

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	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	14-0054	I	FROM 10/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 9/30/2009	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 2/18/2010 TIME 9:56

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:
MACNEAL HOSPITAL 14-0054

FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2008 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.

ECR ENCRYPTION INFORMATION
DATE: 2/18/2010 TIME 9:56

d7M.Z5jw60plfejlYE7f: jor9ckqx0
bx00G0FxoBdtIbIhUckc:PUUw1R50n
vb0G1VRNC30hivz0

PI ENCRYPTION INFORMATION
DATE: 2/18/2010 TIME 9:56

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qSkgh09YsaIaSm0U5H371xho5Er4Yh
fyPO7:c8dh0s9568

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	583,588	255,907	0	
2	SUBPROVIDER	0	-75,584	-1	0	
5	HOSPITAL-BASED SNF	0	-1	0	0	
7	HOSPITAL-BASED HHA	0	0	0	0	
100	TOTAL	0	508,003	255,906	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.

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FORM APPROVED
OMB NO. 0938-0050

WORKSHEET 5
PARTS I & II

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COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	14-0054	I	FROM 10/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 9/30/2009	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 2/18/2010 TIME 10:12

PART I - CERTIFICATION

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CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2008 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	583,588	255,907	0	
2	SUBPROVIDER	0	-75,584	-1	0	
5	HOSPITAL-BASED SNF	0	-1	0	0	
7	HOSPITAL-BASED HHA	0	0	0	0	
100	TOTAL	0	508,003	255,906	0	

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

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HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET S-2
 I I TO 9/30/2009 I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 3249 SOUTH OAK PARK AVENUE P.O. BOX:
 1.01 CITY: BERWYN STATE: IL ZIP CODE: 60402- COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)		
					V XVIII	XIX	
02.00 HOSPITAL	MACNEAL HOSPITAL	14-0054		7/ 1/1966	4	5	6
03.00 SUBPROVIDER	MACNEAL PSYCH UNIT	14-S054		10/ 1/1984	N	P	O
06.00 HOSPITAL-BASED SNF	M.H. TRANSITIONAL CARE UNIT	14-5848		10/ 1/1995	N	P	N
09.00 HOSPITAL-BASED HHA	MACNEAL HOME HEALTH	14-7285		10/ 1/1984	N	O	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/ 1/2008 TO: 9/30/2009

18 TYPE OF CONTROL 1 2
6

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 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

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

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

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

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

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

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

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

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

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

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

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

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

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

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

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET 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-I, 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-I, 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

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET 5-2
 I TO 9/30/2009 I

25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME 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	N			
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
			100	1.0787	1.0787
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 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	1	1600
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		%	Y/N	
28.04	RECRUITMENT		0.00%		
28.05	RETENTION		0.00%		
28.06	TRAINING		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)				
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE 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).				
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE 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				
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).				
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).				
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).				
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)?				
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				
PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	Y	Y	Y	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	N	Y	N	
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	N	N	
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?		N		

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET S-2
 I I TO 9/30/2009 I

TITLE XIX INPATIENT SERVICES

- 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
- 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
- 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
- 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
- 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

- 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE NUMBER. (SEE INSTRUCTIONS). Y 44H108
- 40.01 NAME: TN FI/CONTRACTOR NAME RIVERBEND FI/CONTRACTOR # 00390
- 40.02 STREET: P.O. BOX:
- 40.03 CITY: STATE: ZIP CODE: -
- 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
- 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
- 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
- SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
- 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
- 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
- 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
- 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
49.00 SNF	N	N			
50.00 HHA	N	N			

- 52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
- 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
- 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
- 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
- 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 8,078,836
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
- 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. Y
- 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N
- 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.

	DATE	Y OR N	LIMIT	Y OR N	FEE\$
	0	1	2	3	4
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.		N	0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0

- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
I 14-0054 I FROM 10/1/2008 I WORKSHEET S-2
I I TO 9/30/2009 I

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

MULTICAMPUS

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). / /

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
I 14-0054 I FROM 10/ 1/2008 I WORKSHEET S-3
I I TO 9/30/2009 I PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	I/P DAYS /		O/P VISITS /		TRIPS 5
				TITLE V 3	TITLE XVIII 4	TITLE NOT LTCH N/A	TITLE XIX 5	
1 ADULTS & PEDIATRICS	239	87,235			20,394	4.01	13,723	
2 HMO					6,952		721	
2 01 HMO - (IRF PPS SUBPROVIDER)								
3 ADULTS & PED-SB SNF								
4 ADULTS & PED-SB NF								
5 TOTAL ADULTS AND PEDS	239	87,235			20,394		13,723	
6 INTENSIVE CARE UNIT	17	6,205			2,241		2,531	
11 NURSERY								
12 TOTAL	256	93,440			22,635		16,254	
13 RPCH VISITS								
14 SUBPROVIDER	24	8,760			5,927			
15 SKILLED NURSING FACILITY	40	14,600			9,216			
18 HOME HEALTH AGENCY								
25 TOTAL	320							
26 OBSERVATION BED DAYS							384	
26 01 OBSERVATION BED DAYS-SUB I								
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								

COMPONENT	I/P DAYS /		O/P VISITS TOTAL ALL PATS 6	TRIPS		INTERNS & RES. FTES -- LESS I&R REPL NON-PHYS ANES	
	TITLE XIX ADMITTED 5.01	OBSERVATION BEDS NOT ADMITTED 5.02		TITLE ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	TOTAL 7	8
1 ADULTS & PEDIATRICS			56,852				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			56,852				
6 INTENSIVE CARE UNIT			4,963				
11 NURSERY			4,121				
12 TOTAL			65,936			59.08	
13 RPCH VISITS							
14 SUBPROVIDER			7,506			2.00	
15 SKILLED NURSING FACILITY			13,124				
18 HOME HEALTH AGENCY			36,202				
25 TOTAL						61.08	
26 OBSERVATION BED DAYS	16	368	1,851	76	1,775		
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		DISCHARGES		TOTAL ALL PATIENTS 15
		EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	TITLE XVIII 13	
1 ADULTS & PEDIATRICS					4,603	15,148
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						
11 NURSERY						
12 TOTAL	59.08	1,496.31			4,603	15,148
13 RPCH VISITS						
14 SUBPROVIDER	2.00	34.64			586	916
15 SKILLED NURSING FACILITY		50.11				
18 HOME HEALTH AGENCY		40.74				
25 TOTAL	61.08	1,621.80				
26 OBSERVATION BED DAYS						
26 01 OBSERVATION BED DAYS-SUB I						
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET 5-3
 I I TO 9/30/2009 I 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	100,467,400		100,467,400	3,373,334.00	29.78	
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)	3,292,783	9,445	3,302,228	133,781.00	24.68	
6.01	CONTRACT SERVICES, I&R						
7	HOME OFFICE PERSONNEL						
8	SNF	2,844,531		2,844,531	104,220.00	27.29	
8.01	EXCLUDED AREA SALARIES	7,312,915		7,312,915	231,566.00	31.58	
OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR:	3,316,635		3,316,635	56,882.00	58.31	
9.01	PHARMACY SERVICES UNDER CONTRACT						
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10	CONTRACT LABOR: PHYS PART A	265,990		265,990	1,766.00	150.62	
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11	HOME OFFICE SALARIES & WAGE RELATED COSTS	5,579,388		5,579,388	48,173.00	115.82	
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS							
13	WAGE-RELATED COSTS (CORE)	15,225,030		15,225,030			CMS 339
14	WAGE-RELATED COSTS (OTHER)						CMS 339
15	EXCLUDED AREAS	700,177		700,177			CMS 339
16	NON-PHYS ANESTHETIST PART A						CMS 339
17	NON-PHYS ANESTHETIST PART B						CMS 339
18	PHYSICIAN PART A						CMS 339
18.01	PART A TEACHING PHYSICIANS						CMS 339
19	PHYSICIAN PART B						CMS 339
19.01	WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20	INTERNS & RESIDENTS (APPRVD)	17,076		17,076			CMS 339
OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	1,582,799	-248	1,582,551	55,433.00	28.55	
22	ADMINISTRATIVE & GENERAL	18,329,550	1,061,456	19,391,006	613,211.00	31.62	
22.01	A & G UNDER CONTRACT						
23	MAINTENANCE & REPAIRS	213,686	-80	213,606	9,457.00	22.59	
24	OPERATION OF PLANT						
25	LAUNDRY & LINEN SERVICE	558,889		558,889	32,557.00	17.17	
26	HOUSEKEEPING	2,034,687		2,034,687	153,886.00	13.22	
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY	2,305,271		2,305,271	152,329.00	15.13	
27.01	DIETARY UNDER CONTRACT						
28	CAFETERIA						
29	MAINTENANCE OF PERSONNEL						
30	NURSING ADMINISTRATION	1,335,485		1,335,485	32,202.00	41.47	
31	CENTRAL SERVICE AND SUPPLY	320,234		320,234	25,766.00	12.43	
32	PHARMACY	1,936,873		1,936,873	52,000.00	37.25	
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	3,033,562	-1,061,128	1,972,434	92,580.00	21.31	
34	SOCIAL SERVICE						
35	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	97,174,617	-9,445	97,165,172	3,239,553.00	29.99	
2	EXCLUDED AREA SALARIES	10,157,446		10,157,446	335,786.00	30.25	
3	SUBTOTAL SALARIES	87,017,171	-9,445	87,007,726	2,903,767.00	29.96	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	9,162,013		9,162,013	106,821.00	85.77	
5	SUBTOTAL WAGE-RELATED COSTS	15,225,030		15,225,030		17.50	
6	TOTAL	111,404,214	-9,445	111,394,769	3,010,588.00	37.00	
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	31,651,036		31,651,036	1,219,421.00	25.96	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
I 14-0054 I FROM 10/ 1/2008 I WORKSHEET S-4
I HHA NO: I TO 9/30/2009 I
I 14-7285 I
COUNTY:

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	1,728	0	171
2 UNDUPLICATED CENSUS COUNT		2,256.00		2,403.00

	TOTAL 5
1 HOME HEALTH AIDE HOURS	1,899
2 UNDUPLICATED CENSUS COUNT	4,659.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES
(FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	1.00		1.00
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	19.05	.09	19.14
6 DIRECTING NURSING SERVICE	14.51		14.51
7 NURSING SUPERVISOR	.80		.80
8 PHYSICAL THERAPY SERVICE	8.70		8.70
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	2.28		2.28
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	1.05		1.05
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	.91		.91
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAS IN COL. 1 OR CBSAS IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	0	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	1600		

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON
OR AFTER OCTOBER 1, 2000

	FULL EPISODES		LUPA EPISODES 3	PEP ONLY EPISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	9,070	204	464	183
22 SKILLED NURSING VISIT CHARGES	1,616,843	36,720	83,190	32,940
23 PHYSICAL THERAPY VISITS	5,428	0	33	162
24 PHYSICAL THERAPY VISIT CHARGES	1,069,316	0	6,501	31,914
25 OCCUPATIONAL THERAPY VISITS	1,724	0	3	47
26 OCCUPATIONAL THERAPY VISIT CHARGES	339,628	0	591	9,259
27 SPEECH PATHOLOGY VISITS	75	0	1	2
28 SPEECH PATHOLOGY VISIT CHARGES	11,035	0	306	145
29 MEDICAL SOCIAL SERVICE VISITS	282	0	10	13
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	81,216	0	2,880	3,744
31 HOME HEALTH AIDE VISITS	264	0	0	26
32 HOME HEALTH AIDE VISIT CHARGES	21,648	0	1,558	574
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	16,843	204	511	433
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	3,139,686	36,720	95,026	78,576
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	0	0
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	0	0

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/1/2008 I WORKSHEET S-4
 I HHA NO: I TO 9/30/2009 I
 I 14-7285 I
 COUNTY:

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON
OR AFTER OCTOBER 1, 2000

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	9,921
22 SKILLED NURSING VISIT CHARGES	0	0	1,769,693
23 PHYSICAL THERAPY VISITS	0	0	5,623
24 PHYSICAL THERAPY VISIT CHARGES	0	0	1,107,731
25 OCCUPATIONAL THERAPY VISITS	0	0	1,774
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	349,478
27 SPEECH PATHOLOGY VISITS	0	0	78
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	11,486
29 MEDICAL SOCIAL SERVICE VISITS	0	0	305
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	87,840
31 HOME HEALTH AIDE VISITS	0	0	290
32 HOME HEALTH AIDE VISIT CHARGES	0	0	23,780
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	17,991
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	3,350,008
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	0
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	0

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
I 14-0054 I FROM 10/ 1/2008 I WORKSHEET S-7
I I TO 9/30/2009 I

GROUP(1) 1	M3PI REVENUE CODE 2	SERVICES PRIOR TO 10/1 RATE 3	10/1 DAYS 3.01	SERVICES ON/AFTER 10/1 RATE 4	10/1 DAYS 4.01	SRVCS 4/1/01 TO 9/30/01 RATE 4.02	9/30/01 DAYS 4.03
1	RUC						
2	RUB		43				
3	RUA						
3	.01 RUX						
3	.02 RUL		14				
4	RVC						
5	RVB		43				
6	RVA						
6	.01 RVX		3				
6	.02 RVL		353				
7	RHC		187				
8	RHB		328				
9	RHA		33				
9	.01 RHX						
9	.02 RHL						
10	RMC						
11	RMB		249				
12	RMA		89				
12	.01 RMX		1,423				
12	.02 RML		5,102				
13	RLB						
14	RLA						
14	.01 RLX						
15	SE3		95				
16	SE2		964				
17	SE1		34				
18	SSC						
19	SSB						
20	SSA		185				
21	CC2						
22	CC1						
23	CB2						
24	CB1		22				
25	CA2						
26	CA1		48				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1		1				
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		9,216				

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 1.0787
 Wage Index Factor (after 10/01) : 1.0787
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 1600
 SNF CBSA Code : NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
I 14-0054 I FROM 10/ 1/2008 I WORKSHEET S-7
I I TO 9/30/2009 I

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

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 1.0787
 Wage Index Factor (after 10/01) : 1.0787
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 1600
 SNF CBSA Code : NOT SPECIFIED

HOSPITAL UNCOMPENSATED CARE DATA

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET S-10
 I I TO 9/30/2009 I
 I I I

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	189,610,004
17.01	GROSS MEDICAID REVENUES	45,844,473
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	320,464
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	235,774,941
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)	.226929
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	146,622,915

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
I 14-0054 I FROM 10/1/2008 I WORKSHEET 5-10
I TO 9/30/2009 I
I I I

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	33,272,991
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	33,272,991

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I 14-0054 I

I PERIOD: I FROM 10/ 1/2008 I TO 9/30/2009 I

I PREPARED 2/18/2010 I WORKSHEET A I

	COST CENTER	COST CENTER DESCRIPTION	SALARIES		OTHER	TOTAL	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5	
		GENERAL SERVICE COST CNTR						
1	0100	OLD CAP REL COSTS-BLDG & FIXT						
2	0200	OLD CAP REL COSTS-MVBLE EQUIP						
3	0300	NEW CAP REL COSTS-BLDG & FIXT					8,097,997	8,097,997
4	0400	NEW CAP REL COSTS-MVBLE EQUIP					8,095,673	8,095,673
5	0500	EMPLOYEE BENEFITS	1,582,799	16,365,168	17,947,967		-31,014	17,916,953
6	0600	ADMINISTRATIVE & GENERAL	18,329,550	79,668,787	97,998,337		-12,455,311	85,543,026
7	0700	MAINTENANCE & REPAIRS	213,686	2,993,107	3,206,793		-972,964	2,233,829
9	0900	LAUNDRY & LINEN SERVICE	558,889	234,235	793,124		-714	792,410
10	1000	HOUSEKEEPING	2,034,687	614,183	2,648,870		-64,056	2,584,814
11	1100	DIETARY	2,305,271	984,374	3,289,645		-8,522	3,281,123
12	1200	CAFETERIA						
14	1400	NURSING ADMINISTRATION	1,335,485	421,791	1,757,276		-1,200	1,756,076
15	1500	CENTRAL SERVICES & SUPPLY	320,234	299,624	619,858		-341,150	278,708
16	1600	PHARMACY	1,936,873	4,918,960	6,855,833		-1,502,555	5,353,278
17	1700	MEDICAL RECORDS & LIBRARY	3,033,562	455,384	3,488,946		-1,280,442	2,208,504
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD	3,292,783		3,292,783		9,445	3,302,228
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		1,472,472	1,472,472			1,472,472
		INPAT ROUTINE SRVC CNTRS						
25	2500	ADULTS & PEDIATRICS	18,269,115	3,254,203	21,523,318		-859,098	20,664,220
26	2600	INTENSIVE CARE UNIT	4,010,654	619,015	4,629,669		-285,256	4,344,413
31	3100	SUBPROVIDER	2,151,555	145,885	2,297,440		-11,744	2,285,696
33	3300	NURSERY	1,256,975	885,205	2,142,180		-84,530	2,057,650
34	3400	SKILLED NURSING FACILITY	2,844,531	413,823	3,258,354		-95,907	3,162,447
		ANCILLARY SRVC COST CNTRS						
37	3700	OPERATING ROOM	4,086,405	12,665,797	16,752,202		-1,868,599	14,883,603
37.01	3701	SAME DAY SURGERY	572,760	175,873	748,633		-56,913	691,720
38	3800	RECOVERY ROOM	722,837	136,750	859,587		-54,051	805,536
39	3900	DELIVERY ROOM & LABOR ROOM	1,774,195	1,382,895	3,157,090		-114,431	3,042,659
40	4000	ANESTHESIOLOGY	253,502	1,187,591	1,441,093		-540,458	900,635
41	4100	RADIOLOGY-DIAGNOSTIC	3,662,826	2,950,683	6,613,509		-848,449	5,765,060
41.01	3630	ULTRA SOUND	702,724	350,929	1,053,653		-9,466	1,044,187
41.02	3230	CAT SCAN	821,776	399,263	1,221,039		-111,099	1,109,940
43	4300	RADIOISOTOPE	314,605	572,033	886,638		-15,169	871,469
44	4400	LABORATORY	4,201,592	4,896,777	9,098,369		-5,151	9,093,218
49	4900	RESPIRATORY THERAPY	1,231,750	417,661	1,649,411		-185,321	1,464,090
50	5000	PHYSICAL THERAPY	2,220,460	554,920	2,775,380		-53,530	2,721,850
53	5300	ELECTROCARDIOLOGY	663,019	981,653	1,644,672		-19,797	1,624,875
53.01	3120	CARDIAC CATHERIZATION LABORATORY	703,110	6,704,344	7,407,454		-215,128	7,192,326
53.02	3950	TCU REHAB	602,395	22,793	625,188			625,188
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS					5,449,044	5,449,044
56	5600	DRUGS CHARGED TO PATIENTS					2,349,561	2,349,561
57	5700	RENAL DIALYSIS		435,258	435,258			435,258
59	3951	MCCR	48,538		48,538		-15	48,523
59.01	3952	WOUND CARE	72,346	102,120	174,466		-44,634	129,832
		OUTPAT SERVICE COST CNTRS						
60	6000	CLINIC	1,355,782	963,663	2,319,445		-495,148	1,824,297
61	6100	EMERGENCY	4,331,548	2,399,630	6,731,178		-487,686	6,243,492
61.01	6101	FAMILY PRACTICES	2,585,370	2,188,958	4,774,328		-514,586	4,259,742
61.02	6102	PSYCH DAY HOSPITAL	272,238	31,896	304,134		-495	303,639
61.03	6103	CARDIAC REHAB	629,613	93,590	723,203		-4,652	718,551
61.05	6105	CANCER CENTER						
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)						
		OTHER REIMBURS COST CNTRS						
71	7100	HOME HEALTH AGENCY	3,403,884	1,199,691	4,603,575		-148,168	4,455,407
95		SPEC PURPOSE COST CENTERS						
		SUBTOTALS	98,709,924	154,560,984	253,270,908		214,311	253,485,219
		NONREIMBURS COST CENTERS						
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN	386	219,950	220,336			220,336
96.01	9601	COMMUNITY HEALTH	48,319	10,796	59,115			59,115
96.02	9602	MARKETING	216,966	698,947	915,913		-335	915,578
96.03	9603	PHYSICIAN DEVELOPMENT						
96.04	9604	FOOD SERVICE - RML						
96.05	9605	HOME DELIVERED MEALS						
96.06	9606	MACNEAL SCHOOL	1,491,805	708,109	2,199,914		-213,976	1,985,938
96.07	9607	CATERED MEALS						
98	9800	PHYSICIANS' PRIVATE OFFICES						
98.01	9801	OTHER NONREIMBURSABLE						
98.02	9802	VACANT SPACE						
101		TOTAL	100,467,400	156,198,786	256,666,186		-0-	256,666,186

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET A
 I I TO 9/30/2009 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	189,106	8,287,103
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	1,638,584	9,734,257
5	0500 EMPLOYEE BENEFITS	949,601	18,866,554
6	0600 ADMINISTRATIVE & GENERAL	-40,904,488	44,638,538
7	0700 MAINTENANCE & REPAIRS	-270,337	1,963,492
9	0900 LAUNDRY & LINEN SERVICE	-23,990	768,420
10	1000 HOUSEKEEPING	-4,000	2,580,814
11	1100 DIETARY	-719,859	2,561,264
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION	-220,640	1,535,436
15	1500 CENTRAL SERVICES & SUPPLY		278,708
16	1600 PHARMACY	311	5,353,589
17	1700 MEDICAL RECORDS & LIBRARY	-6,127	2,202,377
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		3,302,228
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	-139,188	1,333,284
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-38,470	20,625,750
26	2600 INTENSIVE CARE UNIT	-19,419	4,324,994
31	3100 SUBPROVIDER	-31,699	2,253,997
33	3300 NURSERY	-757,198	1,300,452
34	3400 SKILLED NURSING FACILITY	-18,570	3,143,877
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-455,621	14,427,982
37.01	3701 SAME DAY SURGERY	-761	690,959
38	3800 RECOVERY ROOM	-695	804,841
39	3900 DELIVERY ROOM & LABOR ROOM	-1,069,843	1,972,816
40	4000 ANESTHESIOLOGY	-439,438	461,197
41	4100 RADIOLOGY-DIAGNOSTIC	-5,134	5,759,926
41.01	3630 ULTRA SOUND		1,044,187
41.02	3230 CAT SCAN		1,109,940
43	4300 RADIOISOTOPE		871,469
44	4400 LABORATORY	-269,707	8,823,511
49	4900 RESPIRATORY THERAPY		1,464,090
50	5000 PHYSICAL THERAPY	-19	2,721,831
53	5300 ELECTROCARDIOLOGY	-423,674	1,201,201
53.01	3120 CARDIAC CATHERIZATION LABORATORY		7,192,326
53.02	3950 TCU REHAB		625,188
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		5,449,044
56	5600 DRUGS CHARGED TO PATIENTS		2,349,561
57	5700 RENAL DIALYSIS		435,258
59	3951 MCCR	-1,617	46,906
59.01	3952 WOUND CARE	-4,500	125,332
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-313	1,823,984
61	6100 EMERGENCY	-232,832	6,010,660
61.01	6101 FAMILY PRACTICES	-1,167,638	3,092,104
61.02	6102 PSYCH DAY HOSPITAL	-15,067	288,572
61.03	6103 CARDIAC REHAB	74	718,625
61.05	6105 CANCER CENTER		
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY	-131,043	4,324,364
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-44,594,211	208,891,008
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		220,336
96.01	9601 COMMUNITY HEALTH		59,115
96.02	9602 MARKETING		915,578
96.03	9603 PHYSICIAN DEVELOPMENT		
96.04	9604 FOOD SERVICE - RML		
96.05	9605 HOME DELIVERED MEALS		
96.06	9606 MACNEAL SCHOOL		1,985,938
96.07	9607 CATERED MEALS		
98	9800 PHYSICIANS' PRIVATE OFFICES		
98.01	9801 OTHER NONREIMBURSABLE		
98.02	9802 VACANT SPACE		
101	TOTAL	-44,594,211	212,071,975

