CODE I			58,936				58,936

RECLASS CODE: J
EXPLANATION : TO ADJUST REGISTRY & IN-HOUSE NRSNG.

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	INTENSIVE CARE UNIT	26	86,183	ADULTS & PEDIATRICS	25	1,447,659	
2.00	BURN INTENSIVE CARE UNIT	28	76,917			0	
3.00	SURGICAL INTENSIVE CARE UNIT	29	24,675			0	
4.00	PEDS INTENSIVE CARE UNIT	30	184			0	
5.00	TRAUMA INTENSIVE CARE UNIT	30.01	238,667			0	
6.00	NEURO INTENSIVE CARE UNIT	30.02	37,864			0	
7.00	NEONATAL INTENSIVE CARE UNIT	30.03	1,048			0	
8.00	OPERATING ROOM	37	520			0	
9.00	DELIVERY ROOM & LABOR ROOM	39	492			0	
10.00	RENAL DIALYSIS	57	9,332			0	
11.00	EMERGENCY	61	971,777			0	
TOTAL RECLASSIFICATIONS FOR CODE J			1,447,659				1,447,659

RECLASS CODE: K
EXPLANATION : TO PROPERLY ALLOCATE CTY COST SEE A-

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,316,058	ADMINISTRATIVE & GENERAL	6	3,018,083	
2.00	EMPLOYEE BENEFITS	5	702,025			0	
TOTAL RECLASSIFICATIONS FOR CODE K			3,018,083				3,018,083

RECLASS CODE: L
EXPLANATION : NONPHYSICIAN ANESTHETISTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONPHYSICIAN ANESTHETISTS	20	1,296,335	ANESTHESIOLOGY	40	1,296,335	
TOTAL RECLASSIFICATIONS FOR CODE L			1,296,335				1,296,335

RECLASS CODE: M
EXPLANATION : TO RECLASSIFY HBP TEACHING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	6,286,190	ADULTS & PEDIATRICS	25	1,266,121	
2.00			0	INTENSIVE CARE UNIT	26	25,591	
3.00			0	BURN INTENSIVE CARE UNIT	28	65,652	
4.00			0	SURGICAL INTENSIVE CARE UNIT	29	18,320	
5.00			0	PEDS INTENSIVE CARE UNIT	30	74,979	
6.00			0	TRAUMA INTENSIVE CARE UNIT	30.01	141,153	
7.00			0	NEURO INTENSIVE CARE UNIT	30.02	235,749	
8.00			0	NEONATAL INTENSIVE CARE UNIT	30.03	100,344	
9.00			0	OPERATING ROOM	37	826,021	
10.00			0	ANESTHESIOLOGY	40	1,107,073	
11.00			0	RADIOLOGY-DIAGNOSTIC	41	287,434	
12.00			0	LABORATORY	44	173,949	
13.00			0	WHOLE BLOOD & PACKED RED BLOOD	46	3,082	
14.00			0	RESPIRATORY THERAPY	49	76,971	
16.00			0	ELECTROCARDIOLOGY	53	16,664	
17.00			0	CLINIC	60	254,994	
18.00			0	EMERGENCY	61	1,612,093	
TOTAL RECLASSIFICATIONS FOR CODE M			6,286,190				6,286,190

RECLASS CODE: N
EXPLANATION : FOR PHY. WORKING AT SAT. CL. PD IN CL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CHP BUREAU	100.02	2,114,770	CLINIC	60	2,114,770	
TOTAL RECLASSIFICATIONS FOR CODE N			2,114,770				2,114,770

RECLASS CODE: O
EXPLANATION : PARTIAL SAL PD. IN A & P S/B RENAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RENAL DIALYSIS	57	45,328	ADULTS & PEDIATRICS	25	45,328	
TOTAL RECLASSIFICATIONS FOR CODE O			45,328				45,328

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140124	FROM 12/ 1/2007	4/29/2009
	TO 11/30/2008	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: P
 EXPLANATION : TO RECLASS HEKTOEN COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SPECIAL FUNDS/RESEARCH	100.03	1,428,337	EMPLOYEE BENEFITS	5	4,863	
2.00			0	ADMINISTRATIVE & GENERAL	6	319,625	
3.00			0	ADULTS & PEDIATRICS	25	1,070,598	
4.00			0	NEONATAL INTENSIVE CARE UNIT	30.03	18,706	
5.00			0	ANESTHESIOLOGY	40	7,669	
6.00			0	RADIOLOGY-DIAGNOSTIC	41	3,229	
7.00			0	LABORATORY	44	2,431	
8.00			0	CLINIC	60	1,216	
TOTAL RECLASSIFICATIONS FOR CODE P			1,428,337				1,428,337

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE	502,201,386					502,201,386	
4 BUILDING IMPROVEMEN	18,634,633	1,943,370		1,943,370		20,578,003	
5 FIXED EQUIPMENT	113,660,467	2,892,356		2,892,356	13,162	116,539,661	
6 MOVABLE EQUIPMENT	10,476,407	204,823		204,823		10,681,230	
7 SUBTOTAL	644,972,893	5,040,549		5,040,549	13,162	650,000,280	
8 RECONCILING ITEMS							
9 TOTAL	644,972,893	5,040,549		5,040,549	13,162	650,000,280	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL				
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
		1	2	3	4	5	6	7	8
*									
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL				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	15,291,146		30,338,979				45,630,125
4	NEW CAP REL COSTS-MV	17,909,197						17,909,197
5	TOTAL	33,200,343		30,338,979				63,539,322

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

SUMMARY OF OLD AND NEW CAPITAL

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

* 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

DESCRPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT	B	-1,518,008	OPERATION OF PLANT		8	
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-54,659,001				
13 SALE OF SCRAP, WASTE, ETC.	B	-9,365	ADMINISTRATIVE & GENERAL		6	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	2,404,714				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-606,179	CAFETERIA		12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES	B	-154,188	LABORATORY		44	
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-193	DRUGS CHARGED TO PATIENTS		56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-80,805	MEDICAL RECORDS & LIBRARY		17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES	B	-3,995	ADMINISTRATIVE & GENERAL		6	
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		HOME HEALTH AGENCY		71	
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF		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	15,291,146	NEW CAP REL COSTS-BLDG &		3	9
32 DEPRECIATION-NEW MOVABLE EQUIP	A	17,909,197	NEW CAP REL COSTS-MVBLE E		4	9
33 NON-PHYSICIAN ANESTHETIST	B	-1,296,335	NONPHYSICIAN ANESTHETISTS		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 MISC INCOME	B	-764,584	ADMINISTRATIVE & GENERAL		6	
37.01 OTHER INCOME	B	-7,025	ADMINISTRATIVE & GENERAL		6	
37.02 COUNTY COST ADJ. FOR HOSP. BOND INT.	A	28,022,921	NEW CAP REL COSTS-BLDG &		3	11
37.03 BUREAU OF HLTH & HOSP ADM	A	29,115,422	ADMINISTRATIVE & GENERAL		6	
37.04 BUREAU OF HLTH & HOSP FACILITY MNGMT	A	10,955,072	MAINTENANCE & REPAIRS		7	
37.06 BUREAU OF HLTH & HOSP FACILITY REPRS	A	1,632,756	OPERATION OF PLANT		8	
37.08 BUREAU OF HLTH & HOSP PHARMACY	A	25,680,302	DRUGS CHARGED TO PATIENTS		56	
37.09						
37.10 TO OFFSET PHYSICIAN PART C TIME	A	-70,793	I & R SERVICES-OTHER PRGM C		23	
37.11 TO OFFSET PHYSICIAN PART C TIME	A	-765,425	ADULTS & PEDIATRICS		25	
37.12 TO OFFSET PHYSICIAN PART C TIME	A	-26,546	SURGICAL INTENSIVE CARE U		29	
37.13 TO OFFSET PHYSICIAN PART C TIME	A	-2,681	PEDS INTENSIVE CARE UNIT		30	
37.14 TO OFFSET PHYSICIAN PART C TIME	A	-112,999	NEONATAL INTENSIVE CARE U		30.03	
37.15 TO OFFSET PHYSICIAN PART C TIME	A	-161,985	OPERATING ROOM		37	
37.17 TO OFFSET PHYSICIAN PART C TIME	A	-7,259	ANESTHESIOLOGY		40	
37.18 TO OFFSET PHYSICIAN PART C TIME	A	-58,906	RADIOLOGY-DIAGNOSTIC		41	
37.19 TO OFFSET PHYSICIAN PART C TIME	A	-42,104	LABORATORY		44	
38 TO OFFSET PHYSICIAN PART C TIME	A	-2,819	RESPIRATORY THERAPY		49	
39 TO OFFSET PHYSICIAN PART C TIME	A	-99,041	CLINIC		60	
40 TO OFFSET PHYSICIAN PART C TIME	A	-156,016	EMERGENCY		61	
41						
42 PHYSICIANS MALPRACTICE COSTS	A	36,095,668	ADMINISTRATIVE & GENERAL		6	
43						
44 RESIDENCY PROGRAM REIMBURSEMENT	B	-108,637	I & R SERVICES-OTHER PRGM C		23	
45 OTHER ADJUSTMENTS (SPECIFY)						
46 OTHER ADJUSTMENTS (SPECIFY)						
47 OTHER ADJUSTMENTS (SPECIFY)						
48 OTHER ADJUSTMENTS (SPECIFY)						
49 OTHER ADJUSTMENTS (SPECIFY)						
50 TOTAL (SUM OF LINES 1 THRU 49)		106,392,309				

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	6	ADMINISTRATIVE & GENERAL	STOREROOM	2,654,059	2,693,628	-39,569	
2	6	ADMINISTRATIVE & GENERAL	PAYROLL	304,918	316,347	-11,429	
3	6	ADMINISTRATIVE & GENERAL	GENERAL ACCOUNTING	648,685	677,362	-28,677	
4	6	ADMINISTRATIVE & GENERAL	COUNTY COSTS	2,484,389		2,484,389	11
5		TOTALS		6,092,051	3,687,337	2,404,714	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	G	0.00		0.00	
2	G	0.00	CLINICS IN REAL C.H.P.	0.00	OR A.C.H.N.
3	G	0.00		0.00	
4	G	0.00	COMPTROLLERS, TREASURERS	0.00	GOVERNMENTAL OWNED
5		0.00		0.00	
5.01		0.00		0.00	
5.02		0.00		0.00	
5.03		0.00		0.00	
5.04		0.00		0.00	
5.05		0.00		0.00	

