

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
 FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
 THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
 (42 USC 1395g).

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0029		FROM 7/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 11/23/2009 TIME 15:35

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:
 COPLEY MEMORIAL HOSPITAL 14-0029
 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2008 AND ENDING 6/30/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	-575,705	588,111	0	
2	SUBPROVIDER	0	33,839	-406	0	
100	TOTAL	0	-541,866	587,705	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: 2000 OGDEN AVENUE P. O. BOX:
 1.01 CITY: AURORA STATE: IL ZIP CODE: 60504- COUNTY: KANE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
0	1	2	2.01	3	V	XVIII	XIX
02.00 HOSPITAL	COPLEY MEMORIAL HOSPITAL	14-0029		7/ 1/1966	N	P	0
03.00 SUBPROVIDER	COPLEY MEMORIAL HOSPITAL REHAB	14-T029		1/ 1/1991	N	P	0

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2008 TO: 6/30/2009

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 5

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 16974
- 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 \$5105 OR MIPPA \$147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA \$147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) 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 DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE 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 DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED SLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE 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 II. Y
- 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
- 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
- 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) Y Y

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

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

MULTI CAMPUS

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

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

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

SETTLEMENT DATA

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

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	144	52,560			12,268		7,414
2 HMO					738		1,200
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	144	52,560			12,268		7,414
6 INTENSIVE CARE UNIT	22	4,990			1,498		286
6 01 NICU	9	3,285					1,484
11 NURSERY							2,194
12 TOTAL	175	60,835			13,766		11,378
13 RPCH VISITS							
14 SUBPROVIDER	18	6,570			1,701		151
18 HOME HEALTH AGENCY							
24 RHC							
24 10 FOHC							
25 TOTAL	193						
26 OBSERVATION BED DAYS							756
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			37,650				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			37,650				
6 INTENSIVE CARE UNIT			3,408				
6 01 NICU			2,180				
11 NURSERY			8,718				
12 TOTAL			51,956			12.00	
13 RPCH VISITS							
14 SUBPROVIDER			3,622			1.92	
18 HOME HEALTH AGENCY							
24 RHC							
24 10 FOHC							
25 TOTAL						13.92	
26 OBSERVATION BED DAYS	5	751	2,972	31	2,941		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					3,213	3,711	12,702
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							
6 01 NICU							
11 NURSERY							
12 TOTAL	12.00	1,184.10			3,213	3,711	12,702
13 RPCH VISITS							
14 SUBPROVIDER	1.92	17.93			159	107	365
18 HOME HEALTH AGENCY							
24 RHC							
24 10 FOHC							
25 TOTAL	13.92	1,202.03					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0029
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/23/2009
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	79,847,745		79,847,745	2,452,142.00	32.56	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)	585,376		585,376	24,582.00	23.81	
6.01 CONTRACT SERVICES, I&R	56,130		56,130	2,080.00	26.99	
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	1,606,482	57,955	1,664,437	44,335.00	37.54	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	272,619		272,619	4,730.00	57.64	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	2,511,411		2,511,411	3,083.00	814.60	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	23,955,120		23,955,120			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	473,298		473,298			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	211,755		211,755			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	784,232		867,523	27,744.00	31.27	
22 ADMINISTRATIVE & GENERAL	13,792,664	-83,291	13,651,418	397,178.00	34.37	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	2,053,061		2,053,061	70,441.00	29.15	
25 LAUNDRY & LINEN SERVICE	79,689		79,689	5,692.00	14.00	
26 HOUSEKEEPING	1,082,200		1,082,200	76,214.00	14.20	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,124,215	-721,521	402,694	26,577.00	15.15	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		721,521	721,521	47,618.00	15.15	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	2,076,725		2,076,725	43,024.00	48.27	
31 CENTRAL SERVICE AND SUPPLY	358,058		358,058	17,932.00	19.97	
32 PHARMACY	1,816,275		1,816,275	47,267.00	38.43	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	722,565		722,565	33,721.00	21.43	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	79,206,239		79,206,239	2,425,480.00	32.66	
2 EXCLUDED AREA SALARIES	1,606,482	57,955	1,664,437	44,335.00	37.54	
3 SUBTOTAL SALARIES	77,599,757	-57,955	77,541,802	2,381,145.00	32.56	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	2,784,030		2,784,030	7,813.00	356.33	
5 SUBTOTAL WAGE-RELATED COSTS	23,955,120		23,955,120		30.89	
6 TOTAL	104,338,907	-57,955	104,280,952	2,388,958.00	43.65	
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	23,889,684	-57,955	23,831,729	793,408.00	30.04	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0029	FROM 7/ 1/2008	11/23/2009
	TO 6/30/2009	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	28,255,248
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	28,255,248
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.216507
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED 11/23/2009
14-0029	FROM 7/ 1/2008	WORKSHEET S-10
	TO 6/30/2009	

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	151,332,447
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	32,764,534
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	36,205,632
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	7,838,773
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	32,764,534

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0029

PERIOD: FROM 7/ 1/2008 TO 6/30/2009

PREPARED 11/23/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		9,100,159	9,100,159	2,926,361	12,026,520
3.01	0301 POB NEW CRC				561,093	561,093
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				9,260,564	9,260,564
5	0500 EMPLOYEE BENEFITS	784,232	9,858,190	10,642,422	14,467,329	25,109,751
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	2,030,339	19,859,222	21,889,561	-315,752	21,573,809
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	11,762,325	35,223,387	46,985,712	-6,186,115	40,799,597
8	0800 OPERATION OF PLANT	2,053,061	5,031,740	7,084,801	-674,210	6,410,591
9	0900 LAUNDRY & LINEN SERVICE	79,689	688,813	768,502	-13,110	755,392
10	1000 HOUSEKEEPING	1,082,200	1,151,915	2,234,115	-182,632	2,051,483
11	1100 DIETARY	1,124,215	2,157,555	3,281,770	-2,199,642	1,082,128
12	1200 CAFETERIA				1,938,888	1,938,888
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	2,076,725	484,240	2,560,965	-425,276	2,135,689
15	1500 CENTRAL SERVICES & SUPPLY	358,058	548,504	906,562	-100,129	806,433
16	1600 PHARMACY	1,816,275	11,733,327	13,549,602	-356,964	13,192,638
17	1700 MEDICAL RECORDS & LIBRARY	722,565	872,588	1,595,153	-138,770	1,456,383
18	1800 SOCIAL SERVICE					
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	585,376	93,663	679,039	-93,660	585,379
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	716,452	359,031	1,075,483	-115,112	960,371
24	2400 PARAMED ED PRGM-(SPECIFY)					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	14,422,004	3,881,555	18,303,559	-4,189,143	14,114,416
26	2600 INTENSIVE CARE UNIT	2,651,065	884,406	3,535,471	-720,930	2,814,541
26.01	2601 NICU	3,117,976	1,062,488	4,180,464	-688,956	3,491,508
31	3100 SUBPROVIDER	1,170,236	276,524	1,446,760	-216,878	1,229,882
33	3300 NURSERY				800,661	800,661
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM		16,243,538	19,126,998	-994,394	18,132,604
37.01	3955 SAME DAY SURGERY	1,194,860	425,343	1,620,203	-207,378	1,412,825
37.02	3340 G. I. LAB	457,335	756,455	1,213,790	-141,094	1,072,696
38	3800 RECOVERY ROOM	640,556	176,688	817,244	-135,969	681,275
39	3900 DELIVERY ROOM & LABOR ROOM	4,127,512	2,168,430	6,295,942	-692,442	5,603,500
40	4000 ANESTHESIOLOGY	56,956	720,710	777,666	-57,473	720,193
41	4100 RADIOLOGY-DIAGNOSTIC	4,582,585	6,025,993	10,608,578	-2,281,694	8,326,884
42	4200 RADIOLOGY-THERAPEUTIC	1,441,183	858,732	2,299,915	-423,851	1,876,064
44	4400 LABORATORY	2,554,042	5,040,494	7,594,536	-585,407	7,009,129
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS					
49	4900 RESPIRATORY THERAPY	1,422,723	638,868	2,061,591	-286,196	1,775,395
53	5300 ELECTROCARDIOLOGY	507,251	348,580	855,831	-219,520	636,311
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				453,741	453,741
56	5600 DRUGS CHARGED TO PATIENTS					
57	5700 RENAL DIALYSIS		579,233	579,233		579,233
58	5800 ASC (NON-DISTINCT PART)					
58.01	3140 CARDIAC REHAB	185,801	183,797	369,598	-39,448	330,150
58.02	3950 HEART SURGERY	641,385	932,856	1,574,241	-1,489,063	85,178
58.03	3951 REHAB SERVICES	1,789,564	777,833	2,567,397	-320,410	2,246,987
58.04	3952 CV SURGERY	516,910	990,185	1,507,095	1,164,051	2,671,146
58.05	3953 VASCULAR SERVICES	1,665,272	6,284,359	7,949,631	-350,084	7,599,547
58.06	5801 YORKVILLE	1,685,335	2,031,674	3,717,009	-820,093	2,896,916
59	3954 DIABETIC CENTER	171,626	69,188	240,814	-27,460	213,354
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	1,345,586	1,188,085	2,533,671	-272,428	2,261,243
61	6100 EMERGENCY	4,988,764	2,829,162	7,817,926	-1,335,322	6,482,604
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310 RHC					
63.60	6320 FQHC					
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
85.01	8510 PANCREAS ACQUISITION					
88	8800 INTEREST EXPENSE		4,405,861	4,405,861	-4,359,318	46,543
95	SUBTOTALS	79,411,499	156,943,371	236,354,870	-83,635	236,271,235
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		137,191	137,191	-360	136,831
98	9800 PHYSICIANS' PRIVATE OFFICES					
100	7950 PHYSICIAN SERVICES	400,641	532,441	933,082	-73,822	859,260
100.01	7951 ADVERTISING				275,402	275,402
100.02	7952 HOME HEALTH SERVICES PRIVATE		599	599		599
100.03	7953 HHA HME					
100.04	7954 OTHER NON REIMBURSABLE	35,605	81,980	117,585	-117,585	
101	TOTAL	79,847,745	157,695,582	237,543,327	-0-	237,543,327

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0029
PERIOD: FROM 7/ 1/2008 TO 6/30/2009
PREPARED 11/23/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	-2,561,993	9,464,527
3.01 0301	POB NEW CRC		561,093
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	-29,032	9,231,532
5 0500	EMPLOYEE BENEFITS	-136,898	24,972,853
6.05 0650	CASHIERING/ACCOUNTS RECEIVABLE	-18,235,095	3,338,714
6.06 0660	OTHER ADMINISTRATIVE AND GENERAL	-475,280	40,324,317
8 0800	OPERATION OF PLANT	-190,364	6,220,227
9 0900	LAUNDRY & LINEN SERVICE		755,392
10 1000	HOUSEKEEPING		2,051,483
11 1100	DIETARY		1,082,128
12 1200	CAFETERIA	-641,998	1,296,890
13 1300	MAINTENANCE OF PERSONNEL		
14 1400	NURSING ADMINISTRATION	-9,206	2,126,483
15 1500	CENTRAL SERVICES & SUPPLY		806,433
16 1600	PHARMACY	-225	13,192,413
17 1700	MEDICAL RECORDS & LIBRARY	-3,336	1,453,047
18 1800	SOCIAL SERVICE		
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		585,379
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		960,371
24 2400	PARAMED ED PRGM-(SPECIFY)		
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-83,442	14,030,974
26 2600	INTENSIVE CARE UNIT	-47,210	2,767,331
26.01 2601	NICU	-182,180	3,309,328
31 3100	SUBPROVIDER	-13,488	1,216,394
33 3300	NURSERY		800,661
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-226,930	17,905,674
37.01 3955	SAME DAY SURGERY	-895	1,411,930
37.02 3340	G. I. LAB	-500	1,072,196
38 3800	RECOVERY ROOM		681,275
39 3900	DELIVERY ROOM & LABOR ROOM	-1,032,257	4,571,243
40 4000	ANESTHESIOLOGY	-12,474	707,719
41 4100	RADIOLOGY-DIAGNOSTIC	-606,296	7,720,588
42 4200	RADIOLOGY-THERAPEUTIC	-61,525	1,814,539
44 4400	LABORATORY	-70,022	6,939,107
46.30 4650	BLOOD CLOTTING FACTORS ADMIN COSTS		
49 4900	RESPIRATORY THERAPY	-2,475	1,772,920
53 5300	ELECTROCARDIOLOGY	-14,495	621,816
54 5400	ELECTROENCEPHALOGRAPHY		
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		453,741
56 5600	DRUGS CHARGED TO PATIENTS		
57 5700	RENAL DIALYSIS		579,233
58 5800	ASC (NON-DISTINCT PART)		
58.01 3140	CARDIAC REHAB	-21,085	309,065
58.02 3950	HEART SURGERY	-85,178	
58.03 3951	REHAB SERVICES		2,246,987
58.04 3952	CV SURGERY		2,671,146
58.05 3953	VASCULAR SERVICES	-25,740	7,573,807
58.06 5801	YORKVILLE	-690,552	2,206,364
59 3954	DIABETIC CENTER		213,354
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC	-816,316	1,444,927
61 6100	EMERGENCY	-405,676	6,076,928
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63.50 6310	RHC		
63.60 6320	FQHC		
	OTHER REIMBURS COST CNTRS		
71 7100	HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
85.01 8510	PANCREAS ACQUISITION		
88 8800	INTEREST EXPENSE	-46,543	-0-
95	SUBTOTALS	-26,728,706	209,542,529
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		136,831
98 9800	PHYSICIANS' PRIVATE OFFICES		
100 7950	PHYSICIAN SERVICES	-100,335	758,925
100.01 7951	ADVERTISING		275,402
100.02 7952	HOME HEALTH SERVICES PRIVATE		599
100.03 7953	HHA HME		
100.04 7954	OTHER NON REIMBURSABLE		
101	TOTAL	-26,829,041	210,714,286

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 11/23/2009
 I 14-0029 I FROM 7/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 6/30/2009 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	POB NEW CRC	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM-(SPECIFY)	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
26.01	NICU	2601	INTENSIVE CARE UNIT
31	SUBPROVIDER	3100	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	SAME DAY SURGERY	3955	OTHER ANCILLARY SERVICE COST CENTERS
37.02	G. I. LAB	3340	GASTRO INTESTINAL SERVICES
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
44	LABORATORY	4400	
46.30	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	BLOOD CLOTTING FOR HEMOPHILIACS
49	RESPIRATORY THERAPY	4900	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
58.01	CARDIAC REHAB	3140	CARDIOLOGY
58.02	HEART SURGERY	3950	OTHER ANCILLARY SERVICE COST CENTERS
58.03	REHAB SERVICES	3951	OTHER ANCILLARY SERVICE COST CENTERS
58.04	CV SURGERY	3952	OTHER ANCILLARY SERVICE COST CENTERS
58.05	VASCULAR SERVICES	3953	OTHER ANCILLARY SERVICE COST CENTERS
58.06	YORKVILLE	5801	ASC (NON-DISTINCT PART)
59	DIABETIC CENTER	3954	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.60	FQHC	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
85.01	PANCREAS ACQUISITION	8510	
88	INTEREST EXPENSE	8800	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	PHYSICIAN SERVICES	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	ADVERTISING	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	HOME HEALTH SERVICES PRIVATE	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	HHA HME	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	OTHER NON REIMBURSABLE	7954	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140029

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 11/23/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 INTEREST EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3		3,487,454
2		NEW CAP REL COSTS-MVBLE EQUIP	4		871,864
3 MEDICAL SUPPLIES	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		453,741
4 WORKMENS COMP INS	C	EMPLOYEE BENEFITS	5	83,291	1,483,801
5 CAFETERIA COSTS	D	CAFETERIA	12	721,521	1,217,367
6 EMPLOYEE BENEFITS	E	EMPLOYEE BENEFITS	5		13,032,674
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1 EMPLOYEE BENEFITS	E				
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9					
10 DEPRECIATION EXP	F	POB NEW CRC	3.01		561,093
11		NEW CAP REL COSTS-MVBLE EQUIP	4		8,388,700
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RECLASSIFICATIONS

PROVIDER NO:
140029

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 11/23/2009
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
1 DEPRECIATION EXP	F	2	3	4	5
2					
3					
4					
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6					
7					
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12					
13					
14					
15 NURSERY EXPENSE	G	NURSERY	33	752,544	48,117
16 ADVERTISING	H	ADVERTISING	100.01	57,955	217,447
17 HEART SURGERY	I	CV SURGERY	58.04	641,385	661,652
36 TOTAL RECLASSIFICATIONS				2,256,696	30,423,910

