

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0051		FROM 1/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 9/30/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 2/24/2010 TIME 9:27

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: SKOKIE HOSPITAL 14-0051 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2009 AND ENDING 9/30/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	10,968	329,078		0
2	SUBPROVIDER	0	94,347	0		0
100	TOTAL	0	105,315	329,078		0

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 14-0051
 PERIOD: FROM 1/1/2009 TO 9/30/2009
 PREPARED 2/24/2010 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

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

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
0	1	2	2.01	3	V	XVIII	XIX
02.00 HOSPITAL	SKOKIE HOSPITAL	14-0051		7/1/1966	N	P	0
03.00 SUBPROVIDER	SKOKIE HOSPITAL PSYCH	14-S051		10/1/1989	N	P	0

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/1/2009 TO: 9/30/2009

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 4

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 16974

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA \$5105 OR MIPPA \$147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA \$147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED SLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? Y

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? Y

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. Y

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

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 14-0051
 PERIOD: FROM 1/1/2009 TO 9/30/2009
 PREPARED 2/24/2010 WORKSHEET S-2

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

PROVIDER NO: 14-0051
PERIOD: FROM 1/1/2009 TO 9/30/2009
PREPARED 2/24/2010
WORKSHEET S-2

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

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

MULTI CAMPUS

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

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

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

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 1/12/2010

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0051
PERIOD: FROM 1/1/2009 TO 9/30/2009
PREPARED 2/24/2010
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	158	44,484				16,886	3,407
2 HMO						566	
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	158	44,484				16,886	3,407
6 INTENSIVE CARE UNIT	12	3,276				2,040	
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT	8	2,184				44	
11 NURSERY							
12 TOTAL	178	49,944				18,970	3,407
13 RPCH VISITS							
14 SUBPROVIDER	26	7,098				1,912	719
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
25 TOTAL	204						185
26 OBSERVATION BED DAYS							185
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL ADMITTED 6.01	--- INTERNS & RES. FTES --- OBSERVATION BEDS NOT ADMITTED 6.02	TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			27,270				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			27,270				
6 INTENSIVE CARE UNIT			2,114				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT			1,132				
11 NURSERY							
12 TOTAL			30,516			26.50	
13 RPCH VISITS							
14 SUBPROVIDER			3,865				
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
25 TOTAL						26.50	
26 OBSERVATION BED DAYS	37	148	2,388	617	1,771		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	--- FULL TIME EQUIV --- EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13 3,930	TITLE XIX 14 272	TOTAL ALL PATIENTS 15 6,171
1 ADULTS & PEDIATRICS							
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	26.50	942.64			3,930	272	6,171
13 RPCH VISITS							
14 SUBPROVIDER		38.33			236	73	513
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
25 TOTAL	26.50	980.97					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							

HOSPITAL AND HOSPITAL HEALTH CARE
 COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0051
 PERIOD: FROM 1/1/2009 TO 9/30/2009
 PREPARED 2/24/2010
 WORKSHEET S-3
 PART I

COMPONENT	I & R FTES		--- FULL TIME EQUIV ---		----- DISCHARGES -----			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX		
27 AMBULANCE TRIPS	9	10	11	12	13	14	15	
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0051
 PERIOD: FROM 1/1/2009 TO 9/30/2009
 PREPARED 2/24/2010
 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	41,938,670		41,938,670	1,960,698.00	21.39	
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	1,795,151		1,795,151	86,560.00	20.74	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	3,811,745		3,811,745	234,851.00	16.23	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	8,866,825		8,866,825			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	379,537		379,537			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-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	240,062		240,062	9,573.00	25.08	
22 ADMINISTRATIVE & GENERAL	4,836,781		4,836,781	184,106.00	26.27	
22.01 A & G UNDER CONTRACT	289,100		289,100	1,688.00	171.27	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING						
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY						
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,058,057		1,058,057	32,070.00	32.99	
31 CENTRAL SERVICE AND SUPPLY	456,188		456,188	39,530.00	11.54	
32 PHARMACY	1,733,388		1,733,388	62,807.00	27.60	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	692,685		692,685	31,187.00	22.21	
34 SOCIAL SERVICE	703,462		703,462	24,335.00	28.91	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	42,227,770		42,227,770	1,962,386.00	21.52	
2 EXCLUDED AREA SALARIES	1,795,151		1,795,151	86,560.00	20.74	
3 SUBTOTAL SALARIES	40,432,619		40,432,619	1,875,826.00	21.55	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	3,811,745		3,811,745	234,851.00	16.23	
5 SUBTOTAL WAGE-RELATED COSTS	8,866,825		8,866,825		21.93	
6 TOTAL	53,111,189		53,111,189	2,110,677.00	25.16	
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	10,009,723		10,009,723	385,296.00	25.98	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0051	FROM 1/ 1/2009	2/24/2010
	TO 9/30/2009	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	4,427,389
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	4,427,389
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)	.302746
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
 | PROVIDER NO: | PERIOD: | PREPARED 2/24/2010
 | 14-0051 | FROM 1/ 1/2009 | WORKSHEET S-10
 | | TO 9/30/2009 |
 | | |

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	25,013,499
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	7,572,737
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	39,119,391
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	11,843,239
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	7,572,737

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0051
 PERIOD: FROM 1/1/2009 TO 9/30/2009
 PREPARED 2/24/2010
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		6,372,439	6,372,439	65,877	6,438,316
3.01	0301 NEW CAP REL COSTS-OOH				196,075	196,075
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		4,677,444	4,677,444	-2,147,433	2,530,011
5	0500 EMPLOYEE BENEFITS	240,062	109,580	349,642		349,642
6.01	0610 NONPATIENT TELEPHONES	195,149	559,689	754,838		754,838
6.02	0620 DATA PROCESSING	614,165	3,201,822	3,815,987		3,815,987
6.03	0630 PURCHASING, RECEIVING AND STORES	364,092	304,965	669,057		669,057
6.04	0640 ADMITTING	773,821	236,606	1,010,427		1,010,427
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	519,318	548,274	1,067,592		1,067,592
6.06	0661 OTHER ADMINISTRATIVE AND GENERAL	2,370,236	9,228,206	11,598,442	-952,927	10,645,515
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT		5,769,668	5,769,668	48,857	5,818,525
9	0900 LAUNDRY & LINEN SERVICE		456,575	456,575		456,575
10	1000 HOUSEKEEPING		1,749,239	1,749,239		1,749,239
11	1100 DIETARY		2,246,692	2,246,692		2,246,692
12	1200 CAFETERIA		342,487	342,487		342,487
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	1,058,057	377,488	1,435,545		1,435,545
15	1500 CENTRAL SERVICES & SUPPLY	456,188	2,799,097	3,255,285	243,401	3,498,686
16	1600 PHARMACY	1,733,388	4,736,739	6,470,127	-4,197,682	2,272,445
17	1700 MEDICAL RECORDS & LIBRARY	692,685	883,820	1,576,505		1,576,505
18	1800 SOCIAL SERVICE	703,462	171,450	874,912		874,912
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		2,040,581	2,040,581		2,040,581
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMED ED PRGM					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	9,623,446	3,413,143	13,036,589		13,036,589
26	2600 INTENSIVE CARE UNIT	1,616,768	528,051	2,144,819		2,144,819
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT	1,118,788	432,269	1,551,057		1,551,057
31	3100 SUBPROVIDER	1,568,481	441,124	2,009,605		2,009,605
33	3300 NURSERY					
34	3400 SKILLED NURSING FACILITY					
35	3500 NURSING FACILITY					
35.01	3510 ICF/MR					
36	3600 OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	2,931,934	12,002,249	14,934,183		14,934,183
38	3800 RECOVERY ROOM	721,790	258,790	980,580		980,580
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY	1,328,153	503,136	1,831,289		1,831,289
41	4100 RADIOLOGY-DIAGNOSTIC	1,658,136	1,248,492	2,906,628		2,906,628
42	4200 RADIOLOGY-THERAPEUTIC					
43	4300 RADIOISOTOPE	353,094	781,858	1,134,952		1,134,952
43.01	4301 PURCHASED SCAN	1,036,184	2,037,984	3,074,168		3,074,168
43.02	4302 ULTRASOUND	375,263	91,408	466,671		466,671
43.03	4303 BREAST IMAGING	290,705	87,272	377,977		377,977
43.04	4304 CARDIAC CATH LAB	555,545	2,594,121	3,149,666		3,149,666
44	4400 LABORATORY	1,787,239	2,066,214	3,853,453		3,853,453
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS	152,290	916,180	1,068,470		1,068,470
47	4700 BLOOD STORING, PROCESSING & TRANS.					
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	909,420	346,170	1,255,590		1,255,590
50	5000 PHYSICAL THERAPY	795,788	201,766	997,554		997,554
51	5100 OCCUPATIONAL THERAPY	183,353	44,351	227,704		227,704
51.01	5101 OCCUPATIONAL THERAPY-PSYCH	119,146	34,582	153,728		153,728
52	5200 SPEECH PATHOLOGY	52,551	12,041	64,592		64,592
53	5300 ELECTROCARDIOLOGY	715,884	265,881	981,765		981,765
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				2,821,321	2,821,321
56	5600 DRUGS CHARGED TO PATIENTS				4,197,682	4,197,682
58	5800 ASC (NON-DISTINCT PART)					
58.02	5802 CARDIAC CATH LAB	122,805	34,260	157,065		157,065
58.04	5804 SPECIAL DIAGNOSTICS	12,727	4,272	16,999		16,999
58.05	5805 INPATIENT RENAL DIALYSIS		160,196	160,196		160,196
58.06	5806 OP SURGERY	1,786,069	961,450	2,747,519		2,747,519
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	72,255	17,585	89,840		89,840
61	6100 EMERGENCY	2,103,563	984,833	3,088,396		3,088,396
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	41,712,000	77,282,539	118,994,539	275,171	119,269,710
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		33,676	33,676		33,676
98	9800 PHYSICIANS' PRIVATE OFFICES	68,287	793,330	861,617	-275,171	586,446
98.01	9801 GHP/WH		939	939		939
98.02	9802 PHYSICIAN REFERRAL/DEVELOPMENT	158,383	160,726	319,109		319,109
99	9900 NONPAID WORKERS					
101	TOTAL	41,938,670	78,271,210	120,209,880	-0-	120,209,880

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010
I 14-0051 I FROM 1/ 1/2009 I WORKSHEET A
I I TO 9/30/2009 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT		6,438,316
3.01 0301	NEW CAP REL COSTS-OOH		196,075
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	-584,856	1,945,155
5 0500	EMPLOYEE BENEFITS		349,642
6.01 0610	NONPATIENT TELEPHONES	-102,518	652,320
6.02 0620	DATA PROCESSING		3,815,987
6.03 0630	PURCHASING, RECEIVING AND STORES		669,057
6.04 0640	ADMITTING		1,010,427
6.05 0650	CASHIERING/ACCOUNTS RECEIVABLE		1,067,592
6.06 0661	OTHER ADMINISTRATIVE AND GENERAL	-447,750	10,197,765
7 0700	MAINTENANCE & REPAIRS		
8 0800	OPERATION OF PLANT	75,201	5,893,726
9 0900	LAUNDRY & LINEN SERVICE		456,575
10 1000	HOUSEKEEPING		1,749,239
11 1100	DIETARY	-9,451	2,237,241
12 1200	CAFETERIA		342,487
13 1300	MAINTENANCE OF PERSONNEL		
14 1400	NURSING ADMINISTRATION		1,435,545
15 1500	CENTRAL SERVICES & SUPPLY		3,498,686
16 1600	PHARMACY		2,272,445
17 1700	MEDICAL RECORDS & LIBRARY		1,576,505
18 1800	SOCIAL SERVICE		874,912
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		2,040,581
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		
24 2400	PARAMED ED PRGM		
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS		13,036,589
26 2600	INTENSIVE CARE UNIT		2,144,819
27 2700	CORONARY CARE UNIT		
28 2800	BURN INTENSIVE CARE UNIT		
29 2900	SURGICAL INTENSIVE CARE UNIT		1,551,057
31 3100	SUBPROVIDER		2,009,605
33 3300	NURSERY		
34 3400	SKILLED NURSING FACILITY		
35 3500	NURSING FACILITY		
35.01 3510	ICF/MR		
36 3600	OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM		14,934,183
38 3800	RECOVERY ROOM		980,580
39 3900	DELIVERY ROOM & LABOR ROOM		
40 4000	ANESTHESIOLOGY		1,831,289
41 4100	RADIOLOGY-DIAGNOSTIC		2,906,628
42 4200	RADIOLOGY-THERAPEUTIC		
43 4300	RADIOISOTOPE		1,134,952
43.01 4301	PURCHASED SCAN		3,074,168
43.02 4302	ULTRASOUND		466,671
43.03 4303	BREAST IMAGING		377,977
43.04 4304	CARDIAC CATH LAB		3,149,666
44 4400	LABORATORY		3,853,453
45 4500	PBP CLINICAL LAB SERVICES-PRGM ONLY		
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		1,068,470
47 4700	BLOOD STORING, PROCESSING & TRANS.		
48 4800	INTRAVENOUS THERAPY		
49 4900	RESPIRATORY THERAPY		1,255,590
50 5000	PHYSICAL THERAPY		997,554
51 5100	OCCUPATIONAL THERAPY		227,704
51.01 5101	OCCUPATIONAL THERAPY-PSYCH		153,728
52 5200	SPEECH PATHOLOGY		64,592
53 5300	ELECTROCARDIOLOGY		981,765
54 5400	ELECTROENCEPHALOGRAPHY		
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		2,821,321
56 5600	DRUGS CHARGED TO PATIENTS		4,197,682
58 5800	ASC (NON-DISTINCT PART)		
58.02 5802	CARDIAC CATH LAB		157,065
58.04 5804	SPECIAL DIAGNOSTICS		16,999
58.05 5805	INPATIENT RENAL DIALYSIS		160,196
58.06 5806	OP SURGERY		2,747,519
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		89,840
61 6100	EMERGENCY		3,088,396
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-1,069,374	118,200,336
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		33,676
98 9800	PHYSICIANS' PRIVATE OFFICES		586,446
98.01 9801	GHP/WH		939
98.02 9802	PHYSICIAN REFERRAL/DEVELOPMENT		319,109
99 9900	NONPAID WORKERS		
101	TOTAL	-1,069,374	119,140,506

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010
 I 14-0051 I FROM 1/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 9/30/2009 I

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-OOH	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMINISTRATIVE	0640	ADMINISTRATIVE
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0661	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMEDICAL PRGM	2400	
	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	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
43.01	PURCHASED SCAN	4301	RADIOISOTOPE
43.02	ULTRASOUND	4302	RADIOISOTOPE
43.03	BREAST IMAGING	4303	RADIOISOTOPE
43.04	CARDIAC CATH LAB	4304	RADIOISOTOPE
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
51.01	OCCUPATIONAL THERAPY-PSYCH	5101	OCCUPATIONAL THERAPY
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
58	ASC (NON-DISTINCT PART)	5800	
58.02	CARDIAC CATH LAB	5802	ASC (NON-DISTINCT PART)
58.04	SPECIAL DIAGNOSTICS	5804	ASC (NON-DISTINCT PART)
58.05	INPATIENT RENAL DIALYSIS	5805	ASC (NON-DISTINCT PART)
58.06	OP SURGERY	5806	ASC (NON-DISTINCT PART)
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	GHP/WH	9801	PHYSICIANS' PRIVATE OFFICES
98.02	PHYSICIAN REFERRAL/DEVELOPMENT	9802	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140051

PERIOD:
FROM 1/ 1/2009
TO 9/30/2009

PREPARED 2/24/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 INSURANCE	C	NEW CAP REL COSTS-BLDG & FIXT	3		22,618
2		NEW CAP REL COSTS-MVBLE EQUIP	4		3,991
3 CHARGEABLE DRUGS	E	DRUGS CHARGED TO PATIENTS	56		4,197,682
4 CHARGEABLE MED SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		1,185,728
5 C/S RENTAL COST	G	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		103,571
6 CAPITAL	H	OTHER ADMINISTRATIVE AND GENERAL	6.06		605,704
7		OPERATION OF PLANT	8		13,698
8		CENTRAL SERVICES & SUPPLY	15		1,532,022
9		CENTRAL SERVICES & SUPPLY	15		678
10 OOH CAPITAL COST	I	NEW CAP REL COSTS-OOH	3.01		192,844
11		NEW CAP REL COSTS-BLDG & FIXT	3		46,571
12		OPERATION OF PLANT	8		17,893
13 OOH FACILITY COST	J	NEW CAP REL COSTS-OOH	3.01		3,231
14		OPERATION OF PLANT	8		17,266
15 MEDICAL SUPPLIES	R	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		1,532,022
36 TOTAL RECLASSIFICATIONS					9,475,519