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

COST ALLOCATION STATISTICS

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 ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE FEET ENTERED
8	OPERATION OF PLANT	1	SQUARE FEET ENTERED
9	LAUNDRY & LINEN SERVICE	6	POUNDS OF LAUNDRY ENTERED
10	HOUSEKEEPING	1	SQUARE FEET ENTERED
11	DIETARY	8	MEALS SERVED ENTERED
12	CAFETERIA	9	EQUIVALENT FTE'S ENTERED
14	NURSING ADMINISTRATION	11	HOURS OF SERVICE ENTERED
15	CENTRAL SERVICES & SUPPLY	12	COSTED REQUISITIONS ENTERED
17	MEDICAL RECORDS & LIBRARY	14	TIME SPENT ENTERED
18	SOCIAL SERVICE	15	TIME SPENT ENTERED
20	NONPHYSICIAN ANESTHETISTS	20	TIME SPENT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	18	ASSIGNED TIME ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	18	ASSIGNED TIME ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	45,630,125			45,630,125			
005 NEW CAP REL COSTS-MVBLE E	17,909,197				17,909,197		
006 EMPLOYEE BENEFITS	84,081,907			394,331	4,283	84,480,521	
007 ADMINISTRATIVE & GENERAL	103,355,508			7,144,500	760,122	5,898,416	117,158,546
008 MAINTENANCE & REPAIRS	16,690,666			951,019	13,465	1,441,197	19,096,347
009 OPERATION OF PLANT	16,259,500			15,290,997	54,030	1,345,679	32,950,206
010 LAUNDRY & LINEN SERVICE	1,931,499			367,146	472	59,823	2,358,940
011 HOUSEKEEPING	7,776,907			314,975	652	1,665,584	9,758,118
012 DIETARY	5,217,693			21,090	6,407	686,712	5,931,902
014 CAFETERIA	158,829			881,193	947	184,434	1,225,403
015 NURSING ADMINISTRATION	4,633,246			196,349	74,588	1,053,769	5,957,952
017 CENTRAL SERVICES & SUPPLY	1,514,808			771,489	45,898	326,466	2,658,661
018 MEDICAL RECORDS & LIBRARY	4,476,766			562,657	5,456	922,415	5,967,294
020 SOCIAL SERVICE	3,585,056			75,775	390	328,400	3,989,621
022 NONPHYSICIAN ANESTHETISTS							
023 I&R SERVICES-SALARY & FRI	17,987,892					4,184,027	22,171,919
025 I&R SERVICES-OTHER PRGM C	8,615,803			21,761	927	1,921,728	10,560,219
026 INPAT ROUTINE SRVC CNTRS							
028 ADULTS & PEDIATRICS	38,930,560			5,702,368	14,807,533	12,296,318	71,736,779
029 INTENSIVE CARE UNIT	9,269,888			587,497	3,229	2,217,372	12,077,986
030 BURN INTENSIVE CARE UNIT	1,733,271			125,412	4,298	519,727	2,382,708
030 SURGICAL INTENSIVE CARE U	3,973,030			197,605		1,000,820	5,171,455
030 PEDS INTENSIVE CARE UNIT	2,290,945			139,214	5,483	678,121	3,113,763
030 01 TRAUMA INTENSIVE CARE UNI	5,821,743			475,091	6,784	1,790,831	8,094,449
030 02 NEURO INTENSIVE CARE UNIT	2,708,784			99,274		819,731	3,627,789
030 03 NEONATAL INTENSIVE CARE U	9,335,900			252,478		2,553,222	12,141,600
033 NURSERY	1,704,355			181,102	20,865	434,684	2,341,006
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	23,972,097			1,449,546	334,983	7,822,286	33,578,912
039 RECOVERY ROOM	2,321,310			279,705	373	559,374	3,160,762
040 DELIVERY ROOM & LABOR ROO	4,271,311			277,129	2,293	1,022,786	5,573,519
041 ANESTHESIOLOGY	2,761,514			99,211	118,152	1,648,417	4,627,294
044 RADIOLOGY-DIAGNOSTIC	14,602,219			1,536,841	173,519	3,558,237	19,870,816
046 LABORATORY	14,625,939			1,610,354	27,166	3,908,962	20,172,421
048 WHOLE BLOOD & PACKED RED	6,986,974			57,763	1,262	396,709	7,442,708
049 INTRAVENOUS THERAPY	913,130			207,449		221,030	1,341,609
050 RESPIRATORY THERAPY	3,960,073			115,359	218,664	1,023,894	5,317,990
051 PHYSICAL THERAPY	858,804			93,221	931	205,159	1,158,115
052 OCCUPATIONAL THERAPY	281,547			92,865		67,451	441,863
053 SPEECH PATHOLOGY	404,439			41,783	131,345	81,632	659,199
055 ELECTROCARDIOLOGY	4,298,109			437,434	166,656	1,187,234	6,089,433
056 MEDICAL SUPPLIES CHARGED	16,352,054						16,352,054
057 DRUGS CHARGED TO PATIENTS	66,723,734			243,012	84,058	3,524,064	70,574,868
060 RENAL DIALYSIS	2,881,481			48,715	17,218	668,566	3,615,980
062 OUTPAT SERVICE COST CNTRS							
064 CLINIC	28,571,674			2,505,809	515,738	6,455,847	38,049,068
066 EMERGENCY	24,411,623			1,298,101	15,801	5,971,414	31,696,939
068 OBSERVATION BEDS (NON-DIS							
069 OTHER REIMBURS COST CNTRS							
070 HOME PROGRAM DIALYSIS							
071 AMBULANCE SERVICES							
072 DURABLE MEDICAL EQUIP-REN							
073 DURABLE MEDICAL EQUIP-SOL							
074 CORF							
075 I&R SERVICES-NOT APPRVD P							
076 HOME HEALTH AGENCY							
077 LUNG ACQUISITION							
078 SPEC PURPOSE COST CENTERS							
079 KIDNEY ACQUISITION							
080 LIVER ACQUISITION							
081 HEART ACQUISITION							
082 AMBULATORY SURGICAL CENTE							
083 HOSPICE							
084 SUBTOTALS	634,791,910			45,147,620	17,623,988	80,652,538	630,196,213
085 NONREIMBURS COST CENTERS							
086 GIFT, FLOWER, COFFEE SHOP							
087 RESEARCH							
088 PHYSICIANS' PRIVATE OFFIC							
089 NONPAID WORKERS							
090 OTHER NONREIMBURSABLE (SP							
091 DENISTRY	1,639,723			95,169	980	377,928	2,113,800
092 CHP BUREAU	24,278,461			145,057	284,229	3,195,833	27,903,580
093 SPECIAL FUNDS/RESEARCH	1,428,337			242,279		254,222	1,924,838
094 CROSS FOOT ADJUSTMENT							
095 NEGATIVE COST CENTER							
096 TOTAL	662,138,431			45,630,125	17,909,197	84,480,521	662,138,431

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	117,158,546						
008 MAINTENANCE & REPAIRS	4,105,294	23,201,641					
009 OPERATION OF PLANT	7,083,569	9,552,330	49,586,105				
010 LAUNDRY & LINEN SERVICE	507,120	229,357	833,224	3,928,641			
011 HOUSEKEEPING	2,097,781	196,766	714,824	124,888	12,892,377		
012 DIETARY	1,275,228	13,175	47,864		12,846	7,281,015	
014 CAFETERIA	263,435	550,484	1,999,833		536,712		4,575,867
015 NURSING ADMINISTRATION	1,280,829	122,660	445,606		119,591		63,144
017 CENTRAL SERVICES & SUPPLY	571,554	481,951	1,750,864		469,894		40,109
018 MEDICAL RECORDS & LIBRARY	1,282,837	351,494	1,276,929		342,700		110,592
020 SOCIAL SERVICE	857,681	47,337	171,968		46,153		26,045
022 NONPHYSICIAN ANESTHETISTS							
023 I&R SERVICES-SALARY & FRI	4,766,475						470,710
025 I&R SERVICES-OTHER PRGM C	2,270,215	13,594	49,385		13,254		51,288
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	15,421,690	3,562,286	12,941,306	2,948,891	3,473,170	5,589,822	805,422
028 INTENSIVE CARE UNIT	2,596,501	367,011	1,333,301		357,829	366,714	127,780
029 BURN INTENSIVE CARE UNIT	512,230	78,345	284,618	41	76,385	85,023	26,484
030 SURGICAL INTENSIVE CARE U	1,111,749	123,445	448,458		120,356	115,303	55,478
030 PEDS INTENSIVE CARE UNIT	669,391	86,967	315,941	10	84,792	76,982	37,964
030 01 TRAUMA INTENSIVE CARE UNI	1,740,128	296,791	1,078,201	82	289,366	148,484	90,694
030 02 NEURO INTENSIVE CARE UNIT	779,895	62,017	225,298	47	60,465	116,044	41,201
030 03 NEONATAL INTENSIVE CARE U	2,610,177	157,724	572,990		153,778		128,282
033 NURSERY	503,265	113,135	411,003	446,446	110,304		33,008
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	7,218,727	905,536	3,289,691	372,988	882,882		257,668
039 RECOVERY ROOM	679,494	174,733	634,781		170,361		34,802
040 DELIVERY ROOM & LABOR ROO	1,198,184	173,124	628,935	12,898	168,792		63,369
041 ANESTHESIOLOGY	994,766	61,977	225,156	14,531	60,427		104,532
044 RADIOLOGY-DIAGNOSTIC	4,271,788	960,069	3,487,801	711	936,050		196,808
046 LABORATORY	4,336,627	1,005,993	3,654,636	1,281	980,825		284,014
048 WHOLE BLOOD & PACKED RED	1,600,018	36,085	131,091		35,182		32,494
049 INTRAVENOUS THERAPY	288,416	129,594	470,798		126,352		11,354
050 RESPIRATORY THERAPY	1,143,251	72,065	261,803		70,262		12,533
051 PHYSICAL THERAPY	248,969	58,236	211,562		56,779		15,858
052 OCCUPATIONAL THERAPY	94,991	58,013	210,754		56,562		4,830
053 SPEECH PATHOLOGY	141,713	26,102	94,825		25,449		6,009
055 ELECTROCARDIOLOGY	1,309,094	273,266	992,739	5,421	266,430		75,326
056 MEDICAL SUPPLIES CHARGED	3,515,332						
057 DRUGS CHARGED TO PATIENTS	15,172,044	151,810	551,506	23	148,012		209,793
060 RENAL DIALYSIS	777,356	30,433	110,558		29,671		36,596
062 OUTPAT SERVICE COST CNTRS							
064 CLINIC	8,179,713	1,565,386	5,686,838		1,526,224	163,342	490,884
065 EMERGENCY	6,814,145	810,928	2,945,992		790,640	619,301	338,664
066 OBSERVATION BEDS (NON-DIS							
067 HOME PROGRAM DIALYSIS							
069 AMBULANCE SERVICES							
070 DURABLE MEDICAL EQUIP-REN							
071 DURABLE MEDICAL EQUIP-SOL							
072 CORF							
073 I&R SERVICES-NOT APPRVD P							
074 HOME HEALTH AGENCY							
075 LUNG ACQUISITION							
076 SPEC PURPOSE COST CENTERS							
077 KIDNEY ACQUISITION							
078 LIVER ACQUISITION							
079 HEART ACQUISITION							
080 AMBULATORY SURGICAL CENTE							
081 HOSPICE							
082 SUBTOTALS	110,291,672	22,900,219	48,491,079	3,928,258	12,598,495	7,281,015	4,283,735
083 NONREIMBURS COST CENTERS							
084 GIFT, FLOWER, COFFEE SHOP							
085 RESEARCH							
086 PHYSICIANS' PRIVATE OFFIC							
087 NONPAID WORKERS							
088 OTHER NONREIMBURSABLE (SP							
089 01 DENISTRY	454,420	59,452	215,982	383	57,965		18,618
090 02 CHP BUREAU	5,998,656	90,618	329,202		88,351		261,846
091 03 SPECIAL FUNDS/RESEARCH	413,798	151,352	549,842		147,566		11,668
092 CROSS FOOT ADJUSTMENT							
093 NEGATIVE COST CENTER							
094 TOTAL	117,158,546	23,201,641	49,586,105	3,928,641	12,892,377	7,281,015	4,575,867