(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:
140029

PERIOD:
FROM 7/ 1/2008
TO 6/30/2009

PREPARED 11/23/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION		CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	INTEREST EXPENSE	A	INTEREST EXPENSE	88		4,359,318	11
2							9
3	MEDICAL SUPPLIES	B	OTHER ADMINISTRATIVE AND GENERAL	6.06		453,741	
4	WORKMENS COMP INS	C	OTHER ADMINISTRATIVE AND GENERAL	6.06	83,291	1,483,801	
5	CAFETERIA COSTS	D	DIETARY	11	721,521	1,217,367	
6	EMPLOYEE BENEFITS	E	CASHIERING/ACCOUNTS RECEIVABLE	6.05		291,632	
7			OTHER ADMINISTRATIVE AND GENERAL	6.06		1,949,240	
8			OPERATION OF PLANT	8		328,490	
9			LAUNDRY & LINEN SERVICE	9		12,750	
10			HOUSEKEEPING	10		173,152	
11			DIETARY	11		179,874	
12			NURSING ADMINISTRATION	14		332,276	
13			CENTRAL SERVICES & SUPPLY	15		57,289	
14			PHARMACY	16		290,604	
15			MEDICAL RECORDS & LIBRARY	17		115,610	
16			I&R SERVICES-OTHER PRGM COSTS APPRVD	23		114,632	
17			ADULTS & PEDIATRICS	25		2,307,522	
18			INTENSIVE CARE UNIT	26		424,170	
19			NICU	26.01		498,876	
20			SUBPROVIDER	31		187,238	
21			OPERATING ROOM	37		461,354	
22			SAME DAY SURGERY	37.01		191,178	
23			G. I. LAB	37.02		73,174	
24			RECOVERY ROOM	38		102,489	
25			RADIOLOGY-DIAGNOSTIC	41		733,214	
26			RADIOLOGY-THERAPEUTIC	42		315,371	
27			LABORATORY	44		408,647	
28			RESPIRATORY THERAPY	49		227,636	
29			ELECTROCARDIOLOGY	53		81,160	
30			CARDIAC REHAB	58.01		29,728	
31			HEART SURGERY	58.02		117,986	
32			REHAB SERVICES	58.03		286,330	
33			CLINIC	60		232,468	
34			EMERGENCY	61		798,202	
35			DELIVERY ROOM & LABOR ROOM	39		660,402	
1	EMPLOYEE BENEFITS	E	PHYSICIAN SERVICES	100		64,102	
2			OTHER NON REIMBURSABLE	100.04		111,365	
3			ANESTHESIOLOGY	40		9,113	
4			CV SURGERY	58.04		82,706	
5			VASCULAR SERVICES	58.05		266,444	
6			EMPLOYEE BENEFITS	5		125,477	
7			YORKVILLE	58.06		269,653	
8			I&R SERVICES-SALARY & FRINGES APPRVD	22		93,660	
9			DIABETIC CENTER	59		27,460	
10	DEPRECIATION EXP	F	EMPLOYEE BENEFITS	5		6,960	9
11							9
12			CASHIERING/ACCOUNTS RECEIVABLE	6.05		24,120	
13			OTHER ADMINISTRATIVE AND GENERAL	6.06		1,940,640	
14			OPERATION OF PLANT	8		345,720	
15			LAUNDRY & LINEN SERVICE	9		360	
16			HOUSEKEEPING	10		9,480	
17			DIETARY	11		80,880	
18			NURSING ADMINISTRATION	14		93,000	
19			CENTRAL SERVICES & SUPPLY	15		42,840	
20			PHARMACY	16		66,360	
21			MEDICAL RECORDS & LIBRARY	17		23,160	
22			I&R SERVICES-OTHER PRGM COSTS APPRVD	23		480	
23			ADULTS & PEDIATRICS	25		1,080,960	
24			INTENSIVE CARE UNIT	26		296,760	
25			NICU	26.01		190,080	
26			SUBPROVIDER	31		29,640	
27			OPERATING ROOM	37		533,040	
28			SAME DAY SURGERY	37.01		16,200	
29			G. I. LAB	37.02		67,920	
30			RECOVERY ROOM	38		33,480	
31			ANESTHESIOLOGY	40		48,360	
32			RADIOLOGY-DIAGNOSTIC	41		1,548,480	
33			RADIOLOGY-THERAPEUTIC	42		108,480	
34			LABORATORY	44		176,760	
35			RESPIRATORY THERAPY	49		58,560	

RECLASSIFICATIONS

PROVIDER NO:
140029

PERIOD:
FROM 7/ 1/2008
TO 6/30/2009

PREPARED 11/23/2009
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 1	DECREASE			SALARY 8	OTHER 9	A-7 REF 10
			6	LINE NO 7				
1 DEPRECIATION EXP	F			53		138,360		
2				58.01		9,720		
3				58.02		68,040		
4				58.03		34,080		
5				60		39,960		
6				61		537,120		
7				100		9,720		
8				58.05		83,640		
9				96		360		
10				58.04		56,280		
11				3		561,093		9
12				58.06		550,440		
13				39		32,040		
14				100.04		6,220		
15 NURSERY EXPENSE	G			25		752,544	48,117	
16 ADVERTISING	H			6.06		57,955	217,447	
17 HEART SURGERY	I			58.02		641,385	661,652	
36 TOTAL RECLASSIFICATIONS						2,256,696	30,423,910	

(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:
140029

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 11/23/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION: INTEREST EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	3,487,454
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	871,864
TOTAL RECLASSIFICATIONS FOR CODE A			4,359,318

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	4,359,318	
			0
			4,359,318

RECLASS CODE: B
EXPLANATION: MEDICAL SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	453,741
TOTAL RECLASSIFICATIONS FOR CODE B			453,741

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	453,741	
			453,741

RECLASS CODE: C
EXPLANATION: WORKMENS COMP INS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	1,567,092
TOTAL RECLASSIFICATIONS FOR CODE C			1,567,092

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	1,567,092	
			1,567,092

RECLASS CODE: D
EXPLANATION: CAFETERIA COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,938,888
TOTAL RECLASSIFICATIONS FOR CODE D			1,938,888

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	1,938,888	
			1,938,888

RECLASS CODE: E
EXPLANATION: EMPLOYEE BENEFITS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	13,032,674
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
26.00			0
27.00			0
28.00			0
29.00			0
30.00			0
31.00			0
32.00			0
33.00			0
34.00			0
35.00			0
36.00			0
37.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CASHIERING/ACCOUNTS RECEIVABLE	6.05	291,632	
OTHER ADMINISTRATIVE AND GENER	6.06	1,949,240	
OPERATION OF PLANT	8	328,490	
LAUNDRY & LINEN SERVICE	9	12,750	
HOUSEKEEPING	10	173,152	
DIETARY	11	179,874	
NURSING ADMINISTRATION	14	332,276	
CENTRAL SERVICES & SUPPLY	15	57,289	
PHARMACY	16	290,604	
MEDICAL RECORDS & LIBRARY	17	115,610	
I&R SERVICES-OTHER PRGM COSTS	23	114,632	
ADULTS & PEDIATRICS	25	2,307,522	
INTENSIVE CARE UNIT	26	424,170	
NICU	26.01	498,876	
SUBPROVIDER	31	187,238	
OPERATING ROOM	37	461,354	
SAME DAY SURGERY	37.01	191,178	
G.I. LAB	37.02	73,174	
RECOVERY ROOM	38	102,489	
RADIOLOGY-DIAGNOSTIC	41	733,214	
RADIOLOGY-THERAPEUTIC	42	315,371	
LABORATORY	44	408,647	
RESPIRATORY THERAPY	49	227,636	
ELECTROCARDIOLOGY	53	81,160	
CARDIAC REHAB	58.01	29,728	
HEART SURGERY	58.02	117,986	
REHAB SERVICES	58.03	286,330	
CLINIC	60	232,468	
EMERGENCY	61	798,202	
DELIVERY ROOM & LABOR ROOM	39	660,402	
PHYSICIAN SERVICES	100	64,102	
OTHER NON REIMBURSABLE	100.04	111,365	
ANESTHESIOLOGY	40	9,113	
CV SURGERY	58.04	82,706	
VASCULAR SERVICES	58.05	266,444	
EMPLOYEE BENEFITS	5	125,477	
YORKVILLE	58.06	269,653	

RECLASSIFICATIONS

PROVIDER NO:
140029

PERIOD:
FROM 7/ 1/2008
TO 6/30/2009

PREPARED 11/23/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: E
EXPLANATION : EMPLOYEE BENEFITS

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
38.00			0
39.00			0
TOTAL RECLASSIFICATIONS FOR CODE E			13,032,674

----- INCREASE -----		----- DECREASE -----	
COST CENTER	LINE	AMOUNT	
I&R SERVICES-SALARY & FRINGES	22	93,660	
DIABETIC CENTER	59	27,460	
			13,032,674

RECLASS CODE: F
EXPLANATION : DEPRECIATION EXP

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
1.00	POB NEW CRC	3.01	561,093
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	8,388,700
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
26.00			0
27.00			0
28.00			0
29.00			0
30.00			0
31.00			0
32.00			0
33.00			0
34.00			0
35.00			0
36.00			0
37.00			0
38.00			0
39.00			0
40.00			0
TOTAL RECLASSIFICATIONS FOR CODE F			8,949,793

----- INCREASE -----		----- DECREASE -----	
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	6,960	
CASHIERING/ACCOUNTS RECEIVABLE	6.05	24,120	
OTHER ADMINISTRATIVE AND GENER	6.06	1,940,640	
OPERATION OF PLANT	8	345,720	
LAUNDRY & LINEN SERVICE	9	360	
HOUSEKEEPING	10	9,480	
DIETARY	11	80,880	
NURSING ADMINISTRATION	14	93,000	
CENTRAL SERVICES & SUPPLY	15	42,840	
PHARMACY	16	66,360	
MEDICAL RECORDS & LIBRARY	17	23,160	
I&R SERVICES-OTHER PRGM COSTS	23	480	
ADULTS & PEDIATRICS	25	1,080,960	
INTENSIVE CARE UNIT	26	296,760	
NI CU	26.01	190,080	
SUBPROVIDER	31	29,640	
OPERATING ROOM	37	533,040	
SAME DAY SURGERY	37.01	16,200	
G. I. LAB	37.02	67,920	
RECOVERY ROOM	38	33,480	
ANESTHESIOLOGY	40	48,360	
RADIOLOGY-DIAGNOSTIC	41	1,548,480	
RADIOLOGY-THERAPEUTIC	42	108,480	
LABORATORY	44	176,760	
RESPIRATORY THERAPY	49	58,560	
ELECTROCARDIOLOGY	53	138,360	
CARDIAC REHAB	58.01	9,720	
HEART SURGERY	58.02	68,040	
REHAB SERVICES	58.03	34,080	
CLINIC	60	39,960	
EMERGENCY	61	537,120	
PHYSICIAN SERVICES	100	9,720	
VASCULAR SERVICES	58.05	83,640	
GIFT, FLOWER, COFFEE SHOP & CA	96	360	
CV SURGERY	58.04	56,280	
NEW CAP REL COSTS-BLDG & FIXT	3	561,093	
YORKVILLE	58.06	550,440	
DELIVERY ROOM & LABOR ROOM	39	32,040	
OTHER NON REIMBURSABLE	100.04	6,220	
			8,949,793

RECLASS CODE: G
EXPLANATION : NURSERY EXPENSE

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	800,661
TOTAL RECLASSIFICATIONS FOR CODE G			800,661

----- INCREASE -----		----- DECREASE -----	
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	800,661	
			800,661

RECLASS CODE: H
EXPLANATION : ADVERTISING

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
1.00	ADVERTISING	100.01	275,402
TOTAL RECLASSIFICATIONS FOR CODE H			275,402

----- INCREASE -----		----- DECREASE -----	
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	275,402	
			275,402

RECLASS CODE: I
EXPLANATION : HEART SURGERY

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
1.00	CV SURGERY	58.04	1,303,037
TOTAL RECLASSIFICATIONS FOR CODE I			1,303,037

----- INCREASE -----		----- DECREASE -----	
COST CENTER	LINE	AMOUNT	
HEART SURGERY	58.02	1,303,037	
			1,303,037

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	2,441,298					2,441,298	
2 LAND IMPROVEMENTS	4,355,166	7,814,734		7,814,734		12,169,900	
3 BUILDINGS & FIXTURE	88,008,962	17,118,454		17,118,454		105,127,416	
4 BUILDING IMPROVEMEN	246,160	2,802,681		2,802,681		3,048,841	
5 FIXED EQUIPMENT	44,639,676	12,680,049		12,680,049		57,319,725	
6 MOVABLE EQUIPMENT	69,024,439	13,119,257		13,119,257		82,143,696	
7 SUBTOTAL	208,715,701	53,535,175		53,535,175		262,250,876	
8 RECONCILING ITEMS							
9 TOTAL	208,715,701	53,535,175		53,535,175		262,250,876	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS
		1	2	3	4	5	6	7
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	177,058,338		177,058,338	.683090			
3 01	POB NEW CRC							
4	NEW CAP REL COSTS-MV	82,143,696		82,143,696	.316910			
5	TOTAL	259,202,034		259,202,034	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	8,539,066		925,461				9,464,527
3 01	POB NEW CRC	561,093						561,093
4	NEW CAP REL COSTS-MV	9,231,532						9,231,532
5	TOTAL	18,331,691		925,461				19,257,152

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	9,100,159						9,100,159
3 01	POB NEW CRC							
4	NEW CAP REL COSTS-MV							
5	TOTAL	9,100,159						9,100,159

* 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	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-2,470,521	NEW CAP REL COSTS-BLDG &	3	11
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	A	-111,294	OPERATION OF PLANT	8	
10 TELEVISION AND RADIO SERVICE	A	-54,071	OPERATION OF PLANT	8	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,954,748			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-627,878	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-3,336	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-14,120	CAFETERIA	12	
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		**COST CENTER DELETED**	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	-73,139	NEW CAP REL COSTS-BLDG &	3	11
32 DEPRECIATION-NEW MOVABLE EQUIP	A	-27,490	NEW CAP REL COSTS-MVBLE E	4	9
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 OTHER ADJUSTMENTS (SPECIFY)					
38 MISC REV	B	-130	LABORATORY	44	
39 MISC REV	B	-478,590	YORKVILLE	58.06	
40 OFFSET POB INTEREST EXPENSE	A	-46,543	INTEREST EXPENSE	88	
41 PATIENT TELEPHONE	A	-1,542	NEW CAP REL COSTS-MVBLE E	4	9
42 MISC REV	B	-14,495	ELECTROCARDIOLOGY	53	
42.02 MISC REVENUE	B	-25,816	OTHER ADMINSTRATIVE AND	6.06	
42.07 MISC REVENUE	B	-9,206	NURSING ADMINISTRATION	14	
42.15 PHYSICIAN COMPENSATION	A	-100,335	PHYSICIAN SERVICES	100	
43 BAD DEBTS	A	-18,254,497	CASHIERING/ACCOUNTS RECEI	6.05	
44 INCLUDE COPLEY PORTION MGMT FE	A	121,166	OTHER ADMINSTRATIVE AND	6.06	
45 MISC REV	B	-24,999	OPERATION OF PLANT	8	
46 MISC REV	B	-75	RESPIRATORY THERAPY	49	
47 MISC REV	B	-122,910	OTHER ADMINSTRATIVE AND	6.06	
48 MISC REV	B	-41,218	OTHER ADMINSTRATIVE AND	6.06	
49 MISC REV	B	-980	OPERATING ROOM	37	
49.01 MISC REV	B	-83,442	ADULTS & PEDIATRICS	25	
49.02 MISC REV	B	19,402	CASHIERING/ACCOUNTS RECEI	6.05	
49.03 MISC REV	B	-17,172	RADIOLOGY-DIAGNOSTIC	41	
49.04 MISC REV	B	-54,221	RADIOLOGY-THERAPEUTIC	42	
49.05 MISC REV	B	-500	G. I. LAB	37.02	
49.06 MISC REV	B	-21,085	CARDIAC REHAB	58.01	
49.07 MISC REV	B	-10,836	EMERGENCY	61	
49.08 MISC REV	B	-12,967	DELIVERY ROOM & LABOR ROO	39	
49.09 MISC REV	B	-225	PHARMACY	16	
49.10 MISC REV	B	-533	SUBPROVIDER	31	
49.11 MISC REV	B	-734,789	CLINIC	60	
49.12 MISC REV	B	-895	SAME DAY SURGERY	37.01	
49.13 MISC REV	B	-46,898	EMPLOYEE BENEFITS	5	
49.14 MISC REV	B	-13,278	HEART SURGERY	58.02	
49.26 AHA/HA LOBBYING FEES	A	-38,711	OTHER ADMINSTRATIVE AND	6.06	
49.27 MEMBERSHIP DUES	A	-232,352	OTHER ADMINSTRATIVE AND	6.06	
49.31 PHYSICIAN REFERRAL	A	-74,394	OTHER ADMINSTRATIVE AND	6.06	
49.32 AMORTZ OF ARCHITECT FEE REFUND	A	-18,333	NEW CAP REL COSTS-BLDG &	3	11
49.33 UNFUNDED DEFERRED COMP	A	-90,000	EMPLOYEE BENEFITS	5	
49.34 OTHER N/A COSTS	A	-61,045	OTHER ADMINSTRATIVE AND	6.06	
49.35					
50 TOTAL (SUM OF LINES 1 THRU 49)		-26,829,041			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0029
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/23/2009
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 39	DELIVERY ROOM & LABOR ROO	1,054,900	557,931	496,969	177,200	418	35,610	1,781
2 26 1	NICU	212,934		212,934	177,200	361	30,754	1,538
3 26	INTENSIVE CARE UNIT	82,650		82,650	177,200	416	35,440	1,772
4 37	OPERATING ROOM	242,950		242,950	208,000	170	17,000	850
5 40	ANESTHESIOLOGY	51,475		51,475	200,300	405	39,001	1,950
6 41	RADIOLOGY-DIAGNOSTIC	589,232		589,232	225,300	1	108	5
7 42	RADIOLOGY-THERAPEUTIC	35,900		35,900	225,300	264	28,596	1,430
8 44	LABORATORY	69,996		69,996	215,700	1	104	5
9 49	RESPIRATORY THERAPY	2,400	2,400					
10 58 6	YORKVILLE	237,264		237,264	177,200	297	25,302	1,265
11 58 2	HEART SURGERY	116,370		116,370	177,200	522	44,470	2,224
12 61	EMERGENCY	404,211	120,290	283,921	177,200	110	9,371	469
13 58 5	VASCULAR SERVICES	25,740	25,740					
14 60	CLINIC	91,750		91,750	177,200	120	10,223	511
15 31	REHAB	12,955	12,955					
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	3,230,727	719,316	2,511,411		3,085	275,979	13,800