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO: 140051	PERIOD: FROM 1/ 1/2009 TO 9/30/2009	PREPARED 2/24/2010 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10	
	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8		OTHER 9
1 INSURANCE	C	OTHER ADMINISTRATIVE AND GENERAL	6.06		26,609	9
2						9
3 CHARGEABLE DRUGS	E	PHARMACY	16		4,197,682	
4 CHARGEABLE MED SUPPLIES	F	CENTRAL SERVICES & SUPPLY	15		1,185,728	
5 C/S RENTAL COST	G	CENTRAL SERVICES & SUPPLY	15		103,571	
6 CAPITAL	H	NEW CAP REL COSTS-MVBLE EQUIP	4		2,151,424	9
7		NEW CAP REL COSTS-BLDG & FIXT	3		678	9
8						
9						
10 OOH CAPITAL COST	I	NEW CAP REL COSTS-BLDG & FIXT	3		2,634	9
11		PHYSICIANS' PRIVATE OFFICES	98		254,674	9
12						
13 OOH FACILITY COST	J	PHYSICIANS' PRIVATE OFFICES	98		3,231	9
14		PHYSICIANS' PRIVATE OFFICES	98		17,266	
15 MEDICAL SUPPLIES	R	OTHER ADMINISTRATIVE AND GENERAL	6.06		1,532,022	
36 TOTAL RECLASSIFICATIONS					9,475,519	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO: 140051	PERIOD: FROM 1/ 1/2009 TO 9/30/2009	PREPARED 2/24/2010 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: C
EXPLANATION : INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	22,618	OTHER ADMINISTRATIVE AND GENER	6.06	26,609	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	3,991			0	
TOTAL RECLASSIFICATIONS FOR CODE C			26,609				26,609

RECLASS CODE: E
EXPLANATION : CHARGEABLE DRUGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	4,197,682	PHARMACY	16	4,197,682	
TOTAL RECLASSIFICATIONS FOR CODE E			4,197,682				4,197,682

RECLASS CODE: F
EXPLANATION : CHARGEABLE MED SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	1,185,728	CENTRAL SERVICES & SUPPLY	15	1,185,728	
TOTAL RECLASSIFICATIONS FOR CODE F			1,185,728				1,185,728

RECLASS CODE: G
EXPLANATION : C/S RENTAL COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	103,571	CENTRAL SERVICES & SUPPLY	15	103,571	
TOTAL RECLASSIFICATIONS FOR CODE G			103,571				103,571

RECLASS CODE: H
EXPLANATION : CAPITAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	605,704	NEW CAP REL COSTS-MVBLE EQUIP	4	2,151,424	
2.00	OPERATION OF PLANT	8	13,698	NEW CAP REL COSTS-BLDG & FIXT	3	678	
3.00	CENTRAL SERVICES & SUPPLY	15	1,532,022			0	
4.00	CENTRAL SERVICES & SUPPLY	15	678			0	
TOTAL RECLASSIFICATIONS FOR CODE H			2,152,102				2,152,102

RECLASS CODE: I
EXPLANATION : 00H CAPITAL COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-00H	3.01	192,844	NEW CAP REL COSTS-BLDG & FIXT	3	2,634	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	46,571	PHYSICIANS' PRIVATE OFFICES	98	254,674	
3.00	OPERATION OF PLANT	8	17,893			0	
TOTAL RECLASSIFICATIONS FOR CODE I			257,308				257,308

RECLASS CODE: J
EXPLANATION : 00H FACILITY COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-00H	3.01	3,231	PHYSICIANS' PRIVATE OFFICES	98	3,231	
2.00	OPERATION OF PLANT	8	17,266	PHYSICIANS' PRIVATE OFFICES	98	17,266	
TOTAL RECLASSIFICATIONS FOR CODE J			20,497				20,497

RECLASS CODE: R
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	1,532,022	OTHER ADMINISTRATIVE AND GENER	6.06	1,532,022	
TOTAL RECLASSIFICATIONS FOR CODE R			1,532,022				1,532,022

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND		26,269,250		26,269,250		26,269,250	
2 LAND IMPROVEMENTS		1,927,350		1,927,350		1,927,350	
3 BUILDINGS & FIXTURE		56,455,988		56,455,988		56,455,988	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT		20,094,444		20,094,444	3,373	20,091,071	
6 MOVABLE EQUIPMENT							
7 SUBTOTAL		104,747,032		104,747,032	3,373	104,743,659	
8 RECONCILING ITEMS							
9 TOTAL		104,747,032		104,747,032	3,373	104,743,659	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS
		1	2	3	4	5	6	7
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	104,743,659		104,743,659	1.000000			
3 01	NEW CAP REL COSTS-00							
4	NEW CAP REL COSTS-MV							
5	TOTAL	104,743,659		104,743,659	1.000000			

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	6,438,316						6,438,316
3 01	NEW CAP REL COSTS-00	196,075						196,075
4	NEW CAP REL COSTS-MV	1,945,155						1,945,155
5	TOTAL	8,579,546						8,579,546

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	6,372,439						6,372,439
3 01	NEW CAP REL COSTS-00							
4	NEW CAP REL COSTS-MV	4,677,444						4,677,444
5	TOTAL	11,049,883						11,049,883

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON	LINE NO 4	WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3		
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	B	-102,518	NONPATIENT TELEPHONES	6.01	
10 TELEVISION AND RADIO SERVICE	B	-1,124	OPERATION OF PLANT	8	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2				
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-9,451	DIETARY	11	
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			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 REAL ESTATE TAXES	A	-447,750	OTHER ADMINISTRATIVE AND	6.06	
38 OTHER ADJUSTMENTS (SPECIFY)					
39 OTHER ADJUSTMENTS (SPECIFY)					
40 OTHER ADJUSTMENTS (SPECIFY)					
41 OTHER ADJUSTMENTS (SPECIFY)					
42 OTHER ADJUSTMENTS (SPECIFY)					
42.01 OTHER ADJUSTMENTS (SPECIFY)					
42.02 OTHER ADJUSTMENTS (SPECIFY)					
42.03 OTHER ADJUSTMENTS (SPECIFY)					
42.04 DEPR POST 33098 ASSETS <5K FY05 AMOU	A	-136,932	NEW CAP REL COSTS-MVBLE E	4	9
42.05 DEPR POST 33098 ASSETS <5K FY06 AMOU	A	-232,458	NEW CAP REL COSTS-MVBLE E	4	9
42.06 DEPR POST 33098 ASSETS <5K FY07 AMOU	A	-113,528	NEW CAP REL COSTS-MVBLE E	4	9
42.07 DEPR POST 33098 ASSETS <5K FY6/30/08	A	-90,338	NEW CAP REL COSTS-MVBLE E	4	9
42.08 DEPR POST 33098 ASSETS <5K FY12/31/0	A	-11,600	NEW CAP REL COSTS-MVBLE E	4	9
43 OTHER ADJUSTMENTS (SPECIFY)					
44 OTHER ADJUSTMENTS (SPECIFY)					
45 OTHER ADJUSTMENTS (SPECIFY)					
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 KENTON KNOX OPERATING COSTS	A	76,325	OPERATION OF PLANT	8	
50 TOTAL (SUM OF LINES 1 THRU 49)		-1,069,374			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0051
 PERIOD: FROM 1/1/2009 TO 9/30/2009
 PREPARED 2/24/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
3.01	NEW CAP REL COSTS-OOH	28	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	23	PHONES		ENTERED
6.02	DATA PROCESSING	24	TIME SPENT		ENTERED
6.03	PURCHASING, RECEIVING AND STORES	25	SUPPLIES EXP		ENTERED
6.04	ADMINISTRATIVE	C	GROSS	CHARGES	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	C	GROSS	CHARGES	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE	FEET	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE	FEET	ENTERED
11	DIETARY	26	MEALS	SERVED	ENTERED
12	CAFETERIA	11	FTES SERVED		ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED	TIME	NOT ENTERED
21	NURSING SCHOOL	19	ASSIGNED	TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED	TIME	NOT ENTERED
24	PARAMED ED PRGM	22	ASSIGNED	TIME	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0051
 PERIOD: FROM 1/1/2009 TO 9/30/2009
 PREPARED 2/24/2010
 WORKSHEET B PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-00H 3.01	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &	6,438,316			6,438,316			
004 01 NEW CAP REL COSTS-00H	196,075				196,075		
004 01 NEW CAP REL COSTS-MVBLE E	1,945,155					1,945,155	
005 EMPLOYEE BENEFITS	349,642					880	412,900
006 01 NONPATIENT TELEPHONES	652,320			288,802		6,060	1,932
006 02 DATA PROCESSING	3,815,987			156,038		354,965	6,081
006 03 PURCHASING, RECEIVING AND	669,057			77,944			3,605
006 04 ADMINITTING	1,010,427			13,097		439	7,662
006 05 CASHIERING/ACCOUNTS RECEI	1,067,592			25,295		5,326	5,142
006 06 OTHER ADMINISTRATIVE AND	10,197,765			64,436	3,333	4,775	23,470
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	5,893,726			1,189,033		2,690	
009 LAUNDRY & LINEN SERVICE	456,575						
010 HOUSEKEEPING	1,749,239			89,582		4,651	
011 DIETARY	2,237,241			206,629	1,636	12,267	
012 CAFETERIA	342,487			204,421		5,208	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,435,545			50,628	6,575	404,882	10,477
015 CENTRAL SERVICES & SUPPLY	3,498,686			157,123		20,269	4,517
016 PHARMACY	2,272,445			117,646		1,012	17,164
017 MEDICAL RECORDS & LIBRARY	1,576,505					29,903	6,859
018 SOCIAL SERVICE	874,912						6,966
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	2,040,581			49,431			
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	13,036,589			1,054,437		62,805	95,295
026 INTENSIVE CARE UNIT	2,144,819			212,317		7,226	16,009
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U	1,551,057			175,870		4,098	11,078
031 SUBPROVIDER	2,009,605				38,236	3,336	15,531
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	14,934,183			302,946		254,450	29,032
038 RECOVERY ROOM	980,580			115,925		769	7,147
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	1,831,289			9,954		45,374	13,151
041 RADIOLOGY-DIAGNOSTIC	2,906,628			248,875		202,369	16,419
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	1,134,952			74,689		24,827	3,496
043 01 PURCHASED SCAN	3,074,168			133,212		1,409	10,260
043 02 ULTRASOUND	466,671			28,289		4,043	3,716
043 03 BREAST IMAGING	377,977			102,454		47,257	2,879
043 04 CARDIAC CATH LAB	3,149,666			84,642		129,809	5,501
044 LABORATORY	3,853,453			22,339		60,050	17,697
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED	1,068,470			18,710		2,576	1,508
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,255,590			76,560		17,206	9,005
050 PHYSICAL THERAPY	997,554			182,157		3,446	7,880
051 OCCUPATIONAL THERAPY	227,704					337	1,816
051 01 OCCUPATIONAL THERAPY-PSYC	153,728				13,089		1,180
052 SPEECH PATHOLOGY	64,592			10,028		165	520
053 ELECTROCARDIOLOGY	981,765			22,452		64,600	7,089
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	2,821,321						
056 DRUGS CHARGED TO PATIENTS	4,197,682						
058 ASC (NON-DISTINCT PART)							
058 02 CARDIAC CATH LAB	157,065			76,148		5,072	1,216
058 04 SPECIAL DIAGNOSTICS	16,999			24,023		1,011	126
058 05 INPATIENT RENAL DIALYSIS	160,196			17,812			
058 06 OP SURGERY	2,747,519			325,248		16,090	17,686
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	89,840						715
061 EMERGENCY	3,088,396			325,323		107,167	20,829
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	118,200,336			6,396,893	62,869	1,918,819	410,656
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP	33,676			28,775			
098 PHYSICIANS' PRIVATE OFFIC	586,446				133,206	15,275	676
098 01 GHP/WH	939					652	
098 02 PHYSICIAN REFERRAL/DEVELO	319,109			12,648		10,409	1,568
099 NONPAID WORKERS							

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0051
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 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	0	1	2	3	3.01	4	5
NONREIMBURS COST CENTERS								
CROSS FOOT ADJUSTMENT								
NEGATIVE COST CENTER								
TOTAL	119,140,506				6,438,316	196,075	1,945,155	412,900

COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL	OTHER ADMINISTRATIVE
	6.01	6.02	6.03	6.04	6.05	6a.05	6.06
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-00H							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	949,114						
006 02 DATA PROCESSING	55,916	4,388,987					
006 03 PURCHASING, RECEIVING AND	16,532		767,138				
006 04 ADMINISTRATION	26,256	430,618	899	1,489,398			
006 05 CASHIERING/ACCOUNTS RECEI		3,329,005	591		4,432,951		
006 06 OTHER ADMINISTRATIVE AND	95,787	629,364	3,602			11,022,532	11,022,532
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	34,522		1,921			7,121,892	726,070
009 LAUNDRY & LINEN SERVICE						456,575	46,547
010 HOUSEKEEPING	3,404		3,873			1,850,749	188,682
011 DIETARY	6,807		3,662			2,468,242	251,635
012 CAFETERIA			1,781			553,897	56,469
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	20,422		451			1,928,980	196,658
015 CENTRAL SERVICES & SUPPLY	5,835		85,296			3,771,726	384,524
016 PHARMACY	18,963		3,795			2,431,025	247,841
017 MEDICAL RECORDS & LIBRARY			3,068			1,616,335	164,784
018 SOCIAL SERVICE						881,878	89,907
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI			33			2,090,045	213,078
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM							
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	202,269		27,201	139,452	415,040	15,033,088	1,532,608
026 INTENSIVE CARE UNIT	18,477		4,953	22,813	67,897	2,494,511	254,313
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U	12,642		5,703	11,945	35,551	1,807,944	184,318
031 SUBPROVIDER	20,908		1,864	21,610	64,317	2,175,407	221,781
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	62,237		375,746	273,421	813,931	17,045,946	1,737,827
038 RECOVERY ROOM	10,697		2,887	32,086	95,495	1,245,586	126,986
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	7,293		11,731	25,560	76,074	2,020,426	205,980
041 RADIOLOGY-DIAGNOSTIC	104,539		18,355	75,281	224,052	3,796,518	387,051
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE			10,766	35,051	104,321	1,388,102	141,516
043 01 PURCHASED SCAN	20,908		13,375	149,906	446,154	3,849,392	392,442
043 02 ULTRASOUND	972		92	12,578	37,435	553,796	56,459
043 03 BREAST IMAGING			553	5,503	16,379	553,002	56,378
043 04 CARDIAC CATH LAB			86,285	124,317	369,994	3,950,214	402,720
044 LABORATORY	39,384		31,412	156,485	465,734	4,646,554	473,712
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED			30,636	22,121	65,837	1,209,858	123,344
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	11,183		4,271	29,818	88,746	1,492,379	152,147
050 PHYSICAL THERAPY			424	13,624	40,547	1,245,632	126,991
051 OCCUPATIONAL THERAPY			14	4,893	14,561	249,325	25,418
051 01 OCCUPATIONAL THERAPY-PSYC				1,308	3,894	173,199	17,657
052 SPEECH PATHOLOGY			1	1,243	3,698	80,247	8,181
053 ELECTROCARDIOLOGY			1,362	51,973	154,683	1,283,924	130,895
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED				35,735	106,354	2,963,410	302,117
056 DRUGS CHARGED TO PATIENTS				108,215	322,073	4,627,970	471,817
058 ASC (NON-DISTINCT PART)							
058 02 CARDIAC CATH LAB	16,532		89	1,609	4,789	262,520	26,764
058 04 SPECIAL DIAGNOSTICS			15	892	2,655	45,721	4,661
058 05 INPATIENT RENAL DIALYSIS	972		70	2,423	7,211	188,684	19,236
058 06 OP SURGERY	22,853		12,640	48,610	144,674	3,335,320	340,033
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			19	294	875	91,743	9,353
061 EMERGENCY	36,467		13,687	80,632	239,980	3,912,481	398,874
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	872,777	4,388,987	763,123	1,489,398	4,432,951	117,916,775	10,897,774
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			1,191			63,642	6,488
098 PHYSICIANS' PRIVATE OFFIC	56,888		2,190			794,681	81,017
098 01 GHP/WH	15,559		480			17,630	1,797
098 02 PHYSICIAN REFERRAL/DEVELO	3,890		154			347,778	35,456
099 NONPAID WORKERS							

COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	TELEPHONE DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINISTRATIVE AND
	6.01	6.02	6.03	6.04	6.05	6a.05	6.06
101 NONREIMBURS COST CENTERS							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	949,114	4,388,987	767,138	1,489,398	4,432,951	119,140,506	11,022,532

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL
	7	8	9	10	11	12	13
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-00H							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		7,847,962					
009 LAUNDRY & LINEN SERVICE			503,122				
010 HOUSEKEEPING		154,130	5,650	2,199,211			
011 DIETARY		355,517		101,621	3,177,015		
012 CAFETERIA		351,718		100,535		1,062,619	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		87,109		24,899			19,288
015 CENTRAL SERVICES & SUPPLY		270,340	12,435	77,274			23,772
016 PHARMACY		202,417		57,859			37,768
017 MEDICAL RECORDS & LIBRARY							18,753
018 SOCIAL SERVICE							14,635
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI		85,049		24,310			
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM							
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		1,814,217	135,676	518,579	2,680,336	343,497	
026 INTENSIVE CARE UNIT		365,303	28,842	104,418	95,967	46,821	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U		302,595	11,251	86,494	51,343	32,937	
031 SUBPROVIDER					349,369	47,938	
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		521,236	29,459	148,991		78,689	
038 RECOVERY ROOM		199,455	16,950	57,012		18,697	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY		17,126		4,895		10,976	
041 RADIOLOGY-DIAGNOSTIC		428,204	17,517	122,398		51,212	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE		128,506	14,137	36,732		8,724	
043 01 PURCHASED SCAN		229,200	22,625	65,515		27,046	
043 02 ULTRASOUND		48,673	14,137	13,913		8,443	
043 03 BREAST IMAGING		176,278	16,950	50,387		5,891	
043 04 CARDIAC CATH LAB		145,632	28,842	41,628		17,862	
044 LABORATORY		38,436		10,987		58,182	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED		32,191		9,201		3,565	
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		131,725		37,652		28,894	
050 PHYSICAL THERAPY		313,411	18,652	89,586		17,824	
051 OCCUPATIONAL THERAPY						2,767	
051 01 OCCUPATIONAL THERAPY-PSYC						2,664	
052 SPEECH PATHOLOGY		17,254		4,932		1,201	
053 ELECTROCARDIOLOGY		38,629	35,602	11,042		19,006	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)							
058 02 CARDIAC CATH LAB		131,017		37,450		2,251	
058 04 SPECIAL DIAGNOSTICS		41,333		11,815		366	
058 05 INPATIENT RENAL DIALYSIS		30,646		8,760			
058 06 OP SURGERY		559,608	52,010	159,959		42,356	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC						938	
061 EMERGENCY		559,736	42,387	159,995		65,537	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		7,776,691	503,122	2,178,839	3,177,015	1,058,500	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		49,510		14,152			
098 PHYSICIANS' PRIVATE OFFIC						2,918	
098 01 GHP/WH							
098 02 PHYSICIAN REFERRAL/DEVELO		21,761		6,220		1,201	
099 NONPAID WORKERS							

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 PART I

COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	MAINTENANCE OF PERSONNEL 13
NONREIMBURS COST CENTERS							
CROSS FOOT ADJUSTMENT							
NEGATIVE COST CENTER							
TOTAL		7,847,962	503,122	2,199,211	3,177,015	1,062,619	

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NONPHYSICIAN ANESTHETISTS 20	NURSING SCHOOL 21
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-00H							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	2,256,934						
015 CENTRAL SERVICES & SUPPLY		4,540,071					
016 PHARMACY		82,012	3,058,922				
017 MEDICAL RECORDS & LIBRARY				1,799,872			
018 SOCIAL SERVICE					986,420		
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,586,057	449,107	324	168,504	612,464		
026 INTENSIVE CARE UNIT	216,190	99,891	435	27,566	61,246		
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U	152,082	109,785	328	14,433	61,246		
031 SUBPROVIDER		17,269	17	26,112			
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		1,024,545	6,772	330,568	242,630		
038 RECOVERY ROOM		43,496	56	38,770			
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY		263,557	69,810	30,886			
041 RADIOLOGY-DIAGNOSTIC		238,157	118	90,964			
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE		8,847	1,724	42,354			
043 01 PURCHASED SCAN		146,009	1,807	181,136			
043 02 ULTRASOUND		6,243	16	15,199			
043 03 BREAST IMAGING		4,801		6,650			
043 04 CARDIAC CATH LAB		313,013		150,216			
044 LABORATORY		126,009	4,257	189,086			
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED		19,495	401	26,729			
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		97,179	139	36,030			
050 PHYSICAL THERAPY		6,054		16,462			
051 OCCUPATIONAL THERAPY		107		5,912			
051 01 OCCUPATIONAL THERAPY-PSYC				1,581			
052 SPEECH PATHOLOGY				1,501			
053 ELECTROCARDIOLOGY		32,547		62,801			
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED		993,032		43,179			
056 DRUGS CHARGED TO PATIENTS			2,967,131	130,760			
058 ASC (NON-DISTINCT PART)							
058 02 CARDIAC CATH LAB		980	7	1,944			
058 04 SPECIAL DIAGNOSTICS		67		1,078			
058 05 INPATIENT RENAL DIALYSIS		182		2,928			
058 06 OP SURGERY		235,420	1,642	58,737	2,945		
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC		487		355			
061 EMERGENCY	302,605	205,177	1,477	97,431	5,889		
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,256,934	4,523,468	3,056,461	1,799,872	986,420		
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC		2,978	7				
098 01 GHP/WH		13,625	2,454				
098 02 PHYSICIAN REFERRAL/DEVELO							
099 NONPAID WORKERS							

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COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
	14	15	16	17	18		20	21
NONREIMBURS COST CENTERS								
CROSS FOOT ADJUSTMENT								
NEGATIVE COST CENTER								
TOTAL	2,256,934	4,540,071	3,058,922	1,799,872	986,420			

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COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI			I&R SERVICES- OTHER PRGM C		PARAMED ED PR	POST STEP-DOWN ADJ	TOTAL
	22	23	24	25	26	27		
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
003 NEW CAP REL COSTS-BLDG &								
004 01 NEW CAP REL COSTS-00H								
004 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS								
006 01 NONPATIENT TELEPHONES								
006 02 DATA PROCESSING								
006 03 PURCHASING, RECEIVING AND								
006 04 ADMINITTING								
006 05 CASHIERING/ACCOUNTS RECEI								
006 06 OTHER ADMINISTRATIVE AND								
007 MAINTENANCE & REPAIRS								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE								
010 HOUSEKEEPING								
011 DIETARY								
012 CAFETERIA								
013 MAINTENANCE OF PERSONNEL								
014 NURSING ADMINISTRATION								
015 CENTRAL SERVICES & SUPPLY								
016 PHARMACY								
017 MEDICAL RECORDS & LIBRARY								
018 SOCIAL SERVICE								
020 NONPHYSICIAN ANESTHETISTS								
021 NURSING SCHOOL								
022 I&R SERVICES-SALARY & FRI	2,412,482							
023 I&R SERVICES-OTHER PRGM C								
024 PARAMED ED PRGM								
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	839,071			25,713,528	-839,071	24,874,457		
026 INTENSIVE CARE UNIT				3,795,503		3,795,503		
027 CORONARY CARE UNIT								
028 BURN INTENSIVE CARE UNIT								
029 SURGICAL INTENSIVE CARE U				2,814,756		2,814,756		
031 SUBPROVIDER				2,837,893		2,837,893		
033 NURSERY								
034 SKILLED NURSING FACILITY								
035 NURSING FACILITY								
035 01 ICF/MR								
036 OTHER LONG TERM CARE								
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	977,903			22,144,566	-977,903	21,166,663		
038 RECOVERY ROOM				1,747,008		1,747,008		
039 DELIVERY ROOM & LABOR ROO								
040 ANESTHESIOLOGY	549,232			3,172,888	-549,232	2,623,656		
041 RADIOLOGY-DIAGNOSTIC	18,267			5,150,406	-18,267	5,132,139		
042 RADIOLOGY-THERAPEUTIC								
043 RADIOISOTOPE				1,770,642		1,770,642		
043 01 PURCHASED SCAN				4,915,172		4,915,172		
043 02 ULTRASOUND				716,879		716,879		
043 03 BREAST IMAGING				870,337		870,337		
043 04 CARDIAC CATH LAB	9,742			5,059,869	-9,742	5,050,127		
044 LABORATORY				5,547,223		5,547,223		
045 PBP CLINICAL LAB SERVICES								
046 WHOLE BLOOD & PACKED RED				1,424,784		1,424,784		
047 BLOOD STORING, PROCESSING								
048 INTRAVENOUS THERAPY								
049 RESPIRATORY THERAPY				1,976,145		1,976,145		
050 PHYSICAL THERAPY	18,267			1,852,879	-18,267	1,834,612		
051 OCCUPATIONAL THERAPY				283,529		283,529		
051 01 OCCUPATIONAL THERAPY-PSYC				195,101		195,101		
052 SPEECH PATHOLOGY				113,316		113,316		
053 ELECTROCARDIOLOGY				1,614,446		1,614,446		
054 ELECTROENCEPHALOGRAPHY								
055 MEDICAL SUPPLIES CHARGED				4,301,738		4,301,738		
056 DRUGS CHARGED TO PATIENTS				8,197,678		8,197,678		
058 ASC (NON-DISTINCT PART)								
058 02 CARDIAC CATH LAB				462,933		462,933		
058 04 SPECIAL DIAGNOSTICS				105,041		105,041		
058 05 INPATIENT RENAL DIALYSIS				250,436		250,436		
058 06 OP SURGERY				4,788,030		4,788,030		
060 OUTPAT SERVICE COST CNTRS								
061 CLINIC				102,876		102,876		
062 EMERGENCY				5,751,589		5,751,589		
062 OBSERVATION BEDS (NON-DIS								
095 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	2,412,482			117,677,191	-2,412,482	115,264,709		
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP				133,792		133,792		
098 PHYSICIANS' PRIVATE OFFIC				881,601		881,601		
098 01 GHP/WH				35,506		35,506		
098 02 PHYSICIAN REFERRAL/DEVELO				412,416		412,416		
099 NONPAID WORKERS								

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 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	22	23	24	25	26	27
101 NONREIMBURS COST CENTERS						
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER						
TOTAL	2,412,482			119,140,506	-2,412,482	116,728,024

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0051
 PERIOD: FROM 1/1/2009 TO 9/30/2009
 PREPARED 2/24/2010
 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-OOH	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL
	0	1	2	3	3.01	4	4a
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-OOH							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				62,378		880	63,258
006 01 NONPATIENT TELEPHONES				288,802		6,060	294,862
006 02 DATA PROCESSING				156,038		354,965	511,003
006 03 PURCHASING, RECEIVING AND				77,944			77,944
006 04 ADMITTING				13,097		439	13,536
006 05 CASHIERING/ACCOUNTS RECEI				25,295		5,326	30,621
006 06 OTHER ADMINISTRATIVE AND				64,436	3,333	4,775	72,544
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT				1,189,033		2,690	1,191,723
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING				89,582		4,651	94,233
011 DIETARY				206,629	1,636	12,267	220,532
012 CAFETERIA				204,421		5,208	209,629
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION				50,628	6,575	404,882	462,085
015 CENTRAL SERVICES & SUPPLY				157,123		20,269	177,392
016 PHARMACY				117,646		1,012	118,658
017 MEDICAL RECORDS & LIBRARY						29,903	29,903
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI				49,431			49,431
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS				1,054,437		62,805	1,117,242
027 INTENSIVE CARE UNIT				212,317		7,226	219,543
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U				175,870		4,098	179,968
031 SUBPROVIDER					38,236	3,336	41,572
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM				302,946		254,450	557,396
038 RECOVERY ROOM				115,925		769	116,694
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY				9,954		45,374	55,328
041 RADIOLOGY-DIAGNOSTIC				248,875		202,369	451,244
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE				74,689		24,827	99,516
043 01 PURCHASED SCAN				133,212		1,409	134,621
043 02 ULTRASOUND				28,289		4,043	32,332
043 03 BREAST IMAGING				102,454		47,257	149,711
043 04 CARDIAC CATH LAB				84,642		129,809	214,451
044 LABORATORY				22,339		60,050	82,389
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED				18,710		2,576	21,286
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY				76,560		17,206	93,766
050 PHYSICAL THERAPY				182,157		3,446	185,603
051 OCCUPATIONAL THERAPY						337	337
051 01 OCCUPATIONAL THERAPY-PSYC					13,089		13,089
052 SPEECH PATHOLOGY				10,028		165	10,193
053 ELECTROCARDIOLOGY				22,452		64,600	87,052
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)							
058 02 CARDIAC CATH LAB				76,148		5,072	81,220
058 04 SPECIAL DIAGNOSTICS				24,023		1,011	25,034
058 05 INPATIENT RENAL DIALYSIS				17,812			17,812
058 06 OP SURGERY				325,248		16,090	341,338
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY				325,323		107,167	432,490
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS				6,396,893	62,869	1,918,819	8,378,581
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				28,775			28,775
098 PHYSICIANS' PRIVATE OFFIC					133,206	15,275	148,481
098 01 GHP/WH						652	652
098 02 PHYSICIAN REFERRAL/DEVELO				12,648		10,409	23,057
099 NONPAID WORKERS							

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0051
 PERIOD: FROM 1/1/2009 TO 9/30/2009
 PREPARED 2/24/2010
 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-00H	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL
	0	1	2	3	3.01	4	4a
101 NONREIMBURS COST CENTERS							
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL				6,438,316	196,075	1,945,155	8,579,546

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0051
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 WORKSHEET B
 PART III

	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	TELE DATA PROCESSING	PURCHASING, RECEIVING AND	RE ADMITTING	CASHIERING/AC COUNTS RECEI	OTHER ADMINISTRATIVE AND
101 NONREIMBURS COST CENTERS	5	6.01	6.02	6.03	6.04	6.05	6.06
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL	63,258	295,158	529,324	83,637	74,907	432,960	182,224

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0051
 PERIOD: FROM 1/1/2009 TO 9/30/2009
 PREPARED 2/24/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	MAINTENANCE & OPERATIONS OF REPAIRS	PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL
	7	8	9	10	11	12	13
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-00H							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		1,214,668					
009 LAUNDRY & LINEN SERVICE			769				
010 HOUSEKEEPING		23,856	9	122,697			
011 DIETARY		55,025		5,670	287,902		
012 CAFETERIA		54,437		5,609		270,802	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		13,482		1,389		4,915	
015 CENTRAL SERVICES & SUPPLY		41,842	19	4,311		6,058	
016 PHARMACY		31,329		3,228		9,625	
017 MEDICAL RECORDS & LIBRARY						4,779	
018 SOCIAL SERVICE						3,730	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI		13,163		1,356			
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		280,797	206	28,934	242,892	87,540	
026 INTENSIVE CARE UNIT		56,540	44	5,826	8,697	11,932	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U		46,834	17	4,826	4,653	8,394	
031 SUBPROVIDER					31,660	12,217	
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		80,674	45	8,312		20,053	
038 RECOVERY ROOM		30,871	26	3,181		4,765	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY		2,651		273		2,797	
041 RADIOLOGY-DIAGNOSTIC		66,275	27	6,829		13,051	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE		19,890	22	2,049		2,223	
043 01 PURCHASED SCAN		35,474	35	3,655		6,892	
043 02 ULTRASOUND		7,533	22	776		2,152	
043 03 BREAST IMAGING		27,283	26	2,811		1,501	
043 04 CARDIAC CATH LAB		22,540	44	2,322		4,552	
044 LABORATORY		5,949		613		14,827	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED		4,982		513		908	
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		20,388		2,101		7,363	
050 PHYSICAL THERAPY		48,508	29	4,998		4,542	
051 OCCUPATIONAL THERAPY						705	
051 01 OCCUPATIONAL THERAPY-PSYC						679	
052 SPEECH PATHOLOGY		2,671		275		306	
053 ELECTROCARDIOLOGY		5,979	54	616		4,844	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)							
058 02 CARDIAC CATH LAB		20,278		2,089		574	
058 04 SPECIAL DIAGNOSTICS		6,397		659		93	
058 05 INPATIENT RENAL DIALYSIS		4,743		489			
058 06 OP SURGERY		86,613	79	8,924		10,794	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC						239	
061 EMERGENCY		86,633	65	8,926		16,702	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		1,203,637	769	121,560	287,902	269,752	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		7,663		790			
098 PHYSICIANS' PRIVATE OFFIC						744	
098 01 GHP/WH							
098 02 PHYSICIAN REFERRAL/DEVELO		3,368		347		306	
099 NONPAID WORKERS							