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	14	15	17	18	20	22	23
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION	7,989,782						
017 CENTRAL SERVICES & SUPPLY		5,973,033					
018 MEDICAL RECORDS & LIBRARY			9,331,846				
020 SOCIAL SERVICE				5,138,805			
022 NONPHYSICIAN ANESTHETISTS							
023 I&R SERVICES-SALARY & FRI						27,409,104	
025 I&R SERVICES-OTHER PRGM C	160,921						13,118,876
026 INPAT ROUTINE SRVC CNTRS							
028 ADULTS & PEDIATRICS	791,760	1,114,727	2,697,872	1,555,001		8,389,306	4,015,389
029 INTENSIVE CARE UNIT	321,841	422,515	254,988	126,823		757,158	362,400
030 BURN INTENSIVE CARE UNIT		107,790	59,538	63,137		50,477	24,160
030 SURGICAL INTENSIVE CARE U	346,598	468,507	80,700	95,163		50,477	24,160
030 PEDS INTENSIVE CARE UNIT	148,619	6,202	51,787	63,137		161,527	77,312
030 01 TRAUMA INTENSIVE CARE UNI	160,921	505,636	104,002	95,163		620,869	297,168
030 02 NEURO INTENSIVE CARE UNIT		68,298	81,366	95,163		50,477	24,160
030 03 NEONATAL INTENSIVE CARE U	482,762	16,300	301,972	95,163		706,680	338,240
033 NURSERY		11,634	27,629			605,726	289,920
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	966,142	528,797				3,129,585	1,497,920
039 RECOVERY ROOM		5,528					
040 DELIVERY ROOM & LABOR ROO		112,936				252,386	120,800
041 ANESTHESIOLOGY	321,841	364,798				1,009,543	483,200
044 RADIOLOGY-DIAGNOSTIC	160,921	541,485				706,680	338,240
046 LABORATORY		33,647				454,295	217,440
048 WHOLE BLOOD & PACKED RED							
049 INTRAVENOUS THERAPY	160,921						
050 RESPIRATORY THERAPY	55,703	5,380				151,432	72,480
051 PHYSICAL THERAPY		27					
052 OCCUPATIONAL THERAPY						100,954	48,320
053 SPEECH PATHOLOGY							
055 ELECTROCARDIOLOGY	161,539	605,246				201,909	96,640
056 MEDICAL SUPPLIES CHARGED							
057 DRUGS CHARGED TO PATIENTS							
060 RENAL DIALYSIS	160,921	220,513	112,705	190,326		201,909	96,640
062 OUTPAT SERVICE COST CNTRS							
064 CLINIC	1,574,931	15,954	4,267,416	1,808,098		5,602,966	2,681,759
065 EMERGENCY	1,425,462	575,429	1,291,871	951,631		2,589,479	1,239,408
066 OBSERVATION BEDS (NON-DIS							
067 OTHER REIMBURS COST CNTRS							
068 HOME PROGRAM DIALYSIS							
069 AMBULANCE SERVICES							
070 DURABLE MEDICAL EQUIP-REN							
071 DURABLE MEDICAL EQUIP-SOL							
072 CORF							
073 I&R SERVICES-NOT APPRVD P							
074 HOME HEALTH AGENCY							
075 LUNG ACQUISITION							
076 SPEC PURPOSE COST CENTERS							
077 KIDNEY ACQUISITION							
078 LIVER ACQUISITION							
079 HEART ACQUISITION							
080 AMBULATORY SURGICAL CENTE							
081 HOSPICE							
082 SUBTOTALS	7,401,803	5,731,349	9,331,846	5,138,805		25,793,835	12,345,756
083 NONREIMBURS COST CENTERS							
084 GIFT, FLOWER, COFFEE SHOP							
085 RESEARCH							
086 PHYSICIANS' PRIVATE OFFIC							
087 NONPAID WORKERS							
088 OTHER NONREIMBURSABLE (SP							
089 01 DENISTRY							
090 02 CHP BUREAU	587,979	241,684				1,615,269	773,120
091 03 SPECIAL FUNDS/RESEARCH							
092 CROSS FOOT ADJUSTMENT							
093 NEGATIVE COST CENTER							
094 TOTAL	7,989,782	5,973,033	9,331,846	5,138,805		27,409,104	13,118,876

COST CENTER DESCRIPTION	SUBTOTAL 25	I & R COST POST STEP-DOWN ADJ 26	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			
007 ADMINISTRATIVE & GENERAL			
008 MAINTENANCE & REPAIRS			
009 OPERATION OF PLANT			
010 LAUNDRY & LINEN SERVICE			
011 HOUSEKEEPING			
012 DIETARY			
014 CAFETERIA			
015 NURSING ADMINISTRATION			
017 CENTRAL SERVICES & SUPPLY			
018 MEDICAL RECORDS & LIBRARY			
020 SOCIAL SERVICE			
022 NONPHYSICIAN ANESTHETISTS			
023 I&R SERVICES-SALARY & FRI			
025 I&R SERVICES-OTHER PRGM C			
026 INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	135,043,421	-12,404,695	122,638,726
026 INTENSIVE CARE UNIT	19,472,847	-1,119,558	18,353,289
028 BURN INTENSIVE CARE UNIT	3,750,936	-74,637	3,676,299
029 SURGICAL INTENSIVE CARE U	8,211,849	-74,637	8,137,212
030 PEDS INTENSIVE CARE UNIT	4,894,394	-238,839	4,655,555
030 01 TRAUMA INTENSIVE CARE UNI	13,521,954	-918,037	12,603,917
030 02 NEURO INTENSIVE CARE UNIT	5,232,220	-74,637	5,157,583
030 03 NEONATAL INTENSIVE CARE U	17,705,668	-1,044,920	16,660,748
033 NURSERY	4,893,076	-895,646	3,997,430
037 ANCILLARY SRVC COST CNTRS			
038 OPERATING ROOM	52,628,848	-4,627,505	48,001,343
039 RECOVERY ROOM	4,860,461		4,860,461
040 DELIVERY ROOM & LABOR ROO	8,304,943	-373,186	7,931,757
041 ANESTHESIOLOGY	8,268,065	-1,492,743	6,775,322
044 RADIOLOGY-DIAGNOSTIC	31,471,369	-1,044,920	30,426,449
046 LABORATORY	31,141,179	-671,735	30,469,444
048 WHOLE BLOOD & PACKED RED	9,277,578		9,277,578
049 INTRAVENOUS THERAPY	2,529,044		2,529,044
050 RESPIRATORY THERAPY	7,162,899	-223,912	6,938,987
051 PHYSICAL THERAPY	1,749,546		1,749,546
052 OCCUPATIONAL THERAPY	1,016,287	-149,274	867,013
053 SPEECH PATHOLOGY	953,297		953,297
055 ELECTROCARDIOLOGY	10,077,043	-298,549	9,778,494
056 MEDICAL SUPPLIES CHARGED	19,867,386		19,867,386
057 DRUGS CHARGED TO PATIENTS	86,808,056		86,808,056
060 RENAL DIALYSIS	5,583,608	-298,549	5,285,059
062 OUTPAT SERVICE COST CNTRS			
061 CLINIC	71,612,579	-8,284,725	63,327,854
062 EMERGENCY	52,089,889	-3,828,887	48,261,002
064 OBSERVATION BEDS (NON-DIS			
065 OTHER REIMBURS COST CNTRS			
066 HOME PROGRAM DIALYSIS			
067 AMBULANCE SERVICES			
069 DURABLE MEDICAL EQUIP-REN			
070 DURABLE MEDICAL EQUIP-SOL			
071 CORF			
072 I&R SERVICES-NOT APPRVD P			
073 HOME HEALTH AGENCY			
074 LUNG ACQUISITION			
075 SPEC PURPOSE COST CENTERS			
076 KIDNEY ACQUISITION			
077 LIVER ACQUISITION			
078 HEART ACQUISITION			
079 AMBULATORY SURGICAL CENTE			
080 HOSPICE			
081 SUBTOTALS	618,128,442	-38,139,591	579,988,851
082 NONREIMBURS COST CENTERS			
083 GIFT, FLOWER, COFFEE SHOP			
084 RESEARCH			
085 PHYSICIANS' PRIVATE OFFIC			
086 NONPAID WORKERS			
087 OTHER NONREIMBURSABLE (SP			
088 01 DENISTRY	2,920,620		2,920,620
089 02 CHP BUREAU	37,890,305	-2,388,389	35,501,916
090 03 SPECIAL FUNDS/RESEARCH	3,199,064		3,199,064
091 CROSS FOOT ADJUSTMENT			
092 NEGATIVE COST CENTER			
093 TOTAL	662,138,431	-40,527,980	621,610,451

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0124
 PERIOD: FROM 12/1/2007 TO 11/30/2008
 PREPARED 4/29/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	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				394,331	4,283	398,614	398,614
007 ADMINISTRATIVE & GENERAL				7,144,500	760,122	7,904,622	27,828
008 MAINTENANCE & REPAIRS				951,019	13,465	964,484	6,799
009 OPERATION OF PLANT				15,290,997	54,030	15,345,027	6,349
010 LAUNDRY & LINEN SERVICE				367,146	472	367,618	282
011 HOUSEKEEPING				314,975	652	315,627	7,858
012 DIETARY				21,090	6,407	27,497	3,240
014 CAFETERIA				881,193	947	882,140	870
015 NURSING ADMINISTRATION				196,349	74,588	270,937	4,972
017 CENTRAL SERVICES & SUPPLY				771,489	45,898	817,387	1,540
018 MEDICAL RECORDS & LIBRARY				562,657	5,456	568,113	4,352
020 SOCIAL SERVICE				75,775	390	76,165	1,549
022 NONPHYSICIAN ANESTHETISTS							
023 I&R SERVICES-SALARY & FRI							19,740
025 I&R SERVICES-OTHER PRGM C				21,761	927	22,688	9,066
026 INPAT ROUTINE SRVC CNTRS							
028 ADULTS & PEDIATRICS				5,702,368	14,807,533	20,509,901	58,061
029 INTENSIVE CARE UNIT				587,497	3,229	590,726	10,461
030 BURN INTENSIVE CARE UNIT				125,412	4,298	129,710	2,452
030 SURGICAL INTENSIVE CARE U				197,605		197,605	4,722
030 PEDS INTENSIVE CARE UNIT				139,214	5,483	144,697	3,199
030 01 TRAUMA INTENSIVE CARE UNI				475,091	6,784	481,875	8,449
030 02 NEURO INTENSIVE CARE UNIT				99,274		99,274	3,867
030 03 NEONATAL INTENSIVE CARE U				252,478		252,478	12,046
033 NURSERY				181,102	20,865	201,967	2,051
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM				1,449,546	334,983	1,784,529	36,904
039 RECOVERY ROOM				279,705	373	280,078	2,639
040 DELIVERY ROOM & LABOR ROO				277,129	2,293	279,422	4,825
041 ANESTHESIOLOGY				99,211	118,152	217,363	7,777
044 RADIOLOGY-DIAGNOSTIC				1,536,841	173,519	1,710,360	16,787
046 LABORATORY				1,610,354	27,166	1,637,520	18,442
048 WHOLE BLOOD & PACKED RED				57,763	1,262	59,025	1,872
049 INTRAVENOUS THERAPY				207,449		207,449	1,043
050 RESPIRATORY THERAPY				115,359	218,664	334,023	4,831
051 PHYSICAL THERAPY				93,221	931	94,152	968
052 OCCUPATIONAL THERAPY				92,865		92,865	318
053 SPEECH PATHOLOGY				41,783	131,345	173,128	385
055 ELECTROCARDIOLOGY				437,434	166,656	604,090	5,601
056 MEDICAL SUPPLIES CHARGED							
057 DRUGS CHARGED TO PATIENTS				243,012	84,058	327,070	16,626
060 RENAL DIALYSIS				48,715	17,218	65,933	3,154
062 OUTPAT SERVICE COST CNTRS							
064 CLINIC				2,505,809	515,738	3,021,547	30,458
066 EMERGENCY				1,298,101	15,801	1,313,902	28,172
068 OBSERVATION BEDS (NON-DIS							
070 OTHER REIMBURS COST CNTRS							
072 HOME PROGRAM DIALYSIS							
074 AMBULANCE SERVICES							
076 DURABLE MEDICAL EQUIP-REN							
078 DURABLE MEDICAL EQUIP-SOL							
080 CORF							
082 I&R SERVICES-NOT APPRVD P							
084 HOME HEALTH AGENCY							
086 LUNG ACQUISITION							
088 SPEC PURPOSE COST CENTERS							
090 KIDNEY ACQUISITION							
092 LIVER ACQUISITION							
094 HEART ACQUISITION							
096 AMBULATORY SURGICAL CENTE							
098 HOSPICE							
095 SUBTOTALS				45,147,620	17,623,988	62,771,608	380,555
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
099 RESEARCH							
100 PHYSICIANS' PRIVATE OFFIC							
100 01 DENISTRY				95,169	980	96,149	1,783
100 02 CHP BUREAU				145,057	284,229	429,286	15,077
100 03 SPECIAL FUNDS/RESEARCH				242,279		242,279	1,199
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				45,630,125	17,909,197	63,539,322	398,614

COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	E & GENERAL	REPAIRS	PLANT				
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	7,932,450						
008 MAINTENANCE & REPAIRS	277,947	1,249,230					
009 OPERATION OF PLANT	479,590	514,321	16,345,287				
010 LAUNDRY & LINEN SERVICE	34,334	12,349	274,659	689,242			
011 HOUSEKEEPING	142,029	10,594	235,630	21,910	733,648		
012 DIETARY	86,339	709	15,778		731	134,294	
014 CAFETERIA	17,836	29,639	659,214		30,542		1,620,241
015 NURSING ADMINISTRATION	86,718	6,604	146,887		6,805		22,358
016 CENTRAL SERVICES & SUPPLY	38,697	25,949	577,145		26,740		14,202
017 MEDICAL RECORDS & LIBRARY	86,854	18,925	420,920		19,502		39,159
018 SOCIAL SERVICE	58,069	2,549	56,687		2,626		9,222
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI	322,712						166,671
023 I&R SERVICES-OTHER PRGM C	153,704	732	16,279		754		18,160
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,044,397	191,802	4,265,901	517,355	197,642	103,100	285,187
028 INTENSIVE CARE UNIT	175,795	19,761	439,502		20,362	6,764	45,245
029 BURN INTENSIVE CARE UNIT	34,680	4,218	93,820	7	4,347	1,568	9,378
030 SURGICAL INTENSIVE CARE U	75,271	6,647	147,827		6,849	2,127	19,644
030 PEDS INTENSIVE CARE UNIT	45,321	4,683	104,145	2	4,825	1,420	13,442
030 01 TRAUMA INTENSIVE CARE UNI	117,815	15,980	355,412	14	16,467	2,739	32,113
030 02 NEURO INTENSIVE CARE UNIT	52,802	3,339	74,266	8	3,441	2,140	14,589
030 03 NEONATAL INTENSIVE CARE U	176,721	8,492	188,877		8,751		45,423
033 NURSERY	34,073	6,091	135,481	78,325	6,277		11,688
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	488,741	48,756	1,084,395	65,437	50,241		91,236
039 RECOVERY ROOM	46,005	9,408	209,246		9,695		12,323
040 DELIVERY ROOM & LABOR ROO	81,123	9,321	207,318	2,263	9,605		22,438
041 ANESTHESIOLOGY	67,350	3,337	74,219	2,549	3,439		37,013
044 RADIOLOGY-DIAGNOSTIC	289,220	51,692	1,149,699	125	53,266		69,686
046 LABORATORY	293,610	54,165	1,204,694	225	55,814		100,565
048 WHOLE BLOOD & PACKED RED	108,329	1,943	43,212		2,002		11,506
049 INTRAVENOUS THERAPY	19,527	6,978	155,191		7,190		4,020
050 RESPIRATORY THERAPY	77,403	3,880	86,299		3,998		4,438
051 PHYSICAL THERAPY	16,856	3,136	69,738		3,231		5,615
052 OCCUPATIONAL THERAPY	6,431	3,124	69,472		3,219		1,710
053 SPEECH PATHOLOGY	9,595	1,405	31,258		1,448		2,128
055 ELECTROCARDIOLOGY	88,632	14,713	327,241	951	15,161		26,672
056 MEDICAL SUPPLIES CHARGED	238,004						
057 DRUGS CHARGED TO PATIENTS	1,027,217	8,174	181,795	4	8,423		74,284
060 RENAL DIALYSIS	52,631	1,639	36,444		1,688		12,958
062 OUTPAT SERVICE COST CNTRS							
061 CLINIC	553,804	84,284	1,874,578		86,851	3,013	173,814
062 EMERGENCY	461,349	43,662	971,100		44,992	11,423	119,916
064 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 HOME PROGRAM DIALYSIS							
067 AMBULANCE SERVICES							
069 DURABLE MEDICAL EQUIP-REN							
070 DURABLE MEDICAL EQUIP-SOL							
071 CORF							
072 I&R SERVICES-NOT APPRVD P							
073 HOME HEALTH AGENCY							
074 LUNG ACQUISITION							
075 SPEC PURPOSE COST CENTERS							
076 KIDNEY ACQUISITION							
077 LIVER ACQUISITION							
078 HEART ACQUISITION							
079 AMBULATORY SURGICAL CENTE							
080 HOSPICE							
081 SUBTOTALS	7,467,531	1,233,001	15,984,329	689,175	716,924	134,294	1,516,803
082 NONREIMBURS COST CENTERS							
083 GIFT, FLOWER, COFFEE SHOP							
084 RESEARCH							
085 PHYSICIANS' PRIVATE OFFIC							
086 NONPAID WORKERS							
087 OTHER NONREIMBURSABLE (SP							
088 01 DENISTRY	30,766	3,201	71,195	67	3,299		6,592
089 02 CHP BUREAU	406,137	4,879	108,516		5,028		92,715
090 03 SPECIAL FUNDS/RESEARCH	28,016	8,149	181,247		8,397		4,131
091 CROSS FOOT ADJUSTMENTS							
092 NEGATIVE COST CENTER							
093 TOTAL	7,932,450	1,249,230	16,345,287	689,242	733,648	134,294	1,620,241

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	14	15	17	18	20	22	23
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINSTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION	545,281						
017 CENTRAL SERVICES & SUPPLY		1,501,660					
018 MEDICAL RECORDS & LIBRARY			1,157,825				
020 SOCIAL SERVICE				206,867			
022 NONPHYSICIAN ANESTHETISTS							
023 I&R SERVICES-SALARY & FRI						509,123	
025 I&R SERVICES-OTHER PRGM C	10,982						232,365
026 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	54,035	280,248	334,732		62,598		
026 INTENSIVE CARE UNIT	21,965	106,223	31,637		5,105		
028 BURN INTENSIVE CARE UNIT		27,099	7,387		2,542		
029 SURGICAL INTENSIVE CARE U	23,654	117,786	10,013		3,831		
030 PEDS INTENSIVE CARE UNIT	10,143	1,559	6,425		2,542		
030 01 TRAUMA INTENSIVE CARE UNI	10,982	127,120	12,904		3,831		
030 02 NEURO INTENSIVE CARE UNIT		17,171	10,095		3,831		
030 03 NEONATAL INTENSIVE CARE U	32,947	4,098	37,466		3,831		
033 NURSERY		2,925	3,428				
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	65,937	132,943					
039 RECOVERY ROOM		1,390					
040 DELIVERY ROOM & LABOR ROO		28,393					
041 ANESTHESIOLOGY	21,965	91,713					
044 RADIOLOGY-DIAGNOSTIC	10,982	136,133					
046 LABORATORY		8,459					
048 WHOLE BLOOD & PACKED RED							
049 INTRAVENOUS THERAPY	10,982						
050 RESPIRATORY THERAPY	3,802	1,353					
051 PHYSICAL THERAPY		7					
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY	11,025	152,163					
055 ELECTROCARDIOLOGY							
056 MEDICAL SUPPLIES CHARGED							
057 DRUGS CHARGED TO PATIENTS							
060 RENAL DIALYSIS	10,982	55,438	13,984		7,662		
062 OUTPAT SERVICE COST CNTRS							
064 CLINIC	107,486	4,011	529,468		72,785		
061 EMERGENCY	97,284	144,667	160,286		38,309		
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
069 DURABLE MEDICAL EQUIP-SOL							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION							
092 LIVER ACQUISITION							
093 HEART ACQUISITION							
095 AMBULATORY SURGICAL CENTE							
096 HOSPICE							
095 SUBTOTALS	505,153	1,440,899	1,157,825	206,867			
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
098 RESEARCH							
099 PHYSICIANS' PRIVATE OFFIC							
100 NONPAID WORKERS							
100 01 OTHER NONREIMBURSABLE (SP							
100 DENISTRY							
100 02 CHP BUREAU	40,128	60,761					
100 03 SPECIAL FUNDS/RESEARCH							
101 CROSS FOOT ADJUSTMENTS						509,123	232,365
102 NEGATIVE COST CENTER							
103 TOTAL	545,281	1,501,660	1,157,825	206,867		509,123	232,365