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-0029

PERIOD:
FROM 7/ 1/2008
TO 6/30/2009

PREPARED 11/23/2009
WORKSHEET A-8-2
GROUP 1

WKSHT A	COST CENTER/ PHYSICIAN	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE	RCE DIS-	ADJUSTMENT
LINE NO.	IDENTIFIER	COL 12	COL 13	COL 14	COL 15	LIMIT 16	ALLOWANCE 17	ADJUSTMENT 18
1 39	DELIVERY ROOM & LABOR ROO					35,610	461,359	1,019,290
2 26	1 NICU					30,754	182,180	182,180
3 26	INTENSIVE CARE UNIT					35,440	47,210	47,210
4 37	OPERATING ROOM					17,000	225,950	225,950
5 40	ANESTHESIOLOGY					39,001	12,474	12,474
6 41	RADIOLOGY-DIAGNOSTIC					108	589,124	589,124
7 42	RADIOLOGY-THERAPEUTIC					28,596	7,304	7,304
8 44	LABORATORY					104	69,892	69,892
9 49	RESPIRATORY THERAPY							2,400
10 58	6 YORKVILLE					25,302	211,962	211,962
11 58	2 HEART SURGERY					44,470	71,900	71,900
12 61	EMERGENCY					9,371	274,550	394,840
13 58	5 VASCULAR SERVICES							25,740
14 60	CLINIC					10,223	81,527	81,527
15 31	REHAB							12,955
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					275,979	2,235,432	2,954,748

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0029
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/23/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
3.01	POB NEW CRC	4	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	5	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	8	GROSS CHARGES	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	-9	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	12	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE FEET	ENTERED
11	DIETARY	14	MEALS SERVED	ENTERED
12	CAFETERIA	15	NUMBER FTE'S	ENTERED
13	MAINTENANCE OF PERSONNEL	16	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	17	DIRECT NRSG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	18	COSTED REQUIS	ENTERED
16	PHARMACY	19	COSTED REQUIS	ENTERED
17	MEDICAL RECORDS & LIBRARY	8	GROSS CHARGES	ENTERED
18	SOCIAL SERVICE	20	TIME SPENT	NOT ENTERED
20	NONPHYSICIAN ANESTHETISTS	22	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	23	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	24	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	24	ASSIGNED TIME	ENTERED
24	PARAMED ED PRGM-(SPECIFY)	25	ASSIGNED TIME	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	POB NEW CRC 3.01	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &	9,464,527			9,464,527			
004 01 POB NEW CRC	561,093				561,093		
004 01 NEW CAP REL COSTS-MVBLE E	9,231,532					9,231,532	
005 EMPLOYEE BENEFITS	24,972,853			101,973		7,659	25,082,485
006 05 CASHIERING/ACCOUNTS RECEI	3,338,714					26,543	644,793
006 06 OTHER ADMINISTRATIVE AND	40,324,317			2,186,285	260,510	2,135,623	3,690,611
008 OPERATION OF PLANT	6,220,227			960,655		380,455	652,009
009 LAUNDRY & LINEN SERVICE	755,392					396	25,308
010 HOUSEKEEPING	2,051,483			93,784		10,432	343,684
011 DIETARY	1,082,128			173,000		89,006	127,887
012 CAFETERIA	1,296,890			167,541			229,140
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	2,126,483					102,344	659,524
015 CENTRAL SERVICES & SUPPLY	806,433			268,327		47,144	113,712
016 PHARMACY	13,192,413			51,209		73,027	576,811
017 MEDICAL RECORDS & LIBRARY	1,453,047			90,965		25,487	229,471
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	585,379						185,903
023 I&R SERVICES-OTHER PRGM C	960,371					528	227,530
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	14,030,974			2,467,401		904,071	4,341,161
026 INTENSIVE CARE UNIT	2,767,331			417,029		326,576	841,923
026 01 NICU	3,309,328			47,233		209,178	990,204
031 SUBPROVIDER	1,216,394			117,193		32,618	371,642
033 NURSERY	800,661			75,330		285,495	238,992
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	17,905,674			229,906		586,596	915,726
037 01 SAME DAY SURGERY	1,411,930			206,289		17,828	379,462
037 02 G. I. LAB	1,072,196			20,175		74,744	145,240
038 RECOVERY ROOM	681,275			53,226		36,844	203,427
039 DELIVERY ROOM & LABOR ROO	4,571,243					35,259	1,310,811
040 ANESTHESIOLOGY	707,719			15,398		53,219	18,088
041 RADIOLOGY-DIAGNOSTIC	7,720,588			509,952		1,704,059	1,455,333
042 RADIOLOGY-THERAPEUTIC	1,814,539			235,276		119,379	457,689
044 LABORATORY	6,939,107			198,486		194,519	811,110
046 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	1,772,920			39,697		64,444	451,827
053 ELECTROCARDIOLOGY	621,816			113,336		152,261	161,092
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	453,741						
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	579,233						
058 ASC (NON-DISTINCT PART)							
058 01 CARDIAC REHAB	309,065					10,697	59,006
058 02 HEART SURGERY							
058 03 REHAB SERVICES	2,246,987			75,003		37,504	568,328
058 04 CV SURGERY	2,671,146			73,372		136,811	367,850
058 05 VASCULAR SERVICES	7,573,807					92,043	528,855
058 06 YORKVILLE	2,206,364					605,744	535,227
059 DIABETIC CENTER	213,354						54,505
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	1,444,927					43,975	427,330
061 EMERGENCY	6,076,928			450,911		591,086	1,584,327
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
071 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
095 SUBTOTALS	209,542,529			9,438,952	260,510	9,213,594	24,925,538
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	136,831					396	
098 PHYSICIANS' PRIVATE OFFIC							
100 PHYSICIAN SERVICES	758,925			25,575	300,583	10,697	127,235
100 01 ADVERTISING	275,402						18,405
100 02 HOME HEALTH SERVICES PRIV	599						
100 03 HHA HME							
100 04 OTHER NON REIMBURSABLE						6,845	11,307
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	210,714,286			9,464,527	561,093	9,231,532	25,082,485

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
	6.05	6a.05	6.06	8	9	10	11
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 01 POB NEW CRC							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 05 CASHIERING/ACCOUNTS RECEI	4,010,050						
006 06 OTHER ADMINIS TRATIVE AND		48,597,346	48,597,346				
008 OPERATION OF PLANT		8,213,346	2,462,090	10,675,436			
009 LAUNDRY & LINEN SERVICE		781,096	234,147		1,015,243		
010 HOUSEKEEPING		2,499,383	749,233			3,409,692	
011 DIETARY		1,472,021	441,263			96,357	2,306,773
012 CAFETERIA		1,693,571	507,677			93,316	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		2,888,351	865,832				
015 CENTRAL SERVICES & SUPPLY		1,235,616	370,397			149,451	
016 PHARMACY		13,893,460	4,164,801		87,952	28,522	
017 MEDICAL RECORDS & LIBRARY		1,798,970	539,272		156,235	50,665	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI		771,282	231,205				
023 I&R SERVICES-OTHER PRGM C		1,188,429	356,252				
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	215,203	21,958,810	6,582,561	4,237,804	338,043	1,374,275	2,020,895
026 INTENSIVE CARE UNIT	41,891	4,394,750	1,317,401	716,255	36,008	232,274	91,464
026 01 NICU	86,886	4,642,829	1,391,767	81,124		26,308	
031 SUBPROVIDER	15,806	1,753,653	525,687	201,281	60,990	65,273	194,414
033 NURSERY	11,771	1,412,249	423,346	129,380	135,080	41,957	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	569,091	20,206,993	6,057,390	394,868	114,816	128,051	
037 01 SAME DAY SURGERY	43,086	2,058,595	617,099	354,306	45,416	114,897	
037 02 G. I. LAB	40,975	1,353,330	405,684	34,651		11,237	
038 RECOVERY ROOM	45,424	1,020,196	305,821	91,417	33,001	29,646	
039 DELIVERY ROOM & LABOR ROO	135,074	6,052,387	1,814,306				
040 ANESTHESIOLOGY	69,921	864,345	259,102			8,576	
041 RADIOLOGY-DIAGNOSTIC	563,848	11,953,780	3,583,349	875,853	34,096	284,029	
042 RADIOLOGY-THERAPEUTIC	110,121	2,737,004	820,463	404,091	36,344	131,042	
044 LABORATORY	480,583	8,623,805	2,585,132	340,904		110,551	
046 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	92,391	2,421,279	725,820	68,181		22,110	
053 ELECTROCARDIOLOGY	61,494	1,109,999	332,741	194,657		63,125	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	133,484	587,225	176,031				
056 DRUGS CHARGED TO PATIENTS	548,313	548,313	164,366				
057 RENAL DIALYSIS	12,090	591,323	177,259				
058 ASC (NON-DI STINCT PART)							
058 01 CARDIAC REHAB	8,543	387,311	116,103				
058 02 HEART SURGERY							
058 03 REHAB SERVICES	86,828	3,014,650	903,693	128,820		41,775	
058 04 CV SURGERY	39,021	3,288,200	985,694	126,017		40,866	
058 05 VASCULAR SERVICES	172,793	8,367,498	2,508,300				
058 06 YORKVILLE	48,613	3,395,948	1,017,993				
059 DIABETIC CENTER	1,472	269,331	80,737				
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	50,724	1,966,956	589,628				
061 EMERGENCY	318,534	9,021,786	2,704,434	774,448	181,449	251,145	
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
095 SUBTOTALS	4,003,980	209,035,416	48,094,076	10,631,511	1,015,243	3,395,448	2,306,773
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		137,227	41,136				
098 PHYSICIANS' PRIVATE OFFIC		300,583	90,105				
100 PHYSICIAN SERVICES	6,070	928,502	278,334	43,925		14,244	
100 01 ADVERTISING		293,807	88,074				
100 02 HOME HEALTH SERVICES PRIV		599	180				
100 03 HHA HME							
100 04 OTHER NON REIMBURSABLE		18,152	5,441				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	4,010,050	210,714,286	48,597,346	10,675,436	1,015,243	3,409,692	2,306,773

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE OF PERSONNEL 13	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 POB NEW CRC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	2,582,319						
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	62,616		3,816,799				
015 CENTRAL SERVICES & SUPPLY	26,098			2,242,419			
016 PHARMACY	68,792			6,179	18,249,706		
017 MEDICAL RECORDS & LIBRARY	49,078					2,594,220	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	15,261						
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	639,167		1,387,537	650		139,210	
026 INTENSIVE CARE UNIT	101,599		220,775	5,493		27,098	
026 01 NICU	123,154		27,258	2,004		56,205	
031 SUBPROVIDER	53,234		115,677	162		10,225	
033 NURSERY	31,976		70,847			7,614	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	127,964		278,064	867,971		368,339	
037 01 SAME DAY SURGERY	54,867		119,225	4,395		27,871	
037 02 G. I. LAB	17,309		37,612	61,939		26,506	
038 RECOVERY ROOM	22,743		49,418	2,219		29,384	
039 DELIVERY ROOM & LABOR ROO	170,510			45,166		87,376	
040 ANESTHESIOLOGY	3,919		8,517	21,277		45,230	
041 RADIOLOGY-DIAGNOSTIC	193,787		421,097	187,554		364,741	
042 RADIOLOGY-THERAPEUTIC	53,947		117,226	7,065		71,235	
044 LABORATORY	132,239		287,356	6,921		310,879	
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	66,951			5,987		59,766	
053 ELECTROCARDIOLOGY	21,763		47,290	239		39,779	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED				102,296		86,348	
056 DRUGS CHARGED TO PATIENTS					18,249,706	354,692	
057 RENAL DIALYSIS						7,821	
058 ASC (NON-DISTINCT PART)							
058 01 CARDIAC REHAB	7,660		16,645	2		5,526	
058 02 HEART SURGERY							
058 03 REHAB SERVICES	88,506			1,065		56,167	
058 04 CV SURGERY	12,945		28,128	128,975		25,242	
058 05 VASCULAR SERVICES	63,299			738,700		111,776	
058 06 YORKVILLE	89,426			7,270		31,447	
059 DIABETIC CENTER	5,997					952	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	63,180		137,290	20,591		32,812	
061 EMERGENCY	205,633		446,837	17,891		206,053	
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
095 SUBTOTALS	2,573,620		3,816,799	2,242,011	18,249,706	2,590,294	
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
100 PHYSICIANS' PRIVATE OFFIC							
100 PHYSICIAN SERVICES	8,699			5		3,926	
100 01 ADVERTISING							
100 02 HOME HEALTH SERVICES PRIV				403			
100 03 HHA HME							
100 04 OTHER NON REIMBURSABLE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,582,319		3,816,799	2,242,419	18,249,706	2,594,220	

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	PR SUBTOTAL	I&R COST POST STEP-DOWN ADJ
	20	21	22	23	24	25	26
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
004 POB NEW CRC							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 05 CASHIERING/ACCOUNTS RECEI							
008 06 OTHER ADMINISTRATIVE AND							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
020 SOCIAL SERVICE							
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI			1,002,487				
024 I&R SERVICES-OTHER PRGM C				1,559,942			
025 PARAMED ED PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS							
026 01 ADULTS & PEDIATRICS			448,666	698,156		39,825,774	-1,146,822
031 INTENSIVE CARE UNIT			28,042	43,635		7,214,794	-71,677
033 NICU						6,350,649	
037 SUBPROVIDER			98,146	152,722		3,231,464	-250,868
037 01 NURSERY						2,252,449	
037 02 ANCILLARY SRVC COST CNTRS							
037 03 OPERATING ROOM			56,083	87,269		28,687,808	-143,352
037 04 SAME DAY SURGERY						3,396,671	
037 05 G. I. LAB			21,031	32,726		2,002,025	-53,757
038 RECOVERY ROOM						1,583,845	
039 DELIVERY ROOM & LABOR ROO			91,135	141,813		8,402,693	-232,948
040 ANESTHESIOLOGY						1,237,413	
041 RADIOLOGY-DIAGNOSTIC			42,062	65,452		18,005,800	-107,514
042 RADIOLOGY-THERAPEUTIC						4,378,417	
044 LABORATORY			7,010	10,909		12,415,706	-17,919
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY						3,370,094	
053 ELECTROCARDIOLOGY						1,809,593	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED						951,900	
056 DRUGS CHARGED TO PATIENTS						19,317,077	
057 RENAL DIALYSIS			35,052	54,543		865,998	-89,595
058 ASC (NON-DISTINCT PART)							
058 01 CARDIAC REHAB						533,247	
058 02 HEART SURGERY							
058 03 REHAB SERVICES						4,234,676	
058 04 CV SURGERY			91,135	141,813		4,869,015	-232,948
058 05 VASCULAR SERVICES						11,789,573	
058 06 YORKVILLE						4,542,084	
059 DIABETIC CENTER						357,017	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC						2,810,457	
062 EMERGENCY			56,083	87,269		13,953,028	-143,352
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
071 OTHER REIMBURS COST CNTRS							
085 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 01 PANCREAS ACQUISITION							
095 SUBTOTALS			974,445	1,516,307		208,389,267	-2,490,752
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP						178,363	
100 PHYSICIANS' PRIVATE OFFIC						390,688	
100 PHYSICIAN SERVICES			28,042	43,635		1,349,312	-71,677
100 01 ADVERTISING						381,881	
100 02 HOME HEALTH SERVICES PRIV						779	
100 03 HHA HME							
100 04 OTHER NON REIMBURSABLE						23,996	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL			1,002,487	1,559,942		210,714,286	-2,562,429