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0051
 PERIOD: FROM 1/1/2009 TO 9/30/2009
 PREPARED 2/24/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	MAINTENANCE & OPERATIONS OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
	7	8	9	10	11	12	13
101 NONREIMBURS COST CENTERS							
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL		1,214,668	769	122,697	287,902	270,802	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
	14	15	16	17	18	20	21
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-00H							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	493,126						
015 CENTRAL SERVICES & SUPPLY		247,783					
016 PHARMACY		4,476	180,353				
017 MEDICAL RECORDS & LIBRARY				38,792			
018 SOCIAL SERVICE					6,283		
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	346,544	24,511	19	3,636		3,901	
026 INTENSIVE CARE UNIT	47,236	5,452	26	595		390	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U	33,229	5,992	19	311		390	
031 SUBPROVIDER		942	1	563			
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		55,916	399	7,089		1,545	
038 RECOVERY ROOM		2,374	3	837			
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY		14,384	4,116	666			
041 RADIOLOGY-DIAGNOSTIC		12,998	7	1,963			
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE		483	102	914			
043 01 PURCHASED SCAN		7,969	107	3,909			
043 02 ULTRASOUND		341	1	328			
043 03 BREAST IMAGING		262		143			
043 04 CARDIAC CATH LAB		17,083		3,241			
044 LABORATORY		6,877	251	4,080			
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED		1,064	24	577			
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		5,304	8	777			
050 PHYSICAL THERAPY		330		355			
051 OCCUPATIONAL THERAPY		6		128			
051 01 OCCUPATIONAL THERAPY-PSYC				34			
052 SPEECH PATHOLOGY				32			
053 ELECTROCARDIOLOGY		1,776		1,355			
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED		54,196		932			
056 DRUGS CHARGED TO PATIENTS			174,941	2,822			
058 ASC (NON-DISTINCT PART)							
058 02 CARDIAC CATH LAB		53		42			
058 04 SPECIAL DIAGNOSTICS		4		23			
058 05 INPATIENT RENAL DIALYSIS		10		63			
058 06 OP SURGERY		12,848	97	1,267		19	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC		27		8			
061 EMERGENCY	66,117	11,198	87	2,102		38	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	493,126	246,876	180,208	38,792		6,283	
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC		163					
098 01 GHP/WH		744	145				
098 02 PHYSICIAN REFERRAL/DEVELO							
099 NONPAID WORKERS							

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0051
 PERIOD: FROM 1/1/2009 TO 9/30/2009
 PREPARED 2/24/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
	14	15	16	17	18	20	21
NONREIMBURS COST CENTERS							
CROSS FOOT ADJUSTMENTS							
NEGATIVE COST CENTER							
TOTAL	493,126	247,783	180,353	38,792	6,283		

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0051
 PERIOD: FROM 1/1/2009 TO 9/30/2009
 PREPARED 2/24/2010
 WORKSHEET B
 PART III

	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	22	23	24	25	26	27
001						
002						
003						
003	01					
004						
005						
006	01					
006	02					
006	03					
006	04					
006	05					
006	06					
007						
008						
009						
010						
011						
012						
013						
014						
015						
016						
017						
018						
020						
021						
022		67,476				
023						
024						
025				2,289,573		2,289,573
026				377,002		377,002
027						
028						
029				298,003		298,003
031				107,074		107,074
033						
034						
035						
035	01					
036						
037				918,184		918,184
038				176,529		176,529
039						
040				97,897		97,897
041				621,488		621,488
042						
043				141,200		141,200
043	01			259,798		259,798
043	02			49,588		49,588
043	03			185,047		185,047
043	04			323,531		323,531
044				194,560		194,560
045						
046				42,507		42,507
047						
048						
049				147,715		147,715
050				252,363		252,363
051				3,543		3,543
051	01			14,721		14,721
052				14,116		14,116
053				122,796		122,796
054						
055				72,307		72,307
056				222,462		222,462
058						
058	02			110,584		110,584
058	04			32,612		32,612
058	05			24,571		24,571
058	06			495,369		495,369
060						
061				641		641
062				674,470		674,470
095						
095				8,270,251		8,270,251
096						
096				37,465		37,465
098				168,761		168,761
098	01			6,462		6,462
098	02			29,131		29,131
099						

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0051
 PERIOD: FROM 1/1/2009 TO 9/30/2009
 PREPARED 2/24/2010
 WORKSHEET B
 PART III

	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	22	23	24	25	26	27
101 NONREIMBURS COST CENTERS						
102 CROSS FOOT ADJUSTMENTS	67,476			67,476		67,476
103 NEGATIVE COST CENTER						
TOTAL	67,476			8,579,546		8,579,546

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0051
 PERIOD: FROM 1/1/2009 TO 9/30/2009
 PREPARED 2/24/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-OOH (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	(GROSS SALARIES)
	1	2	3	3.01	4	5
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			172,059			
003 01 NEW CAP REL COSTS-OOH				64,715		
004 NEW CAP REL COSTS-MVB					4,677,444	
005 EMPLOYEE BENEFITS			1,667		2,117	41,698,608
006 01 NONPATIENT TELEPHONES			7,718		14,573	195,149
006 02 DATA PROCESSING			4,170		853,570	614,165
006 03 PURCHASING, RECEIVING			2,083			364,092
006 04 ADMINITTING			350		1,055	773,821
006 05 CASHIERING/ACCOUNTS R			676		12,808	519,318
006 06 OTHER ADMINISTRATIVE			1,722	1,100	11,483	2,370,236
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT			31,776		6,469	
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING			2,394		11,185	
011 DIETARY			5,522	540	29,499	
012 CAFETERIA			5,463		12,524	
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO			1,353	2,170	973,611	1,058,057
015 CENTRAL SERVICES & SU			4,199		48,740	456,188
016 PHARMACY			3,144		2,434	1,733,388
017 MEDICAL RECORDS & LIB					71,906	692,685
018 SOCIAL SERVICE						703,462
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &			1,321			
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM						
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICALS			28,179		151,024	9,623,446
026 INTENSIVE CARE UNIT			5,674		17,375	1,616,768
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA			4,700		9,855	1,118,788
031 SUBPROVIDER				12,620	8,022	1,568,481
033 NURSERY						
034 SKILLED NURSING FACIL						
035 NURSING FACILITY						
035 01 ICF/MR						
036 OTHER LONG TERM CARE						
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM			8,096		611,867	2,931,934
038 RECOVERY ROOM			3,098		1,850	721,790
039 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY			266		109,108	1,328,153
041 RADIOLOGY-DIAGNOSTIC			6,651		486,628	1,658,136
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE			1,996		59,700	353,094
043 01 PURCHASED SCAN			3,560		3,388	1,036,184
043 02 ULTRASOUND			756		9,721	375,263
043 03 BREAST IMAGING			2,738		113,636	290,705
043 04 CARDIAC CATH LAB			2,262		312,146	555,545
044 LABORATORY			597		144,399	1,787,239
045 PBP CLINICAL LAB SERV						
046 WHOLE BLOOD & PACKED			500		6,194	152,290
047 BLOOD STORING, PROCES						
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY			2,046		41,375	909,420
050 PHYSICAL THERAPY			4,868		8,287	795,788
051 OCCUPATIONAL THERAPY					810	183,353
051 01 OCCUPATIONAL THERAPY-				4,320		119,146
052 SPEECH PATHOLOGY			268		396	52,551
053 ELECTROCARDIOLOGY			600		155,340	715,884
054 ELECTROENCEPHALOGRAPH						
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
058 ASC (NON-DISTINCT PAR						
058 02 CARDIAC CATH LAB			2,035		12,197	122,805
058 04 SPECIAL DIAGNOSTICS			642		2,430	12,727
058 05 INPATIENT RENAL DIALY			476			
058 06 OP SURGERY			8,692		38,691	1,786,069
060 OUTPAT SERVICE COST C						
060 CLINIC						72,255
061 EMERGENCY			8,694		257,701	2,103,563
062 OBSERVATION BEDS (NON						
SPEC PURPOSE COST CEN						
095 SUBTOTALS			170,952	20,750	4,614,114	41,471,938
096 NONREIMBURS COST CENT						
GIFT, FLOWER, COFFEE			769			

COST ALLOCATION - STATISTICAL BASIS

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 PREPARED 2/24/2010
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COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-OOH	OSTS-MVBLE E	FITS
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)
	1	2	3	3.01	4	5
098 NONREIMBURS COST CENT						
098 01 PHYSICIANS' PRIVATE O				43,965	36,732	68,287
098 01 GHP/WH					1,569	
098 02 PHYSICIAN REFERRAL/DE			338		25,029	158,383
099 02 NONPAID WORKERS						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			6,438,316	196,075	1,945,155	412,900
103 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			37.419234		.415859	
104 (WRKSHT B, PT I)				3.029823		.009902
105 COST TO BE ALLOCATED						
105 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
106 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						63,258
107 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						.001517
108 (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0051
 PERIOD: FROM 1/1/2009 TO 9/30/2009
 PREPARED 2/24/2010
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COST CENTER DESCRIPTION	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (TIME SPENT)	PURCHASING, RECEIVING AND (SUPPLIES EXP)	ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	RECONCILIATION	OTHER ADMINISTRATIVE AND (ACCUM. COST)
	6.01	6.02	6.03	6.04	6.05	6a.06	6.06
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-OOH							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	1,952						
006 02 DATA PROCESSING	115	530					
006 03 PURCHASING, RECEIVING	34		21,696,485				
006 04 ADMINISTRATION	54	52	25,438	380,730,712			
006 05 CASHIERING/ACCOUNTS R		402	16,707		380,730,712		
006 06 OTHER ADMINISTRATIVE	197	76	101,863			-11,022,532	108,117,974
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	71		54,327				7,121,892
009 LAUNDRY & LINEN SERVICE							456,575
010 HOUSEKEEPING	7		109,549				1,850,749
011 DIETARY	14		103,566				2,468,242
012 CAFETERIA			50,370				553,897
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION	42		12,759				1,928,980
015 CENTRAL SERVICES & SU	12		2,412,347				3,771,726
016 PHARMACY	39		107,338				2,431,025
017 MEDICAL RECORDS & LIB			86,772				1,616,335
018 SOCIAL SERVICE							881,878
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &				920			2,090,045
023 I&R SERVICES-OTHER PR							
024 PARAMEDICAL PRGM							
025 INPATIENT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	416		769,314	35,647,129	35,647,129		15,033,088
026 INTENSIVE CARE UNIT	38		140,081	5,831,560	5,831,560		2,494,511
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA	26		161,295	3,053,397	3,053,397		1,807,944
031 SUBPROVIDER	43		52,728	5,524,101	5,524,101		2,175,407
033 NURSERY							
034 SKILLED NURSING FACIL							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	128		10,627,012	69,898,414	69,898,414		17,045,946
038 RECOVERY ROOM	22		81,655	8,201,897	8,201,897		1,245,586
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY	15		331,785	6,533,855	6,533,855		2,020,426
041 RADIOLOGY-DIAGNOSTIC	215		519,131	19,243,525	19,243,525		3,796,518
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE			304,499	8,959,940	8,959,940		1,388,102
043 01 PURCHASED SCAN	43		378,281	38,319,489	38,319,489		3,849,392
043 02 ULTRASOUND	2		2,610	3,215,263	3,215,263		553,796
043 03 BREAST IMAGING			15,645	1,406,779	1,406,779		553,002
043 04 CARDIAC CATH LAB			2,440,326	31,778,257	31,778,257		3,950,214
044 LABORATORY	81		888,412	40,001,195	40,001,195		4,646,554
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED			866,453	5,654,632	5,654,632		1,209,858
047 BLOOD STORING, PROCES							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	23		120,790	7,622,262	7,622,262		1,492,379
050 PHYSICAL THERAPY			11,992	3,482,523	3,482,523		1,245,632
051 OCCUPATIONAL THERAPY			388	1,250,649	1,250,649		249,325
051 01 OCCUPATIONAL THERAPY-				334,477	334,477		173,199
052 SPEECH PATHOLOGY			22	317,635	317,635		80,247
053 ELECTROCARDIOLOGY			38,509	13,285,503	13,285,503		1,283,924
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHAR				9,134,602	9,134,602		2,963,410
056 DRUGS CHARGED TO PATI				27,662,411	27,662,411		4,627,970
058 ASC (NON-DISTINCT PAR							
058 02 CARDIAC CATH LAB	34		2,519	411,351	411,351		262,520
058 04 SPECIAL DIAGNOSTICS			424	228,053	228,053		45,721
058 05 INPATIENT RENAL DIALY	2		1,971	619,331	619,331		188,684
058 06 OP SURGERY	47		357,492	12,425,798	12,425,798		3,335,320
060 OUTPAT SERVICE COST C							
060 CLINIC			530	75,135	75,135		91,743
061 EMERGENCY	75		387,109	20,611,549	20,611,549		3,912,481
062 OBSERVATION BEDS (NON							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	1,795	530	21,582,929	380,730,712	380,730,712	-11,022,532	106,894,243
096 NONREIMBURS COST CENT							
GIFT, FLOWER, COFFEE			33,685				63,642

COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (TIME SPENT)	PURCHASING, RECEIVING AND (SUPPLIES EXP)	R ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEI (GROSS CHARGES)	RECONCILIATION	OTHER ADMINISTRATIVE AND (ACCUM. COST)
NONREIMBURS COST CENT	6.01	6.02	6.03	6.04	6.05	6a.06	6.06
098 PHYSICIANS' PRIVATE O	117		61,938				794,681
098 01 GHP/WH	32		13,580				17,630
098 02 PHYSICIAN REFERRAL/DE	8		4,353				347,778
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	949,114	4,388,987	767,138	1,489,398	4,432,951		11,022,532
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	486.226434	8,281.107547	.035358	.003912	.011643		.101949
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	295,158	529,324	83,637	74,907	432,960		182,224
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	151.207992	998.724528	.003855	.000197	.001137		.001685