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENE FITS (GROSS SALARIES)	RECONCILIATION
	1	2	3	4	5	6a. 00
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	2,178,686					
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			2,178,686			
004 NEW CAP REL COSTS-MVB				17,909,197		
005 EMPLOYEE BENEFITS	18,828		18,828	4,283	346,881,644	
006 ADMIN STRATIVE & GENE	341,126		341,126	760,122	24,219,199	-117,158,546
007 MAINTENANCE & REPAIRS	45,408		45,408	13,465	5,917,629	
008 OPERATION OF PLANT	730,094		730,094	54,030	5,525,425	
009 LAUNDRY & LINEN SERVI	17,530		17,530	472	245,638	
010 HOUSEKEEPING	15,039		15,039	652	6,838,972	
011 DIETARY	1,007		1,007	6,407	2,819,673	
012 CAFETERIA	42,074		42,074	947	757,297	
014 NURSING ADMIN STRATIO	9,375		9,375	74,588	4,326,830	
015 CENTRAL SERVICES & SU	36,836		36,836	45,898	1,340,488	
017 MEDICAL RECORDS & LIB	26,865		26,865	5,456	3,787,484	
018 SOCIAL SERVICE	3,618		3,618	390	1,348,426	
020 NONPHYSICIAN ANESTHET						
022 I&R SERVICES-SALARY &					17,179,830	
023 I&R SERVICES-OTHER PR	1,039		1,039	927	7,890,712	
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	272,269		272,269	14,807,533	50,489,610	
026 INTENSIVE CARE UNIT	28,051		28,051	3,229	9,104,643	
028 BURN INTENSIVE CARE U	5,988		5,988	4,298	2,134,027	
029 SURGICAL INTENSIVE CA	9,435		9,435		4,109,420	
030 PEDS INTENSIVE CARE U	6,647		6,647	5,483	2,784,398	
030 01 TRAUMA INTENSIVE CARE	22,684		22,684	6,784	7,353,242	
030 02 NEURO INTENSIVE CARE	4,740		4,740		3,365,856	
030 03 NEONATAL INTENSIVE CA	12,055		12,055		10,483,662	
033 NURSERY	8,647		8,647	20,865	1,784,834	
ANCILLARY SRVC COST C						
037 OPERATING ROOM	69,211		69,211	334,983	32,118,706	
038 RECOVERY ROOM	13,355		13,355	373	2,296,818	
039 DELIVERY ROOM & LABOR	13,232		13,232	2,293	4,199,610	
040 ANESTHESIOLOGY	4,737		4,737	118,152	6,768,486	
041 RADIOLOGY-DIAGNOSTIC	73,379		73,379	173,519	14,610,303	
044 LABORATORY	76,889		76,889	27,166	16,050,397	
046 WHOLE BLOOD & PACKED	2,758		2,758	1,262	1,628,909	
048 INTRAVENOUS THERAPY	9,905		9,905		907,560	
049 RESPIRATORY THERAPY	5,508		5,508	218,664	4,204,161	
050 PHYSICAL THERAPY	4,451		4,451	931	842,394	
051 OCCUPATIONAL THERAPY	4,434		4,434		276,959	
052 SPEECH PATHOLOGY	1,995		1,995	131,345	335,186	
053 ELECTROCARDIOLOGY	20,886		20,886	166,656	4,874,844	
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI	11,603		11,603	84,058	14,469,986	
057 RENAL DIALYSIS	2,326		2,326	17,218	2,745,168	
OUTPAT SERVICE COST C						
060 CLINIC	119,644		119,644	515,738	26,508,038	
061 EMERGENCY	61,980		61,980	15,801	24,518,932	
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
064 HOME PROGRAM DIALYSIS						
065 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIP						
067 DURABLE MEDICAL EQUIP						
069 CORF						
070 I&R SERVICES-NOT APPR						
071 HOME HEALTH AGENCY						
082 LUNG ACQUISITION						
SPEC PURPOSE COST CEN						
083 KIDNEY ACQUISITION						
084 LIVER ACQUISITION						
085 HEART ACQUISITION						
092 AMBULATORY SURGICAL C						
093 HOSPICE						
095 SUBTOTALS	2,155,648		2,155,648	17,623,988	331,163,752	-117,158,546
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
097 RESEARCH						
098 PHYSICIANS' PRIVATE O						
099 NONPAID WORKERS						
100 OTHER NONREIMBURSABLE						
100 01 DENISTRY	4,544		4,544	980	1,551,790	
100 02 CHP BUREAU	6,926		6,926	284,229	13,122,253	
100 03 SPECIAL FUNDS/RESEARC	11,568		11,568		1,043,849	
CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			45,630,125	17,909,197	84,480,521	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			20.943874		.243543	
(WRKSHT B, PT I)				1.000000		

	COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF			LAUNDRY & LINEN HOUSEKEEPING	DIETARY	CAFETERIA
		E & GENERAL	REPAIRS	PLANT	HOUSEKEEPING		
	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(EQUIVALENT FT ²)
	6	7	8	9	10	11	12
001	GENERAL SERVICE COST						
002	OLD CAP REL COSTS-BLD						
003	OLD CAP REL COSTS-MVB						
004	NEW CAP REL COSTS-BLD						
005	NEW CAP REL COSTS-MVB						
006	EMPLOYEE BENEFITS						
007	ADMINISTRATIVE & GENERAL	544,979,885					
008	MAINTENANCE & REPAIRS	19,096,347	1,773,324				
009	OPERATION OF PLANT	32,950,206	730,094	1,043,230			
010	LAUNDRY & LINEN SERVICE	2,358,940	17,530	17,530	3,392,506		
011	HOUSEKEEPING	9,758,118	15,039	15,039	107,845	1,010,661	
012	DIETARY	5,931,902	1,007	1,007		1,007	451,815
013	CAFETERIA	1,225,403	42,074	42,074			364,730
014	NURSING ADMINISTRATION	5,957,952	9,375	9,375			5,033
015	CENTRAL SERVICES & SUPPLIES	2,658,661	36,836	36,836			3,197
016	MEDICAL RECORDS & LIBRARY	5,967,294	26,865	26,865			8,815
017	SOCIAL SERVICE	3,989,621	3,618	3,618			2,076
018	NONPHYSICIAN ANESTHETIC						
019	I&R SERVICES-SALARY & BENEFITS	22,171,919					37,519
020	I&R SERVICES-OTHER PERSONNEL	10,560,219	1,039	1,039			4,088
021	INPATIENT ROUTINE SERVICE CENTER						
022	ADULTS & PEDIATRICS	71,736,779	272,269	272,269	2,546,460	272,269	346,870
023	INTENSIVE CARE UNIT	12,077,986	28,051	28,051		28,051	22,756
024	BURN INTENSIVE CARE UNIT	2,382,708	5,988	5,988	35	5,988	5,276
025	SURGICAL INTENSIVE CARE UNIT	5,171,455	9,435	9,435		9,435	7,155
026	PEDS INTENSIVE CARE UNIT	3,113,763	6,647	6,647	9	6,647	4,777
027	TRAUMA INTENSIVE CARE UNIT	8,094,449	22,684	22,684	71	22,684	9,214
028	NEURO INTENSIVE CARE UNIT	3,627,789	4,740	4,740	41	4,740	7,201
029	NEONATAL INTENSIVE CARE UNIT	12,141,600	12,055	12,055		12,055	10,225
030	NURSERY	2,341,006	8,647	8,647	385,520	8,647	2,631
031	ANCILLARY SERVICE COST CENTER						
032	OPERATING ROOM	33,578,912	69,211	69,211	322,087	69,211	20,538
033	RECOVERY ROOM	3,160,762	13,355	13,355		13,355	2,774
034	DELIVERY ROOM & LABOR	5,573,519	13,232	13,232	11,138	13,232	5,051
035	ANESTHESIOLOGY	4,627,294	4,737	4,737	12,548	4,737	8,332
036	RADIOLOGY-DIAGNOSTIC	19,870,816	73,379	73,379	614	73,379	15,687
037	LABORATORY	20,172,421	76,889	76,889	1,106	76,889	22,638
038	WHOLE BLOOD & PACKED	7,442,708	2,758	2,758		2,758	2,590
039	INTRAVENOUS THERAPY	1,341,609	9,905	9,905		9,905	905
040	RESPIRATORY THERAPY	5,317,990	5,508	5,508		5,508	999
041	PHYSICAL THERAPY	1,158,115	4,451	4,451		4,451	1,264
042	OCCUPATIONAL THERAPY	441,863	4,434	4,434		4,434	385
043	SPEECH PATHOLOGY	659,199	1,995	1,995		1,995	479
044	ELECTROCARDIOLOGY	6,089,433	20,886	20,886	4,681	20,886	6,004
045	MEDICAL SUPPLIES CHARACTERIZED	16,352,054					
046	DRUGS CHARGED TO PATIENT	70,574,868	11,603	11,603	20	11,603	16,722
047	RENAL DIALYSIS	3,615,980	2,326	2,326		2,326	2,917
048	OUTPATIENT SERVICE COST CENTER						
049	CLINIC	38,049,068	119,644	119,644		119,644	10,136
050	EMERGENCY	31,696,939	61,980	61,980		61,980	38,430
051	OBSERVATION BEDS (NON-REIMBURSABLE)						
052	OTHER REIMBURSABLE COST CENTER						
053	HOME PROGRAM DIALYSIS						
054	AMBULANCE SERVICES						
055	DURABLE MEDICAL EQUIPMENT						
056	DURABLE MEDICAL EQUIPMENT						
057	CORF						
058	I&R SERVICES-NOT APPROPRIATE						
059	HOME HEALTH AGENCY						
060	LUNG ACQUISITION						
061	SPECIFIC PURPOSE COST CENTER						
062	KIDNEY ACQUISITION						
063	LIVER ACQUISITION						
064	HEART ACQUISITION						
065	AMBULATORY SURGICAL CENTER						
066	HOSPICE						
067	SUBTOTALS	513,037,667	1,750,286	1,020,192	3,392,175	987,623	451,815
068	NONREIMBURSABLE COST CENTER						
069	GIFT, FLOWER, COFFEE						
070	RESEARCH						
071	PHYSICIANS' PRIVATE OFFICE						
072	NONPAID WORKERS						
073	OTHER NONREIMBURSABLE						
074	DENISTRY	2,113,800	4,544	4,544	331	4,544	1,484
075	CHP BUREAU	27,903,580	6,926	6,926		6,926	20,871
076	SPECIAL FUNDS/RESEARCH	1,924,838	11,568	11,568		11,568	930
077	CROSS FOOT ADJUSTMENT						
078	NEGATIVE COST CENTER						
079	COST TO BE ALLOCATED (WORKSHEET B, PART I)	117,158,546	23,201,641	49,586,105	3,928,641	12,892,377	7,281,015
080	UNIT COST MULTIPLIER (WORKSHEET B, PART I)		13.083701	47.531326	1.158035	12.756381	16.115036
081		.214978					12.545902

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLIES	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
(HOURS OF SERVICE)	(COSTED REQUISITIONS)	(TIME SPENT)	(TIME SPENT)	(TIME SPENT)	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)
14	15	17	18	20	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 ADMINSTRATIVE & GENE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION	103,273						
015 CENTRAL SERVICES & SU		3,698,243					
017 MEDICAL RECORDS & LIB			196,234				
018 SOCIAL SERVICE				56,160			
020 NONPHYSICIAN ANESTHET							
022 I&R SERVICES-SALARY &					5,430		
023 I&R SERVICES-OTHER PR	2,080						5,430
025 ADULTS & PEDIATRICS	10,234	690,191	56,732	16,994	1,662	1,662	
026 INTENSIVE CARE UNIT	4,160	261,603	5,362	1,386	150	150	
028 BURN INTENSIVE CARE U		66,739	1,252	690	10	10	
029 SURGICAL INTENSIVE CA	4,480	290,079	1,697	1,040	10	10	
030 PEDS INTENSIVE CARE U	1,921	3,840	1,089	690	32	32	
030 01 TRAUMA INTENSIVE CARE	2,080	313,068	2,187	1,040	123	123	
030 02 NEURO INTENSIVE CARE		42,287	1,711	1,040	10	10	
030 03 NEONATAL INTENSIVE CA	6,240	10,092	6,350	1,040	140	140	
033 NURSERY		7,203	581		120	120	
037 ANCILLARY SRVC COST C							
038 OPERATING ROOM	12,488	327,408			620	620	
039 RECOVERY ROOM		3,423					
040 DELIVERY ROOM & LABOR		69,925			50	50	
041 ANESTHESIOLOGY	4,160	225,867			200	200	
044 RADIOLOGY-DIAGNOSTIC	2,080	335,264			140	140	
046 LABORATORY		20,833			90	90	
048 WHOLE BLOOD & PACKED	2,080						
049 INTRAVENOUS THERAPY	720	3,331			30	30	
050 RESPIRATORY THERAPY		17					
051 PHYSICAL THERAPY					20	20	
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY	2,088	374,742			40	40	
055 ELECTROCARDIOLOGY							
056 MEDICAL SUPPLIES CHAR							
057 DRUGS CHARGED TO PATI	2,080	136,532	2,370	2,080	40	40	
060 RENAL DIALYSIS							
061 OUTPAT SERVICE COST C							
062 CLINIC	20,357	9,878	89,737	19,760	1,110	1,110	
064 EMERGENCY	18,425	356,281	27,166	10,400	513	513	
066 OBSERVATION BEDS (NON							
065 OTHER REIMBURS COST C							
066 HOME PROGRAM DIALYSIS							
067 AMBULANCE SERVICES							
069 DURABLE MEDICAL EQUIP							
070 DURABLE MEDICAL EQUIP							
071 CORF							
071 I&R SERVICES-NOT APPR							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CEN							
085 KIDNEY ACQUISITION							
092 LIVER ACQUISITION							
093 HEART ACQUISITION							
095 AMBULATORY SURGICAL C							
096 HOSPICE							
097 SUBTOTALS	95,673	3,548,603	196,234	56,160	5,110	5,110	
099 NONREIMBURS COST CENT							
100 GIFT, FLOWER, COFFEE							
100 RESEARCH							
100 PHYSICIANS' PRIVATE O							
100 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE							
100 01 DENISTRY							
100 02 CHP BUREAU	7,600	149,640			320	320	
100 03 SPECIAL FUNDS/RESEARC							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	7,989,782	5,973,033	9,331,846	5,138,805	27,409,104	13,118,876	
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		1.615100		91.502938	5,047.717127		
(WRKSHT B, PT I)	77.365643		47.554685			2,415.999263	

