

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	14-0063	I	FROM 7/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 6/30/2009	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
	I		I		I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/23/2009 TIME 8:39

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:
 OAK PARK HOSPITAL 14-0063

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

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	-70,263	193,572	0	0
2	SUBPROVIDER	0	-5,339	0	0	0
5	HOSPITAL-BASED SNF	0	0	0	0	0
100	TOTAL	0	-75,602	193,572	0	0

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 14-0063
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/23/2009
 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 520 SOUTH MAPLE
 1.01 CITY: OAK PARK P.O. BOX: STATE: IL ZIP CODE: 60603- COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
0	1	2	2.01	3	V	XVIII	XIX
02.00 HOSPITAL	OAK PARK HOSPITAL	14-0063		7/1/1966	N	P	0
03.00 SUBPROVIDER	OAK PARK HOSPITAL REHABILITATION UNI	14-T063		1/1/1992	N	P	0
06.00 HOSPITAL-BASED SNF	SKILLED NURSING UNIT OF OPH	14-5583		12/7/1987	N	P	N

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

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 5

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N O
- 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 MI PPA \$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 MI PPA \$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. 15-1, CHAPTER 4? Y
- 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART 11. Y
- 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. 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 I ME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) Y N

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

PROVIDER NO: 14-0063
PERIOD: FROM 7/1/2008 TO 6/30/2009
PREPARED 11/23/2009
WORKSHEET S-2

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) N

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

MULTI CAMPUS

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

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

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

SETTLEMENT DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0063
PERIOD: FROM 7/1/2008 TO 6/30/2009
PREPARED 11/23/2009
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	90	32,850				9,181	1,765
2 HMO						14	379
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	90	32,850				9,181	1,765
6 INTENSIVE CARE UNIT	14	5,110				1,868	316
12 TOTAL	104	37,960				11,049	2,081
13 RPCH VISITS							
14 SUBPROVIDER	25	9,125				2,076	189
15 SKILLED NURSING FACILITY	47	17,155				5,430	
25 TOTAL	176						
26 OBSERVATION BED DAYS							40
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I/P DAYS / TITLE XIX OBSERVATION BEDS ADMITTED NOT ADMITTED		O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL OBSERVATION BEDS ADMITTED NOT ADMITTED		INTERNS & RES. FTES -- LESS I&R REPL NON-PHYS ANES	
	5.01	5.02	6	6.01	6.02	7	8
1 ADULTS & PEDIATRICS			15,586				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			15,586				
6 INTENSIVE CARE UNIT			3,101				
12 TOTAL			18,687			2.81	
13 RPCH VISITS							
14 SUBPROVIDER			2,651				
15 SKILLED NURSING FACILITY			6,539				
25 TOTAL						2.81	
26 OBSERVATION BED DAYS	2	38	389	10	379		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	DISCHARGES		TOTAL ALL PATIENTS 15	
				TITLE V 12	TITLE XVIII 13	TITLE XIX 14	
1 ADULTS & PEDIATRICS					1,842	421	3,710
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							
12 TOTAL	2.81	653.94			1,842	421	3,710
13 RPCH VISITS							
14 SUBPROVIDER		15.20			151	12	217
15 SKILLED NURSING FACILITY		24.12					
25 TOTAL	2.81	693.26					
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

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	40,033,190		40,033,190	1,402,112.00	28.55	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	214,037		214,037	1,721.00	124.37	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	1,954,309		1,954,309	16,393.00	119.22	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R	113,379		113,379	5,845.00	19.40	
7 HOME OFFICE PERSONNEL						
8 SNF	1,247,844		1,247,844	50,096.00	24.91	
8.01 EXCLUDED AREA SALARIES	5,280,785		5,280,785	158,037.00	33.41	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,565,641		1,565,641	28,936.00	54.11	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	152,800		152,800	1,694.00	90.20	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	521,180		521,180	3,120.00	167.04	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	7,694,094		7,694,094			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,329,542		1,329,542			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	23,556		23,556			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	225,066		225,066			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	380,330		380,330	16,115.00	23.60	
22 ADMINISTRATIVE & GENERAL	4,682,941		4,682,941	180,690.00	25.92	
22.01 A & G UNDER CONTRACT	42,813		42,813	179.50	238.51	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,018,446		1,018,446	46,554.00	21.88	
25 LAUNDRY & LINEN SERVICE	57,518		57,518	4,203.00	13.68	
26 HOUSEKEEPING	644,664		644,664	50,641.00	12.73	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	967,328	-452,555	514,773	35,443.00	14.52	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		452,555	452,555	31,159.00	14.52	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,061,157		1,061,157	28,649.00	37.04	
31 CENTRAL SERVICE AND SUPPLY	201,839		201,839	14,890.00	13.56	
32 PHARMACY	1,158,933		1,158,933	30,096.00	38.51	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	543,511		543,511	26,511.00	20.50	
34 SOCIAL SERVICE	348,162		348,162	10,117.00	34.41	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	38,008,315		38,008,315	1,380,053.50	27.54	
2 EXCLUDED AREA SALARIES	6,528,629		6,528,629	208,133.00	31.37	
3 SUBTOTAL SALARIES	31,479,686		31,479,686	1,171,920.50	26.86	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	2,239,621		2,239,621	33,750.00	66.36	
5 SUBTOTAL WAGE-RELATED COSTS	7,717,650		7,717,650		24.52	
6 TOTAL	41,436,957		41,436,957	1,205,670.50	34.37	
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	11,107,642		11,107,642	475,247.50	23.37	

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0063 PERIOD: FROM 7/1/2008 TO 6/30/2009
PREPARED 11/23/2009 WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC		207				
2	RUB		741				
3	RUA		348				
3.01	RUX		145				
3.02	RUL		1,085				
4	RVC		174				
5	RVB		388				
6	RVA		314				
6.01	RVX		283				
6.02	RVL		956				
7	RHC						
8	RHB		44				
9	RHA		118				
9.01	RHX						
9.02	RHL						
10	RMC						
11	RMB		16				
12	RMA		46				
12.01	RMX		227				
12.02	RML		242				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		1				
16	SE2		8				
17	SE1						
18	SSC						
19	SSB						
20	SSA		87				
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		5,430				

(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): 1.0735
 Wage Index Factor (after 10/01) : 1.0399
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 1600
 SNF CBSA Code : 16974

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0063 PERIOD: FROM 7/1/2008 TO 6/30/2009
PREPARED 11/23/2009 WORKSHEET S-7

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

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 1.0735
 Wage Index Factor (after 10/01) : 1.0399
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 1600
 SNF CBSA Code : 16974

HOSPITAL UNCOMPENSATED CARE DATA

DESCRIPTION

UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
2.01	IS IT AT THE TIME OF ADMISSION?
2.02	IS IT AT THE TIME OF FIRST BILLING?
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
2.04	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE
17.01	GROSS MEDICAID REVENUES 6,685,865
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
20	RESTRICTED GRANTS
21	NON-RESTRICTED GRANTS
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES 6,685,865
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) .281153
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)

HOSPITAL UNCOMPENSATED CARE DATA

	IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
PROVIDER NO:	PERIOD:
14-0063	FROM 7/ 1/2008
	TO 6/30/2009

PREPARED 11/23/2009
WORKSHEET S-10

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	27,494,677
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	7,730,211
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	9,889,914
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	2,780,579
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	7,730,211

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0063
PERIOD: FROM 7/1/2008 TO 6/30/2009
PREPARED 11/23/2009
WORKSHEET A

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		3,180,706	3,180,706	-1,234,758	1,945,948
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				1,890,103	1,890,103
5	0500 EMPLOYEE BENEFITS	380,330	9,860,538	10,240,868	-4,180	10,236,688
6.01	0611 NONPATIENT TELEPHONES		137,958	137,958		137,958
6.02	0612 DATA PROCESSING	463,684	315,510	779,194		779,194
6.03	0613 PURCHASING	259,896	45,166	305,062	35,942	341,004
6.04	0614 ADMINITTING	754,133	96,010	850,143	-8,065	842,078
6.05	0615 CASHIERING	759,133	1,599,934	2,359,067	-4,805	2,354,262
6.06	0660 OTHER ADMINSTRATIVE AND GENERAL	2,446,095	8,953,096	11,399,191	-88,172	11,311,019
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	1,018,446	3,417,513	4,435,959	-904	4,435,055
9	0900 LAUNDRY & LINEN SERVICE	57,518	22,993	80,511		80,511
10	1000 HOUSEKEEPING	644,664	441,475	1,086,139		1,086,139
11	1100 DIETARY	967,328	433,484	1,400,812	-658,857	741,955
12	1200 CAFETERIA				655,356	655,356
14	1400 NURSING ADMINISTRATION	1,061,157	61,749	1,122,906	-4,482	1,118,424
15	1500 CENTRAL SERVICES & SUPPLY	201,839	1,132,571	1,334,410	-1,110,642	223,768
16	1600 PHARMACY	1,158,933	2,707,394	3,866,327	-2,257,676	1,608,651
17	1700 MEDICAL RECORDS & LIBRARY	543,511	350,717	894,228	-5,204	889,024
18	1800 SOCIAL SERVICE	348,162	119,817	467,979		467,979
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		103,147	103,147		103,147
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	4,998,225	741,390	5,739,615	-4,088	5,735,527
26	2600 INTENSIVE CARE UNIT	2,031,176	451,838	2,483,014	-1,240	2,481,774
31	3100 SUBPROVIDER	719,091	592,784	1,311,875	-1,302	1,310,573
34	3400 SKILLED NURSING FACILITY	1,247,844	258,087	1,505,931	-1,737	1,504,194
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,960,036	6,544,140	8,504,176	-41,425	8,462,751
37.01	3340 ENDOSCOPY	533,560	418,556	952,116	-138,519	813,597
38	3800 RECOVERY ROOM	680,772	14,322	695,094		695,094
40	4000 ANESTHESIOLOGY	161,103	344,602	505,705		505,705
41	4100 RADIOLOGY-DIAGNOSTIC	1,717,553	1,404,719	3,122,272	-1,844	3,120,428
42	4200 RADIOLOGY-THERAPEUTIC					
43	4300 RADIO SOTOPE	419,833	367,444	787,277	-1,069	786,208
43.01	3230 CT SCAN	362,989	215,302	578,291	-2,500	575,791
43.02	3630 ULTRASOUND/VASC LAB	379,900	80,485	460,385		460,385
44	4400 LABORATORY	1,486,115	1,410,189	2,896,304	-2,012	2,894,292
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS	153,473	474,252	627,725		627,725
49	4900 RESPIRATORY THERAPY	632,013	151,877	783,890	-8,916	774,974
50	5000 PHYSICAL THERAPY	1,049,432	316,012	1,365,444	-1,312	1,364,132
51	5100 OCCUPATIONAL THERAPY	356,947	260,012	616,959		616,959
52	5200 SPEECH PATHOLOGY	139,813	56,220	196,033		196,033
53	5300 ELECTROCARDIOLOGY	294,301	141,648	435,949	-527	435,422
54	5400 ELECTROENCEPHALOGRAPHY	56,999	13,115	70,114		70,114
54.01	3950 SLEEP LAB					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				774,987	774,987
56	5600 DRUGS CHARGED TO PATIENTS				2,255,307	2,255,307
57	5700 RENAL DIALYSIS		419,029	419,029		419,029
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	705,589	513,899	1,219,488	-3,473	1,216,015
60.01	4950 WOUND CARE	374,412	467,470	841,882	-1,708	840,174
60.02	4951 PULMONARY REHAB	64,695	8,852	73,547		73,547
60.03	4952 SPINE CENTER					
60.04	4953 RUSH HEART CENTER		192,322	192,322	-1,078	191,244
61	6100 EMERGENCY	3,880,796	747,219	4,628,015	-5,746	4,622,269
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	35,471,496	49,585,563	85,057,059	15,454	85,072,513
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		175	175		175
96.01	9601 ADC					
98	9800 PHYSICIANS' PRIVATE OFFICES	4,561,694	2,062,606	6,624,300	-15,454	6,608,846
101	TOTAL	40,033,190	51,648,344	91,681,534	-0-	91,681,534

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/23/2009
I 14-0063 I FROM 7/ 1/2008 I WORKSHEET A
I I TO 6/30/2009 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	-33,789	1,912,159
4	0400	NEW CAP REL COSTS-MVBLE EQUIP	-397	1,889,706
5	0500	EMPLOYEE BENEFITS	-580	10,236,108
6.01	0611	NONPATIENT TELEPHONES	-118,938	19,020
6.02	0612	DATA PROCESSING		779,194
6.03	0613	PURCHASING	-34,401	306,603
6.04	0614	ADMINISTRATIVE		842,078
6.05	0615	CASHIERING		2,354,262
6.06	0660	OTHER ADMINISTRATIVE AND GENERAL	-647,511	10,663,508
7	0700	MAINTENANCE & REPAIRS		
8	0800	OPERATION OF PLANT		4,435,055
9	0900	LAUNDRY & LINEN SERVICE		80,511
10	1000	HOUSEKEEPING		1,086,139
11	1100	DIETARY		741,955
12	1200	CAFETERIA	-290,488	364,868
14	1400	NURSING ADMINISTRATION		1,118,424
15	1500	CENTRAL SERVICES & SUPPLY		223,768
16	1600	PHARMACY		1,608,651
17	1700	MEDICAL RECORDS & LIBRARY		889,024
18	1800	SOCIAL SERVICE		467,979
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		103,147
25	2500	INPAT ROUTINE SRVC CNTRS		
		ADULTS & PEDIATRICS		5,735,527
26	2600	INTENSIVE CARE UNIT	-1,202	2,480,572
31	3100	SUBPROVIDER	-59,021	1,251,552
34	3400	SKILLED NURSING FACILITY	-8,653	1,495,541
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM	-18,627	8,444,124
37.01	3340	ENDOSCOPY	-70,000	743,597
38	3800	RECOVERY ROOM		695,094
40	4000	ANESTHESIOLOGY	-50,000	455,705
41	4100	RADIOLOGY-DIAGNOSTIC	-3,571	3,116,857
42	4200	RADIOLOGY-THERAPEUTIC		
43	4300	RADIOISOTOPE		786,208
43.01	3230	CT SCAN		575,791
43.02	3630	ULTRASOUND/VASC LAB		460,385
44	4400	LABORATORY	-49,992	2,844,300
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		627,725
49	4900	RESPIRATORY THERAPY	-1,202	773,772
50	5000	PHYSICAL THERAPY	-556	1,363,576
51	5100	OCCUPATIONAL THERAPY		616,959
52	5200	SPEECH PATHOLOGY		196,033
53	5300	ELECTROCARDIOLOGY	-44,073	391,349
54	5400	ELECTROENCEPHALOGRAPHY	-11,400	58,714
54.01	3950	SLEEP LAB		
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		774,987
56	5600	DRUGS CHARGED TO PATIENTS		2,255,307
57	5700	RENAL DIALYSIS		419,029
		OUTPAT SERVICE COST CNTRS		
60	6000	CLINIC	-583,087	632,928
60.01	4950	WOUND CARE	-24,000	816,174
60.02	4951	PULMONARY REHAB	-5,869	67,678
60.03	4952	SPINE CENTER		
60.04	4953	RUSH HEART CENTER	-191,244	
61	6100	EMERGENCY	-1,856,660	2,765,609
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
		SPEC PURPOSE COST CENTERS		
95		SUBTOTALS	-4,105,261	80,967,252
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		175
96.01	9601	ADC		
98	9800	PHYSICIANS' PRIVATE OFFICES	-67,558	6,541,288
101		TOTAL	-4,172,819	87,508,715