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL
		(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTES SERVED)	(NUMBER HOUSED)
		7	8	9	10	11	12	13
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
003	01 NEW CAP REL COSTS-00H							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING							
006	04 ADMINITTING							
006	05 CASHIERING/ACCOUNTS R							
006	06 OTHER ADMINISTRATIVE							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT		121,897					
009	LAUNDRY & LINEN SERVI			20,392				
010	HOUSEKEEPING			229	119,503			
011	DIETARY		2,394		5,522	105,440		
012	CAFETERIA		5,522		5,463		113,272	
013	MAINTENANCE OF PERSON		5,463					
014	NURSING ADMINISTRATIO		1,353		1,353		2,056	
015	CENTRAL SERVICES & SU		4,199	504	4,199		2,534	
016	PHARMACY		3,144		3,144		4,026	
017	MEDICAL RECORDS & LIB						1,999	
018	SOCIAL SERVICE						1,560	
020	NONPHYSICIAN ANESTHET							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY &		1,321		1,321			
023	I&R SERVICES-OTHER PR							
024	PARAMED ED PRGM							
025	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS		28,179	5,499	28,179	88,956	36,616	
026	INTENSIVE CARE UNIT		5,674	1,169	5,674	3,185	4,991	
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE U							
029	SURGICAL INTENSIVE CA		4,700	456	4,700	1,704	3,511	
031	SUBPROVIDER					11,595	5,110	
033	NURSERY							
034	SKILLED NURSING FACIL							
035	NURSING FACILITY							
035	01 ICF/MR							
036	OTHER LONG TERM CARE							
037	ANCILLARY SRVC COST C							
037	OPERATING ROOM		8,096	1,194	8,096		8,388	
038	RECOVERY ROOM		3,098	687	3,098		1,993	
039	DELIVERY ROOM & LABOR							
040	ANESTHESIOLOGY		266		266		1,170	
041	RADIOLOGY-DIAGNOSTIC		6,651	710	6,651		5,459	
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE		1,996	573	1,996		930	
043	01 PURCHASED SCAN		3,560	917	3,560		2,883	
043	02 ULTRASOUND		756	573	756		900	
043	03 BREAST IMAGING		2,738	687	2,738		628	
043	04 CARDIAC CATH LAB		2,262	1,169	2,262		1,904	
044	LABORATORY		597		597		6,202	
045	PBP CLINICAL LAB SERV							
046	WHOLE BLOOD & PACKED		500		500		380	
047	BLOOD STORING, PROCES							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY		2,046		2,046		3,080	
050	PHYSICAL THERAPY		4,868	756	4,868		1,900	
051	OCCUPATIONAL THERAPY						295	
051	01 OCCUPATIONAL THERAPY-						284	
052	SPEECH PATHOLOGY		268		268		128	
053	ELECTROCARDIOLOGY		600	1,443	600		2,026	
054	ELECTROENCEPHALOGRAPH							
055	MEDICAL SUPPLIES CHAR							
056	DRUGS CHARGED TO PATI							
058	ASC (NON-DISTINCT PAR							
058	02 CARDIAC CATH LAB		2,035		2,035		240	
058	04 SPECIAL DIAGNOSTICS		642		642		39	
058	05 INPATIENT RENAL DIALY		476		476			
058	06 OP SURGERY		8,692	2,108	8,692		4,515	
060	OUTPAT SERVICE COST C							
061	CLINIC						100	
061	EMERGENCY		8,694	1,718	8,694		6,986	
062	OBSERVATION BEDS (NON							
062	SPEC PURPOSE COST CEN							
095	SUBTOTALS		120,790	20,392	118,396	105,440	112,833	
096	NONREIMBURS COST CENT							
096	GI FT, FLOWER, COFFEE		769		769			

COST ALLOCATION - STATISTICAL BASIS

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	COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL
		(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTE'S SERVED)	(NUMBER HOUSED)
		7	8	9	10	11	12	13
098	NONREIMBURS COST CENT							
098 01	PHYSICIANS' PRIVATE O GHP/WH						311	
098 02	PHYSICIAN REFERRAL/DE NONPAID WORKERS		338		338		128	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)		7,847,962	503,122	2,199,211	3,177,015	1,062,619	
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		64.381913	24.672519	18.402977	30.131022	9.381127	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)		1,214,668	769	122,697	287,902	270,802	
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)		9.964708	.037711	1.026727	2.730482	2.390723	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
	(DIRECT SING HRS)	NR(COSTED)EQUI S.	R(COSTED)EQUI S.	R(GROSS) CHARGES	(TIME)SPENT	(ASSIGNED) TIME	(ASSIGNED) TIME
	14	15	16	17	18	20	21
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-00H							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION	52,104						
015 CENTRAL SERVICES & SU		3,844,675					
016 PHARMACY		69,450	4,344,685				
017 MEDICAL RECORDS & LIB				380,730,712			
018 SOCIAL SERVICE					8,375		
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMEDICAL PRGM							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	36,616	380,318	460	35,647,129	5,200		
026 INTENSIVE CARE UNIT	4,991	84,591	618	5,831,560	520		
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA	3,511	92,969	466	3,053,397	520		
031 SUBPROVIDER		14,624	24	5,524,101			
033 NURSERY							
034 SKILLED NURSING FACIL							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM		867,618	9,619	69,898,414	2,060		
038 RECOVERY ROOM		36,834	79	8,201,897			
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY		223,188	99,154	6,533,855			
041 RADIOLOGY-DIAGNOSTIC		201,679	168	19,243,525			
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE		7,492	2,449	8,959,940			
043 01 PURCHASED SCAN		123,645	2,566	38,319,489			
043 02 ULTRASOUND		5,287	23	3,215,263			
043 03 BREAST IMAGING		4,066		1,406,779			
043 04 CARDIAC CATH LAB		265,069		31,778,257			
044 LABORATORY		106,708	6,046	40,001,195			
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED		16,509	569	5,654,632			
047 BLOOD STORING, PROCES							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		82,294	198	7,622,262			
050 PHYSICAL THERAPY		5,127		3,482,523			
051 OCCUPATIONAL THERAPY		91		1,250,649			
051 01 OCCUPATIONAL THERAPY-				334,477			
052 SPEECH PATHOLOGY				317,635			
053 ELECTROCARDIOLOGY		27,562		13,285,503			
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHAR		840,930		9,134,602			
056 DRUGS CHARGED TO PATI			4,214,310	27,662,411			
058 ASC (NON-DISTINCT PAR							
058 02 CARDIAC CATH LAB		830	10	411,351			
058 04 SPECIAL DIAGNOSTICS		57		228,053			
058 05 INPATIENT RENAL DIALY		154		619,331			
058 06 OP SURGERY		199,361	2,332	12,425,798		25	
060 OUTPAT SERVICE COST C							
060 CLINIC		412		75,135			
061 EMERGENCY	6,986	173,750	2,098	20,611,549	50		
062 OBSERVATION BEDS (NON							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	52,104	3,830,615	4,341,189	380,730,712	8,375		
096 NONREIMBURS COST CENT							
GI FT, FLOWER, COFFEE							

COST ALLOCATION - STATISTICAL BASIS

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	COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
		(DIRECT SING HRS)	NR(COSTED)EQUI S.	R(COSTED)EQUI S.	R() GROSS CHARGES	(TIME) SPENT	(ASSIGNED) TIME	(ASSIGNED) TIME
		14	15	16	17	18	20	21
098	NONREIMBURS COST CENT							
098	01 PHYSICIANS' PRIVATE O		2,522	10				
098	02 GHP/WH		11,538	3,486				
099	PHYSICIAN REFERRAL/DE							
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	2,256,934	4,540,071	3,058,922	1,799,872	986,420		
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		1.180873		.004727			
	(WRKSHT B, PT I)	43.315945		.704061		117.781493		
105	COST TO BE ALLOCATED							
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	493,126	247,783	180,353	38,792	6,283		
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		.064448		.000102			
	(WRKSHT B, PT III)	9.464264		.041511		.750209		

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
GENERAL SERVICE COST	22	23	24
001 OLD CAP REL COSTS-BLD			
002 OLD CAP REL COSTS-MVB			
003 NEW CAP REL COSTS-BLD			
003 01 NEW CAP REL COSTS-00H			
004 NEW CAP REL COSTS-MVB			
005 EMPLOYEE BENEFITS			
006 01 NONPATIENT TELEPHONES			
006 02 DATA PROCESSING			
006 03 PURCHASING, RECEIVING			
006 04 ADMINITTING			
006 05 CASHIERING/ACCOUNTS R			
006 06 OTHER ADMINISTRATIVE			
007 MAINTENANCE & REPAIRS			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVI			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
013 MAINTENANCE OF PERSON			
014 NURSING ADMINISTRATIO			
015 CENTRAL SERVICES & SU			
016 PHARMACY			
017 MEDICAL RECORDS & LIB			
018 SOCIAL SERVICE			
020 NONPHYSICIAN ANESTHET			
021 NURSING SCHOOL			
022 I&R SERVICES-SALARY &	1,981		
023 I&R SERVICES-OTHER PR			
024 PARAMED ED PRGM			
025 INPAT ROUTINE SRVC CN			
026 ADULTS & PEDIATRICALS	689		
027 INTENSIVE CARE UNIT			
027 CORONARY CARE UNIT			
028 BURN INTENSIVE CARE U			
029 SURGICAL INTENSIVE CA			
031 SUBPROVIDER			
033 NURSERY			
034 SKILLED NURSING FACIL			
035 NURSING FACILITY			
035 01 ICF/MR			
036 OTHER LONG TERM CARE			
037 ANCILLARY SRVC COST C			
038 OPERATING ROOM	803		
038 RECOVERY ROOM			
039 DELIVERY ROOM & LABOR			
040 ANESTHESIOLOGY	451		
041 RADIOLOGY-DIAGNOSTIC	15		
042 RADIOLOGY-THERAPEUTIC			
043 RADIOISOTOPE			
043 01 PURCHASED SCAN			
043 02 ULTRASOUND			
043 03 BREAST IMAGING			
043 04 CARDIAC CATH LAB	8		
044 LABORATORY			
045 PBP CLINICAL LAB SERV			
046 WHOLE BLOOD & PACKED			
047 BLOOD STORING, PROCES			
048 INTRAVENOUS THERAPY			
049 RESPIRATORY THERAPY			
050 PHYSICAL THERAPY	15		
051 OCCUPATIONAL THERAPY			
051 01 OCCUPATIONAL THERAPY-			
052 SPEECH PATHOLOGY			
053 ELECTROCARDIOLOGY			
054 ELECTROENCEPHALOGRAPH			
055 MEDICAL SUPPLIES CHAR			
056 DRUGS CHARGED TO PATI			
058 ASC (NON-DISTINCT PAR			
058 02 CARDIAC CATH LAB			
058 04 SPECIAL DIAGNOSTICS			
058 05 INPATIENT RENAL DIALY			
058 06 OP SURGERY			
060 OUTPAT SERVICE COST C			
061 CLINIC			
061 EMERGENCY			
062 OBSERVATION BEDS (NON			
SPEC PURPOSE COST CEN			
095 SUBTOTALS	1,981		
096 NONREIMBURS COST CENT			
096 GIFT, FLOWER, COFFEE			

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0051
 PERIOD: FROM 1/1/2009 TO 9/30/2009
 PREPARED 2/24/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	22	23	24
098 NONREIMBURS COST CENT			
098 01 PHYSICIANS' PRIVATE O			
098 02 GHP/WH			
098 02 PHYSICIAN REFERRAL/DE			
099 NONPAID WORKERS			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED	2,412,482		
(PER WRKSHT B, PART			
104 UNIT COST MULTIPLIER			
(WRKSHT B, PT I)	1,217.810197		
105 COST TO BE ALLOCATED			
(PER WRKSHT B, PART			
106 UNIT COST MULTIPLIER			
(WRKSHT B, PT II)			
107 COST TO BE ALLOCATED	67,476		
(PER WRKSHT B, PART			
108 UNIT COST MULTIPLIER			
(WRKSHT B, PT III)	34.061585		

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	24,874,457		24,874,457		24,874,457
26	INTENSIVE CARE UNIT	3,795,503		3,795,503		3,795,503
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U	2,814,756		2,814,756		2,814,756
31	SUBPROVIDER	2,837,893		2,837,893		2,837,893
33	NURSERY					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	21,166,663		21,166,663		21,166,663
38	RECOVERY ROOM	1,747,008		1,747,008		1,747,008
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	2,623,656		2,623,656		2,623,656
41	RADIOLOGY-DIAGNOSTIC	5,132,139		5,132,139		5,132,139
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	1,770,642		1,770,642		1,770,642
43	01 PURCHASED SCAN	4,915,172		4,915,172		4,915,172
43	02 ULTRASOUND	716,879		716,879		716,879
43	03 BREAST IMAGING	870,337		870,337		870,337
43	04 CARDIAC CATH LAB	5,050,127		5,050,127		5,050,127
44	LABORATORY	5,547,223		5,547,223		5,547,223
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED	1,424,784		1,424,784		1,424,784
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	1,976,145		1,976,145		1,976,145
50	PHYSICAL THERAPY	1,834,612		1,834,612		1,834,612
51	OCCUPATIONAL THERAPY	283,529		283,529		283,529
51	01 OCCUPATIONAL THERAPY-PSYC	195,101		195,101		195,101
52	SPEECH PATHOLOGY	113,316		113,316		113,316
53	ELECTROCARDIOLOGY	1,614,446		1,614,446		1,614,446
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	4,301,738		4,301,738		4,301,738
56	DRUGS CHARGED TO PATIENTS	8,197,678		8,197,678		8,197,678
58	ASC (NON-DISTINCT PART)					
58	02 CARDIAC CATH LAB	462,933		462,933		462,933
58	04 SPECIAL DIAGNOSTICS	105,041		105,041		105,041
58	05 INPATIENT RENAL DIALYSIS	250,436		250,436		250,436
58	06 OP SURGERY	4,788,030		4,788,030		4,788,030
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	102,876		102,876		102,876
61	EMERGENCY	5,751,589		5,751,589		5,751,589
62	OBSERVATION BEDS (NON-DIS	2,002,839		2,002,839		2,002,839
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	117,267,548		117,267,548		117,267,548
102	LESS OBSERVATION BEDS	2,002,839		2,002,839		2,002,839
103	TOTAL	115,264,709		115,264,709		115,264,709

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	33,407,316		33,407,316			
26	INTENSIVE CARE UNIT	5,831,560		5,831,560			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U	3,053,397		3,053,397			
31	SUBPROVIDER	5,524,101		5,524,101			
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
36	01 ICF/MR						
	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	50,008,586	19,889,828	69,898,414	.302820	.302820	.302820
38	RECOVERY ROOM	4,590,276	3,611,621	8,201,897	.213000	.213000	.213000
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	4,238,651	2,295,204	6,533,855	.401548	.401548	.401548
41	RADIOLOGY-DIAGNOSTIC	7,335,157	11,908,368	19,243,525	.266694	.266694	.266694
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	2,590,918	6,369,022	8,959,940	.197618	.197618	.197618
43	01 PURCHASED SCAN	11,406,689	26,912,800	38,319,489	.128268	.128268	.128268
43	02 ULTRASOUND	725,692	2,489,571	3,215,263	.222961	.222961	.222961
43	03 BREAST IMAGING	307	1,406,472	1,406,779	.618674	.618674	.618674
43	04 CARDIAC CATH LAB	23,252,035	8,526,222	31,778,257	.158918	.158918	.158918
44	LABORATORY	25,971,707	14,029,488	40,001,195	.138676	.138676	.138676
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED	4,731,570	923,062	5,654,632	.251968	.251968	.251968
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	6,842,534	779,728	7,622,262	.259260	.259260	.259260
50	PHYSICAL THERAPY	2,435,351	1,047,172	3,482,523	.526805	.526805	.526805
51	OCCUPATIONAL THERAPY	1,139,518	111,131	1,250,649	.226705	.226705	.226705
51	01 OCCUPATIONAL THERAPY-PSYC	195,467	139,010	334,477	.583302	.583302	.583302
52	SPEECH PATHOLOGY	283,487	34,148	317,635	.356749	.356749	.356749
53	ELECTROCARDIOLOGY	6,739,616	6,545,887	13,285,503	.121519	.121519	.121519
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	5,504,038	3,630,564	9,134,602	.470928	.470928	.470928
56	DRUGS CHARGED TO PATIENTS	21,423,620	6,238,791	27,662,411	.296347	.296347	.296347
58	ASC (NON-DISTINCT PART)						
58	02 CARDIAC CATH LAB	260	411,091	411,351	1.125397	1.125397	1.125397
58	04 SPECIAL DIAGNOSTICS	91,910	136,143	228,053	.460599	.460599	.460599
58	05 INPATIENT RENAL DIALYSIS	576,807	42,524	619,331	.404365	.404365	.404365
58	06 OP SURGERY	1,652,036	10,773,762	12,425,798	.385330	.385330	.385330
	OUTPAT SERVICE COST CNTRS						
	CLINIC	90	75,045	75,135	1.369215	1.369215	1.369215
61	EMERGENCY	8,959,507	11,652,042	20,611,549	.279047	.279047	.279047
62	OBSERVATION BEDS (NON-DIS	588,806	1,651,007	2,239,813	.894199	.894199	.894199
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	239,101,009	141,629,703	380,730,712			
102	LESS OBSERVATION BEDS						
103	TOTAL	239,101,009	141,629,703	380,730,712			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0051
PERIOD: FROM 1/1/2009 TO 9/30/2009
PREPARED 2/24/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	25,713,528		25,713,528		25,713,528
26	INTENSIVE CARE UNIT	3,795,503		3,795,503		3,795,503
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U	2,814,756		2,814,756		2,814,756
31	SUBPROVIDER	2,837,893		2,837,893		2,837,893
33	NURSERY					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
01	ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	22,144,566		22,144,566		22,144,566
38	RECOVERY ROOM	1,747,008		1,747,008		1,747,008
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	3,172,888		3,172,888		3,172,888
41	RADIOLOGY-DIAGNOSTIC	5,150,406		5,150,406		5,150,406
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	1,770,642		1,770,642		1,770,642
01	PURCHASED SCAN	4,915,172		4,915,172		4,915,172
02	ULTRASOUND	716,879		716,879		716,879
03	BREAST IMAGING	870,337		870,337		870,337
04	CARDIAC CATH LAB	5,059,869		5,059,869		5,059,869
	LABORATORY	5,547,223		5,547,223		5,547,223
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED	1,424,784		1,424,784		1,424,784
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	1,976,145		1,976,145		1,976,145
50	PHYSICAL THERAPY	1,852,879		1,852,879		1,852,879
51	OCCUPATIONAL THERAPY	283,529		283,529		283,529
01	OCCUPATIONAL THERAPY-PSYC	195,101		195,101		195,101
52	SPEECH PATHOLOGY	113,316		113,316		113,316
53	ELECTROCARDIOLOGY	1,614,446		1,614,446		1,614,446
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	4,301,738		4,301,738		4,301,738
56	DRUGS CHARGED TO PATIENTS	8,197,678		8,197,678		8,197,678
58	ASC (NON-DISTINCT PART)					
02	CARDIAC CATH LAB	462,933		462,933		462,933
04	SPECIAL DIAGNOSTICS	105,041		105,041		105,041
05	INPATIENT RENAL DIALYSIS	250,436		250,436		250,436
06	OP SURGERY	4,788,030		4,788,030		4,788,030
	OUTPAT SERVICE COST CNTRS					
	CLINIC	102,876		102,876		102,876
61	EMERGENCY	5,751,589		5,751,589		5,751,589
62	OBSERVATION BEDS (NON-DIS	2,002,839		2,002,839		2,002,839
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	119,680,030		119,680,030		119,680,030
102	LESS OBSERVATION BEDS	2,002,839		2,002,839		2,002,839
103	TOTAL	117,677,191		117,677,191		117,677,191