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 9/30/2009 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
INPAT ROUTINE SRVC C			
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
ANCILLARY SRVC COST			
37	OPERATING ROOM	3700	
37.01	SAME DAY SURGERY	3701	OPERATING ROOM
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRA SOUND	3630	ULTRA SOUND
41.02	CAT SCAN	3230	CAT SCAN
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
53.02	TCU REHAB	3950	OTHER ANCILLARY SERVICE COST CENTERS
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	MCCR	3951	OTHER ANCILLARY SERVICE COST CENTERS
59.01	WOUND CARE	3952	OTHER ANCILLARY SERVICE COST CENTERS
OUTPAT SERVICE COST			
60	CLINIC	6000	
61	EMERGENCY	6100	
61.01	FAMILY PRACTICES	6101	EMERGENCY
61.02	PSYCH DAY HOSPITAL	6102	EMERGENCY
61.03	CARDIAC REHAB	6103	EMERGENCY
61.05	CANCER CENTER	6105	EMERGENCY
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
OTHER REIMBURS COST			
71	HOME HEALTH AGENCY	7100	
SPEC PURPOSE COST CE			
95	SUBTOTALS	0000	
NONREIMBURS COST CEN			
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	COMMUNITY HEALTH	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.02	MARKETING	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.03	PHYSICIAN DEVELOPMENT	9603	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.04	FOOD SERVICE - RML	9604	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.05	HOME DELIVERED MEALS	9605	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.06	MACNEAL SCHOOL	9606	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.07	CATERED MEALS	9607	GIFT, FLOWER, COFFEE SHOP & CANTEEN
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	OTHER NONREIMBURSABLE	9801	PHYSICIANS' PRIVATE OFFICES
98.02	VACANT SPACE	9802	PHYSICIANS' PRIVATE OFFICES
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO: 140054	PERIOD: FROM 10/ 1/2008 TO 9/30/2009	PREPARED 2/18/2010 WORKSHEET A-6
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----- INCREASE -----

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 REAL ESTATE TAXES	A	NEW CAP REL COSTS-BLDG & FIXT	3		3,030,330
2					
3 DEPRECIATION	B	NEW CAP REL COSTS-BLDG & FIXT	3		3,868,487
4		NEW CAP REL COSTS-MVBLE EQUIP	4		7,142,452
5 LEASES & RENTALS	C	NEW CAP REL COSTS-BLDG & FIXT	3		1,199,180
6		NEW CAP REL COSTS-MVBLE EQUIP	4		953,221
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24 CHARGEABLE DRUGS	D	DRUGS CHARGED TO PATIENTS	56		2,349,561
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					

1 CHARGEABLE DRUGS	D				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20 CHARGEABLE SUPPLIES	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		5,449,044
21		CENTRAL SERVICES & SUPPLY	15		836
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140054	FROM 10/ 1/2008	2/18/2010
	TO 9/30/2009	WORKSHEET A-6
		CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		SALARY	OTHER
			LINE NO			
	1	2	3	4	5	
1 CHARGEABLE SUPPLIES	E					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21 INTERNS & RESIDENTS	F	I&R SERVICES-SALARY & FRINGES APPRVD	22		9,445	
22 CHICAGO MARKET CHARGEBACKS	G	ADMINISTRATIVE & GENERAL	6		1,061,456	219,333
23						
24						
36 TOTAL RECLASSIFICATIONS					1,070,901	24,212,444

(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:	PERIOD:	PREPARED
140054	FROM 10/ 1/2008	2/18/2010
	TO 9/30/2009	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO	7			
1 REAL ESTATE TAXES	A	ADMINISTRATIVE & GENERAL	6			2,766,583	13
2		MAINTENANCE & REPAIRS	7			263,747	
3 DEPRECIATION	B	ADMINISTRATIVE & GENERAL	6			10,846,095	9
4		MAINTENANCE & REPAIRS	7			164,844	9
5 LEASES & RENTALS	C	EMPLOYEE BENEFITS	5			9,047	10
6		ADMINISTRATIVE & GENERAL	6			103,738	10
7		MAINTENANCE & REPAIRS	7			543,975	
8		LAUNDRY & LINEN SERVICE	9			700	
9		HOUSEKEEPING	10			8,360	
10		DIETARY	11			2,618	
11		CENTRAL SERVICES & SUPPLY	15			341,910	
12		PHARMACY	16			125	
13		ADULTS & PEDIATRICS	25			13,185	
14		SKILLED NURSING FACILITY	34			5,459	
15		OPERATING ROOM	37			132,776	
16		ANESTHESIOLOGY	40			41,442	
17		RADIOLOGY-DIAGNOSTIC	41			410,182	
18		RESPIRATORY THERAPY	49			108,308	
19		CARDIAC CATHERIZATION LABORATORY	53.01			36,651	
20		EMERGENCY	61			537	
21		FAMILY PRACTICES	61.01			178,977	
22		PSYCH DAY HOSPITAL	61.02			495	
23		MACNEAL SCHOOL	96.06			213,916	
24 CHARGEABLE DRUGS	D	EMPLOYEE BENEFITS	5			21,219	
25		ADMINISTRATIVE & GENERAL	6			2	
26		LAUNDRY & LINEN SERVICE	9			4	
27		HOUSEKEEPING	10			4	
28		CENTRAL SERVICES & SUPPLY	15			76	
29		PHARMACY	16			1,486,598	
30		ADULTS & PEDIATRICS	25			47,758	
31		INTENSIVE CARE UNIT	26			5,206	
32		SUBPROVIDER	31			1,979	
33		NURSERY	33			22,332	
34		SKILLED NURSING FACILITY	34			6,681	
35		OPERATING ROOM	37			68,994	
1 CHARGEABLE DRUGS	D	SAME DAY SURGERY	37.01			1,378	
2		RECOVERY ROOM	38			1,330	
3		DELIVERY ROOM & LABOR ROOM	39			5,642	
4		ANESTHESIOLOGY	40			227,402	
5		RADIOLOGY-DIAGNOSTIC	41			63,784	
6		ULTRA SOUND	41.01			929	
7		CAT SCAN	41.02			16,985	
8		RADIOISOTOPE	43			7,354	
9		LABORATORY	44			31	
10		RESPIRATORY THERAPY	49			71	
11		PHYSICAL THERAPY	50			499	
12		ELECTROCARDIOLOGY	53			613	
13		CARDIAC CATHERIZATION LABORATORY	53.01			8,459	
14		WOUND CARE	59.01			2,675	
15		CLINIC	60			28,058	
16		EMERGENCY	61			26,210	
17		FAMILY PRACTICES	61.01			297,250	
18		CARDIAC REHAB	61.03			1	
19		HOME HEALTH AGENCY	71			37	
20 CHARGEABLE SUPPLIES	E	EMPLOYEE BENEFITS	5			481	
21		ADMINISTRATIVE & GENERAL	6			19,682	
22		MAINTENANCE & REPAIRS	7			318	
23		LAUNDRY & LINEN SERVICE	9			10	
24		HOUSEKEEPING	10			55,692	
25		DIETARY	11			5,904	
26		NURSING ADMINISTRATION	14			1,200	
27		PHARMACY	16			15,832	
28		ADULTS & PEDIATRICS	25			798,155	
29		INTENSIVE CARE UNIT	26			280,050	
30		SUBPROVIDER	31			9,765	
31		NURSERY	33			62,198	
32		SKILLED NURSING FACILITY	34			83,767	
33		OPERATING ROOM	37			1,666,829	
34		SAME DAY SURGERY	37.01			55,535	
35		RECOVERY ROOM	38			52,721	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140054	FROM 10/ 1/2008	2/18/2010
	TO 9/30/2009	WORKSHEET A-6
		CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 CHARGEABLE SUPPLIES	E		39			108,789	
2			40			271,614	
3			41			374,483	
4			41.01			8,537	
5			41.02			94,114	
6			43			7,815	
7			44			5,120	
8			49			76,942	
9			50			53,031	
10			53			19,184	
11			53.01			170,018	
12			59			15	
13			59.01			41,959	
14			60			467,090	
15			61			460,939	
16			61.01			28,914	
17			61.03			4,651	
18			71			148,131	
19			96.02			335	
20			96.06			60	
21 INTERNS & RESIDENTS	F		61.01		9,445		
22 CHICAGO MARKET CHARGEBACKS	G		5		248	19	
23			7		80		
24			17		1,061,128	219,314	
36 TOTAL RECLASSIFICATIONS					1,070,901	24,212,444	

(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:	PERIOD:	PREPARED
140054	FROM 10/ 1/2008	2/18/2010
	TO 9/30/2009	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : REAL ESTATE TAXES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	3,030,330	ADMINISTRATIVE & GENERAL	6	2,766,583	
2.00			0	MAINTENANCE & REPAIRS	7	263,747	
TOTAL RECLASSIFICATIONS FOR CODE A			3,030,330	TOTAL RECLASSIFICATIONS FOR CODE A			3,030,330

RECLASS CODE: B
EXPLANATION : DEPRECIATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	3,868,487	ADMINISTRATIVE & GENERAL	6	10,846,095	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	7,142,452	MAINTENANCE & REPAIRS	7	164,844	
TOTAL RECLASSIFICATIONS FOR CODE B			11,010,939	TOTAL RECLASSIFICATIONS FOR CODE B			11,010,939

RECLASS CODE: C
EXPLANATION : LEASES & RENTALS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,199,180	EMPLOYEE BENEFITS	5	9,047	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	953,221	ADMINISTRATIVE & GENERAL	6	103,738	
3.00			0	MAINTENANCE & REPAIRS	7	543,975	
4.00			0	LAUNDRY & LINEN SERVICE	9	700	
5.00			0	HOUSEKEEPING	10	8,360	
6.00			0	DIETARY	11	2,618	
7.00			0	CENTRAL SERVICES & SUPPLY	15	341,910	
8.00			0	PHARMACY	16	125	
9.00			0	ADULTS & PEDIATRICS	25	13,185	
10.00			0	SKILLED NURSING FACILITY	34	5,459	
11.00			0	OPERATING ROOM	37	132,776	
12.00			0	ANESTHESIOLOGY	40	41,442	
13.00			0	RADIOLOGY-DIAGNOSTIC	41	410,182	
14.00			0	RESPIRATORY THERAPY	49	108,308	
15.00			0	CARDIAC CATHERIZATION LABORATO	53.01	36,651	
16.00			0	EMERGENCY	61	537	
17.00			0	FAMILY PRACTICES	61.01	178,977	
18.00			0	PSYCH DAY HOSPITAL	61.02	495	
19.00			0	MACNEAL SCHOOL	96.06	213,916	
TOTAL RECLASSIFICATIONS FOR CODE C			2,152,401	TOTAL RECLASSIFICATIONS FOR CODE C			2,152,401

RECLASS CODE: D
EXPLANATION : CHARGEABLE DRUGS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	2,349,561	EMPLOYEE BENEFITS	5	21,219	
2.00			0	ADMINISTRATIVE & GENERAL	6	2	
3.00			0	LAUNDRY & LINEN SERVICE	9	4	
4.00			0	HOUSEKEEPING	10	4	
5.00			0	CENTRAL SERVICES & SUPPLY	15	76	
6.00			0	PHARMACY	16	1,486,598	
7.00			0	ADULTS & PEDIATRICS	25	47,758	
8.00			0	INTENSIVE CARE UNIT	26	5,206	
9.00			0	SUBPROVIDER	31	1,979	
10.00			0	NURSERY	33	22,332	
11.00			0	SKILLED NURSING FACILITY	34	6,681	
12.00			0	OPERATING ROOM	37	68,994	
13.00			0	SAME DAY SURGERY	37.01	1,378	
14.00			0	RECOVERY ROOM	38	1,330	
15.00			0	DELIVERY ROOM & LABOR ROOM	39	5,642	
16.00			0	ANESTHESIOLOGY	40	227,402	
17.00			0	RADIOLOGY-DIAGNOSTIC	41	63,784	
18.00			0	ULTRA SOUND	41.01	929	
19.00			0	CAT SCAN	41.02	16,985	
20.00			0	RADIOISOTOPE	43	7,354	
21.00			0	LABORATORY	44	31	
22.00			0	RESPIRATORY THERAPY	49	71	
23.00			0	PHYSICAL THERAPY	50	499	
24.00			0	ELECTROCARDIOLOGY	53	613	
25.00			0	CARDIAC CATHERIZATION LABORATO	53.01	8,459	
26.00			0	WOUND CARE	59.01	2,675	
27.00			0	CLINIC	60	28,058	
28.00			0	EMERGENCY	61	26,210	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140054	FROM 10/ 1/2008	2/18/2010
	TO 9/30/2009	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: D
EXPLANATION : CHARGEABLE DRUGS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
29.00			0	FAMILY PRACTICES	61.01	297,250	
30.00			0	CARDIAC REHAB	61.03	1	
31.00			0	HOME HEALTH AGENCY	71	37	
TOTAL RECLASSIFICATIONS FOR CODE D			2,349,561				2,349,561

RECLASS CODE: E
EXPLANATION : CHARGEABLE SUPPLIES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	5,449,044	EMPLOYEE BENEFITS	5	481	
2.00	CENTRAL SERVICES & SUPPLY	15	836	ADMINISTRATIVE & GENERAL	6	19,682	
3.00			0	MAINTENANCE & REPAIRS	7	318	
4.00			0	LAUNDRY & LINEN SERVICE	9	10	
5.00			0	HOUSEKEEPING	10	55,692	
6.00			0	DIETARY	11	5,904	
7.00			0	NURSING ADMINISTRATION	14	1,200	
8.00			0	PHARMACY	16	15,832	
9.00			0	ADULTS & PEDIATRICS	25	798,155	
10.00			0	INTENSIVE CARE UNIT	26	280,050	
11.00			0	SUBPROVIDER	31	9,765	
12.00			0	NURSERY	33	62,198	
13.00			0	SKILLED NURSING FACILITY	34	83,767	
14.00			0	OPERATING ROOM	37	1,666,829	
15.00			0	SAME DAY SURGERY	37.01	55,535	
16.00			0	RECOVERY ROOM	38	52,721	
17.00			0	DELIVERY ROOM & LABOR ROOM	39	108,789	
18.00			0	ANESTHESIOLOGY	40	271,614	
19.00			0	RADIOLOGY-DIAGNOSTIC	41	374,483	
20.00			0	ULTRA SOUND	41.01	8,537	
21.00			0	CAT SCAN	41.02	94,114	
22.00			0	RADIOISOTOPE	43	7,815	
23.00			0	LABORATORY	44	5,120	
24.00			0	RESPIRATORY THERAPY	49	76,942	
25.00			0	PHYSICAL THERAPY	50	53,031	
26.00			0	ELECTROCARDIOLOGY	53	19,184	
27.00			0	CARDIAC CATHETERIZATION LABORATO	53.01	170,018	
28.00			0	MCCR	59	15	
29.00			0	WOUND CARE	59.01	41,959	
30.00			0	CLINIC	60	467,090	
31.00			0	EMERGENCY	61	460,939	
32.00			0	FAMILY PRACTICES	61.01	28,914	
33.00			0	CARDIAC REHAB	61.03	4,651	
34.00			0	HOME HEALTH AGENCY	71	148,131	
35.00			0	MARKETING	96.02	335	
36.00			0	MACNEAL SCHOOL	96.06	60	
TOTAL RECLASSIFICATIONS FOR CODE E			5,449,880				5,449,880

RECLASS CODE: F
EXPLANATION : INTERNS & RESIDENTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-SALARY & FRINGES	22	9,445	FAMILY PRACTICES	61.01	9,445	
TOTAL RECLASSIFICATIONS FOR CODE F			9,445				9,445

RECLASS CODE: G
EXPLANATION : CHICAGO MARKET CHARGEBACKS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	1,280,789	EMPLOYEE BENEFITS	5	267	
2.00			0	MAINTENANCE & REPAIRS	7	80	
3.00			0	MEDICAL RECORDS & LIBRARY	17	1,280,442	
TOTAL RECLASSIFICATIONS FOR CODE G			1,280,789				1,280,789

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		BALANCES	PURCHASES	DONATION				
		1	2	3	4	5	6	7
1	LAND							
2	LAND IMPROVEMENTS	1,373,316					1,373,316	
3	BUILDINGS & FIXTURE	75,253,870					75,253,870	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	25,634,812					25,634,812	
7	SUBTOTAL	102,261,998					102,261,998	
8	RECONCILING ITEMS							
9	TOTAL	102,261,998					102,261,998	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		BALANCES	PURCHASES	DONATION				
		1	2	3	4	5	6	7
1	LAND							
2	LAND IMPROVEMENTS	2,251,653					2,251,653	
3	BUILDINGS & FIXTURE	41,568,287	2,672,980		2,672,980		44,241,267	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	130,498,388	10,009,764		10,009,764		140,508,152	
7	SUBTOTAL	174,318,328	12,682,744		12,682,744		187,001,072	
8	RECONCILING ITEMS							
9	TOTAL	174,318,328	12,682,744		12,682,744		187,001,072	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	GROSS ASSETS	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
			CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL	76,627,186		76,627,186	.264905				
2	OLD CAP REL COSTS-MV	25,634,812		25,634,812	.088621				
3	NEW CAP REL COSTS-BL	46,492,920		46,492,920	.160729				
4	NEW CAP REL COSTS-MV	140,508,152		140,508,152	.485745				
5	TOTAL	289,263,070		289,263,070	1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	
		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	2,872,327	1,199,180	1,233,109	61,855	2,920,632		8,287,103
4	NEW CAP REL COSTS-MV	8,690,459	953,221		90,577			9,734,257
5	TOTAL	11,562,786	2,152,401	1,233,109	152,432	2,920,632		18,021,360

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

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

* All lines numbers except line 5 are to be consistent with workshseet 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

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET A-8
 I TO 9/30/2009 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	LINE NO	
	1	2	COST CENTER	3	4
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2
3 INVST INCOME-NEW BLDGS AND FIXTURES			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	-243,936	ADMINISTRATIVE & GENERAL		6
10 TELEVISION AND RADIO SERVICE	A	-80,891	NEW CAP REL COSTS-MVBLE E		4
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-4,774,681			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-6,425,030			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-686,458	DIETARY		11
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-3,962	MEDICAL RECORDS & LIBRARY		17
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES	B	-33,055	DIETARY		11
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW--PHYSIAN COMP			**COST CENTER DELETED**		89
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	-996,160	NEW CAP REL COSTS-BLDG &		3
32 DEPRECIATION-NEW MOVABLE EQUIP	A	1,629,019	NEW CAP REL COSTS-MVBLE E		4
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**		20
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**		51
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**		52
37 PATIENT PHONES	A	-388,589	ADMINISTRATIVE & GENERAL		6
37.01 PATIENT PHONES	A	-19,577	EMPLOYEE BENEFITS		5
37.02 PATIENT PHONES	A	-121	NEW CAP REL COSTS-MVBLE E		4
37.03 OTHER OPERATING REVENUE	B	-51	EMPLOYEE BENEFITS		5
37.04 CASH OVER/SHORT	B	-18,637	ADMINISTRATIVE & GENERAL		6
37.05 RENT INCOME	B	-5,916	ADMINISTRATIVE & GENERAL		6
37.06 PARKING REVENUE	B	-2,780	ADMINISTRATIVE & GENERAL		6
37.07 CONSULTATION	B	-7,650	ADMINISTRATIVE & GENERAL		6
37.08 OTHER OPERATING REVENUE	B	-237,881	ADMINISTRATIVE & GENERAL		6
37.09 RENT INCOME	B	-259,856	MAINTENANCE & REPAIRS		7
37.10 OTHER OPERATING REVENUE	B	-23,890	LAUNDRY & LINEN SERVICE		9
37.11 OTHER OPERATING REVENUE	B	263	NURSING ADMINISTRATION		14
37.12 CONSULTATION	B	-4,085	ADULTS & PEDIATRICS		25
37.13 OTHER OPERATING REVENUE	B	-1,500	ADULTS & PEDIATRICS		25
37.14 FIRST PHOTO BABY PICTURES	B	-2,618	NURSERY		33
37.15 OTHER OPERATING REVENUE	B	-4,955	RADIOLOGY-DIAGNOSTIC		41
37.16 OTHER OPERATING REVENUE	B	-32	LABORATORY		44
37.17 OTHER OPERATING REVENUE	B	-1	ELECTROCARDIOLOGY		53
37.18 OTHER OPERATING REVENUE	B	-1,617	MCCR		59
37.19 OTHER OPERATING REVENUE	B	-1,000	EMERGENCY		61
37.20 OTHER OPERATING REVENUE	B	-28,698	FAMILY PRACTICES		61.01
37.21 OTHER OPERATING REVENUE	B	74	CARDIAC REHAB		61.03
37.22 OTHER OPERATING REVENUE	B	-511	HOME HEALTH AGENCY		71
37.23 INTEREST INCOME	A	-221	ADMINISTRATIVE & GENERAL		6
37.24 ADVERTISING	A	60,236	ADMINISTRATIVE & GENERAL		6
37.25 ADVERTISING	A	-4,010	I&R SERVICES-OTHER PRGM C		23
37.26 ADVERTISING	A	-3,694	ADULTS & PEDIATRICS		25
37.27 ADVERTISING	A	-971	FAMILY PRACTICES		61.01
37.28 ADVERTISING	A	-153	HOME HEALTH AGENCY		71
37.29 OTHER OPERATING EXPENSES	A	-91,073	ADMINISTRATIVE & GENERAL		6
37.30 OTHER OPERATING EXPENSES	A	-4,000	HOUSEKEEPING		10
37.31 OTHER OPERATING EXPENSES	A	-336	DIETARY		11
37.32 OTHER OPERATING EXPENSES	A	-463	NURSING ADMINISTRATION		14
37.33 OTHER OPERATING EXPENSES	A	-43	I&R SERVICES-OTHER PRGM C		23
37.34 OTHER OPERATING EXPENSES	A	-14,567	ADULTS & PEDIATRICS		25
37.35 OTHER OPERATING EXPENSES	A	-1,513	INTENSIVE CARE UNIT		26
37.36 OTHER OPERATING EXPENSES	A	-402	SUBPROVIDER		31
37.37 OTHER OPERATING EXPENSES	A	-7,158	SKILLED NURSING FACILITY		34
37.38 OTHER OPERATING EXPENSES	A	-458	OPERATING ROOM		37
37.39 OTHER OPERATING EXPENSES	A	-108	SAME DAY SURGERY		37.01
37.40 OTHER OPERATING EXPENSES	A	-695	RECOVERY ROOM		38
37.41 OTHER OPERATING EXPENSES	A	-876	DELIVERY ROOM & LABOR ROO		39
37.42 OTHER OPERATING EXPENSES	A	-40	RADIOLOGY-DIAGNOSTIC		41
37.43 OTHER OPERATING EXPENSES	A	-1,382	LABORATORY		44
37.44 OTHER OPERATING EXPENSES	A	-293	CLINIC		60
37.45 OTHER OPERATING EXPENSES	A	-2,927	EMERGENCY		61
37.46 OTHER OPERATING EXPENSES	A	-3,505	FAMILY PRACTICES		61.01
37.47 OTHER OPERATING EXPENSES	A	-5,042	HOME HEALTH AGENCY		71
37.48 PHYSICIAN RECRUITMENT	A	-130,999	ADMINISTRATIVE & GENERAL		6

