

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		14-0048		FROM 1/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/26/2010 TIME 9:58

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:  
 ADVOCATE TRINITY HOSPITAL 14-0048  
 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2009 AND ENDING 12/31/2009 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	B	TITLE XVIII	TITLE XIX
		1	2	3	4	
1	HOSPITAL	0	2,072,624	399,670		0
100	TOTAL	0	2,072,624	399,670		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.









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	149	54,385			13,544		9,792
2 HMO					4,252		
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	149	54,385			13,544		9,792
6 INTENSIVE CARE UNIT	30	10,950			2,631		1,902
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							3,319
12 TOTAL	179	65,335			16,175		15,013
13 RPCH VISITS							
25 TOTAL	179						
26 OBSERVATION BED DAYS							1,604
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES / TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			34,092				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			34,092				
6 INTENSIVE CARE UNIT			6,623				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY			4,283				
12 TOTAL			44,998			4.59	
13 RPCH VISITS							
25 TOTAL						4.59	
26 OBSERVATION BED DAYS	839	765	5,196	1,604	3,592		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					3,200	3,294	10,492
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							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	4.59	881.00			3,200	3,294	10,492
13 RPCH VISITS							
25 TOTAL	4.59	881.00					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0048  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/26/2010  
 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	53,520,446		53,520,446	1,832,480.00	29.21	
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)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	405,108		405,108	14,560.00	27.82	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	2,201,722		2,201,722	30,319.00	72.62	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	2,814,981		2,814,981	43,101.00	65.31	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	4,690,681		4,690,681	72,625.00	64.59	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	13,294,273		13,294,273			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	30,188		30,188			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/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	1,356,763		1,356,763	18,720.00	72.48	
22 ADMINISTRATIVE & GENERAL	6,759,401		6,759,401	222,560.00	30.37	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	2,053,216		2,053,216	83,200.00	24.68	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	1,376,490		1,376,490	93,600.00	14.71	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,188,774	-439,846	748,928	47,840.00	15.65	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		439,846	439,846	29,120.00	15.10	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,813,199		1,813,199	47,840.00	37.90	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY	1,839,501		1,839,501	43,680.00	42.11	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	869,679		869,679	43,680.00	19.91	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE				6,240.00		
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	53,520,446		53,520,446	1,832,480.00	29.21	
2 EXCLUDED AREA SALARIES	405,108		405,108	14,560.00	27.82	
3 SUBTOTAL SALARIES	53,115,338		53,115,338	1,817,920.00	29.22	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	9,707,384		9,707,384	146,045.00	66.47	
5 SUBTOTAL WAGE-RELATED COSTS	13,294,273		13,294,273		25.03	
6 TOTAL	76,116,995		76,116,995	1,963,965.00	38.76	
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	17,257,023		17,257,023	636,480.00	27.11	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO: 14-0048  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/26/2010  
 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 24,496,000
17.01	GROSS MEDICAID REVENUES 29,848,957
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 54,344,957
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) .318585
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)
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 29,848,957

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0048	FROM 1/ 1/2009	5/26/2010
	TO 12/31/2009	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	9,509,430
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	24,496,000
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	7,804,058
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	9,509,430

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0048

PERIOD: FROM 1/1/2009 TO 12/31/2009

PREPARED 5/26/2010  
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				2,702,488	2,702,488
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				1,755,831	1,755,831
5	0500 EMPLOYEE BENEFITS	1,356,763	9,764,472	11,121,235	-1,056	11,120,179
6	0600 ADMINISTRATIVE & GENERAL	6,759,401	31,177,369	37,936,770	-2,871,361	35,065,409
8	0800 OPERATION OF PLANT	2,053,216	6,017,123	8,070,339	-59,206	8,011,133
9	0900 LAUNDRY & LINEN SERVICE		812,520	812,520		812,520
10	1000 HOUSEKEEPING	1,376,490	591,639	1,968,129	-12,082	1,956,047
11	1100 DIETARY	1,188,774	1,245,341	2,434,115	-922,524	1,511,591
12	1200 CAFETERIA				900,621	900,621
14	1400 NURSING ADMINISTRATION	1,813,199	302,259	2,115,458	-8,123	2,107,335
15	1500 CENTRAL SERVICES & SUPPLY					
16	1600 PHARMACY	1,839,501	4,069,053	5,908,554	-3,872,057	2,036,497
17	1700 MEDICAL RECORDS & LIBRARY	869,679	607,036	1,476,715	-15,107	1,461,608
18	1800 SOCIAL SERVICE					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD				166,243	166,243
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD				-1,740	270,884
24	2400 PARAMED ED PRGM-(SPECIFY)	223,230	49,394	272,624		
24.01	2401 PARAMEDICAL ED. PROGRAM(SPECIFY)		331	331	-331	
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	16,698,781	5,932,011	22,630,792	-1,554,037	21,076,755
26	2600 INTENSIVE CARE UNIT	3,803,354	1,781,401	5,584,755	-570,066	5,014,689
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
33	3300 NURSERY	917,001	167,682	1,084,683	-72,319	1,012,364
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	3,291,157	5,418,338	8,709,495	-4,458,039	4,251,456
38	3800 RECOVERY ROOM	573,515	121,423	694,938	-38,244	656,694
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY	36,806	1,597,069	1,633,875	-196,632	1,437,243
41	4100 RADIOLOGY-DIAGNOSTIC	3,468,698	4,201,649	7,670,347	-1,791,543	5,878,804
43	4300 RADIO SOTOPE	196,910	359,630	556,540	-270,829	285,711
44	4400 LABORATORY	1,031	8,352,820	8,353,851	-297	8,353,554
49	4900 RESPIRATORY THERAPY	1,190,666	499,012	1,689,678	-306,788	1,382,890
50	5000 PHYSICAL THERAPY	737,705	341,932	1,079,637	-56,221	1,023,416
51	5100 OCCUPATIONAL THERAPY	259,275	28,231	287,506	-1,178	286,328
52	5200 SPEECH PATHOLOGY					
53	5300 ELECTROCARDIOLOGY	649,151	581,523	1,230,674	-166,782	1,063,892
54	5400 ELECTROENCEPHALOGRAPHY		16,300	16,300	-1,445	14,855
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				8,112,214	8,112,214
56	5600 DRUGS CHARGED TO PATIENTS				4,469,516	4,469,516
59	3950 OTHER ANCILLARY SERVICE COST CENTERS		866,723	866,723	-19,381	847,342
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	44,475	106,846	151,321	-4,949	146,372
61	6100 EMERGENCY	3,989,790	2,861,267	6,851,057	-801,193	6,049,864
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	53,338,568	87,870,394	141,208,962	33,383	141,242,345
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES					
98.01	9801 NONREIM PARAMED RT					
100	7950 OTHER NONREIMBURSABLE COST CENTERS	181,878	456,435	638,313	-33,383	604,930
101	TOTAL	53,520,446	88,326,829	141,847,275	-0-	141,847,275

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2010  
I 14-0048 I FROM 1/ 1/2009 I WORKSHEET A  
I I TO 12/31/2009 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT	14,120	14,120
2	0200 OLD CAP REL COSTS-MVBLE EQUIP	4,895	4,895
3	0300 NEW CAP REL COSTS-BLDG & FIXT	13,429	2,715,917
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	700,071	2,455,902
5	0500 EMPLOYEE BENEFITS	1,953,738	13,073,917
6	0600 ADMINISTRATIVE & GENERAL	-11,687,993	23,377,416
8	0800 OPERATION OF PLANT	-69,460	7,941,673
9	0900 LAUNDRY & LINEN SERVICE		812,520
10	1000 HOUSEKEEPING	-14,565	1,941,482
11	1100 DIETARY	-1,122	1,510,469
12	1200 CAFETERIA	-579,149	321,472
14	1400 NURSING ADMINISTRATION	-6,423	2,100,912
15	1500 CENTRAL SERVICES & SUPPLY		
16	1600 PHARMACY	-801	2,035,696
17	1700 MEDICAL RECORDS & LIBRARY	-2,007	1,459,601
18	1800 SOCIAL SERVICE		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		166,243
24	2400 PARAMED ED PRGM-(SPECIFY)	-53,984	216,900
24.01	2401 PARAMEDICAL ED. PROGRAM(SPECIFY)		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-1,746,307	19,330,448
26	2600 INTENSIVE CARE UNIT	-3,495	5,011,194
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
33	3300 NURSERY	-215	1,012,149
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-73,670	4,177,786
38	3800 RECOVERY ROOM	-15	656,679
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY	-75,000	1,362,243
41	4100 RADIOLOGY-DIAGNOSTIC	-162,961	5,715,843
43	4300 RADIO SOTOPE		285,711
44	4400 LABORATORY		8,353,554
49	4900 RESPIRATORY THERAPY		1,382,890
50	5000 PHYSICAL THERAPY	-42,109	981,307
51	5100 OCCUPATIONAL THERAPY	-2,757	283,571
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY	-18,503	1,045,389
54	5400 ELECTROENCEPHALOGRAPHY		14,855
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		8,112,214
56	5600 DRUGS CHARGED TO PATIENTS		4,469,516
59	3950 OTHER ANCILLARY SERVICE COST CENTERS		847,342
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-1,124	145,248
61	6100 EMERGENCY	-850,678	5,199,186
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-12,706,085	128,536,260
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		
98.01	9801 NONREIM PARAMED RT		
100	7950 OTHER NONREIMBURSABLE COST CENTERS	-213,217	391,713
101	TOTAL	-12,919,302	128,927,973

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0048  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/26/2010  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM-(SPECIFY)	2400	
24.01	PARAMEDICAL ED. PROGRAM(SPECIFY)	2401	PARAMED ED PRGM
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	OTHER ANCILLARY SERVICE COST CENTERS	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	NONREIM PARAMED RT	9801	PHYSICIANS' PRIVATE OFFICES
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:  
140048

PERIOD:  
FROM 1/ 1/2009  
TO 12/31/2009

PREPARED 5/26/2010  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 RESIDENT PAYMENT	A	I & R SERVICES-OTHER PRGM COSTS APPRVD	23		166,243
2 COST OF DRUGS	B	DRUGS CHARGED TO PATIENTS	56		4,469,516
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17 MEDICAL SUPPLIES	C	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		8,112,214
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 MEDICAL SUPPLIES	C				
2					
3					
4					
5					
6 DEPRECIATION EXPENSE	D	NEW CAP REL COSTS-BLDG & FIXT	3		2,702,488
7		NEW CAP REL COSTS-MVBLE EQUIP	4		1,755,831
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30 RECLASS CAFETERIA	G	CAFETERIA	12	439,846	460,775
36 TOTAL RECLASSIFICATIONS				439,846	17,667,067