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	33,407,316		33,407,316			
26	INTENSIVE CARE UNIT	5,831,560		5,831,560			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U	3,053,397		3,053,397			
31	SUBPROVIDER	5,524,101		5,524,101			
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	50,008,586	19,889,828	69,898,414	.316811	.316811	.316811
38	RECOVERY ROOM	4,590,276	3,611,621	8,201,897	.213000	.213000	.213000
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	4,238,651	2,295,204	6,533,855	.485607	.485607	.485607
41	RADIOLOGY-DIAGNOSTIC	7,335,157	11,908,368	19,243,525	.267644	.267644	.267644
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	2,590,918	6,369,022	8,959,940	.197618	.197618	.197618
43	01 PURCHASED SCAN	11,406,689	26,912,800	38,319,489	.128268	.128268	.128268
43	02 ULTRASOUND	725,692	2,489,571	3,215,263	.222961	.222961	.222961
43	03 BREAST IMAGING	307	1,406,472	1,406,779	.618674	.618674	.618674
43	04 CARDIAC CATH LAB	23,252,035	8,526,222	31,778,257	.159224	.159224	.159224
44	LABORATORY	25,971,707	14,029,488	40,001,195	.138676	.138676	.138676
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED	4,731,570	923,062	5,654,632	.251968	.251968	.251968
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	6,842,534	779,728	7,622,262	.259260	.259260	.259260
50	PHYSICAL THERAPY	2,435,351	1,047,172	3,482,523	.532051	.532051	.532051
51	OCCUPATIONAL THERAPY	1,139,518	111,131	1,250,649	.226705	.226705	.226705
51	01 OCCUPATIONAL THERAPY-PSYC	195,467	139,010	334,477	.583302	.583302	.583302
52	SPEECH PATHOLOGY	283,487	34,148	317,635	.356749	.356749	.356749
53	ELECTROCARDIOLOGY	6,739,616	6,545,887	13,285,503	.121519	.121519	.121519
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	5,504,038	3,630,564	9,134,602	.470928	.470928	.470928
56	DRUGS CHARGED TO PATIENTS	21,423,620	6,238,791	27,662,411	.296347	.296347	.296347
58	ASC (NON-DISTINCT PART)						
58	02 CARDIAC CATH LAB	260	411,091	411,351	1.125397	1.125397	1.125397
58	04 SPECIAL DIAGNOSTICS	91,910	136,143	228,053	.460599	.460599	.460599
58	05 INPATIENT RENAL DIALYSIS	576,807	42,524	619,331	.404365	.404365	.404365
58	06 OP SURGERY	1,652,036	10,773,762	12,425,798	.385330	.385330	.385330
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	90	75,045	75,135	1.369215	1.369215	1.369215
61	EMERGENCY	8,959,507	11,652,042	20,611,549	.279047	.279047	.279047
62	OBSERVATION BEDS (NON-DIS	588,806	1,651,007	2,239,813	.894199	.894199	.894199
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	239,101,009	141,629,703	380,730,712			
102	LESS OBSERVATION BEDS						
103	TOTAL	239,101,009	141,629,703	380,730,712			

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	21,166,663	918,184	20,248,479			21,166,663
38	RECOVERY ROOM	1,747,008	176,529	1,570,479			1,747,008
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	2,623,656	97,897	2,525,759			2,623,656
41	RADIOLOGY-DIAGNOSTIC	5,132,139	621,488	4,510,651			5,132,139
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	1,770,642	141,200	1,629,442			1,770,642
43 01	PURCHASED SCAN	4,915,172	259,798	4,655,374			4,915,172
43 02	ULTRASOUND	716,879	49,588	667,291			716,879
43 03	BREAST IMAGING	870,337	185,047	685,290			870,337
43 04	CARDIAC CATH LAB	5,050,127	323,531	4,726,596			5,050,127
44	LABORATORY	5,547,223	194,560	5,352,663			5,547,223
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED	1,424,784	42,507	1,382,277			1,424,784
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,976,145	147,715	1,828,430			1,976,145
50	PHYSICAL THERAPY	1,834,612	252,363	1,582,249			1,834,612
51	OCCUPATIONAL THERAPY	283,529	3,543	279,986			283,529
51 01	OCCUPATIONAL THERAPY-PSYC	195,101	14,721	180,380			195,101
52	SPEECH PATHOLOGY	113,316	14,116	99,200			113,316
53	ELECTROCARDIOLOGY	1,614,446	122,796	1,491,650			1,614,446
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	4,301,738	72,307	4,229,431			4,301,738
56	DRUGS CHARGED TO PATIENTS	8,197,678	222,462	7,975,216			8,197,678
58	ASC (NON-DISTINCT PART)						
58 02	CARDIAC CATH LAB	462,933	110,584	352,349			462,933
58 04	SPECIAL DIAGNOSTICS	105,041	32,612	72,429			105,041
58 05	INPATIENT RENAL DIALYSIS	250,436	24,571	225,865			250,436
58 06	OP SURGERY	4,788,030	495,369	4,292,661			4,788,030
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	102,876	641	102,235			102,876
61	EMERGENCY	5,751,589	674,470	5,077,119			5,751,589
62	OBSERVATION BEDS (NON-DIS	2,002,839	184,351	1,818,488			2,002,839
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	82,944,939	5,382,950	77,561,989			82,944,939
102	LESS OBSERVATION BEDS	2,002,839	184,351	1,818,488			2,002,839
103	TOTAL	80,942,100	5,198,599	75,743,501			80,942,100

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	69,898,414	.302820	.302820
38	RECOVERY ROOM	8,201,897	.213000	.213000
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	6,533,855	.401548	.401548
41	RADIOLOGY-DIAGNOSTIC	19,243,525	.266694	.266694
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	8,959,940	.197618	.197618
43 01	PURCHASED SCAN	38,319,489	.128268	.128268
43 02	ULTRASOUND	3,215,263	.222961	.222961
43 03	BREAST IMAGING	1,406,779	.618674	.618674
43 04	CARDIAC CATH LAB	31,778,257	.158918	.158918
44	LABORATORY	40,001,195	.138676	.138676
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED	5,654,632	.251968	.251968
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	7,622,262	.259260	.259260
50	PHYSICAL THERAPY	3,482,523	.526805	.526805
51	OCCUPATIONAL THERAPY	1,250,649	.226705	.226705
51 01	OCCUPATIONAL THERAPY-PSYC	334,477	.583302	.583302
52	SPEECH PATHOLOGY	317,635	.356749	.356749
53	ELECTROCARDIOLOGY	13,285,503	.121519	.121519
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	9,134,602	.470928	.470928
56	DRUGS CHARGED TO PATIENTS	27,662,411	.296347	.296347
58	ASC (NON-DISTINCT PART)			
58 02	CARDIAC CATH LAB	411,351	1.125397	1.125397
58 04	SPECIAL DIAGNOSTICS	228,053	.460599	.460599
58 05	INPATIENT RENAL DIALYSIS	619,331	.404365	.404365
58 06	OP SURGERY	12,425,798	.385330	.385330
60	OUTPAT SERVICE COST CNTRS			
	CLINIC	75,135	1.369215	1.369215
61	EMERGENCY	20,611,549	.279047	.279047
62	OBSERVATION BEDS (NON-DIS	2,239,813	.894199	.894199
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	332,914,338		
102	LESS OBSERVATION BEDS	2,239,813		
103	TOTAL	330,674,525		

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	22,144,566	918,184	21,226,382	91,818	1,231,130	20,821,618
38	RECOVERY ROOM	1,747,008	176,529	1,570,479	17,653	91,088	1,638,267
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	3,172,888	97,897	3,074,991	9,790	178,349	2,984,749
41	RADIOLOGY-DIAGNOSTIC	5,150,406	621,488	4,528,918	62,149	262,677	4,825,580
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	1,770,642	141,200	1,629,442	14,120	94,508	1,662,014
43 01	PURCHASED SCAN	4,915,172	259,798	4,655,374	25,980	270,012	4,619,180
43 02	ULTRASOUND	716,879	49,588	667,291	4,959	38,703	673,217
43 03	BREAST IMAGING	870,337	185,047	685,290	18,505	39,747	812,085
43 04	CARDIAC CATH LAB	5,059,869	323,531	4,736,338	32,353	274,708	4,752,808
44	LABORATORY	5,547,223	194,560	5,352,663	19,456	310,454	5,217,313
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED	1,424,784	42,507	1,382,277	4,251	80,172	1,340,361
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,976,145	147,715	1,828,430	14,772	106,049	1,855,324
50	PHYSICAL THERAPY	1,852,879	252,363	1,600,516	25,236	92,830	1,734,813
51	OCCUPATIONAL THERAPY	283,529	3,543	279,986	354	16,239	266,936
51 01	OCCUPATIONAL THERAPY-PSYC	195,101	14,721	180,380	1,472	10,462	183,167
52	SPEECH PATHOLOGY	113,316	14,116	99,200	1,412	5,754	106,150
53	ELECTROCARDIOLOGY	1,614,446	122,796	1,491,650	12,280	86,516	1,515,650
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	4,301,738	72,307	4,229,431	7,231	245,307	4,049,200
56	DRUGS CHARGED TO PATIENTS	8,197,678	222,462	7,975,216	22,246	462,563	7,712,869
58	ASC (NON-DISTINCT PART)						
58 02	CARDIAC CATH LAB	462,933	110,584	352,349	11,058	20,436	431,439
58 04	SPECIAL DIAGNOSTICS	105,041	32,612	72,429	3,261	4,201	97,579
58 05	INPATIENT RENAL DIALYSIS	250,436	24,571	225,865	2,457	13,100	234,879
58 06	OP SURGERY	4,788,030	495,369	4,292,661	49,537	248,974	4,489,519
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	102,876	641	102,235	64	5,930	96,882
61	EMERGENCY	5,751,589	674,470	5,077,119	67,447	294,473	5,389,669
62	OBSERVATION BEDS (NON-DIS	2,002,839	184,351	1,818,488	18,435	105,472	1,878,932
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	84,518,350	5,382,950	79,135,400	538,296	4,589,854	79,390,200
102	LESS OBSERVATION BEDS	2,002,839	184,351	1,818,488	18,435	105,472	1,878,932
103	TOTAL	82,515,511	5,198,599	77,316,912	519,861	4,484,382	77,511,268

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	69,898,414	.297884	.315497
38	RECOVERY ROOM	8,201,897	.199742	.210848
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	6,533,855	.456813	.484109
41	RADIOLOGY-DIAGNOSTIC	19,243,525	.250764	.264414
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	8,959,940	.185494	.196042
43 01	PURCHASED SCAN	38,319,489	.120544	.127590
43 02	ULTRASOUND	3,215,263	.209382	.221419
43 03	BREAST IMAGING	1,406,779	.577266	.605519
43 04	CARDIAC CATH LAB	31,778,257	.149562	.158206
44	LABORATORY	40,001,195	.130429	.138190
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED	5,654,632	.237038	.251216
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	7,622,262	.243409	.257322
50	PHYSICAL THERAPY	3,482,523	.498148	.524804
51	OCCUPATIONAL THERAPY	1,250,649	.213438	.226422
51 01	OCCUPATIONAL THERAPY-PSYC	334,477	.547622	.578901
52	SPEECH PATHOLOGY	317,635	.334189	.352304
53	ELECTROCARDIOLOGY	13,285,503	.114083	.120595
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	9,134,602	.443281	.470136
56	DRUGS CHARGED TO PATIENTS	27,662,411	.278821	.295543
58	ASC (NON-DISTINCT PART)			
58 02	CARDIAC CATH LAB	411,351	1.048834	1.098514
58 04	SPECIAL DIAGNOSTICS	228,053	.427879	.446300
58 05	INPATIENT RENAL DIALYSIS	619,331	.379246	.400398
58 06	OP SURGERY	12,425,798	.361306	.381343
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	75,135	1.289439	1.368364
61	EMERGENCY	20,611,549	.261488	.275775
62	OBSERVATION BEDS (NON-DIS	2,239,813	.838879	.885969
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	332,914,338		
102	LESS OBSERVATION BEDS	2,239,813		
103	TOTAL	330,674,525		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0051
 PERIOD: FROM 1/1/2009 TO 9/30/2009
 PREPARED 2/24/2010
 WORKSHEET D
 PART I
 PPS

TITLE XVIII, PART A

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				2,289,573		2,289,573
26	INTENSIVE CARE UNIT				377,002		377,002
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U				298,003		298,003
31	SUBPROVIDER				107,074		107,074
33	NURSERY						
101	TOTAL				3,071,652		3,071,652

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0051 PERIOD: FROM 1/1/2009 TO 9/30/2009 PREPARED 2/24/2010 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	29,658	16,886			77.20	1,303,599
26	INTENSIVE CARE UNIT	2,114	2,040			178.34	363,814
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U	1,132	44			263.25	11,583
31	SUBPROVIDER	3,865	1,912			27.70	52,962
33	NURSERY						
101	TOTAL	36,769	20,882				1,731,958

PROVIDER NO: 14-0051
 COMPONENT NO: 14-0051
 PERIOD: FROM 1/1/2009 TO 9/30/2009
 PREPARED 2/24/2010
 WORKSHEET D
 PART II