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	122,638,726		122,638,726	118,984	122,757,710
26	INTENSIVE CARE UNIT	18,353,289		18,353,289	28,204	18,381,493
28	BURN INTENSIVE CARE UNIT	3,676,299		3,676,299	74,063	3,750,362
29	SURGICAL INTENSIVE CARE U	8,137,212		8,137,212	59,730	8,196,942
30	PEDS INTENSIVE CARE UNIT	4,655,555		4,655,555	8,046	4,663,601
30	01 TRAUMA INTENSIVE CARE UNI	12,603,917		12,603,917	27,366	12,631,283
30	02 NEURO INTENSIVE CARE UNIT	5,157,583		5,157,583	15,410	5,172,993
30	03 NEONATAL INTENSIVE CARE U	16,660,748		16,660,748	570	16,661,318
33	NURSERY	3,997,430		3,997,430		3,997,430
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	48,001,343		48,001,343	445,482	48,446,825
38	RECOVERY ROOM	4,860,461		4,860,461		4,860,461
39	DELIVERY ROOM & LABOR ROO	7,931,757		7,931,757		7,931,757
40	ANESTHESIOLOGY	6,775,322		6,775,322	131,210	6,906,532
41	RADIOLOGY-DIAGNOSTIC	30,426,449		30,426,449	253,934	30,680,383
44	LABORATORY	30,469,444		30,469,444		30,469,444
46	WHOLE BLOOD & PACKED RED	9,277,578		9,277,578	14,042	9,291,620
48	INTRAVENOUS THERAPY	2,529,044		2,529,044		2,529,044
49	RESPIRATORY THERAPY	6,938,987		6,938,987	61,708	7,000,695
50	PHYSICAL THERAPY	1,749,546		1,749,546		1,749,546
51	OCCUPATIONAL THERAPY	867,013		867,013		867,013
52	SPEECH PATHOLOGY	953,297		953,297		953,297
53	ELECTROCARDIOLOGY	9,778,494		9,778,494	232,006	10,010,500
55	MEDICAL SUPPLIES CHARGED	19,867,386		19,867,386		19,867,386
56	DRUGS CHARGED TO PATIENTS	86,808,056		86,808,056		86,808,056
57	RENAL DIALYSIS	5,285,059		5,285,059		5,285,059
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	63,327,854		63,327,854		63,327,854
61	EMERGENCY	48,261,002		48,261,002	426,617	48,687,619
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,878,395		1,878,395		1,878,395
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	581,867,246		581,867,246	1,897,372	583,764,618
102	LESS OBSERVATION BEDS	1,878,395		1,878,395		1,878,395
103	TOTAL	579,988,851		579,988,851	1,897,372	581,886,223

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	48,001,343	3,849,119	44,152,224			48,001,343
38	RECOVERY ROOM	4,860,461	570,784	4,289,677			4,860,461
39	DELIVERY ROOM & LABOR ROO	7,931,757	644,708	7,287,049			7,931,757
40	ANESTHESIOLOGY	6,775,322	526,725	6,248,597			6,775,322
41	RADIOLOGY-DIAGNOSTIC	30,426,449	3,487,950	26,938,499			30,426,449
44	LABORATORY	30,469,444	3,373,494	27,095,950			30,469,444
46	WHOLE BLOOD & PACKED RED	9,277,578	227,889	9,049,689			9,277,578
48	INTRAVENOUS THERAPY	2,529,044	412,380	2,116,664			2,529,044
49	RESPIRATORY THERAPY	6,938,987	520,027	6,418,960			6,938,987
50	PHYSICAL THERAPY	1,749,546	193,703	1,555,843			1,749,546
51	OCCUPATIONAL THERAPY	867,013	177,139	689,874			867,013
52	SPEECH PATHOLOGY	953,297	219,347	733,950			953,297
53	ELECTROCARDIOLOGY	9,778,494	1,246,249	8,532,245			9,778,494
55	MEDICAL SUPPLIES CHARGED	19,867,386	238,004	19,629,382			19,867,386
56	DRUGS CHARGED TO PATIENTS	86,808,056	1,643,593	85,164,463			86,808,056
57	RENAL DIALYSIS	5,285,059	262,513	5,022,546			5,285,059
	OUTPAT SERVICE COST CNTRS						
	CLINIC	63,327,854	6,542,099	56,785,755			63,327,854
61	EMERGENCY	48,261,002	3,435,062	44,825,940			48,261,002
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,878,395	426,991	1,451,404			1,878,395
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	385,986,487	27,997,776	357,988,711			385,986,487
102	LESS OBSERVATION BEDS	1,878,395	426,991	1,451,404			1,878,395
103	TOTAL	384,108,092	27,570,785	356,537,307			384,108,092

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS	48,446,825	.990805	.990805
38	OPERATING ROOM	4,860,461	1.000000	1.000000
39	RECOVERY ROOM	7,931,757	1.000000	1.000000
40	DELIVERY ROOM & LABOR ROO	6,906,532	.981002	.981002
41	ANESTHESIOLOGY	30,680,383	.991723	.991723
44	RADIOLOGY-DIAGNOSTIC	30,469,444	1.000000	1.000000
46	LABORATORY	9,291,620	.998489	.998489
48	WHOLE BLOOD & PACKED RED	2,529,044	1.000000	1.000000
49	INTRAVENOUS THERAPY	7,000,695	.991185	.991185
50	RESPIRATORY THERAPY	1,749,546	1.000000	1.000000
51	PHYSICAL THERAPY	867,013	1.000000	1.000000
52	OCCUPATIONAL THERAPY	953,297	1.000000	1.000000
53	SPEECH PATHOLOGY	10,010,500	.976824	.976824
55	ELECTROCARDIOLOGY	19,867,386	1.000000	1.000000
56	MEDICAL SUPPLIES CHARGED	86,808,056	1.000000	1.000000
57	DRUGS CHARGED TO PATIENTS	5,285,059	1.000000	1.000000
	RENAL DIALYSIS			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	63,327,854	1.000000	1.000000
61	EMERGENCY	48,687,619	.991238	.991238
62	OBSERVATION BEDS (NON-DIS	4,110,704	.456952	.456952
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	389,783,795		
102	LESS OBSERVATION BEDS	4,110,704		
103	TOTAL	385,673,091		

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	52,628,848	3,849,119	48,779,729	384,912	2,829,224	49,414,712
38	RECOVERY ROOM	4,860,461	570,784	4,289,677	57,078	248,801	4,554,582
39	DELIVERY ROOM & LABOR ROO	8,304,943	644,708	7,660,235	64,471	444,294	7,796,178
40	ANESTHESIOLOGY	8,268,065	526,725	7,741,340	52,673	448,998	7,766,394
41	RADIOLOGY-DIAGNOSTIC	31,471,369	3,487,950	27,983,419	348,795	1,623,038	29,499,536
44	LABORATORY	31,141,179	3,373,494	27,767,685	337,349	1,610,526	29,193,304
46	WHOLE BLOOD & PACKED RED	9,277,578	227,889	9,049,689	22,789	524,882	8,729,907
48	INTRAVENOUS THERAPY	2,529,044	412,380	2,116,664	41,238	122,767	2,365,039
49	RESPIRATORY THERAPY	7,162,899	520,027	6,642,872	52,003	385,287	6,725,609
50	PHYSICAL THERAPY	1,749,546	193,703	1,555,843	19,370	90,239	1,639,937
51	OCCUPATIONAL THERAPY	1,016,287	177,139	839,148	17,714	48,671	949,902
52	SPEECH PATHOLOGY	953,297	219,347	733,950	21,935	42,569	888,793
53	ELECTROCARDIOLOGY	10,077,043	1,246,249	8,830,794	124,625	512,186	9,440,232
55	MEDICAL SUPPLIES CHARGED	19,867,386	238,004	19,629,382	23,800	1,138,504	18,705,082
56	DRUGS CHARGED TO PATIENTS	86,808,056	1,643,593	85,164,463	164,359	4,939,539	81,704,158
57	RENAL DIALYSIS	5,583,608	262,513	5,321,095	26,251	308,624	5,248,733
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	71,612,579	6,542,099	65,070,480	654,210	3,774,088	67,184,281
61	EMERGENCY	52,089,889	3,435,062	48,654,827	343,506	2,821,980	48,924,403
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,878,395	426,991	1,451,404	42,699	84,181	1,751,515
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	407,280,472	27,997,776	379,282,696	2,799,777	21,998,398	382,482,297
102	LESS OBSERVATION BEDS	1,878,395	426,991	1,451,404	42,699	84,181	1,751,515
103	TOTAL	405,402,077	27,570,785	377,831,292	2,757,078	21,914,217	380,730,782

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	48,446,825	1.019978	1.078377
38	OPERATING ROOM	4,860,461	.937068	.988257
39	RECOVERY ROOM	7,931,757	.982907	1.038921
40	DELIVERY ROOM & LABOR ROO	6,906,532	1.124500	1.189510
41	ANESTHESIOLOGY	30,680,383	.961511	1.014413
44	LABORATORY	30,469,444	.958117	1.010974
46	WHOLE BLOOD & PACKED RED	9,291,620	.939546	.996036
48	INTRAVENOUS THERAPY	2,529,044	.935151	.983694
49	RESPIRATORY THERAPY	7,000,695	.960706	1.015741
50	PHYSICAL THERAPY	1,749,546	.937350	.988929
51	OCCUPATIONAL THERAPY	867,013	1.095603	1.151739
52	SPEECH PATHOLOGY	953,297	.932336	.976990
53	ELECTROCARDIOLOGY	10,010,500	.943033	.994198
55	MEDICAL SUPPLIES CHARGED	19,867,386	.941497	.998802
56	DRUGS CHARGED TO PATIENTS	86,808,056	.941205	.998107
57	RENAL DIALYSIS	5,285,059	.993127	1.051522
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	63,327,854	1.060896	1.120492
61	EMERGENCY	48,687,619	1.004863	1.062824
62	OBSERVATION BEDS (NON-DIS	4,110,704	.426086	.446565
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	389,783,795		
102	LESS OBSERVATION BEDS	4,110,704		
103	TOTAL	385,673,091		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS				27,904,959		27,904,959
25	ADULTS & PEDIATRICS						
26	INTENSIVE CARE UNIT				1,473,546		1,473,546
28	BURN INTENSIVE CARE UNIT				317,208		317,208
29	SURGICAL INTENSIVE CARE U				615,976		615,976
30	PEDS INTENSIVE CARE UNIT				342,403		342,403
30 01	TRAUMA INTENSIVE CARE UNI				1,185,701		1,185,701
30 02	NEURO INTENSIVE CARE UNIT				284,823		284,823
30 03	NEONATAL INTENSIVE CARE U				771,130		771,130
33	NURSERY				482,306		482,306
101	TOTAL				33,378,052		33,378,052