(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:  
140048

PERIOD:  
FROM 1/ 1/2009  
TO 12/31/2009

PREPARED 5/26/2010  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE 7				
1 RESIDENT PAYMENT	A	ADULTS & PEDIATRICS	25			166,243	
2 COST OF DRUGS	B	ADMINISTRATIVE & GENERAL	6			809	
3		DIETARY	11			840	
4		PHARMACY	16			3,843,223	
5		ADULTS & PEDIATRICS	25			229,456	
6		INTENSIVE CARE UNIT	26			70,309	
7		NURSERY	33			2,202	
8		OPERATING ROOM	37			75,458	
9		RECOVERY ROOM	38			3,108	
10		ANESTHESIOLOGY	40			55,951	
11		RADIOLOGY-DIAGNOSTIC	41			36,705	
12		RADIOISOTOPE	43			1,232	
13		PHYSICAL THERAPY	50			143	
14		ELECTROCARDIOLOGY	53			3,126	
15		OTHER ANCILLARY SERVICE COST CENTERS	59			3,668	
16		EMERGENCY	61			143,286	
17 MEDICAL SUPPLIES	C	ADMINISTRATIVE & GENERAL	6			8,672	
18		OPERATION OF PLANT	8			8,331	
19		HOUSEKEEPING	10			2,325	
20		DIETARY	11			20	
21		NURSING ADMINISTRATION	14			6,748	
22		PHARMACY	16			18,941	
23		ADULTS & PEDIATRICS	25			942,635	
24		INTENSIVE CARE UNIT	26			410,946	
25		NURSERY	33			65,674	
26		OPERATING ROOM	37			4,132,256	
27		RECOVERY ROOM	38			26,366	
28		ANESTHESIOLOGY	40			140,681	
29		RADIOLOGY-DIAGNOSTIC	41			1,155,379	
30		RADIOISOTOPE	43			257,379	
31		LABORATORY	44			297	
32		RESPIRATORY THERAPY	49			266,107	
33		PHYSICAL THERAPY	50			42,698	
34		OCCUPATIONAL THERAPY	51			1,178	
35		ELECTROCARDIOLOGY	53			23,645	
1 MEDICAL SUPPLIES	C	OTHER ANCILLARY SERVICE COST CENTERS	59			15,713	
2		EMERGENCY	61			554,807	
3		OTHER NONREIMBURSABLE COST CENTERS	100			30,000	
4		PARAMEDICAL PRGM-(SPECIFY)	24			506	
5		CLINIC	60			910	
6 DEPRECIATION EXPENSE	D	EMPLOYEE BENEFITS	5			1,056	9
7		ADMINISTRATIVE & GENERAL	6			2,861,880	9
8		OPERATION OF PLANT	8			50,875	
9		HOUSEKEEPING	10			9,757	
10		DIETARY	11			21,043	
11		NURSING ADMINISTRATION	14			1,375	
12		PHARMACY	16			9,893	
13		MEDICAL RECORDS & LIBRARY	17			15,107	
14		PARAMEDICAL PRGM-(SPECIFY)	24			1,234	
15		PARAMEDICAL ED. PROGRAM(SPECIFY)	24.01			331	
16		ADULTS & PEDIATRICS	25			215,703	
17		INTENSIVE CARE UNIT	26			88,811	
18		NURSERY	33			4,443	
19		OPERATING ROOM	37			250,325	
20		RECOVERY ROOM	38			8,770	
21		RADIOLOGY-DIAGNOSTIC	41			599,459	
22		RADIOISOTOPE	43			12,218	
23		RESPIRATORY THERAPY	49			40,681	
24		PHYSICAL THERAPY	50			13,380	
25		ELECTROCARDIOLOGY	53			140,011	
26		ELECTROENCEPHALOGRAPHY	54			1,445	
27		CLINIC	60			4,039	
28		EMERGENCY	61			103,100	
29		OTHER NONREIMBURSABLE COST CENTERS	100			3,383	
30 RECLASS CAFETERIA	G	DIETARY	11		439,846	460,775	
36 TOTAL RECLASSIFICATIONS					439,846	17,667,067	

(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:  
140048

PERIOD:  
FROM 1/ 1/2009  
TO 12/31/2009

PREPARED 5/26/2010  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : RESIDENT PAYMENT

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-OTHER PRGM COSTS	23	166,243
TOTAL RECLASSIFICATIONS FOR CODE A			166,243

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
		25	166,243
			166,243

RECLASS CODE: B  
EXPLANATION : COST OF DRUGS

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	4,469,516
3.00			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
15.00			0
16.00			0
17.00			0
18.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			4,469,516

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
		6	809
		11	840
		16	3,843,223
		25	229,456
		26	70,309
		33	2,202
		37	75,458
		38	3,108
		40	55,951
		41	36,705
		43	1,232
		50	143
		53	3,126
		59	3,668
		61	143,286
			4,469,516

RECLASS CODE: C  
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	8,112,214
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
TOTAL RECLASSIFICATIONS FOR CODE C			8,112,214

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
		6	8,672
		8	8,331
		10	2,325
		11	20
		14	6,748
		16	18,941
		25	942,635
		26	410,946
		33	65,674
		37	4,132,256
		38	26,366
		40	140,681
		41	1,155,379
		43	257,379
		44	297
		49	266,107
		50	42,698
		51	1,178
		53	23,645
		59	15,713
		61	554,807
		100	30,000
		24	506
		60	910
			8,112,214

RECLASS CODE: D  
EXPLANATION : DEPRECIATION EXPENSE

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,702,488
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,755,831
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

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
		5	1,056
		6	2,861,880
		8	50,875
		10	9,757
		11	21,043
		14	1,375
		16	9,893
		17	15,107
		24	1,234
		24.01	331
		25	215,703

RECLASSIFICATIONS

PROVIDER NO:  
140048

PERIOD:  
FROM 1/1/2009  
TO 12/31/2009

PREPARED 5/26/2010  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: D  
EXPLANATION : DEPRECIATION EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
12.00			0	INTENSIVE CARE UNIT	26	88,811	
13.00			0	NURSERY	33	4,443	
14.00			0	OPERATING ROOM	37	250,325	
15.00			0	RECOVERY ROOM	38	8,770	
16.00			0	RADIOLOGY-DIAGNOSTIC	41	599,459	
17.00			0	RADIOISOTOPE	43	12,218	
18.00			0	RESPIRATORY THERAPY	49	40,681	
19.00			0	PHYSICAL THERAPY	50	13,380	
20.00			0	ELECTROCARDIOLOGY	53	140,011	
21.00			0	ELECTROENCEPHALOGRAPHY	54	1,445	
22.00			0	CLINIC	60	4,039	
23.00			0	EMERGENCY	61	103,100	
24.00			0	OTHER NONREIMBURSABLE COST CEN	100	3,383	
TOTAL RECLASSIFICATIONS FOR CODE D			4,458,319				4,458,319

RECLASS CODE: G  
EXPLANATION : RECLASS CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	900,621	DIETARY	11	900,621	
TOTAL RECLASSIFICATIONS FOR CODE G			900,621				900,621

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		
		1	2	3	4	5	6	7
1	LAND	1,420,356					1,420,356	
2	LAND IMPROVEMENTS	181,716					181,716	164,031
3	BUILDINGS & FIXTURE	16,700,035				111,442	16,588,593	2,508,699
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT	2,213,454				1,322,230	891,224	494,806
6	MOVABLE EQUIPMENT							
7	SUBTOTAL	20,515,561				1,433,672	19,081,889	3,167,536
8	RECONCILING ITEMS	581,061					581,061	
9	TOTAL	19,934,500				1,433,672	18,500,828	3,167,536

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		
		1	2	3	4	5	6	7
1	LAND	931,081	45,000		45,000		976,081	
2	LAND IMPROVEMENTS	3,181,867	45,313		45,313		3,227,180	345,111
3	BUILDINGS & FIXTURE	53,262,327	2,272,524		2,272,524	949,187	54,585,664	4,774,908
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT	32,818,029	1,878,980		1,878,980	7,248,495	27,448,514	15,551,028
6	MOVABLE EQUIPMENT	223,697				150,858	72,839	46,600
7	SUBTOTAL	90,417,001	4,241,817		4,241,817	8,348,540	86,310,278	20,717,647
8	RECONCILING ITEMS	2,956,921	1,346,875		1,346,875	179,836	4,123,960	
9	TOTAL	87,460,080	2,894,942		2,894,942	8,168,704	82,186,318	20,717,647

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL				
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
		1	2	3	4	5	6	7	8
*									
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL	14,120						14,120
2	OLD CAP REL COSTS-MV	4,895						4,895
3	NEW CAP REL COSTS-BL	2,715,917						2,715,917
4	NEW CAP REL COSTS-MV	2,455,902						2,455,902
5	TOTAL	5,190,834						5,190,834

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

SUMMARY OF OLD AND NEW CAPITAL

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

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 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			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-98,691	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,913,857			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	7,439,713			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-579,149	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 NONALLOWABLE INTEREST EXPENSE	A	-1,045,119	ADMINISTRATIVE & GENERAL	6	
38					
39					
40					
41 BAD DEBT	A	-8,104,000	ADMINISTRATIVE & GENERAL	6	
42 MEDICAID ASSESSMENT FROM F/S	A	-6,102,297	ADMINISTRATIVE & GENERAL	6	
43					
44 PBP	A	-68,605	ADMINISTRATIVE & GENERAL	6	
45 PBP	A	-193,875	OTHER NONREIMBURSABLE COS	100	
46 ADD MEDICARE DEPRECIATION	A	-7,206	NEW CAP REL COSTS-MVBLE E	4	9
47 ADD MEDICARE DEPRECIATION	A	-78,725	NEW CAP REL COSTS-BLDG &	3	9
48 PBP	A	-2,586	OPERATION OF PLANT	8	
49 LOBBYING COSTS	A	-26,273	ADMINISTRATIVE & GENERAL	6	
49.01 MI SC NONALLOWABLE EXPENSES	A	-40,474	ADMINISTRATIVE & GENERAL	6	
49.03 MI SC INCOME	B	-317,009	ADMINISTRATIVE & GENERAL	6	
49.04 MI SC INCOME	B	-2,007	MEDICAL RECORDS & LIBRARY	17	
49.05 PHO EXPENSE	A	-251,987	ADMINISTRATIVE & GENERAL	6	
49.06 PARAMED ED 44711/44712 CC 5024	B	-50,958	PARAMED ED PRGM-(SPECIFY)	24	
49.07 NON ALLOWABLE	A	-1,124	CLINIC	60	
49.08 MI SC INCOME	B	-57,726	OPERATION OF PLANT	8	
49.09 MI SC INCOME	B	-570	NURSING ADMINISTRATION	14	
49.10 MI SC INCOME	B	-5,938	ADULTS & PEDIATRICS	25	
49.11 MI SC INCOME	B	-3,000	EMERGENCY	61	
49.12 MI SC INCOME	B	-6,734	PHYSICAL THERAPY	50	
49.13 NON ALLOWABLE	A	-25,646	EMPLOYEE BENEFITS	5	
49.14 NON ALLOWABLE	A	-275,421	ADMINISTRATIVE & GENERAL	6	
49.15 NON ALLOWABLE	A	-9,148	OPERATION OF PLANT	8	
49.16 NON ALLOWABLE	A	-14,565	HOUSEKEEPING	10	
49.17 NON ALLOWABLE	A	-1,122	DIETARY	11	
49.18 NON ALLOWABLE	A	-5,853	NURSING ADMINISTRATION	14	
49.19 NON ALLOWABLE	A	-801	PHARMACY	16	
49.20 NON ALLOWABLE	A	-2,757	OCCUPATIONAL THERAPY	51	
49.21 NON ALLOWABLE	A	-15,544	ADULTS & PEDIATRICS	25	
49.22 NON ALLOWABLE	A	-3,495	INTENSIVE CARE UNIT	26	
49.23 NON ALLOWABLE	A	-215	NURSERY	33	
49.24 NON ALLOWABLE	A	-7,006	OPERATING ROOM	37	
49.25 NON ALLOWABLE	A	-15	RECOVERY ROOM	38	
49.26 NON ALLOWABLE	A	-6,375	RADIOLOGY-DIAGNOSTIC	41	
49.27 NON ALLOWABLE	A	-6,208	PHYSICAL THERAPY	50	
49.28 NON ALLOWABLE	A	-2,003	ELECTROCARDIOLOGY	53	
49.29 NON ALLOWABLE	A	-2,563	EMERGENCY	61	
49.30 NON ALLOWABLE	A	-3,026	PARAMED ED PRGM-(SPECIFY)	24	
49.31 NON ALLOWABLE	A	-19,342	OTHER NONREIMBURSABLE COS	100	
50 TOTAL (SUM OF LINES 1 THRU 49)		-12,919,302			

ADJUSTMENTS TO EXPENSES

PROVIDER NO:  
14-0048

PERIOD:  
FROM 1/1/2009  
TO 12/31/2009

PREPARED 5/26/2010  
WORKSHEET A-8

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON			WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	COST CENTER 3	LINE NO 4	
50 TOTAL (SUM OF LINES 1 THRU 49)		-12,919,302				