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0063
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/23/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0611	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0612	NONPATIENT TELEPHONES
6.03	PURCHASING	0613	NONPATIENT TELEPHONES
6.04	ADMINISTRATIVE	0614	NONPATIENT TELEPHONES
6.05	CASHIERING	0615	NONPATIENT TELEPHONES
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	ENDOSCOPY	3340	GASTRO INTESTINAL SERVICES
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
43.01	CT SCAN	3230	CAT SCAN
43.02	ULTRASOUND/VASC LAB	3630	ULTRASOUND
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
54.01	SLEEP LAB	3950	OTHER ANCILLARY SERVICE COST CENTERS
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	WOUND CARE	4950	OTHER OUTPATIENT SERVICE COST CENTER
60.02	PULMONARY REHAB	4951	OTHER OUTPATIENT SERVICE COST CENTER
60.03	SPINE CENTER	4952	OTHER OUTPATIENT SERVICE COST CENTER
60.04	RUSH HEART CENTER	4953	OTHER OUTPATIENT SERVICE COST CENTER
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	ADC	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
98	PHYSICIANS' PRIVATE OFFICES	9800	
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140063

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

PREPARED 11/23/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE					
	CODE (1)	COST CENTER 1	2	LINE NO 3	SALARY 4	OTHER 5
1 POSTAGE	A	PURCHASING		6.03		39,492
2 CAPITAL RELATED INSURANCE	B	NEW CAP REL COSTS-BLDG & FIXT		3		10,511
3 CLINITRON BEDS	D	NEW CAP REL COSTS-MVBLE EQUIP		4		335,655
4 CHARGEABLE MED SUPPLIES	E	MEDICAL SUPPLIES CHARGED TO PATIENTS		55		774,987
5 CAFETERIA	F	CAFETERIA		12	452,555	202,801
6 RENTALS	G	NEW CAP REL COSTS-MVBLE EQUIP		4		309,179
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33 EQUIPMENT DEPRECIATION	H	NEW CAP REL COSTS-MVBLE EQUIP		4		1,245,269
34 HEART CENTER RECLASS	I	ELECTROCARDIOLOGY		53		1,078
35 DRUGS SOLD	J	DRUGS CHARGED TO PATIENTS		56		2,255,307
36 TOTAL RECLASSIFICATIONS					452,555	5,174,279

(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:
140063

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

PREPARED 11/23/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	----- DECREASE -----				A-7 REF 10
		COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 POSTAGE	A	OTHER ADMINISTRATIVE AND GENERAL	6.06		39,492	
2 CAPITAL RELATED INSURANCE	B	OTHER ADMINISTRATIVE AND GENERAL	6.06		10,511	9
3 CLINITRON BEDS	D	CENTRAL SERVICES & SUPPLY	15		335,655	9
4 CHARGEABLE MED SUPPLIES	E	CENTRAL SERVICES & SUPPLY	15		774,987	
5 CAFETERIA	F	DIETARY	11	452,555	202,801	
6 RENTALS	G	EMPLOYEE BENEFITS	5		4,180	9
7		PURCHASING	6.03		3,550	
8		ADMINISTRATIVE	6.04		8,065	
9		CASHIERING	6.05		4,805	
10		OTHER ADMINISTRATIVE AND GENERAL	6.06		38,169	
11		OPERATION OF PLANT	8		904	
12		RADIOISOTOPE	43		1,069	
13		DIETARY	11		3,501	
14		NURSING ADMINISTRATION	14		4,482	
15		CT SCAN	43.01		2,500	
16		PHARMACY	16		2,369	
17		MEDICAL RECORDS & LIBRARY	17		5,204	
18		ADULTS & PEDIATRICS	25		4,088	
19		INTENSIVE CARE UNIT	26		1,240	
20		SUBPROVIDER	31		1,302	
21		SKILLED NURSING FACILITY	34		1,737	
22		OPERATING ROOM	37		41,425	
23		ENDOSCOPY	37.01		138,519	
24		RADIOLOGY-DIAGNOSTIC	41		1,844	
25		LABORATORY	44		2,012	
26		RESPIRATORY THERAPY	49		8,916	
27		PHYSICAL THERAPY	50		1,312	
28		CLINIC	60		3,473	
29		ELECTROCARDIOLOGY	53		1,605	
30		WOUND CARE	60.01		1,708	
31		PHYSICIANS' PRIVATE OFFICES	98		15,454	
32		EMERGENCY	61		5,746	
33 EQUIPMENT DEPRECIATION	H	NEW CAP REL COSTS-BLDG & FIXT	3		1,245,269	9
34 HEART CENTER RECLASS	I	RUSH HEART CENTER	60.04		1,078	
35 DRUGS SOLD	J	PHARMACY	16		2,255,307	
36 TOTAL RECLASSIFICATIONS				452,555	5,174,279	

(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: 140063	PERIOD: FROM 7/1/2008 TO 6/30/2009	PREPARED 11/23/2009 WORKSHEET A-6 NOT A CMS WORKSHEET
------------------------	--	---

RECLASS CODE: A
EXPLANATION: POSTAGE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PURCHASING	6.03	39,492
TOTAL RECLASSIFICATIONS FOR CODE A			39,492

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	39,492	
		39,492	

RECLASS CODE: B
EXPLANATION: CAPITAL RELATED INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	10,511
TOTAL RECLASSIFICATIONS FOR CODE B			10,511

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	10,511	
		10,511	

RECLASS CODE: D
EXPLANATION: CLINITRON BEDS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	335,655
TOTAL RECLASSIFICATIONS FOR CODE D			335,655

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	335,655	
		335,655	

RECLASS CODE: E
EXPLANATION: CHARGEABLE MED SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	774,987
TOTAL RECLASSIFICATIONS FOR CODE E			774,987

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	774,987	
		774,987	

RECLASS CODE: F
EXPLANATION: CAFETERIA

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	655,356
TOTAL RECLASSIFICATIONS FOR CODE F			655,356

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	655,356	
		655,356	

RECLASS CODE: G
EXPLANATION: RENTALS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	309,179
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
26.00			0
27.00			0
TOTAL RECLASSIFICATIONS FOR CODE G			309,179

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	4,180	
PURCHASING	6.03	3,550	
ADMINISTRATIVE	6.04	8,065	
CASHIERING	6.05	4,805	
OTHER ADMINISTRATIVE AND GENER	6.06	38,169	
OPERATION OF PLANT	8	904	
RADIOISOTOPE	43	1,069	
DIETARY	11	3,501	
NURSING ADMINISTRATIVE	14	4,482	
CT SCAN	43.01	2,500	
PHARMACY	16	2,369	
MEDICAL RECORDS & LIBRARY	17	5,204	
ADULTS & PEDIATRICS	25	4,088	
INTENSIVE CARE UNIT	26	1,240	
SUBPROVIDER	31	1,302	
SKILLED NURSING FACILITY	34	1,737	
OPERATING ROOM	37	41,425	
ENDOSCOPY	37.01	138,519	
RADIOLOGY-DIAGNOSTIC	41	1,844	
LABORATORY	44	2,012	
RESPIRATORY THERAPY	49	8,916	
PHYSICAL THERAPY	50	1,312	
CLINIC	60	3,473	
ELECTROCARDIOLOGY	53	1,605	
WOUND CARE	60.01	1,708	
PHYSICIANS' PRIVATE OFFICES	98	15,454	
EMERGENCY	61	5,746	
		309,179	

RECLASS CODE: H
EXPLANATION: EQUIPMENT DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,245,269
TOTAL RECLASSIFICATIONS FOR CODE H			1,245,269

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	1,245,269	
		1,245,269	

RECLASSIFICATIONS

PROVIDER NO: 140063	PERIOD: FROM 7/1/2008 TO 6/30/2009	PREPARED 11/23/2009 WORKSHEET A-6 NOT A CMS WORKSHEET
------------------------	--	---

RECLASS CODE: I
EXPLANATION : HEART CENTER RECLASS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ELECTROCARDIOLOGY	1,078	RUSH HEART CENTER	60.04	1,078
TOTAL RECLASSIFICATIONS FOR CODE I		1,078			

RECLASS CODE: J
EXPLANATION : DRUGS SOLD

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	2,255,307	PHARMACY	16	2,255,307
TOTAL RECLASSIFICATIONS FOR CODE J		2,255,307			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	2,554,045					2,554,045	
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE	49,413,268	19,828,628		19,828,628		69,241,896	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT	24,371,668				16,348,322	8,023,346	
6 MOVABLE EQUIPMENT	41,518,878	938,003		938,003		42,456,881	
7 SUBTOTAL	117,857,859	20,766,631		20,766,631	16,348,322	122,276,168	
8 RECONCILING ITEMS							
9 TOTAL	117,857,859	20,766,631		20,766,631	16,348,322	122,276,168	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS
		1	2	3	4	5	6	7
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	79,819,288		79,819,288	.652779			
4	NEW CAP REL COSTS-MV	42,456,881		42,456,881	.347221			
5	TOTAL	122,276,169		122,276,169	1.000000			

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	1,912,159						1,912,159
4	NEW CAP REL COSTS-MV	1,889,706						1,889,706
5	TOTAL	3,801,865						3,801,865

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	3,180,706						3,180,706
4	NEW CAP REL COSTS-MV							
5	TOTAL	3,180,706						3,180,706

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES	B	-34,401	PURCHASING		6.03	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES	A	-118,938	NONPATIENT TELEPHONES		6.01	
10 TELEVISION AND RADIO SERVICE	A	-9,062	OTHER ADMINISTRATIVE AND		6.06	
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,966,011				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1					
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-290,488	CAFETERIA		12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS						
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	-33,789	NEW CAP REL COSTS-BLDG &		3	9
32 DEPRECIATION-NEW MOVABLE EQUIP	A	-397	NEW CAP REL COSTS-MVBLE E		4	9
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 OTHER ADJUSTMENTS (SPECIFY)						
37.01 OTHER MISC	B	-165,538	OTHER ADMINISTRATIVE AND		6.06	
37.02 MISC REV PT	B	-556	PHYSICAL THERAPY		50	
37.04 SALE OF SILVER	B	-3,571	RADIOLOGY-DIAGNOSTIC		41	
37.05 HOUSE PHYSICIANS	A	-385,843	OTHER ADMINISTRATIVE AND		6.06	
38 OTHER ADJUSTMENTS (SPECIFY)						
38.01 NON OP OTHER EXP	A	-67,558	PHYSICIANS' PRIVATE OFFIC		98	
39 OTHER ADJUSTMENTS (SPECIFY)						
40 PHYSICIAN RECRUITING	B	-82,550	OTHER ADMINISTRATIVE AND		6.06	
41 MISC REV	B	-5,869	PULMONARY REHAB		60.02	
42 MISC REV	B	-3,150	CLINIC		60	
43 JURY DUTY	B	-568	OTHER ADMINISTRATIVE AND		6.06	
44 INFO CENTER	B	-3,950	OTHER ADMINISTRATIVE AND		6.06	
45 EMPLOYEE IDS	B	-580	EMPLOYEE BENEFITS		5	
46 OTHER ADJUSTMENTS (SPECIFY)						
47 OTHER ADJUSTMENTS (SPECIFY)						
48 PHYSICIAN PRACTICE AMORT						
49 OTHER ADJUSTMENTS (SPECIFY)						
50 TOTAL (SUM OF LINES 1 THRU 49)		-4,172,819				

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6 6	OTHER ADMINISTRATIVE AND ADMINISTRATIVE SALARY	591,654	591,654		
2						
3						
4						
5		TOTALS	591,654	591,654		

* 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) NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	G	0.00	RUSH UNIVERSITY MED CTR	100.00	HOSPITAL
2		0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0063
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/23/2009
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 26	ICU	22,500		22,500	177,200	250	21,298	1,065
2 31	REHAB UNIT	236,221		236,221	177,200	2,080	177,200	8,860
3 34	SNF	8,653	8,653					
4 37	1 ENDOSCOPY	70,000	70,000					
5 40	ANESTHESIOLOGY	50,000	50,000					
6 37	OPERATING ROOM	18,627	18,627					
7 43	RADIOLOGY THERAPUTIC	6,000		6,000	177,200	120	10,223	511
8								
9 44	LAB	49,992	49,992					
10 49	RESP THERAPY	22,500		22,500	177,200	250	21,298	1,065
11 53	EKG	44,073	44,073					
12 54	EEG	11,400	11,400					
13 60	CLINIC	615,937	579,937	36,000	177,200	468	39,870	1,994
14 60	1 WOUND CARE	24,000	24,000					
15 60	4 RUSH HEART CENTER	191,244	191,244					
16 61	ER	1,963,406	1,785,369	178,037	177,200	1,253	106,746	5,337
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	3,334,553	2,833,295	501,258		4,421	376,635	18,832

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0063
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/23/2009
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	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 26	ICU					21,298	1,202	1,202
2 31	REHAB UNIT					177,200	59,021	59,021
3 34	SNF							8,653
4 37	1 ENDOSCOPY							70,000
5 40	ANESTHESIOLOGY							50,000
6 37	OPERATING ROOM							18,627
7 43	RADIOLOGY THERAPUTIC					10,223		
8								
9 44	LAB							49,992
10 49	RESP THERAPY					21,298	1,202	1,202
11 53	EKG							44,073
12 54	EEG							11,400
13 60	CLINIC					39,870		579,937
14 60	1 WOUND CARE							24,000
15 60	4 RUSH HEART CENTER							191,244
16 61	ER					106,746	71,291	1,856,660
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					376,635	132,716	2,966,011