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	86,723	10,514			321.77	3,383,090
26	INTENSIVE CARE UNIT	8,071	1,004			182.57	183,300
28	BURN INTENSIVE CARE UNIT	1,884	234			168.37	39,399
29	SURGICAL INTENSIVE CARE U	2,555	318			241.09	76,667
30	PEDS INTENSIVE CARE UNIT	1,639				208.91	
30	01 TRAUMA INTENSIVE CARE UNI	3,292	410			360.18	147,674
30	02 NEURO INTENSIVE CARE UNIT	2,575	320			110.61	35,395
30	03 NEONATAL INTENSIVE CARE U	9,558				80.68	
33	NURSERY	2,621				184.02	
101	TOTAL	118,918	12,800				3,865,525

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0124
 PERIOD: FROM 12/1/2007 TO 11/30/2008
 COMPONENT NO: 14-0124
 PREPARED 4/29/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.079450	280,087
38	RECOVERY ROOM	.117434	41,534
39	DELIVERY ROOM & LABOR ROO	.081282	72,386
40	ANESTHESIOLOGY	.076265	38,328
41	RADIOLOGY-DIAGNOSTIC	.113687	113,746
44	LABORATORY	.110717	160,735
46	WHOLE BLOOD & PACKED RED	.024526	23,732
48	INTRAVENOUS THERAPY	.163058	33,676
49	RESPIRATORY THERAPY	.074282	58,387
50	PHYSICAL THERAPY	.110716	17,269
51	OCCUPATIONAL THERAPY	.204310	11,833
52	SPEECH PATHOLOGY	.230093	5,214
53	ELECTROCARDIOLOGY	.124494	37,282
55	MEDICAL SUPPLIES CHARGED	.011980	17,519
56	DRUGS CHARGED TO PATIENTS	.018934	55,295
57	RENAL DIALYSIS	.049671	852
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.103305	
61	EMERGENCY	.070553	44,588
62	OBSERVATION BEDS (NON-DIS	.103873	
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		1,012,463

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					86,723	
26	INTENSIVE CARE UNIT					8,071	
28	BURN INTENSIVE CARE UNIT					1,884	
29	SURGICAL INTENSIVE CARE U					2,555	
30	PEDS INTENSIVE CARE UNIT					1,639	
30	01 TRAUMA INTENSIVE CARE UNI					3,292	
30	02 NEURO INTENSIVE CARE UNIT					2,575	
30	03 NEONATAL INTENSIVE CARE U					9,558	
33	NURSERY					2,621	
101	TOTAL					118,918	

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

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	10,514	
26	INTENSIVE CARE UNIT	1,004	
28	BURN INTENSIVE CARE UNIT	234	
29	SURGICAL INTENSIVE CARE U	318	
30	PEDS INTENSIVE CARE UNIT		
30	01 TRAUMA INTENSIVE CARE UNI	410	
30	02 NEURO INTENSIVE CARE UNIT	320	
30	03 NEONATAL INTENSIVE CARE U		
33	NURSERY		
101	TOTAL	12,800	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XVIII, PART A

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			48,446,825			3,525,318	
38	OPERATING ROOM			4,860,461			353,680	
39	RECOVERY ROOM			7,931,757			890,557	
40	DELIVERY ROOM & LABOR ROO			6,906,532			502,566	
41	ANESTHESIOLOGY			30,680,383			1,000,523	
44	RADIOLOGY-DIAGNOSTIC			30,469,444			1,451,760	
46	LABORATORY			9,291,620			967,631	
48	WHOLE BLOOD & PACKED RED			2,529,044			206,529	
49	INTRAVENOUS THERAPY			7,000,695			786,020	
50	RESPIRATORY THERAPY			1,749,546			155,976	
51	PHYSICAL THERAPY			867,013			57,915	
52	OCCUPATIONAL THERAPY			953,297			22,662	
53	SPEECH PATHOLOGY			10,010,500			299,467	
55	ELECTROCARDIOLOGY			19,867,386			1,462,371	
56	MEDICAL SUPPLIES CHARGED			86,808,056			2,920,387	
57	DRUGS CHARGED TO PATIENTS			5,285,059			17,162	
60	RENAL DIALYSIS							
60	OUTPAT SERVICE COST CNTRS							
61	CLINIC			63,327,854				
61	EMERGENCY			48,687,619			631,975	
62	OBSERVATION BEDS (NON-DIS			4,110,704				
62	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			389,783,795			15,252,499	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	111,068					
38	RECOVERY ROOM	498					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	82,896					
41	RADIOLOGY-DIAGNOSTIC	3,112,788					
44	LABORATORY	175,164					
46	WHOLE BLOOD & PACKED RED						
48	INTRAVENOUS THERAPY	1,654					
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	44,532					
55	MEDICAL SUPPLIES CHARGED	35,892					
56	DRUGS CHARGED TO PATIENTS	3,597					
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	7,000,355					
61	EMERGENCY	1,221,934					
62	OBSERVATION BEDS (NON-DIS	127,999					
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	11,918,377					

HOSPITAL STAFF

LINE NO.	SPECIALTY DESCRIPTION/ PHYSICIAN IDENTIFIER	TOTAL REMUNERATION	PROFESSIONAL COMPONENT	RCE AMOUNT	PHYSICIAN/ PROFESSIONAL COMPONENT HOURS	UNADJUSTED RCE LIMIT	5% OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8
1	GENERAL PRACTITIONER FAMILY PRACTICE			138,700			
2	INTERNAL MEDICINE	25,415,782	12,639,519	165,600	117,899	9,386,574	469,329
3	SURGERY	16,341,619	9,864,245	208,000	68,573	6,857,300	342,865
4	PEDIATRICS	8,551,535	3,949,834	140,600	37,887	2,561,015	128,051
5	OBSTETRICS-GYNECOLOGY	5,185,253	2,422,946	196,400	16,237	1,533,148	76,657
6	RADIOLOGY	7,518,759	5,631,961	225,300	33,370	3,614,549	180,727
7	PSYCHIATRY	1,663,823	1,341,940	154,100	13,719	1,016,393	50,820
8	ANESTHESIOLOGY	7,318,475	4,181,701	200,300	27,010	2,601,011	130,051
9	PATHOLOGY	3,191,377	2,110,374	215,700	18,220	1,889,449	94,472
10	ALL OTHER	16,977,692	7,841,355	177,200	74,412	6,339,330	316,967
11	TOTAL	92,164,315	49,983,875	1,821,900	407,327	35,798,769	1,789,939

LINE NO.	SPECIALTY DESCRIPTION/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTINUING EDUCATION	PROFESSIONAL COMPONENT SHARE OF COL 11	COST OF PHYSICIAN MALPRACTICE INSURANCE	PROFESSIONAL COMPONENT SHARE OF COL 13	ADJUSTED RCE LIMIT	ADJUST COST OF PHYSICIAN'S DIRECT MEDICAL & SURGICAL SRVS
9	10	11	12	13	14	15	16
1	GENERAL PRACTITIONER FAMILY PRACTICE						
2	INTERNAL MEDICINE			3,317,985	1,650,067	11,036,641	11,036,641
3	SURGERY			2,133,369	1,287,759	8,145,059	8,145,059
4	PEDIATRICS			1,116,388	515,644	3,076,659	3,076,659
5	OBSTETRICS-GYNECOLOGY			676,926	316,311	1,849,459	1,849,459
6	RADIOLOGY			981,561	735,243	4,349,792	4,349,792
7	PSYCHIATRY			217,209	175,188	1,191,581	1,191,581
8	ANESTHESIOLOGY			955,414	545,914	3,146,925	3,146,925
9	PATHOLOGY			416,629	275,506	2,164,955	2,110,374
10	ALL OTHER			2,216,408	1,023,675	7,363,005	7,363,005
11	TOTAL			12,031,889	6,525,307	42,324,076	42,269,495

HOSPITAL		HOSPITAL STAFF	MEDICAL SCHOOL FACULTY	TOTAL
		1	2	3
1	ADJUSTED COST OF PHYSICIAN'S DIRECT MEDICAL AND SURGICAL SERVICES	42,269,495		
2	TOTAL INPATIENT AND OUTPATIENT VISIT DAYS	682,046	682,046	
3	AVERAGE PER DIEM	61.97		
HEALTH CARE PROGRAM REIMBURSABLE DAYS				
4	TITLE V - INPATIENT			
5	TITLE V - OUTPATIENT			
6	TITLE XVIII - PART A			
7	TITLE XVIII - PART B	21,159	21,159	
8	TITLE XIX - INPATIENT	57,281	57,281	
9	TITLE XIX - OUTPATIENT			
10	INPATIENT AND OUTPATIENT KIDNEY ACQUISITION			
11	INPATIENT AND OUTPATIENT LIVER ACQUISITION			
12	INPATIENT AND OUTPATIENT HEART ACQUISITION			
13	INPATIENT AND OUTPATIENT LUNG ACQUISITION			
13.01	INPATIENT AND OUTPATIENT PANCREAS ACQUISITION			
13.02	INPATIENT AND OUTPATIENT INTESTINE ACQUISITION			
13.03	INPATIENT AND OUTPATIENT ISLET ACQUISITION			
HEALTH CARE PROGRAM REIMBURSABLE COST				
14	TITLE V - INPATIENT			
15	TITLE V - OUTPATIENT			
16	TITLE XVIII - PART A	1,311,223		1,311,223
17	TITLE XVIII - PART B	3,549,704		3,549,704
18	TITLE XIX - INPATIENT			
19	TITLE XIX - OUTPATIENT			
20	INPATIENT AND OUTPATIENT KIDNEY ACQUISITION			
21	INPATIENT AND OUTPATIENT LIVER ACQUISITION			
22	INPATIENT AND OUTPATIENT HEART ACQUISITION			
23	INPATIENT AND OUTPATIENT LUNG ACQUISITION			
23.01	INPATIENT AND OUTPATIENT PANCREAS ACQUISITION			
23.02	INPATIENT AND OUTPATIENT INTESTINE ACQUISITION			
23.03	INPATIENT AND OUTPATIENT ISLET ACQUISITION			

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	29,698,527	
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)	29,698,527	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	2,331,776	
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	2,729,399	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS	1,311,223	
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	36,070,925	
17 PRIMARY PAYER PAYMENTS	3,889	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	36,067,036	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,900,097	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	84,920	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	192,387	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	134,671	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	34,216,690	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	34,216,690	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	33,532,597	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	684,093	
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)		

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		526.48
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	-27.09
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	460.65	-27.09
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		433.56
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		452.05
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		433.56
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.		199.05
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		208.19
3.10	SEE INSTRUCTIONS		407.24
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.		390.58
3.12	SEE INSTRUCTIONS		10.41
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		210.08
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		185.73
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	188.36
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)		194.72
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		84,449.48
3.18	SEE INSTRUCTIONS		16,444,003
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		173.96
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		192.90
3.21	SEE INSTRUCTIONS	RES INIT YEARS	185.92
3.22	SEE INSTRUCTIONS		185.92
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		85,170.60
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		15,834,918
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		32,278,921