- 
- (1) Description - all chapter references in this column pertain to CMS Pub. 15-I.
  - (2) Basis for adjustment (see instructions).
    - A. Costs - if cost, including applicable overhead, can be determined.
    - B. Amount Received - if cost cannot be determined.
  - (3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.
- Note: See instructions for column 5 referencing to Worksheet A-7

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	5	EMPLOYEE BENEFITS PERSONNEL	1,979,384		1,979,384	
2	6	ADMINISTRATIVE & GENERAL DATA PROCESSING	1,694,351		1,694,351	
3	6	ADMINISTRATIVE & GENERAL ADMIN & GENERAL	2,947,532		2,947,532	
4	1	OLD CAP REL COSTS-BLDG & DEPRECIATION	14,120		14,120	9
4.01	2	OLD CAP REL COSTS-MVBLE DEPRECIATION	4,895		4,895	9
4.02	3	NEW CAP REL COSTS-BLDG & DEPRECIATION	92,154		92,154	9
4.03	4	NEW CAP REL COSTS-MVBLE DEPRECIATION	707,277		707,277	9
5		TOTALS	7,439,713		7,439,713	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	0.00	ADVOCATE HEALTHCARE	100.00	HEALTH CARE
2		0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- B. CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- D. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- F. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0048  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED: 5/26/2010  
 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
2	25	AGGREGATE	1,724,825	1,724,825		1		
3	37	AGGREGATE	66,664	66,664		1		
4	41	AGGREGATE	156,586	156,586		1		
7	50	AGGREGATE	29,167	29,167		1		
8	40	AGGREGATE	75,000	75,000				
9	61	AGGREGATE	845,115	845,115				
10	53	AGGREGATE	16,500	16,500				
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL	2,913,857	2,913,857		4		

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
2	25	AGGREGATE						1,724,825
3	37	AGGREGATE						66,664
4	41	AGGREGATE						156,586
7	50	AGGREGATE						29,167
8	40	AGGREGATE						75,000
9	61	AGGREGATE						845,115
10	53	AGGREGATE						16,500
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL						2,913,857

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0048  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/26/2010  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQ. FEET	OLD	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQ. FEET	OLD	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQ. FEET	OLD	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQ. FEET	OLD	ENTERED
5	EMPLOYEE BENEFITS	4	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-5	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	1	SQ. FEET	OLD	ENTERED
9	LAUNDRY & LINEN SERVICE	8	LAUNDRY	LBS	ENTERED
10	HOUSEKEEPING	1	SQ. FEET	OLD	ENTERED
11	DIETARY	9	MEALS	SERVED	ENTERED
12	CAFETERIA	4	GROSS	SALARIES	ENTERED
14	NURSING ADMINISTRATION	12	NSG FTE		ENTERED
15	CENTRAL SERVICES & SUPPLY	13	MED SUPPL	COSTS	ENTERED
16	PHARMACY	14	PHARM	COSTS	ENTERED
17	MEDICAL RECORDS & LIBRARY	15	MED REC	TIME	ENTERED
18	SOCIAL SERVICE	16	SOC SERV	TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	I&RHRS		ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	20	I&RHRS		ENTERED
24	PARAMED ED PRGM-(SPECIFY)	21	PARAMED	HRS XRAY	ENTERED
24.01	PARAMEDICAL ED. PROGRAM(SPECIFY)	22	PARAMED	HRS RT	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO:  
14-0048

PERIOD:  
FROM 1/ 1/2009  
TO 12/31/2009

PREPARED 5/26/2010  
WORKSHEET B  
PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a. 00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	14,120	14,120					
003 OLD CAP REL COSTS-MVBLE E	4,895		4,895				
004 NEW CAP REL COSTS-BLDG &	2,715,917			2,715,917			
005 NEW CAP REL COSTS-MVBLE E	2,455,902				2,455,902		
006 EMPLOYEE BENEFITS	13,073,917	172	60	33,015	29,854	13,137,018	
008 ADMINISTRATIVE & GENERAL	23,377,416	2,199	762	422,987	382,491	1,702,301	25,888,156
009 OPERATION OF PLANT	7,941,673	1,546	536	297,307	268,843	517,086	9,026,991
010 LAUNDRY & LINEN SERVICE	812,520	142	49	27,272	24,661		864,644
011 HOUSEKEEPING	1,941,482	133	46	25,502	23,060	346,658	2,336,881
012 DIETARY	1,510,469	245	85	47,091	42,583	188,612	1,789,085
014 CAFETERIA	321,472	445	154	85,652	77,452	110,772	595,947
015 NURSING ADMINISTRATION	2,100,912	161	56	31,009	28,040	456,640	2,616,818
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY	2,035,696	216	75	41,466	37,496	463,264	2,578,213
018 MEDICAL RECORDS & LIBRARY	1,459,601	127	44	24,465	22,123	219,022	1,725,382
022 SOCIAL SERVICE							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C	166,243						166,243
024 01 PARAMEDICAL PRGM-(SPECIFY)	216,900	56	20	10,829	9,792	56,219	293,816
024 01 PARAMEDICAL ED. PROGRAM(S							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	19,330,448	3,615	1,252	695,232	628,675	4,205,464	24,864,686
026 INTENSIVE CARE UNIT	5,011,194	573	199	110,195	99,645	957,844	6,179,650
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY	1,012,149	103	36	19,770	17,877	230,939	1,280,874
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	4,177,786	1,419	492	272,920	246,791	828,852	5,528,260
038 RECOVERY ROOM	656,679					144,435	801,114
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	1,362,243					9,269	1,371,512
041 RADIOLOGY-DIAGNOSTIC	5,715,843	950	329	182,759	165,262	873,564	6,938,707
043 RADIOISOTOPE	285,711	8	3	1,506	1,362	49,590	338,180
044 LABORATORY	8,353,554	525	182	101,039	91,366	260	8,546,926
049 RESPIRATORY THERAPY	1,382,890	131	46	25,277	22,857	299,860	1,731,061
050 PHYSICAL THERAPY	981,307	119	41	22,919	20,725	185,785	1,210,896
051 OCCUPATIONAL THERAPY	283,571					65,296	348,867
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	1,045,389	347	120	66,733	60,344	163,483	1,336,416
054 ELECTROENCEPHALOGRAPHY	14,855						14,855
055 MEDICAL SUPPLIES CHARGED	8,112,214						8,112,214
056 DRUGS CHARGED TO PATIENTS	4,469,516						4,469,516
059 OTHER ANCILLARY SERVICE C	847,342	37	13	7,180	6,493		861,065
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	145,248					11,201	156,449
061 EMERGENCY	5,199,186	732	254	140,882	127,394	1,004,797	6,473,245
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	128,536,260	14,001	4,854	2,693,007	2,435,186	13,091,213	128,446,669
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 NONREIM PARAMED RT							
100 OTHER NONREIMBURSABLE COS	391,713	119	41	22,910	20,716	45,805	481,304
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	128,927,973	14,120	4,895	2,715,917	2,455,902	13,137,018	128,927,973

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO:  
14-0048

PERIOD:  
FROM 1/1/2009  
TO 12/31/2009

PREPARED 5/26/2010  
WORKSHEET B  
PART I

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	25,888,156						
009 OPERATION OF PLANT	2,267,977	11,294,968					
010 LAUNDRY & LINEN SERVICE	217,237	156,955	1,238,836				
011 HOUSEKEEPING	587,127	146,765	7,770	3,078,543			
012 DIETARY	449,497	271,012	1,390	75,908	2,586,892		
014 CAFETERIA	149,728	492,934		138,066	1,581,589	2,958,264	
015 NURSING ADMINISTRATION	657,460	178,460		49,985		131,515	3,634,238
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY	647,761	238,642		66,841		133,423	
018 MEDICAL RECORDS & LIBRARY	433,492	140,798		39,436		63,080	
022 SOCIAL SERVICE							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C	41,768						
024 01 PARAMED ED PRGM-(SPECIFY)	73,820	62,320		17,455		16,191	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	6,247,121	4,001,114	527,831	1,120,676	872,603	1,211,184	2,146,618
027 INTENSIVE CARE UNIT	1,552,600	634,182	173,967	177,628	132,700	275,865	439,635
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
037 NURSERY	321,812	113,776	18,253	31,867		66,512	103,122
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	1,388,942	1,570,677	119,695	439,932		238,714	353,858
040 RECOVERY ROOM	201,275		15,639			41,598	59,380
041 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY	344,584					2,670	4,594
049 RADIOLOGY-DIAGNOSTIC	1,743,309	1,051,791	84,516	294,596		251,592	68,055
050 RADIOISOTOPE	84,966	8,670	24,046	2,428		14,282	
051 LABORATORY	2,147,364	581,488		162,869		75	697
052 RESPIRATORY THERAPY	434,919	145,471		40,745		86,361	39
053 PHYSICAL THERAPY	304,230	131,903	16,442	36,945		53,507	6
054 OCCUPATIONAL THERAPY	87,651					18,806	
055 SPEECH PATHOLOGY							
056 ELECTROCARDIOLOGY	335,767	384,056	18,215	107,570		47,084	1,437
057 ELECTROENCEPHALOGRAPHY	3,732						
058 MEDICAL SUPPLIES CHARGED	2,038,145						
059 DRUGS CHARGED TO PATIENTS	1,122,939						
060 OTHER ANCILLARY SERVICE C	216,337	41,322	22,500	11,574			
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC	39,307					3,226	2,465
095 EMERGENCY	1,626,364	810,785	208,572	227,093		289,387	450,712
096 OBSERVATION BEDS (NON-DIS							
098 SPEC PURPOSE COST CENTERS							
099 SUBTOTALS	25,767,231	11,163,121	1,238,836	3,041,614	2,586,892	2,945,072	3,630,618
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
099 PHYSICIANS' PRIVATE OFFIC							
100 01 NONREIM PARAMED RT							
101 OTHER NONREIMBURSABLE COS	120,925	131,847		36,929		13,192	3,620
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	25,888,156	11,294,968	1,238,836	3,078,543	2,586,892	2,958,264	3,634,238

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0048  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/26/2010  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	15	16	17	18	22	23	24
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY		3,664,880					
017 PHARMACY			2,402,188				
018 MEDICAL RECORDS & LIBRARY							
022 SOCIAL SERVICE							
023 I&R SERVICES-SALARY & FRI						208,011	
024 I&R SERVICES-OTHER PRGM C							463,602
024 01 PARAMEDICAL ED. PROGRAM(S)							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		188,217	737,619			45,319	
027 INTENSIVE CARE UNIT		57,673					
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
037 NURSERY		1,806	83,449				
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM		61,896	280,091				
040 RECOVERY ROOM		2,549					
041 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY		45,895					
049 RADIOLOGY-DIAGNOSTIC		30,108	121,860				463,602
053 RADIOISOTOPE		1,011					
054 LABORATORY			416,567				
055 RESPIRATORY THERAPY			49,118				
056 PHYSICAL THERAPY		117	4,929				
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		2,564	213,807				
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS		3,152,501	69,853				
059 OTHER ANCILLARY SERVICE C		3,009					
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY		117,534	424,895			162,692	
095 OBSERVATION BEDS (NON-DIS							
096 SPEC PURPOSE COST CENTERS							
098 SUBTOTALS		3,664,880	2,402,188			208,011	463,602
099 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP							
101 PHYSICIANS' PRIVATE OFFIC							
102 01 NONREIM PARAMED RT							
103 OTHER NONREIMBURSABLE COS							
104 CROSS FOOT ADJUSTMENT							
105 NEGATIVE COST CENTER							
106 TOTAL		3,664,880	2,402,188			208,011	463,602