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 14-0054
I

I PERIOD:
I FROM 10/ 1/2008 I PREPARED 2/18/2010
I TO 9/30/2009 I WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO	WKST. A-7 REF. 5
			COST CENTER			
37.49	PHYSICIAN RECRUITMENT	A	-18,765	EMPLOYEE BENEFITS	5	
37.50	NON-ALLOWABLE MEALS	A	-53	EMPLOYEE BENEFITS	5	
37.51	NON-ALLOWABLE MEALS	A	-14,939	ADMINISTRATIVE & GENERAL	6	
37.52	NON-ALLOWABLE MEALS	A	-13	OPERATING ROOM	37	
37.53	NON-ALLOWABLE MEALS	A	-218	LABORATORY	44	
37.54	NON-ALLOWABLE MEALS	A	-280	FAMILY PRACTICES	61.01	
37.55	NON-ALLOWABLE TRAVEL	A	-76	EMPLOYEE BENEFITS	5	
37.56	NON-ALLOWABLE TRAVEL	A	-36,504	ADMINISTRATIVE & GENERAL	6	
37.57	NON-ALLOWABLE TRAVEL	A	-2,152	MEDICAL RECORDS & LIBRARY	17	
37.58	NON-ALLOWABLE TRAVEL	A	-257	OPERATING ROOM	37	
37.59	NON-ALLOWABLE TRAVEL	A	-1,266	DELIVERY ROOM & LABOR ROO	39	
37.60	NON-ALLOWABLE TRAVEL	A	-4,161	LABORATORY	44	
37.61	NON-ALLOWABLE TRAVEL	A	-5,438	FAMILY PRACTICES	61.01	
37.62	NON-ALLOWABLE TRAVEL	A	15,265	HOME HEALTH AGENCY	71	
37.63	DUES & SUBSCRIPTIONS	A	-15,231	ADMINISTRATIVE & GENERAL	6	
37.64	DUES & SUBSCRIPTIONS	A	-1,465	DELIVERY ROOM & LABOR ROO	39	
37.65	DUES & SUBSCRIPTIONS	A	-1,475	LABORATORY	44	
37.66	DUES & SUBSCRIPTIONS	A	-1,761	FAMILY PRACTICES	61.01	
37.67	LOBBYING DUES	A	-73,879	ADMINISTRATIVE & GENERAL	6	
37.68	PURCHASED SERVICES	A	-444,759	ADMINISTRATIVE & GENERAL	6	
37.69	PURCHASED SERVICES	A	-2,294	SUBPROVIDER	31	
37.70	PURCHASED SERVICES	A	-11,402	SKILLED NURSING FACILITY	34	
37.71	PURCHASED SERVICES	A	-2,477	EMERGENCY	61	
37.72	DONATIONS & CONTRIBUTIONS	A	-37,590	ADMINISTRATIVE & GENERAL	6	
37.73	DONATIONS & CONTRIBUTIONS	A	-500	SUBPROVIDER	31	
37.74	DONATIONS & CONTRIBUTIONS	A	-3,000	FAMILY PRACTICES	61.01	
37.75	PATIENT TRANSPORTATION	A	4	EMPLOYEE BENEFITS	5	
37.76	PATIENT TRANSPORTATION	A	-65	ADMINISTRATIVE & GENERAL	6	
37.77	PATIENT TRANSPORTATION	A	-5,149	ADULTS & PEDIATRICS	25	
37.78	PATIENT TRANSPORTATION	A	-85	INTENSIVE CARE UNIT	26	
37.79	PATIENT TRANSPORTATION	A	-480	SUBPROVIDER	31	
37.80	PATIENT TRANSPORTATION	A	-10	SKILLED NURSING FACILITY	34	
37.81	PATIENT TRANSPORTATION	A	-201	DELIVERY ROOM & LABOR ROO	39	
37.82	PATIENT TRANSPORTATION	A	-139	RADIOLOGY-DIAGNOSTIC	41	
37.83	PATIENT TRANSPORTATION	A	-15	CLINIC	60	
37.84	PATIENT TRANSPORTATION	A	-9,424	EMERGENCY	61	
37.85	PATIENT TRANSPORTATION	A	261	PSYCH DAY HOSPITAL	61.02	
37.86	BAD DEBT EXPENSES	A	-18,709,701	ADMINISTRATIVE & GENERAL	6	
37.87	BAD DEBT EXPENSES	A	-10	DIETARY	11	
37.88	BAD DEBT EXPENSES	A	5,311	PHARMACY	16	
37.89	BAD DEBT EXPENSES	A	4,170	DELIVERY ROOM & LABOR ROO	39	
37.90	BAD DEBT EXPENSES	A	-262,440	LABORATORY	44	
37.91	BAD DEBT EXPENSES	A	-80,730	ELECTROCARDIOLOGY	53	
37.92	BAD DEBT EXPENSES	A	-49,225	FAMILY PRACTICES	61.01	
37.93	BAD DEBT EXPENSES	A	-64,210	HOME HEALTH AGENCY	71	
37.94	ALCOHOL & LIQUOR	A	86	EMPLOYEE BENEFITS	5	
37.95	ALCOHOL & LIQUOR	A	-6,567	ADMINISTRATIVE & GENERAL	6	
37.96	ALCOHOL & LIQUOR	A	-13	MEDICAL RECORDS & LIBRARY	17	
37.97	ALCOHOL & LIQUOR	A	-2,352	I&R SERVICES-OTHER PRGM C	23	
37.98	ALCOHOL & LIQUOR	A	-49	ADULTS & PEDIATRICS	25	
37.99	ALCOHOL & LIQUOR	A	-28	FAMILY PRACTICES	61.01	
38	EQUITY METHOD INVEST INCOME	A	207,592	ADMINISTRATIVE & GENERAL	6	
38.01	NON-PATIENT BAD DEBT EXPENSE	A	9,420	ADMINISTRATIVE & GENERAL	6	
38.02	NON-PATIENT BAD DEBT EXPENSE	A	-10,481	MAINTENANCE & REPAIRS	7	
38.03	BOARD RELATIONS	A	-550	ADMINISTRATIVE & GENERAL	6	
38.04	PENALTIES & FINES	A	-60,090	ADMINISTRATIVE & GENERAL	6	
38.05	PENALTIES & FINES	A	-100	LAUNDRY & LINEN SERVICE	9	
38.06	OFFICE OF PRESIDENT PHYSICIAN	A	-901	ADMINISTRATIVE & GENERAL	6	
38.07	PHYSICIAN CONTINUING EDUCATION	A	-90	ADMINISTRATIVE & GENERAL	6	
38.08	PHYSICIAN CONTINUING EDUCATION	A	-32,888	I&R SERVICES-OTHER PRGM C	23	
38.09	PHYSICIAN CONTINUING EDUCATION	A	-2,000	DELIVERY ROOM & LABOR ROO	39	
38.10	PHYSICIAN CONTINUING EDUCATION	A	-3,530	FAMILY PRACTICES	61.01	
38.11	PHYSICIAN INTERVIEW EXPENSE	A	-1,760	ADMINISTRATIVE & GENERAL	6	
38.12	PHYSICIAN RELOCATION EXPENSE	A	-114,669	ADMINISTRATIVE & GENERAL	6	
38.13	PHYSICIAN DUES & SUBSCRIPTION	A	-5,001	I&R SERVICES-OTHER PRGM C	23	
38.14	PHYSICIAN DUES & SUBSCRIPTION	A	-3,995	FAMILY PRACTICES	61.01	
38.15	EMPLOYEE BENEFITS	A	-12,500	EMPLOYEE BENEFITS	5	
38.16	EMPLOYEE BENEFITS	A	-126	ADULTS & PEDIATRICS	25	
38.17	EMPLOYEE BENEFITS	A	-190	INTENSIVE CARE UNIT	26	
38.18	EMPLOYEE BENEFITS	A	-144	NURSERY	33	
38.19	EMPLOYEE BENEFITS	A	-653	SAME DAY SURGERY	37.01	
38.20	EMPLOYEE BENEFITS	A	-19	PHYSICAL THERAPY	50	
38.21	EMPLOYEE BENEFITS	A	-5	CLINIC	60	
38.22	EMPLOYEE BENEFITS	A	-1,004	EMERGENCY	61	
38.23	EMPLOYEE BENEFITS	A	-460	FAMILY PRACTICES	61.01	
38.24	FLOWERS (EST. FROM PY \$)	A	-3,000	ADMINISTRATIVE & GENERAL	6	
38.25	PROVIDER BASED PHYSICIANS EXPENSE	A	-35,152	FAMILY PRACTICES	61.01	
38.26	PROPERTY TAXES TO STATEMENTS	A	-109,698	NEW CAP REL COSTS-BLDG &	3	13
38.27	MEDICAL STAFF RELATIONS	A	-178,006	ADMINISTRATIVE & GENERAL	6	
38.28	IDPA TAX ASSESSMENT	A	-11,548,985	ADMINISTRATIVE & GENERAL	6	
39	OTHER ADJUSTMENTS (SPECIFY)					
40	OTHER ADJUSTMENTS (SPECIFY)					
41	OTHER ADJUSTMENTS (SPECIFY)					
42	OTHER ADJUSTMENTS (SPECIFY)					
43	OTHER ADJUSTMENTS (SPECIFY)					

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET A-8
 I I TO 9/30/2009 I

	DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON			WKST. A-7 REF. 5
				WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	COST CENTER	LINE NO	
		1	2	3	4	5	
44	OTHER ADJUSTMENTS (SPECIFY)						
45	OTHER ADJUSTMENTS (SPECIFY)						
46	OTHER ADJUSTMENTS (SPECIFY)						
47	OTHER ADJUSTMENTS (SPECIFY)						
48	OTHER ADJUSTMENTS (SPECIFY)						
49	OTHER ADJUSTMENTS (SPECIFY)						
50	TOTAL (SUM OF LINES 1 THRU 49)		-44,594,211				

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	ADMINISTRATIVE & GENERAL	AUTO INSURANCE	59,107	-59,107	
2	6	ADMINISTRATIVE & GENERAL	PROPERTY INSURANCE	95,004	-95,004	
3	61 1	FAMILY PRACTICES	PROPERTY INSURANCE	1,296	-1,296	
4	6	ADMINISTRATIVE & GENERAL	MALPRACTICE INSURANCE	4,014,299	-4,014,299	
4.01	71	HOME HEALTH AGENCY	MALPRACTICE INSURANCE	76,392	-76,392	
4.02	5	EMPLOYEE BENEFITS	WORKERS COMP	314,233	-314,233	
4.03	6	ADMINISTRATIVE & GENERAL	WORKERS COMP	145	-145	
4.04	23	I&R SERVICES-OTHER PRGM C	WORKERS COMP	404	-404	
4.05	6	ADMINISTRATIVE & GENERAL	ITS OPERATIONS	57,620	-57,620	
4.06	6	ADMINISTRATIVE & GENERAL	INTEREST EXPENSE	11,957,154	-11,957,154	
4.07	6	ADMINISTRATIVE & GENERAL	MGT FEES-ADMIN	4,881,531	-4,881,531	
4.08	3	NEW CAP REL COSTS-BLDG &	DIRECT ALLOC.-INSURANCE	61,855	61,855	12
4.09	4	NEW CAP REL COSTS-MVBLE E	DIRECT ALLOC.-INSURANCE	90,577	90,577	12
4.10	6	ADMINISTRATIVE & GENERAL	DIRECT ALLOC.-PROF. LIABI	8,078,836	8,078,836	
4.11	5	EMPLOYEE BENEFITS	DIRECT ALLOC.-WORKERS COM	1,585,482	1,585,482	
4.12	3	NEW CAP REL COSTS-BLDG &	DIRECT ALLOC.-INTEREST EX	1,233,109	1,233,109	11
4.13	6	ADMINISTRATIVE & GENERAL	DIRECT ALLOC.-INTEREST EX	544,223	544,223	
4.14	6	ADMINISTRATIVE & GENERAL	FUNCT. ALLOC.-CENTRAL REG	384,588	384,588	
4.15	6	ADMINISTRATIVE & GENERAL	POOLED ALLOC.-MGMT FEES	3,638,503	3,638,503	
4.16	6	ADMINISTRATIVE & GENERAL	FINANCE DEPT.	1,005,902	-314,303	
4.17	5	EMPLOYEE BENEFITS	FINANCE DEPT.	1,061,943	-270,716	
4.18	44	LABORATORY	GENESIS CLINICAL LAB	3,132,393	1	
5		TOTALS		20,817,411	27,242,441	-6,425,030

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET A-8-2
 I I TO 9/30/2009 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6	ADMINISTRATIVE & GENERAL	77,163	72,363	4,800	177,200	40	3,408	170
2 14	NURSING ADMINISTRATION	225,126	218,124	7,002	177,200	55	4,686	234
3 16	PHARMACY	5,000	5,000					
4 23	I&R SERVICES-OTHER PRGM C	127,204	85,604	41,600	177,200	384	32,714	1,636
5 25	ADULTS & PEDIATRICS	20,205	202	20,003	177,200	128	10,905	545
6 26	INTENSIVE CARE UNIT	46,000		46,000	177,200	333	28,369	1,418
7 31	SUBPROVIDER	48,915	230	48,685	154,100	282	20,892	1,045
8 33	NURSERY	754,436	754,436					
9 37	OPERATING ROOM	454,893	454,893					
10 39	DELIVERY ROOM & LABOR ROO	1,068,205	1,068,205					
11 40	ANESTHESIOLOGY	456,483	427,983	28,500	200,300	177	17,045	852
12 53	ELECTROCARDIOLOGY	362,282	318,582	43,700	177,200	227	19,339	967
13 59	1 WOUND CARE	4,500	4,500					
14 61	EMERGENCY	216,000	216,000					
15 61	1 FAMILY PRACTICES	1,030,299	1,030,299					
16 61	2 PSYCH DAY HOSPITAL	25,700		25,700	154,100	140	10,372	519
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	4,922,411	4,656,421	265,990		1,766	147,730	7,386

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET A-8-2
 I I TO 9/30/2009 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	6	ADMINISTRATIVE & GENERAL				3,408	1,392	73,755
2	14	NURSING ADMINISTRATION				4,686	2,316	220,440
3	16	PHARMACY						5,000
4	23	I&R SERVICES-OTHER PRGM C				32,714	8,886	94,490
5	25	ADULTS & PEDIATRICS				10,905	9,098	9,300
6	26	INTENSIVE CARE UNIT				28,369	17,631	17,631
7	31	SUBPROVIDER				20,892	27,793	28,023
8	33	NURSERY						754,436
9	37	OPERATING ROOM						454,893
10	39	DELIVERY ROOM & LABOR ROO						1,068,205
11	40	ANESTHESIOLOGY				17,045	11,455	439,438
12	53	ELECTROCARDIOLOGY				19,339	24,361	342,943
13	59	1 WOUND CARE						4,500
14	61	EMERGENCY						216,000
15	61	1 FAMILY PRACTICES						1,030,299
16	61	2 PSYCH DAY HOSPITAL				10,372	15,328	15,328
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL				147,730	118,260	4,774,681

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 9/30/2009 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	2	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-3	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	4	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	5	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	6	SQUARE FEET	ENTERED
11	DIETARY	7	MEALS SERVED	ENTERED
12	CAFETERIA	8	FTEs	ENTERED
14	NURSING ADMINISTRATION	9	DIRECT HOURS	ENTERED
15	CENTRAL SERVICES & SUPPLY	10	COSTED REQ	ENTERED
16	PHARMACY	11	COSTED REQUIS-PHA	ENTERED
17	MEDICAL RECORDS & LIBRARY	12	GROSS REVENUE	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	13	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	13	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET B
 I I TO 9/30/2009 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E				8,287,103			
004 NEW CAP REL COSTS-BLDG &	8,287,103						
005 NEW CAP REL COSTS-MVBLE E	9,734,257				9,734,257		
006 EMPLOYEE BENEFITS	18,866,554					18,866,554	
007 ADMINISTRATIVE & GENERAL	44,638,538			853,396	1,002,422	3,684,288	50,178,644
008 MAINTENANCE & REPAIRS	1,963,492			3,372,161	3,961,032	40,829	9,337,514
009 LAUNDRY & LINEN SERVICE	768,420			5,341	6,274	106,787	886,822
010 HOUSEKEEPING	2,580,814			69,822	82,014	388,770	3,121,420
011 DIETARY	2,561,264			202,709	238,108	440,470	3,442,551
012 CAFETERIA				76,600	89,976		166,576
014 NURSING ADMINISTRATION	1,535,436			15,665	18,401	255,172	1,824,674
015 CENTRAL SERVICES & SUPPLY	278,708			43,659	51,283	61,187	434,837
016 PHARMACY	5,353,589			53,994	63,423	370,080	5,841,086
017 MEDICAL RECORDS & LIBRARY	2,202,377			56,253	66,077	376,875	2,701,582
022 I&R SERVICES-SALARY & FRI	3,302,228					630,960	3,933,188
023 I&R SERVICES-OTHER PRGM C	1,333,284			65,465	76,897		1,475,646
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	20,625,750			888,086	1,043,170	3,490,698	26,047,704
031 INTENSIVE CARE UNIT	4,324,994			87,711	103,028	766,320	5,282,053
033 SUBPROVIDER	2,253,997			139,539	163,906	411,100	2,968,542
034 NURSERY	1,300,452			39,522	46,424	240,171	1,626,569
034 SKILLED NURSING FACILITY	3,143,877			136,955	160,871	543,507	3,985,210
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	14,427,982			290,757	341,531	780,793	15,841,063
038 01 SAME DAY SURGERY	690,959			40,160	47,172	109,438	887,729
038 02 RECOVERY ROOM	804,841			30,728	36,094	138,113	1,009,776
039 03 DELIVERY ROOM & LABOR ROO	1,972,816			86,738	101,885	338,997	2,500,436
040 04 ANESTHESIOLOGY	461,197			2,086	2,450	48,437	514,170
041 05 RADIOLOGY-DIAGNOSTIC	5,759,926			289,807	340,415	699,860	7,090,008
041 01 ULTRA SOUND	1,044,187					134,270	1,178,457
041 02 CAT SCAN	1,109,940			21,435	25,179	157,018	1,313,572
043 03 RADIOISOTOPE	871,469			22,629	26,580	60,112	980,790
044 04 LABORATORY	8,823,511			227,007	266,648	802,802	10,119,968
049 05 RESPIRATORY THERAPY	1,464,090			24,517	28,799	235,352	1,752,758
050 06 PHYSICAL THERAPY	2,721,831			108,591	127,554	424,266	3,382,242
053 07 ELECTROCARDIOLOGY	1,201,201			24,633	28,935	126,684	1,381,453
053 01 CARDIAC CATHERIZATION LAB	7,192,326			43,693	51,324	134,344	7,421,687
053 02 TCU REHAB	625,188			31,052	36,475	115,100	807,815
055 03 MEDICAL SUPPLIES CHARGED	5,449,044						5,449,044
056 04 DRUGS CHARGED TO PATIENTS	2,349,561						2,349,561
057 05 RENAL DIALYSIS	435,258			3,418	4,015		442,691
059 06 MCCR	46,906						46,906
059 01 WOUND CARE	125,332					9,274	134,606
060 02 OUTPAT SERVICE COST CNTRS							
061 03 CLINIC	1,823,984			80,783	94,889	13,823	2,013,479
061 04 EMERGENCY	6,010,660			151,438	177,884	259,051	6,599,033
061 01 FAMILY PRACTICES	3,092,104			149,515	175,624	819,112	4,236,355
061 02 PSYCH DAY HOSPITAL	288,572			153,211	179,966	493,989	1,115,738
061 03 CARDIAC REHAB	718,625			85,000	99,843	52,017	955,485
061 05 CANCER CENTER						120,301	120,301
062 04 OBSERVATION BEDS (NON-DIS							
062 05 OTHER REIMBURS COST CNTRS							
071 06 HOME HEALTH AGENCY	4,324,364			34,169	40,136	650,384	5,049,053
095 07 SPEC PURPOSE COST CENTERS							
095 08 SUBTOTALS	208,891,008			8,008,245	9,406,704	18,530,751	207,948,794
096 09 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	220,336			11,355	13,338	74	245,103
096 02 COMMUNITY HEALTH	59,115					9,232	68,347
096 03 MARKETING	915,578			16,627	19,530	41,456	993,191
096 04 PHYSICIAN DEVELOPMENT							
096 05 FOOD SERVICE - RML							
096 06 HOME DELIVERED MEALS							
096 07 MACNEAL SCHOOL	1,985,938					285,041	2,270,979
096 08 CATERED MEALS							
098 09 PHYSICIANS' PRIVATE OFFIC				192,977	226,676		419,653
098 01 OTHER NONREIMBURSABLE							
098 02 VACANT SPACE				57,899	68,009		125,908
101 03 CROSS FOOT ADJUSTMENT							
102 04 NEGATIVE COST CENTER							
103 05 TOTAL	212,071,975			8,287,103	9,734,257	18,866,554	212,071,975

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET B
 I I TO 9/30/2009 I PART I