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0029
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/23/2009
 WORKSHEET B
 PART I

TOTAL

COST CENTER DESCRIPTION	TOTAL
	27
001 GENERAL SERVICE COST CNTR	
002 OLD CAP REL COSTS-BLDG &	
003 OLD CAP REL COSTS-MVBLE E	
003 NEW CAP REL COSTS-BLDG &	
003 01 POB NEW CRC	
004 NEW CAP REL COSTS-MVBLE E	
005 EMPLOYEE BENEFITS	
006 05 CASHIERING/ACCOUNTS RECEI	
006 06 OTHER ADMINISTRATIVE AND	
008 OPERATION OF PLANT	
009 LAUNDRY & LINEN SERVICE	
010 HOUSEKEEPING	
011 DIETARY	
012 CAFETERIA	
013 MAINTENANCE OF PERSONNEL	
014 NURSING ADMINISTRATION	
015 CENTRAL SERVICES & SUPPLY	
016 PHARMACY	
017 MEDICAL RECORDS & LIBRARY	
018 SOCIAL SERVICE	
020 NONPHYSICIAN ANESTHETISTS	
021 NURSING SCHOOL	
022 I&R SERVICES-SALARY & FRI	
023 I&R SERVICES-OTHER PRGM C	
024 PARAMED ED PRGM-(SPECIFY)	
INPAT ROUTINE SRVC CNTRS	
025 ADULTS & PEDIATRICS	38,678,952
026 INTENSIVE CARE UNIT	7,143,117
026 01 NICU	6,350,649
031 SUBPROVIDER	2,980,596
033 NURSERY	2,252,449
ANCILLARY SRVC COST CNTRS	
037 OPERATING ROOM	28,544,456
037 01 SAME DAY SURGERY	3,396,671
037 02 G. I. LAB	1,948,268
038 RECOVERY ROOM	1,583,845
039 DELIVERY ROOM & LABOR ROO	8,169,745
040 ANESTHESIOLOGY	1,237,413
041 RADIOLOGY-DIAGNOSTIC	17,898,286
042 RADIOLOGY-THERAPEUTIC	4,378,417
044 LABORATORY	12,397,787
046 30 BLOOD CLOTTING FACTORS AD	
049 RESPIRATORY THERAPY	3,370,094
053 ELECTROCARDIOLOGY	1,809,593
054 ELECTROENCEPHALOGRAPHY	
055 MEDICAL SUPPLIES CHARGED	951,900
056 DRUGS CHARGED TO PATIENTS	19,317,077
057 RENAL DIALYSIS	776,403
058 ASC (NON-DISTINCT PART)	
058 01 CARDIAC REHAB	533,247
058 02 HEART SURGERY	
058 03 REHAB SERVICES	4,234,676
058 04 CV SURGERY	4,636,067
058 05 VASCULAR SERVICES	11,789,573
058 06 YORKVILLE	4,542,084
059 DIABETIC CENTER	357,017
OUTPAT SERVICE COST CNTRS	
060 CLINIC	2,810,457
061 EMERGENCY	13,809,676
062 OBSERVATION BEDS (NON-DIS	
063 50 RHC	
063 60 FOHC	
OTHER REIMBURS COST CNTRS	
071 HOME HEALTH AGENCY	
SPEC PURPOSE COST CENTERS	
085 01 PANCREAS ACQUISITION	
095 SUBTOTALS	205,898,515
NONREIMBURS COST CENTERS	
096 GIFT, FLOWER, COFFEE SHOP	178,363
098 PHYSICIANS' PRIVATE OFFIC	390,688
100 PHYSICIAN SERVICES	1,277,635
100 01 ADVERTISING	381,881
100 02 HOME HEALTH SERVICES PRIV	779
100 03 HHA HME	
100 04 OTHER NON REIMBURSABLE	23,996
101 CROSS FOOT ADJUSTMENT	
102 NEGATIVE COST CENTER	
103 TOTAL	208,151,857

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COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	POB NEW CRC 3.01	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 01 POB NEW CRC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	6,794			101,973		7,659	116,426
006 05 CASHIERING/ACCOUNTS RECEI	52,779					26,543	79,322
006 06 OTHER ADMINISTRATIVE AND	1,032,369			2,186,285	260,510	2,135,623	5,614,787
008 OPERATION OF PLANT	4,648			960,655		380,455	1,345,758
009 LAUNDRY & LINEN SERVICE						396	396
010 HOUSEKEEPING	761			93,784		10,432	104,977
011 DIETARY	2,561			173,000		89,006	264,567
012 CAFETERIA				167,541			167,541
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,667					102,344	104,011
015 CENTRAL SERVICES & SUPPLY	1,360			268,327		47,144	316,831
016 PHARMACY	305,081			51,209		73,027	429,317
017 MEDICAL RECORDS & LIBRARY	6,365			90,965		25,487	122,817
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	2,002					528	2,530
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	47,310			2,467,401		904,071	3,418,782
026 INTENSIVE CARE UNIT	3,763			417,029		326,576	747,368
026 01 NICU	7,433			47,233		209,178	263,844
031 SUBPROVIDER	7,979			117,193		32,618	157,790
033 NURSERY				75,330		285,495	360,825
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	113,697			229,906		586,596	930,199
037 01 SAME DAY SURGERY	3,568			206,289		17,828	227,685
037 02 G. I. LAB	236,484			20,175		74,744	331,403
038 RECOVERY ROOM	761			53,226		36,844	90,831
039 DELIVERY ROOM & LABOR ROO	9,164					35,259	44,423
040 ANESTHESIOLOGY	126			15,398		53,219	68,743
041 RADIOLOGY-DIAGNOSTIC	208,399			509,952		1,704,059	2,422,410
042 RADIOLOGY-THERAPEUTIC	11,811			235,276		119,379	366,466
044 LABORATORY	20,480			198,486		194,519	413,485
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	56,437			39,697		64,444	160,578
053 ELECTROCARDIOLOGY	4,993			113,336		152,261	270,590
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	1,500						1,500
058 ASC (NON-DISTINCT PART)							
058 01 CARDIAC REHAB	129,734					10,697	140,431
058 02 HEART SURGERY	604,388						604,388
058 03 REHAB SERVICES	155,091			75,003		37,504	267,598
058 04 CV SURGERY	449			73,372		136,811	210,632
058 05 VASCULAR SERVICES	50,658					92,043	142,701
058 06 YORKVILLE	31,964					605,744	637,708
059 DIABETIC CENTER	34,375						34,375
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	273,358					43,975	317,333
061 EMERGENCY	16,158			450,911		591,086	1,058,155
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
071 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
095 SUBTOTALS	3,446,467			9,438,952	260,510	9,213,594	22,359,523
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						396	396
098 PHYSICIANS' PRIVATE OFFIC					300,583		300,583
100 PHYSICIAN SERVICES	2,502			25,575		10,697	38,774
100 01 ADVERTISING							
100 02 HOME HEALTH SERVICES PRIV							
100 03 HHA HME							
100 04 OTHER NON REIMBURSABLE	38,879					6,845	45,724
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	3,487,848			9,464,527	561,093	9,231,532	22,745,000

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COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND OPERATIONAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	5	6.05	6.06	8	9	10	11
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 01 POB NEW CRC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	116,426						
006 05 CASHIERING/ACCOUNTS RECEI	2,993	82,315					
006 06 OTHER ADMINISTRATIVE AND	17,129		5,631,916				
008 OPERATION OF PLANT	3,026		285,332	1,634,116			
009 LAUNDRY & LINEN SERVICE	117		27,135		27,648		
010 HOUSEKEEPING	1,595		86,829	24,656		218,057	
011 DIETARY	594		51,138	45,483		6,162	367,944
012 CAFETERIA	1,064		58,835	44,047		5,968	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	3,061		100,341				
015 CENTRAL SERVICES & SUPPLY	528		42,925	70,545		9,558	
016 PHARMACY	2,677		482,659	13,463		1,824	
017 MEDICAL RECORDS & LIBRARY	1,065		62,496	23,915		3,240	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	863		26,794				
023 I&R SERVICES-OTHER PRGM C	1,056		41,286				
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	20,159	4,428	762,821	648,691	9,204	87,890	322,345
026 INTENSIVE CARE UNIT	3,908	862	152,674	109,639	981	14,854	14,589
026 01 NICU	4,596	1,788	161,292	12,418		1,682	
031 SUBPROVIDER	1,725	325	60,922	30,811	1,661	4,174	31,010
033 NURSERY	1,109	242	49,062	19,805	3,679	2,683	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	4,250	11,509	701,991	60,443	3,127	8,189	
037 01 SAME DAY SURGERY	1,761	887	71,516	54,234	1,237	7,348	
037 02 G. I. LAB	674	843	47,015	5,304		719	
038 RECOVERY ROOM	944	935	35,442	13,993	899	1,896	
039 DELIVERY ROOM & LABOR ROO	6,084	2,779	210,260				
040 ANESTHESIOLOGY	84	1,439	30,027	4,048		548	
041 RADIOLOGY-DIAGNOSTIC	6,755	11,602	415,274	134,069	929	18,164	
042 RADIOLOGY-THERAPEUTIC	2,124	2,266	95,084	61,855	990	8,380	
044 LABORATORY	3,765	9,889	299,591	52,183		7,070	
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	2,097	1,901	84,115	10,437		1,414	
053 ELECTROCARDIOLOGY	748	1,265	38,561	29,797		4,037	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED		2,747	20,400				
056 DRUGS CHARGED TO PATIENTS		11,283	19,048				
057 RENAL DIALYSIS		249	20,543				
058 ASC (NON-DI STINCT PART)							
058 01 CARDIAC REHAB	274	176	13,455				
058 02 HEART SURGERY							
058 03 REHAB SERVICES	2,638	1,787	104,729	19,719		2,672	
058 04 CV SURGERY	1,707	803	114,232	19,290		2,613	
058 05 VASCULAR SERVICES	2,455	3,556	290,687				
058 06 YORKVILLE	2,484	1,000	117,975				
059 DIABETIC CENTER	253	30	9,357				
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	1,983	1,044	68,332				
061 EMERGENCY	7,353	6,555	313,417	118,547	4,941	16,061	
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
071 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
095 SUBTOTALS	115,698	82,190	5,573,592	1,627,392	27,648	217,146	367,944
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			4,767				
098 PHYSICIANS' PRIVATE OFFIC			10,442				
100 PHYSICIAN SERVICES	591	125	32,256	6,724		911	
100 01 ADVERTISING	85		10,207				
100 02 HOME HEALTH SERVICES PRIV			21				
100 03 HHA HME							
100 04 OTHER NON REIMBURSABLE	52		631				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	116,426	82,315	5,631,916	1,634,116	27,648	218,057	367,944

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COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE OF PERSONNEL 13	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 01 POB NEW CRC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	277,455						
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	6,728		214,141				
015 CENTRAL SERVICES & SUPPLY	2,804			443,191			
016 PHARMACY	7,391			1,221	938,552		
017 MEDICAL RECORDS & LIBRARY	5,273					218,806	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	1,640						
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	68,677		77,846	128		11,758	
026 INTENSIVE CARE UNIT	10,916		12,387	1,086		2,289	
026 01 NICU	13,232		1,529	396		4,747	
031 SUBPROVIDER	5,720		6,490	32		864	
033 NURSERY	3,436		3,975			643	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	13,749		15,601	171,544		30,804	
037 01 SAME DAY SURGERY	5,895		6,689	869		2,354	
037 02 G. I. LAB	1,860		2,110	12,242		2,239	
038 RECOVERY ROOM	2,444		2,773	438		2,482	
039 DELIVERY ROOM & LABOR ROO	18,320			8,927		7,380	
040 ANESTHESIOLOGY	421		478	4,205		3,820	
041 RADIOLOGY-DIAGNOSTIC	20,821		23,626	37,068		30,806	
042 RADIOLOGY-THERAPEUTIC	5,796		6,577	1,396		6,017	
044 LABORATORY	14,208		16,122	1,368		26,257	
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	7,193			1,183		5,048	
053 ELECTROCARDIOLOGY	2,338		2,653	47		3,360	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED				20,218		7,293	
056 DRUGS CHARGED TO PATIENTS					938,552	29,958	
057 RENAL DIALYSIS						661	
058 ASC (NON-DISTINCT PART)							
058 01 CARDIAC REHAB	823		934			467	
058 02 HEART SURGERY							
058 03 REHAB SERVICES	9,509			211		4,744	
058 04 CV SURGERY	1,391		1,578	25,491		2,132	
058 05 VASCULAR SERVICES	6,801			145,997		9,441	
058 06 YORKVILLE	9,608			1,437		2,656	
059 DIABETIC CENTER	644					80	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	6,788		7,703	4,070		2,771	
061 EMERGENCY	22,094		25,070	3,536		17,403	
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
071 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
095 SUBTOTALS	276,520		214,141	443,110	938,552	218,474	
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
100 PHYSICIANS' PRIVATE OFFIC							
100 PHYSICIAN SERVICES	935			1		332	
100 01 ADVERTISING							
100 02 HOME HEALTH SERVICES PRIV							
100 03 HHA HME							
100 04 OTHER NON REIMBURSABLE				80			
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	277,455		214,141	443,191	938,552	218,806	

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COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	20	21	22	23	24	25	26
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 01 POB NEW CRC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI			27,657				
023 I&R SERVICES-OTHER PRGM C				46,512			
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS						5,432,729	
026 ADULTS & PEDIATRICS						1,071,553	
026 01 INTENSIVE CARE UNIT						465,524	
031 SUBPROVIDER						301,524	
033 NURSERY						445,459	
037 ANCILLARY SRVC COST CNTRS						1,951,406	
037 01 OPERATING ROOM						380,475	
037 02 G. I. LAB						404,409	
038 RECOVERY ROOM						153,077	
039 DELIVERY ROOM & LABOR ROO						298,173	
040 ANESTHESIOLOGY						113,813	
041 RADIOLOGY-DIAGNOSTIC						3,121,524	
042 RADIOLOGY-THERAPEUTIC						556,951	
044 LABORATORY						843,938	
046 30 BLOOD CLOTTING FACTORS AD						273,966	
049 RESPIRATORY THERAPY						353,396	
053 ELECTROCARDIOLOGY						50,658	
054 ELECTROENCEPHALOGRAPHY						998,841	
055 MEDICAL SUPPLIES CHARGED						22,953	
056 DRUGS CHARGED TO PATIENTS						156,560	
057 RENAL DIALYSIS						604,388	
058 ASC (NON-DISTINCT PART)						413,607	
058 01 CARDIAC REHAB						379,869	
058 02 HEART SURGERY						601,638	
058 03 REHAB SERVICES						772,868	
058 04 CV SURGERY						44,739	
058 05 VASCULAR SERVICES							
058 06 YORKVILLE							
059 DIABETIC CENTER							
060 OUTPAT SERVICE COST CNTRS						410,024	
061 CLINIC						1,593,132	
062 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
071 OTHER REIMBURS COST CNTRS							
085 01 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 01 PANCREAS ACQUISITION						22,217,194	
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP						5,163	
100 PHYSICIANS' PRIVATE OFFIC						311,025	
100 PHYSICIAN SERVICES						80,649	
100 01 ADVERTISING						10,292	
100 02 HOME HEALTH SERVICES PRIV						21	
100 03 HHA HME							
100 04 OTHER NON REIMBURSABLE						46,487	
101 CROSS FOOT ADJUSTMENTS			27,657	46,512		74,169	
102 NEGATIVE COST CENTER							
103 TOTAL			27,657	46,512		22,745,000	