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0048  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/26/2010  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PARAMEDICAL E D. PROGRAM(S)	24.01	25	I&R COST POST STEP-DOWN ADJ 26	TOTAL
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
008 ADMINISTRATIVE & GENERAL					
009 OPERATION OF PLANT					
010 LAUNDRY & LINEN SERVICE					
011 HOUSEKEEPING					
012 DIETARY					
014 CAFETERIA					
015 NURSING ADMINISTRATION					
016 CENTRAL SERVICES & SUPPLY					
017 PHARMACY					
018 MEDICAL RECORDS & LIBRARY					
022 SOCIAL SERVICE					
023 I&R SERVICES-SALARY & FRI					
024 I&R SERVICES-OTHER PRGM C					
024 01 PARAMED ED PRGM-(SPECIFY)					
024 01 PARAMEDICAL ED. PROGRAM(S)					
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS			41,962,988	-45,319	41,917,669
026 INTENSIVE CARE UNIT			9,623,900		9,623,900
027 CORONARY CARE UNIT					
028 BURN INTENSIVE CARE UNIT					
029 SURGICAL INTENSIVE CARE U					
033 NURSERY			2,021,471		2,021,471
037 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM			9,982,065		9,982,065
038 RECOVERY ROOM			1,121,555		1,121,555
039 DELIVERY ROOM & LABOR ROO					
040 ANESTHESIOLOGY			1,769,255		1,769,255
041 RADIOLOGY-DIAGNOSTIC			11,048,136		11,048,136
043 RADIOISOTOPE			473,583		473,583
044 LABORATORY			11,855,986		11,855,986
049 RESPIRATORY THERAPY			2,487,714		2,487,714
050 PHYSICAL THERAPY			1,758,975		1,758,975
051 OCCUPATIONAL THERAPY			455,324		455,324
052 SPEECH PATHOLOGY					
053 ELECTROCARDIOLOGY			2,446,916		2,446,916
054 ELECTROENCEPHALOGRAPHY			18,587		18,587
055 MEDICAL SUPPLIES CHARGED			10,150,359		10,150,359
056 DRUGS CHARGED TO PATIENTS			8,814,809		8,814,809
059 OTHER ANCILLARY SERVICE C			1,155,807		1,155,807
060 OUTPAT SERVICE COST CNTRS					
060 CLINIC			201,447		201,447
061 EMERGENCY			10,791,279	-162,692	10,628,587
062 OBSERVATION BEDS (NON-DIS					
062 SPEC PURPOSE COST CENTERS					
095 SUBTOTALS			128,140,156	-208,011	127,932,145
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP					
098 PHYSICIANS' PRIVATE OFFIC					
098 01 NONREIM PARAMED RT					
100 OTHER NONREIMBURSABLE COS			787,817		787,817
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL			128,927,973	-208,011	128,719,962

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TO 12/31/2009

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PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS		172	60			232	232
008 ADMINISTRATIVE & GENERAL		2,199	762			2,961	27
009 OPERATION OF PLANT		1,546	536			2,082	8
010 LAUNDRY & LINEN SERVICE		142	49			191	
011 HOUSEKEEPING		133	46			179	6
012 DIETARY		245	85			330	3
014 CAFETERIA		445	154			599	2
015 NURSING ADMINISTRATION		161	56			217	7
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY		216	75			291	7
018 MEDICAL RECORDS & LIBRARY		127	44			171	3
022 SOCIAL SERVICE							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
024 01 PARAMEDICAL ED. PROGRAM(S		56	20			76	1
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		3,615	1,252			4,867	90
027 INTENSIVE CARE UNIT		573	199			772	15
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
037 NURSERY		103	36			139	4
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM		1,419	492			1,911	13
040 RECOVERY ROOM							2
041 DELIVERY ROOM & LABOR ROO							
043 ANESTHESIOLOGY							
044 RADIOLOGY-DIAGNOSTIC		950	329			1,279	14
049 RADIOISOTOPE		8	3			11	1
050 LABORATORY		525	182			707	
051 RESPIRATORY THERAPY		131	46			177	5
052 PHYSICAL THERAPY		119	41			160	3
053 OCCUPATIONAL THERAPY							1
054 SPEECH PATHOLOGY							
055 ELECTROCARDIOLOGY		347	120			467	3
056 ELECTROENCEPHALOGRAPHY							
059 MEDICAL SUPPLIES CHARGED							
060 DRUGS CHARGED TO PATIENTS							
061 OTHER ANCILLARY SERVICE C		37	13			50	
062 OUTPAT SERVICE COST CNTRS							
095 CLINIC							
096 EMERGENCY		732	254			986	16
098 OBSERVATION BEDS (NON-DIS							
099 SPEC PURPOSE COST CENTERS							
100 SUBTOTALS		14,001	4,854			18,855	231
101 NONREIMBURS COST CENTERS							
102 GIFT, FLOWER, COFFEE SHOP							
103 PHYSICIANS' PRIVATE OFFIC							
104 01 NONREIM PARAMED RT		119	41			160	1
105 OTHER NONREIMBURSABLE COS							
106 CROSS FOOT ADJUSTMENTS							
107 NEGATIVE COST CENTER							
108 TOTAL		14,120	4,895			19,015	232

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COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	2,988						
009 OPERATION OF PLANT	262	2,352					
010 LAUNDRY & LINEN SERVICE	25	33	249				
011 HOUSEKEEPING	68	31	2	286			
012 DIETARY	52	56		7	448		
014 CAFETERIA	17	103		13	274	1,008	
015 NURSING ADMINISTRATION	76	37		5		45	387
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY	75	50		6		46	
018 MEDICAL RECORDS & LIBRARY	50	29		4		22	
022 SOCIAL SERVICE							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C	5						
024 01 PARAMEDICAL ED. PROGRAM(S	9	13		2		6	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	720	833	105	104	151	406	230
027 INTENSIVE CARE UNIT	179	132	35	17	23	95	47
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
037 NURSERY	37	24	4	3		23	11
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	160	327	24	41		82	38
040 RECOVERY ROOM	23		3			14	6
041 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY	40					1	
049 RADIOLOGY-DIAGNOSTIC	201	219	17	27		87	7
051 RADIOISOTOPE	10	2	5			5	
053 LABORATORY	248	121		15			
055 RESPIRATORY THERAPY	50	30		4		30	
056 PHYSICAL THERAPY	35	27	3	3		18	
059 OCCUPATIONAL THERAPY	10					6	
060 SPEECH PATHOLOGY							
061 ELECTROCARDIOLOGY	39	80	4	10		16	
062 ELECTROENCEPHALOGRAPHY							
095 MEDICAL SUPPLIES CHARGED	235						
096 DRUGS CHARGED TO PATIENTS	130						
098 OTHER ANCILLARY SERVICE C	25	9	5	1			
099 OUTPAT SERVICE COST CNTRS							
100 CLINIC	5					1	
101 EMERGENCY	188	169	42	21		100	48
102 OBSERVATION BEDS (NON-DIS							
103 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,974	2,325	249	283	448	1,003	387
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
099 PHYSICIANS' PRIVATE OFFIC							
100 01 NONREIM PARAMED RT							
101 OTHER NONREIMBURSABLE COS	14	27		3		5	
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
103 TOTAL	2,988	2,352	249	286	448	1,008	387

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COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	15	16	17	18	22	23	24
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY		475					
018 MEDICAL RECORDS & LIBRARY			279				
022 SOCIAL SERVICE							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C						5	
024 01 PARAMED ED PRGM-(SPECIFY)							107
025 PARAMEDICAL ED. PROGRAM(S)							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS		24	85				
028 INTENSIVE CARE UNIT		7					
029 CORONARY CARE UNIT							
033 BURN INTENSIVE CARE UNIT							
037 SURGICAL INTENSIVE CARE U							
038 NURSERY			10				
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM		8	33				
041 RECOVERY ROOM							
043 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY		6					
049 RADIOLOGY-DIAGNOSTIC		4	14				
050 RADIOISOTOPE							
051 LABORATORY			48				
052 RESPIRATORY THERAPY			6				
053 PHYSICAL THERAPY			1				
054 OCCUPATIONAL THERAPY							
055 SPEECH PATHOLOGY							
056 ELECTROCARDIOLOGY			25				
059 ELECTROENCEPHALOGRAPHY							
060 MEDICAL SUPPLIES CHARGED							
061 DRUGS CHARGED TO PATIENTS		411	8				
062 OTHER ANCILLARY SERVICE C							
095 OUTPAT SERVICE COST CNTRS							
096 CLINIC							
098 EMERGENCY		15	49				
099 OBSERVATION BEDS (NON-DIS							
100 SPEC PURPOSE COST CENTERS							
101 SUBTOTALS		475	279				
102 NONREIMBURS COST CENTERS							
103 GIFT, FLOWER, COFFEE SHOP							
098 01 PHYSICIANS' PRIVATE OFFIC							
100 NONREIM PARAMED RT							
101 OTHER NONREIMBURSABLE COS							
102 CROSS FOOT ADJUSTMENTS						5	107
103 NEGATIVE COST CENTER							
TOTAL		475	279			5	107

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COST CENTER DESCRIPTION	PARAMEDICAL ED. PROGRAM(S)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24.01	25	26	27
001 GENERAL SERVICE COST CNTR				
002 OLD CAP REL COSTS-BLDG &				
003 OLD CAP REL COSTS-MVBLE E				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY				
017 PHARMACY				
018 MEDICAL RECORDS & LIBRARY				
022 SOCIAL SERVICE				
023 I&R SERVICES-SALARY & FRI				
024 I&R SERVICES-OTHER PRGM C				
024 01 PARAMED ED PRGM-(SPECIFY)				
024 01 PARAMEDICAL ED. PROGRAM(S)				
025 INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS		7,615		7,615
026 INTENSIVE CARE UNIT		1,322		1,322
027 CORONARY CARE UNIT				
028 BURN INTENSIVE CARE UNIT				
029 SURGICAL INTENSIVE CARE U				
033 NURSERY		255		255
037 ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		2,637		2,637
038 RECOVERY ROOM		48		48
039 DELIVERY ROOM & LABOR ROO				
040 ANESTHESIOLOGY		47		47
041 RADIOLOGY-DIAGNOSTIC		1,869		1,869
043 RADIOISOTOPE		34		34
044 LABORATORY		1,139		1,139
049 RESPIRATORY THERAPY		302		302
050 PHYSICAL THERAPY		250		250
051 OCCUPATIONAL THERAPY		17		17
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY		644		644
054 ELECTROENCEPHALOGRAPHY				
055 MEDICAL SUPPLIES CHARGED		235		235
056 DRUGS CHARGED TO PATIENTS		549		549
059 OTHER ANCILLARY SERVICE C		90		90
060 OUTPAT SERVICE COST CNTRS				
060 CLINIC		6		6
061 EMERGENCY		1,634		1,634
062 OBSERVATION BEDS (NON-DIS				
095 SPEC PURPOSE COST CENTERS				
095 SUBTOTALS		18,693		18,693
096 NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP				
098 PHYSICIANS' PRIVATE OFFIC				
098 01 NONREIM PARAMED RT				
100 OTHER NONREIMBURSABLE COS		210		210
101 CROSS FOOT ADJUSTMENTS		112		112
102 NEGATIVE COST CENTER				
103 TOTAL		19,015		19,015