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	7	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	50,178,644						
009 MAINTENANCE & REPAIRS	2,894,153	12,231,667					
010 LAUNDRY & LINEN SERVICE	274,870	16,086	1,177,778				
011 HOUSEKEEPING	967,481	210,273		4,299,174			
012 DIETARY	1,067,015	610,475		218,615	5,338,656		
014 CAFETERIA	51,630	230,686		82,610	1,735,293	2,266,795	
015 NURSING ADMINISTRATION	565,556	47,177		16,894		31,087	2,485,388
016 CENTRAL SERVICES & SUPPLY	134,777	131,482	39,286	47,084		24,882	
017 PHARMACY	1,810,439	162,607		58,231		50,206	
022 MEDICAL RECORDS & LIBRARY	837,353	169,412		60,667		90,973	
023 I&R SERVICES-SALARY & FRI	1,219,088						
023 I&R SERVICES-OTHER PRGM C	457,375	197,153		70,602		129,170	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	8,073,425	2,674,543	398,918	957,770	1,426,707	588,755	1,069,360
026 INTENSIVE CARE UNIT	1,637,167	264,150	28,017	94,594	124,545	96,275	292,363
031 SUBPROVIDER	920,097	420,232	29,737	150,488	188,367	69,565	113,878
033 NURSERY	504,153	119,024	18,869	42,623		30,324	86,555
034 SKILLED NURSING FACILITY	1,235,212	412,450	76,514	147,701	329,350	104,348	146,996
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	4,909,922	875,637	91,017	313,571		139,693	93,547
037 01 SAME DAY SURGERY	275,151	120,944	36,201	43,311		17,351	48,078
038 RECOVERY ROOM	312,979	92,540	23,906	33,139		19,942	46,904
039 DELIVERY ROOM & LABOR ROO	775,008	261,219	44,072	93,544		43,217	127,990
040 ANESTHESIOLOGY	159,366	6,281	1,767	2,249		7,009	25,214
041 RADIOLOGY-DIAGNOSTIC	2,197,541	872,776	71,277	312,546		127,121	20,733
041 01 ULTRA SOUND	365,262					19,540	
041 02 CAT SCAN	407,140	64,554		23,117		25,826	6,768
043 RADIOISOTOPE	303,995	68,149		24,404		7,029	
044 LABORATORY	3,136,674	683,649		244,819		96,897	
049 RESPIRATORY THERAPY	543,266	73,836		26,441		39,562	
050 PHYSICAL THERAPY	1,048,323	327,029	25,254	117,111		78,743	
053 ELECTROCARDIOLOGY	428,180	74,185	9,205	26,566		22,954	12,967
053 01 CARDIAC CATHERIZATION LAB	2,300,344	131,586	11,093	47,122		16,789	27,665
053 02 TCU REHAB	250,381	93,517		33,489			
055 MEDICAL SUPPLIES CHARGED	1,688,926						
056 DRUGS CHARGED TO PATIENTS	728,244						
057 RENAL DIALYSIS	137,212	10,294		3,686			
059 MCCR	14,538					1,546	
059 01 WOUND CARE	41,721					2,048	6,278
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	624,076	243,283	41,157	87,121		46,912	81,294
061 EMERGENCY	2,045,364	456,068	184,509	163,321		151,160	233,221
061 01 FAMILY PRACTICES	1,313,054	450,276	2,424	161,247			11,662
061 02 PSYCH DAY HOSPITAL	345,822	461,407		165,233		9,198	5,796
061 03 CARDIAC REHAB	296,152	255,984	464	91,670		20,765	24,752
061 05 CANCER CENTER	37,287						
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	1,564,949	102,903		36,850		81,896	3,367
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	48,900,668	11,391,867	1,133,687	3,998,436	3,804,262	2,190,783	2,485,388
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	75,969	34,196		12,246		20	
096 01 COMMUNITY HEALTH	21,184					1,426	
096 02 MARKETING	307,839	50,073		17,932		7,451	
096 03 PHYSICIAN DEVELOPMENT							
096 04 FOOD SERVICE - RML							
096 05 HOME DELIVERED MEALS					87,979		
096 06 MACNEAL SCHOOL	703,888		37		176,877	67,115	
096 07 CATERED MEALS					1,269,538		
098 PHYSICIANS' PRIVATE OFFIC	130,071	581,164	44,054	208,118			
098 01 OTHER NONREIMBURSABLE							
098 02 VACANT SPACE	39,025	174,367		62,442			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	50,178,644	12,231,667	1,177,778	4,299,174	5,338,656	2,266,795	2,485,388

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET B
 I I TO 9/30/2009 I PART I

COST CENTER DESCRIPTION	CENTRAL SERVI PHARMACY CES & SUPPLY		MEDICAL RECOR DS & LIBRARY	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	SUBTOTAL	I&R COST POST STEP-DOWN ADJ
	15	16	17	22	23	25	26
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	812,348						
016 PHARMACY		7,922,569					
017 MEDICAL RECORDS & LIBRARY			3,859,987				
022 I&R SERVICES-SALARY & FRI				5,152,276			
023 I&R SERVICES-OTHER PRGM C					2,329,946		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS			413,091	1,689,271	763,917	44,103,461	-2,453,188
031 INTENSIVE CARE UNIT			60,219			7,879,383	
033 SUBPROVIDER			66,860	168,927	76,392	5,173,085	-245,319
034 NURSERY			35,237			2,463,354	
037 SKILLED NURSING FACILITY			39,890			6,477,671	
037 01 OPERATING ROOM			347,702	422,318	190,979	23,225,449	-613,297
037 02 SAME DAY SURGERY			1,037			1,429,802	
038 RECOVERY ROOM			75,627			1,614,813	
039 DELIVERY ROOM & LABOR ROO			110,281			3,955,767	
040 ANESTHESIOLOGY			108,551			824,607	
041 RADIOLOGY-DIAGNOSTIC			319,404			11,011,406	
041 01 ULTRA SOUND			60,799			1,624,058	
041 02 CAT SCAN			251,366			2,092,343	
043 RADIOISOTOPE			54,109			1,438,476	
044 LABORATORY			358,965			14,640,972	
049 RESPIRATORY THERAPY			38,299			2,474,162	
050 PHYSICAL THERAPY			75,057			5,053,759	
053 ELECTROCARDIOLOGY			107,066			2,062,576	
053 01 CARDIAC CATHERIZATION LAB			85,992			10,042,278	
053 02 TCU REHAB			9,387			1,194,589	
055 MEDICAL SUPPLIES CHARGED	812,348		342,612			8,292,930	
056 DRUGS CHARGED TO PATIENTS		7,922,569	424,668			11,425,042	
057 RENAL DIALYSIS			5,910			599,793	
059 MCCR						62,990	
059 01 WOUND CARE			1,689			186,342	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC			80,845			3,218,167	
061 01 EMERGENCY			297,172	84,464	38,196	10,252,508	-122,660
061 02 FAMILY PRACTICES			36,116	2,787,296	1,260,462	10,258,892	-4,047,758
061 03 PSYCH DAY HOSPITAL			5,122			2,108,316	
061 05 CARDIAC REHAB			13,751			1,659,023	
062 05 CANCER CENTER						157,588	
062 OBSERVATION BEDS (NON-DIS						/	
071 OTHER REIMBURS COST CNTRS							
HOME HEALTH AGENCY			33,163			6,872,181	
095 SPEC PURPOSE COST CENTERS							
SUBTOTALS	812,348	7,922,569	3,859,987	5,152,276	2,329,946	203,875,783	-7,482,222
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						367,534	
096 01 COMMUNITY HEALTH						90,957	
096 02 MARKETING						1,376,486	
096 03 PHYSICIAN DEVELOPMENT							
096 04 FOOD SERVICE - RML							
096 05 HOME DELIVERED MEALS						87,979	
096 06 MACNEAL SCHOOL						3,218,896	
096 07 CATERED MEALS						1,269,538	
098 PHYSICIANS' PRIVATE OFFIC						1,383,060	
098 01 OTHER NONREIMBURSABLE							
098 02 VACANT SPACE						401,742	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	812,348	7,922,569	3,859,987	5,152,276	2,329,946	212,071,975	-7,482,222

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET B
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COST CENTER DESCRIPTION		TOTAL
		27
	GENERAL SERVICE COST CNTR	
001	OLD CAP REL COSTS-BLDG &	
002	OLD CAP REL COSTS-MVBLE E	
003	NEW CAP REL COSTS-BLDG &	
004	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	ADMINISTRATIVE & GENERAL	
007	MAINTENANCE & REPAIRS	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	41,650,273
026	INTENSIVE CARE UNIT	7,879,383
031	SUBPROVIDER	4,927,766
033	NURSERY	2,463,354
034	SKILLED NURSING FACILITY	6,477,671
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	22,612,152
037 01	SAME DAY SURGERY	1,429,802
038	RECOVERY ROOM	1,614,813
039	DELIVERY ROOM & LABOR ROO	3,955,767
040	ANESTHESIOLOGY	824,607
041	RADIOLOGY-DIAGNOSTIC	11,011,406
041 01	ULTRA SOUND	1,624,058
041 02	CAT SCAN	2,092,343
043	RADIOISOTOPE	1,438,476
044	LABORATORY	14,640,972
049	RESPIRATORY THERAPY	2,474,162
050	PHYSICAL THERAPY	5,053,759
053	ELECTROCARDIOLOGY	2,062,576
053 01	CARDIAC CATHERIZATION LAB	10,042,278
053 02	TCU REHAB	1,194,589
055	MEDICAL SUPPLIES CHARGED	8,292,930
056	DRUGS CHARGED TO PATIENTS	11,425,042
057	RENAL DIALYSIS	599,793
059	MCCR	62,990
059 01	WOUND CARE	186,342
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	3,218,167
061	EMERGENCY	10,129,848
061 01	FAMILY PRACTICES	6,211,134
061 02	PSYCH DAY HOSPITAL	2,108,316
061 03	CARDIAC REHAB	1,659,023
061 05	CANCER CENTER	157,588
062	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
071	HOME HEALTH AGENCY	6,872,181
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	196,393,561
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	367,534
096 01	COMMUNITY HEALTH	90,957
096 02	MARKETING	1,376,486
096 03	PHYSICIAN DEVELOPMENT	
096 04	FOOD SERVICE - RML	
096 05	HOME DELIVERED MEALS	87,979
096 06	MACNEAL SCHOOL	3,218,896
096 07	CATERED MEALS	1,269,538
098	PHYSICIANS' PRIVATE OFFIC	1,383,060
098 01	OTHER NONREIMBURSABLE	
098 02	VACANT SPACE	401,742
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	204,589,753

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET B
 I I TO 9/30/2009 I PART III

COST CENTER DESCRIPTION	DIR ASSIGNED	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENE FITS
	NEW CAPITAL REL COSTS	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS				853,396	1,002,422	1,855,818	
009 LAUNDRY & LINEN SERVICE				3,372,161	3,961,032	7,333,193	
010 HOUSEKEEPING				5,341	6,274	11,615	
011 DIETARY				69,822	82,014	151,836	
012 CAFETERIA				202,709	238,108	440,817	
014 NURSING ADMINISTRATION				76,600	89,976	166,576	
015 CENTRAL SERVICES & SUPPLY				15,665	18,401	34,066	
016 PHARMACY				43,659	51,283	94,942	
017 MEDICAL RECORDS & LIBRARY				53,994	63,423	117,417	
022 I&R SERVICES-SALARY & FRI				56,253	66,077	122,330	
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS				888,086	1,043,170	1,931,256	
031 INTENSIVE CARE UNIT				87,711	103,028	190,739	
033 SUBPROVIDER				139,539	163,906	303,445	
034 NURSERY				39,522	46,424	85,946	
037 SKILLED NURSING FACILITY				136,955	160,871	297,826	
037 01 OPERATING ROOM				290,757	341,531	632,288	
037 02 SAME DAY SURGERY				40,160	47,172	87,332	
038 RECOVERY ROOM				30,728	36,094	66,822	
039 DELIVERY ROOM & LABOR ROO				86,738	101,885	188,623	
040 ANESTHESIOLOGY				2,086	2,450	4,536	
041 RADIOLOGY-DIAGNOSTIC				289,807	340,415	630,222	
041 01 ULTRA SOUND							
041 02 CAT SCAN				21,435	25,179	46,614	
043 RADIOISOTOPE				22,629	26,580	49,209	
044 LABORATORY				227,007	266,648	493,655	
049 RESPIRATORY THERAPY				24,517	28,799	53,316	
050 PHYSICAL THERAPY				108,591	127,554	236,145	
053 ELECTROCARDIOLOGY				24,633	28,935	53,568	
053 01 CARDIAC CATHERIZATION LAB				43,693	51,324	95,017	
053 02 TCU REHAB				31,052	36,475	67,527	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS				3,418	4,015	7,433	
059 MCCR							
059 01 WOUND CARE							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC				80,783	94,889	175,672	
061 EMERGENCY				151,438	177,884	329,322	
061 01 FAMILY PRACTICES				149,515	175,624	325,139	
061 02 PSYCH DAY HOSPITAL				153,211	179,966	333,177	
061 03 CARDIAC REHAB				85,000	99,843	184,843	
061 05 CANCER CENTER							
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY				34,169	40,136	74,305	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS				8,008,245	9,406,704	17,414,949	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				11,355	13,338	24,693	
096 01 COMMUNITY HEALTH							
096 02 MARKETING				16,627	19,530	36,157	
096 03 PHYSICIAN DEVELOPMENT							
096 04 FOOD SERVICE - RML							
096 05 HOME DELIVERED MEALS							
096 06 MACNEAL SCHOOL							
096 07 CATERED MEALS							
098 PHYSICIANS' PRIVATE OFFIC				192,977	226,676	419,653	
098 01 OTHER NONREIMBURSABLE							
098 02 VACANT SPACE				57,899	68,009	125,908	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				8,287,103	9,734,257	18,021,360	

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET B
 I I TO 9/30/2009 I PART III

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		6	7	9	10	11	12	14
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL	1,855,818						
009	MAINTENANCE & REPAIRS	107,036	7,440,229					
010	LAUNDRY & LINEN SERVICE	10,166	9,785	31,566				
011	HOUSEKEEPING	35,781	127,904		315,521			
012	DIETARY	39,462	371,338		16,044	867,661		
014	CAFETERIA	1,909	140,321		6,063	282,027	596,896	
015	NURSING ADMINISTRATION	20,916	28,697		1,240		8,186	93,105
016	CENTRAL SERVICES & SUPPLY	4,985	79,977	1,053	3,456		6,552	
017	PHARMACY	66,956	98,910		4,274		13,220	
022	MEDICAL RECORDS & LIBRARY	30,968	103,049		4,452		23,955	
023	I&R SERVICES-SALARY & FRI	45,086						
025	I&R SERVICES-OTHER PRGM C	16,915	119,923		5,182		34,013	
026	INPAT ROUTINE SRVC CNTRS							
031	ADULTS & PEDIATRICS	298,621	1,626,858	10,692	70,290	231,874	155,032	40,059
033	INTENSIVE CARE UNIT	60,548	160,676	751	6,942	20,242	25,351	10,952
034	SUBPROVIDER	34,028	255,617	797	11,044	30,614	18,318	4,266
037	NURSERY	18,645	72,400	506	3,128		7,985	3,242
038	SKILLED NURSING FACILITY	45,682	250,884	2,051	10,840	53,527	27,477	5,507
039	ANCILLARY SRVC COST CNTRS							
041	OPERATING ROOM	181,586	532,629	2,439	23,013		36,784	3,504
041 01	SAME DAY SURGERY	10,176	73,567	970	3,179		4,569	1,801
041 02	RECOVERY ROOM	11,575	56,290	641	2,432		5,251	1,757
043	DELIVERY ROOM & LABOR ROO	28,662	158,893	1,181	6,865		11,380	4,795
044	ANESTHESIOLOGY	5,894	3,821	47	165		1,846	945
049	RADIOLOGY-DIAGNOSTIC	81,273	530,889	1,910	22,938		33,474	777
050	01 ULTRA SOUND	13,509					5,145	
053	02 CAT SCAN	15,057	39,267		1,697		6,801	254
053 01	RADIOISOTOPE	11,243	41,453		1,791		1,851	
053 02	LABORATORY	116,005	415,847		17,968		25,515	
055	RESPIRATORY THERAPY	20,092	44,913		1,941		10,418	
056	PHYSICAL THERAPY	38,771	198,924	677	8,595		20,735	
057	ELECTROCARDIOLOGY	15,836	45,125	247	1,950		6,044	486
059	01 CARDIAC CATHERIZATION LAB	85,075	80,041	297	3,458		4,421	1,036
059 02	TCU REHAB	9,260	56,884		2,458			
060	MEDICAL SUPPLIES CHARGED	62,462						
061	DRUGS CHARGED TO PATIENTS	26,933						
062	RENAL DIALYSIS	5,075	6,261		271			
063	MCCR	538					407	
064	01 WOUND CARE	1,543					539	235
065	OUTPAT SERVICE COST CNTRS							
066	CLINIC	23,081	147,983	1,103	6,394		12,353	3,045
067	EMERGENCY	75,645	277,415	4,945	11,986		39,804	8,737
068	01 FAMILY PRACTICES	48,561	273,892	65	11,834			437
068 02	PSYCH DAY HOSPITAL	12,790	280,663		12,127		2,422	217
068 03	CARDIAC REHAB	10,953	155,709	12	6,728		5,468	927
068 05	CANCER CENTER	1,379						
069	OBSERVATION BEDS (NON-DIS							
070	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY	57,877	62,594		2,704		21,565	126
072	SPEC PURPOSE COST CENTERS							
073	SUBTOTALS	1,808,555	6,929,399	30,384	293,449	618,284	576,881	93,105
074	NONREIMBURS COST CENTERS							
075	GIFT, FLOWER, COFFEE SHOP	2,810	20,801		899		5	
076	01 COMMUNITY HEALTH	783					375	
076 02	MARKETING	11,385	30,458		1,316		1,962	
076 03	PHYSICIAN DEVELOPMENT							
076 04	FOOD SERVICE - RML							
076 05	HOME DELIVERED MEALS					14,299		
076 06	MACNEAL SCHOOL	26,032		1		28,747	17,673	
076 07	CATERED MEALS					206,331		
077	PHYSICIANS' PRIVATE OFFIC	4,810	353,508	1,181	15,274			
078	01 OTHER NONREIMBURSABLE							
078 02	VACANT SPACE	1,443	106,063		4,583			
079	CROSS FOOT ADJUSTMENTS							
080	NEGATIVE COST CENTER							
081	TOTAL	1,855,818	7,440,229	31,566	315,521	867,661	596,896	93,105

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET B
 I I TO 9/30/2009 I PART III

	COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	SUBTOTAL	POST STEPDOWN ADJUSTMENT
		15	16	17	22	23	25	26
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL							
009	MAINTENANCE & REPAIRS							
010	LAUNDRY & LINEN SERVICE							
011	HOUSEKEEPING							
012	DIETARY							
014	CAFETERIA							
015	NURSING ADMINISTRATION							
016	CENTRAL SERVICES & SUPPLY	190,965						
017	PHARMACY		300,777					
022	MEDICAL RECORDS & LIBRARY			284,754				
023	I&R SERVICES-SALARY & FRI				45,086			
025	I&R SERVICES-OTHER PRGM C					318,395		
026	INPAT ROUTINE SRVC CNTRS							
031	ADULTS & PEDIATRICS			30,493			4,395,175	
033	INTENSIVE CARE UNIT			4,445			480,646	
034	SUBPROVIDER			4,935			663,064	
037	NURSERY			2,601			194,453	
038	SKILLED NURSING FACILITY			2,945			696,739	
039	ANCILLARY SRVC COST CNTRS							
040	OPERATING ROOM			25,666			1,437,909	
041	01 SAME DAY SURGERY			77			181,671	
042	RECOVERY ROOM			5,583			150,351	
043	DELIVERY ROOM & LABOR ROO			8,141			408,540	
044	ANESTHESIOLOGY			8,013			25,267	
045	RADIOLOGY-DIAGNOSTIC			23,577			1,325,060	
046	01 ULTRA SOUND			4,488			23,142	
047	02 CAT SCAN			18,555			128,245	
048	RADIOISOTOPE			3,994			109,541	
049	LABORATORY			26,498			1,095,488	
050	RESPIRATORY THERAPY			2,827			133,507	
051	PHYSICAL THERAPY			5,540			509,387	
052	ELECTROCARDIOLOGY			7,903			131,159	
053	01 CARDIAC CATHERIZATION LAB			6,348			275,693	
054	02 TCU REHAB			693			136,822	
055	MEDICAL SUPPLIES CHARGED	190,965		25,291			278,718	
056	DRUGS CHARGED TO PATIENTS		300,777	31,169			358,879	
057	RENAL DIALYSIS			436			19,476	
058	MCCR						945	
059	01 WOUND CARE			125			2,442	
060	OUTPAT SERVICE COST CNTRS							
061	CLINIC			5,968			375,599	
062	EMERGENCY			21,936			769,790	
063	01 FAMILY PRACTICES			2,666			662,594	
064	02 PSYCH DAY HOSPITAL			378			641,774	
065	03 CARDIAC REHAB			1,015			365,655	
066	05 CANCER CENTER						1,379	
067	OBSERVATION BEDS (NON-DIS							
068	OTHER REIMBURS COST CNTRS							
069	HOME HEALTH AGENCY			2,448			221,619	
070	SPEC PURPOSE COST CENTERS							
071	SUBTOTALS	190,965	300,777	284,754			16,200,729	
072	NONREIMBURS COST CENTERS							
073	GIFT, FLOWER, COFFEE SHOP						49,208	
074	01 COMMUNITY HEALTH						1,158	
075	02 MARKETING						81,278	
076	03 PHYSICIAN DEVELOPMENT							
077	04 FOOD SERVICE - RML							
078	05 HOME DELIVERED MEALS						14,299	
079	06 MACNEAL SCHOOL						72,453	
080	07 CATERED MEALS						206,331	
081	PHYSICIANS' PRIVATE OFFIC						794,426	
082	01 OTHER NONREIMBURSABLE							
083	02 VACANT SPACE						237,997	
084	CROSS FOOT ADJUSTMENTS				45,086	318,395	363,481	
085	NEGATIVE COST CENTER							
086	TOTAL	190,965	300,777	284,754	45,086	318,395	18,021,360	

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET B
 I I TO 9/30/2009 I PART III

COST CENTER DESCRIPTION		TOTAL
		27
001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
007	ADMINISTRATIVE & GENERAL	
009	MAINTENANCE & REPAIRS	
010	LAUNDRY & LINEN SERVICE	
011	HOUSEKEEPING	
012	DIETARY	
014	CAFETERIA	
015	NURSING ADMINISTRATION	
016	CENTRAL SERVICES & SUPPLY	
017	PHARMACY	
022	MEDICAL RECORDS & LIBRARY	
023	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
025	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	4,395,175
026	INTENSIVE CARE UNIT	480,646
031	SUBPROVIDER	663,064
033	NURSERY	194,453
034	SKILLED NURSING FACILITY	696,739
037	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	1,437,909
037 01	SAME DAY SURGERY	181,671
038	RECOVERY ROOM	150,351
039	DELIVERY ROOM & LABOR ROO	408,540
040	ANESTHESIOLOGY	25,267
041	RADIOLOGY-DIAGNOSTIC	1,325,060
041 01	ULTRA SOUND	23,142
041 02	CAT SCAN	128,245
043	RADIOISOTOPE	109,541
044	LABORATORY	1,095,488
049	RESPIRATORY THERAPY	133,507
050	PHYSICAL THERAPY	509,387
053	ELECTROCARDIOLOGY	131,159
053 01	CARDIAC CATHERIZATION LAB	275,693
053 02	TCU REHAB	136,822
055	MEDICAL SUPPLIES CHARGED	278,718
056	DRUGS CHARGED TO PATIENTS	358,879
057	RENAL DIALYSIS	19,476
059	MCCR	945
059 01	WOUND CARE	2,442
060	OUTPAT SERVICE COST CNTRS	
060	CLINIC	375,599
061	EMERGENCY	769,790
061 01	FAMILY PRACTICES	662,594
061 02	PSYCH DAY HOSPITAL	641,774
061 03	CARDIAC REHAB	365,655
061 05	CANCER CENTER	1,379
062	OBSERVATION BEDS (NON-DIS	
062	OTHER REIMBURS COST CNTRS	
071	HOME HEALTH AGENCY	221,619
095	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	16,200,729
096	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	49,208
096 01	COMMUNITY HEALTH	1,158
096 02	MARKETING	81,278
096 03	PHYSICIAN DEVELOPMENT	
096 04	FOOD SERVICE - RML	
096 05	HOME DELIVERED MEALS	14,299
096 06	MACNEAL SCHOOL	72,453
096 07	CATERED MEALS	206,331
098	PHYSICIANS' PRIVATE OFFIC	794,426
098 01	OTHER NONREIMBURSABLE	
098 02	VACANT SPACE	237,997
101	CROSS FOOT ADJUSTMENTS	363,481
102	NEGATIVE COST CENTER	
103	TOTAL	18,021,360