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TOTAL

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001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
003	NEW CAP REL COSTS-BLDG &	
004	01 POB NEW CRC	
004	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	05 CASHIERING/ACCOUNTS RECEI	
006	06 OTHER ADMINISTRATIVE AND	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
013	MAINTENANCE OF PERSONNEL	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
020	NONPHYSICIAN ANESTHETISTS	
021	NURSING SCHOOL	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
024	PARAMED ED PRGM-(SPECIFY)	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	5,432,729
026	INTENSIVE CARE UNIT	1,071,553
026	01 NICU	465,524
031	SUBPROVIDER	301,524
033	NURSERY	445,459
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	1,951,406
037	01 SAME DAY SURGERY	380,475
037	02 G. I. LAB	404,409
038	RECOVERY ROOM	153,077
039	DELIVERY ROOM & LABOR ROO	298,173
040	ANESTHESIOLOGY	113,813
041	RADIOLOGY-DIAGNOSTIC	3,121,524
042	RADIOLOGY-THERAPEUTIC	556,951
044	LABORATORY	843,938
046	30 BLOOD CLOTTING FACTORS AD	
049	RESPIRATORY THERAPY	273,966
053	ELECTROCARDIOLOGY	353,396
054	ELECTROENCEPHALOGRAPHY	
055	MEDICAL SUPPLIES CHARGED	50,658
056	DRUGS CHARGED TO PATIENTS	998,841
057	RENAL DIALYSIS	22,953
058	ASC (NON-DISTINCT PART)	
058	01 CARDIAC REHAB	156,560
058	02 HEART SURGERY	604,388
058	03 REHAB SERVICES	413,607
058	04 CV SURGERY	379,869
058	05 VASCULAR SERVICES	601,638
058	06 YORKVILLE	772,868
059	DIABETIC CENTER	44,739
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	410,024
061	EMERGENCY	1,593,132
062	OBSERVATION BEDS (NON-DIS	
063	50 RHC	
063	60 FOHC	
	OTHER REIMBURS COST CNTRS	
071	HOME HEALTH AGENCY	
	SPEC PURPOSE COST CENTERS	
085	01 PANCREAS ACQUISITION	
095	SUBTOTALS	22,217,194
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	5,163
098	PHYSICIANS' PRIVATE OFFIC	311,025
100	PHYSICIAN SERVICES	80,649
100	01 ADVERTISING	10,292
100	02 HOME HEALTH SERVICES PRIV	21
100	03 HHA HME	
100	04 OTHER NON REIMBURSABLE	46,487
101	CROSS FOOT ADJUSTMENTS	74,169
102	NEGATIVE COST CENTER	
103	TOTAL	22,745,000

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)	POB NEW CRC (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENE FITS (GROSS SALARIES)
	1	2	3	3.01	4	5
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD						
003 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			319,003			
003 01 POB NEW CRC				100,000		
004 NEW CAP REL COSTS-MVB					8,388,700	
005 EMPLOYEE BENEFITS			3,437		6,960	78,980,222
006 05 CASHIERING/ACCOUNTS R					24,120	2,030,339
006 06 OTHER ADMINISTRATIVE			73,689	46,429	1,940,640	11,621,079
008 OPERATION OF PLANT			32,379		345,720	2,053,061
009 LAUNDRY & LINEN SERVI					360	79,689
010 HOUSEKEEPING			3,161		9,480	1,082,200
011 DIETARY			5,831		80,880	402,694
012 CAFETERIA			5,647			721,521
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO					93,000	2,076,725
015 CENTRAL SERVICES & SU			9,044		42,840	358,058
016 PHARMACY			1,726		66,360	1,816,275
017 MEDICAL RECORDS & LIB			3,066		23,160	722,565
018 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						585,376
023 I&R SERVICES-OTHER PR					480	716,452
024 PARAMED ED PRGM-(SPEC						
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS			83,164		821,530	13,669,460
026 INTENSIVE CARE UNIT			14,056		296,760	2,651,065
026 01 NICU			1,592		190,080	3,117,976
031 SUBPROVIDER			3,950		29,640	1,170,236
033 NURSERY			2,539		259,430	752,544
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM			7,749		533,040	2,883,460
037 01 SAME DAY SURGERY			6,953		16,200	1,194,860
037 02 G. I. LAB			680		67,920	457,335
038 RECOVERY ROOM			1,794		33,480	640,556
039 DELIVERY ROOM & LABOR					32,040	4,127,512
040 ANESTHESIOLOGY			519		48,360	56,956
041 RADIOLOGY-DIAGNOSTIC			17,188		1,548,480	4,582,585
042 RADIOLOGY-THERAPEUTIC			7,930		108,480	1,441,183
044 LABORATORY			6,690		176,760	2,554,042
046 30 BLOOD CLOTTING FACTOR						
049 RESPIRATORY THERAPY			1,338		58,560	1,422,723
053 ELECTROCARDIOLOGY			3,820		138,360	507,251
054 ELECTROENCEPHALOGRAPH						
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS						
058 ASC (NON-DISTINCT PAR						
058 01 CARDIAC REHAB					9,720	185,801
058 02 HEART SURGERY						
058 03 REHAB SERVICES			2,528		34,080	1,789,564
058 04 CV SURGERY			2,473		124,320	1,158,295
058 05 VASCULAR SERVICES					83,640	1,665,272
058 06 YORKVILLE					550,440	1,685,335
059 DIABETIC CENTER						171,626
060 OUTPAT SERVICE COST C						
061 CLINIC					39,960	1,345,586
061 EMERGENCY			15,198		537,120	4,988,764
062 OBSERVATION BEDS (NON						
063 50 RHC						
063 60 FQHC						
071 OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY						
085 SPEC PURPOSE COST CEN						
085 01 PANCREAS ACQUISITION						
095 SUBTOTALS			318,141	46,429	8,372,400	78,486,021
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE					360	
098 PHYSICIANS' PRIVATE O				53,571		
100 PHYSICIAN SERVICES			862		9,720	400,641
100 01 ADVERTISING						57,955
100 02 HOME HEALTH SERVICES						
100 03 HHA HME						
100 04 OTHER NON REIMBURSABL					6,220	35,605
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			9,464,527	561,093	9,231,532	25,082,485
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			29.669085		1.100472	
(WRKSHT B, PT I)				5.610930		.317579

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI		OTHER ADMINIS	OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING	DIETARY
	(GROSS CHARGES)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)
	6.05	6a.06	6.06	8	9	10	11
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 POB NEW CRC							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 05 CASHIERING/ACCOUNTS R	948,482,390						
006 06 OTHER ADMINIS		-48,597,346	162,116,940				
008 OPERATION OF PLANT			8,213,346	209,498			
009 LAUNDRY & LINEN SERVI			781,096		1,395,381		
010 HOUSEKEEPING			2,499,383	3,161		206,337	
011 DIETARY			1,472,021	5,831		5,831	128,928
012 CAFETERIA			1,693,571	5,647		5,647	
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION			2,888,351				
015 CENTRAL SERVICES & SU			1,235,616	9,044		9,044	
016 PHARMACY			13,893,460	1,726		1,726	
017 MEDICAL RECORDS & LIB			1,798,970	3,066		3,066	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &			771,282				
023 I&R SERVICES-OTHER PR			1,188,429				
024 PARAMEDICAL PRGM-(SPEC							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	50,899,460		21,958,810	83,164	464,616	83,164	112,950
026 INTENSIVE CARE UNIT	9,908,018		4,394,750	14,056	49,491	14,056	5,112
026 01 NICU	20,550,247		4,642,829	1,592		1,592	
031 SUBPROVIDER	3,738,435		1,753,653	3,950	83,827	3,950	10,866
033 NURSERY	2,783,944		1,412,249	2,539	185,658	2,539	
037 ANCILLARY SRVC COST C							
037 01 OPERATING ROOM	134,631,796		20,206,993	7,749	157,806	7,749	
037 01 SAME DAY SURGERY	10,190,541		2,058,595	6,953	62,421	6,953	
037 02 G. I. LAB	9,691,414		1,353,330	680		680	
038 RECOVERY ROOM	10,743,558		1,020,196	1,794	45,358	1,794	
039 DELIVERY ROOM & LABOR	31,947,416		6,052,387				
040 ANESTHESIOLOGY	16,537,643		864,345	519		519	
041 RADIOLOGY-DIAGNOSTIC	133,360,550		11,953,780	17,188	46,863	17,188	
042 RADIOLOGY-THERAPEUTIC	26,045,724		2,737,004	7,930	49,952	7,930	
044 LABORATORY	113,666,760		8,623,805	6,690		6,690	
046 30 BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY	21,852,291		2,421,279	1,338		1,338	
053 ELECTROCARDIOLOGY	14,544,434		1,109,999	3,820		3,820	
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHAR	31,571,528		587,225				
056 DRUGS CHARGED TO PATI	129,686,163		548,313				
057 RENAL DIALYSIS	2,859,490		591,323				
058 ASC (NON-DISTINCT PAR							
058 01 CARDIAC REHAB	2,020,600		387,311				
058 02 HEART SURGERY							
058 03 REHAB SERVICES	20,536,410		3,014,650	2,528		2,528	
058 04 CV SURGERY	9,229,113		3,288,200	2,473		2,473	
058 05 VASCULAR SERVICES	40,868,829		8,367,498				
058 06 YORKVILLE	11,497,943		3,395,948				
059 DIABETIC CENTER	348,162		269,331				
060 OUTPAT SERVICE COST C							
060 CLINIC	11,997,152		1,966,956				
061 EMERGENCY	75,339,145		9,021,786	15,198	249,389	15,198	
062 OBSERVATION BEDS (NON							
063 50 RHC							
063 60 FOHC							
071 OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY							
085 01 SPEC PURPOSE COST CEN							
085 01 PANCREAS ACQUISITION							
095 SUBTOTALS	947,046,766	-48,597,346	160,438,070	208,636	1,395,381	205,475	128,928
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE			137,227				
098 PHYSICIANS' PRIVATE O			300,583				
100 PHYSICIAN SERVICES	1,435,624		928,502	862		862	
100 01 ADVERTISING			293,807				
100 02 HOME HEALTH SERVICES			599				
100 03 HHA HME							
100 04 OTHER NON REIMBURSABL			18,152				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	4,010,050		48,597,346	10,675,436	1,015,243	3,409,692	2,306,773
(WRKSH B, PART I)							
104 UNIT COST MULTIPLIER				50.957222		16.524870	
(WRKSH B, PT I)	.004228		.299767		.727574		17.891947

COST CENTER DESCRIPTION	CAFETERIA (NUMBER FTE'S)	MAINTENANCE PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICES (TIME SPENT)
	12	13	14	15	16	17	18
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 POB NEW CRC							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	86,976						
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION	2,109		1,206,873				
015 CENTRAL SERVICES & SU	879			9,171,452			
016 PHARMACY	2,317			25,272	10,000		
017 MEDICAL RECORDS & LIB	1,653					948,482,390	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR	514						
024 PARAMED ED PRGM-(SPEC							
025 INPAT ROUTINE SRVC CN							
ADULTS & PEDIATRICS	21,528		438,740	2,658		50,899,460	
026 INTENSIVE CARE UNIT	3,422		69,809	22,465		9,908,018	
026 01 NICU	4,148		8,619	8,198		20,550,247	
031 SUBPROVIDER	1,793		36,577	663		3,738,435	
033 NURSERY	1,077		22,402			2,783,944	
ANCILLARY SRVC COST C							
037 OPERATING ROOM	4,310		87,924	3,549,981		134,631,796	
037 01 SAME DAY SURGERY	1,848		37,699	17,977		10,190,541	
037 02 G. I. LAB	583		11,893	253,331		9,691,414	
038 RECOVERY ROOM	766		15,626	9,074		10,743,558	
039 DELIVERY ROOM & LABOR	5,743			184,728		31,947,416	
040 ANESTHESIOLOGY	132		2,693	87,024		16,537,643	
041 RADIOLOGY-DIAGNOSTIC	6,527		133,151	767,093		133,360,550	
042 RADIOLOGY-THERAPEUTIC	1,817		37,067	28,897		26,045,724	
044 LABORATORY	4,454		90,862	28,305		113,666,760	
046 30 BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY	2,255			24,485		21,852,291	
053 ELECTROCARDIOLOGY	733		14,953	979		14,544,434	
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHAR				418,390		31,571,528	
056 DRUGS CHARGED TO PATI					10,000	129,686,163	
057 RENAL DIALYSIS						2,859,490	
058 ASC (NON-DISTINCT PAR							
058 01 CARDIAC REHAB	258		5,263	10		2,020,600	
058 02 HEART SURGERY							
058 03 REHAB SERVICES	2,981			4,357		20,536,410	
058 04 CV SURGERY	436		8,894	527,504		9,229,113	
058 05 VASCULAR SERVICES	2,132			3,021,268		40,868,829	
058 06 YORKVILLE	3,012			29,735		11,497,943	
059 DIABETIC CENTER	202					348,162	
OUTPAT SERVICE COST C							
060 CLINIC	2,128		43,411	84,216		11,997,152	
061 EMERGENCY	6,926		141,290	73,175		75,339,145	
062 OBSERVATION BEDS (NON							
063 50 RHC							
063 60 FOHC							
OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CEN							
085 01 PANCREAS ACQUISITION							
095 SUBTOTALS	86,683		1,206,873	9,169,785	10,000	947,046,766	
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE O							
100 PHYSICIAN SERVICES	293			19		1,435,624	
100 01 ADVERTISING							
100 02 HOME HEALTH SERVICES							
100 03 HHA HME							
100 04 OTHER NON REIMBURSABL				1,648			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	2,582,319		3,816,799	2,242,419	18,249,706	2,594,220	
(WRKSH B, PART I)							
104 UNIT COST MULTIPLIER				.244500		.002735	
(WRKSH B, PT I)	29.690018		3.162552		1,824.970600		

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 11/23/2009

14-0029

FROM 7/ 1/2008

WORKSHEET B-1

TO 6/30/2009

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	20	21	22	23	24
001 GENERAL SERVICE COST					
002 OLD CAP REL COSTS-BLD					
003 OLD CAP REL COSTS-MVB					
003 01 NEW CAP REL COSTS-BLD					
004 POB NEW CRC					
005 NEW CAP REL COSTS-MVB					
006 EMPLOYEE BENEFITS					
006 05 CASHIERING/ACCOUNTS R					
008 06 OTHER ADMINISTRATIVE					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVI					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
013 MAINTENANCE OF PERSON					
014 NURSING ADMINISTRATIO					
015 CENTRAL SERVICES & SU					
016 PHARMACY					
017 MEDICAL RECORDS & LIB					
018 SOCIAL SERVICE					
020 NONPHYSICIAN ANESTHET					
021 NURSING SCHOOL					
022 I&R SERVICES-SALARY &			143		
023 I&R SERVICES-OTHER PR				143	
024 PARAMED ED PRGM-(SPEC					
025 INPAT ROUTINE SRVC CN					
026 ADULTS & PEDIATRICALS			64		64
026 01 INTENSIVE CARE UNIT			4		4
031 NICU					
031 SUBPROVIDER			14		14
033 NURSERY					
037 ANCILLARY SRVC COST C					
037 01 OPERATING ROOM			8		8
037 02 SAME DAY SURGERY					
038 G. I. LAB			3		3
039 RECOVERY ROOM					
040 DELIVERY ROOM & LABOR			13		13
041 ANESTHESIOLOGY					
042 RADIOLOGY-DIAGNOSTIC			6		6
044 RADIOLOGY-THERAPEUTIC					
046 LABORATORY			1		1
049 BLOOD CLOTTING FACTOR					
053 RESPIRATORY THERAPY					
054 ELECTROCARDIOLOGY					
055 ELECTROENCEPHALOGRAPH					
056 MEDICAL SUPPLIES CHAR					
057 DRUGS CHARGED TO PATI					
058 RENAL DIALYSIS			5		5
058 ASC (NON-DISTINCT PAR					
058 01 CARDIAC REHAB					
058 02 HEART SURGERY					
058 03 REHAB SERVICES					
058 04 CV SURGERY			13		13
058 05 VASCULAR SERVICES					
058 06 YORKVILLE					
059 DIABETIC CENTER					
060 OUTPAT SERVICE COST C					
061 CLINIC					
062 EMERGENCY			8		8
063 OBSERVATION BEDS (NON					
063 50 RHC					
063 60 FOHC					
071 OTHER REIMBURS COST C					
085 HOME HEALTH AGENCY					
095 SPEC PURPOSE COST CEN					
095 01 PANCREAS ACQUISITION					
095 SUBTOTALS			139		139
096 NONREIMBURS COST CENT					
098 GIFT, FLOWER, COFFEE					
100 PHYSICIANS' PRIVATE O					
100 PHYSICIAN SERVICES			4		4
100 01 ADVERTISING					
100 02 HOME HEALTH SERVICES					
100 03 HHA HME					
100 04 OTHER NON REIMBURSABL					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED			1,002,487		1,559,942
(PER WRKSHT B, PART					
104 UNIT COST MULTIPLIER					10,908.685315
(WRKSHT B, PT I)			7,010.398601		