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 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS	12,592			33,015	29,854	75,461	75,461
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT	169,410			422,987	382,491	974,888	9,781
009 LAUNDRY & LINEN SERVICE	143,544			297,307	268,843	709,694	2,971
010 HOUSEKEEPING	4,301			27,272	24,661	51,933	
011 DIETARY	4,897			25,502	23,060	52,863	1,992
012 CAFETERIA				47,091	42,583	94,571	1,084
014 NURSING ADMINISTRATION	5,254			85,652	77,452	163,104	636
015 CENTRAL SERVICES & SUPPLY				31,009	28,040	64,303	2,624
016 PHARMACY	145,086						
017 MEDICAL RECORDS & LIBRARY	1,892			41,466	37,496	224,048	2,662
018 SOCIAL SERVICE				24,465	22,123	48,480	1,258
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)	476			10,829	9,792	21,097	323
024 01 PARAMEDICAL ED. PROGRAM(S							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	64,905			695,232	628,675	1,388,812	24,146
027 INTENSIVE CARE UNIT	47,177			110,195	99,645	257,017	5,503
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
037 NURSERY	1,803			19,770	17,877	39,450	1,327
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	343,953			272,920	246,791	863,664	4,762
039 RECOVERY ROOM	1,741					1,741	830
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY	20,292					20,292	53
043 RADIOLOGY-DIAGNOSTIC	706,795			182,759	165,262	1,054,816	5,019
044 RADIOISOTOPE	160			1,506	1,362	3,028	285
049 LABORATORY	34			101,039	91,366	192,439	1
050 RESPIRATORY THERAPY	33,064			25,277	22,857	81,198	1,723
051 PHYSICAL THERAPY	6,364			22,919	20,725	50,008	1,067
052 OCCUPATIONAL THERAPY	315					315	375
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY	1,327			66,733	60,344	128,404	939
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED							
059 DRUGS CHARGED TO PATIENTS	167			7,180	6,493	13,840	
060 OTHER ANCILLARY SERVICE C							
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC	85					85	64
062 EMERGENCY	6,272			140,882	127,394	274,548	5,773
095 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,721,906			2,693,007	2,435,186	6,850,099	75,198
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 01 PHYSICIANS' PRIVATE OFFIC							
100 NONREIM PARAMED RT							
101 OTHER NONREIMBURSABLE COS	13,663			22,910	20,716	57,289	263
102 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,735,569			2,715,917	2,455,902	6,907,388	75,461

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PART III

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	984,669						
009 OPERATION OF PLANT	86,262	798,927					
010 LAUNDRY & LINEN SERVICE	8,263	11,102	71,298				
011 HOUSEKEEPING	22,331	10,381	447	88,014			
012 DIETARY	17,096	19,170	80	2,170	134,171		
014 CAFETERIA	5,695	34,867		3,947	82,030	290,279	
015 NURSING ADMINISTRATION	25,006	12,623		1,429		12,905	118,890
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY	24,637	16,880		1,911		13,092	
018 MEDICAL RECORDS & LIBRARY	16,488	9,959		1,127		6,190	
022 SOCIAL SERVICE							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C	1,589						
024 01 PARAMEDICAL ED. PROGRAM(S)	2,808	4,408		499		1,589	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	237,629	283,010	30,378	32,043	45,258	118,852	70,224
027 INTENSIVE CARE UNIT	59,053	44,858	10,012	5,078	6,883	27,068	14,382
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
037 NURSERY	12,240	8,048	1,051	911		6,526	3,374
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	52,828	111,099	6,889	12,577		23,423	11,576
040 RECOVERY ROOM	7,655		900			4,082	1,943
041 DELIVERY ROOM & LABOR ROO							
043 ANESTHESIOLOGY	13,106					262	150
044 RADIOLOGY-DIAGNOSTIC	66,306	74,396	4,864	8,422		24,687	2,226
049 RADIOISOTOPE	3,232	613	1,384	69		1,401	
050 LABORATORY	81,674	41,130		4,656		7	23
051 RESPIRATORY THERAPY	16,542	10,290		1,165		8,474	1
052 PHYSICAL THERAPY	11,571	9,330	946	1,056		5,250	
053 OCCUPATIONAL THERAPY	3,334					1,845	
054 SPEECH PATHOLOGY							
055 ELECTROCARDIOLOGY	12,771	27,165	1,048	3,075		4,620	47
056 ELECTROENCEPHALOGRAPHY	142						
059 MEDICAL SUPPLIES CHARGED	77,520						
060 DRUGS CHARGED TO PATIENTS	42,711						
061 OTHER ANCILLARY SERVICE C	8,228	2,923	1,295	331			
062 OUTPAT SERVICE COST CNTRS							
095 CLINIC	1,495					317	81
096 EMERGENCY	61,858	57,349	12,004	6,492		28,395	14,745
098 OBSERVATION BEDS (NON-DIS							
099 SPEC PURPOSE COST CENTERS							
100 SUBTOTALS	980,070	789,601	71,298	86,958	134,171	288,985	118,772
101 NONREIMBURS COST CENTERS							
102 GIFT, FLOWER, COFFEE SHOP							
103 PHYSICIANS' PRIVATE OFFIC							
104 01 NONREIM PARAMED RT							
105 OTHER NONREIMBURSABLE COS	4,599	9,326		1,056		1,294	118
106 CROSS FOOT ADJUSTMENTS							
107 NEGATIVE COST CENTER							
108 TOTAL	984,669	798,927	71,298	88,014	134,171	290,279	118,890

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COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	15	16	17	18	22	23	24
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY		283,230					
018 MEDICAL RECORDS & LIBRARY			83,502				
022 SOCIAL SERVICE							
023 I&R SERVICES-SALARY & FRI						1,589	
024 I&R SERVICES-OTHER PRGM C							
024 01 PARAMED ED PRGM-(SPECIFY)							30,724
025 PARAMEDICAL ED. PROGRAM(S)							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS		14,546	25,641				
028 INTENSIVE CARE UNIT		4,457					
029 CORONARY CARE UNIT							
033 BURN INTENSIVE CARE UNIT							
037 SURGICAL INTENSIVE CARE U							
038 NURSERY		140	2,901				
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM		4,784	9,736				
041 RECOVERY ROOM		197					
043 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY		3,547					
049 RADIOLOGY-DIAGNOSTIC		2,327	4,236				
050 RADIOISOTOPE		78					
051 LABORATORY			14,480				
052 RESPIRATORY THERAPY			1,707				
053 PHYSICAL THERAPY		9	171				
054 OCCUPATIONAL THERAPY							
055 SPEECH PATHOLOGY							
056 ELECTROCARDIOLOGY		198	7,432				
059 ELECTROENCEPHALOGRAPHY							
060 MEDICAL SUPPLIES CHARGED							
061 DRUGS CHARGED TO PATIENTS		243,631	2,428				
062 OTHER ANCILLARY SERVICE C		233					
095 OUTPAT SERVICE COST CNTRS							
096 CLINIC							
098 EMERGENCY		9,083	14,770				
099 OBSERVATION BEDS (NON-DIS							
100 SPEC PURPOSE COST CENTERS							
101 SUBTOTALS		283,230	83,502				
102 NONREIMBURS COST CENTERS							
103 GIFT, FLOWER, COFFEE SHOP							
104 PHYSICIANS' PRIVATE OFFIC							
105 01 NONREIM PARAMED RT							
106 OTHER NONREIMBURSABLE COS							
107 CROSS FOOT ADJUSTMENTS						1,589	30,724
108 NEGATIVE COST CENTER							
109 TOTAL		283,230	83,502			1,589	30,724

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PARAMEDICAL ED. PROGRAM(S)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24.01	25	26	27
001 GENERAL SERVICE COST CNTR				
002 OLD CAP REL COSTS-BLDG &				
003 OLD CAP REL COSTS-MVBLE E				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY				
017 PHARMACY				
018 MEDICAL RECORDS & LIBRARY				
022 SOCIAL SERVICE				
023 I&R SERVICES-SALARY & FRI				
024 I&R SERVICES-OTHER PRGM C				
024 01 PARAMED ED PRGM-(SPECIFY)				
024 01 PARAMEDICAL ED. PROGRAM(S)				
025 INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS		2,270,539		2,270,539
026 INTENSIVE CARE UNIT		434,311		434,311
027 CORONARY CARE UNIT				
028 BURN INTENSIVE CARE UNIT				
029 SURGICAL INTENSIVE CARE U				
033 NURSERY		75,968		75,968
037 ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		1,101,338		1,101,338
038 RECOVERY ROOM		17,348		17,348
039 DELIVERY ROOM & LABOR ROO				
040 ANESTHESIOLOGY		37,410		37,410
041 RADIOLOGY-DIAGNOSTIC		1,247,299		1,247,299
043 RADIOISOTOPE		10,090		10,090
044 LABORATORY		334,410		334,410
049 RESPIRATORY THERAPY		121,100		121,100
050 PHYSICAL THERAPY		79,408		79,408
051 OCCUPATIONAL THERAPY		5,869		5,869
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY		185,699		185,699
054 ELECTROENCEPHALOGRAPHY		142		142
055 MEDICAL SUPPLIES CHARGED		77,520		77,520
056 DRUGS CHARGED TO PATIENTS		288,770		288,770
059 OTHER ANCILLARY SERVICE C		26,850		26,850
060 OUTPAT SERVICE COST CNTRS				
060 CLINIC		2,042		2,042
061 EMERGENCY		485,017		485,017
062 OBSERVATION BEDS (NON-DIS				
062 SPEC PURPOSE COST CENTERS				
095 SUBTOTALS		6,801,130		6,801,130
096 NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP				
098 PHYSICIANS' PRIVATE OFFIC				
098 01 NONREIM PARAMED RT				
100 OTHER NONREIMBURSABLE COS		73,945		73,945
101 CROSS FOOT ADJUSTMENTS		32,313		32,313
102 NEGATIVE COST CENTER				
103 TOTAL		6,907,388		6,907,388

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG & (SQ. FEET) OLD	OSTS-MVBLE (SQ. FEET) OLD	OSTS-BLDG & (SQ. FEET) OLD	OSTS-MVBLE (SQ. FEET) OLD	(GROSS) SALARIES	
	1	2	3	4	5	6a.00
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	277,642					
002 OLD CAP REL COSTS-MVB		277,642				
003 NEW CAP REL COSTS-BLD			277,642			
004 NEW CAP REL COSTS-MVB				277,642		
005 EMPLOYEE BENEFITS	3,375	3,375	3,375	3,375	52,163,683	
006 ADMIN STRATIVE & GENE	43,241	43,241	43,241	43,241	6,759,401	-25,888,156
008 OPERATION OF PLANT	30,393	30,393	30,393	30,393	2,053,216	
009 LAUNDRY & LINEN SERVI	2,788	2,788	2,788	2,788		
010 HOUSEKEEPING	2,607	2,607	2,607	2,607	1,376,490	
011 DIETARY	4,814	4,814	4,814	4,814	748,928	
012 CAFETERIA	8,756	8,756	8,756	8,756	439,846	
014 NURSING ADMIN STRATIO	3,170	3,170	3,170	3,170	1,813,199	
015 CENTRAL SERVICES & SU						
016 PHARMACY	4,239	4,239	4,239	4,239	1,839,501	
017 MEDICAL RECORDS & LIB	2,501	2,501	2,501	2,501	869,679	
018 SOCIAL SERVICE						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM-(SPEC	1,107	1,107	1,107	1,107	223,230	
024 01 PARAMEDICAL ED. PROGR						
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	71,072	71,072	71,072	71,072	16,698,781	
026 INTENSIVE CARE UNIT	11,265	11,265	11,265	11,265	3,803,354	
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
033 NURSERY	2,021	2,021	2,021	2,021	917,001	
ANCILLARY SRVC COST C						
037 OPERATING ROOM	27,900	27,900	27,900	27,900	3,291,157	
038 RECOVERY ROOM					573,515	
039 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY					36,806	
041 RADIOLOGY-DIAGNOSTIC	18,683	18,683	18,683	18,683	3,468,698	
043 RADIOISOTOPE	154	154	154	154	196,910	
044 LABORATORY	10,329	10,329	10,329	10,329	1,031	
049 RESPIRATORY THERAPY	2,584	2,584	2,584	2,584	1,190,666	
050 PHYSICAL THERAPY	2,343	2,343	2,343	2,343	737,705	
051 OCCUPATIONAL THERAPY					259,275	
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY	6,822	6,822	6,822	6,822	649,151	
054 ELECTROENCEPHALOGRAPH						
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
059 OTHER ANCILLARY SERVI	734	734	734	734		
OUTPAT SERVICE COST C						
060 CLINIC					44,475	
061 EMERGENCY	14,402	14,402	14,402	14,402	3,989,790	
062 OBSERVATION BEDS (NON						
SPEC PURPOSE COST CEN						
095 SUBTOTALS	275,300	275,300	275,300	275,300	51,981,805	-25,888,156
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
098 PHYSICIANS' PRIVATE O						
098 01 NONREIM PARAMED RT						
100 OTHER NONREIMBURSABLE	2,342	2,342	2,342	2,342	181,878	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	14,120	4,895	2,715,917	2,455,902	13,137,018	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	.050857		9.782083		.251842	
(WRKSHT B, PT I)		.017631		8.845571		
105 COST TO BE ALLOCATED					232	
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER					.000004	
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					75,461	
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.001447	
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 5/26/2010