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 11/23/2009
 I 14-0063 I FROM 7/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 6/30/2009 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	2	DOLLAR VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	4	GROSS SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	5	NBR OF PHONES	ENTERED
6.02	DATA PROCESSING	6	# OF TERM	ENTERED
6.03	PURCHASING	7	SUPPLIES EXPENSE	ENTERED
6.04	ADMINISTRATIVE	8	GROSS CHARGES	ENTERED
6.05	CASHIERING	8	GROSS CHARGES	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	-9	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	10	SQUARE FEET	NOT ENTERED
8	OPERATION OF PLANT	11	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	12	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	13	HOURS OF SERVICE	ENTERED
11	DIETARY	14	MEALS SERVED	ENTERED
12	CAFETERIA	15	PROD FTE'S	ENTERED
14	NURSING ADMINISTRATION	16	FTE	ENTERED
15	CENTRAL SERVICES & SUPPLY	17	COSTED REQUIS.	ENTERED
16	PHARMACY	18	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	8	GROSS CHARGES	ENTERED
18	SOCIAL SERVICE	19	TIME SPENT	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	20	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0063
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/23/2009
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT TELEPHONES
	0	1	2	3	4	5	6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	1,912,159			1,912,159			
005 NEW CAP REL COSTS-MVBLE E	1,889,706				1,889,706		
006 EMPLOYEE BENEFITS	10,236,108			24,555	2,713	10,263,376	
006 01 NONPATIENT TELEPHONES	19,020			2,119	1,520		22,659
006 02 DATA PROCESSING	779,194			19,553	141,729	120,016	451
006 03 PURCHASING	306,603			57,818	7,509	67,269	601
006 04 ADMINISTRATION	842,078			14,754	7,955	195,193	489
006 05 CASHIERING	2,354,262			21,874	36,794	196,487	902
006 06 OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS	10,663,508			84,513	55,382	633,125	2,707
008 OPERATION OF PLANT	4,435,055			706,036	45,957	263,605	1,202
009 LAUNDRY & LINEN SERVICE	80,511			8,240	341	14,887	
010 HOUSEKEEPING	1,086,139			15,235	6,949	166,859	150
011 DIETARY	741,955			72,697	11,846	133,239	939
012 CAFETERIA	364,868					117,135	
014 NURSING ADMINISTRATION	1,118,424			17,299	32,137	274,660	489
015 CENTRAL SERVICES & SUPPLY	223,768			37,005	29,454	52,242	263
016 PHARMACY	1,608,651			10,827	11,176	299,968	376
017 MEDICAL RECORDS & LIBRARY	889,024			29,233	42,996	140,677	1,353
018 SOCIAL SERVICE	467,979			2,852	195	90,115	113
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	103,147						
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	5,735,527			122,436	70,160	1,293,684	1,916
026 INTENSIVE CARE UNIT	2,480,572			33,681	81,789	525,731	714
031 SUBPROVIDER	1,251,552			50,936	11,380	186,123	1,202
034 SKILLED NURSING FACILITY	1,495,541			70,664	11,893	322,981	676
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	8,444,124			89,425	151,083	507,318	1,127
038 ENDOSCOPY	743,597			18,307	56,328	138,102	676
038 RECOVERY ROOM	695,094			7,264	6,615	176,205	
040 ANESTHESIOLOGY	455,705			1,723	33,928	41,698	
041 RADIOLOGY-DIAGNOSTIC	3,116,857			64,942	321,501	444,556	1,127
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	786,208			63,242	265,284	108,666	902
043 01 CT SCAN	575,791			2,236	134,671	93,953	113
043 02 ULTRASOUND/VASC LAB	460,385			2,681	58,600	98,330	150
044 LABORATORY	2,844,300			43,703	54,143	384,653	1,390
046 WHOLE BLOOD & PACKED RED	627,725			2,456	55	39,724	
049 RESPIRATORY THERAPY	773,772			7,512	50,300	163,585	376
050 PHYSICAL THERAPY	1,363,576			44,117	8,550	271,626	301
051 OCCUPATIONAL THERAPY	616,959			5,802	1,183	92,389	75
052 SPEECH PATHOLOGY	196,033			1,053	138	36,188	113
053 ELECTROCARDIOLOGY	391,349			5,411	34,151	76,174	
054 ELECTROENCEPHALOGRAPHY	58,714			1,093	1,610	14,753	38
054 01 SLEEP LAB							
055 MEDICAL SUPPLIES CHARGED	774,987						
056 DRUGS CHARGED TO PATIENTS	2,255,307						
057 RENAL DIALYSIS	419,029				97		
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	632,928			82,111	19,133	182,628	864
060 02 WOUND CARE	816,174			18,941	5,818	96,909	75
060 03 PULMONARY REHAB	67,678				4,656	16,745	
060 04 SPINE CENTER							
061 RUSH HEART CENTER							
061 EMERGENCY	2,765,609			41,638	36,383	1,004,470	714
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	80,967,252			1,905,984	1,854,102	9,082,668	22,584
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	175			4,736	49		75
098 ADC					7,790		
101 PHYSICIANS' PRIVATE OFFICE	6,541,288			1,439	27,765	1,180,708	
102 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	87,508,715			1,912,159	1,889,706	10,263,376	22,659

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING	ADMINISTRATIVE	CASHIERING	SUBTOTAL	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.02	6.03	6.04	6.05	6a.05	6.06	7
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							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	1,060,943						
006 03 PURCHASING	30,976	470,776					
006 04 ADMINISTRATIVE	38,721	1,635	1,100,825				
006 05 CASHIERING	120,034	2,109		2,732,462			
006 06 OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS	174,244	4,003			11,617,482	11,617,482	
008 OPERATION OF PLANT	23,232	604			5,475,691	838,224	
009 LAUNDRY & LINEN SERVICE		37			104,016	15,923	
010 HOUSEKEEPING	11,616	36			1,286,984	197,013	
011 DIETARY	23,232	1,265			985,173	150,811	
012 CAFETERIA					482,003	73,786	
014 NURSING ADMINISTRATION	38,721	584			1,482,314	226,914	
015 CENTRAL SERVICES & SUPPLY	11,616	39,347			393,695	60,267	
016 PHARMACY	46,465	11,870			1,989,333	304,529	
017 MEDICAL RECORDS & LIBRARY	112,290	1,199			1,216,772	186,265	
018 SOCIAL SERVICE	7,744	71			569,069	87,114	
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C		43			103,190	15,796	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	50,337	15,607	83,953	208,377	7,581,997	1,160,660	
026 INTENSIVE CARE UNIT	19,360	6,749	31,257	77,582	3,257,435	498,651	
031 SUBPROVIDER	7,744	2,349	15,790	39,191	1,566,267	239,766	
034 SKILLED NURSING FACILITY	19,360	2,350	17,390	43,163	1,984,018	303,715	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	19,360	195,284	180,069	446,944	10,034,734	1,536,104	
038 01 ENDOSCOPY	15,488	13,664	33,837	83,987	1,103,986	168,999	
040 01 RECOVERY ROOM	7,744	309	24,031	59,646	976,908	149,546	
041 01 ANESTHESIOLOGY		26,152	26,353	65,411	650,970	99,651	
042 01 RADIOLOGY-DIAGNOSTIC	89,057	65,505	76,389	189,602	4,369,536	668,893	
043 01 RADIOLOGY-THERAPEUTIC							
043 01 RADIOISOTOPE	27,104	3,450	16,988	42,165	1,314,009	201,150	
043 01 CT SCAN	3,872	2,860	66,432	164,890	1,044,818	159,942	
043 02 ULTRASOUND/VASC LAB	3,872	1,484	19,252	47,784	692,538	106,014	
044 02 LABORATORY	61,953	18,504	190,332	472,554	4,071,532	623,274	
046 02 WHOLE BLOOD & PACKED RED		754	8,622	21,399	700,735	107,269	
049 02 RESPIRATORY THERAPY	27,104	7,136	29,909	74,237	1,133,931	173,583	
050 02 PHYSICAL THERAPY	7,744	2,953	38,114	94,601	1,831,582	280,380	
051 02 OCCUPATIONAL THERAPY		2,125	20,780	51,579	790,892	121,071	
052 02 SPEECH PATHOLOGY		108	3,031	7,522	244,186	37,380	
053 02 ELECTROCARDIOLOGY		2,040	18,091	44,904	572,120	87,581	
054 02 ELECTROENCEPHALOGRAPHY		143	471	1,168	77,990	11,939	
054 01 SLEEP LAB							
055 01 MEDICAL SUPPLIES CHARGED			8,777	21,785	805,549	123,314	
056 01 DRUGS CHARGED TO PATIENTS			98,533	244,566	2,598,406	397,767	
057 01 RENAL DIALYSIS			12,453	30,909	462,488	70,798	
060 01 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	11,616	2,663	12,739	31,620	976,302	149,453	
060 01 WOUND CARE		6,451	14,518	36,036	994,922	152,304	
060 02 PULMONARY REHAB		84	1,741	4,322	95,226	14,577	
060 03 SPINE CENTER							
060 04 RUSH HEART CENTER							
061 04 EMERGENCY	50,337	20,804	50,973	126,518	4,097,446	627,241	
062 04 OBSERVATION BEDS (NON-DIS							
095 04 SPEC PURPOSE COST CENTERS							
095 04 SUBTOTALS	1,060,943	462,331	1,100,825	2,732,462	79,736,245	10,427,664	
096 04 NONREIMBURS COST CENTERS							
096 04 GIFT, FLOWER, COFFEE SHOP		2			5,037	771	
096 01 ADC		413			8,203	1,256	
098 01 PHYSICIANS' PRIVATE OFFIC		8,030			7,759,230	1,187,791	
101 01 CROSS FOOT ADJUSTMENT							
102 01 NEGATIVE COST CENTER							
103 01 TOTAL	1,060,943	470,776	1,100,825	2,732,462	87,508,715	11,617,482	

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0063
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/23/2009
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
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							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 ADMINISTRATION							
006 05 CASHIERING							
006 06 OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS							
007 OPERATION OF PLANT	6,313,915						
009 LAUNDRY & LINEN SERVICE	53,040	172,979					
010 HOUSEKEEPING	98,061		1,582,058				
011 DIETARY	467,923		49,093	1,653,000			
012 CAFETERIA					555,789		
014 NURSING ADMINISTRATION	111,349		14,299		14,919	1,849,795	
015 CENTRAL SERVICES & SUPPLY	238,188		23,832		7,930		723,912
016 PHARMACY	69,688		12,466		15,776		
017 MEDICAL RECORDS & LIBRARY	188,159		33,548		13,832		
018 SOCIAL SERVICE	18,356		3,373		5,323		
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	788,074	53,756	322,131	924,191	98,662	552,849	20,268
026 INTENSIVE CARE UNIT	216,793	15,620	80,294	183,877	32,275	181,265	9,941
031 SUBPROVIDER	327,853	10,772	84,511	157,194	16,379	94,260	3,118
034 SKILLED NURSING FACILITY	454,836	18,391	114,392	387,738	26,783	149,576	3,015
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	575,595	19,222	192,560		33,253	187,528	324,309
037 01 ENDOSCOPY	117,835	4,938	14,299		9,499	53,393	22,272
038 RECOVERY ROOM	46,758	2,626	9,533		9,777	55,688	475
040 ANESTHESIOLOGY	11,089		23,832		1,931		43,093
041 RADIOLOGY-DIAGNOSTIC	418,009	17,240	113,806		37,369		105,543
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	407,065		36,298		7,447		4,259
043 01 CT SCAN	14,389		9,533		5,854		4,413
043 02 ULTRASOUND/VASC LAB	17,255		4,766		5,299		2,372
044 LABORATORY	281,298	7	95,327		33,313		25,825
046 WHOLE BLOOD & PACKED RED	15,808		4,766		2,885		1,267
049 RESPIRATORY THERAPY	48,350		12,906		10,899	62,819	11,668
050 PHYSICAL THERAPY	283,961	2,870	57,196		18,612	105,609	4,149
051 OCCUPATIONAL THERAPY	37,348	2,590	15,582		5,769	31,751	3,364
052 SPEECH PATHOLOGY	6,775		3,373		2,752	15,069	129
053 ELECTROCARDIOLOGY	34,829	1,052	57,196		5,854		2,969
054 ELECTROENCEPHALOGRAPHY	7,035				567		173
054 01 SLEEP LAB							
055 MEDICAL SUPPLIES CHARGED							65,595
056 DRUGS CHARGED TO PATIENTS							17,860
057 RENAL DIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	528,519	1,359	63,942		12,094	68,649	2,108
060 01 WOUND CARE	121,917	1,167	57,196		6,771	38,324	10,147
060 02 PULMONARY REHAB					1,231	7,194	129
060 03 SPINE CENTER							
060 04 RUSH HEART CENTER							
061 EMERGENCY	268,009	21,369	67,242		43,512	245,821	29,711
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)							
095 SUBTOTALS	6,274,164	172,979	1,577,292	1,653,000	486,567	1,849,795	718,172
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	30,486		4,766		1,726		
098 ADC	9,265				67,496		60
101 PHYSICIANS' PRIVATE OFFICE							5,680
102 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	6,313,915	172,979	1,582,058	1,653,000	555,789	1,849,795	723,912