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:
14-0029

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 11/23/2009
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	38,678,952		38,678,952		38,678,952
26	INTENSIVE CARE UNIT	7,143,117		7,143,117	47,210	7,190,327
26	01 NICU	6,350,649		6,350,649	182,180	6,532,829
31	SUBPROVIDER	2,980,596		2,980,596		2,980,596
33	NURSERY	2,252,449		2,252,449		2,252,449
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	28,544,456		28,544,456	225,950	28,770,406
37	01 SAME DAY SURGERY	3,396,671		3,396,671		3,396,671
37	02 G. I. LAB	1,948,268		1,948,268		1,948,268
38	RECOVERY ROOM	1,583,845		1,583,845		1,583,845
39	DELIVERY ROOM & LABOR ROO	8,169,745		8,169,745	461,359	8,631,104
40	ANESTHESIOLOGY	1,237,413		1,237,413	12,474	1,249,887
41	RADIOLOGY-DIAGNOSTIC	17,898,286		17,898,286	589,124	18,487,410
42	RADIOLOGY-THERAPEUTIC	4,378,417		4,378,417	7,304	4,385,721
44	LABORATORY	12,397,787		12,397,787	69,892	12,467,679
46	30 BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	3,370,094		3,370,094		3,370,094
53	ELECTROCARDIOLOGY	1,809,593		1,809,593		1,809,593
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	951,900		951,900		951,900
56	DRUGS CHARGED TO PATIENTS	19,317,077		19,317,077		19,317,077
57	RENAL DIALYSIS	776,403		776,403		776,403
58	ASC (NON-DISTINCT PART)					
58	01 CARDIAC REHAB	533,247		533,247		533,247
58	02 HEART SURGERY				71,900	71,900
58	03 REHAB SERVICES	4,234,676		4,234,676		4,234,676
58	04 CV SURGERY	4,636,067		4,636,067		4,636,067
58	05 VASCULAR SERVICES	11,789,573		11,789,573		11,789,573
58	06 YORKVILLE	4,542,084		4,542,084	211,962	4,754,046
59	DIABETIC CENTER	357,017		357,017		357,017
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	2,810,457		2,810,457	81,527	2,891,984
61	EMERGENCY	13,809,676		13,809,676	274,550	14,084,226
62	OBSERVATION BEDS (NON-DIS	2,829,849		2,829,849		2,829,849
63	50 RHC					
63	60 FQHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	208,728,364		208,728,364	2,235,432	210,963,796
102	LESS OBSERVATION BEDS	2,829,849		2,829,849		2,829,849
103	TOTAL	205,898,515		205,898,515	2,235,432	208,133,947

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	50,899,460		50,899,460			
26	INTENSIVE CARE UNIT	9,908,018		9,908,018			
26 01	NICU	20,550,247		20,550,247			
31	SUBPROVIDER	3,738,435		3,738,435			
33	NURSERY	2,783,944		2,783,944			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	78,352,412	56,279,384	134,631,796	.212019	.212019	.213697
37 01	SAME DAY SURGERY	1,602,698	8,587,843	10,190,541	.333316	.333316	.333316
37 02	G. I. LAB	2,549,374	7,142,040	9,691,414	.201030	.201030	.201030
38	RECOVERY ROOM	5,803,570	4,939,988	10,743,558	.147423	.147423	.147423
39	DELIVERY ROOM & LABOR ROO	27,195,523	4,751,893	31,947,416	.255725	.255725	.270166
40	ANESTHESIOLOGY	10,124,386	6,413,257	16,537,643	.074824	.074824	.075578
41	RADIOLOGY-DIAGNOSTIC	34,146,394	99,214,156	133,360,550	.134210	.134210	.138627
42	RADIOLOGY-THERAPEUTIC	869,682	25,176,042	26,045,724	.168105	.168105	.168385
44	LABORATORY	57,539,147	56,127,613	113,666,760	.109071	.109071	.109686
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	20,093,523	1,758,768	21,852,291	.154222	.154222	.154222
53	ELECTROCARDIOLOGY	7,006,613	7,537,821	14,544,434	.124418	.124418	.124418
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	27,832,723	3,738,805	31,571,528	.030151	.030151	.030151
56	DRUGS CHARGED TO PATIENTS	71,468,864	58,217,299	129,686,163	.148952	.148952	.148952
57	RENAL DIALYSIS	2,770,641	88,849	2,859,490	.271518	.271518	.271518
58	ASC (NON-DISTINCT PART)						
58 01	CARDIAC REHAB	1,290	2,019,310	2,020,600	.263905	.263905	.263905
58 02	HEART SURGERY						
58 03	REHAB SERVICES	14,287,867	6,248,543	20,536,410	.206203	.206203	.206203
58 04	CV SURGERY	9,207,151	21,962	9,229,113	.502331	.502331	.502331
58 05	VASCULAR SERVICES	25,453,886	15,414,943	40,868,829	.288473	.288473	.288473
58 06	YORKVILLE	92,664	11,405,279	11,497,943	.395034	.395034	.413469
59	DIABETIC CENTER	66,327	348,162	414,489	.861343	.861343	.861343
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	498,492	11,498,660	11,997,152	.234260	.234260	.241056
61	EMERGENCY	13,738,225	61,600,920	75,339,145	.183300	.183300	.186944
62	OBSERVATION BEDS (NON-DIS		3,889,492	3,889,492	.727563	.727563	.727563
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	498,581,556	452,421,029	951,002,585			
102	LESS OBSERVATION BEDS						
103	TOTAL	498,581,556	452,421,029	951,002,585			

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	28,544,456	1,951,406	26,593,050			28,544,456
37 01	SAME DAY SURGERY	3,396,671	380,475	3,016,196			3,396,671
37 02	G. I. LAB	1,948,268	404,409	1,543,859			1,948,268
38	RECOVERY ROOM	1,583,845	153,077	1,430,768			1,583,845
39	DELIVERY ROOM & LABOR ROO	8,169,745	298,173	7,871,572			8,169,745
40	ANESTHESIOLOGY	1,237,413	113,813	1,123,600			1,237,413
41	RADIOLOGY-DIAGNOSTIC	17,898,286	3,121,524	14,776,762			17,898,286
42	RADIOLOGY-THERAPEUTIC	4,378,417	556,951	3,821,466			4,378,417
44	LABORATORY	12,397,787	843,938	11,553,849			12,397,787
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	3,370,094	273,966	3,096,128			3,370,094
53	ELECTROCARDIOLOGY	1,809,593	353,396	1,456,197			1,809,593
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	951,900	50,658	901,242			951,900
56	DRUGS CHARGED TO PATIENTS	19,317,077	998,841	18,318,236			19,317,077
57	RENAL DIALYSIS	776,403	22,953	753,450			776,403
58	ASC (NON-DI STINCT PART)						
58 01	CARDIAC REHAB	533,247	156,560	376,687			533,247
58 02	HEART SURGERY		604,388	-604,388			
58 03	REHAB SERVICES	4,234,676	413,607	3,821,069			4,234,676
58 04	CV SURGERY	4,636,067	379,869	4,256,198			4,636,067
58 05	VASCULAR SERVICES	11,789,573	601,638	11,187,935			11,789,573
58 06	YORKVILLE	4,542,084	772,868	3,769,216			4,542,084
59	DIABETIC CENTER	357,017	44,739	312,278			357,017
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,810,457	410,024	2,400,433			2,810,457
61	EMERGENCY	13,809,676	1,593,132	12,216,544			13,809,676
62	OBSERVATION BEDS (NON-DIS	2,829,849	397,472	2,432,377			2,829,849
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	151,322,601	14,897,877	136,424,724			151,322,601
102	LESS OBSERVATION BEDS	2,829,849	397,472	2,432,377			2,829,849
103	TOTAL	148,492,752	14,500,405	133,992,347			148,492,752

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	134,631,796	.212019	.212019
37 01	SAME DAY SURGERY	10,190,541	.333316	.333316
37 02	G. I. LAB	9,691,414	.201030	.201030
38	RECOVERY ROOM	10,743,558	.147423	.147423
39	DELIVERY ROOM & LABOR ROO	31,947,416	.255725	.255725
40	ANESTHESIOLOGY	16,537,643	.074824	.074824
41	RADIOLOGY-DIAGNOSTIC	133,360,550	.134210	.134210
42	RADIOLOGY-THERAPEUTIC	26,045,724	.168105	.168105
44	LABORATORY	113,666,760	.109071	.109071
46 30	BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	21,852,291	.154222	.154222
53	ELECTROCARDIOLOGY	14,544,434	.124418	.124418
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	31,571,528	.030151	.030151
56	DRUGS CHARGED TO PATIENTS	129,686,163	.148952	.148952
57	RENAL DIALYSIS	2,859,490	.271518	.271518
58	ASC (NON-DI STINCT PART)			
58 01	CARDIAC REHAB	2,020,600	.263905	.263905
58 02	HEART SURGERY			
58 03	REHAB SERVICES	20,536,410	.206203	.206203
58 04	CV SURGERY	9,229,113	.502331	.502331
58 05	VASCULAR SERVICES	40,868,829	.288473	.288473
58 06	YORKVILLE	11,497,943	.395034	.395034
59	DIABETIC CENTER	414,489	.861343	.861343
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	11,997,152	.234260	.234260
61	EMERGENCY	75,339,145	.183300	.183300
62	OBSERVATION BEDS (NON-DIS	3,889,492	.727563	.727563
63 50	RHC			
63 60	FQHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	863,122,481		
102	LESS OBSERVATION BEDS	3,889,492		
103	TOTAL	859,232,989		

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	28,687,808	1,951,406	26,736,402	195,141	1,550,711	26,941,956
37 01	SAME DAY SURGERY	3,396,671	380,475	3,016,196	38,048	174,939	3,183,684
37 02	G. I. LAB	2,002,025	404,409	1,597,616	40,441	92,662	1,868,922
38	RECOVERY ROOM	1,583,845	153,077	1,430,768	15,308	82,985	1,485,552
39	DELIVERY ROOM & LABOR ROO	8,402,693	298,173	8,104,520	29,817	470,062	7,902,814
40	ANESTHESIOLOGY	1,237,413	113,813	1,123,600	11,381	65,169	1,160,863
41	RADIOLOGY-DIAGNOSTIC	18,005,800	3,121,524	14,884,276	312,152	863,288	16,830,360
42	RADIOLOGY-THERAPEUTIC	4,378,417	556,951	3,821,466	55,695	221,645	4,101,077
44	LABORATORY	12,415,706	843,938	11,571,768	84,394	671,163	11,660,149
46	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	3,370,094	273,966	3,096,128	27,397	179,575	3,163,122
53	ELECTROCARDIOLOGY	1,809,593	353,396	1,456,197	35,340	84,459	1,689,794
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	951,900	50,658	901,242	5,066	52,272	894,562
56	DRUGS CHARGED TO PATIENTS	19,317,077	998,841	18,318,236	99,884	1,062,458	18,154,735
57	RENAL DIALYSIS	865,998	22,953	843,045	2,295	48,897	814,806
58	ASC (NON-DISTINCT PART)						
58 01	CARDIAC REHAB	533,247	156,560	376,687	15,656	21,848	495,743
58 02	HEART SURGERY		604,388	-604,388	60,439	-35,055	-25,384
58 03	REHAB SERVICES	4,234,676	413,607	3,821,069	41,361	221,622	3,971,693
58 04	CV SURGERY	4,869,015	379,869	4,489,146	37,987	260,370	4,570,658
58 05	VASCULAR SERVICES	11,789,573	601,638	11,187,935	60,164	648,900	11,080,509
58 06	YORKVILLE	4,542,084	772,868	3,769,216	77,287	218,615	4,246,182
59	DIABETIC CENTER	357,017	44,739	312,278	4,474	18,112	334,431
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,810,457	410,024	2,400,433	41,002	139,225	2,630,230
61	EMERGENCY	13,953,028	1,593,132	12,359,896	159,313	716,874	13,076,841
62	OBSERVATION BEDS (NON-DIS	2,829,849	397,472	2,432,377	39,747	141,078	2,649,024
63	RHC						
63	FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	152,343,986	14,897,877	137,446,109	1,489,789	7,971,874	142,882,323
102	LESS OBSERVATION BEDS	2,829,849	397,472	2,432,377	39,747	141,078	2,649,024
103	TOTAL	149,514,137	14,500,405	135,013,732	1,450,042	7,830,796	140,233,299

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	134,631,796	.200116	.211634
37 01	SAME DAY SURGERY	10,190,541	.312416	.329582
37 02	G. I. LAB	9,691,414	.192843	.202404
38	RECOVERY ROOM	10,743,558	.138274	.145998
39	DELIVERY ROOM & LABOR ROO	31,947,416	.247369	.262083
40	ANESTHESIOLOGY	16,537,643	.070195	.074136
41	RADIOLOGY-DIAGNOSTIC	133,360,550	.126202	.132675
42	RADIOLOGY-THERAPEUTIC	26,045,724	.157457	.165967
44	LABORATORY	113,666,760	.102582	.108487
46 30	BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	21,852,291	.144750	.152968
53	ELECTROCARDIOLOGY	14,544,434	.116181	.121988
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	31,571,528	.028334	.029990
56	DRUGS CHARGED TO PATIENTS	129,686,163	.139990	.148182
57	RENAL DIALYSIS	2,859,490	.284948	.302048
58	ASC (NON-DI STINCT PART)			
58 01	CARDIAC REHAB	2,020,600	.245344	.256157
58 02	HEART SURGERY			
58 03	REHAB SERVICES	20,536,410	.193398	.204189
58 04	CV SURGERY	9,229,113	.495243	.523455
58 05	VASCULAR SERVICES	40,868,829	.271124	.287001
58 06	YORKVILLE	11,497,943	.369299	.388313
59	DIABETIC CENTER	414,489	.806851	.850549
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	11,997,152	.219238	.230843
61	EMERGENCY	75,339,145	.173573	.183088
62	OBSERVATION BEDS (NON-DIS	3,889,492	.681072	.717344
63 50	RHC			
63 60	FQHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	863,122,481		
102	LESS OBSERVATION BEDS	3,889,492		
103	TOTAL	859,232,989		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				5,432,729		5,432,729
26	INTENSIVE CARE UNIT				1,071,553		1,071,553
26 01	NICU				465,524		465,524
31	SUBPROVIDER				301,524		301,524
33	NURSERY				445,459		445,459
101	TOTAL				7,716,789		7,716,789

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0029
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/23/2009
 WORKSHEET D
 PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	40,622	12,268			133.74	1,640,722
26	INTENSIVE CARE UNIT	3,408	1,498			314.42	471,001
26	01 NICU	2,180				213.54	
31	SUBPROVIDER	3,622	1,701			83.25	141,608
33	NURSERY	8,718				51.10	
101	TOTAL	58,550	15,467				2,253,331

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,951,406	134,631,796	23,297,557		
37 01	SAME DAY SURGERY		380,475	10,190,541	459,907		
37 02	G. I. LAB		404,409	9,691,414	1,191,949		
38	RECOVERY ROOM		153,077	10,743,558	1,727,227		
39	DELIVERY ROOM & LABOR ROO		298,173	31,947,416	61,253		
40	ANESTHESIOLOGY		113,813	16,537,643	2,506,366		
41	RADIOLOGY-DIAGNOSTIC		3,121,524	133,360,550	14,210,993		
42	RADIOLOGY-THERAPEUTIC		556,951	26,045,724	393,539		
44	LABORATORY		843,938	113,666,760	23,248,681		
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY		273,966	21,852,291	7,372,275		
53	ELECTROCARDIOLOGY		353,396	14,544,434	3,571,772		
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		50,658	31,571,528	8,545,191		
56	DRUGS CHARGED TO PATIENTS		998,841	129,686,163	25,623,682		
57	RENAL DIALYSIS		22,953	2,859,490	1,578,787		
58	ASC (NON-DISTINCT PART)						
58 01	CARDIAC REHAB		156,560	2,020,600			
58 02	HEART SURGERY		604,388				
58 03	REHAB SERVICES		413,607	20,536,410	4,400,483		
58 04	CV SURGERY		379,869	9,229,113	4,240,789		
58 05	VASCULAR SERVICES		601,638	40,868,829	11,426,608		
58 06	YORKVILLE		772,868	11,497,943	89,790		
59	DIABETIC CENTER		44,739	414,489			
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		410,024	11,997,152	208,215		
61	EMERGENCY		1,593,132	75,339,145	6,035,676		
62	OBSERVATION BEDS (NON-DIS		397,472	3,889,492			
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		14,897,877	863,122,481	140,190,740		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0029
 COMPONENT NO: 14-0029
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/23/2009
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.014494	337,675
37 01	SAME DAY SURGERY	.037336	17,171
37 02	G. I. LAB	.041729	49,739
38	RECOVERY ROOM	.014248	24,610
39	DELIVERY ROOM & LABOR ROO	.009333	572
40	ANESTHESIOLOGY	.006882	17,249
41	RADIOLOGY-DIAGNOSTIC	.023407	332,637
42	RADIOLOGY-THERAPEUTIC	.021384	8,415
44	LABORATORY	.007425	172,621
46 30	BLOOD CLOTTING FACTORS AD		
49	RESPIRATORY THERAPY	.012537	92,426
53	ELECTROCARDIOLOGY	.024298	86,787
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.001605	13,715
56	DRUGS CHARGED TO PATIENTS	.007702	197,354
57	RENAL DIALYSIS	.008027	12,673
58	ASC (NON-DISTINCT PART)		
58 01	CARDIAC REHAB	.077482	
58 02	HEART SURGERY		
58 03	REHAB SERVICES	.020140	88,626
58 04	CV SURGERY	.041160	174,551
58 05	VASCULAR SERVICES	.014721	168,211
58 06	YORKVILLE	.067218	6,036
59	DIABETIC CENTER	.107938	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.034177	7,116
61	EMERGENCY	.021146	127,630
62	OBSERVATION BEDS (NON-DIS	.102191	
63 50	RHC		
63 60	FQHC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		1,935,814