14-0048

FROM 1/ 1/2009

WORKSHEET B-1

TO 12/31/2009

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	(ACCUM. COST)	(SQ. FEET) OLD	(LAUNDRY) LBS	(SQ. FEET) OLD	(MEALS) SERVED	(GROSS) SALARIES	(NSG FTE)
	6	8	9	10	11	12	14
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	103,039,817						
008 OPERATION OF PLANT	9,026,991	200,633					
009 LAUNDRY & LINEN SERVICE	864,644	2,788	1,105,857				
010 HOUSEKEEPING	2,336,881	2,607	6,936	195,238			
011 DIETARY	1,789,085	4,814	1,241	4,814	354,524		
012 CAFETERIA	595,947	8,756		8,756	216,751	40,785,802	
014 NURSING ADMINISTRATION	2,616,818	3,170		3,170		1,813,199	1,689,573
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	2,578,213	4,239		4,239		1,839,501	
017 MEDICAL RECORDS & LIBRARY	1,725,382	2,501		2,501		869,679	
018 SOCIAL SERVICE							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL	166,243						
024 PARAMEDICAL PRGM-(SPECIAL)	293,816	1,107		1,107		223,230	
024 01 PARAMEDICAL ED. PROGRAM							
025 INPATIENT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRICS	24,864,686	71,072	471,172	71,072	119,587	16,698,781	997,972
026 INTENSIVE CARE UNIT	6,179,650	11,265	155,293	11,265	18,186	3,803,354	204,388
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE UNIT							
033 NURSERY	1,280,874	2,021	16,294	2,021		917,001	47,942
037 ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	5,528,260	27,900	106,847	27,900		3,291,157	164,510
038 RECOVERY ROOM	801,114		13,960			573,515	27,606
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY	1,371,512					36,806	2,136
041 RADIOLOGY-DIAGNOSTIC	6,938,707	18,683	75,444	18,683		3,468,698	31,639
043 RADIOISOTOPE	338,180	154	21,465	154		196,910	
044 LABORATORY	8,546,926	10,329		10,329		1,031	324
049 RESPIRATORY THERAPY	1,731,061	2,584		2,584		1,190,666	18
050 PHYSICAL THERAPY	1,210,896	2,343	14,677	2,343		737,705	3
051 OCCUPATIONAL THERAPY	348,867					259,275	
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	1,336,416	6,822	16,260	6,822		649,151	668
054 ELECTROENCEPHALOGRAPHY	14,855						
055 MEDICAL SUPPLIES CHARACTERIZED	8,112,214						
056 DRUGS CHARGED TO PATIENTS	4,469,516						
059 OTHER ANCILLARY SERVICE COST CENTER	861,065	734	20,085	734			
060 OUTPAT SERVICE COST CENTER							
060 CLINIC	156,449					44,475	1,146
061 EMERGENCY	6,473,245	14,402	186,183	14,402		3,989,790	209,538
062 OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER)							
095 SUBTOTALS	102,558,513	198,291	1,105,857	192,896	354,524	40,603,924	1,687,890
096 NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE OFFICE							
098 01 NONREIMBURSABLE PARAMEDICAL							
100 OTHER NONREIMBURSABLE	481,304	2,342		2,342		181,878	1,683
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	25,888,156	11,294,968	1,238,836	3,078,543	2,586,892	2,958,264	3,634,238
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.251244	56.296661	1.120250	15.768155	7.296804	.072532	2.150980
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	2,988	2,352	249	286	448	1,008	387
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	.000029	.011723	.000225	.001465	.001264	.000025	.000229
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	984,669	798,927	71,298	88,014	134,171	290,279	118,890
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.009556	3.982032	.064473	.450804	.378454	.007117	.070367

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 5/26/2010

14-0048

FROM 1/ 1/2009

WORKSHEET B-1

TO 12/31/2009

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (MED SUPPL COSTS)	PHARMACY COSTS (PHARM ) COSTS	MEDICAL RECORDS & LIBRARY (MED REC ) TIME	SOCIAL SERVICE (SOC SERV ) TIME	I&R SERVICES- SALARY & FRI (I&RHRS )	I&R SERVICES- OTHER PRGM C (I&RHRS )	PARAMED ED PRGM-(SPECIFY) (PARAMED ) HRS XRAY
	15	16	17	18	22	23	24
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	8,086,118						
016 PHARMACY	18,941	4,467,867					
017 MEDICAL RECORDS & LIBRARY			14,134				
018 SOCIAL SERVICE							
022 I&R SERVICES-SALARY & FRI					9,547		
023 I&R SERVICES-OTHER PRGM C						9,547	
024 PARAMED ED PRGM-(SPECIFY)	506						100
024 01 PARAMEDICAL ED. PROGRAM							
025 INPAT ROUTINE SRVC CNTR							
025 ADULTS & PEDIATRICS	942,635	229,456	4,340		2,080	2,080	
026 INTENSIVE CARE UNIT	410,946	70,309					
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE							
033 NURSERY	65,674	2,202	491				
037 ANCILLARY SRVC COST CENTER							
037 OPERATING ROOM	4,132,256	75,458	1,648				
038 RECOVERY ROOM	26,366	3,108					
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY	140,681	55,951					
041 RADIOLOGY-DIAGNOSTIC	1,155,379	36,705	717				100
043 RADIOISOTOPE	257,379	1,232					
044 LABORATORY	297		2,451				
049 RESPIRATORY THERAPY	266,107		289				
050 PHYSICAL THERAPY	42,698	143	29				
051 OCCUPATIONAL THERAPY	1,178						
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	23,645	3,126	1,258				
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENT		3,843,223	411				
059 OTHER ANCILLARY SERVICE COST CENTER	15,713	3,668					
060 CLINIC	910						
061 EMERGENCY	554,807	143,286	2,500		7,467	7,467	
062 OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER)							
095 SUBTOTALS	8,056,118	4,467,867	14,134		9,547	9,547	100
096 NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE OFFICE							
098 01 NONREIMBURSABLE PARAMEDICAL							
100 OTHER NONREIMBURSABLE	30,000						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)		3,664,880	2,402,188			208,011	463,602
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.820275				21.788101	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		475	169.958115279			5	4,636.020000107
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)		.000106				.000524	
107 COST TO BE ALLOCATED (WRKSHT B, PART III)		283,230	83,502	.019740		1,589	1.07000030,724
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		.063393				.166440	
			5.907882				307.240000

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0048  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/26/2010  
 WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMEDICAL E D. PROGRAM(S)	(PARAMED HRS RT )
		24.01
001 GENERAL SERVICE COST		
002 OLD CAP REL COSTS-BLD		
003 OLD CAP REL COSTS-MVB		
004 NEW CAP REL COSTS-BLD		
005 NEW CAP REL COSTS-MVB		
006 EMPLOYEE BENEFITS		
008 ADMINISTRATIVE & GENE		
009 OPERATION OF PLANT		
010 LAUNDRY & LINEN SERVI		
011 HOUSEKEEPING		
012 DIETARY		
014 CAFETERIA		
015 NURSING ADMINISTRATION		
016 CENTRAL SERVICES & SU		
017 PHARMACY		
018 MEDICAL RECORDS & LIB		
022 SOCIAL SERVICE		
023 I&R SERVICES-SALARY &		
024 I&R SERVICES-OTHER PR		
025 PARAMED ED PRGM-(SPEC		
026 01 PARAMEDICAL ED. PROGR		
027 INPAT ROUTINE SRVC CN		
028 ADULTS & PEDIATRICS		
029 INTENSIVE CARE UNIT		
033 CORONARY CARE UNIT		
037 BURN INTENSIVE CARE U		
038 SURGICAL INTENSIVE CA		
039 NURSERY		
040 ANCILLARY SRVC COST C		
041 OPERATING ROOM		
043 RECOVERY ROOM		
044 DELIVERY ROOM & LABOR		
049 ANESTHESIOLOGY		
050 RADIOLOGY-DIAGNOSTIC		
051 RADIOISOTOPE		
052 LABORATORY		
053 RESPIRATORY THERAPY		
054 PHYSICAL THERAPY		
055 OCCUPATIONAL THERAPY		
056 SPEECH PATHOLOGY		
059 ELECTROCARDIOLOGY		
060 ELECTROENCEPHALOGRAPH		
061 MEDICAL SUPPLIES CHAR		
062 DRUGS CHARGED TO PATI		
066 OTHER ANCILLARY SERVI		
067 OUTPAT SERVICE COST C		
068 CLINIC		
069 EMERGENCY		
070 OBSERVATION BEDS (NON		
071 SPEC PURPOSE COST CEN		
072 SUBTOTALS		
073 NONREIMBURS COST CENT		
074 GIFT, FLOWER, COFFEE		
075 01 PHYSICIANS' PRIVATE O		
076 NONREIM PARAMED RT		
077 OTHER NONREIMBURSABLE		
078 CROSS FOOT ADJUSTMENT		
079 NEGATIVE COST CENTER		
080 COST TO BE ALLOCATED		
081 (PER WRKSHT B, PART		
082 UNIT COST MULTIPLIER		
083 (WRKSHT B, PT I)		
084 COST TO BE ALLOCATED		
085 (PER WRKSHT B, PART		
086 UNIT COST MULTIPLIER		
087 (WRKSHT B, PT II)		
088 COST TO BE ALLOCATED		
089 (PER WRKSHT B, PART		
090 UNIT COST MULTIPLIER		
091 (WRKSHT B, PT III)		

## COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:

PERIOD:

PREPARED 5/26/2010

14-0048

FROM 1/ 1/2009

WORKSHEET C

TO 12/31/2009

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	41,917,669		41,917,669		41,917,669
26	INTENSIVE CARE UNIT	9,623,900		9,623,900		9,623,900
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
33	NURSERY	2,021,471		2,021,471		2,021,471
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	9,982,065		9,982,065		9,982,065
38	RECOVERY ROOM	1,121,555		1,121,555		1,121,555
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	1,769,255		1,769,255		1,769,255
41	RADIOLOGY-DIAGNOSTIC	11,048,136		11,048,136		11,048,136
43	RADIOISOTOPE	473,583		473,583		473,583
44	LABORATORY	11,855,986		11,855,986		11,855,986
49	RESPIRATORY THERAPY	2,487,714		2,487,714		2,487,714
50	PHYSICAL THERAPY	1,758,975		1,758,975		1,758,975
51	OCCUPATIONAL THERAPY	455,324		455,324		455,324
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	2,446,916		2,446,916		2,446,916
54	ELECTROENCEPHALOGRAPHY	18,587		18,587		18,587
55	MEDICAL SUPPLIES CHARGED	10,150,359		10,150,359		10,150,359
56	DRUGS CHARGED TO PATIENTS	8,814,809		8,814,809		8,814,809
59	OTHER ANCILLARY SERVICE C	1,155,807		1,155,807		1,155,807
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	201,447		201,447		201,447
61	EMERGENCY	10,628,587		10,628,587		10,628,587
62	OBSERVATION BEDS (NON-DIS	5,543,768		5,543,768		5,543,768
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	133,475,913		133,475,913		133,475,913
102	LESS OBSERVATION BEDS	5,543,768		5,543,768		5,543,768
103	TOTAL	127,932,145		127,932,145		127,932,145