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET B-1
 I I TO 9/30/2009 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET	(SQUARE)FEET	(SQUARE)FEET	(SQUARE)FEET	(GROSS)SALARIES	
	1	2	3	4	5	6a.00
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	715,225					
002 OLD CAP REL COSTS-MVB		715,225				
003 NEW CAP REL COSTS-BLD			715,225			
004 NEW CAP REL COSTS-MVB				715,225		
005 EMPLOYEE BENEFITS					98,741,088	
006 ADMINISTRATIVE & GENE	73,653	73,653	73,653	73,653	19,282,317	-50,178,644
007 MAINTENANCE & REPAIRS	291,037	291,037	291,037	291,037	213,686	
009 LAUNDRY & LINEN SERVI	461	461	461	461	558,889	
010 HOUSEKEEPING	6,026	6,026	6,026	6,026	2,034,687	
011 DIETARY	17,495	17,495	17,495	17,495	2,305,271	
012 CAFETERIA	6,611	6,611	6,611	6,611		
014 NURSING ADMINISTRATIO	1,352	1,352	1,352	1,352	1,335,485	
015 CENTRAL SERVICES & SU	3,768	3,768	3,768	3,768	320,234	
016 PHARMACY	4,660	4,660	4,660	4,660	1,936,873	
017 MEDICAL RECORDS & LIB	4,855	4,855	4,855	4,855	1,972,434	
022 I&R SERVICES-SALARY &					3,302,228	
023 I&R SERVICES-OTHER PR	5,650	5,650	5,650	5,650		
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICES	76,647	76,647	76,647	76,647	18,269,115	
026 INTENSIVE CARE UNIT	7,570	7,570	7,570	7,570	4,010,654	
031 SUBPROVIDER	12,043	12,043	12,043	12,043	2,151,555	
033 NURSERY	3,411	3,411	3,411	3,411	1,256,975	
034 SKILLED NURSING FACIL	11,820	11,820	11,820	11,820	2,844,531	
ANCILLARY SRVC COST C						
037 OPERATING ROOM	25,094	25,094	25,094	25,094	4,086,405	
037 01 SAME DAY SURGERY	3,466	3,466	3,466	3,466	572,760	
038 RECOVERY ROOM	2,652	2,652	2,652	2,652	722,837	
039 DELIVERY ROOM & LABOR	7,486	7,486	7,486	7,486	1,774,195	
040 ANESTHESIOLOGY	180	180	180	180	253,502	
041 RADIOLOGY-DIAGNOSTIC	25,012	25,012	25,012	25,012	3,662,826	
041 01 ULTRA SOUND					702,724	
041 02 CAT SCAN	1,850	1,850	1,850	1,850	821,776	
043 RADIOISOTOPE	1,953	1,953	1,953	1,953	314,605	
044 LABORATORY	19,592	19,592	19,592	19,592	4,201,592	
049 RESPIRATORY THERAPY	2,116	2,116	2,116	2,116	1,231,750	
050 PHYSICAL THERAPY	9,372	9,372	9,372	9,372	2,220,460	
053 ELECTROCARDIOLOGY	2,126	2,126	2,126	2,126	663,019	
053 01 CARDIAC CATHORIZATION	3,771	3,771	3,771	3,771	703,110	
053 02 TCU REHAB	2,680	2,680	2,680	2,680	602,395	
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS	295	295	295	295		
059 MCCR						
059 01 WOUND CARE					48,538	
OUTPAT SERVICE COST C						
060 CLINIC	6,972	6,972	6,972	6,972	72,346	
061 EMERGENCY	13,070	13,070	13,070	13,070	1,355,782	
061 01 FAMILY PRACTICES	12,904	12,904	12,904	12,904	4,286,951	
061 02 PSYCH DAY HOSPITAL	13,223	13,223	13,223	13,223	2,585,370	
061 03 CARDIAC REHAB	7,336	7,336	7,336	7,336	272,238	
061 05 CANCER CENTER					629,613	
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY	2,949	2,949	2,949	2,949	3,403,884	
SPEC PURPOSE COST CEN						
095 SUBTOTALS	691,158	691,158	691,158	691,158	96,983,612	-50,178,644
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	980	980	980	980	386	
096 01 COMMUNITY HEALTH					48,319	
096 02 MARKETING	1,435	1,435	1,435	1,435	216,966	
096 03 PHYSICIAN DEVELOPMENT						
096 04 FOOD SERVICE - RML						
096 05 HOME DELIVERED MEALS						
096 06 MACNEAL SCHOOL					1,491,805	
096 07 CATERED MEALS						
098 PHYSICIANS' PRIVATE O	16,655	16,655	16,655	16,655		
098 01 OTHER NONREIMBURSABLE						
098 02 VACANT SPACE	4,997	4,997	4,997	4,997		
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			8,287,103	9,734,257	18,866,554	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			11.586708		.191071	
(WRKSHT B, PT I)				13.610063		
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)						
108 UNIT COST MULTIPLIER						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET 8-1
 I I TO 9/30/2009 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCIL- IATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET	(SQUARE)FEET	(SQUARE)FEET	(SQUARE)FEET	(GROSS)SALARIES	
	1	2	3	4	5	6a.00
NONREIMBURS COST CENT (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET B-1
 I I TO 9/30/2009 I

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF)	(SQUARE FEET)	(MEALS SERVED)	(FTES)	(DIRECT HOURS)
	6	7	9	10	11	12	14
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENE	161,893,331						
007 MAINTENANCE & REPAIRS	9,337,514	350,535					
009 LAUNDRY & LINEN SERVI	886,822	461	1,885,065				
010 HOUSEKEEPING	3,121,420	6,026		344,048			
011 DIETARY	3,442,551	17,495		17,495	778,777		
012 CAFETERIA	166,576	6,611		6,611	253,136	112,875	
014 NURSING ADMINISTRATIO	1,824,674	1,352		1,352		1,548	789,849
015 CENTRAL SERVICES & SU	434,837	3,768	62,879	3,768		1,239	
016 PHARMACY	5,841,086	4,660		4,660		2,500	
017 MEDICAL RECORDS & LIB	2,701,582	4,855		4,855		4,530	
022 I&R SERVICES-SALARY &	3,933,188						
023 I&R SERVICES-OTHER PR	1,475,646	5,650		5,650		6,432	
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	26,047,704	76,647	638,478	76,647	208,121	29,317	339,839
026 INTENSIVE CARE UNIT	5,282,053	7,570	44,842	7,570	18,168	4,794	92,912
031 SUBPROVIDER	2,968,542	12,043	47,595	12,043	27,478	3,464	36,190
033 NURSERY	1,626,569	3,411	30,201	3,411		1,510	27,507
034 SKILLED NURSING FACIL	3,985,210	11,820	122,463	11,820	48,044	5,196	46,715
ANCILLARY SRVC COST C							
037 OPERATING ROOM	15,841,063	25,094	145,675	25,094		6,956	29,729
037 01 SAME DAY SURGERY	887,729	3,466	57,940	3,466		864	15,279
038 RECOVERY ROOM	1,009,776	2,652	38,263	2,652		993	14,906
039 DELIVERY ROOM & LABOR	2,500,436	7,486	70,538	7,486		2,152	40,675
040 ANESTHESIOLOGY	514,170	180	2,828	180		349	8,013
041 RADIOLOGY-DIAGNOSTIC	7,090,008	25,012	114,081	25,012		6,330	6,589
041 01 ULTRA SOUND	1,178,457					973	
041 02 CAT SCAN	1,313,572	1,850		1,850		1,286	2,151
043 RADIOISOTOPE	980,790	1,953		1,953		350	
044 LABORATORY	10,119,968	19,592		19,592		4,825	
049 RESPIRATORY THERAPY	1,752,758	2,116		2,116		1,970	
050 PHYSICAL THERAPY	3,382,242		40,419			3,921	
053 ELECTROCARDIOLOGY	1,381,453	2,126	14,733	2,126		1,143	4,121
053 01 CARDIAC CATHERIZATION	7,421,687	3,771	17,754	3,771		836	8,792
053 02 TCU REHAB	807,815	2,680		2,680			
055 MEDICAL SUPPLIES CHAR	5,449,044						
056 DRUGS CHARGED TO PATI	2,349,561						
057 RENAL DIALYSIS	442,691	295		295			
059 MCCR	46,906					77	
059 01 WOUND CARE	134,606					102	1,995
OUTPAT SERVICE COST C							
060 CLINIC	2,013,479	6,972	65,873	6,972		2,336	25,835
061 EMERGENCY	6,599,033	13,070	295,311	13,070		7,527	74,117
061 01 FAMILY PRACTICES	4,236,355	12,904	3,880	12,904			3,706
061 02 PSYCH DAY HOSPITAL	1,115,738	13,223		13,223		458	1,842
061 03 CARDIAC REHAB	955,485	7,336	743	7,336		1,034	7,866
061 05 CANCER CENTER	120,301						
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY	5,049,053	2,949		2,949		4,078	1,070
SPEC PURPOSE COST CEN							
095 SUBTOTALS	157,770,150	326,468	1,814,496	319,981	554,947	109,090	789,849
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	245,103	980		980		1	
096 01 COMMUNITY HEALTH	68,347					71	
096 02 MARKETING	993,191	1,435		1,435		371	
096 03 PHYSICIAN DEVELOPMENT							
096 04 FOOD SERVICE - RML							
096 05 HOME DELIVERED MEALS					12,834		
096 06 MACNEAL SCHOOL	2,270,979		59		25,802	3,342	
096 07 CATERED MEALS					185,194		
098 PHYSICIANS' PRIVATE O	419,653	16,655	70,510	16,655			
098 01 OTHER NONREIMBURSABLE							
098 02 VACANT SPACE	125,908	4,997		4,997			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	50,178,644	12,231,667	1,177,778	4,299,174	5,338,656	2,266,795	2,485,388
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		34.894282		12.495855		20.082348	
(WRKSHT B, PT I)	.309949		.624794		6.855179		3.146662
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	1,855,818	7,440,229	31,566	315,521	867,661	596,896	93,105
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		21.225353		.917084		5.288115	

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET B-1
 I I TO 9/30/2009 I

COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & LAUNDRY & LIN HOUSEKEEPING		DIETARY		CAFETERIA	NURSING ADMINISTRATION	
	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTES)	(DIRECT HOURS)
	6	7	9	10	11	12	14
NONREIMBURS COST CENT (WRKSHT B, PT III)	.011463		.016745		1.114133		.117877

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET B-1
 I TO 9/30/2009 I

COST CENTER DESCRIPTION	CENTRAL SERVI PHARMACY CES & SUPPLY		MEDICAL RECOR DS & LIBRARY	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C
	(COSTED REQ	(COSTED)REQUIS-PHA	(GROSS)REVENUE	(ASSIGNED)TIME	(ASSIGNED)TIME
	15	16	17	22	23
001 GENERAL SERVICE COST					
002 OLD CAP REL COSTS-BLD					
003 OLD CAP REL COSTS-MVB					
004 NEW CAP REL COSTS-BLD					
005 NEW CAP REL COSTS-MVB					
006 EMPLOYEE BENEFITS					
007 ADMINISTRATIVE & GENE					
009 MAINTENANCE & REPAIRS					
010 LAUNDRY & LINEN SERVI					
011 HOUSEKEEPING					
012 DIETARY					
014 CAFETERIA					
015 NURSING ADMINISTRATIO					
016 CENTRAL SERVICES & SU	5,365,758				
017 PHARMACY		2,328,253			
022 MEDICAL RECORDS & LIB			838,084,561		
023 I&R SERVICES-SALARY &				61	
I&R SERVICES-OTHER PR					61
025 INPAT ROUTINE SRVC CN					
026 ADULTS & PEDIATRICS			89,685,448	20	20
031 INTENSIVE CARE UNIT			13,073,940		
033 SUBPROVIDER			14,515,877	2	2
034 NURSERY			7,650,284		
SKILLED NURSING FACIL			8,660,435		
037 ANCILLARY SRVC COST C					
037 01 OPERATING ROOM			75,489,021	5	5
038 SAME DAY SURGERY			225,080		
039 RECOVERY ROOM			16,419,137		
040 DELIVERY ROOM & LABOR			23,942,853		
041 ANESTHESIOLOGY			23,567,361		
041 RADIOLOGY-DIAGNOSTIC			69,345,223		
041 01 ULTRA SOUND			13,199,879		
041 02 CAT SCAN			54,573,537		
043 RADIOISOTOPE			11,747,555		
044 LABORATORY			77,934,238		
049 RESPIRATORY THERAPY			8,315,034		
050 PHYSICAL THERAPY			16,295,513		
053 ELECTROCARDIOLOGY			23,244,809		
053 01 CARDIAC CATHERIZATION			18,669,481		
053 02 TCU REHAB			2,038,041		
055 MEDICAL SUPPLIES CHAR	5,365,758		74,383,908		
056 DRUGS CHARGED TO PATI		2,328,253	92,249,082		
057 RENAL DIALYSIS			1,283,194		
059 MCCR					
059 01 WOUND CARE			366,658		
060 OUTPAT SERVICE COST C					
061 CLINIC			17,552,130		
061 EMERGENCY			64,518,537	1	1
061 01 FAMILY PRACTICES			7,841,009	33	33
061 02 PSYCH DAY HOSPITAL			1,111,968		
061 03 CARDIAC REHAB			2,985,457		
061 05 CANCER CENTER					
062 OBSERVATION BEDS (NON					
OTHER REIMBURS COST C					
071 HOME HEALTH AGENCY			7,199,872		
095 SPEC PURPOSE COST CEN					
SUBTOTALS	5,365,758	2,328,253	838,084,561	61	61
NONREIMBURS COST CENT					
096 GIFT, FLOWER, COFFEE					
096 01 COMMUNITY HEALTH					
096 02 MARKETING					
096 03 PHYSICIAN DEVELOPMENT					
096 04 FOOD SERVICE - RML					
096 05 HOME DELIVERED MEALS					
096 06 MACNEAL SCHOOL					
096 07 CATERED MEALS					
098 PHYSICIANS' PRIVATE O					
098 01 OTHER NONREIMBURSABLE					
098 02 VACANT SPACE					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED	812,348	7,922,569	3,859,987	5,152,276	2,329,946
(PER WRKSHT B, PART					
UNIT COST MULTIPLIER		3.402796		84,463.540984	
(WRKSHT B, PT I)	.151395		.004606		38,195.836066
105 COST TO BE ALLOCATED					
(PER WRKSHT B, PART					
UNIT COST MULTIPLIER					
(WRKSHT B, PT II)					
107 COST TO BE ALLOCATED	190,965	300,777	284,754	45,086	318,395
(PER WRKSHT B, PART					
UNIT COST MULTIPLIER		.129186		739.114754	
108					

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET B-1
 I I TO 9/30/2009 I

COST CENTER DESCRIPTION	CENTRAL SERVI PHARMACY	MEDICAL RECOR I&R SERVICES-	I&R SERVICES-		
	CES & SUPPLY	DS & LIBRARY SALARY & FRI	OTHER PRGM C		
	(COSTED REQ	(GROSS)REVENUE	(ASSIGNED)TIME	(ASSIGNED)TIME)	
	15	16	17	22	23
NONREIMBURS COST CENT (WRKSHT B, PT III)	.035590		.000340		5,219.590164

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET C
 I I TO 9/30/2009 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	41,650,273		41,650,273	9,098	41,659,371
26	INTENSIVE CARE UNIT	7,879,383		7,879,383	17,631	7,897,014
31	SUBPROVIDER	4,927,766		4,927,766	27,793	4,955,559
33	NURSERY	2,463,354		2,463,354		2,463,354
34	SKILLED NURSING FACILITY	6,477,671		6,477,671		6,477,671
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	22,612,152		22,612,152		22,612,152
37	01 SAME DAY SURGERY	1,429,802		1,429,802		1,429,802
38	RECOVERY ROOM	1,614,813		1,614,813		1,614,813
39	DELIVERY ROOM & LABOR ROO	3,955,767		3,955,767		3,955,767
40	ANESTHESIOLOGY	824,607		824,607	11,455	836,062
41	RADIOLOGY-DIAGNOSTIC	11,011,406		11,011,406		11,011,406
41	01 ULTRA SOUND	1,624,058		1,624,058		1,624,058
41	02 CAT SCAN	2,092,343		2,092,343		2,092,343
43	RADIOISOTOPE	1,438,476		1,438,476		1,438,476
44	LABORATORY	14,640,972		14,640,972		14,640,972
49	RESPIRATORY THERAPY	2,474,162		2,474,162		2,474,162
50	PHYSICAL THERAPY	5,053,759		5,053,759		5,053,759
53	ELECTROCARDIOLOGY	2,062,576		2,062,576	24,361	2,086,937
53	01 CARDIAC CATHERIZATION LAB	10,042,278		10,042,278		10,042,278
53	02 TCU REHAB	1,194,589		1,194,589		1,194,589
55	MEDICAL SUPPLIES CHARGED	8,292,930		8,292,930		8,292,930
56	DRUGS CHARGED TO PATIENTS	11,425,042		11,425,042		11,425,042
57	RENAL DIALYSIS	599,793		599,793		599,793
59	MCCR	62,990		62,990		62,990
59	01 WOUND CARE	186,342		186,342		186,342
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	3,218,167		3,218,167		3,218,167
61	EMERGENCY	10,129,848		10,129,848		10,129,848
61	01 FAMILY PRACTICES	6,211,134		6,211,134		6,211,134
61	02 PSYCH DAY HOSPITAL	2,108,316		2,108,316	15,328	2,123,644
61	03 CARDIAC REHAB	1,659,023		1,659,023		1,659,023
61	05 CANCER CENTER	157,588		157,588		157,588
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,313,581		1,313,581		1,313,581
101	SUBTOTAL	190,834,961		190,834,961	105,666	190,940,627
102	LESS OBSERVATION BEDS	1,313,581		1,313,581		1,313,581
103	TOTAL	189,521,380		189,521,380	105,666	189,627,046

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET C
 I I TO 9/30/2009 I PART I

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
25	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	89,685,448		89,685,448			
26	INTENSIVE CARE UNIT	13,073,940		13,073,940			
31	SUBPROVIDER	14,515,877		14,515,877			
33	NURSERY	7,650,284		7,650,284			
34	SKILLED NURSING FACILITY	8,660,435		8,660,435			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	38,522,341	36,966,680	75,489,021	.299542	.299542	.299542
37 01	SAME DAY SURGERY	13,425	211,655	225,080	6.352417	6.352417	6.352417
38	RECOVERY ROOM	6,323,252	10,095,885	16,419,137	.098349	.098349	.098349
39	DELIVERY ROOM & LABOR ROO	22,149,089	1,793,764	23,942,853	.165217	.165217	.165217
40	ANESTHESIOLOGY	10,784,909	12,782,452	23,567,361	.034989	.034989	.035475
41	RADIOLOGY-DIAGNOSTIC	13,154,793	56,190,430	69,345,223	.158791	.158791	.158791
41 01	ULTRA SOUND	4,186,492	9,013,387	13,199,879	.123036	.123036	.123036
41 02	CAT SCAN	21,917,729	32,655,808	54,573,537	.038340	.038340	.038340
43	RADIOISOTOPE	3,162,319	8,585,236	11,747,555	.122449	.122449	.122449
44	LABORATORY	37,982,723	39,951,515	77,934,238	.187863	.187863	.187863
49	RESPIRATORY THERAPY	7,633,272	681,762	8,315,034	.297553	.297553	.297553
50	PHYSICAL THERAPY	6,723,291	9,572,222	16,295,513	.310132	.310132	.310132
53	ELECTROCARDIOLOGY	10,308,995	12,935,814	23,244,809	.088733	.088733	.089781
53 01	CARDIAC CATHERIZATION LAB	12,200,612	6,468,869	18,669,481	.537898	.537898	.537898
53 02	TCU REHAB	2,038,041		2,038,041	.586146	.586146	.586146
55	MEDICAL SUPPLIES CHARGED	46,304,474	28,079,434	74,383,908	.111488	.111488	.111488
56	DRUGS CHARGED TO PATIENTS	69,871,746	22,377,336	92,249,082	.123850	.123850	.123850
57	RENAL DIALYSIS	1,250,900	32,294	1,283,194	.467422	.467422	.467422
59	MCCR						
59 01	WOUND CARE	86,685	279,973	366,658	.508217	.508217	.508217
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	3,396,438	14,155,692	17,552,130	.183349	.183349	.183349
61	EMERGENCY	22,444,276	42,074,261	64,518,537	.157007	.157007	.157007
61 01	FAMILY PRACTICES		7,841,009	7,841,009	.792135	.792135	.792135
61 02	PSYCH DAY HOSPITAL		1,111,968	1,111,968	1.896022	1.896022	1.909807
61 03	CARDIAC REHAB	3,348	2,982,109	2,985,457	.555702	.555702	.555702
61 05	CANCER CENTER						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		4,273,366	4,273,366	.307388	.307388	.307388
101	SUBTOTAL	474,045,134	361,112,921	835,158,055			
102	LESS OBSERVATION BEDS						
103	TOTAL	474,045,134	361,112,921	835,158,055			

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	44,103,461		44,103,461	9,098	44,112,559
26	INTENSIVE CARE UNIT	7,879,383		7,879,383	17,631	7,897,014
31	SUBPROVIDER	5,173,085		5,173,085	27,793	5,200,878
33	NURSERY	2,463,354		2,463,354		2,463,354
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	6,477,671		6,477,671		6,477,671
37	OPERATING ROOM	23,225,449		23,225,449		23,225,449
37 01	SAME DAY SURGERY	1,429,802		1,429,802		1,429,802
38	RECOVERY ROOM	1,614,813		1,614,813		1,614,813
39	DELIVERY ROOM & LABOR ROO	3,955,767		3,955,767		3,955,767
40	ANESTHESIOLOGY	824,607		824,607	11,455	836,062
41	RADIOLOGY-DIAGNOSTIC	11,011,406		11,011,406		11,011,406
41 01	ULTRA SOUND	1,624,058		1,624,058		1,624,058
41 02	CAT SCAN	2,092,343		2,092,343		2,092,343
43	RADIOISOTOPE	1,438,476		1,438,476		1,438,476
44	LABORATORY	14,640,972		14,640,972		14,640,972
49	RESPIRATORY THERAPY	2,474,162		2,474,162		2,474,162
50	PHYSICAL THERAPY	5,053,759		5,053,759		5,053,759
53	ELECTROCARDIOLOGY	2,062,576		2,062,576	24,361	2,086,937
53 01	CARDIAC CATHERIZATION LAB	10,042,278		10,042,278		10,042,278
53 02	TCU REHAB	1,194,589		1,194,589		1,194,589
55	MEDICAL SUPPLIES CHARGED	8,292,930		8,292,930		8,292,930
56	DRUGS CHARGED TO PATIENTS	11,425,042		11,425,042		11,425,042
57	RENAL DIALYSIS	599,793		599,793		599,793
59	MCCR	62,990		62,990		62,990
59 01	WOUND CARE	186,342		186,342		186,342
60	OUTPAT SERVICE COST CNTRS CLINIC	3,218,167		3,218,167		3,218,167
61	EMERGENCY	10,252,508		10,252,508		10,252,508
61 01	FAMILY PRACTICES	10,258,892		10,258,892		10,258,892
61 02	PSYCH DAY HOSPITAL	2,108,316		2,108,316	15,328	2,123,644
61 03	CARDIAC REHAB	1,659,023		1,659,023		1,659,023
61 05	CANCER CENTER	157,588		157,588		157,588
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,313,581		1,313,581		1,313,581
101	SUBTOTAL	198,317,183		198,317,183	105,666	198,422,849
102	LESS OBSERVATION BEDS	1,313,581		1,313,581		1,313,581
103	TOTAL	197,003,602		197,003,602	105,666	197,109,268