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		918,184	69,898,414	25,908,888		
38	RECOVERY ROOM		176,529	8,201,897	2,212,746		
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY		97,897	6,533,855	2,120,710		
41	RADIOLOGY-DIAGNOSTIC		621,488	19,243,525	4,894,201		
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE		141,200	8,959,940	1,744,497		
43 01	PURCHASED SCAN		259,798	38,319,489	6,928,833		
43 02	ULTRASOUND		49,588	3,215,263	448,442		
43 03	BREAST IMAGING		185,047	1,406,779	280		
43 04	CARDIAC CATH LAB		323,531	31,778,257	15,755,740		
44	LABORATORY		194,560	40,001,195	16,797,737		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED		42,507	5,654,632	3,076,283		
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		147,715	7,622,262	4,867,476		
50	PHYSICAL THERAPY		252,363	3,482,523	1,593,389		
51	OCCUPATIONAL THERAPY		3,543	1,250,649	752,083		
51 01	OCCUPATIONAL THERAPY-PSYC		14,721	334,477	5,993		
52	SPEECH PATHOLOGY		14,116	317,635	220,716		
53	ELECTROCARDIOLOGY		122,796	13,285,503	4,704,621		
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		72,307	9,134,602	3,195,168		
56	DRUGS CHARGED TO PATIENTS		222,462	27,662,411	13,222,132		
58	ASC (NON-DISTINCT PART)						
58 02	CARDIAC CATH LAB		110,584	411,351	237		
58 04	SPECIAL DIAGNOSTICS		32,612	228,053	56,932		
58 05	INPATIENT RENAL DIALYSIS		24,571	619,331	413,911		
58 06	OP SURGERY		495,369	12,425,798	1,116,433		
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC		641	75,135			
61	EMERGENCY		674,470	20,611,549	5,558,530		
62	OBSERVATION BEDS (NON-DIS		184,351	2,239,813			
62	OTHER REIMBURS COST CNTRS						
101	TOTAL		5,382,950	332,914,338	115,595,978		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

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	.013136	340,339
38	RECOVERY ROOM	.021523	47,625
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY	.014983	31,775
41	RADIOLOGY-DIAGNOSTIC	.032296	158,063
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE	.015759	27,492
43 01	PURCHASED SCAN	.006780	46,977
43 02	ULTRASOUND	.015423	6,916
43 03	BREAST IMAGING	.131539	37
43 04	CARDIAC CATH LAB	.010181	160,409
44	LABORATORY	.004864	81,704
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED	.007517	23,124
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.019379	94,327
50	PHYSICAL THERAPY	.072466	115,467
51	OCCUPATIONAL THERAPY	.002833	2,131
51 01	OCCUPATIONAL THERAPY-PSYC	.044012	264
52	SPEECH PATHOLOGY	.044441	9,809
53	ELECTROCARDIOLOGY	.009243	43,485
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.007916	25,293
56	DRUGS CHARGED TO PATIENTS	.008042	106,332
58	ASC (NON-DISTINCT PART)		
58 02	CARDIAC CATH LAB	.268831	64
58 04	SPECIAL DIAGNOSTICS	.143002	8,141
58 05	INPATIENT RENAL DIALYSIS	.039673	16,421
58 06	OP SURGERY	.039866	44,508
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.008531	
61	EMERGENCY	.032723	181,892
62	OBSERVATION BEDS (NON-DIS	.082306	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		1,572,595

PROVIDER NO: 14-0051
 PERIOD: FROM 1/1/2009 TO 9/30/2009
 PREPARED 2/24/2010
 WORKSHEET D
 PART III
 PPS

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

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					29,658	
26	INTENSIVE CARE UNIT					2,114	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U					1,132	
31	SUBPROVIDER					3,865	
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL					36,769	

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

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		16,886
26	INTENSIVE CARE UNIT		2,040
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		44
31	SUBPROVIDER		1,912
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
01	ICF/MR		
101	TOTAL		20,882

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43	01 PURCHASED SCAN						
43	02 ULTRASOUND						
43	03 BREAST IMAGING						
43	04 CARDIAC CATH LAB						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
51	01 OCCUPATIONAL THERAPY-PSYC						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
58	02 CARDIAC CATH LAB						
58	04 SPECIAL DIAGNOSTICS						
58	05 INPATIENT RENAL DIALYSIS						
58	06 OP SURGERY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			69,898,414			25,908,888	
38	RECOVERY ROOM			8,201,897			2,212,746	
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY			6,533,855			2,120,710	
41	RADIOLOGY-DIAGNOSTIC			19,243,525			4,894,201	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			8,959,940			1,744,497	
43 01	PURCHASED SCAN			38,319,489			6,928,833	
43 02	ULTRASOUND			3,215,263			448,442	
43 03	BREAST IMAGING			1,406,779			280	
43 04	CARDIAC CATH LAB			31,778,257			15,755,740	
44	LABORATORY			40,001,195			16,797,737	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED			5,654,632			3,076,283	
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			7,622,262			4,867,476	
50	PHYSICAL THERAPY			3,482,523			1,593,389	
51	OCCUPATIONAL THERAPY			1,250,649			752,083	
51 01	OCCUPATIONAL THERAPY-PSYC			334,477			5,993	
52	SPEECH PATHOLOGY			317,635			220,716	
53	ELECTROCARDIOLOGY			13,285,503			4,704,621	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			9,134,602			3,195,168	
56	DRUGS CHARGED TO PATIENTS			27,662,411			13,222,132	
58	ASC (NON-DISTINCT PART)							
58 02	CARDIAC CATH LAB			411,351			237	
58 04	SPECIAL DIAGNOSTICS			228,053			56,932	
58 05	INPATIENT RENAL DIALYSIS			619,331			413,911	
58 06	OP SURGERY			12,425,798			1,116,433	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			75,135				
61	EMERGENCY			20,611,549			5,558,530	
62	OBSERVATION BEDS (NON-DIS			2,239,813				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			332,914,338			115,595,978	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	9,371,216					
38	RECOVERY ROOM	1,629,804					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	824,722					
41	RADIOLOGY-DIAGNOSTIC	3,367,632					
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	5,779,156					
43 01	PURCHASED SCAN	13,037,544					
43 02	ULTRASOUND						
43 03	BREAST IMAGING	1,406,472					
43 04	CARDIAC CATH LAB	4,753,986					
44	LABORATORY	2,116,954					
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED	402,436					
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	449,554					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY	112					
51 01	OCCUPATIONAL THERAPY-PSYC	139,010					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,948,005					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	3,630,564					
56	DRUGS CHARGED TO PATIENTS	3,913,677					
58	ASC (NON-DISTINCT PART)						
58 02	CARDIAC CATH LAB	411,091					
58 04	SPECIAL DIAGNOSTICS	59,202					
58 05	INPATIENT RENAL DIALYSIS	42,524					
58 06	OP SURGERY	3,358,808					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	75,045					
61	EMERGENCY	3,266,115					
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	60,983,629					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 2/24/2010
 | 14-0051 | FROM 1/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 9/30/2009 | PART V
 | 14-0051 | |

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	.302820	.302820			
38 RECOVERY ROOM	.213000	.213000			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.401548	.401548			
41 RADIOLOGY-DIAGNOSTIC	.266694	.266694			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE	.197618	.197618			
43 01 PURCHASED SCAN	.128268	.128268			
43 02 ULTRASOUND	.222961	.222961			
43 03 BREAST IMAGING	.618674	.618674			
43 04 CARDIAC CATH LAB	.158918	.158918			
44 LABORATORY	.138676	.138676			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.251968	.251968			
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	.259260	.259260			
50 PHYSICAL THERAPY	.526805	.526805			
51 OCCUPATIONAL THERAPY	.226705	.226705			
51 01 OCCUPATIONAL THERAPY-PSYCH	.583302	.583302			
52 SPEECH PATHOLOGY	.356749	.356749			
53 ELECTROCARDIOLOGY	.121519	.121519			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.470928	.470928			
56 DRUGS CHARGED TO PATIENTS	.296347	.296347			
58 ASC (NON-DISTINCT PART)					
58 02 CARDIAC CATH LAB	1.125397	1.125397			
58 04 SPECIAL DIAGNOSTICS	.460599	.460599			
58 05 INPATIENT RENAL DIALYSIS	.404365	.404365			
58 06 OP SURGERY	.385330	.385330			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	1.369215	1.369215			
61 EMERGENCY	.279047	.279047			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.894199	.894199			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS
 TITLE XVIII, PART B HOSPITAL

	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		9,371,216			
38 RECOVERY ROOM		1,629,804			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		824,722			
41 RADIOLOGY-DIAGNOSTIC		3,367,632			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE		5,779,156			
43 01 PURCHASED SCAN		13,037,544			
43 02 ULTRASOUND					
43 03 BREAST IMAGING		1,406,472			
43 04 CARDIAC CATH LAB		4,753,986			
44 LABORATORY		2,116,954			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS		402,436			
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY		449,554			
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY		112			
51 01 OCCUPATIONAL THERAPY-PSYCH		139,010			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		2,948,005			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,630,564			
56 DRUGS CHARGED TO PATIENTS		3,913,677	37,003		
58 ASC (NON-DISTINCT PART)					
58 02 CARDIAC CATH LAB		411,091			
58 04 SPECIAL DIAGNOSTICS		59,202			
58 05 INPATIENT RENAL DIALYSIS		42,524			
58 06 OP SURGERY		3,358,808			
OUTPAT SERVICE COST CNTRS					
60 CLINIC		75,045			
61 EMERGENCY		3,266,115			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL		60,983,629	37,003		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES		60,983,629	37,003		

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 2/24/2010
 | 14-0051 | FROM 1/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 9/30/2009 | PART V
 | 14-0051 | |

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				2,837,792	
38 RECOVERY ROOM				347,148	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				331,165	
41 RADIOLOGY-DIAGNOSTIC				898,127	
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE				1,142,065	
43 01 PURCHASED SCAN				1,672,300	
43 02 ULTRASOUND					
43 03 BREAST IMAGING				870,148	
43 04 CARDIAC CATH LAB				755,494	
44 LABORATORY				293,571	
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS				101,401	
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY				116,551	
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY				25	
51 01 OCCUPATIONAL THERAPY-PSYCH				81,085	
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				358,239	
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,709,734	
56 DRUGS CHARGED TO PATIENTS				1,159,806	10,966
58 ASC (NON-DISTINCT PART)					
58 02 CARDIAC CATH LAB				462,641	
58 04 SPECIAL DIAGNOSTICS				27,268	
58 05 INPATIENT RENAL DIALYSIS				17,195	
58 06 OP SURGERY				1,294,249	
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC				102,753	
62 EMERGENCY				911,400	
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL				15,490,157	10,966
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				15,490,157	10,966

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 2/24/2010
 | 14-0051 | FROM 1/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 9/30/2009 | PART V
 | 14-0051 | |

TITLE XVIII, PART B HOSPITAL

Cost Center	Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
		9.03	10	11
(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC			
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
43 01	PURCHASED SCAN			
43 02	ULTRASOUND			
43 03	BREAST IMAGING			
43 04	CARDIAC CATH LAB			
44	LABORATORY			
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY			
51	OCCUPATIONAL THERAPY			
51 01	OCCUPATIONAL THERAPY-PSYCH			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS			
58	ASC (NON-DISTINCT PART)			
58 02	CARDIAC CATH LAB			
58 04	SPECIAL DIAGNOSTICS			
58 05	INPATIENT RENAL DIALYSIS			
58 06	OP SURGERY			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DISTINCT PART)			
101	SUBTOTAL			
102	CRNA CHARGES			
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES			
104	NET CHARGES			

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0051	FROM 1/ 1/2009	2/24/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET D
14-0051		PART VI

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.296347
3	PROGRAM COSTS	38,512
		11,413

PROVIDER NO: 14-0051
 COMPONENT NO: 14-S051
 PERIOD: FROM 1/1/2009 TO 9/30/2009
 PREPARED 2/24/2010
 WORKSHEET D
 PART II

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		918,184	69,898,414	3,432		
38	RECOVERY ROOM		176,529	8,201,897	218,919		
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY		97,897	6,533,855	51,586		
41	RADIOLOGY-DIAGNOSTIC		621,488	19,243,525	15,327		
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE		141,200	8,959,940	17,362		
43 01	PURCHASED SCAN		259,798	38,319,489	60,459		
43 02	ULTRASOUND		49,588	3,215,263	5,764		
43 03	BREAST IMAGING		185,047	1,406,779			
43 04	CARDIAC CATH LAB		323,531	31,778,257			
44	LABORATORY		194,560	40,001,195	392,049		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED		42,507	5,654,632	209		
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		147,715	7,622,262	24,704		
50	PHYSICAL THERAPY		252,363	3,482,523	18,698		
51	OCCUPATIONAL THERAPY		3,543	1,250,649	1,417		
51 01	OCCUPATIONAL THERAPY-PSYC		14,721	334,477	161,889		
52	SPEECH PATHOLOGY		14,116	317,635	791		
53	ELECTROCARDIOLOGY		122,796	13,285,503	39,982		
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		72,307	9,134,602			
56	DRUGS CHARGED TO PATIENTS		222,462	27,662,411	486,210		
58	ASC (NON-DISTINCT PART)						
58 02	CARDIAC CATH LAB		110,584	411,351			
58 04	SPECIAL DIAGNOSTICS		32,612	228,053	1,276		
58 05	INPATIENT RENAL DIALYSIS		24,571	619,331			
58 06	OP SURGERY		495,369	12,425,798	460		
60	OUTPAT SERVICE COST CNTRS						
	CLINIC		641	75,135	89		
61	EMERGENCY		674,470	20,611,549	257,778		
62	OBSERVATION BEDS (NON-DIS		184,351	2,239,813			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		5,382,950	332,914,338	1,758,401		

PROVIDER NO: 14-0051
 PERIOD: FROM 1/1/2009 TO 9/30/2009
 COMPONENT NO: 14-S051
 PREPARED 2/24/2010
 WORKSHEET D
 PART II
 PPS

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.013136	45
38	RECOVERY ROOM	.021523	4,712
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY	.014983	773
41	RADIOLOGY-DIAGNOSTIC	.032296	495
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE	.015759	274
43 01	PURCHASED SCAN	.006780	410
43 02	ULTRASOUND	.015423	89
43 03	BREAST IMAGING	.131539	
43 04	CARDIAC CATH LAB	.010181	
44	LABORATORY	.004864	1,907
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED	.007517	2
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.019379	479
50	PHYSICAL THERAPY	.072466	1,355
51	OCCUPATIONAL THERAPY	.002833	4
51 01	OCCUPATIONAL THERAPY-PSYC	.044012	7,125
52	SPEECH PATHOLOGY	.044441	35
53	ELECTROCARDIOLOGY	.009243	370
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.007916	
56	DRUGS CHARGED TO PATIENTS	.008042	3,910
58	ASC (NON-DISTINCT PART)		
58 02	CARDIAC CATH LAB	.268831	
58 04	SPECIAL DIAGNOSTICS	.143002	182
58 05	INPATIENT RENAL DIALYSIS	.039673	
58 06	OP SURGERY	.039866	18
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.008531	1
61	EMERGENCY	.032723	8,435
62	OBSERVATION BEDS (NON-DIS	.082306	
101	OTHER REIMBURS COST CNTRS		
	TOTAL		30,621

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43 01	PURCHASED SCAN						
43 02	ULTRASOUND						
43 03	BREAST IMAGING						
43 04	CARDIAC CATH LAB						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
51 01	OCCUPATIONAL THERAPY-PSYC						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
58 02	CARDIAC CATH LAB						
58 04	SPECIAL DIAGNOSTICS						
58 05	INPATIENT RENAL DIALYSIS						
58 06	OP SURGERY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			69,898,414			3,432	
38	RECOVERY ROOM			8,201,897			218,919	
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY			6,533,855			51,586	
41	RADIOLOGY-DIAGNOSTIC			19,243,525			15,327	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			8,959,940			17,362	
43 01	PURCHASED SCAN			38,319,489			60,459	
43 02	ULTRASOUND			3,215,263			5,764	
43 03	BREAST IMAGING			1,406,779				
43 04	CARDIAC CATH LAB			31,778,257				
44	LABORATORY			40,001,195			392,049	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED			5,654,632			209	
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			7,622,262			24,704	
50	PHYSICAL THERAPY			3,482,523			18,698	
51	OCCUPATIONAL THERAPY			1,250,649			1,417	
51 01	OCCUPATIONAL THERAPY-PSYC			334,477			161,889	
52	SPEECH PATHOLOGY			317,635			791	
53	ELECTROCARDIOLOGY			13,285,503			39,982	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			9,134,602				
56	DRUGS CHARGED TO PATIENTS			27,662,411			486,210	
58	ASC (NON-DISTINCT PART)							
58 02	CARDIAC CATH LAB			411,351				
58 04	SPECIAL DIAGNOSTICS			228,053			1,276	
58 05	INPATIENT RENAL DIALYSIS			619,331				
58 06	OP SURGERY			12,425,798			460	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			75,135			89	
61	EMERGENCY			20,611,549			257,778	
62	OBSERVATION BEDS (NON-DIS			2,239,813				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			332,914,338			1,758,401	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43	01 PURCHASED SCAN						
43	02 ULTRASOUND						
43	03 BREAST IMAGING						
43	04 CARDIAC CATH LAB						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
51	01 OCCUPATIONAL THERAPY-PSYC						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
58	02 CARDIAC CATH LAB						
58	04 SPECIAL DIAGNOSTICS						
58	05 INPATIENT RENAL DIALYSIS						
58	06 OP SURGERY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0051	FROM 1/ 1/2009	2/24/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET D-1
14-0051		PART I