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SERVICES- SALARY & FRI 22	I&R SERVICES- OTHER PRGM C 23	SUBTOTAL 25	I&R COST POST STEP- DOWN ADJ 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							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 ADMINISTRATION							
006 05 CASHIERING							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	2,391,792						
017 MEDICAL RECORDS & LIBRARY		1,638,576					
018 SOCIAL SERVICE			683,235				
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C					118,986		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		124,963	512,223		118,986	12,258,760	-118,986
026 INTENSIVE CARE UNIT		46,526				4,522,677	
031 SUBPROVIDER		23,503	171,012			2,694,635	
034 SKILLED NURSING FACILITY		25,884				3,468,348	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		268,030				13,171,335	
038 01 ENDOSCOPY		50,366				1,545,587	
040 01 RECOVERY ROOM		35,769				1,287,080	
041 01 ANESTHESIOLOGY		39,227				869,793	
042 01 RADIOLOGY-DIAGNOSTIC		113,703				5,844,099	
043 01 RADIOLOGY-THERAPEUTIC							
043 01 RADIOISOTOPE		25,286				1,995,514	
043 01 CT SCAN		98,883				1,337,832	
043 02 ULTRASOUND/VASC LAB		28,656				856,900	
044 02 LABORATORY		283,322				5,413,898	
046 02 WHOLE BLOOD & PACKED RED		12,833				845,563	
049 02 RESPIRATORY THERAPY		44,519				1,498,675	
050 02 PHYSICAL THERAPY		56,732				2,641,091	
051 02 OCCUPATIONAL THERAPY		30,931				1,039,298	
052 02 SPEECH PATHOLOGY		4,511				314,175	
053 02 ELECTROCARDIOLOGY		26,929				788,530	
054 02 ELECTROENCEPHALOGRAPHY		701				98,405	
054 01 SLEEP LAB							
055 01 MEDICAL SUPPLIES CHARGED		13,064				1,007,522	
056 01 DRUGS CHARGED TO PATIENTS	2,391,792	146,665				5,552,490	
057 01 RENAL DIALYSIS		18,536				551,822	
060 01 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC		18,962				1,821,388	
060 01 WOUND CARE		21,611				1,404,359	
060 02 PULMONARY REHAB		2,592				120,949	
060 03 SPINE CENTER							
060 04 RUSH HEART CENTER							
061 04 EMERGENCY		75,872				5,476,223	
062 04 OBSERVATION BEDS (NON-DIS							
062 04 SPEC PURPOSE COST CENTERS							
095 04 SUBTOTALS	2,391,792	1,638,576	683,235		118,986	78,426,948	-118,986
096 04 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP						42,786	
098 01 ADC						9,519	
101 01 PHYSICIANS' PRIVATE OFFICE						9,029,462	
102 01 CROSS FOOT ADJUSTMENT							
103 01 NEGATIVE COST CENTER							
103 01 TOTAL	2,391,792	1,638,576	683,235		118,986	87,508,715	-118,986

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0063
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/23/2009
 WORKSHEET B
 PART I

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	
006 01 NONPATIENT TELEPHONES	
006 02 DATA PROCESSING	
006 03 PURCHASING	
006 04 ADMINISTRATION	
006 05 CASHIERING	
006 06 OTHER ADMINISTRATIVE AND	
007 MAINTENANCE & REPAIRS	
008 OPERATION OF PLANT	
009 LAUNDRY & LINEN SERVICE	
010 HOUSEKEEPING	
011 DIETARY	
012 CAFETERIA	
014 NURSING ADMINISTRATION	
015 CENTRAL SERVICES & SUPPLY	
016 PHARMACY	
017 MEDICAL RECORDS & LIBRARY	
018 SOCIAL SERVICE	
022 I&R SERVICES-SALARY & FRI	
023 I&R SERVICES-OTHER PRGM C	
INPAT ROUTINE SRVC CNTRS	
025 ADULTS & PEDIATRICS	12,139,774
026 INTENSIVE CARE UNIT	4,522,677
031 SUBPROVIDER	2,694,635
034 SKILLED NURSING FACILITY	3,468,348
ANCILLARY SRVC COST CNTRS	
037 OPERATING ROOM	13,171,335
037 01 ENDOSCOPY	1,545,587
038 RECOVERY ROOM	1,287,080
040 ANESTHESIOLOGY	869,793
041 RADIOLOGY-DIAGNOSTIC	5,844,099
042 RADIOLOGY-THERAPEUTIC	
043 RADIOISOTOPE	1,995,514
043 01 CT SCAN	1,337,832
043 02 ULTRASOUND/VASC LAB	856,900
044 LABORATORY	5,413,898
046 WHOLE BLOOD & PACKED RED	845,563
049 RESPIRATORY THERAPY	1,498,675
050 PHYSICAL THERAPY	2,641,091
051 OCCUPATIONAL THERAPY	1,039,298
052 SPEECH PATHOLOGY	314,175
053 ELECTROCARDIOLOGY	788,530
054 ELECTROENCEPHALOGRAPHY	98,405
054 01 SLEEP LAB	
055 MEDICAL SUPPLIES CHARGED	1,007,522
056 DRUGS CHARGED TO PATIENTS	5,552,490
057 RENAL DIALYSIS	551,822
OUTPAT SERVICE COST CNTRS	
060 CLINIC	1,821,388
060 01 WOUND CARE	1,404,359
060 02 PULMONARY REHAB	120,949
060 03 SPINE CENTER	
060 04 RUSH HEART CENTER	
061 EMERGENCY	5,476,223
062 OBSERVATION BEDS (NON-DIS	
SPEC PURPOSE COST CENTERS	
095 SUBTOTALS	78,307,962
NONREIMBURS COST CENTERS	
096 GIFT, FLOWER, COFFEE SHOP	42,786
096 01 ADC	9,519
098 PHYSICIANS' PRIVATE OFFIC	9,029,462
101 CROSS FOOT ADJUSTMENT	
102 NEGATIVE COST CENTER	
103 TOTAL	87,389,729

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				24,555	2,713	27,268	27,268
006 01 NONPATIENT TELEPHONES				2,119	1,520	3,639	
006 02 DATA PROCESSING				19,553	141,729	161,282	319
006 03 PURCHASING				57,818	7,509	65,327	179
006 04 ADMINISTRATION				14,754	7,955	22,709	519
006 05 CASHIERING				21,874	36,794	58,668	522
006 06 OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS				84,513	55,382	139,895	1,683
008 OPERATION OF PLANT				706,036	45,957	751,993	701
009 LAUNDRY & LINEN SERVICE				8,240	341	8,581	40
010 HOUSEKEEPING				15,235	6,949	22,184	444
011 DIETARY				72,697	11,846	84,543	354
012 CAFETERIA							311
014 NURSING ADMINISTRATION				17,299	32,137	49,436	730
015 CENTRAL SERVICES & SUPPLY				37,005	29,454	66,459	139
016 PHARMACY				10,827	11,176	22,003	797
017 MEDICAL RECORDS & LIBRARY				29,233	42,996	72,229	374
018 SOCIAL SERVICE				2,852	195	3,047	240
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				122,436	70,160	192,596	3,424
026 INTENSIVE CARE UNIT				33,681	81,789	115,470	1,397
031 SUBPROVIDER				50,936	11,380	62,316	495
034 SKILLED NURSING FACILITY				70,664	11,893	82,557	859
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM				89,425	151,083	240,508	1,349
038 01 ENDOSCOPY				18,307	56,328	74,635	367
038 RECOVERY ROOM				7,264	6,615	13,879	468
040 ANESTHESIOLOGY				1,723	33,928	35,651	111
041 RADIOLOGY-DIAGNOSTIC				64,942	321,501	386,443	1,182
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE				63,242	265,284	328,526	289
043 01 CT SCAN				2,236	134,671	136,907	250
043 02 ULTRASOUND/VASC LAB				2,681	58,600	61,281	261
044 LABORATORY				43,703	54,143	97,846	1,022
046 WHOLE BLOOD & PACKED RED				2,456	55	2,511	106
049 RESPIRATORY THERAPY				7,512	50,300	57,812	435
050 PHYSICAL THERAPY				44,117	8,550	52,667	722
051 OCCUPATIONAL THERAPY				5,802	1,183	6,985	246
052 SPEECH PATHOLOGY				1,053	138	1,191	96
053 ELECTROCARDIOLOGY				5,411	34,151	39,562	202
054 ELECTROENCEPHALOGRAPHY				1,093	1,610	2,703	39
054 01 SLEEP LAB							
055 MEDICAL SUPPLIES CHARGED					97	97	
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC				82,111	19,133	101,244	485
060 02 WOUND CARE				18,941	5,818	24,759	258
060 03 PULMONARY REHAB					4,656	4,656	45
060 04 SPINE CENTER							
061 RUSH HEART CENTER							
061 EMERGENCY				41,638	36,383	78,021	2,670
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)							
095 SUBTOTALS				1,905,984	1,854,102	3,760,086	24,130
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP				4,736	49	4,785	
098 ADC					7,790	7,790	
098 PHYSICIANS' PRIVATE OFFICE				1,439	27,765	29,204	3,138
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				1,912,159	1,889,706	3,801,865	27,268

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING	ADMINISTRATIVE	CASHIERING	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7
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							
006 01 NONPATIENT TELEPHONES	3,639						
006 02 DATA PROCESSING	72	161,673					
006 03 PURCHASING	97	4,720	70,323				
006 04 ADMINISTRATIVE	78	5,900	244	29,450			
006 05 CASHIERING	145	18,291	315		77,941		
006 06 OTHER ADMINISTRATIVE AND	436	26,556	598			169,168	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	193	3,540	90			12,205	
009 LAUNDRY & LINEN SERVICE			5			232	
010 HOUSEKEEPING	24	1,770	5			2,869	
011 DIETARY	151	3,540	189			2,196	
012 CAFETERIA						1,074	
014 NURSING ADMINISTRATION	78	5,900	87			3,304	
015 CENTRAL SERVICES & SUPPLY	42	1,770	5,877			878	
016 PHARMACY	60	7,081	1,773			4,434	
017 MEDICAL RECORDS & LIBRARY	217	17,111	179			2,712	
018 SOCIAL SERVICE	18	1,180	11			1,268	
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C			6			230	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	308	7,671	2,331	2,252	5,938	16,900	
026 INTENSIVE CARE UNIT	115	2,950	1,008	838	2,211	7,261	
031 SUBPROVIDER	193	1,180	351	424	1,117	3,491	
034 SKILLED NURSING FACILITY	109	2,950	351	466	1,230	4,422	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	181	2,950	29,174	4,830	12,737	22,374	
037 01 ENDOSCOPY	109	2,360	2,041	908	2,393	2,461	
038 01 RECOVERY ROOM		1,180	46	645	1,700	2,178	
040 01 ANESTHESIOLOGY			3,906	707	1,864	1,451	
041 01 RADIOLOGY-DIAGNOSTIC	181	13,571	9,785	2,049	5,403	9,740	
042 01 RADIOLOGY-THERAPEUTIC							
043 01 RADIOISOTOPE	145	4,130	515	456	1,202	2,929	
043 01 CT SCAN	18	590	427	1,782	4,699	2,329	
043 02 ULTRASOUND/VASC LAB	24	590	222	516	1,362	1,544	
044 02 LABORATORY	223	9,441	2,764	5,029	13,538	9,075	
046 02 WHOLE BLOOD & PACKED RED			113	231	610	1,562	
049 02 RESPIRATORY THERAPY	60	4,130	1,066	802	2,116	2,528	
050 02 PHYSICAL THERAPY	48	1,180	441	1,022	2,696	4,083	
051 02 OCCUPATIONAL THERAPY	12		317	557	1,470	1,763	
052 02 SPEECH PATHOLOGY	18		16	81	214	544	
053 02 ELECTROCARDIOLOGY			305	485	1,280	1,275	
054 02 ELECTROENCEPHALOGRAPHY	6		21	13	33	174	
054 01 SLEEP LAB							
055 01 MEDICAL SUPPLIES CHARGED				235	621	1,796	
056 01 DRUGS CHARGED TO PATIENTS				2,643	6,970	5,792	
057 01 RENAL DIALYSIS				334	881	1,031	
060 01 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	139	1,770	398	342	901	2,176	
060 01 WOUND CARE	12		964	389	1,027	2,218	
060 02 PULMONARY REHAB			13	47	123	212	
060 03 SPINE CENTER							
060 04 RUSH HEART CENTER							
061 04 EMERGENCY	115	7,671	3,108	1,367	3,605	9,133	
062 04 OBSERVATION BEDS (NON-DIS							
062 04 SPEC PURPOSE COST CENTERS							
095 04 SUBTOTALS	3,627	161,673	69,062	29,450	77,941	151,844	
096 04 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	12					11	
096 01 ADC			62			18	
098 01 PHYSICIANS' PRIVATE OFFIC			1,199			17,295	
101 01 CROSS FOOT ADJUSTMENTS							
102 01 NEGATIVE COST CENTER							
103 01 TOTAL	3,639	161,673	70,323	29,450	77,941	169,168	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
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							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 ADMINISTRATION							
006 05 CASHIERING							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	768,722						
009 LAUNDRY & LINEN SERVICE	6,458	15,316					
010 HOUSEKEEPING	11,939		39,235				
011 DIETARY	56,970		1,218	149,161			
012 CAFETERIA					1,385		
014 NURSING ADMINISTRATION	13,557		355		37	73,484	
015 CENTRAL SERVICES & SUPPLY	29,000		591		20		104,776
016 PHARMACY	8,484		309		39		
017 MEDICAL RECORDS & LIBRARY	22,908		832		34		
018 SOCIAL SERVICE	2,235		84		13		
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	95,948	4,761	7,991	83,396	248	21,962	2,933
026 INTENSIVE CARE UNIT	26,395	1,383	1,991	16,592	80	7,201	1,439
031 SUBPROVIDER	39,916	954	2,096	14,185	41	3,745	451
034 SKILLED NURSING FACILITY	55,377	1,628	2,837	34,988	67	5,942	436
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	70,079	1,702	4,775		83	7,450	46,938
037 01 ENDOSCOPY	14,346	437	355		24	2,121	3,224
038 01 RECOVERY ROOM	5,693	233	236		24	2,212	69
040 01 ANESTHESIOLOGY	1,350		591		5		6,237
041 01 RADIOLOGY-DIAGNOSTIC	50,893	1,526	2,822		93		15,276
042 01 RADIOLOGY-THERAPEUTIC							
043 01 RADIOISOTOPE	49,560		900		19		616
043 01 CT SCAN	1,752		236		15		639
043 02 ULTRASOUND/VASC LAB	2,101		118		13		343
044 02 LABORATORY	34,248	1	2,364		83		3,738
046 02 WHOLE BLOOD & PACKED RED	1,925		118		7		183
049 02 RESPIRATORY THERAPY	5,887		320		27	2,496	1,689
050 02 PHYSICAL THERAPY	34,572	254	1,418		46	4,195	601
051 02 OCCUPATIONAL THERAPY	4,547	229	386		14	1,261	487
052 02 SPEECH PATHOLOGY	825		84		7	599	19
053 02 ELECTROCARDIOLOGY	4,240	93	1,418		15		430
054 02 ELECTROENCEPHALOGRAPHY	857				1		25
054 01 SLEEP LAB							
055 01 MEDICAL SUPPLIES CHARGED							9,494
056 01 DRUGS CHARGED TO PATIENTS							2,585
057 01 RENAL DIALYSIS							
060 01 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	64,347	120	1,586		30	2,727	305
060 01 WOUND CARE	14,843	103	1,418		17	1,522	1,469
060 02 PULMONARY REHAB					3	286	19
060 03 SPINE CENTER							
060 04 RUSH HEART CENTER							
061 04 EMERGENCY	32,630	1,892	1,668		108	9,765	4,300
062 04 OBSERVATION BEDS (NON-DIS							
062 04 SPEC PURPOSE COST CENTERS							
095 04 SUBTOTALS	763,882	15,316	39,117	149,161	1,213	73,484	103,945
096 04 NONREIMBURS COST CENTERS							
096 04 GIFT, FLOWER, COFFEE SHOP	3,712		118		4		
096 01 ADC							9
098 01 PHYSICIANS' PRIVATE OFFIC	1,128				168		822
101 01 CROSS FOOT ADJUSTMENTS							
102 01 NEGATIVE COST CENTER							
103 01 TOTAL	768,722	15,316	39,235	149,161	1,385	73,484	104,776