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
I 14-0054 I FROM 10/ 1/2008 I WORKSHEET C
I I TO 9/30/2009 I PART I

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
25	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	89,685,448		89,685,448			
26	INTENSIVE CARE UNIT	13,073,940		13,073,940			
31	SUBPROVIDER	14,515,877		14,515,877			
33	NURSERY	7,650,284		7,650,284			
34	SKILLED NURSING FACILITY	8,660,435		8,660,435			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	38,522,341	36,966,680	75,489,021	.307667	.307667	.307667
37	01 SAME DAY SURGERY	13,425	211,655	225,080	6.352417	6.352417	6.352417
38	RECOVERY ROOM	6,323,252	10,095,885	16,419,137	.098349	.098349	.098349
39	DELIVERY ROOM & LABOR ROO	22,149,089	1,793,764	23,942,853	.165217	.165217	.165217
40	ANESTHESIOLOGY	10,784,909	12,782,452	23,567,361	.034989	.034989	.035475
41	RADIOLOGY-DIAGNOSTIC	13,154,793	56,190,430	69,345,223	.158791	.158791	.158791
41	01 ULTRA SOUND	4,186,492	9,013,387	13,199,879	.123036	.123036	.123036
41	02 CAT SCAN	21,917,729	32,655,808	54,573,537	.038340	.038340	.038340
43	RADIOISOTOPE	3,162,319	8,585,236	11,747,555	.122449	.122449	.122449
44	LABORATORY	37,982,723	39,951,515	77,934,238	.187863	.187863	.187863
49	RESPIRATORY THERAPY	7,633,272	681,762	8,315,034	.297553	.297553	.297553
50	PHYSICAL THERAPY	6,723,291	9,572,222	16,295,513	.310132	.310132	.310132
53	ELECTROCARDIOLOGY	10,308,995	12,935,814	23,244,809	.088733	.088733	.089781
53	01 CARDIAC CATHERIZATION LAB	12,200,612	6,468,869	18,669,481	.537898	.537898	.537898
53	02 TCU REHAB	2,038,041		2,038,041	.586146	.586146	.586146
55	MEDICAL SUPPLIES CHARGED	46,304,474	28,079,434	74,383,908	.111488	.111488	.111488
56	DRUGS CHARGED TO PATIENTS	69,871,746	22,377,336	92,249,082	.123850	.123850	.123850
57	RENAL DIALYSIS	1,250,900	32,294	1,283,194	.467422	.467422	.467422
59	MCCR						
59	01 WOUND CARE	86,685	279,973	366,658	.508217	.508217	.508217
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	3,396,438	14,155,692	17,552,130	.183349	.183349	.183349
61	EMERGENCY	22,444,276	42,074,261	64,518,537	.158908	.158908	.158908
61	01 FAMILY PRACTICES		7,841,009	7,841,009	1.308364	1.308364	1.308364
61	02 PSYCH DAY HOSPITAL		1,111,968	1,111,968	1.896022	1.896022	1.909807
61	03 CARDIAC REHAB	3,348	2,982,109	2,985,457	.555702	.555702	.555702
61	05 CANCER CENTER						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		4,273,366	4,273,366	.307388	.307388	.307388
101	SUBTOTAL	474,045,134	361,112,921	835,158,055			
102	LESS OBSERVATION BEDS						
103	TOTAL	474,045,134	361,112,921	835,158,055			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27	CAPITAL COST WKST B PT II & III, COL. 27	OPERATING COST NET OF CAPITAL COST	CAPITAL REDUCTION	OPERATING COST REDUCTION AMOUNT	COST NET OF CAP AND OPER COST REDUCTION
		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	22,612,152	1,437,909	21,174,243			22,612,152
37 01	SAME DAY SURGERY	1,429,802	181,671	1,248,131			1,429,802
38	RECOVERY ROOM	1,614,813	150,351	1,464,462			1,614,813
39	DELIVERY ROOM & LABOR ROO	3,955,767	408,540	3,547,227			3,955,767
40	ANESTHESIOLOGY	824,607	25,267	799,340			824,607
41	RADIOLOGY-DIAGNOSTIC	11,011,406	1,325,060	9,686,346			11,011,406
41 01	ULTRA SOUND	1,624,058	23,142	1,600,916			1,624,058
41 02	CAT SCAN	2,092,343	128,245	1,964,098			2,092,343
43	RADIOISOTOPE	1,438,476	109,541	1,328,935			1,438,476
44	LABORATORY	14,640,972	1,095,488	13,545,484			14,640,972
49	RESPIRATORY THERAPY	2,474,162	133,507	2,340,655			2,474,162
50	PHYSICAL THERAPY	5,053,759	509,387	4,544,372			5,053,759
53	ELECTROCARDIOLOGY	2,062,576	131,159	1,931,417			2,062,576
53 01	CARDIAC CATHERIZATION LAB	10,042,278	275,693	9,766,585			10,042,278
53 02	TCU REHAB	1,194,589	136,822	1,057,767			1,194,589
55	MEDICAL SUPPLIES CHARGED	8,292,930	278,718	8,014,212			8,292,930
56	DRUGS CHARGED TO PATIENTS	11,425,042	358,879	11,066,163			11,425,042
57	RENAL DIALYSIS	599,793	19,476	580,317			599,793
59	MCCR	62,990	945	62,045			62,990
59 01	WOUND CARE	186,342	2,442	183,900			186,342
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	3,218,167	375,599	2,842,568			3,218,167
61	EMERGENCY	10,129,848	769,790	9,360,058			10,129,848
61 01	FAMILY PRACTICES	6,211,134	662,594	5,548,540			6,211,134
61 02	PSYCH DAY HOSPITAL	2,108,316	641,774	1,466,542			2,108,316
61 03	CARDIAC REHAB	1,659,023	365,655	1,293,368			1,659,023
61 05	CANCER CENTER	157,588	1,379	156,209			157,588
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,313,581	138,587	1,174,994			1,313,581
101	SUBTOTAL	127,436,514	9,687,620	117,748,894			127,436,514
102	LESS OBSERVATION BEDS	1,313,581	138,587	1,174,994			1,313,581
103	TOTAL	126,122,933	9,549,033	116,573,900			126,122,933

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	75,489,021	.299542	.299542
37 01	SAME DAY SURGERY	225,080	6.352417	6.352417
38	RECOVERY ROOM	16,419,137	.098349	.098349
39	DELIVERY ROOM & LABOR ROO	23,942,853	.165217	.165217
40	ANESTHESIOLOGY	23,567,361	.034989	.034989
41	RADIOLOGY-DIAGNOSTIC	69,345,223	.158791	.158791
41 01	ULTRA SOUND	13,199,879	.123036	.123036
41 02	CAT SCAN	54,573,537	.038340	.038340
43	RADIOISOTOPE	11,747,555	.122449	.122449
44	LABORATORY	77,934,238	.187863	.187863
49	RESPIRATORY THERAPY	8,315,034	.297553	.297553
50	PHYSICAL THERAPY	16,295,513	.310132	.310132
53	ELECTROCARDIOLOGY	23,244,809	.088733	.088733
53 01	CARDIAC CATHERIZATION LAB	18,669,481	.537898	.537898
53 02	TCU REHAB	2,038,041	.586146	.586146
55	MEDICAL SUPPLIES CHARGED	74,383,908	.111488	.111488
56	DRUGS CHARGED TO PATIENTS	92,249,082	.123850	.123850
57	RENAL DIALYSIS	1,283,194	.467422	.467422
59	MCCR			
59 01	WOUND CARE	366,658	.508217	.508217
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	17,552,130	.183349	.183349
61	EMERGENCY	64,518,537	.157007	.157007
61 01	FAMILY PRACTICES	7,841,009	.792135	.792135
61 02	PSYCH DAY HOSPITAL	1,111,968	1.896022	1.896022
61 03	CARDIAC REHAB	2,985,457	.555702	.555702
61 05	CANCER CENTER			
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	4,273,366	.307388	.307388
101	SUBTOTAL	701,572,071		
102	LESS OBSERVATION BEDS	4,273,366		
103	TOTAL	697,298,705		

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						
37	OPERATING ROOM	23,225,449	1,437,909	21,787,540	143,791	1,263,677	21,817,981
37 01	SAME DAY SURGERY	1,429,802	181,671	1,248,131	18,167	72,392	1,339,243
38	RECOVERY ROOM	1,614,813	150,351	1,464,462	15,035	84,939	1,514,839
39	DELIVERY ROOM & LABOR ROO	3,955,767	408,540	3,547,227	40,854	205,739	3,709,174
40	ANESTHESIOLOGY	824,607	25,267	799,340	2,527	46,362	775,718
41	RADIOLOGY-DIAGNOSTIC	11,011,406	1,325,060	9,686,346	132,506	561,808	10,317,092
41 01	ULTRA SOUND	1,624,058	23,142	1,600,916	2,314	92,853	1,528,891
41 02	CAT SCAN	2,092,343	128,245	1,964,098	12,825	113,918	1,965,600
43	RADIOISOTOPE	1,438,476	109,541	1,328,935	10,954	77,078	1,350,444
44	LABORATORY	14,640,972	1,095,488	13,545,484	109,549	785,638	13,745,785
49	RESPIRATORY THERAPY	2,474,162	133,507	2,340,655	13,351	135,758	2,325,053
50	PHYSICAL THERAPY	5,053,759	509,387	4,544,372	50,939	263,574	4,739,246
53	ELECTROCARDIOLOGY	2,062,576	131,159	1,931,417	13,116	112,022	1,937,438
53 01	CARDIAC CATHORIZATION LAB	10,042,278	275,693	9,766,585	27,569	566,462	9,448,247
53 02	TCU REHAB	1,194,589	136,822	1,057,767	13,682	61,350	1,119,557
55	MEDICAL SUPPLIES CHARGED	8,292,930	278,718	8,014,212	27,872	464,824	7,800,234
56	DRUGS CHARGED TO PATIENTS	11,425,042	358,879	11,066,163	35,888	641,837	10,747,317
57	RENAL DIALYSIS	599,793	19,476	580,317	1,948	33,658	564,187
59	MCCR	62,990	945	62,045	95	3,599	59,296
59 01	WOUND CARE	186,342	2,442	183,900	244	10,666	175,432
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	3,218,167	375,599	2,842,568	37,560	164,869	3,015,738
61	EMERGENCY	10,252,508	769,790	9,482,718	76,979	549,998	9,625,531
61 01	FAMILY PRACTICES	10,258,892	662,594	9,596,298	66,259	556,585	9,636,048
61 02	PSYCH DAY HOSPITAL	2,108,316	641,774	1,466,542	64,177	85,059	1,959,080
61 03	CARDIAC REHAB	1,659,023	365,655	1,293,368	36,566	75,015	1,547,442
61 05	CANCER CENTER	157,588	1,379	156,209	138	9,060	148,390
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,313,581	138,587	1,174,994	13,859	68,150	1,231,572
101	SUBTOTAL	132,220,229	9,687,620	122,532,609	968,764	7,106,890	124,144,575
102	LESS OBSERVATION BEDS	1,313,581	138,587	1,174,994	13,859	68,150	1,231,572
103	TOTAL	130,906,648	9,549,033	121,357,615	954,905	7,038,740	122,913,003

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
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	75,489,021	.289022	.305762
37 01	SAME DAY SURGERY	225,080	5.950076	6.271703
38	RECOVERY ROOM	16,419,137	.092261	.097434
39	DELIVERY ROOM & LABOR ROO	23,942,853	.154918	.163511
40	ANESTHESIOLOGY	23,567,361	.032915	.034882
41	RADIOLOGY-DIAGNOSTIC	69,345,223	.148779	.156880
41 01	ULTRA SOUND	13,199,879	.115826	.122861
41 02	CAT SCAN	54,573,537	.036017	.038105
43	RADIOISOTOPE	11,747,555	.114955	.121517
44	LABORATORY	77,934,238	.176377	.186457
49	RESPIRATORY THERAPY	8,315,034	.279620	.295947
50	PHYSICAL THERAPY	16,295,513	.290831	.307006
53	ELECTROCARDIOLOGY	23,244,809	.083349	.088169
53 01	CARDIAC CATHERIZATION LAB	18,669,481	.506080	.536421
53 02	TCU REHAB	2,038,041	.549330	.579432
55	MEDICAL SUPPLIES CHARGED	74,383,908	.104865	.111114
56	DRUGS CHARGED TO PATIENTS	92,249,082	.116503	.123461
57	RENAL DIALYSIS	1,283,194	.439674	.465904
59	MCCR			
59 01	WOUND CARE	366,658	.478462	.507552
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	17,552,130	.171816	.181209
61	EMERGENCY	64,518,537	.149190	.157715
61 01	FAMILY PRACTICES	7,841,009	1.228930	1.299913
61 02	PSYCH DAY HOSPITAL	1,111,968	1.761813	1.838307
61 03	CARDIAC REHAB	2,985,457	.518327	.543453
61 05	CANCER CENTER			
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	4,273,366	.288197	.304145
101	SUBTOTAL	701,572,071		
102	LESS OBSERVATION BEDS	4,273,366		
103	TOTAL	697,298,705		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET D
 I I TO 9/30/2009 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				4,395,175		4,395,175
26	INTENSIVE CARE UNIT				480,646		480,646
31	SUBPROVIDER				663,064		663,064
33	NURSERY				194,453		194,453
101	TOTAL				5,733,338		5,733,338

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET D
 I I TO 9/30/2009 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	58,703	20,394			74.87	1,526,899
26	INTENSIVE CARE UNIT	4,963	2,241			96.85	217,041
31	SUBPROVIDER	7,506	5,927			88.34	523,591
33	NURSERY	4,121				47.19	
101	TOTAL	75,293	28,562				2,267,531

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2009 I PART II
 I 14-0054 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	CST/CHRG RATIO 5	OLD CAPITAL COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		1,437,909	75,489,021	11,476,814		
37 01	SAME DAY SURGERY		181,671	225,080	1,995		
38	RECOVERY ROOM		150,351	16,419,137	1,981,669		
39	DELIVERY ROOM & LABOR ROO		408,540	23,942,853	1,256,493		
40	ANESTHESIOLOGY		25,267	23,567,361	3,076,921		
41	RADIOLOGY-DIAGNOSTIC		1,325,060	69,345,223	4,378,111		
41 01	ULTRA SOUND		23,142	13,199,879	1,715,725		
41 02	CAT SCAN		128,245	54,573,537	10,029,561		
43	RADIOISOTOPE		109,541	11,747,555	1,331,525		
44	LABORATORY		1,095,488	77,934,238	14,515,821		
49	RESPIRATORY THERAPY		133,507	8,315,034	3,443,032		
50	PHYSICAL THERAPY		509,387	16,295,513	3,474,775		
53	ELECTROCARDIOLOGY		131,159	23,244,809	4,857,761		
53 01	CARDIAC CATHERIZATION LAB		275,693	18,669,481	4,906,041		
53 02	TCU REHAB		136,822	2,038,041			
55	MEDICAL SUPPLIES CHARGED		278,718	74,383,908	16,529,234		
56	DRUGS CHARGED TO PATIENTS		358,879	92,249,082	23,447,480		
57	RENAL DIALYSIS		19,476	1,283,194	741,802		
59	MCCR		945				
59 01	WOUND CARE		2,442	366,658			
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		375,599	17,552,130	1,321,926		
61	EMERGENCY		769,790	64,518,537	7,597,667		
61 01	FAMILY PRACTICES		662,594	7,841,009			
61 02	PSYCH DAY HOSPITAL		641,774	1,111,968			
61 03	CARDIAC REHAB		365,655	2,985,457	1,901		
61 05	CANCER CENTER		1,379				
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		138,587	4,273,366			
101	TOTAL		9,687,620	701,572,071	116,086,254		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2009 I PART II
 I 14-0054 I I

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.019048	218,610
37 01	SAME DAY SURGERY	.807140	1,610
38	RECOVERY ROOM	.009157	18,146
39	DELIVERY ROOM & LABOR ROO	.017063	21,440
40	ANESTHESIOLOGY	.001072	3,298
41	RADIOLOGY-DIAGNOSTIC	.019108	83,657
41 01	ULTRA SOUND	.001753	3,008
41 02	CAT SCAN	.002350	23,569
43	RADIOISOTOPE	.009325	12,416
44	LABORATORY	.014057	204,049
49	RESPIRATORY THERAPY	.016056	55,281
50	PHYSICAL THERAPY	.031259	108,618
53	ELECTROCARDIOLOGY	.005643	27,412
53 01	CARDIAC CATHERIZATION LAB	.014767	72,448
53 02	TCU REHAB	.067134	
55	MEDICAL SUPPLIES CHARGED	.003747	61,935
56	DRUGS CHARGED TO PATIENTS	.003890	91,211
57	RENAL DIALYSIS	.015178	11,259
59	MCCR		
59 01	WOUND CARE	.006660	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.021399	28,288
61	EMERGENCY	.011931	90,648
61 01	FAMILY PRACTICES	.084504	
61 02	PSYCH DAY HOSPITAL	.577152	
61 03	CARDIAC REHAB	.122479	233
61 05	CANCER CENTER		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	.032430	
101	TOTAL		1,137,136

PPS

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

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET D
 I I TO 9/30/2009 I PART III
 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
	INPAT ROUTINE SRVC CNTRS					58,703	
25	ADULTS & PEDIATRICS					4,963	
26	INTENSIVE CARE UNIT					7,506	
31	SUBPROVIDER					4,121	
33	NURSERY					13,124	
34	SKILLED NURSING FACILITY					88,417	
101	TOTAL						

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

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET D
 I I TO 9/30/2009 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	20,394	
26	INTENSIVE CARE UNIT	2,241	
31	SUBPROVIDER	5,927	
33	NURSERY		
34	SKILLED NURSING FACILITY	9,216	
101	TOTAL	37,778	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37 01	SAME DAY SURGERY						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRA SOUND						
41 02	CAT SCAN						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53 01	CARDIAC CATHERIZATION LAB						
53 02	TCU REHAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	MCCR						
59 01	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
61 01	FAMILY PRACTICES						
61 02	PSYCH DAY HOSPITAL						
61 03	CARDIAC REHAB						
61 05	CANCER CENTER						
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 COST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			75,489,021			11,476,814	
37 01	SAME DAY SURGERY			225,080			1,995	
38	RECOVERY ROOM			16,419,137			1,981,669	
39	DELIVERY ROOM & LABOR ROO			23,942,853			1,256,493	
40	ANESTHESIOLOGY			23,567,361			3,076,921	
41	RADIOLOGY-DIAGNOSTIC			69,345,223			4,378,111	
41 01	ULTRA SOUND			13,199,879			1,715,725	
41 02	CAT SCAN			54,573,537			10,029,561	
43	RADIOISOTOPE			11,747,555			1,331,525	
44	LABORATORY			77,934,238			14,515,821	
49	RESPIRATORY THERAPY			8,315,034			3,443,032	
50	PHYSICAL THERAPY			16,295,513			3,474,775	
53	ELECTROCARDIOLOGY			23,244,809			4,857,761	
53 01	CARDIAC CATHERIZATION LAB			18,669,481			4,906,041	
53 02	TCU REHAB			2,038,041				
55	MEDICAL SUPPLIES CHARGED			74,383,908			16,529,234	
56	DRUGS CHARGED TO PATIENTS			92,249,082			23,447,480	
57	RENAL DIALYSIS			1,283,194			741,802	
59	MCCR							
59 01	WOUND CARE			366,658				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			17,552,130			1,321,926	
61	EMERGENCY			64,518,537			7,597,667	
61 01	FAMILY PRACTICES			7,841,009				
61 02	PSYCH DAY HOSPITAL			1,111,968				
61 03	CARDIAC REHAB			2,985,457			1,901	
61 05	CANCER CENTER							
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			4,273,366				
101	TOTAL			701,572,071			116,086,254	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,985,757					
37 01	SAME DAY SURGERY	4,487					
38	RECOVERY ROOM	2,358,751					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	2,138,578					
41	RADIOLOGY-DIAGNOSTIC	3,163,253					
41 01	ULTRA SOUND	1,370,272					
41 02	CAT SCAN	9,520,507					
43	RADIOISOTOPE	1,697,409					
44	LABORATORY	1,408,105					
49	RESPIRATORY THERAPY	127,127					
50	PHYSICAL THERAPY	104,854					
53	ELECTROCARDIOLOGY	2,382,584					
53 01	CARDIAC CATHERIZATION LAB	933,738					
53 02	TCU REHAB						
55	MEDICAL SUPPLIES CHARGED	6,525,023					
56	DRUGS CHARGED TO PATIENTS	4,511,792					
57	RENAL DIALYSIS	16,147					
59	MCCR						
59 01	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,362,907					
61	EMERGENCY	3,614,291					
61 01	FAMILY PRACTICES						
61 02	PSYCH DAY HOSPITAL	119,760					
61 03	CARDIAC REHAB	1,362,860					
61 05	CANCER CENTER						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	789,660					
101	TOTAL	52,497,862					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2009 I PART V
 I 14-0054 I I

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	.299542	.299542			
37	01 SAME DAY SURGERY	6.352417	6.352417			
38	RECOVERY ROOM	.098349	.098349			
39	DELIVERY ROOM & LABOR ROOM	.165217	.165217			
40	ANESTHESIOLOGY	.034989	.034989			
41	RADIOLOGY-DIAGNOSTIC	.158791	.158791			
41	01 ULTRA SOUND	.123036	.123036			
41	02 CAT SCAN	.038340	.038340			
43	RADIOISOTOPE	.122449	.122449			
44	LABORATORY	.187863	.187863			
49	RESPIRATORY THERAPY	.297553	.297553			
50	PHYSICAL THERAPY	.310132	.310132			
53	ELECTROCARDIOLOGY	.088733	.088733			
53	01 CARDIAC CATHERIZATION LABORATORY	.537898	.537898			
53	02 TCU REHAB	.586146	.586146			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.111488	.111488			
56	DRUGS CHARGED TO PATIENTS	.123850	.123850			
57	RENAL DIALYSIS	.467422	.467422			
59	MCCR					
59	01 WOUND CARE	.508217	.508217			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	.183349	.183349			
61	EMERGENCY	.157007	.157007			
61	01 FAMILY PRACTICES	.792135	.792135			
61	02 PSYCH DAY HOSPITAL	1.896022	1.896022			
61	03 CARDIAC REHAB	.555702	.555702			
61	05 CANCER CENTER					
62	OBSERVATION BEDS (NON-DISTINCT PART)	.307388	.307388			
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

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2009 I PART V
 I 14-0054 I I