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	58,527,035		58,527,035			
26	INTENSIVE CARE UNIT	16,282,235		16,282,235			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY	3,710,148		3,710,148			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	10,985,984	17,592,102	28,578,086	.349291	.349291	.349291
38	RECOVERY ROOM	2,927,344	4,105,725	7,033,069	.159469	.159469	.159469
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	3,567,840	2,542,725	6,110,565	.289540	.289540	.289540
41	RADIOLOGY-DIAGNOSTIC	28,288,417	40,295,771	68,584,188	.161089	.161089	.161089
43	RADIOISOTOPE	2,902,012	3,445,041	6,347,053	.074615	.074615	.074615
44	LABORATORY	36,728,200	16,058,451	52,786,651	.224602	.224602	.224602
49	RESPIRATORY THERAPY	13,387,008	2,653,460	16,040,468	.155090	.155090	.155090
50	PHYSICAL THERAPY	1,639,586	3,249,718	4,889,304	.359760	.359760	.359760
51	OCCUPATIONAL THERAPY	559,935	831,010	1,390,945	.327349	.327349	.327349
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	7,064,157	5,019,999	12,084,156	.202490	.202490	.202490
54	ELECTROENCEPHALOGRAPHY	399,671	104,580	504,251	.036861	.036861	.036861
55	MEDICAL SUPPLIES CHARGED	12,078,265	5,508,212	17,586,477	.577168	.577168	.577168
56	DRUGS CHARGED TO PATIENTS	42,144,045	5,925,211	48,069,256	.183377	.183377	.183377
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS	2,825,972	2,092	2,828,064	.408692	.408692	.408692
60	CLINIC		77,340	77,340	2.604694	2.604694	2.604694
61	EMERGENCY	15,575,103	29,246,357	44,821,460	.237132	.237132	.237132
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		5,313,077	5,313,077	1.043419	1.043419	1.043419
101	SUBTOTAL	259,592,957	141,970,871	401,563,828			
102	LESS OBSERVATION BEDS						
103	TOTAL	259,592,957	141,970,871	401,563,828			





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	9,982,065	1,103,975	8,878,090			9,982,065
38	RECOVERY ROOM	1,121,555	17,396	1,104,159			1,121,555
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,769,255	37,457	1,731,798			1,769,255
41	RADIOLOGY-DIAGNOSTIC	11,048,136	1,249,168	9,798,968			11,048,136
43	RADIOISOTOPE	473,583	10,124	463,459			473,583
44	LABORATORY	11,855,986	335,549	11,520,437			11,855,986
49	RESPIRATORY THERAPY	2,487,714	121,402	2,366,312			2,487,714
50	PHYSICAL THERAPY	1,758,975	79,658	1,679,317			1,758,975
51	OCCUPATIONAL THERAPY	455,324	5,886	449,438			455,324
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,446,916	186,343	2,260,573			2,446,916
54	ELECTROENCEPHALOGRAPHY	18,587	142	18,445			18,587
55	MEDICAL SUPPLIES CHARGED	10,150,359	77,755	10,072,604			10,150,359
56	DRUGS CHARGED TO PATIENTS	8,814,809	289,319	8,525,490			8,814,809
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS	1,155,807	26,940	1,128,867			1,155,807
60	CLINIC	201,447	2,048	199,399			201,447
61	EMERGENCY	10,628,587	486,651	10,141,936			10,628,587
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	5,543,768	301,298	5,242,470			5,543,768
101	SUBTOTAL	79,912,873	4,331,111	75,581,762			79,912,873
102	LESS OBSERVATION BEDS	5,543,768	301,298	5,242,470			5,543,768
103	TOTAL	74,369,105	4,029,813	70,339,292			74,369,105

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	28,578,086	.349291	.349291
38	RECOVERY ROOM	7,033,069	.159469	.159469
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	6,110,565	.289540	.289540
41	RADIOLOGY-DIAGNOSTIC	68,584,188	.161089	.161089
43	RADIOISOTOPE	6,347,053	.074615	.074615
44	LABORATORY	52,786,651	.224602	.224602
49	RESPIRATORY THERAPY	16,040,468	.155090	.155090
50	PHYSICAL THERAPY	4,889,304	.359760	.359760
51	OCCUPATIONAL THERAPY	1,390,945	.327349	.327349
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	12,084,156	.202490	.202490
54	ELECTROENCEPHALOGRAPHY	504,251	.036861	.036861
55	MEDICAL SUPPLIES CHARGED	17,586,477	.577168	.577168
56	DRUGS CHARGED TO PATIENTS	48,069,256	.183377	.183377
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS	2,828,064	.408692	.408692
60	CLINIC	77,340	2.604694	2.604694
61	EMERGENCY	44,821,460	.237132	.237132
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	5,313,077	1.043419	1.043419
101	SUBTOTAL	323,044,410		
102	LESS OBSERVATION BEDS	5,313,077		
103	TOTAL	317,731,333		

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	9,982,065	1,103,975	8,878,090	110,398	514,929	9,356,738
38	RECOVERY ROOM	1,121,555	17,396	1,104,159	1,740	64,041	1,055,774
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,769,255	37,457	1,731,798	3,746	100,444	1,665,065
41	RADIOLOGY-DIAGNOSTIC	11,048,136	1,249,168	9,798,968	124,917	568,340	10,354,879
43	RADIOISOTOPE	473,583	10,124	463,459	1,012	26,881	445,690
44	LABORATORY	11,855,986	335,549	11,520,437	33,555	668,185	11,154,246
49	RESPIRATORY THERAPY	2,487,714	121,402	2,366,312	12,140	137,246	2,338,328
50	PHYSICAL THERAPY	1,758,975	79,658	1,679,317	7,966	97,400	1,653,609
51	OCCUPATIONAL THERAPY	455,324	5,886	449,438	589	26,067	428,668
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,446,916	186,343	2,260,573	18,634	131,113	2,297,169
54	ELECTROENCEPHALOGRAPHY	18,587	142	18,445	14	1,070	17,503
55	MEDICAL SUPPLIES CHARGED	10,150,359	77,755	10,072,604	7,776	584,211	9,558,372
56	DRUGS CHARGED TO PATIENTS	8,814,809	289,319	8,525,490	28,932	494,478	8,291,399
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS	1,155,807	26,940	1,128,867	2,694	65,474	1,087,639
60	CLINIC	201,447	2,048	199,399	205	11,565	189,677
61	EMERGENCY	10,791,279	486,651	10,304,628	48,665	597,668	10,144,946
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	5,543,768	301,298	5,242,470	30,130	304,063	5,209,575
101	SUBTOTAL	80,075,565	4,331,111	75,744,454	433,113	4,393,175	75,249,277
102	LESS OBSERVATION BEDS	5,543,768	301,298	5,242,470	30,130	304,063	5,209,575
103	TOTAL	74,531,797	4,029,813	70,501,984	402,983	4,089,112	70,039,702

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	28,578,086	.327410	.345428
38	RECOVERY ROOM	7,033,069	.150116	.159221
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	6,110,565	.272490	.288927
41	RADIOLOGY-DIAGNOSTIC	68,584,188	.150981	.159267
43	RADIOISOTOPE	6,347,053	.070220	.074455
44	LABORATORY	52,786,651	.211308	.223966
49	RESPIRATORY THERAPY	16,040,468	.145777	.154333
50	PHYSICAL THERAPY	4,889,304	.338209	.358131
51	OCCUPATIONAL THERAPY	1,390,945	.308185	.326925
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	12,084,156	.190098	.200948
54	ELECTROENCEPHALOGRAPHY	504,251	.034711	.036833
55	MEDICAL SUPPLIES CHARGED	17,586,477	.543507	.576726
56	DRUGS CHARGED TO PATIENTS	48,069,256	.172489	.182775
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS	2,828,064	.384588	.407739
60	CLINIC	77,340	2.452508	2.602043
61	EMERGENCY	44,821,460	.226341	.239676
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	5,313,077	.980519	1.037749
101	SUBTOTAL	323,044,410		
102	LESS OBSERVATION BEDS	5,313,077		
103	TOTAL	317,731,333		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO:  
14-0048

PERIOD:  
FROM 1/1/2009  
TO 12/31/2009

PREPARED 5/26/2010  
WORKSHEET D  
PART I

TITLE XVIII, PART A

PPS

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	7,615		7,615	2,270,539		2,270,539
26	INTENSIVE CARE UNIT	1,322		1,322	434,311		434,311
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY	255		255	75,968		75,968
101	TOTAL	9,192		9,192	2,780,818		2,780,818

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	39,288	13,544	.19	2,573	57.79	782,708
26	INTENSIVE CARE UNIT	6,623	2,631	.20	526	65.58	172,541
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY	4,283		.06		17.74	
101	TOTAL	50,194	16,175		3,099		955,249

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0048  
 COMPONENT NO: 14-0048  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/26/2010  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,637	1,101,338	28,578,086	3,689,504	.000092	339
38	RECOVERY ROOM	48	17,348	7,033,069	821,680	.000007	6
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	47	37,410	6,110,565	708,899	.000008	6
41	RADIOLOGY-DIAGNOSTIC	1,869	1,247,299	68,584,188	11,064,207	.000027	299
43	RADIOISOTOPE	34	10,090	6,347,053	1,208,737	.000005	6
44	LABORATORY	1,139	334,410	52,786,651	14,040,156	.000022	309
49	RESPIRATORY THERAPY	302	121,100	16,040,468	6,017,136	.000019	114
50	PHYSICAL THERAPY	250	79,408	4,889,304	849,152	.000051	43
51	OCCUPATIONAL THERAPY	17	5,869	1,390,945	288,160	.000012	3
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	644	185,699	12,084,156	2,817,056	.000053	149
54	ELECTROENCEPHALOGRAPHY		142	504,251	200,404		
55	MEDICAL SUPPLIES CHARGED	235	77,520	17,586,477	3,764,495	.000013	49
56	DRUGS CHARGED TO PATIENTS	549	288,770	48,069,256	16,287,732	.000011	179
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS	90	26,850	2,828,064	1,480,094	.000032	47
60	CLINIC	6	2,042	77,340		.000078	
61	EMERGENCY	1,634	485,017	44,821,460	6,040,087	.000036	217
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,009	300,289	5,313,077		.000190	
101	TOTAL	10,510	4,320,601	323,044,410	69,277,499		1,766

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0048  
 COMPONENT NO: 14-0048  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/26/2010  
 WORKSHEET D  
 PART II  
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.038538	142,186
38	RECOVERY ROOM	.002467	2,027
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY	.006122	4,340
41	RADIOLOGY-DIAGNOSTIC	.018186	201,214
43	RADIOISOTOPE	.001590	1,922
44	LABORATORY	.006335	88,944
49	RESPIRATORY THERAPY	.007550	45,429
50	PHYSICAL THERAPY	.016241	13,791
51	OCCUPATIONAL THERAPY	.004219	1,216
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.015367	43,290
54	ELECTROENCEPHALOGRAPHY	.000282	57
55	MEDICAL SUPPLIES CHARGED	.004408	16,594
56	DRUGS CHARGED TO PATIENTS	.006007	97,840
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS	.009494	14,052
60	CLINIC	.026403	
61	EMERGENCY	.010821	65,360
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	.056519	
101	TOTAL		738,262

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

PROVIDER NO: 14-0048  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/26/2010  
 WORKSHEET D  
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS						
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
101	TOTAL						

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

PROVIDER NO:	PERIOD:	PREPARED
14-0048	FROM 1/ 1/2009	5/26/2010
	TO 12/31/2009	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	39,288		13,544	
26	INTENSIVE CARE UNIT	6,623		2,631	
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE U				
33	NURSERY	4,283			
101	TOTAL	50,194		16,175	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
	OPERATING ROOM											
38	RECOVERY ROOM											
39	DELIVERY ROOM & LABOR ROO											
40	ANESTHESIOLOGY											
41	RADIOLOGY-DIAGNOSTIC						463,602					
43	RADIOISOTOPE											
44	LABORATORY											
49	RESPIRATORY THERAPY											
50	PHYSICAL THERAPY											
51	OCCUPATIONAL THERAPY											
52	SPEECH PATHOLOGY											
53	ELECTROCARDIOLOGY											
54	ELECTROENCEPHALOGRAPHY											
55	MEDICAL SUPPLIES CHARGED											
56	DRUGS CHARGED TO PATIENTS											
59	OTHER ANCILLARY SERVICE C											
	OUTPAT SERVICE COST CNTRS											
60	CLINIC											
61	EMERGENCY											
62	OBSERVATION BEDS (NON-DIS											
	OTHER REIMBURS COST CNTRS											
101	TOTAL						463,602					