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0063
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/23/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SERVICES-SALARY & FRI 22	I&R SERVICES-OTHER PRGM C 23	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 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							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 ADMINISTRATION							
006 05 CASHIERING							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	44,980						
017 MEDICAL RECORDS & LIBRARY		116,596					
018 SOCIAL SERVICE			8,096				
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C					236		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		8,887	6,070			463,616	
031 INTENSIVE CARE UNIT		3,309				189,640	
034 SUBPROVIDER		1,672	2,026			134,653	
037 SKILLED NURSING FACILITY		1,841				196,060	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		19,063				464,193	
038 01 ENDOSCOPY		3,582				109,363	
040 01 RECOVERY ROOM		2,544				31,107	
041 01 ANESTHESIOLOGY		2,790				54,663	
042 01 RADIOLOGY-DIAGNOSTIC		8,087				507,051	
043 01 RADIOLOGY-THERAPEUTIC							
043 01 RADIOISOTOPE		1,798				391,085	
043 01 CT SCAN		7,033				156,677	
043 02 ULTRASOUND/VASC LAB		2,038				70,413	
044 02 LABORATORY		20,208				199,580	
046 02 WHOLE BLOOD & PACKED RED		913				8,279	
049 02 RESPIRATORY THERAPY		3,166				82,534	
050 02 PHYSICAL THERAPY		4,035				107,980	
051 02 OCCUPATIONAL THERAPY		2,200				20,474	
052 02 SPEECH PATHOLOGY		321				4,015	
053 02 ELECTROCARDIOLOGY		1,915				51,220	
054 02 ELECTROENCEPHALOGRAPHY		50				3,922	
054 01 SLEEP LAB							
055 01 MEDICAL SUPPLIES CHARGED		929				13,075	
056 01 DRUGS CHARGED TO PATIENTS	44,980	10,431				73,401	
057 01 RENAL DIALYSIS		1,318				3,661	
060 01 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC		1,349				177,919	
060 01 WOUND CARE		1,537				50,536	
060 02 PULMONARY REHAB		184				5,588	
060 03 SPINE CENTER							
060 04 RUSH HEART CENTER							
061 04 EMERGENCY		5,396				161,449	
062 04 OBSERVATION BEDS (NON-DIS							
095 04 SPEC PURPOSE COST CENTERS							
095 04 SUBTOTALS	44,980	116,596	8,096			3,732,154	
096 04 NONREIMBURS COST CENTERS							
096 04 GIFT, FLOWER, COFFEE SHOP						8,642	
096 01 ADC						7,879	
098 01 PHYSICIANS' PRIVATE OFFICE						52,954	
101 01 CROSS FOOT ADJUSTMENTS					236	236	
102 01 NEGATIVE COST CENTER							
103 01 TOTAL	44,980	116,596	8,096		236	3,801,865	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0063
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/23/2009
 WORKSHEET B
 PART III

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	
006 01	NONPATIENT TELEPHONES	
006 02	DATA PROCESSING	
006 03	PURCHASING	
006 04	ADMINISTRATIVE	
006 05	CASHIERING	
006 06	OTHER ADMINISTRATIVE AND	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	463,616
026	INTENSIVE CARE UNIT	189,640
031	SUBPROVIDER	134,653
034	SKILLED NURSING FACILITY	196,060
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	464,193
037 01	ENDOSCOPY	109,363
038	RECOVERY ROOM	31,107
040	ANESTHESIOLOGY	54,663
041	RADIOLOGY-DIAGNOSTIC	507,051
042	RADIOLOGY-THERAPEUTIC	
043	RADIOISOTOPE	391,085
043 01	CT SCAN	156,677
043 02	ULTRASOUND/VASC LAB	70,413
044	LABORATORY	199,580
046	WHOLE BLOOD & PACKED RED	8,279
049	RESPIRATORY THERAPY	82,534
050	PHYSICAL THERAPY	107,980
051	OCCUPATIONAL THERAPY	20,474
052	SPEECH PATHOLOGY	4,015
053	ELECTROCARDIOLOGY	51,220
054	ELECTROENCEPHALOGRAPHY	3,922
054 01	SLEEP LAB	
055	MEDICAL SUPPLIES CHARGED	13,075
056	DRUGS CHARGED TO PATIENTS	73,401
057	RENAL DIALYSIS	3,661
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	177,919
060 01	WOUND CARE	50,536
060 02	PULMONARY REHAB	5,588
060 03	SPINE CENTER	
060 04	RUSH HEART CENTER	
061	EMERGENCY	161,449
062	OBSERVATION BEDS (NON-DIS	
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	3,732,154
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	8,642
096 01	ADC	7,879
098	PHYSICIANS' PRIVATE OFFIC	52,954
101	CROSS FOOT ADJUSTMENTS	236
102	NEGATIVE COST CENTER	
103	TOTAL	3,801,865

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TELEPHONES
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	FITS (GROSS SALARIES)	(NBR OF PHONES)
	1	2	3	4	5	6.01
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	425,111					
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			425,111			
004 NEW CAP REL COSTS-MVB				1,902,083		
005 EMPLOYEE BENEFITS	5,459		5,459	2,731	39,652,860	
006 01 NONPATIENT TELEPHONES	471		471	1,530		603
006 02 DATA PROCESSING	4,347		4,347	142,657	463,684	12
006 03 PURCHASING	12,854		12,854	7,558	259,896	16
006 04 ADMITTING	3,280		3,280	8,007	754,133	13
006 05 CASHIERING	4,863		4,863	37,035	759,133	24
006 06 OTHER ADMINISTRATIVE	18,789		18,789	55,745	2,446,095	72
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT	156,966		156,966	46,258	1,018,446	32
009 LAUNDRY & LINEN SERVICE	1,832		1,832	343	57,518	
010 HOUSEKEEPING	3,387		3,387	6,995	644,664	4
011 DIETARY	16,162		16,162	11,924	514,773	25
012 CAFETERIA					452,555	
014 NURSING ADMINISTRATION	3,846		3,846	32,347	1,061,157	13
015 CENTRAL SERVICES & SUPPLIES	8,227		8,227	29,647	201,839	7
016 PHARMACY	2,407		2,407	11,249	1,158,933	10
017 MEDICAL RECORDS & LIBRARY	6,499		6,499	43,278	543,511	36
018 SOCIAL SERVICE	634		634	196	348,162	3
022 I&R SERVICES-SALARY & BENEFITS						
023 I&R SERVICES-OTHER PERSONNEL						
025 ADULTS & PEDIATRICS	27,220		27,220	70,620	4,998,225	51
026 INTENSIVE CARE UNIT	7,488		7,488	82,325	2,031,176	19
031 SUBPROVIDER	11,324		11,324	11,455	719,091	32
034 SKILLED NURSING FACILITY	15,710		15,710	11,971	1,247,844	18
037 OPERATING ROOM	19,881		19,881	152,073	1,960,036	30
037 01 ENDOSCOPY	4,070		4,070	56,697	533,560	18
038 RECOVERY ROOM	1,615		1,615	6,658	680,772	
040 ANESTHESIOLOGY	383		383	34,150	161,103	
041 RADIOLOGY-DIAGNOSTIC	14,438		14,438	323,605	1,717,553	30
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE	14,060		14,060	267,022	419,833	24
043 01 CT SCAN	497		497	135,553	362,989	3
043 02 ULTRASOUND/VASC LAB	596		596	58,984	379,900	4
044 LABORATORY	9,716		9,716	54,498	1,486,115	37
046 WHOLE BLOOD & PACKED	546		546	55	153,473	
049 RESPIRATORY THERAPY	1,670		1,670	50,629	632,013	10
050 PHYSICAL THERAPY	9,808		9,808	8,606	1,049,432	8
051 OCCUPATIONAL THERAPY	1,290		1,290	1,191	356,947	2
052 SPEECH PATHOLOGY	234		234	139	139,813	3
053 ELECTROCARDIOLOGY	1,203		1,203	34,375	294,301	
054 ELECTROENCEPHALOGRAPH	243		243	1,621	56,999	1
054 01 SLEEP LAB						
055 MEDICAL SUPPLIES CHARGED TO PATIENTS						
056 DRUGS CHARGED TO PATIENTS						
057 RENAL DIALYSIS				98		
060 OUTPAT SERVICE COST CENTER						
060 01 CLINIC	18,255		18,255	19,258	705,589	23
060 01 WOUND CARE	4,211		4,211	5,856	374,412	2
060 02 PULMONARY REHAB				4,686	64,695	
060 03 SPINE CENTER						
060 04 RUSH HEART CENTER						
061 EMERGENCY	9,257		9,257	36,621	3,880,796	19
062 OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER)						
095 SUBTOTALS	423,738		423,738	1,866,246	35,091,166	601
096 NONREIMBURS COST CENTER						
096 01 GIFT, FLOWER, COFFEE	1,053		1,053	49		2
098 PHYSICIANS' PRIVATE OFFICE	320		320	27,947	4,561,694	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)			1,912,159	1,889,706	10,263,376	22,659
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)			4.498023		.258831	37.577114
105 COST TO BE ALLOCATED (WRKSHT B, PART II)				.993493		
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)					27,268	3,639
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.000688	6.034826

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING	ADMINISTRATIVE	CASHIERING	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	(# OF TERM)	(SUPPLIES) EXPENSE	(GROSS) CHARGES	(GROSS) CHARGES	RECONCILIATION	(ACCUM. COST) (SQUARE FEET)
	6.02	6.03	6.04	6.05	6a.06	6.06
GENERAL SERVICE COST						7
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 01 NONPATIENT TELEPHONES						
006 02 DATA PROCESSING	274					
006 03 PURCHASING	8	4,351,639				
006 04 ADMINISTRATIVE	10	15,115	261,308,803			
006 05 CASHIERING	31	19,491		261,308,803		
006 06 OTHER ADMINISTRATIVE	45	37,006			-11,617,482	75,891,233
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT	6	5,579				5,475,691
009 LAUNDRY & LINEN SERVICE		338				104,016
010 HOUSEKEEPING	3	330				1,286,984
011 DIETARY	6	11,690				985,173
012 CAFETERIA						482,003
014 NURSING ADMINISTRATION	10	5,396				1,482,314
015 CENTRAL SERVICES & SUPPLIES	3	363,706				393,695
016 PHARMACY	12	109,723				1,989,333
017 MEDICAL RECORDS & LIBRARY	29	11,080				1,216,772
018 SOCIAL SERVICE	2	652				569,069
022 I&R SERVICES-SALARY & BENEFITS						
023 I&R SERVICES-OTHER PERSONNEL		402				103,190
025 ADULTS & PEDIATRICS	13	144,260	19,927,062	19,927,062		7,581,997
026 INTENSIVE CARE UNIT	5	62,380	7,419,168	7,419,168		3,257,435
031 SUBPROVIDER	2	21,717	3,747,808	3,747,808		1,566,267
034 SKILLED NURSING FACILITY	5	21,726	4,127,649	4,127,649		1,984,018
037 OPERATING ROOM	5	1,805,163	42,741,174	42,741,174		10,034,734
037 01 ENDOSCOPY	4	126,302	8,031,652	8,031,652		1,103,986
038 RECOVERY ROOM	2	2,852	5,703,954	5,703,954		976,908
040 ANESTHESIOLOGY		241,735	6,255,237	6,255,237		650,970
041 RADIOLOGY-DIAGNOSTIC	23	605,493	18,131,629	18,131,629		4,369,536
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE	7	31,892	4,032,202	4,032,202		1,314,009
043 01 CT SCAN	1	26,435	15,768,361	15,768,361		1,044,818
043 02 ULTRASOUND/VASC LAB	1	13,715	4,569,586	4,569,586		692,538
044 LABORATORY	16	171,045	45,194,223	45,194,223		4,071,532
046 WHOLE BLOOD & PACKED CELLS		6,973	2,046,409	2,046,409		700,735
049 RESPIRATORY THERAPY	7	65,959	7,099,242	7,099,242		1,133,931
050 PHYSICAL THERAPY	2	27,292	9,046,707	9,046,707		1,831,582
051 OCCUPATIONAL THERAPY		19,641	4,932,439	4,932,439		790,892
052 SPEECH PATHOLOGY		999	719,351	719,351		244,186
053 ELECTROCARDIOLOGY		18,854	4,294,165	4,294,165		572,120
054 ELECTROENCEPHALOGRAPHY		1,322	111,740	111,740		77,990
054 01 SLEEP LAB						
055 MEDICAL SUPPLIES CHARGED TO PATIENTS			2,083,284	2,083,284		805,549
056 DRUGS CHARGED TO PATIENTS			23,387,820	23,387,820		2,598,406
057 RENAL DIALYSIS			2,955,783	2,955,783		462,488
060 OUTPAT SERVICE COST CENTER						
060 01 CLINIC	3	24,619	3,023,828	3,023,828		976,302
060 02 WOUND CARE		59,627	3,446,108	3,446,108		994,922
060 03 PULMONARY REHAB		774	413,311	413,311		95,226
060 04 SPIRE CENTER						
060 04 RUSH HEART CENTER						
061 EMERGENCY	13	192,301	12,098,911	12,098,911		4,097,446
062 OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER)						
095 SUBTOTALS	274	4,273,584	261,308,803	261,308,803	-11,617,482	68,118,763
096 NONREIMBURS COST CENTER						
096 01 GIFT, FLOWER, COFFEE		18				5,037
098 PHYSICIANS' PRIVATE OFFICE		3,813				8,203
101 CROSS FOOT ADJUSTMENT		74,224				7,759,230
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,060,943	470,776	1,100,825	2,732,462		11,617,482
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.108184		.010457		.153081
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	3,872.054745		.004213			
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	161,673	70,323	29,450	77,941		169,168
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	590.047445	.016160	.000113	.000298		.002229