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

PROVIDER NO: 14-0029
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/23/2009
 WORKSHEET D
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					40,622	
26	INTENSIVE CARE UNIT					3,408	
26 01	NI CU					2,180	
31	SUBPROVIDER					3,622	
33	NURSERY					8,718	
101	TOTAL					58,550	

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

PROVIDER NO: 14-0029 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/23/2009 WORKSHEET D PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	12,268	
26	INTENSIVE CARE UNIT	1,498	
26 01	NICU		
31	SUBPROVIDER	1,701	
33	NURSERY		
101	TOTAL	15,467	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37 01	SAME DAY SURGERY						
37 02	G. I. LAB						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58 01	CARDIAC REHAB						
58 02	HEART SURGERY						
58 03	REHAB SERVICES						
58 04	CV SURGERY						
58 05	VASCULAR SERVICES						
58 06	YORKVILLE						
59	DIABETIC CENTER						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			134,631,796			23,297,557	
37 01	SAME DAY SURGERY			10,190,541			459,907	
37 02	G. I. LAB			9,691,414			1,191,949	
38	RECOVERY ROOM			10,743,558			1,727,227	
39	DELIVERY ROOM & LABOR ROO			31,947,416			61,253	
40	ANESTHESIOLOGY			16,537,643			2,506,366	
41	RADIOLOGY-DIAGNOSTIC			133,360,550			14,210,993	
42	RADIOLOGY-THERAPEUTIC			26,045,724			393,539	
44	LABORATORY			113,666,760			23,248,681	
46 30	BLOOD CLOTTING FACTORS AD							
49	RESPIRATORY THERAPY			21,852,291			7,372,275	
53	ELECTROCARDIOLOGY			14,544,434			3,571,772	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			31,571,528			8,545,191	
56	DRUGS CHARGED TO PATIENTS			129,686,163			25,623,682	
57	RENAL DIALYSIS			2,859,490			1,578,787	
58	ASC (NON-DI STINCT PART)							
58 01	CARDIAC REHAB			2,020,600				
58 02	HEART SURGERY							
58 03	REHAB SERVICES			20,536,410			4,400,483	
58 04	CV SURGERY			9,229,113			4,240,789	
58 05	VASCULAR SERVICES			40,868,829			11,426,608	
58 06	YORKVILLE			11,497,943			89,790	
59	DIABETIC CENTER			414,489				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			11,997,152			208,215	
61	EMERGENCY			75,339,145			6,035,676	
62	OBSERVATION BEDS (NON-DIS			3,889,492				
63 50	RHC							
63 60	FQHC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			863,122,481			140,190,740	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,053,391					
37 01	SAME DAY SURGERY	1,303,816					
37 02	G. I. LAB	1,554,401					
38	RECOVERY ROOM	506,310					
39	DELIVERY ROOM & LABOR ROO	15,742					
40	ANESTHESIOLOGY	737,817					
41	RADIOLOGY-DIAGNOSTIC	14,922,655					
42	RADIOLOGY-THERAPEUTIC	7,964,304					
44	LABORATORY	4,585,373					
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	427,778					
53	ELECTROCARDIOLOGY	1,740,750					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	966,452					
56	DRUGS CHARGED TO PATIENTS	16,368,066					
57	RENAL DIALYSIS	49,426					
58	ASC (NON-DISTINCT PART)						
58 01	CARDIAC REHAB	599,590					
58 02	HEART SURGERY						
58 03	REHAB SERVICES	190,963					
58 04	CV SURGERY	6,628					
58 05	VASCULAR SERVICES	4,422,074					
58 06	YORKVILLE	2,204,858					
59	DIABETIC CENTER	52,592					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,037,439					
61	EMERGENCY	6,473,622					
62	OBSERVATION BEDS (NON-DIS	1,027,802					
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	75,211,849					

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				1,495,453	
37 01 SAME DAY SURGERY				434,583	
37 02 G. I. LAB				312,481	
38 RECOVERY ROOM				74,642	
39 DELIVERY ROOM & LABOR ROOM				4,026	
40 ANESTHESIOLOGY				55,206	
41 RADIOLOGY-DIAGNOSTIC				2,002,770	30
42 RADIOLOGY-THERAPEUTIC				1,338,839	
44 LABORATORY				500,131	
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY				65,973	
53 ELECTROCARDIOLOGY				216,581	
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				29,139	432
56 DRUGS CHARGED TO PATIENTS				2,438,056	
57 RENAL DIALYSIS				13,420	
58 ASC (NON-DISTINCT PART)					
58 01 CARDIAC REHAB				158,235	
58 02 HEART SURGERY					
58 03 REHAB SERVICES				39,377	
58 04 CV SURGERY				3,329	
58 05 VASCULAR SERVICES				1,275,649	
58 06 YORKVILLE				870,994	
59 DIABETIC CENTER				45,300	
OUTPAT SERVICE COST CNTRS					
60 CLINIC				477,290	
61 EMERGENCY				1,186,615	
62 OBSERVATION BEDS (NON-DISTINCT PART)				747,791	
63 50 RHC					
63 60 FOHC					
101 SUBTOTAL				13,785,880	462
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				13,785,880	462

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

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,951,406	134,631,796			
37 01	SAME DAY SURGERY		380,475	10,190,541			
37 02	G. I. LAB		404,409	9,691,414			
38	RECOVERY ROOM		153,077	10,743,558			
39	DELIVERY ROOM & LABOR ROO		298,173	31,947,416			
40	ANESTHESIOLOGY		113,813	16,537,643			
41	RADIOLOGY-DIAGNOSTIC		3,121,524	133,360,550	147,808		
42	RADIOLOGY-THERAPEUTIC		556,951	26,045,724	420		
44	LABORATORY		843,938	113,666,760	608,442		
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY		273,966	21,852,291	111,094		
53	ELECTROCARDIOLOGY		353,396	14,544,434	5,076		
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		50,658	31,571,528	614,610		
56	DRUGS CHARGED TO PATIENTS		998,841	129,686,163	944,112		
57	RENAL DIALYSIS		22,953	2,859,490	27,655		
58	ASC (NON-DI STINCT PART)						
58 01	CARDIAC REHAB		156,560	2,020,600			
58 02	HEART SURGERY		604,388				
58 03	REHAB SERVICES		413,607	20,536,410	3,430,751		
58 04	CV SURGERY		379,869	9,229,113			
58 05	VASCULAR SERVICES		601,638	40,868,829	28,584		
58 06	YORKVILLE		772,868	11,497,943	2,874		
59	DIABETIC CENTER		44,739	414,489			
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		410,024	11,997,152	1,323		
61	EMERGENCY		1,593,132	75,339,145	2,744		
62	OBSERVATION BEDS (NON-DIS		397,472	3,889,492			
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		14,897,877	863,122,481	5,925,493		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0029
 COMPONENT NO: 14-T029
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/23/2009
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.014494	
37 01	SAME DAY SURGERY	.037336	
37 02	G. I. LAB	.041729	
38	RECOVERY ROOM	.014248	
39	DELIVERY ROOM & LABOR ROO	.009333	
40	ANESTHESIOLOGY	.006882	
41	RADIOLOGY-DIAGNOSTIC	.023407	3,460
42	RADIOLOGY-THERAPEUTIC	.021384	9
44	LABORATORY	.007425	4,518
46 30	BLOOD CLOTTING FACTORS AD		
49	RESPIRATORY THERAPY	.012537	1,393
53	ELECTROCARDIOLOGY	.024298	123
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.001605	986
56	DRUGS CHARGED TO PATIENTS	.007702	7,272
57	RENAL DIALYSIS	.008027	222
58	ASC (NON-DISTINCT PART)		
58 01	CARDIAC REHAB	.077482	
58 02	HEART SURGERY		
58 03	REHAB SERVICES	.020140	69,095
58 04	CV SURGERY	.041160	
58 05	VASCULAR SERVICES	.014721	421
58 06	YORKVILLE	.067218	193
59	DIABETIC CENTER	.107938	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.034177	45
61	EMERGENCY	.021146	58
62	OBSERVATION BEDS (NON-DIS	.102191	
63 50	RHC		
63 60	FQHC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		87,795

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF COST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			134,631,796				
37	OPERATING ROOM			10,190,541				
37	01 SAME DAY SURGERY			9,691,414				
37	02 G. I. LAB			10,743,558				
38	RECOVERY ROOM			31,947,416				
39	DELIVERY ROOM & LABOR ROO			16,537,643				
40	ANESTHESIOLOGY			133,360,550			147,808	
41	RADIOLOGY-DIAGNOSTIC			26,045,724			420	
42	RADIOLOGY-THERAPEUTIC			113,666,760			608,442	
44	LABORATORY							
46	30 BLOOD CLOTTING FACTORS AD							
49	RESPIRATORY THERAPY			21,852,291			111,094	
53	ELECTROCARDIOLOGY			14,544,434			5,076	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			31,571,528			614,610	
56	DRUGS CHARGED TO PATIENTS			129,686,163			944,112	
57	RENAL DIALYSIS			2,859,490			27,655	
58	ASC (NON-DI STINCT PART)							
58	01 CARDIAC REHAB			2,020,600				
58	02 HEART SURGERY							
58	03 REHAB SERVICES			20,536,410			3,430,751	
58	04 CV SURGERY			9,229,113				
58	05 VASCULAR SERVICES			40,868,829			28,584	
58	06 YORKVILLE			11,497,943			2,874	
59	DIABETIC CENTER			414,489				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			11,997,152			1,323	
61	EMERGENCY			75,339,145			2,744	
62	OBSERVATION BEDS (NON-DIS			3,889,492				
63	50 RHC							
63	60 FQHC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			863,122,481			5,925,493	

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37 01	SAME DAY SURGERY						
37 02	G. I. LAB						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS		442				
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58 01	CARDIAC REHAB						
58 02	HEART SURGERY						
58 03	REHAB SERVICES						
58 04	CV SURGERY						
58 05	VASCULAR SERVICES						
58 06	YORKVILLE						
59	DIABETIC CENTER						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		442				

TITLE XVIII, PART B		SUBPROVIDER 1		All Other		PPS Services	Non-PPS
Cost Center Description		Outpatient Radiology	Other Outpatient Diagnostic	7	8	FYB to 12/31	Services
		7	8	9		9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37	01 SAME DAY SURGERY						
37	02 G. I. LAB						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS						
49	RESPIRATORY THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED TO PATIENTS						
56	DRUGS CHARGED TO PATIENTS					66	
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58	01 CARDIAC REHAB						
58	02 HEART SURGERY						
58	03 REHAB SERVICES						
58	04 CV SURGERY						
58	05 VASCULAR SERVICES						
58	06 YORKVILLE						
59	DIABETIC CENTER						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DISTINCT PART)						
63	50 RHC						
63	60 FOHC						
101	SUBTOTAL					66	
102	CRNA CHARGES						
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES						
104	NET CHARGES					66	

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

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,972
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	952.17
85	OBSERVATION BED COST	2,829,849

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	38,678,952		2,829,849	
87	NEW CAPITAL-RELATED COST	5,432,729	.140457	2,829,849	397,472
88	NON PHYSICIAN ANESTHETIST	38,678,952		2,829,849	
89	MEDICAL EDUCATION	38,678,952		2,829,849	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,972
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	980.40
85	OBSERVATION BED COST	2,913,749

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P SUBPROVIDER I OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	892.18
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

PART I - NOT IN APPROVED TEACHING PROGRAM

COST CENTERS	PERCENT OF ASSIGNED TIME	EXPENSE ALLOCATION	TOTAL INPATIENT DAYS-ALL PATIENTS
	1	2	3
1 TOTAL COST OF SERVICES RENDERED	100.00		
HOSPITAL INPATIENT ROUTINE SERVICES:			
2 ADULTS & PEDIATRICS			40,622
3 INTENSIVE CARE UNIT			3,408
3.01 NICU			2,180
8 NURSERY			8,718
9 SUBTOTAL			
10 SUBPROVIDER			3,622
15 HOME HEALTH AGENCY			
17 ASC (NON-DISTINCT PART)			
17.01 CARDIAC REHAB			
17.02 HEART SURGERY			
17.03 REHAB SERVICES			
17.04 CV SURGERY			
17.05 VASCULAR SERVICES			
17.06 YORKVILLE			
19 SUBTOTAL			
TOTAL CHARGES			
HOSPITAL OUTPATIENT SERVICES:			
20 CLINIC			11,997,152
21 EMERGENCY			75,339,145
22 OBSERVATION BEDS (NON-DISTINCT PART)			3,889,492
23.50 RHC			
23.60 FOHC			
24 SUBTOTAL			
25 TOTAL			

PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)

COST CENTER	EXPENSES ALLOC TO COST CENTRS ON W/S B, PT 1 COLS 22 & 23	SWING BED AMOUNT	NET COST
	1	2	3
HOSPITAL INPATIENT ROUTINE SERVICES:			
26 ADULTS & PEDIATRICS			
27 SWING BED - SNF			
28 SWING BED - NF			
29 INTENSIVE CARE UNIT			
29.01 NICU			
34 SUBTOTAL			
35 SUBPROVIDER			
38 TOTAL			

PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)

COST CENTERS	NOT IN APPROVED TEACHING PROGRAM (FROM PART I)	AMOUNT
	1	2
39 HOSPITAL INPATIENT	CL 9, LN 9	
40 OUTPATIENT	CL 9, LN 24	
41 TOTAL HOSPITAL		
42 SUBPROVIDER	CL 9, LN 10	

PART I - NOT IN APPROVED TEACHING PROGRAM

COST CENTERS	AVERAGE COST PER DAY	HEALTH CARE TITLE V	PROGRAM TITLE XVIII PART B	INPATIENT DAYS TITLE XIX	TITLE V
	4	5	6	7	8
1 TOTAL COST OF SERVICES RENDERED					
HOSPITAL INPATIENT ROUTINE SERVICES:					
2 ADULTS & PEDIATRICS					
3 INTENSIVE CARE UNIT					
3.01 NICU					
8 NURSERY					
9 SUBTOTAL					
10 SUBPROVIDER					
15 HOME HEALTH AGENCY					
17 ASC (NON-DISTINCT PART)					
17.01 CARDIAC REHAB					
17.02 HEART SURGERY					
17.03 REHAB SERVICES					
17.04 CV SURGERY					
17.05 VASCULAR SERVICES					
17.06 YORKVILLE					
19 SUBTOTAL					

	RATIO OF COST TO CHARGES	OUTPATIENT TITLE V	CHARGES TITLE XVIII PART B	OUTPAT COST TITLE V
HOSPITAL OUTPATIENT SERVICES:				
20 CLINIC			1,865	
21 EMERGENCY				
22 OBSERVATION BEDS (NON-DISTINCT PART)				
23.50 RHC				
23.60 FOHC				
24 SUBTOTAL				
25 TOTAL				

PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)

COST CENTERS	TOTAL INPATIENT DAYS ALL PATIENTS	AVERAGE COST PER DAY	TITLE XVIII PART B INPATIENT DAYS	EXPENSES APPLICABLE TO TITLE XVIII
	4	5	6	7
HOSPITAL INPATIENT ROUTINE SERVICES:				
26 ADULTS & PEDIATRICS				
27 SWING BED - SNF				
28 SWING BED - NF				
29 INTENSIVE CARE UNIT				
29.01 NICU				
34 SUBTOTAL				
35 SUBPROVIDER				
38 TOTAL				

PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)