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		7,985,757			
37	01 SAME DAY SURGERY		4,487			
38	RECOVERY ROOM		2,358,751			
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY		2,138,578			
41	RADIOLOGY-DIAGNOSTIC		3,163,253			
41	01 ULTRA SOUND		1,370,272			
41	02 CAT SCAN		9,520,507			
43	RADIOISOTOPE		1,697,409			
44	LABORATORY		1,408,105			
49	RESPIRATORY THERAPY		127,127			
50	PHYSICAL THERAPY		104,854			
53	ELECTROCARDIOLOGY		2,382,584			
53	01 CARDIAC CATHERIZATION LABORATORY		933,738			
53	02 TCU REHAB					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		6,525,023			
56	DRUGS CHARGED TO PATIENTS		4,511,792			
57	RENAL DIALYSIS		16,147			
59	MCCR					
59	01 WOUND CARE					
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC		2,362,907			
61	EMERGENCY		3,614,291			
61	01 FAMILY PRACTICES					
61	02 PSYCH DAY HOSPITAL		119,760			
61	03 CARDIAC REHAB		1,362,860			
61	05 CANCER CENTER					
62	OBSERVATION BEDS (NON-DISTINCT PART)		789,660			
101	SUBTOTAL		52,497,862			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
103	PROGRAM ONLY CHARGES					
104	NET CHARGES		52,497,862			

(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

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2009 I PART V
 I 14-0054 I I

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				2,392,070	
37 01 SAME DAY SURGERY				28,503	
38 RECOVERY ROOM				231,981	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				74,827	
41 RADIOLOGY-DIAGNOSTIC				502,296	
41 01 ULTRA SOUND				168,593	
41 02 CAT SCAN				365,016	
43 RADIOISOTOPE				207,846	
44 LABORATORY				264,531	
49 RESPIRATORY THERAPY				37,827	
50 PHYSICAL THERAPY				32,519	
53 ELECTROCARDIOLOGY				211,414	
53 01 CARDIAC CATHERIZATION LABORATORY				502,256	
53 02 TCU REHAB					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				727,462	
56 DRUGS CHARGED TO PATIENTS				558,785	
57 RENAL DIALYSIS				7,547	
59 MCCR					
59 01 WOUND CARE					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC				433,237	
61 EMERGENCY				567,469	
61 01 FAMILY PRACTICES					
61 02 PSYCH DAY HOSPITAL				227,068	
61 03 CARDIAC REHAB				757,344	
61 05 CANCER CENTER					
62 OBSERVATION BEDS (NON-DISTINCT PART)				242,732	
101 SUBTOTAL				8,541,323	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				8,541,323	

(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

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2009 I PART V
 I 14-0054 I I

TITLE XVIII, PART B

HOSPITAL

PPS Services Hospital I/P Hospital I/P
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 37 01 SAME DAY SURGERY
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 41 01 ULTRA SOUND
- 41 02 CAT SCAN
- 43 RADIOISOTOPE
- 44 LABORATORY
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 53 ELECTROCARDIOLOGY
- 53 01 CARDIAC CATHERIZATION LABORATORY
- 53 02 TCU REHAB
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 59 MCCR
- 59 01 WOUND CARE
- 60 OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 61 EMERGENCY
- 61 01 FAMILY PRACTICES
- 61 02 PSYCH DAY HOSPITAL
- 61 03 CARDIAC REHAB
- 61 05 CANCER CENTER
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 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 INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2009 I PART II
 I 14-S054 I I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPAT PROGRAM CHARGES	OLD CAPITAL CST/CHRG RATIO	COSTS
LINE NO.		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,437,909	75,489,021	8,258		
37 01	SAME DAY SURGERY		181,671	225,080			
38	RECOVERY ROOM		150,351	16,419,137	44,028		
39	DELIVERY ROOM & LABOR ROO		408,540	23,942,853	355		
40	ANESTHESIOLOGY		25,267	23,567,361	52,520		
41	RADIOLOGY-DIAGNOSTIC		1,325,060	69,345,223	67,842		
41 01	ULTRA SOUND		23,142	13,199,879	26,688		
41 02	CAT SCAN		128,245	54,573,537	121,494		
43	RADIOISOTOPE		109,541	11,747,555	11,193		
44	LABORATORY		1,095,488	77,934,238	517,564		
49	RESPIRATORY THERAPY		133,507	8,315,034	29,836		
50	PHYSICAL THERAPY		509,387	16,295,513	79,252		
53	ELECTROCARDIOLOGY		131,159	23,244,809	73,443		
53 01	CARDIAC CATHERIZATION LAB		275,693	18,669,481	25,957		
53 02	TCU REHAB		136,822	2,038,041			
55	MEDICAL SUPPLIES CHARGED		278,718	74,383,908	68,045		
56	DRUGS CHARGED TO PATIENTS		358,879	92,249,082	729,307		
57	RENAL DIALYSIS		19,476	1,283,194	13,297		
59	MCCR		945				
59 01	WOUND CARE		2,442	366,658			
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		375,599	17,552,130	9,559		
61	EMERGENCY		769,790	64,518,537	412,822		
61 01	FAMILY PRACTICES		662,594	7,841,009			
61 02	PSYCH DAY HOSPITAL		641,774	1,111,968			
61 03	CARDIAC REHAB		365,655	2,985,457			
61 05	CANCER CENTER		1,379				
62	OBSERVATION BEDS (NON-DIS		138,587	4,273,366			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		9,687,620	701,572,071	2,291,460		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2009 I PART II
 I 14-S054 I I

TITLE XVIII, PART A SUBPROVIDER 1

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.019048	157
37 01	SAME DAY SURGERY	.807140	
38	RECOVERY ROOM	.009157	403
39	DELIVERY ROOM & LABOR ROO	.017063	6
40	ANESTHESIOLOGY	.001072	56
41	RADIOLOGY-DIAGNOSTIC	.019108	1,296
41 01	ULTRA SOUND	.001753	47
41 02	CAT SCAN	.002350	286
43	RADIOISOTOPE	.009325	104
44	LABORATORY	.014057	7,275
49	RESPIRATORY THERAPY	.016056	479
50	PHYSICAL THERAPY	.031259	2,477
53	ELECTROCARDIOLOGY	.005643	414
53 01	CARDIAC CATHERIZATION LAB	.014767	383
53 02	TCU REHAB	.067134	
55	MEDICAL SUPPLIES CHARGED	.003747	255
56	DRUGS CHARGED TO PATIENTS	.003890	2,837
57	RENAL DIALYSIS	.015178	202
59	MCCR		
59 01	WOUND CARE	.006660	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.021399	205
61	EMERGENCY	.011931	4,925
61 01	FAMILY PRACTICES	.084504	
61 02	PSYCH DAY HOSPITAL	.577152	
61 03	CARDIAC REHAB	.122479	
61 05	CANCER CENTER		
62	OBSERVATION BEDS (NON-DIS	.032430	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		21,807

PPS

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			75,489,021			8,258	
37 01	SAME DAY SURGERY			225,080				
38	RECOVERY ROOM			16,419,137			44,028	
39	DELIVERY ROOM & LABOR ROO			23,942,853			355	
40	ANESTHESIOLOGY			23,567,361			52,520	
41	RADIOLOGY-DIAGNOSTIC			69,345,223			67,842	
41 01	ULTRA SOUND			13,199,879			26,688	
41 02	CAT SCAN			54,573,537			121,494	
43	RADIOISOTOPE			11,747,555			11,193	
44	LABORATORY			77,934,238			517,564	
49	RESPIRATORY THERAPY			8,315,034			29,836	
50	PHYSICAL THERAPY			16,295,513			79,252	
53	ELECTROCARDIOLOGY			23,244,809			73,443	
53 01	CARDIAC CATHERIZATION LAB			18,669,481			25,957	
53 02	TCU REHAB			2,038,041				
55	MEDICAL SUPPLIES CHARGED			74,383,908			68,045	
56	DRUGS CHARGED TO PATIENTS			92,249,082			729,307	
57	RENAL DIALYSIS			1,283,194			13,297	
59	MCCR							
59 01	WOUND CARE			366,658				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			17,552,130			9,559	
61	EMERGENCY			64,518,537			412,822	
61 01	FAMILY PRACTICES			7,841,009				
61 02	PSYCH DAY HOSPITAL			1,111,968				
61 03	CARDIAC REHAB			2,985,457				
61 05	CANCER CENTER							
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			4,273,366				
101	TOTAL			701,572,071			2,291,460	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	4,623					
37 01	SAME DAY SURGERY	1,733					
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	6,447					
41 01	ULTRA SOUND						
41 02	CAT SCAN	21,504					
43	RADIOISOTOPE						
44	LABORATORY	2,097					
49	RESPIRATORY THERAPY	1,090					
50	PHYSICAL THERAPY	926					
53	ELECTROCARDIOLOGY	10,567					
53 01	CARDIAC CATHERIZATION LAB						
53 02	TCU REHAB						
55	MEDICAL SUPPLIES CHARGED	1,600					
56	DRUGS CHARGED TO PATIENTS	2,848					
57	RENAL DIALYSIS						
59	MCCR						
59 01	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	5,475					
61	EMERGENCY	11,897					
61 01	FAMILY PRACTICES						
61 02	PSYCH DAY HOSPITAL	58,239					
61 03	CARDIAC REHAB	1,325					
61 05	CANCER CENTER						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	TOTAL	130,371					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2009 I PART V
 I 14-S054 I I

TITLE XVIII, PART B

SUBPROVIDER 1

Cost Center Description	Cost/Charge	Cost/Charge	Outpatient	Outpatient	Other
	Ratio (C, Pt I, col. 9)	Ratio (C, Pt II, col. 9)	Ambulatory Surgical Ctr	Radiology	Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.299542	.299542			
37 01 SAME DAY SURGERY	6.352417	6.352417			
38 RECOVERY ROOM	.098349	.098349			
39 DELIVERY ROOM & LABOR ROOM	.165217	.165217			
40 ANESTHESIOLOGY	.034989	.034989			
41 RADIOLOGY-DIAGNOSTIC	.158791	.158791			
41 01 ULTRA SOUND	.123036	.123036			
41 02 CAT SCAN	.038340	.038340			
43 RADIOISOTOPE	.122449	.122449			
44 LABORATORY	.187863	.187863			
49 RESPIRATORY THERAPY	.297553	.297553			
50 PHYSICAL THERAPY	.310132	.310132			
53 ELECTROCARDIOLOGY	.088733	.088733			
53 01 CARDIAC CATHERIZATION LABORATORY	.537898	.537898			
53 02 TCU REHAB	.586146	.586146			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.111488	.111488			
56 DRUGS CHARGED TO PATIENTS	.123850	.123850			
57 RENAL DIALYSIS	.467422	.467422			
59 MCCR					
59 01 WOUND CARE	.508217	.508217			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.183349	.183349			
61 EMERGENCY	.157007	.157007			
61 01 FAMILY PRACTICES	.792135	.792135			
61 02 PSYCH DAY HOSPITAL	1.896022	1.896022			
61 03 CARDIAC REHAB	.555702	.555702			
61 05 CANCER CENTER					
62 OBSERVATION BEDS (NON-DISTINCT PART)	.307388	.307388			
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

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/18/2010
I	14-0054	I	FROM 10/ 1/2008	I	WORKSHEET D
I	COMPONENT NO:	I	TO 9/30/2009	I	PART V
I	14-S054	I		I	

TITLE XVIII, PART B

SUBPROVIDER 1

		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		4,623			
37	01 SAME DAY SURGERY		1,733			
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC		6,447			
41	01 ULTRA SOUND					
41	02 CAT SCAN		21,504			
43	RADIOISOTOPE					
44	LABORATORY		2,097			
49	RESPIRATORY THERAPY		1,090			
50	PHYSICAL THERAPY		926			
53	ELECTROCARDIOLOGY		10,567			
53	01 CARDIAC CATHERIZATION LABORATORY					
53	02 TCU REHAB					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,600			
56	DRUGS CHARGED TO PATIENTS		2,848			
57	RENAL DIALYSIS					
59	MCCR					
59	01 WOUND CARE					
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC		5,475			
61	EMERGENCY		11,897			
61	01 FAMILY PRACTICES					
61	02 PSYCH DAY HOSPITAL		58,239			
61	03 CARDIAC REHAB		1,325			
61	05 CANCER CENTER					
62	OBSERVATION BEDS (NON-DISTINCT PART)					
101	SUBTOTAL		130,371			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
104	PROGRAM ONLY CHARGES					
104	NET CHARGES		130,371			

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

SUBPROVIDER 1

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				1,385	
37 01 SAME DAY SURGERY				11,009	
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC				1,024	
41 01 ULTRA SOUND					
41 02 CAT SCAN				824	
43 RADIOISOTOPE					
44 LABORATORY				394	
49 RESPIRATORY THERAPY				324	
50 PHYSICAL THERAPY				287	
53 ELECTROCARDIOLOGY				938	
53 01 CARDIAC CATHERIZATION LABORATORY					
53 02 TCU REHAB					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				178	
56 DRUGS CHARGED TO PATIENTS				353	
57 RENAL DIALYSIS					
59 MCCR					
59 01 WOUND CARE					
OUTPAT SERVICE COST CNTRS					
60 CLINIC				1,004	
61 EMERGENCY				1,868	
61 01 FAMILY PRACTICES					
61 02 PSYCH DAY HOSPITAL				110,422	
61 03 CARDIAC REHAB				736	
61 05 CANCER CENTER					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL				130,746	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				130,746	

(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

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2009 I PART V
 I 14-S054 I I

TITLE XVIII, PART B

SUBPROVIDER 1

PPS Services Hospital I/P Hospital I/P
 1/1 to FYE Part B Charges Part B Costs

Cost Center	Description	9.03	10	11
(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
37	01 SAME DAY SURGERY			
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC			
41	01 ULTRA SOUND			
41	02 CAT SCAN			
43	RADIOISOTOPE			
44	LABORATORY			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY			
53	ELECTROCARDIOLOGY			
53	01 CARDIAC CATHERIZATION LABORATORY			
53	02 TCU REHAB			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS			
57	RENAL DIALYSIS			
59	MCCR			
59	01 WOUND CARE			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY			
61	01 FAMILY PRACTICES			
61	02 PSYCH DAY HOSPITAL			
61	03 CARDIAC REHAB			
61	05 CANCER CENTER			
62	OBSERVATION BEDS (NON-DISTINCT PART)			
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 INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2009 I PART II
 I 14-5848 I I

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPAT PROGRAM CHARGES	OLD CAPITAL CST/CHRG RATIO	COSTS
LINE NO.		1	2	3	4	5	6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37 01	SAME DAY SURGERY						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRA SOUND						
41 02	CAT SCAN						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53 01	CARDIAC CATHERIZATION LAB						
53 02	TCU REHAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	MCCR						
59 01	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
61 01	FAMILY PRACTICES						
61 02	PSYCH DAY HOSPITAL						
61 03	CARDIAC REHAB						
61 05	CANCER CENTER						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2009 I PART II
 I 14-5848 I I

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
37 01	SAME DAY SURGERY		
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
41 01	ULTRA SOUND		
41 02	CAT SCAN		
43	RADIOISOTOPE		
44	LABORATORY		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
53	ELECTROCARDIOLOGY		
53 01	CARDIAC CATHERIZATION LAB		
53 02	TCU REHAB		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
57	RENAL DIALYSIS		
59	MCCR		
59 01	WOUND CARE		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY		
61 01	FAMILY PRACTICES		
61 02	PSYCH DAY HOSPITAL		
61 03	CARDIAC REHAB		
61 05	CANCER CENTER		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS	1.01				
37	OPERATING ROOM					
37 01	SAME DAY SURGERY					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
41 01	ULTRA SOUND					
41 02	CAT SCAN					
43	RADIOISOTOPE					
44	LABORATORY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY					
53 01	CARDIAC CATHERIZATION LAB					
53 02	TCU REHAB					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
59	MCCR					
59 01	WOUND CARE					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY					
61 01	FAMILY PRACTICES					
61 02	PSYCH DAY HOSPITAL					
61 03	CARDIAC REHAB					
61 05	CANCER CENTER					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS					
101	TOTAL					

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P CST 5.01	RATIO OF TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS								
37	OPERATING ROOM			75,489,021				49,790	
37 01	SAME DAY SURGERY			225,080					
38	RECOVERY ROOM			16,419,137					
39	DELIVERY ROOM & LABOR ROO			23,942,853					
40	ANESTHESIOLOGY			23,567,361				3,501	
41	RADIOLOGY-DIAGNOSTIC			69,345,223				178,486	
41 01	ULTRA SOUND			13,199,879				69,566	
41 02	CAT SCAN			54,573,537				73,297	
43	RADIOISOTOPE			11,747,555				33,333	
44	LABORATORY			77,934,238				951,500	
49	RESPIRATORY THERAPY			8,315,034				336,440	
50	PHYSICAL THERAPY			16,295,513					
53	ELECTROCARDIOLOGY			23,244,809				68,227	
53 01	CARDIAC CATHERIZATION LAB			18,669,481				17,202	
53 02	TCU REHAB			2,038,041				1,440,178	
55	MEDICAL SUPPLIES CHARGED			74,383,908				49,046	
56	DRUGS CHARGED TO PATIENTS			92,249,082				3,093,248	
57	RENAL DIALYSIS			1,283,194					
59	MCCR								
59 01	WOUND CARE			366,658					
	OUTPAT SERVICE COST CNTRS								
60	CLINIC			17,552,130				1,695	
61	EMERGENCY			64,518,537				975	
61 01	FAMILY PRACTICES			7,841,009					
61 02	PSYCH DAY HOSPITAL			1,111,968					
61 03	CARDIAC REHAB			2,985,457				133	
61 05	CANCER CENTER								
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			4,273,366					
101	TOTAL			701,572,071				6,366,617	

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02
37	OPERATING ROOM						
37 01	SAME DAY SURGERY						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRA SOUND						
41 02	CAT SCAN						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53 01	CARDIAC CATHERIZATION LAB						
53 02	TCU REHAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	MCCR						
59 01	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
61 01	FAMILY PRACTICES						
61 02	PSYCH DAY HOSPITAL						
61 03	CARDIAC REHAB						
61 05	CANCER CENTER						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET D-1
 I COMPONENT NO: I TO 9/30/2009 I PART I
 I 14-0054 I 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)	58,703
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	58,703
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	58,703
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)	20,394
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	41,659,371
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	41,659,371

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	110,409,672
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	110,409,672
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.377316
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,880.82
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	41,659,371

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET D-1
 I COMPONENT NO: I TO 9/30/2009 I PART II
 I 14-0054 I I

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 709.66
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 14,472,806
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 14,472,806

	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	7,897,014	4,963	1,591.18	2,241	3,565,834
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					19,850,010
49 TOTAL PROGRAM INPATIENT COSTS					37,888,650

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 1,743,940
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 1,137,136
 52 TOTAL PROGRAM EXCLUDABLE COST 2,881,076
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 35,007,574

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

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET D-1
 I COMPONENT NO: I TO 9/30/2009 I PART III
 I 14-0054 I I

TITLE XVIII PART A HOSPITAL PPS

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

1

- 66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST
- 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 1,851
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 709.66
- 85 OBSERVATION BED COST 1,313,581

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		41,659,371		1,313,581	
87 NEW CAPITAL-RELATED COST	4,395,175	41,659,371	.105503	1,313,581	138,587
88 NON PHYSICIAN ANESTHETIST		41,659,371		1,313,581	
89 MEDICAL EDUCATION		41,659,371		1,313,581	
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET D-1
 I COMPONENT NO: I TO 9/30/2009 I PART I
 I 14-S054 I I

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)	7,506
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	7,506
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7,506
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	5,927
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	4,955,559
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	4,955,559

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	14,515,877
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	14,515,877
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.341389
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,933.90
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	4,955,559

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET D-1
 I COMPONENT NO: I TO 9/30/2009 I PART II
 I 14-S054 I I

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 660.21
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 3,913,065
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 3,913,065

	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				350,751
49	TOTAL PROGRAM INPATIENT COSTS				4,263,816

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 523,591
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 21,807
 52 TOTAL PROGRAM EXCLUDABLE COST 545,398
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 3,718,418

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

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET D-1
 I COMPONENT NO: I TO 9/30/2009 I PART III
 I 14-S054 I I

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	660.21
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	4,955,559			
87	NEW CAPITAL-RELATED COST	663,064	.133802		
88	NON PHYSICIAN ANESTHETIST	4,955,559			
89	MEDICAL EDUCATION	4,955,559			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET D-1
 I COMPONENT NO: I TO 9/30/2009 I PART I
 I 14-5848 I I

TITLE XVIII PART A SNF PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	13,124
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	13,124
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	13,124
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	9,216
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	6,477,671
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	6,477,671

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	8,660,435
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8,660,435
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.747961
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	659.89
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	6,477,671

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET D-1
 I COMPONENT NO: I TO 9/30/2009 I PART III
 I 14-5848 I I

TITLE XVIII PART A SNF PPS

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

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	6,477,671
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	493.57
68	PROGRAM ROUTINE SERVICE COST	4,548,741
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	4,548,741
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	696,739
72	PER DIEM CAPITAL-RELATED COSTS	53.09
73	PROGRAM CAPITAL-RELATED COSTS	489,277
74	INPATIENT ROUTINE SERVICE COST	4,059,464
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	4,059,464
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	4,548,741
80	PROGRAM INPATIENT ANCILLARY SERVICES	1,586,257
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	6,134,998

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET D-4
 I COMPONENT NO: I TO 9/30/2009 I
 I 14-0054 I I

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		32,318,583	
26	INTENSIVE CARE UNIT		5,914,810	
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.299542	11,476,814	3,437,788
37 01	SAME DAY SURGERY	6.352417	1,995	12,673
38	RECOVERY ROOM	.098349	1,981,669	194,895
39	DELIVERY ROOM & LABOR ROOM	.165217	1,256,493	207,594
40	ANESTHESIOLOGY	.035475	3,076,921	109,154
41	RADIOLOGY-DIAGNOSTIC	.158791	4,378,111	695,205
41 01	ULTRA SOUND	.123036	1,715,725	211,096
41 02	CAT SCAN	.038340	10,029,561	384,533
43	RADIOISOTOPE	.122449	1,331,525	163,044
44	LABORATORY	.187863	14,515,821	2,726,986
49	RESPIRATORY THERAPY	.297553	3,443,032	1,024,485
50	PHYSICAL THERAPY	.310132	3,474,775	1,077,639
53	ELECTROCARDIOLOGY	.089781	4,857,761	436,135
53 01	CARDIAC CATHERIZATION LABORATORY	.537898	4,906,041	2,638,950
53 02	TCU REHAB	.586146		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.111488	16,529,234	1,842,811
56	DRUGS CHARGED TO PATIENTS	.123850	23,447,480	2,903,970
57	RENAL DIALYSIS	.467422	741,802	346,735
59	MCCR			
59 01	WOUND CARE	.508217		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.183349	1,321,926	242,374
61	EMERGENCY	.157007	7,597,667	1,192,887
61 01	FAMILY PRACTICES	.792135		
61 02	PSYCH DAY HOSPITAL	1.909807		
61 03	CARDIAC REHAB	.555702	1,901	1,056
61 05	CANCER CENTER			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.307388		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		116,086,254	19,850,010
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		116,086,254	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET D-4
 I COMPONENT NO: I TO 9/30/2009 I
 I 14-S054 I I