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(PROD FTE'S)	(FTE)	(COSTED REQUIS.)
	8	9	10	11	12	14	15
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 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 ADMINISTRATION							
006 05 CASHIERING							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	218,082						
009 LAUNDRY & LINEN SERVICE	1,832	660,702					
010 HOUSEKEEPING	3,387		43,150				
011 DIETARY	16,162		1,339	83,631			
012 CAFETERIA					46,047		
014 NURSING ADMINISTRATION	3,846		390		1,236	29,829	
015 CENTRAL SERVICES & SUPPLY	8,227		650		657		3,983,910
016 PHARMACY	2,407		340		1,307		
017 MEDICAL RECORDS & LIBRARY	6,499		915		1,146		
018 SOCIAL SERVICE	634		92		441		
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
025 ADULTS & PEDIATRICS	27,220	205,318	8,786	46,758	8,174	8,915	111,539
026 INTENSIVE CARE UNIT	7,488	59,661	2,190	9,303	2,674	2,923	54,708
031 SUBPROVIDER	11,324	41,146	2,305	7,953	1,357	1,520	17,162
034 SKILLED NURSING FACILITY	15,710	70,245	3,120	19,617	2,219	2,412	16,595
ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	19,881	73,421	5,252		2,755	3,024	1,784,777
037 01 ENDOSCOPY	4,070	18,862	390		787	861	122,569
038 RECOVERY ROOM	1,615	10,032	260		810	898	2,614
040 ANESTHESIOLOGY	383		650		160		237,153
041 RADIOLOGY-DIAGNOSTIC	14,438	65,850	3,104		3,096		580,838
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	14,060		990		617		23,441
043 01 CT SCAN	497		260		485		24,288
043 02 ULTRASOUND/VASC LAB	596		130		439		13,054
044 LABORATORY	9,716	28	2,600		2,760		142,121
046 WHOLE BLOOD & PACKED	546		130		239		6,973
049 RESPIRATORY THERAPY	1,670		352		903	1,013	64,211
050 PHYSICAL THERAPY	9,808	10,962	1,560		1,542	1,703	22,835
051 OCCUPATIONAL THERAPY	1,290	9,894	425		478	512	18,511
052 SPEECH PATHOLOGY	234		92		228	243	710
053 ELECTROCARDIOLOGY	1,203	4,018	1,560		485		16,337
054 ELECTROENCEPHALOGRAPHY	243				47		952
054 01 SLEEP LAB							
055 MEDICAL SUPPLIES CHARGED TO PATIENTS							360,988
056 DRUGS CHARGED TO PATIENTS							98,288
057 RENAL DIALYSIS OUTPAT SERVICE COST CENTER							
060 CLINIC	18,255	5,189	1,744		1,002	1,107	11,599
060 01 WOUND CARE	4,211	4,457	1,560		561	618	55,844
060 02 PULMONARY REHAB					102	116	708
060 03 SPINE CENTER							
060 04 RUSH HEART CENTER							
061 EMERGENCY	9,257	81,619	1,834		3,605	3,964	163,507
062 OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER)							
095 SUBTOTALS	216,709	660,702	43,020	83,631	40,312	29,829	3,952,322
NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE	1,053		130		143		
096 01 ADC							330
098 PHYSICIANS' PRIVATE OFFICE	320				5,592		31,258
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	6,313,915	172,979	1,582,058	1,653,000	555,789	1,849,795	723,912
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.261811		19.765398		62.013309	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	28,952,023		36,664,148		12,070,037		181,709
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	768,722	15,316	39,235	149,161	1,385	73,484	104,776
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		.023181	.909270	1.783561	.030078	2.463509	.026300

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	(COSTED REQUIS.)	(GROSS CHARGES)	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)
	16	17	18	22	23
GENERAL SERVICE COST					
001 OLD CAP REL COSTS-BLD					
002 OLD CAP REL COSTS-MVB					
003 NEW CAP REL COSTS-BLD					
004 NEW CAP REL COSTS-MVB					
005 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 DATA PROCESSING					
006 03 PURCHASING					
006 04 ADMINISTRATION					
006 05 CASHIERING					
006 06 OTHER ADMINISTRATIVE					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPORT					
016 PHARMACY	100				
017 MEDICAL RECORDS & LIBRARY		261,308,803			
018 SOCIAL SERVICE			11,738		
022 I&R SERVICES-SALARY & FRI				100	
023 I&R SERVICES-OTHER PROGRAMS					100
025 ADULTS & PEDIATRICS		19,927,062	8,800	100	100
026 INTENSIVE CARE UNIT		7,419,168			
031 SUBPROVIDER		3,747,808	2,938		
034 SKILLED NURSING FACILITY		4,127,649			
037 OPERATING ROOM		42,741,174			
037 01 ENDOSCOPY		8,031,652			
038 RECOVERY ROOM		5,703,954			
040 ANESTHESIOLOGY		6,255,237			
041 RADIOLOGY-DIAGNOSTIC		18,131,629			
042 RADIOLOGY-THERAPEUTIC					
043 RADIOISOTOPE		4,032,202			
043 01 CT SCAN		15,768,361			
043 02 ULTRASOUND/VASC LAB		4,569,586			
044 LABORATORY		45,194,223			
046 WHOLE BLOOD & PACKED		2,046,409			
049 RESPIRATORY THERAPY		7,099,242			
050 PHYSICAL THERAPY		9,046,707			
051 OCCUPATIONAL THERAPY		4,932,439			
052 SPEECH PATHOLOGY		719,351			
053 ELECTROCARDIOLOGY		4,294,165			
054 ELECTROENCEPHALOGRAPH		111,740			
054 01 SLEEP LAB					
055 MEDICAL SUPPLIES CHARGED TO PATIENT		2,083,284			
056 DRUGS CHARGED TO PATIENT	100	23,387,820			
057 RENAL DIALYSIS		2,955,783			
060 OUTPAT SERVICE COST CENTER					
060 01 CLINIC		3,023,828			
060 01 WOUND CARE		3,446,108			
060 02 PULMONARY REHAB		413,311			
060 03 SPINE CENTER					
060 04 RUSH HEART CENTER					
061 EMERGENCY		12,098,911			
062 OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER)					
095 SUBTOTALS	100	261,308,803	11,738	100	100
096 NONREIMBURSABLE COST CENTER					
096 01 GIFT, FLOWER, COFFEE					
098 PHYSICIANS' PRIVATE OFFICE					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)	2,391,792	1,638,576	683,235		118,986
104 UNIT COST MULTIPLIER (WORKSHEET B, PART I)		.006271			
105 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)	23,917.920000		58.207105		1,189.860000
106 UNIT COST MULTIPLIER (WORKSHEET B, PART I)					
107 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)	44,980	116,596	8,096		236
108 UNIT COST MULTIPLIER (WORKSHEET B, PART I)	449.800000	.000446	.689726		2.360000

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	12,139,774		12,139,774		12,139,774
26	INTENSIVE CARE UNIT	4,522,677		4,522,677	1,202	4,523,879
31	SUBPROVIDER	2,694,635		2,694,635	59,021	2,753,656
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	3,468,348		3,468,348		3,468,348
37	OPERATING ROOM	13,171,335		13,171,335		13,171,335
37 01	ENDOSCOPY	1,545,587		1,545,587		1,545,587
38	RECOVERY ROOM	1,287,080		1,287,080		1,287,080
40	ANESTHESIOLOGY	869,793		869,793		869,793
41	RADIOLOGY-DIAGNOSTIC	5,844,099		5,844,099		5,844,099
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	1,995,514		1,995,514		1,995,514
43 01	CT SCAN	1,337,832		1,337,832		1,337,832
43 02	ULTRASOUND/VASC LAB	856,900		856,900		856,900
44	LABORATORY	5,413,898		5,413,898		5,413,898
46	WHOLE BLOOD & PACKED RED	845,563		845,563		845,563
49	RESPIRATORY THERAPY	1,498,675		1,498,675	1,202	1,499,877
50	PHYSICAL THERAPY	2,641,091		2,641,091		2,641,091
51	OCCUPATIONAL THERAPY	1,039,298		1,039,298		1,039,298
52	SPEECH PATHOLOGY	314,175		314,175		314,175
53	ELECTROCARDIOLOGY	788,530		788,530		788,530
54	ELECTROENCEPHALOGRAPHY	98,405		98,405		98,405
54 01	SLEEP LAB					
55	MEDICAL SUPPLIES CHARGED	1,007,522		1,007,522		1,007,522
56	DRUGS CHARGED TO PATIENTS	5,552,490		5,552,490		5,552,490
57	RENAL DIALYSIS	551,822		551,822		551,822
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,821,388		1,821,388		1,821,388
60 01	WOUND CARE	1,404,359		1,404,359		1,404,359
60 02	PULMONARY REHAB	120,949		120,949		120,949
60 03	SPINE CENTER					
60 04	RUSH HEART CENTER					
61	EMERGENCY	5,476,223		5,476,223	71,291	5,547,514
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	295,609		295,609		295,609
101	SUBTOTAL	78,603,571		78,603,571	132,716	78,736,287
102	LESS OBSERVATION BEDS	295,609		295,609		295,609
103	TOTAL	78,307,962		78,307,962	132,716	78,440,678

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	19,497,074		19,497,074			
26	INTENSIVE CARE UNIT	7,904,734		7,904,734			
31	SUBPROVIDER	2,886,288		2,886,288			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	3,822,301		3,822,301			
37	OPERATING ROOM	15,347,168	31,851,850	47,199,018	.279060	.279060	.279060
37 01	ENDOSCOPY	1,957,200	7,375,621	9,332,821	.165608	.165608	.165608
38	RECOVERY ROOM	1,825,172	4,461,236	6,286,408	.204740	.204740	.204740
40	ANESTHESIOLOGY	2,342,746	4,804,050	7,146,796	.121704	.121704	.121704
41	RADIOLOGY-DIAGNOSTIC	7,462,856	10,239,378	17,702,234	.330133	.330133	.330133
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	926,462	3,470,053	4,396,515	.453885	.453885	.453885
43 01	CT SCAN	5,981,107	12,258,987	18,240,094	.073346	.073346	.073346
43 02	ULTRASOUND/VASC LAB	1,561,844	3,498,511	5,060,355	.169336	.169336	.169336
44	LABORATORY	18,660,342	31,220,884	49,881,226	.108536	.108536	.108536
46	WHOLE BLOOD & PACKED RED	1,842,790	324,823	2,167,613	.390089	.390089	.390089
49	RESPIRATORY THERAPY	5,947,283	693,070	6,640,353	.225692	.225692	.225692
50	PHYSICAL THERAPY	5,849,067	4,660,677	10,509,744	.251299	.251299	.251299
51	OCCUPATIONAL THERAPY	3,879,059	658,901	4,537,960	.229023	.229023	.229023
52	SPEECH PATHOLOGY	774,818	138,527	913,345	.343983	.343983	.343983
53	ELECTROCARDIOLOGY	2,022,824	2,645,202	4,668,026	.168922	.168922	.168922
54	ELECTROENCEPHALOGRAPHY	92,504	39,218	131,722	.747066	.747066	.747066
54 01	SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED	1,693,995	658,566	2,352,561	.428266	.428266	.428266
56	DRUGS CHARGED TO PATIENTS	19,748,509	4,784,966	24,533,475	.226323	.226323	.226323
57	RENAL DIALYSIS	2,363,661	31,464	2,395,125	.230394	.230394	.230394
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	482	3,152,911	3,153,393	.577596	.577596	.577596
60 01	WOUND CARE	17,737	3,340,327	3,358,064	.418205	.418205	.418205
60 02	PULMONARY REHAB	114	457,673	457,787	.264204	.264204	.264204
60 03	SPINE CENTER						
60 04	RUSH HEART CENTER						
61	EMERGENCY	2,390,763	10,456,711	12,847,474	.426249	.426249	.431798
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	13,984	488,086	502,070	.588780	.588780	.588780
101	SUBTOTAL	136,812,884	141,711,692	278,524,576			
102	LESS OBSERVATION BEDS						
103	TOTAL	136,812,884	141,711,692	278,524,576			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0063
PERIOD: FROM 7/1/2008 TO 6/30/2009
PREPARED 11/23/2009
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	12,258,760		12,258,760		12,258,760
26	INTENSIVE CARE UNIT	4,522,677		4,522,677	1,202	4,523,879
31	SUBPROVIDER	2,694,635		2,694,635	59,021	2,753,656
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	3,468,348		3,468,348		3,468,348
37	OPERATING ROOM	13,171,335		13,171,335		13,171,335
37 01	ENDOSCOPY	1,545,587		1,545,587		1,545,587
38	RECOVERY ROOM	1,287,080		1,287,080		1,287,080
40	ANESTHESIOLOGY	869,793		869,793		869,793
41	RADIOLOGY-DIAGNOSTIC	5,844,099		5,844,099		5,844,099
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	1,995,514		1,995,514		1,995,514
43 01	CT SCAN	1,337,832		1,337,832		1,337,832
43 02	ULTRASOUND/VASC LAB	856,900		856,900		856,900
44	LABORATORY	5,413,898		5,413,898		5,413,898
46	WHOLE BLOOD & PACKED RED	845,563		845,563		845,563
49	RESPIRATORY THERAPY	1,498,675		1,498,675	1,202	1,499,877
50	PHYSICAL THERAPY	2,641,091		2,641,091		2,641,091
51	OCCUPATIONAL THERAPY	1,039,298		1,039,298		1,039,298
52	SPEECH PATHOLOGY	314,175		314,175		314,175
53	ELECTROCARDIOLOGY	788,530		788,530		788,530
54	ELECTROENCEPHALOGRAPHY	98,405		98,405		98,405
54 01	SLEEP LAB					
55	MEDICAL SUPPLIES CHARGED	1,007,522		1,007,522		1,007,522
56	DRUGS CHARGED TO PATIENTS	5,552,490		5,552,490		5,552,490
57	RENAL DIALYSIS	551,822		551,822		551,822
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,821,388		1,821,388		1,821,388
60 01	WOUND CARE	1,404,359		1,404,359		1,404,359
60 02	PULMONARY REHAB	120,949		120,949		120,949
60 03	SPINE CENTER					
60 04	RUSH HEART CENTER					
61	EMERGENCY	5,476,223		5,476,223	71,291	5,547,514
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	295,609		295,609		295,609
101	SUBTOTAL	78,722,557		78,722,557	132,716	78,855,273
102	LESS OBSERVATION BEDS	295,609		295,609		295,609
103	TOTAL	78,426,948		78,426,948	132,716	78,559,664