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			28,578,086			3,689,504	
38	OPERATING ROOM			7,033,069			821,680	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO			6,110,565			708,899	
41	ANESTHESIOLOGY	463,602	463,602	68,584,188	.006760	.006760	11,064,207	74,794
43	RADIOLOGY-DIAGNOSTIC			6,347,053			1,208,737	
44	RADIOISOTOPE			52,786,651			14,040,156	
49	LABORATORY			16,040,468			6,017,136	
50	RESPIRATORY THERAPY			4,889,304			849,152	
51	PHYSICAL THERAPY			1,390,945			288,160	
52	OCCUPATIONAL THERAPY							
53	SPEECH PATHOLOGY			12,084,156			2,817,056	
54	ELECTROCARDIOLOGY			504,251			200,404	
55	ELECTROENCEPHALOGRAPHY			17,586,477			3,764,495	
56	MEDICAL SUPPLIES CHARGED			48,069,256			16,287,732	
59	DRUGS CHARGED TO PATIENTS			2,828,064			1,480,094	
60	OTHER ANCILLARY SERVICE C							
61	OUTPAT SERVICE COST CNTRS			77,340				
62	CLINIC			44,821,460			6,040,087	
	EMERGENCY			5,313,077				
	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
101	TOTAL	463,602	463,602	323,044,410			69,277,499	74,794

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,814,444					
38	RECOVERY ROOM	583,700					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	387,042					
41	RADIOLOGY-DIAGNOSTIC	6,648,356			44,943		
43	RADIOISOTOPE	1,023,578					
44	LABORATORY	45,308					
49	RESPIRATORY THERAPY	315,236					
50	PHYSICAL THERAPY	35,259					
51	OCCUPATIONAL THERAPY	80,139					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,205,143					
54	ELECTROENCEPHALOGRAPHY	23,962					
55	MEDICAL SUPPLIES CHARGED	876,937					
56	DRUGS CHARGED TO PATIENTS	968,381					
59	OTHER ANCILLARY SERVICE C	2,087					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	29,743					
61	EMERGENCY	3,181,072					
62	OBSERVATION BEDS (NON-DIS	1,129,555					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	19,349,942			44,943		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 14-0048  
 COMPONENT NO: 14-0048  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/26/2010  
 WORKSHEET D  
 PART V

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.349291	.349291			
38 RECOVERY ROOM	.159469	.159469			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.289540	.289540			
41 RADIOLOGY-DIAGNOSTIC	.161089	.161089			
43 RADIOISOTOPE	.074615	.074615			
44 LABORATORY	.224602	.224602			
49 RESPIRATORY THERAPY	.155090	.155090			
50 PHYSICAL THERAPY	.359760	.359760			
51 OCCUPATIONAL THERAPY	.327349	.327349			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY	.202490	.202490			
54 ELECTROENCEPHALOGRAPHY	.036861	.036861			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.577168	.577168			
56 DRUGS CHARGED TO PATIENTS	.183377	.183377			
59 OTHER ANCILLARY SERVICE COST CENTERS	.408692	.408692			
OUTPAT SERVICE COST CNTRS					
60 CLINIC	2.604694	2.604694			
61 EMERGENCY	.237132	.237132			
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.043419	1.043419			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					



























TITLE XVIII, PART A      HOSPITAL      PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		18,897,601	
26	INTENSIVE CARE UNIT		7,031,180	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.349291	3,689,504	1,288,711
38	RECOVERY ROOM	.159469	821,680	131,032
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.289540	708,899	205,255
41	RADIOLOGY-DIAGNOSTIC	.161089	11,064,207	1,782,322
43	RADIOISOTOPE	.074615	1,208,737	90,190
44	LABORATORY	.224602	14,040,156	3,153,447
49	RESPIRATORY THERAPY	.155090	6,017,136	933,198
50	PHYSICAL THERAPY	.359760	849,152	305,491
51	OCCUPATIONAL THERAPY	.327349	288,160	94,329
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.202490	2,817,056	570,426
54	ELECTROENCEPHALOGRAPHY	.036861	200,404	7,387
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.577168	3,764,495	2,172,746
56	DRUGS CHARGED TO PATIENTS	.183377	16,287,732	2,986,795
59	OTHER ANCILLARY SERVICE COST CENTERS OUTPAT SERVICE COST CNTRS	.408692	1,480,094	604,903
60	CLINIC	2.604694		
61	EMERGENCY	.237132	6,040,087	1,432,298
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.043419		
101	TOTAL		69,277,499	15,758,530
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		69,277,499	

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		22,218,475	
26	INTENSIVE CARE UNIT		3,167,390	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.349291	1,689,876	590,258
38	RECOVERY ROOM	.159469	488,934	77,970
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.289540	1,219,502	353,095
41	RADIOLOGY-DIAGNOSTIC	.161089	5,831,509	939,392
43	RADIOISOTOPE	.074615	541,610	40,412
44	LABORATORY	.224602	9,003,496	2,022,203
49	RESPIRATORY THERAPY	.155090	2,976,124	461,567
50	PHYSICAL THERAPY	.359760	257,934	92,794
51	OCCUPATIONAL THERAPY	.327349	90,634	29,669
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.202490	1,388,054	281,067
54	ELECTROENCEPHALOGRAPHY	.036861	83,436	3,076
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.577168	1,643,075	948,330
56	DRUGS CHARGED TO PATIENTS	.183377	10,415,580	1,909,978
59	OTHER ANCILLARY SERVICE COST CENTERS OUTPAT SERVICE COST CNTRS	.408692	586,668	239,767
60	CLINIC	2.604694		
61	EMERGENCY	.240761	3,540,193	852,340
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.043419		
101	TOTAL		39,756,625	8,841,918
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		39,756,625	



CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	30,424,578	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	30,424,578	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	2,120,700	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	158,482	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	74,794	
16 TOTAL	32,778,554	
17 PRIMARY PAYER PAYMENTS	18,461	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	32,760,093	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,232,672	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	90,948	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,284,261	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	898,983	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	875,501	
22 SUBTOTAL	31,335,456	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	31,335,456	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	29,262,832	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	2,072,624	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	3,872
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	5,328,486
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	3,630,896
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	827
1.04	LINE 1.01 TIMES LINE 1.03.	4,406,658
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	82.40
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.	44,943
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	3,872
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	21,116
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	21,116
	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)	21,116
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	17,244
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	3,872
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	3,675,839
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	938,379
19	SUBTOTAL (SEE INSTRUCTIONS)	2,741,332
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	25,055
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	2,766,387
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	2,766,387
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	498,273
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	348,791
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	386,278
28	SUBTOTAL	3,115,178
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	3,115,178
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	2,715,508
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	399,670
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)	



TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		1.02
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	1.50
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	1.50	1.50
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		2.59
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		1.50
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.		.59
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.		2.00
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		2.59
3.10	SEE INSTRUCTIONS		1.50
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		2.00
3.12	SEE INSTRUCTIONS		3.16
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)		2.33
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	2.38
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)		2.38
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		132,714.84
3.18	SEE INSTRUCTIONS		315,861
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		.55
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		.49
3.21	SEE INSTRUCTIONS	RES INIT YEARS	.46
3.22	SEE INSTRUCTIONS		.46
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		132,714.84
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		61,049
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		376,910

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		16,175
5	TOTAL INPATIENT DAYS		40,715
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.397274
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	149,737	149,737
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		4,252
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		40,715
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.		33,800
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
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES

TITLE XVIII

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

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	34,032,136
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	18,461
16	TOTAL PART A REASONABLE COST	34,013,675

PART B REASONABLE COST

17	REASONABLE COST	5,377,301
18	PRIMARY PAYER PAYMENTS	
19	TOTAL PART B REASONABLE COST	5,377,301
20	TOTAL REASONABLE COST	39,390,976
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.863489
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.136511

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)	183,537
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	158,482
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	25,055

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 11,694
- 5 TOTAL INPATIENT DAYS 40,715
- 6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. LN 6 \* LN 3.25 + E-3, 6 L 11 .287216
- 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)
- 6.03 ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE. 40,715
- 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
- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES

TITLE XIX

- 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)		
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	1.02	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		

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)	1.00
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	1.02
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP	1.00

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	344,977,000			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	254,797,000			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY				
8 PREPAID EXPENSES				
9 OTHER CURRENT ASSETS	295,677,000			
10 DUE FROM OTHER FUNDS	49,969,000			
11 TOTAL CURRENT ASSETS	945,420,000			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS	75,140,000			
13.01 LESS ACCUMULATED DEPRECIATION BUILDINGS	1518,205,000			
14.01 LESS ACCUMULATED DEPRECIATION LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION MAJOR MOVABLE EQUIPMENT	856,975,000			
18.01 LESS ACCUMULATED DEPRECIATION MINOR EQUIPMENT DEPRECIABLE	-1450,866,000			
19.01 LESS ACCUMULATED DEPRECIATION MINOR EQUIPMENT-NONDEPRECIABLE				
20 TOTAL FIXED ASSETS	999,454,000			
OTHER ASSETS				
22 INVESTMENTS	2119,130,000			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	158,391,000			
26 TOTAL OTHER ASSETS	2277,521,000			
27 TOTAL ASSETS	4222,395,000			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	103,764,000			
29 SALARIES, WAGES & FEES PAYABLE	204,985,000			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	167,219,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	401,973,000			
36 TOTAL CURRENT LIABILITIES	877,941,000			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66	757,903,000			
41 OTHER LONG TERM LIABILITIES	736,829,000			
42 TOTAL LONG-TERM LIABILITIES	1,494,732,000			
43 TOTAL LIABILITIES	2,372,673,000			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	1,849,722,000			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
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	1,849,722,000			
52 TOTAL LIABILITIES AND FUND BALANCES	4,222,395,000			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		1,864,376,471		
2	NET INCOME (LOSS)		-14,654,471		
3	TOTAL		1,849,722,000		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		1,849,722,000		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		1,849,722,000		

		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	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	53,472,851		53,472,851
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	53,472,851		53,472,851
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	16,282,235		16,282,235
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	16,282,235		16,282,235
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	69,755,086		69,755,086
17 00 ANCILLARY SERVICES	174,262,768	107,411,437	281,674,205
18 00 OUTPATIENT SERVICES	15,496,559	36,415,847	51,912,406
24 00			
25 00 TOTAL PATIENT REVENUES	259,514,413	143,827,284	403,341,697

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		141,847,275	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00 CORPORATE ALLOCATION	9,910,360		
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		9,910,360	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		151,757,635	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0048 PERIOD: FROM 1/1/2009 TO 12/31/2009 PREPARED 5/26/2010 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	403,341,697
2	LESS: ALLOWANCES AND DISCOUNTS ON	268,030,523
3	NET PATIENT REVENUES	135,311,174
4	LESS: TOTAL OPERATING EXPENSES	151,757,635
5	NET INCOME FROM SERVICE TO PATIENT	-16,446,461
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	INTERCOMPANY/MISCELLANEOUS	1,826,853
24.01	PREMIUMS EARNED	
24.02		
25	TOTAL OTHER INCOME	1,826,853
26	TOTAL	-14,619,608
	OTHER EXPENSES	
27	NET NON OPERATING INCOME	34,863
28		
29		
30	TOTAL OTHER EXPENSES	34,863
31	NET INCOME (OR LOSS) FOR THE PERIO	-14,654,471

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0048	FROM 1/ 1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET L
14-0048		PARTS I-IV

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	1,874,229
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	42,180
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	111.55
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	4.55
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	1.16
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	21,741
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	11.90
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	34.02
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	45.92
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	9.74
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	182,550
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2,120,700
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)	