TITLE XVIII PART A

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	29,658
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	29,658
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	29,658
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	16,886
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	24,874,457
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	24,874,457

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	33,407,316
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	33,407,316
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.744581
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,126.42
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	24,874,457

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: 14-0051
 PERIOD: FROM 1/1/2009 TO 9/30/2009
 COMPONENT NO: 14-0051
 PREPARED 2/24/2010
 WORKSHEET D-1
 PART II

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					838.71
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					14,162,457
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					14,162,457

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	3,795,503	2,114	1,795.41	2,040	3,662,636
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	2,814,756	1,132	2,486.53	44	109,407
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES				1,678,996
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES				1,572,595
52	TOTAL PROGRAM EXCLUDABLE COST				3,251,591
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS				42,622,828

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0051	FROM 1/ 1/2009	2/24/2010
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14-0051		PART III

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,388
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	838.71
85	OBSERVATION BED COST	2,002,839

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	24,874,457		2,002,839	
87	NEW CAPITAL-RELATED COST	2,289,573	.092045	2,002,839	184,351
88	NON PHYSICIAN ANESTHETIST	24,874,457		2,002,839	
89	MEDICAL EDUCATION	24,874,457		2,002,839	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 2/24/2010
14-0051	FROM 1/ 1/2009	WORKSHEET D-1
COMPONENT NO:	TO 9/30/2009	PART I
14-S051		

TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,865
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,865
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,865
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,912
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,837,893
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,837,893

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,524,101
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,524,101
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.513729
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,429.26
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,837,893

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: 14-0051
 COMPONENT NO: 14-S051
 PERIOD: FROM 1/1/2009 TO 9/30/2009
 PREPARED 2/24/2010
 WORKSHEET D-1
 PART II

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	734.25
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,403,886
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,403,886

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				
					472,416
					1,876,302

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	52,962
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	30,621
52	TOTAL PROGRAM EXCLUDABLE COST	83,583
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	1,792,719

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0051	FROM 1/ 1/2009	2/24/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET D-1
14-S051		PART III

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	734.25
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	2,837,893			
87	NEW CAPITAL-RELATED COST	107,074	.037730		
88	NON PHYSICIAN ANESTHETIST	2,837,893			
89	MEDICAL EDUCATION	2,837,893			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0051
 COMPONENT NO: 14-0051
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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		21,720,977	
26	INTENSIVE CARE UNIT		3,788,102	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT		1,856,991	
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.302820	25,908,888	7,845,729
38	RECOVERY ROOM	.213000	2,212,746	471,315
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.401548	2,120,710	851,567
41	RADIOLOGY-DIAGNOSTIC	.266694	4,894,201	1,305,254
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	.197618	1,744,497	344,744
43 01	PURCHASED SCAN	.128268	6,928,833	888,748
43 02	ULTRASOUND	.222961	448,442	99,985
43 03	BREAST IMAGING	.618674	280	173
43 04	CARDIAC CATH LAB LABORATORY	.158918	15,755,740	2,503,871
44		.138676	16,797,737	2,329,443
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.251968	3,076,283	775,125
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.259260	4,867,476	1,261,942
50	PHYSICAL THERAPY	.526805	1,593,389	839,405
51	OCCUPATIONAL THERAPY	.226705	752,083	170,501
51 01	OCCUPATIONAL THERAPY-PSYCH	.583302	5,993	3,496
52	SPEECH PATHOLOGY	.356749	220,716	78,740
53	ELECTROCARDIOLOGY	.121519	4,704,621	571,701
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.470928	3,195,168	1,504,694
56	DRUGS CHARGED TO PATIENTS	.296347	13,222,132	3,918,339
58	ASC (NON-DISTINCT PART)			
58 02	CARDIAC CATH LAB	1.125397	237	267
58 04	SPECIAL DIAGNOSTICS	.460599	56,932	26,223
58 05	INPATIENT RENAL DIALYSIS	.404365	413,911	167,371
58 06	OP SURGERY	.385330	1,116,433	430,195
60	OUTPAT SERVICE COST CNTRS CLINIC	1.369215		
61	EMERGENCY	.279047	5,558,530	1,551,091
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.894199		
101	TOTAL		115,595,978	27,939,919
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		115,595,978	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0051
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TITLE XVIII, PART A SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		2,677,878	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.302820	3,432	1,039
38	RECOVERY ROOM	.213000	218,919	46,630
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.401548	51,586	20,714
41	RADIOLOGY-DIAGNOSTIC	.266694	15,327	4,088
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	.197618	17,362	3,431
43 01	PURCHASED SCAN	.128268	60,459	7,755
43 02	ULTRASOUND	.222961	5,764	1,285
43 03	BREAST IMAGING	.618674		
43 04	CARDIAC CATH LAB LABORATORY	.158918		
44		.138676	392,049	54,368
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.251968	209	53
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.259260	24,704	6,405
50	PHYSICAL THERAPY	.526805	18,698	9,850
51	OCCUPATIONAL THERAPY	.226705	1,417	321
51 01	OCCUPATIONAL THERAPY-PSYCH	.583302	161,889	94,430
52	SPEECH PATHOLOGY	.356749	791	282
53	ELECTROCARDIOLOGY	.121519	39,982	4,859
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.470928		
56	DRUGS CHARGED TO PATIENTS	.296347	486,210	144,087
58	ASC (NON-DISTINCT PART)			
58 02	CARDIAC CATH LAB	1.125397		
58 04	SPECIAL DIAGNOSTICS	.460599	1,276	588
58 05	INPATIENT RENAL DIALYSIS	.404365		
58 06	OP SURGERY	.385330	460	177
60	OUTPAT SERVICE COST CNTRS CLINIC	1.369215	89	122
61	EMERGENCY	.279047	257,778	71,932
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.894199		
101	TOTAL		1,758,401	472,416
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,758,401	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1		
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	31,449,108	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1	789,300	
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	1,345,483	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	176.46	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	24.99	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		24.99
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		26.50
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		24.99
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		22.88
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		24.59
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		24.15
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		.136858
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		.121154
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19. (SEE INST)		.121154
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		2,063,097
	SUM OF LINES 3.21 - 3.23	
	2,063,097	
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		2,063,097
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		9.57
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		11.06
4.02 SUM OF LINES 4 AND 4.01		20.63
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		6.24
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		1,962,424
5 ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		

PROVIDER NO:	PERIOD:	PREPARED
14-0051	FROM 1/ 1/2009	2/24/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET E
14-0051		PART A

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	36,820,112	
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)	36,820,112	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	2,969,429	
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)	944,314	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	40,733,855	
17 PRIMARY PAYER PAYMENTS	11,920	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	40,721,935	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,832,712	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	148,975	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	692,720	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	484,904	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	692,720	
22 SUBTOTAL	38,225,152	
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	38,225,152	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	38,214,184	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	10,968	
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)	22,379
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	15,490,157
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	11,589,677
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	817
1.04	LINE 1.01 TIMES LINE 1.03.	12,655,458
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	91.58
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	22,379
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	75,515
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	75,515
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)	75,515
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	53,136
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	22,379
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	11,589,677
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,959,821
19	SUBTOTAL (SEE INSTRUCTIONS)	8,652,235
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	306,839
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	8,959,074
24	PRIMARY PAYER PAYMENTS	627
25	SUBTOTAL	8,958,447
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	892,068
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	624,448
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	892,068
28	SUBTOTAL	9,582,895
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	9,582,895
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	9,253,817
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	329,078
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)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0051	FROM 1/ 1/2009	2/24/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET E
14-S051		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

- 1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
- 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).
- 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
- 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
- 1.04 LINE 1.01 TIMES LINE 1.03.
- 1.05 LINE 1.02 DIVIDED BY LINE 1.04.
- 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
- 1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.
- 2 INTERNS AND RESIDENTS
- 3 ORGAN ACQUISITIONS
- 4 COST OF TEACHING PHYSICIANS
- 5 TOTAL COST (SEE INSTRUCTIONS)

COMPUTATION OF LESSER OF COST OR CHARGES

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

COMPUTATION OF REIMBURSEMENT SETTLEMENT

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

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)

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0051
 COMPONENT NO: 14-0051
 PERIOD: FROM 1/1/2009 TO 9/30/2009
 PREPARED 2/24/2010
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		37,591,398		8,692,747
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		1,249,606		598,406
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	9/25/2009	149,939	9/25/2009	192,395
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	8/21/2009	776,759	8/21/2009	229,731
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-626,820		-37,336
4 TOTAL INTERIM PAYMENTS		38,214,184		9,253,817
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		10,968		329,078
7 TOTAL MEDICARE PROGRAM LIABILITY		38,225,152		9,582,895

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0051
 COMPONENT NO: 14-S051
 PERIOD: FROM 1/1/2009 TO 9/30/2009
 PREPARED 2/24/2010
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,391,111		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL			NONE	NONE
4 TOTAL INTERIM PAYMENTS		1,391,111		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL			NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		94,347		
7 TOTAL MEDICARE PROGRAM LIABILITY		1,485,458		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0051	FROM 1/ 1/2009	2/24/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET E-3
14-S051		PART I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	1,495,467
1.09	NET IPF PPS OUTLIER PAYMENTS	17,258
1.10	NET IPF PPS ECT PAYMENTS	24,592
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	14.157509
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	1,537,317
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	1,537,317
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	1,537,317
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	1,537,317
7	DEDUCTIBLES	134,480
8	SUBTOTAL	1,402,837
9	COINSURANCE	11,726
10	SUBTOTAL	1,391,111
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	134,781
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	94,347
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	134,781
12	SUBTOTAL	1,485,458
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 2/24/2010
14-0051	FROM 1/ 1/2009	WORKSHEET E-3
COMPONENT NO:	TO 9/30/2009	PART I
14-S051		

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,485,458
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,391,111
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	94,347
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

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

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		24.99
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		24.99
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		19.81
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		19.81
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.		5.58
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.		13.32
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		18.90
3.10	SEE INSTRUCTIONS		18.90
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		13.32
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		13.04
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		13.55
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	13.30
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)		13.30
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		94,337.39
3.18	SEE INSTRUCTIONS		1,254,687
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		8.00
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		8.83
3.21	SEE INSTRUCTIONS	RES INIT YEARS	7.47
3.22	SEE INSTRUCTIONS		7.47
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		101,527.35
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		758,409
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		2,013,096

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		20,882
5	TOTAL INPATIENT DAYS		34,381
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.607370
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	1,222,694	1,222,694
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		566
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		34,381
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.		28,459
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

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

TITLE XVIII

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

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

12	REASONABLE COST (SEE INSTRUCTIONS)	47,750,721
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	11,920
16	TOTAL PART A REASONABLE COST	47,738,801

PART B REASONABLE COST

17	REASONABLE COST	15,512,536
18	PRIMARY PAYER PAYMENTS	627
19	TOTAL PART B REASONABLE COST	15,511,909
20	TOTAL REASONABLE COST	63,250,710
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.754755
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.245245

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)	1,251,153
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	944,314
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	306,839

BALANCE SHEET

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	24,984,086			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	231,250,202			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-42,925,173			
7 INVENTORY	16,384,951			
8 PREPAID EXPENSES	13,812,184			
9 OTHER CURRENT ASSETS	135,342,434			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	378,848,684			
FIXED ASSETS				
12 LAND	69,153,843			
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	1020,093,502			
14.01 LESS ACCUMULATED DEPRECIATION	-723,031,874			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT	413,193,728			
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT				
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	779,409,199			
OTHER ASSETS				
22 INVESTMENTS	1088,116,254			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	39,509,208			
26 TOTAL OTHER ASSETS	1127,625,462			
27 TOTAL ASSETS	2285,883,345			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	48,263,866			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	453,346,755			
36 TOTAL CURRENT LIABILITIES	501,610,621			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	652,543,698			
42 TOTAL LONG-TERM LIABILITIES	652,543,698			
43 TOTAL LIABILITIES	1154,154,319			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	1131,729,026			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	1131,729,026			
52 TOTAL LIABILITIES AND FUND BALANCES	2285,883,345			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		94,032,607		
2	NET INCOME (LOSS)		1,444,096		
3	TOTAL		95,476,703		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
	TRANSFER TO PROPERTY/EQUI		1,026,926		
5	OTHER TRANSFERS	288,892,104			
6	DIFFERENCE IN NORTHSORE	1,059,946,002			
7	DIFFERENCE IN NORTHSORE	16,569,482			
8					
9					
10	TOTAL ADDITIONS		1,366,434,514		
11	SUBTOTAL		1,461,911,217		
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12	UNREALIZED INCOME	227,451,825			
13	ADDITIONAL MIN PENSION LI	102,730,366			
14	DIFFERENCE IN NORTHSORE				
15					
16					
17					
18	TOTAL DEDUCTIONS		330,182,191		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		1,131,729,026		

		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)				
	TRANSFER TO PROPERTY/EQUI				
5	OTHER TRANSFERS				
6	DIFFERENCE IN NORTHSORE				
7	DIFFERENCE IN NORTHSORE				
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12	UNREALIZED INCOME				
13	ADDITIONAL MIN PENSION LI				
14	DIFFERENCE IN NORTHSORE				
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 14-0051
 PERIOD: FROM 1/1/2009 TO 9/30/2009
 PREPARED 2/24/2010
 WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	33,407,316		33,407,316
2 00 SUBPROVIDER	5,524,101		5,524,101
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
7 01 ICF/MR			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS	38,931,417		38,931,417
10 00 INTENSIVE CARE UNIT	5,831,560		5,831,560
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT	3,053,397		3,053,397
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	8,884,957		8,884,957
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	47,816,374		47,816,374
17 00 ANCILLARY SERVICES	191,284,635	374,579	191,659,214
18 00 OUTPATIENT SERVICES		141,629,703	141,629,703
24 00 GHP/WH		40,586	40,586
24 01 PHYSICIAN REVENUE		88,644	88,644
25 00 TOTAL PATIENT REVENUES	239,101,009	142,133,512	381,234,521

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		120,209,880	
ADD (SPECIFY)			
27 00 BAD DEBT	5,230,142		
28 00 INDIRECT OPERATING EXPENSE	207,701		
29 00 IMMATERIAL VARIANCE	28		
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		5,437,871	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		125,647,751	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0051
 PERIOD: FROM 1/1/2009 TO 9/30/2009
 PREPARED 2/24/2010
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	381,234,521
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	256,374,847
3	NET PATIENT REVENUES	124,859,674
4	LESS: TOTAL OPERATING EXPENSES	125,647,751
5	NET INCOME FROM SERVICE TO PATIENTS	-788,077
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	22,742
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	DIETARY REVENUE	557,435
24.01	OFFICE SPACE RENTAL	1,614,546
24.02	MISCELLANEOUS REVENUE	37,126
24.03	MAGAZINE SALES	326
25	TOTAL OTHER INCOME	2,232,175
26	TOTAL OTHER EXPENSES	1,444,098
27	ROUNDING	2
28		
29		
30	TOTAL OTHER EXPENSES	2
31	NET INCOME (OR LOSS) FOR THE PERIOD	1,444,096

PROVIDER NO:	PERIOD:	PREPARED
14-0051	FROM 1/ 1/2009	2/24/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET L
14-0051		PARTS I-IV

FULLY PROSPECTIVE METHOD

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	2,600,187
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	94,662
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	111.78
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	24.15
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	6.29
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	163,552
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	9.57
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	11.06
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	20.63
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.27
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	111,028
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2,969,429
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)	