	IN APPROVED TEACH PROG (PT III, COL. 7)	AMOUNT	TITLE XVIII COSTS (W/S E, PT B)
	3	4	5
39 HOSPITAL INPATIENT	LINE 34		LINE 2
40 OUTPATIENT			LINE 2
41 TOTAL HOSPITAL			
42 SUBPROVIDER	LINE 35		

PART I -NOT IN APPROVED TEACHING PROGRAM

COST CENTERS TITLE XVIII TITLE XIX

- 1 TOTAL COST OF SERVICES RENDERED
- HOSPITAL INPATIENT ROUTINE SERVICES:
- 2 ADULTS & PEDIATRICS
- 3 INTENSIVE CARE UNIT
- 3.01 NICU
- 8 NURSERY
- 9 SUBTOTAL
- 10 SUBPROVIDER
- 15 HOME HEALTH AGENCY
- 17 ASC (NON-DISTINCT PART)
- 17.01 CARDIAC REHAB
- 17.02 HEART SURGERY
- 17.03 REHAB SERVICES
- 17.04 CV SURGERY
- 17.05 VASCULAR SERVICES
- 17.06 YORKVILLE
- 19 SUBTOTAL

9 10

OUTPATIENT COST
 TITLE XVIII TITLE XIX
 PART B

- HOSPITAL OUTPATIENT SERVICES:
- 20 CLINIC
- 21 EMERGENCY
- 22 OBSERVATION BEDS (NON-DISTINCT PART)
- 23.50 RHC
- 23.60 FQHC
- 24 SUBTOTAL
- 25 TOTAL

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		15,558,697	
26	INTENSIVE CARE UNIT		3,038,789	
26	01 NICU		5,792	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.212019	12,611,311	2,673,838
37	01 SAME DAY SURGERY	.333316		
37	02 G. I. LAB	.201030		
38	RECOVERY ROOM	.147423		
39	DELIVERY ROOM & LABOR ROOM	.255725		
40	ANESTHESIOLOGY	.074824		
41	RADIOLOGY-DIAGNOSTIC	.134210		
42	RADIOLOGY-THERAPEUTIC	.168105		
44	LABORATORY	.109071		
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.154222		
53	ELECTROCARDIOLOGY	.124418		
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.030151		
56	DRUGS CHARGED TO PATIENTS	.148952		
57	RENAL DIALYSIS	.271518		
58	ASC (NON-DISTINCT PART)			
58	01 CARDIAC REHAB	.263905		
58	02 HEART SURGERY			
58	03 REHAB SERVICES	.206203		
58	04 CV SURGERY	.502331		
58	05 VASCULAR SERVICES	.288473		
58	06 YORKVILLE	.395034		
59	DIABETIC CENTER OUTPAT SERVICE COST CNTRS	.861343		
60	CLINIC	.234260		
61	EMERGENCY	.183300		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.727563		
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		12,611,311	2,673,838
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		12,611,311	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		15,753,368	
26	INTENSIVE CARE UNIT		3,004,988	
26	01 NICU			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.213697	23,297,557	4,978,618
37	01 SAME DAY SURGERY	.333316	459,907	153,294
37	02 G. I. LAB	.201030	1,191,949	239,618
38	RECOVERY ROOM	.147423	1,727,227	254,633
39	DELIVERY ROOM & LABOR ROOM	.270166	61,253	16,548
40	ANESTHESIOLOGY	.075578	2,506,366	189,426
41	RADIOLOGY-DIAGNOSTIC	.138627	14,210,993	1,970,027
42	RADIOLOGY-THERAPEUTIC	.168385	393,539	66,266
44	LABORATORY	.109686	23,248,681	2,550,055
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.154222	7,372,275	1,136,967
53	ELECTROCARDIOLOGY	.124418	3,571,772	444,393
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.030151	8,545,191	257,646
56	DRUGS CHARGED TO PATIENTS	.148952	25,623,682	3,816,699
57	RENAL DIALYSIS	.271518	1,578,787	428,669
58	ASC (NON-DISTINCT PART)			
58	01 CARDIAC REHAB	.263905		
58	02 HEART SURGERY			
58	03 REHAB SERVICES	.206203	4,400,483	907,393
58	04 CV SURGERY	.502331	4,240,789	2,130,280
58	05 VASCULAR SERVICES	.288473	11,426,608	3,296,268
58	06 YORKVILLE	.413469	89,790	37,125
59	DIABETIC CENTER OUTPAT SERVICE COST CNTRS	.861343		
60	CLINIC	.241056	208,215	50,191
61	EMERGENCY	.186944	6,035,676	1,128,333
62	OBSERVATION BEDS (NON-DISTINCT PART)	.727563		
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		140,190,740	24,052,449
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		140,190,740	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26	01 NICU			
31	SUBPROVIDER		1,733,214	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.213697		
37	01 SAME DAY SURGERY	.333316		
37	02 G. I. LAB	.201030		
38	RECOVERY ROOM	.147423		
39	DELIVERY ROOM & LABOR ROOM	.270166		
40	ANESTHESIOLOGY	.075578		
41	RADIOLOGY-DIAGNOSTIC	.138627	147,808	20,490
42	RADIOLOGY-THERAPEUTIC	.168385	420	71
44	LABORATORY	.109686	608,442	66,738
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.154222	111,094	17,133
53	ELECTROCARDIOLOGY	.124418	5,076	632
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.030151	614,610	18,531
56	DRUGS CHARGED TO PATIENTS	.148952	944,112	140,627
57	RENAL DIALYSIS	.271518	27,655	7,509
58	ASC (NON-DISTINCT PART)			
58	01 CARDIAC REHAB	.263905		
58	02 HEART SURGERY			
58	03 REHAB SERVICES	.206203	3,430,751	707,431
58	04 CV SURGERY	.502331		
58	05 VASCULAR SERVICES	.288473	28,584	8,246
58	06 YORKVILLE	.413469	2,874	1,188
59	DIABETIC CENTER OUTPAT SERVICE COST CNTRS	.861343		
60	CLINIC	.241056	1,323	319
61	EMERGENCY	.186944	2,744	513
62	OBSERVATION BEDS (NON-DISTINCT PART)	.727563		
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		5,925,493	989,428
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,925,493	

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	148
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	66
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	207
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	148
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	995
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	995
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	995
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	847
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	148
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	207
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	355
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	355
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	355
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	355
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	355
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	761
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-406
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,403,762
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	2,369,923
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	33,839
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		12.00
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	11.73	11.73
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		14.00
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		11.73
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.		12.00
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		1.92
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		13.92
3.10	SEE INSTRUCTIONS		11.66
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		1.61
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		1.66
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		2.00
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	1.76
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		1.76
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		83,936.82
3.18	SEE INSTRUCTIONS		147,729
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		12.00
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		10.02
3.21	SEE INSTRUCTIONS	RES INIT YEARS	10.69
3.22	SEE INSTRUCTIONS	.21	10.90
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		83,936.82
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		914,911
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		1,062,640

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		15,467
5	TOTAL INPATIENT DAYS		46,860
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.330068
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	350,743	350,743
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		738
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		46,860
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.		14,371
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		2,859,490

TITLE XVIII

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

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

12	REASONABLE COST (SEE INSTRUCTIONS)	41,283,409
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	54,078
16	TOTAL PART A REASONABLE COST	41,229,331

PART B REASONABLE COST

17	REASONABLE COST	13,802,641
18	PRIMARY PAYER PAYMENTS	2,364
19	TOTAL PART B REASONABLE COST	13,800,277
20	TOTAL REASONABLE COST	55,029,608
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.749221
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.250779

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)	365,114
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	273,551
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	91,563

TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT

- 1 NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE
- 1.01 NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)
- 2 UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY
- 2.01 UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)
- 3 AGGREGATE APPROVED AMOUNT
- 3.01 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96
- 3.02 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)
- 3.03 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4). E-3, PT 6 LN 4 + LINE 3.03
- 3.04 FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)
- 3.05 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS
- 3.06 ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.
- 3.07 WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.
- 3.08 WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.
- 3.09 ENTER THE SUM OF LINES 3.07 AND 3.08.
- 3.10 SEE INSTRUCTIONS
- 3.11 WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.
- 3.12 SEE INSTRUCTIONS
- 3.13 TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)
- 3.14 TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)
- 3.15 ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS) RES INIT YEARS
- 3.16 ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)
- 3.17 ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.
- 3.18 SEE INSTRUCTIONS
- 3.19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)
- 3.20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)
- 3.21 SEE INSTRUCTIONS RES INIT YEARS
- 3.22 SEE INSTRUCTIONS
- 3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001
- 3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001
- 3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001

COMPUTATION OF PROGRAM PATIENT LOAD

- 4 PROGRAM PART A INPATIENT DAYS 9,335
- 5 TOTAL INPATIENT DAYS 46,860
- 6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. LN 6 * LN 3.25 + E-3, 6 L 11 .199210
- 6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS
- 6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS) 1,200
- 6.03 ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE. 46,860
- 6.04 ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS) 100.00
- 6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.
- 6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)
- 6.07 ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS) 100.00
- 6.08 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD PRIOR TO 422 E-3, 6 LN 12

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

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

TITLE XIX

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

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

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

PART B REASONABLE COST

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

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

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

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	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)	11.73	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	12.00	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	11.73	

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 DIRECT GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 7 SECT. 422 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)	11.73
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	12.00
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP	11.73

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

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	13,968,000			
2 TEMPORARY INVESTMENTS	40,388,000			
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	36,291,000			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY				
8 PREPAID EXPENSES				
9 OTHER CURRENT ASSETS	7,143,000			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	97,790,000			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION BUILDINGS	185,732,000			
14.01 LESS ACCUMULATED DEPRECIATION	-136,074,000			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT	82,144,000			
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	131,802,000			
OTHER ASSETS				
22 INVESTMENTS	34,553,000			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	5,497,000			
26 TOTAL OTHER ASSETS	40,050,000			
27 TOTAL ASSETS	269,642,000			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	14,032,000			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	45,493,000			
35 OTHER CURRENT LIABILITIES	11,904,000			
36 TOTAL CURRENT LIABILITIES	71,429,000			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	64,625,000			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	33,826,000			
42 TOTAL LONG-TERM LIABILITIES	98,451,000			
43 TOTAL LIABILITIES	169,880,000			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	99,762,000			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	99,762,000			
52 TOTAL LIABILITIES AND FUND BALANCES	269,642,000			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		94,782,000		
2 NET INCOME (LOSS)		17,017,000		
3 TOTAL		111,799,000		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
ASSETS RELEASED FROM REST		76,000		
5 INTEREST IN FOUNDATION		258,000		
6				
7				
8				
9				
10 TOTAL ADDITIONS		334,000		
11 SUBTOTAL		112,133,000		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 RECONCILING				
ASSET TRANSFER		12,371,000		
14				
15				
16				
17				
18 TOTAL DEDUCTIONS		12,371,000		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		99,762,000		

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

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0029 PERIOD: FROM 7/1/2008 TO 6/30/2009 PREPARED 11/23/2009 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	953,147,554
2	LESS: ALLOWANCES AND DISCOUNTS ON	698,541,218
3	NET PATIENT REVENUES	254,606,336
4	LESS: TOTAL OPERATING EXPENSES	237,543,336
5	NET INCOME FROM SERVICE TO PATIENT	17,063,000
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	2,146,000
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	
24.01		
24.02		
25	TOTAL OTHER INCOME	2,146,000
26	TOTAL	19,209,000
	OTHER EXPENSES	
27	LOSS ON EARLY EXTINGUISHMENT OF DEBT	318,000
28	CHANGE IN FAIR MARKET VALUE OF INTER	1,798,000
29	OTHER	76,000
30	TOTAL OTHER EXPENSES	2,192,000
31	NET INCOME (OR LOSS) FOR THE PERIO	17,017,000

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	POB NEW CRC 3.01	NEW CAP REL COSTS-MVBLE 4
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	EMPLOYEE BENEFITS 5	CASHIERING/A CCOUNTS RECE 6.05	SUBTOTAL 6A.05	OTHER ADMINI STRATIVE AND 6.06	OPERATION OF PLANT 8	LAUNDRY & LI NEN SERVICE 9
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPL
	10	11	12	13	14	15
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	PHARMACY	MEDICAL RECORDS & LIBRAR	SOCIAL SERVICE	NONPHYSICIAN ANESTHETIST	NURSING SCHOOL	I&R SERVICES -SALARY & FR
	16	17	18	20	21	22
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	I & R SERVICES -OTHER PRGM 23	PARAMED P RGM-(SPECIFY 24	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						0.000000
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

TOTAL HHA
 COSTS
 29

HHA COST CENTER	TOTAL HHA COSTS 29
1 ADMIN & GENERAL	
2 SKILLED NURSING CARE	
3 PHYSICAL THERAPY	
4 OCCUPATIONAL THERAPY	
5 SPEECH PATHOLOGY	
6 MEDICAL SOCIAL SERVICES	
7 HOME HEALTH AIDE	
8 SUPPLIES	
9 DRUGS	
9.20 COST ADMINISTERING DRUGS	
10 DME	
11 HOME DIALYSIS AIDE SVCS	
12 RESPIRATORY THERAPY	
13 PRIVATE DUTY NURSING	
14 CLINIC	
15 HEALTH PROM ACTIVITIES	
16 DAY CARE PROGRAM	
17 HOME DEL MEALS PROGRAM	
18 HOMEMAKER SERVICE	
19 ALL OTHER	
19.50 TELEMEDICINE	
20 TOTAL (SUM OF 1-19) (2)	
21 UNIT COST MULTIPLIER	

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	POB NEW CRC (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BEN EFITS (GROSS SALARIES)
	1	2	3	3.01	4	5
1	ADMIN & GENERAL					
2	SKILLED NURSING CARE					
3	PHYSICAL THERAPY					
4	OCCUPATIONAL THERAPY					
5	SPEECH PATHOLOGY					
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE					
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19)					
21	COST TO BE ALLOCATED					
22	UNIT COST MULTIPLIER					

HHA COST CENTER	CASHIERING/A CCOUNTS RECE (GROSS CHARGES)	RECONCILIATION	OTHER ADMINI STRATIVE AND (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LI NEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)
	6.05	6A.06	6.06	8	9	10
1	ADMIN & GENERAL					
2	SKILLED NURSING CARE					
3	PHYSICAL THERAPY					
4	OCCUPATIONAL THERAPY					
5	SPEECH PATHOLOGY					
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE					
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19)					
21	COST TO BE ALLOCATED					
22	UNIT COST MULTIPLIER					

HHA 1

HHA COST CENTER	DIETARY (MEALS SERVED)	CAFETERIA (NUMBER) FTE'S	MAINTENANCE OF PERSONNEL (NUMBER) HOUSED	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLIES (COSTED) REQUIS	PHARMACY (COSTED) REQUIS
	11	12	13	14	15	16
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						
21 COST TO BE ALLOCATED						
22 UNIT COST MULTIPLIER						

HHA COST CENTER	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME) SPENT	NONPHYSICIAN ANESTHETIST (ASSIGNED) TIME	NURSING SCHOOL (ASSIGNED) TIME	I&R SERVICES -SALARY & FR (ASSIGNED) TIME	I&R SERVICES -OTHER PRGM (ASSIGNED) TIME
	17	18	20	21	22	23
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						
21 COST TO BE ALLOCATED						
22 UNIT COST MULTIPLIER						

HHA 1

PARAMETER
RGM - (SPECIFY
(ASSIGNED
TIME)

24

HHA COST CENTER

- 1 ADMIN & GENERAL
- 2 SKILLED NURSING CARE
- 3 PHYSICAL THERAPY
- 4 OCCUPATIONAL THERAPY
- 5 SPEECH PATHOLOGY
- 6 MEDICAL SOCIAL SERVICES
- 7 HOME HEALTH AIDE
- 8 SUPPLIES
- 9 DRUGS
- 9.20 COST ADMINISTERING DRUGS
- 10 DME
- 11 HOME DIALYSIS AIDE SVCS
- 12 RESPIRATORY THERAPY
- 13 PRIVATE DUTY NURSING
- 14 CLINIC
- 15 HEALTH PROM ACTIVITIES
- 16 DAY CARE PROGRAM
- 17 HOME DEL MEALS PROGRAM
- 18 HOMEMAKER SERVICE
- 19 ALL OTHER
- 19.50 TELEMEDICINE
- 20 TOTAL (SUM OF 1-19)
- 21 COST TO BE ALLOCATED
- 22 UNIT COST MULTIPLIER

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 11/23/2009
14-0029	FROM 7/ 1/2008	WORKSHEET L
COMPONENT NO:	TO 6/30/2009	PARTS I-IV
14-0029		

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	2,137,133
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	106,813
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	118.46
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	11.73
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	2.83
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	60,481
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	3.13
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	24.20
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	27.33
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	5.69
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	121,603
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2,426,030
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	