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		12,800
5	TOTAL INPATIENT DAYS		114,970
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.111333
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	3,593,709	3,593,709
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		1,064
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		114,970
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.		256,529
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		5,285,059
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		

TITLE XVIII

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

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	36,123,886
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	1,311,223
15	PRIMARY PAYER PAYMENTS	3,889
16	TOTAL PART A REASONABLE COST	37,431,220

PART B REASONABLE COST

17	REASONABLE COST	15,371,320
18	PRIMARY PAYER PAYMENTS	
19	TOTAL PART B REASONABLE COST	15,371,320
20	TOTAL REASONABLE COST	52,802,540
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.708891
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.291109

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)	3,850,238
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	2,729,399
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	1,120,839

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)	460.65	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	526.48	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	460.65	

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)	487.55
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	524.15
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP	487.55

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

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	85,587,972			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	136,496,789			
5	OTHER RECEIVABLES	108,961,628			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	5,439,421			
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS	-30,684,909			
11	TOTAL CURRENT ASSETS	305,800,901			
FIXED ASSETS					
12	LAND				
12.01	LAND IMPROVEMENTS				
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	522,779,390			
14.01	LESS ACCUMULATED DEPRECIATION	-215,490,624			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	127,220,890			
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	434,509,656			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS				
26	TOTAL OTHER ASSETS				
27	TOTAL ASSETS	740,310,557			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	48,612,311			
29 SALARIES, WAGES & FEES PAYABLE	34,627,556			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME	55,802,162			
33 ACCELERATED PAYMENTS	1,055,049			
34 DUE TO OTHER FUNDS	112,498,080			
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	252,595,158			
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	6,436,972			
42 TOTAL LONG-TERM LIABILITIES	6,436,972			
43 TOTAL LIABILITIES	259,032,130			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	481,278,427			
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	481,278,427			
52 TOTAL LIABILITIES AND FUND BALANCES	740,310,557			

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	147,677,274		147,677,274
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	147,677,274		147,677,274
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	17,504,586		17,504,586
12 00 BURN INTENSIVE CARE UNIT	4,112,064		4,112,064
13 00 SURGICAL INTENSIVE CARE UNIT	5,614,884		5,614,884
14 00 PEDS INTENSIVE CARE UNIT	3,271,356		3,271,356
14 01 TRAUMA INTENSIVE CARE UNIT	7,128,594		7,128,594
14 02 NEURO INTENSIVE CARE UNIT	5,638,842		5,638,842
14 03 NEONATAL INTENSIVE CARE UNIT	21,030,768		21,030,768
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	64,301,094		64,301,094
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	211,978,368		211,978,368
17 00 ANCILLARY SERVICES	150,444,522	49,769,504	200,214,026
18 00 OUTPATIENT SERVICES		202,526,285	202,526,285
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE			
24 00			
25 00 TOTAL PATIENT REVENUES	362,422,890	252,295,789	614,718,679

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		555,746,122	
ADD (SPECIFY)			
27 00 DEPRECIATION	33,200,343		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		33,200,343	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		588,946,465	

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTEs PER 2080 HOURS 4
1 REGISTERED NURSES	1,247,225	ALL PART OF COOK COUNTY BU	27,353.90	13.15
2 LICENSED PRACTICAL NURSES	189,292	HOURS OF SERVICE	7,190.00	3.46
3 NURSES AIDES		HOURS OF SERVICE		
4 TECHNICIANS	139,008	HOURS OF SERVICE	4,188.00	2.01
5 SOCIAL WORKERS		HOURS OF SERVICE		
6 DIETICIANS		HOURS OF SERVICE		
7 PHYSICIANS	700,928	ACCUMULATED COST		
8 NON-PATIENT CARE SALARY	423,387	ACCUMULATED COST		
9 SUBTOTAL (SUM OF LINES 1-8)	2,699,840			
10 EMPLOYEE BENEFITS		SALARY		
11 OLD & NEW CAPITAL RELATED COSTS-BLDGS. &		SQUARE FEET		
12 OLD & NEW CAPITAL RELATED COSTS-MOV. EQU		PERCENTAGE OF TIME		
13 MACHINE COSTS & REPAIRS		PERCENTAGE OF TIME		
14 SUPPLIES	126,981	REQUIREMENTS		
15 DRUGS		REQUIREMENTS		
16 OTHER	54,660	ACCUMULATED COST		
17 SUBTOTAL (SUM OF LINES 9-16)*	2,881,481			
18 OLD CAPITAL RELATED COSTS-BLDGS. & FIXTU		SQUARE FEET		
19 OLD CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME		
20 NEW CAPITAL RELATED COSTS-BLDGS. & FIXTU	48,715	SQUARE FEET		
21 NEW CAPITAL RELATED COSTS-MOV. EQUIP.	17,218	PERCENTAGE OF TIME		
22 EMPLOYEE BENEFITS	668,566	SALARY		
23 ADMINISTRATIVE AND GENERAL	777,356	ACCUMULATED COST		
24 MAINT./REPAIRS-OPERATION-HOUSEKEEPING	170,662	SQUARE FEET		
25 MEDICAL EDUCATION PROGRAM COSTS				
26 CENTRAL SERVICES & SUPPLIES	220,513	REQUIREMENTS		
27 PHARMACY		REQUIREMENTS		
28 OTHER ALLOCATED COST	500,548	ACCUMULATED COST		
29 SUBTOTAL (SUM OF LINES 17-28)*	5,285,059			
30 LABORATORY (SEE INSTRUCTIONS)		CHARGES		
31 RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32 OTHER (SEE INSTRUCTIONS)		CHARGES		
33 TOTAL COSTS (SUM OF LINES 29-32)	5,285,059			

* LINE 17, COLUMN 1 SHOULD AGREE WITH WORKSHEET A, COLUMN 7 FOR LINE 57 OR LINE 64 AS APPROPRIATE, AND LINE 29, COLUMN 1 SHOULD AGREE WITH WORKSHEET B, PART I FOR LINE 57 OR LINE 64 AS APPROPRIATE.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODI LITI ES

PROVIDER NO: 14-0124
 PERIOD: FROM 12/ 1/2007 TO 11/30/2008
 SATELLITE NO: WORKSHEET 1-2

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS
		BUILDING	EQUIPMENT	RNs	OTHER	
		1	2	3	4	5
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	219,377	17,218	1,247,225	328,300	668,566
2	HEMODIALYSIS	157,412	12,354	642,079	138,124	296,242
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
12	OTHER BILLABLE SERVICES					
13	INPATIENT DIALYSIS	61,965	4,864	605,146	190,176	372,324
14	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	219,377	17,218	1,247,225	328,300	668,566
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6	7	8	9	10
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE		347,494		2,828,180	2,456,879
2	HEMODIALYSIS		153,975		1,400,186	1,216,361
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
12	OTHER BILLABLE SERVICES					
13	INPATIENT DIALYSIS		193,519		1,427,994	1,240,518
14	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)		347,494		2,828,180	2,456,879
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		TOTAL (COL. 9 + COL. 10)
		11
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	5,285,059
2	HEMODIALYSIS	2,616,547
3	INTERMITTENT PERITONEAL TRAINING	
4	HEMODIALYSIS	
5	INTERMITTENT PERITONEAL	
6	CAPD	
7	CCDP	
8	HOME	
9	HEMODIALYSIS	
10	INTERMITTENT PERITONEAL	
11	CAPD	
11	CCDP	
12	OTHER BILLABLE SERVICES	
13	INPATIENT DIALYSIS	2,668,512
14	METHOD II HOME PATIENT	
14	EPO (INCLUDED IN RENAL DEPARTMENT)	
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)	
15	OTHER	
16	TOTAL (SUM OF LINES 2-15)	5,285,059
17	MEDICAL EDUCATION PROGRAM COSTS	
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)	5,285,059

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

COMPOSITE PAYMENT SERVICES		CAPITAL AND RELATED BUILDING COSTS	EQUIPMENT	DI RECT PATIENT CARE SALARY	EMPLOYEE BENEFITS	
		1 (SQUARE FEET)	2 (% OF TIME)	3 (HOURS)	4 (HOURS)	5 (SALARY)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	219,377	17,218	1,247,225	328,300	668,566
2	HEMODIALYSIS	1,669	71.75	14,082.00	4,787.00	1,196,299
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
12	OTHER BILLABLE SERVICES INPATIENT DIALYSIS TREATMENTS 1677	657	28.25	13,272.00	6,591.00	1,503,541
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	2,326	100.00	27,354.00	11,378.00	2,699,840
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	94.315133	172.180000	45.595708	28.853929	.247632

COMPOSITE PAYMENT SERVICES		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6 (REQUI ST.)	7 (REQUI ST.)	8 (CHARGES)	9	10 (ACCUMULATED COST)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE		347,494		2,828,180	2,456,879
2	HEMODIALYSIS		56,265			
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
12	OTHER BILLABLE SERVICES INPATIENT DIALYSIS TREATMENTS 1677		70,715			
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS		126,980			2,828,180
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)		2.736604			.868714

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS
 PROVIDER NO: 14-0124 PERIOD: FROM 12/1/2007 TO 11/30/2008 PREPARED 4/29/2009
 SATELLITE NO: WORKSHEET 1-4 RATE 0

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS	TOTAL COST (FROM WKST. 1-2, COL 11)	AVERAGE COST OF PROGRAM TREATMENTS	NUMBER OF PROGRAM TREATMENTS PRIOR TO 4/1/2005	NUMBER OF PROGRAM TREATMENTS OR OR AFTER 4/1/2005
	1	2	3	4	
1 MAINTENANCE - HEMODIALYSIS	865	2,616,547	3,024.91	2	
2 MAINTENANCE - PERITONEAL DIALYSIS					
3 TRAINING - HEMODIALYSIS					
4 TRAINING - PERITONEAL DIALYSIS					
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
7 HOME PROGRAM - HEMODIALYSIS					
8 HOME PROGRAM - PERITONEAL DIALYSIS					
		PATIENT WEEKS		PATIENT WEEKS	
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	865	2,616,547		2	

	TOTAL PROGRAM EXPENSES	PAYMENT RATE PRIOR TO 4/1/2005	PAYMENT RATE ON OR AFTER 4/1/2005	TOTAL PROGRAM PAYMENT
	5	6	6.01	7
1 MAINTENANCE - HEMODIALYSIS	6,050	247.89		496
2 MAINTENANCE - PERITONEAL DIALYSIS				
3 TRAINING - HEMODIALYSIS				
4 TRAINING - PERITONEAL DIALYSIS				
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS				
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS				
7 HOME PROGRAM - HEMODIALYSIS				
8 HOME PROGRAM - PERITONEAL DIALYSIS				
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS				
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS				
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	6,050			496

CALCULATION OF REIMBURSABLE
BAD DEBTS - TITLE XVIII - PART B

PROVIDER NO:	PERIOD:	PREPARED 4/29/2009
14-0124	FROM 12/ 1/2007	
SATELLITE NO:	TO 11/30/2008	WORKSHEET 1-5
		RATE 0

	DESCRIPTION	
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	6,050
2	TOTAL PAYMENT (FROM WORKSHEET 1-4, COLUMN 7, LINE 11)	496
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 & 4 LESS LINE 5)	
7	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80%)	397
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 6 AND 7. IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9.)	99
9	REIMBURSABLE BAD DEBTS (LESSER OF LINE 8 OR LINE 5)(TRANSFER TO WORKSHEET E, PART B, LINE 26)	