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		11,505,698	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.299542	8,258	2,474
37 01	SAME DAY SURGERY	6.352417		
38	RECOVERY ROOM	.098349	44,028	4,330
39	DELIVERY ROOM & LABOR ROOM	.165217	355	59
40	ANESTHESIOLOGY	.035475	52,520	1,863
41	RADIOLOGY-DIAGNOSTIC	.158791	67,842	10,773
41 01	ULTRA SOUND	.123036	26,688	3,284
41 02	CAT SCAN	.038340	121,494	4,658
43	RADIOISOTOPE	.122449	11,193	1,371
44	LABORATORY	.187863	517,564	97,231
49	RESPIRATORY THERAPY	.297553	29,836	8,878
50	PHYSICAL THERAPY	.310132	79,252	24,579
53	ELECTROCARDIOLOGY	.089781	73,443	6,594
53 01	CARDIAC CATHERIZATION LABORATORY	.537898	25,957	13,962
53 02	TCU REHAB	.586146		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.111488	68,045	7,586
56	DRUGS CHARGED TO PATIENTS	.123850	729,307	90,325
57	RENAL DIALYSIS	.467422	13,297	6,215
59	MCCR			
59 01	WOUND CARE	.508217		
60	OUTPAT SERVICE COST CNTRS CLINIC	.183349	9,559	1,753
61	EMERGENCY	.157007	412,822	64,816
61 01	FAMILY PRACTICES	.792135		
61 02	PSYCH DAY HOSPITAL	1.909807		
61 03	CARDIAC REHAB	.555702		
61 05	CANCER CENTER			
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.307388		
101	TOTAL		2,291,460	350,751
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,291,460	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET D-4
 I COMPONENT NO: I TO 9/30/2009 I
 I 14-5848 I I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.299542	49,790	14,914
37 01	SAME DAY SURGERY	6.352417		
38	RECOVERY ROOM	.098349		
39	DELIVERY ROOM & LABOR ROOM	.165217		
40	ANESTHESIOLOGY	.034989	3,501	122
41	RADIOLOGY-DIAGNOSTIC	.158791	178,486	28,342
41 01	ULTRA SOUND	.123036	69,566	8,559
41 02	CAT SCAN	.038340	73,297	2,810
43	RADIOISOTOPE	.122449	33,333	4,082
44	LABORATORY	.187863	951,500	178,752
49	RESPIRATORY THERAPY	.297553	336,440	100,109
50	PHYSICAL THERAPY	.310132		
53	ELECTROCARDIOLOGY	.088733	68,227	6,054
53 01	CARDIAC CATHERIZATION LABORATORY	.537898	17,202	9,253
53 02	TCU REHAB	.586146	1,440,178	844,155
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.111488	49,046	5,468
56	DRUGS CHARGED TO PATIENTS	.123850	3,093,248	383,099
57	RENAL DIALYSIS	.467422		
59	MCCR			
59 01	WOUND CARE	.508217		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.183349	1,695	311
61	EMERGENCY	.157007	975	153
61 01	FAMILY PRACTICES	.792135		
61 02	PSYCH DAY HOSPITAL	1.896022		
61 03	CARDIAC REHAB	.555702	133	74
61 05	CANCER CENTER			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.307388		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		6,366,617	1,586,257
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		6,366,617	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRU		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	46,855,119	
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)	46,855,119	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,482,789	
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)	3,325,726	
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	53,663,634	
17 PRIMARY PAYER PAYMENTS	333,563	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	53,330,071	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,339,264	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	189,385	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	889,469	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	622,628	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	657,136	
22 SUBTOTAL	50,424,050	
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	50,424,050	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	49,840,462	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	583,588	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	389,256	
----- 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

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/18/2010
I	14-0054	I	FROM 10/ 1/2008	I	WORKSHEET E
I	COMPONENT NO:	I	TO 9/30/2009	I	PART B
I	14-0054	I		I	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	8,541,323
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	9,758,276
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

6	REASONABLE CHARGES	
7	ANCILLARY SERVICE CHARGES	
8	INTERNS AND RESIDENTS SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES	
10	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
11	TOTAL REASONABLE CHARGES	
12	CUSTOMARY CHARGES	
13	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
14	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).	
15	RATIO OF LINE 11 TO LINE 12	
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
19	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	9,758,276

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,399,347
19	SUBTOTAL (SEE INSTRUCTIONS)	7,358,929
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	620,627
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	7,979,556
24	PRIMARY PAYER PAYMENTS	19,666
25	SUBTOTAL	7,959,890

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	518,253
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	362,777
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	454,398
28	SUBTOTAL	8,322,667
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	8,322,667
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	8,066,760
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	255,907
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, 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

I PROVIDER NO:	I PERIOD:	I PREPARED 2/18/2010
I 14-0054	I FROM 10/ 1/2008	I WORKSHEET E
I COMPONENT NO:	I TO 9/30/2009	I PART B
I 14-S054	I	I

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).	130,746
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	63,461
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

6	REASONABLE CHARGES	
7	ANCILLARY SERVICE CHARGES	
8	INTERNS AND RESIDENTS SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES	
10	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
11	TOTAL REASONABLE CHARGES	
12	CUSTOMARY CHARGES	
13	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
14	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).	
15	RATIO OF LINE 11 TO LINE 12	
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
19	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	63,461

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	14,145
19	SUBTOTAL (SEE INSTRUCTIONS)	49,316
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	49,316
24	PRIMARY PAYER PAYMENTS	291
25	SUBTOTAL	49,025

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	49,025
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	49,025
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	49,026
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-1
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, 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

I PROVIDER NO:	I PERIOD:	I PREPARED 2/18/2010
I 14-0054	I FROM 10/ 1/2008	I WORKSHEET E
I COMPONENT NO:	I TO 9/30/2009	I PART B
I 14-5848	I	I

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF

- 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-II, 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

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET E-1
 I COMPONENT NO: I TO 9/30/2009 I
 I 14-0054 I I

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		50,001,347		8,149,872
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	4/ 2/2009	242,247		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	9/18/2009	403,132	4/ 3/2009	44,261
ADJUSTMENTS TO PROGRAM .51			9/18/2009	38,851
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		-160,885		-83,112
4 TOTAL INTERIM PAYMENTS		49,840,462		8,066,760
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		583,588		255,907
7 TOTAL MEDICARE PROGRAM LIABILITY		50,424,050		8,322,667

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

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET E-1
 I COMPONENT NO: I TO 9/30/2009 I
 I 14-S054 I I

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4,345,205		49,026
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	4/ 3/2009	162,876		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-162,876		NONE
4 TOTAL INTERIM PAYMENTS		4,182,329		49,026
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)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02		75,584		1
7 TOTAL MEDICARE PROGRAM LIABILITY		4,106,745		49,025

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

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET E-1
 I COMPONENT NO: I TO 9/30/2009 I
 I 14-5848 I I

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,586,616		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99			
4 TOTAL INTERIM PAYMENTS		3,586,616		NONE
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99			
6 DETERMINED NET SETTLEMENT		NONE		NONE
AMOUNT (BALANCE DUE)				
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		3,586,615		

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

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/18/2010
I	14-0054	I	FROM 10/ 1/2008	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 9/30/2009	I	PART I
I	14-S054	I		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)	4,480,488
1.09	NET IPF PPS OUTLIER PAYMENTS	93,135
1.10	NET IPF PPS ECT PAYMENTS	17,073
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)	20.564384
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
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)	4,590,696
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)	4,590,696
	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 $\{((1 + (\text{LINE } 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
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)	4,590,696
5	PRIMARY PAYER PAYMENTS	986
6	SUBTOTAL	4,589,710
7	DEDUCTIBLES	302,720
8	SUBTOTAL	4,286,990
9	COINSURANCE	180,245
10	SUBTOTAL	4,106,745
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	4,106,745
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	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/18/2010
I	14-0054	I	FROM 10/ 1/2008	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 9/30/2009	I	PART I
I	14-S054	I		I	

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

	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,106,745
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	4,182,329
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-75,584
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET E-3
 I COMPONENT NO: I TO 9/30/2009 I PART III
 I 14-5848 I I

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
COMPUTATION OF NET COST OF COVERED SERVICE				
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			2,845
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			-2,845
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
CUSTOMARY CHARGES				
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	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)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			2,845
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			-2,845
PROSPECTIVE PAYMENT AMOUNT				
24	OTHER THAN OUTLIER PAYMENTS			3,826,223
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL			3,823,378
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			3,823,378
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			3,823,378
36	COINSURANCE			236,763
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			3,586,615
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			3,586,615
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			3,586,615
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			3,586,616
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			-1
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/18/2010
I	14-0054	I	FROM 10/ 1/2008	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 9/30/2009	I	PART III
I	14-5848	I		I	

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

TITLE XVIII

SNF

PPS
 TITLE V OR
 TITLE XIX
 1

TITLE XVIII
 SNF PPS
 2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		62.12
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)		62.12
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		61.23
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		61.23
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.		40.74
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.		19.89
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		60.63
3.10	SEE INSTRUCTIONS		60.63
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		19.89
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		19.11
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		21.37
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	20.12
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)		20.12
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		132,649.40
3.18	SEE INSTRUCTIONS		2,668,906
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		42.31
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		41.03
3.21	SEE INSTRUCTIONS	RES INIT YEARS	41.36
3.22	SEE INSTRUCTIONS		41.36
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		127,012.75
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		5,253,247
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		7,922,153

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		28,562
5	TOTAL INPATIENT DAYS		69,321
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.412025
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	3,264,125	3,264,125
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		6,952
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		69,321
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.		682,228
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)		100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD	PRIOR TO 422 E-3,6 LN 12	

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		1,283,194
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		

TITLE XVIII

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

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

12	REASONABLE COST (SEE INSTRUCTIONS)	46,701,207
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	337,394
16	TOTAL PART A REASONABLE COST	46,363,813

PART B REASONABLE COST

17	REASONABLE COST	8,672,069
18	PRIMARY PAYER PAYMENTS	19,957
19	TOTAL PART B REASONABLE COST	8,652,112
20	TOTAL REASONABLE COST	55,015,925
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.842734
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.157266

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

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	3,946,353
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	3,325,726
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	620,627

BALANCE SHEET

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I
 I TO 9/30/2009 I WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	3,204			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	35,728,709			
5	OTHER RECEIVABLES	1,296,003			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-9,933,651			
7	INVENTORY	4,866,353			
8	PREPAID EXPENSES	1,292,163			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	33,252,781			
FIXED ASSETS					
12	LAND	5,956,337			
12.01					
13	LAND IMPROVEMENTS	419,041			
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	82,674,663			
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS	1,876,881			
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	54,454,624			
16.01	LESS ACCUMULATED DEPRECIATION	-46,352,842			
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	621,062			
21	TOTAL FIXED ASSETS	99,649,766			
OTHER ASSETS					
22	INVESTMENTS	2,087,837			
23	DEPOSITS ON LEASES	141,283			
24	DUE FROM OWNERS/OFFICERS	45,117,318			
25	OTHER ASSETS	230,000			
26	TOTAL OTHER ASSETS	47,576,438			
27	TOTAL ASSETS	180,478,985			

BALANCE SHEET

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I
 I TO 9/30/2009 I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	10,788,709			
29 SALARIES, WAGES & FEES PAYABLE	12,460,817			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	50,368			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	23,299,894			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	277,805,721			
38 NOTES PAYABLE	514,352			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	1,270,576			
42 TOTAL LONG-TERM LIABILITIES	279,590,649			
43 TOTAL LIABILITIES	302,890,543			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	-122,411,558			
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	-122,411,558			
52 TOTAL LIABILITIES AND FUND BALANCES	180,478,985			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING		-2,291,045		
	OF PERIOD				
2	NET INCOME (LOSS)		-2,166,060		
3	TOTAL		-4,457,105		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		-4,457,105		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF		-4,457,105		
	PERIOD PER BALANCE SHEET				

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET G-2
 I I TO 9/30/2009 I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	97,335,732		97,335,732
2 00 SUBPROVIDER	14,515,877		14,515,877
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	8,660,435		8,660,435
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	120,512,044		120,512,044
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	13,073,940		13,073,940
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	13,073,940		13,073,940
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	133,585,984		133,585,984
17 00 ANCILLARY SERVICES	314,615,088	288,674,516	603,289,604
18 00 OUTPATIENT SERVICES	25,844,062	72,438,405	98,282,467
19 00 HOME HEALTH AGENCY		7,199,872	7,199,872
24 00			
25 00 TOTAL PATIENT REVENUES	474,045,134	368,312,793	842,357,927

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	256,666,186
ADD (SPECIFY)	
27 00 ADD (SPECIFY)	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00 DEDUCT (SPECIFY)	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	256,666,186

STATEMENT OF REVENUES AND EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/18/2010
I	14-0054	I	FROM 10/ 1/2008	I	WORKSHEET	G-3
I		I	TO 9/30/2009	I		

DESCRIPTION

1	TOTAL PATIENT REVENUES	842,357,927
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	592,407,561
3	NET PATIENT REVENUES	249,950,366
4	LESS: TOTAL OPERATING EXPENSES	256,666,186
5	NET INCOME FROM SERVICE TO PATIENTS	-6,715,820
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	243,936
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	2,780
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	686,458
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 OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	2,762
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	33,055
22	RENTAL OF HOSPITAL SPACE	265,772
23	GOVERNMENTAL APPROPRIATIONS	
24	CAHS OVER AND SHORT	18,637
24.01	CONSULTATION	11,735
24.02	GIFT SHOP	258,683
24.03	OTHER OPERATING REVENUE	3,025,942
25	TOTAL OTHER INCOME	4,549,760
26	TOTAL	-2,166,060
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-2,166,060

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	1,060,747	218,105		15,695	484,106	1,778,653
HHA REIMBURSABLE SERVICES						
6	1,244,894	255,969				1,500,863
7	791,836	162,813				954,649
8	207,702	42,707				250,409
9						
10	57,202	11,762				68,964
11	41,503	8,534				50,037
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	3,403,884	699,890		15,695	484,106	4,603,575

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5	-148,168	1,630,485	-131,043	1,499,442
HHA REIMBURSABLE SERVICES				
6		1,500,863		1,500,863
7		954,649		954,649
8		250,409		250,409
9				
10		68,964		68,964
11		50,037		50,037
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	-148,168	4,455,407	-131,043	4,324,364

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5	1,499,442					1,499,442	1,499,442
HHA REIMBURSABLE SERVICES							
6	1,500,863					1,500,863	796,644
7	954,649					954,649	506,719
8	250,409					250,409	132,915
9							
10	68,964					68,964	36,605
11	50,037					50,037	26,559
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	4,324,364					4,324,364	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6	2,297,507						
7	1,461,368						
8	383,324						
9							
10	105,569						
11	76,596						
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	4,324,364						

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MILEAGE)	RECONCILIATIO N (5A	ADMINISTRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4		5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL				-1,499,442	2,824,922
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE					1,500,863
7	PHYSICAL THERAPY					954,649
8	OCCUPATIONAL THERAPY					250,409
9	SPEECH PATHOLOGY					
10	MEDICAL SOCIAL SERVICES					68,964
11	HOME HEALTH AIDE					50,037
12	SUPPLIES					
13	DRUGS					
13.20	COST ADMINISTERING DRUGS					
14	DME					
HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)				-1,499,442	2,824,922
25	COST TO BE ALLOCATED					1,499,442
26	UNIT COST MULTIPLIER					.530791

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5
1 ADMIN & GENERAL				34,169	40,136	650,384
2 SKILLED NURSING CARE	2,297,507					
3 PHYSICAL THERAPY	1,461,368					
4 OCCUPATIONAL THERAPY	383,324					
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	105,569					
7 HOME HEALTH AIDE	76,596					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	4,324,364			34,169	40,136	650,384
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	SUBTOTAL 5A	ADMINISTRATI VE & GENERAL 6	MAINTENANCE & REPAIRS 7	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11
1 ADMIN & GENERAL	724,689	224,617	102,903		36,850	
2 SKILLED NURSING CARE	2,297,507	712,109				
3 PHYSICAL THERAPY	1,461,368	452,950				
4 OCCUPATIONAL THERAPY	383,324	118,811				
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	105,569	32,721				
7 HOME HEALTH AIDE	76,596	23,741				
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	5,049,053	1,564,949	102,903		36,850	
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	I&R SERVICES - SALARY & FR 22
1 ADMIN & GENERAL	81,896	3,367			33,163	
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	81,896	3,367			33,163	
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	I&R SERVICES - OTHER PRGM 23	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		1,207,485		1,207,485		
2 SKILLED NURSING CARE		3,009,616		3,009,616	641,528	3,651,144
3 PHYSICAL THERAPY		1,914,318		1,914,318	408,056	2,322,374
4 OCCUPATIONAL THERAPY		502,135		502,135	107,035	609,170
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES		138,290		138,290	29,478	167,768
7 HOME HEALTH AIDE		100,337		100,337	21,388	121,725
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		6,872,181		6,872,181	1,207,485	6,872,181
21 UNIT COST MULTIPLIER					0.213160	

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

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET) 1	OLD CAP REL COSTS-MVBLE (SQUARE FEET) 2	NEW CAP REL COSTS-BLDG & (SQUARE FEET) 3	NEW CAP REL COSTS-MVBLE (SQUARE FEET) 4	EMPLOYEE BEN EFITS (GROSS SALARIES) 5	RECONCILIATI ON) 6A
1 ADMIN & GENERAL	2,949	2,949	2,949	2,949	3,403,884	
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	2,949	2,949	2,949	2,949	3,403,884	
21 COST TO BE ALLOCATED			34,169	40,136	650,384	
22 UNIT COST MULIPLIER			11.586640	13.610037	0.191071	

HHA COST CENTER	ADMINISTRATI VE & GENERAL (ACCUM. COST) 6	MAINTENANCE & REPAIRS (SQUARE FEET) 7	LAUNDRY & LI NEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (SQUARE FEET) 10	DIETARY (MEALS SERVED) 11	CAFETERIA (FTES) 12
1 ADMIN & GENERAL	724,689	2,949		2,949		4,078
2 SKILLED NURSING CARE	2,297,507					
3 PHYSICAL THERAPY	1,461,368					
4 OCCUPATIONAL THERAPY	383,324					
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	105,569					
7 HOME HEALTH AIDE	76,596					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	5,049,053	2,949		2,949		4,078
21 COST TO BE ALLOCATED	1,564,949	102,903		36,850		81,896
22 UNIT COST MULIPLIER	0.309949	34.894201		12.495761		20.082393

HHA 1

HHA COST CENTER	NURSING ADMINISTRATION (DIRECT HOURS) 14	CENTRAL SERVICES & SUPPLIES (COSTED REQ) 15	PHARMACY (COSTED REQUIS-PHA) 16	MEDICAL RECORDS & LIBRARIES (GROSS REVENUE) 17	I&R SERVICES -SALARY & FR (ASSIGNED TIME) 22	I&R SERVICES -OTHER PRGM (ASSIGNED TIME) 23
1 ADMIN & GENERAL	1,070			7,199,872		
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,070			7,199,872		
21 COST TO BE ALLOCATED	3,367			33,163		
22 UNIT COST MULTIPLIER	3.146729			0.004606		

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET H-6
 I HHA NO: I TO 9/30/2009 I PARTS I II & III
 I 14-7285 I I HHA 1

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM
							VISITS
PATIENT SERVICES							PART A
							6
1 SKILLED NURSING	2	3,651,144	2	3,651,144	19,935	183.15	6,553
2 PHYSICAL THERAPY	3	2,322,374		2,322,374	12,043	192.84	4,097
3 OCCUPATIONAL THERAPY	4	609,170		609,170	3,213	189.60	1,170
4 SPEECH PATHOLOGY	5				118		54
5 MEDICAL SOCIAL SERVICES	6	167,768		167,768	557	301.20	181
6 HOME HEALTH AIDE SERVICE	7	121,725		121,725	336	362.28	177
7 TOTAL		6,872,181		6,872,181	36,202		12,232

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	PART A 9	PART B 10	11
1 SKILLED NURSING	3,368		1,200,182	616,849	1,817,031
2 PHYSICAL THERAPY	1,526		790,065	294,274	1,084,339
3 OCCUPATIONAL THERAPY	604		221,832	114,518	336,350
4 SPEECH PATHOLOGY	24				
5 MEDICAL SOCIAL SERVICES	124		54,517	37,349	91,866
6 HOME HEALTH AIDE SERVICES	113		64,124	40,938	105,062
7 TOTAL	5,759		2,330,720	1,103,928	3,434,648

LIMITATION COST COMPUTATION	PROGRAM VISITS				PROGRAM COST LIMITS	PROGRAM VISITS PART A
	1	2	3	4		
PATIENT SERVICES					5	6
8 SKILLED NURSING	1600					
9 PHYSICAL THERAPY	1600					
10 OCCUPATIONAL THERAPY	1600					
11 SPEECH PATHOLOGY	1600					
12 MEDICAL SOCIAL SERVICES	1600					
13 HOME HEALTH AIDE SERVICE	1600					
14 TOTAL						

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	PART A 9	PART B 10	11
8 SKILLED NURSING					12
9 PHYSICAL THERAPY					
10 OCCUPATIONAL THERAPY					
11 SPEECH PATHOLOGY					
12 MEDICAL SOCIAL SERVICES					
13 HOME HEALTH AIDE SERVICE					
14 TOTAL					

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET H-6
 I HHA NO: I TO 9/30/2009 I PARTS I II & III
 I 14-7285 I I HHA 1

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00						
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		COST OF SERVICES----- -----PART B-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	NOT SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES				
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST
LIMITATION:

	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UN DUP CENSUS FROM WKST 5-4	1600	
17 PER BENE COST LIMITATION (FRM FI)	1600	
18 PER BENE COST LIMITATION (LN 17*18)		

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.310132			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.111488			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.123850			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		PROG VISITS ON OR AFTER 5	
			----- PROGRAM VISITS -----	----- PROGRAM COSTS -----		
			PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998
1 PHYSICAL THERAPY	2	192.84	2.01	3	3.01	4
2 OCCUPATIONAL THERAPY	3	189.60				
3 SPEECH PATHOLOGY	4					
4 TOTAL (SUM OF LINES 1-3)						

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED
I 14-0054	I FROM 10/ 1/2008	I 2/18/2010
I HHA NO:	I TO 9/30/2009	I WORKSHEET H-7
I 14-7285	I	I PARTS I & II

TITLE XVIII HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

	PART A	PART B NOT SUBJECT TO DED & COINS	PART B SUBJECT TO DED & COINS
	1	2	3
1 REASONABLE COST OF SERVICES			
2 TOTAL CHARGES			
3 CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
5 AMOUNT 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(B)			
6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
7 TOTAL CUSTOMARY CHARGES			
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST			
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
10 PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES	PART B SERVICES
	1	2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS		
10.02 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPISODES		
10.04 TOTAL PPS REIMBURSEMENT-PEP EPISODES		
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL		
13 EXCESS REASONABLE COST		
14 SUBTOTAL		
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST		
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD		
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL		
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL		
25 INTERIM PAYMENTS		
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2		

I PROVIDER NO: I PERIOD: I PREPARED 2/18/2010
 I 14-0054 I FROM 10/ 1/2008 I WORKSHEET L
 I COMPONENT NO: I TO 9/30/2009 I PARTS I-IV
 I 14-0054 I I
 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	2,967,256
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	16,737
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	169.36
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	60.12
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	10.54
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	312,749
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	4.31
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	25.74
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	30.05
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	6.27
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	186,047
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,482,789
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 ANCLLARY 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)	