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	19,497,074		19,497,074			
26	INTENSIVE CARE UNIT	7,904,734		7,904,734			
31	SUBPROVIDER	2,886,288		2,886,288			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	3,822,301		3,822,301			
37	OPERATING ROOM	15,347,168	31,851,850	47,199,018	.279060	.279060	.279060
37 01	ENDOSCOPY	1,957,200	7,375,621	9,332,821	.165608	.165608	.165608
38	RECOVERY ROOM	1,825,172	4,461,236	6,286,408	.204740	.204740	.204740
40	ANESTHESIOLOGY	2,342,746	4,804,050	7,146,796	.121704	.121704	.121704
41	RADIOLOGY-DIAGNOSTIC	7,462,856	10,239,378	17,702,234	.330133	.330133	.330133
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	926,462	3,470,053	4,396,515	.453885	.453885	.453885
43 01	CT SCAN	5,981,107	12,258,987	18,240,094	.073346	.073346	.073346
43 02	ULTRASOUND/VASC LAB	1,561,844	3,498,511	5,060,355	.169336	.169336	.169336
44	LABORATORY	18,660,342	31,220,884	49,881,226	.108536	.108536	.108536
46	WHOLE BLOOD & PACKED RED	1,842,790	324,823	2,167,613	.390089	.390089	.390089
49	RESPIRATORY THERAPY	5,947,283	693,070	6,640,353	.225692	.225692	.225692
50	PHYSICAL THERAPY	5,849,067	4,660,677	10,509,744	.251299	.251299	.251299
51	OCCUPATIONAL THERAPY	3,879,059	658,901	4,537,960	.229023	.229023	.229023
52	SPEECH PATHOLOGY	774,818	138,527	913,345	.343983	.343983	.343983
53	ELECTROCARDIOLOGY	2,022,824	2,645,202	4,668,026	.168922	.168922	.168922
54	ELECTROENCEPHALOGRAPHY	92,504	39,218	131,722	.747066	.747066	.747066
54 01	SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED	1,693,995	658,566	2,352,561	.428266	.428266	.428266
56	DRUGS CHARGED TO PATIENTS	19,748,509	4,784,966	24,533,475	.226323	.226323	.226323
57	RENAL DIALYSIS	2,363,661	31,464	2,395,125	.230394	.230394	.230394
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	482	3,152,911	3,153,393	.577596	.577596	.577596
60 01	WOUND CARE	17,737	3,340,327	3,358,064	.418205	.418205	.418205
60 02	PULMONARY REHAB	114	457,673	457,787	.264204	.264204	.264204
60 03	SPINE CENTER						
60 04	RUSH HEART CENTER						
61	EMERGENCY	2,390,763	10,456,711	12,847,474	.426249	.426249	.431798
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	13,984	488,086	502,070	.588780	.588780	.588780
101	SUBTOTAL	136,812,884	141,711,692	278,524,576			
102	LESS OBSERVATION BEDS						
103	TOTAL	136,812,884	141,711,692	278,524,576			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	13,171,335	464,193	12,707,142			13,171,335
37	01 ENDOSCOPY	1,545,587	109,363	1,436,224			1,545,587
38	RECOVERY ROOM	1,287,080	31,107	1,255,973			1,287,080
40	ANESTHESIOLOGY	869,793	54,663	815,130			869,793
41	RADIOLOGY-DIAGNOSTIC	5,844,099	507,051	5,337,048			5,844,099
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	1,995,514	391,085	1,604,429			1,995,514
43	01 CT SCAN	1,337,832	156,677	1,181,155			1,337,832
43	02 ULTRASOUND/VASC LAB	856,900	70,413	786,487			856,900
44	LABORATORY	5,413,898	199,580	5,214,318			5,413,898
46	WHOLE BLOOD & PACKED RED	845,563	8,279	837,284			845,563
49	RESPIRATORY THERAPY	1,498,675	82,534	1,416,141			1,498,675
50	PHYSICAL THERAPY	2,641,091	107,980	2,533,111			2,641,091
51	OCCUPATIONAL THERAPY	1,039,298	20,474	1,018,824			1,039,298
52	SPEECH PATHOLOGY	314,175	4,015	310,160			314,175
53	ELECTROCARDIOLOGY	788,530	51,220	737,310			788,530
54	ELECTROENCEPHALOGRAPHY	98,405	3,922	94,483			98,405
54	01 SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED	1,007,522	13,075	994,447			1,007,522
56	DRUGS CHARGED TO PATIENTS	5,552,490	73,401	5,479,089			5,552,490
57	RENAL DIALYSIS	551,822	3,661	548,161			551,822
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,821,388	177,919	1,643,469			1,821,388
60	01 WOUND CARE	1,404,359	50,536	1,353,823			1,404,359
60	02 PULMONARY REHAB	120,949	5,588	115,361			120,949
60	03 SPINE CENTER						
60	04 RUSH HEART CENTER						
61	EMERGENCY	5,476,223	161,449	5,314,774			5,476,223
62	OBSERVATION BEDS (NON-DIS	295,609	11,289	284,320			295,609
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	55,778,137	2,759,474	53,018,663			55,778,137
102	LESS OBSERVATION BEDS	295,609	11,289	284,320			295,609
103	TOTAL	55,482,528	2,748,185	52,734,343			55,482,528

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	47,199,018	.279060	.279060
37	01 ENDOSCOPY	9,332,821	.165608	.165608
38	RECOVERY ROOM	6,286,408	.204740	.204740
40	ANESTHESIOLOGY	7,146,796	.121704	.121704
41	RADIOLOGY-DIAGNOSTIC	17,702,234	.330133	.330133
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	4,396,515	.453885	.453885
43	01 CT SCAN	18,240,094	.073346	.073346
43	02 ULTRASOUND/VASC LAB	5,060,355	.169336	.169336
44	LABORATORY	49,881,226	.108536	.108536
46	WHOLE BLOOD & PACKED RED	2,167,613	.390089	.390089
49	RESPIRATORY THERAPY	6,640,353	.225692	.225692
50	PHYSICAL THERAPY	10,509,744	.251299	.251299
51	OCCUPATIONAL THERAPY	4,537,960	.229023	.229023
52	SPEECH PATHOLOGY	913,345	.343983	.343983
53	ELECTROCARDIOLOGY	4,668,026	.168922	.168922
54	ELECTROENCEPHALOGRAPHY	131,722	.747066	.747066
54	01 SLEEP LAB			
55	MEDICAL SUPPLIES CHARGED	2,352,561	.428266	.428266
56	DRUGS CHARGED TO PATIENTS	24,533,475	.226323	.226323
57	RENAL DIALYSIS	2,395,125	.230394	.230394
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	3,153,393	.577596	.577596
60	01 WOUND CARE	3,358,064	.418205	.418205
60	02 PULMONARY REHAB	457,787	.264204	.264204
60	03 SPINE CENTER			
60	04 RUSH HEART CENTER			
61	EMERGENCY	12,847,474	.426249	.426249
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	502,070	.588780	.588780
101	SUBTOTAL	244,414,179		
102	LESS OBSERVATION BEDS	502,070		
103	TOTAL	243,912,109		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	13,171,335	464,193	12,707,142	46,419	737,014	12,387,902
37	01 ENDOSCOPY	1,545,587	109,363	1,436,224	10,936	83,301	1,451,350
38	RECOVERY ROOM	1,287,080	31,107	1,255,973	3,111	72,846	1,211,123
40	ANESTHESIOLOGY	869,793	54,663	815,130	5,466	47,278	817,049
41	RADIOLOGY-DIAGNOSTIC	5,844,099	507,051	5,337,048	50,705	309,549	5,483,845
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	1,995,514	391,085	1,604,429	39,109	93,057	1,863,348
43	01 CT SCAN	1,337,832	156,677	1,181,155	15,668	68,507	1,253,657
43	02 ULTRASOUND/VASC LAB	856,900	70,413	786,487	7,041	45,616	804,243
44	LABORATORY	5,413,898	199,580	5,214,318	19,958	302,430	5,091,510
46	WHOLE BLOOD & PACKED RED	845,563	8,279	837,284	828	48,562	796,173
49	RESPIRATORY THERAPY	1,498,675	82,534	1,416,141	8,253	82,136	1,408,286
50	PHYSICAL THERAPY	2,641,091	107,980	2,533,111	10,798	146,920	2,483,373
51	OCCUPATIONAL THERAPY	1,039,298	20,474	1,018,824	2,047	59,092	978,159
52	SPEECH PATHOLOGY	314,175	4,015	310,160	402	17,989	295,784
53	ELECTROCARDIOLOGY	788,530	51,220	737,310	5,122	42,764	740,644
54	ELECTROENCEPHALOGRAPHY	98,405	3,922	94,483	392	5,480	92,533
54	01 SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED	1,007,522	13,075	994,447	1,308	57,678	948,536
56	DRUGS CHARGED TO PATIENTS	5,552,490	73,401	5,479,089	7,340	317,787	5,227,363
57	RENAL DIALYSIS	551,822	3,661	548,161	366	31,793	519,663
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,821,388	177,919	1,643,469	17,792	95,321	1,708,275
60	01 WOUND CARE	1,404,359	50,536	1,353,823	5,054	78,522	1,320,783
60	02 PULMONARY REHAB	120,949	5,588	115,361	559	6,691	113,699
60	03 SPINE CENTER						
60	04 RUSH HEART CENTER						
61	EMERGENCY	5,476,223	161,449	5,314,774	16,145	308,257	5,151,821
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	295,609	11,289	284,320	1,129	16,491	277,989
101	SUBTOTAL	55,778,137	2,759,474	53,018,663	275,948	3,075,081	52,427,108
102	LESS OBSERVATION BEDS	295,609	11,289	284,320	1,129	16,491	277,989
103	TOTAL	55,482,528	2,748,185	52,734,343	274,819	3,058,590	52,149,119

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	47,199,018	.262461	.278076
37	01 ENDOSCOPY	9,332,821	.155510	.164436
38	RECOVERY ROOM	6,286,408	.192657	.204245
40	ANESTHESIOLOGY	7,146,796	.114324	.120939
41	RADIOLOGY-DIAGNOSTIC	17,702,234	.309783	.327269
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	4,396,515	.423824	.444990
43	01 CT SCAN	18,240,094	.068731	.072487
43	02 ULTRASOUND/VASC LAB	5,060,355	.158930	.167945
44	LABORATORY	49,881,226	.102073	.108136
46	WHOLE BLOOD & PACKED RED	2,167,613	.367304	.389707
49	RESPIRATORY THERAPY	6,640,353	.212080	.224449
50	PHYSICAL THERAPY	10,509,744	.236292	.250272
51	OCCUPATIONAL THERAPY	4,537,960	.215550	.228572
52	SPEECH PATHOLOGY	913,345	.323847	.343543
53	ELECTROCARDIOLOGY	4,668,026	.158663	.167824
54	ELECTROENCEPHALOGRAPHY	131,722	.702487	.744090
54	01 SLEEP LAB			
55	MEDICAL SUPPLIES CHARGED	2,352,561	.403193	.427710
56	DRUGS CHARGED TO PATIENTS	24,533,475	.213071	.226024
57	RENAL DIALYSIS	2,395,125	.216967	.230241
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	3,153,393	.541726	.571954
60	01 WOUND CARE	3,358,064	.393317	.416700
60	02 PULMONARY REHAB	457,787	.248367	.262983
60	03 SPINE CENTER			
60	04 RUSH HEART CENTER			
61	EMERGENCY	12,847,474	.400999	.424992
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	502,070	.553686	.586532
101	SUBTOTAL	244,414,179		
102	LESS OBSERVATION BEDS	502,070		
103	TOTAL	243,912,109		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0063 PERIOD: FROM 7/1/2008 TO 6/30/2009 PREPARED 11/23/2009 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				463,616		463,616
26	INTENSIVE CARE UNIT				189,640		189,640
31	SUBPROVIDER				134,653		134,653
101	TOTAL				787,909		787,909

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0063
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/23/2009
 WORKSHEET D
 PART I

PPS

TITLE XVIII, PART A

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	15,975	9,181			29.02	266,433
26	INTENSIVE CARE UNIT	3,101	1,868			61.15	114,228
31	SUBPROVIDER	2,651	2,076			50.79	105,440
101	TOTAL	21,727	13,125				486,101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0063
 COMPONENT NO: 14-0063
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/23/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		464,193	47,199,018	6,932,022		
37 01	ENDOSCOPY		109,363	9,332,821	1,135,904		
38	RECOVERY ROOM		31,107	6,286,408	807,226		
40	ANESTHESIOLOGY		54,663	7,146,796	1,050,130		
41	RADIOLOGY-DIAGNOSTIC		507,051	17,702,234	4,161,684		
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE		391,085	4,396,515	464,483		
43 01	CT SCAN		156,677	18,240,094	3,040,967		
43 02	ULTRASOUND/VASC LAB		70,413	5,060,355	826,460		
44	LABORATORY		199,580	49,881,226	9,703,155		
46	WHOLE BLOOD & PACKED RED		8,279	2,167,613	1,064,979		
49	RESPIRATORY THERAPY		82,534	6,640,353	3,207,356		
50	PHYSICAL THERAPY		107,980	10,509,744	905,091		
51	OCCUPATIONAL THERAPY		20,474	4,537,960	131,905		
52	SPEECH PATHOLOGY		4,015	913,345	150,946		
53	ELECTROCARDIOLOGY		51,220	4,668,026	1,230,492		
54	ELECTROENCEPHALOGRAPHY		3,922	131,722	56,836		
54 01	SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED		13,075	2,352,561	722,132		
56	DRUGS CHARGED TO PATIENTS		73,401	24,533,475	9,299,764		
57	RENAL DIALYSIS		3,661	2,395,125	1,432,668		
60	OUTPAT SERVICE COST CNTRS						
	CLINIC		177,919	3,153,393	98		
60 01	WOUND CARE		50,536	3,358,064	11,423		
60 02	PULMONARY REHAB		5,588	457,787	107		
60 03	SPINE CENTER						
60 04	RUSH HEART CENTER						
61	EMERGENCY		161,449	12,847,474	1,235,220		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		11,289	502,070			
101	TOTAL		2,759,474	244,414,179	47,571,048		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 11/23/2009
14-0063	FROM 7/ 1/2008	WORKSHEET D
COMPONENT NO:	TO 6/30/2009	PART II
14-0063		

PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.009835	68,176
37 01	ENDOSCOPY	.011718	13,311
38	RECOVERY ROOM	.004948	3,994
40	ANESTHESIOLOGY	.007649	8,032
41	RADIOLOGY-DIAGNOSTIC	.028643	119,203
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE	.088953	41,317
43 01	CT SCAN	.008590	26,122
43 02	ULTRASOUND/VASC LAB	.013915	11,500
44	LABORATORY	.004001	38,822
46	WHOLE BLOOD & PACKED RED	.003819	4,067
49	RESPIRATORY THERAPY	.012429	39,864
50	PHYSICAL THERAPY	.010274	9,299
51	OCCUPATIONAL THERAPY	.004512	595
52	SPEECH PATHOLOGY	.004396	664
53	ELECTROCARDIOLOGY	.010973	13,502
54	ELECTROENCEPHALOGRAPHY	.029775	1,692
54 01	SLEEP LAB		
55	MEDICAL SUPPLIES CHARGED	.005558	4,014
56	DRUGS CHARGED TO PATIENTS	.002992	27,825
57	RENAL DIALYSIS	.001529	2,191
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.056421	6
60 01	WOUND CARE	.015049	172
60 02	PULMONARY REHAB	.012207	1
60 03	SPINE CENTER		
60 04	RUSH HEART CENTER		
61	EMERGENCY	.012567	15,523
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	.022485	
101	TOTAL		449,892

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

PROVIDER NO: 14-0063
PERIOD: FROM 7/1/2008 TO 6/30/2009
PREPARED 11/23/2009
WORKSHEET D
PART III
PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					15,975	
26	INTENSIVE CARE UNIT					3,101	
31	SUBPROVIDER					2,651	
34	SKILLED NURSING FACILITY					6,539	
101	TOTAL					28,266	

PROVIDER NO:	PERIOD:	PREPARED 11/23/2009
14-0063	FROM 7/ 1/2008	WORKSHEET D
	TO 6/30/2009	PART III

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

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	9,181	
26	INTENSIVE CARE UNIT	1,868	
31	SUBPROVIDER	2,076	
34	SKILLED NURSING FACILITY	5,430	
101	TOTAL	18,555	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 ENDOSCOPY						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43	01 CT SCAN						
43	02 ULTRASOUND/VASC LAB						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54	01 SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WOUND CARE						
60	02 PULMONARY REHAB						
60	03 SPINE CENTER						
60	04 RUSH HEART CENTER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			47,199,018			6,932,022	
37	01 OPERATING ROOM			9,332,821			1,135,904	
38	RECOVERY ROOM			6,286,408			807,226	
40	ANESTHESIOLOGY			7,146,796			1,050,130	
41	RADIOLOGY-DIAGNOSTIC			17,702,234			4,161,684	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			4,396,515			464,483	
43	01 CT SCAN			18,240,094			3,040,967	
43	02 ULTRASOUND/VASC LAB			5,060,355			826,460	
44	LABORATORY			49,881,226			9,703,155	
46	WHOLE BLOOD & PACKED RED			2,167,613			1,064,979	
49	RESPIRATORY THERAPY			6,640,353			3,207,356	
50	PHYSICAL THERAPY			10,509,744			905,091	
51	OCCUPATIONAL THERAPY			4,537,960			131,905	
52	SPEECH PATHOLOGY			913,345			150,946	
53	ELECTROCARDIOLOGY			4,668,026			1,230,492	
54	ELECTROENCEPHALOGRAPHY			131,722			56,836	
54	01 SLEEP LAB							
55	MEDICAL SUPPLIES CHARGED			2,352,561			722,132	
56	DRUGS CHARGED TO PATIENTS			24,533,475			9,299,764	
57	RENAL DIALYSIS			2,395,125			1,432,668	
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			3,153,393			98	
60	01 WOUND CARE			3,358,064			11,423	
60	02 PULMONARY REHAB			457,787			107	
60	03 SPINE CENTER							
60	04 RUSH HEART CENTER							
61	EMERGENCY			12,847,474			1,235,220	
62	OBSERVATION BEDS (NON-DIS			502,070				
62	OTHER REIMBURS COST CNTRS							
101	TOTAL			244,414,179			47,571,048	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,145,740					
37 01	ENDOSCOPY	1,696,595					
38	RECOVERY ROOM	966,153					
40	ANESTHESIOLOGY	1,006,951					
41	RADIOLOGY-DIAGNOSTIC	3,621,979					
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	1,341,305					
43 01	CT SCAN	3,725,829					
43 02	ULTRASOUND/VASC LAB	987,488					
44	LABORATORY	277,025					
46	WHOLE BLOOD & PACKED RED	129,846					
49	RESPIRATORY THERAPY	228,126					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,076,606					
54	ELECTROENCEPHALOGRAPHY	11,454					
54 01	SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED	120,928					
56	DRUGS CHARGED TO PATIENTS	1,376,738					
57	RENAL DIALYSIS	14,036					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	568,051					
60 01	WOUND CARE	1,966,918					
60 02	PULMONARY REHAB	301,479					
60 03	SPINE CENTER						
60 04	RUSH HEART CENTER						
61	EMERGENCY	925,013					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	197,925					
101	TOTAL	27,686,185					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 11/23/2009
 | 14-0063 | FROM 7/ 1/2008 | WORKSHEET D
 | COMPONENT NO: | TO 6/30/2009 | PART V
 | 14-0063 | |

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	.279060	.279060			
37 01 ENDOSCOPY	.165608	.165608			
38 RECOVERY ROOM	.204740	.204740			
40 ANESTHESIOLOGY	.121704	.121704			
41 RADIOLOGY-DIAGNOSTIC	.330133	.330133			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE	.453885	.453885			
43 01 CT SCAN	.073346	.073346			
43 02 ULTRASOUND/VASC LAB	.169336	.169336			
44 LABORATORY	.108536	.108536			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.390089	.390089			
49 RESPIRATORY THERAPY	.225692	.225692			
50 PHYSICAL THERAPY	.251299	.251299			
51 OCCUPATIONAL THERAPY	.229023	.229023			
52 SPEECH PATHOLOGY	.343983	.343983			
53 ELECTROCARDIOLOGY	.168922	.168922			
54 ELECTROENCEPHALOGRAPHY	.747066	.747066			
54 01 SLEEP LAB					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.428266	.428266			
56 DRUGS CHARGED TO PATIENTS	.226323	.226323			
57 RENAL DIALYSIS	.230394	.230394			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.577596	.577596			
60 01 WOUND CARE	.418205	.418205			
60 02 PULMONARY REHAB	.264204	.264204			
60 03 SPINE CENTER					
60 04 RUSH HEART CENTER					
61 EMERGENCY	.426249	.426249			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.588780	.588780			
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)

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				1,994,090	
37 01 ENDOSCOPY				280,970	
38 RECOVERY ROOM				197,810	
40 ANESTHESIOLOGY				122,550	
41 RADIOLOGY-DIAGNOSTIC				1,195,735	
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE				608,798	
43 01 CT SCAN				273,275	
43 02 ULTRASOUND/VASC LAB				167,217	
44 LABORATORY				30,067	
46 WHOLE BLOOD & PACKED RED BLOOD CELLS				50,651	
49 RESPIRATORY THERAPY				51,486	
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				181,862	
54 ELECTROENCEPHALOGRAPHY				8,557	
54 01 SLEEP LAB					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				51,789	2,963
56 DRUGS CHARGED TO PATIENTS				311,587	
57 RENAL DIALYSIS				3,234	
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC				328,104	
60 01 WOUND CARE				822,575	
60 02 PULMONARY REHAB				79,652	
60 03 SPINE CENTER					
60 04 RUSH HEART CENTER					
61 EMERGENCY				394,286	
62 OBSERVATION BEDS (NON-DISTINCT PART)				116,534	
101 SUBTOTAL				7,270,829	2,963
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				7,270,829	2,963

(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 COST

PROVIDER NO:	PERIOD:	PREPARED 11/23/2009
14-0063	FROM 7/ 1/2008	WORKSHEET D
COMPONENT NO:	TO 6/30/2009	PART VI
14-0063		

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.226323
3	PROGRAM COSTS	20,226
		4,578

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0063
 COMPONENT NO: 14-T063
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/23/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		464,193	47,199,018	14,032		
37 01	ENDOSCOPY		109,363	9,332,821	9,006		
38	RECOVERY ROOM		31,107	6,286,408	4,845		
40	ANESTHESIOLOGY		54,663	7,146,796	2,834		
41	RADIOLOGY-DIAGNOSTIC		507,051	17,702,234	50,844		
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE		391,085	4,396,515	5,273		
43 01	CT SCAN		156,677	18,240,094	61,442		
43 02	ULTRASOUND/VASC LAB		70,413	5,060,355	37,862		
44	LABORATORY		199,580	49,881,226	369,921		
46	WHOLE BLOOD & PACKED RED		8,279	2,167,613	14,376		
49	RESPIRATORY THERAPY		82,534	6,640,353	101,096		
50	PHYSICAL THERAPY		107,980	10,509,744	1,286,851		
51	OCCUPATIONAL THERAPY		20,474	4,537,960	1,064,263		
52	SPEECH PATHOLOGY		4,015	913,345	247,926		
53	ELECTROCARDIOLOGY		51,220	4,668,026	13,074		
54	ELECTROENCEPHALOGRAPHY		3,922	131,722	1,244		
54 01	SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED		13,075	2,352,561	89,283		
56	DRUGS CHARGED TO PATIENTS		73,401	24,533,475	691,340		
57	RENAL DIALYSIS		3,661	2,395,125	197,383		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		177,919	3,153,393			
60 01	WOUND CARE		50,536	3,358,064			
60 02	PULMONARY REHAB		5,588	457,787			
60 03	SPINE CENTER						
60 04	RUSH HEART CENTER						
61	EMERGENCY		161,449	12,847,474			
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		11,289	502,070			
101	TOTAL		2,759,474	244,414,179	4,262,895		

PROVIDER NO: PERIOD: PREPARED 11/23/2009
 14-0063 FROM 7/ 1/2008 WORKSHEET D
 COMPONENT NO: TO 6/30/2009 PART II
 14-T063 PPS

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.009835	138
37 01	ENDOSCOPY	.011718	106
38	RECOVERY ROOM	.004948	24
40	ANESTHESIOLOGY	.007649	22
41	RADIOLOGY-DIAGNOSTIC	.028643	1,456
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE	.088953	469
43 01	CT SCAN	.008590	528
43 02	ULTRASOUND/VASC LAB	.013915	527
44	LABORATORY	.004001	1,480
46	WHOLE BLOOD & PACKED RED	.003819	55
49	RESPIRATORY THERAPY	.012429	1,257
50	PHYSICAL THERAPY	.010274	13,221
51	OCCUPATIONAL THERAPY	.004512	4,802
52	SPEECH PATHOLOGY	.004396	1,090
53	ELECTROCARDIOLOGY	.010973	143
54	ELECTROENCEPHALOGRAPHY	.029775	37
54 01	SLEEP LAB		
55	MEDICAL SUPPLIES CHARGED	.005558	496
56	DRUGS CHARGED TO PATIENTS	.002992	2,068
57	RENAL DIALYSIS	.001529	302
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.056421	
60 01	WOUND CARE	.015049	
60 02	PULMONARY REHAB	.012207	
60 03	SPINE CENTER		
60 04	RUSH HEART CENTER		
61	EMERGENCY	.012567	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	.022485	
101	TOTAL		28,221

TITLE XVIII, PART A SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37 01	ENDOSCOPY						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43 01	CT SCAN						
43 02	ULTRASOUND/VASC LAB						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54 01	SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	WOUND CARE						
60 02	PULMONARY REHAB						
60 03	SPINE CENTER						
60 04	RUSH HEART CENTER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF COST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			47,199,018			14,032	
37	01 OPERATING ROOM			9,332,821			9,006	
38	RECOVERY ROOM			6,286,408			4,845	
40	ANESTHESIOLOGY			7,146,796			2,834	
41	RADIOLOGY-DIAGNOSTIC			17,702,234			50,844	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			4,396,515			5,273	
43	01 CT SCAN			18,240,094			61,442	
43	02 ULTRASOUND/VASC LAB			5,060,355			37,862	
44	LABORATORY			49,881,226			369,921	
46	WHOLE BLOOD & PACKED RED			2,167,613			14,376	
49	RESPIRATORY THERAPY			6,640,353			101,096	
50	PHYSICAL THERAPY			10,509,744			1,286,851	
51	OCCUPATIONAL THERAPY			4,537,960			1,064,263	
52	SPEECH PATHOLOGY			913,345			247,926	
53	ELECTROCARDIOLOGY			4,668,026			13,074	
54	ELECTROENCEPHALOGRAPHY			131,722			1,244	
54	01 SLEEP LAB							
55	MEDICAL SUPPLIES CHARGED			2,352,561			89,283	
56	DRUGS CHARGED TO PATIENTS			24,533,475			691,340	
57	RENAL DIALYSIS			2,395,125			197,383	
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			3,153,393				
60	01 WOUND CARE			3,358,064				
60	02 PULMONARY REHAB			457,787				
60	03 SPINE CENTER							
60	04 RUSH HEART CENTER							
61	EMERGENCY			12,847,474				
62	OBSERVATION BEDS (NON-DIS)			502,070				
62	OTHER REIMBURS COST CNTRS							
101	TOTAL			244,414,179			4,262,895	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 ENDOSCOPY						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	699					
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43	01 CT SCAN						
43	02 ULTRASOUND/VASC LAB	297					
44	LABORATORY	645					
46	WHOLE BLOOD & PACKED RED	1,024					
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54	01 SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS	1,465					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WOUND CARE						
60	02 PULMONARY REHAB						
60	03 SPINE CENTER						
60	04 RUSH HEART CENTER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	TOTAL	4,130					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 11/23/2009
 | 14-0063 | FROM 7/ 1/2008 | WORKSHEET D
 | COMPONENT NO: | TO 6/30/2009 | PART V
 | 14-T063 | |

TITLE XVIII, PART B SUBPROVIDER 1

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	.279060	.279060			
37 01 ENDOSCOPY	.165608	.165608			
38 RECOVERY ROOM	.204740	.204740			
40 ANESTHESIOLOGY	.121704	.121704			
41 RADIOLOGY-DIAGNOSTIC	.330133	.330133			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE	.453885	.453885			
43 01 CT SCAN	.073346	.073346			
43 02 ULTRASOUND/VASC LAB	.169336	.169336			
44 LABORATORY	.108536	.108536			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.390089	.390089			
49 RESPIRATORY THERAPY	.225692	.225692			
50 PHYSICAL THERAPY	.251299	.251299			
51 OCCUPATIONAL THERAPY	.229023	.229023			
52 SPEECH PATHOLOGY	.343983	.343983			
53 ELECTROCARDIOLOGY	.168922	.168922			
54 ELECTROENCEPHALOGRAPHY	.747066	.747066			
54 01 SLEEP LAB					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.428266	.428266			
56 DRUGS CHARGED TO PATIENTS	.226323	.226323			
57 RENAL DIALYSIS	.230394	.230394			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.577596	.577596			
60 01 WOUND CARE	.418205	.418205			
60 02 PULMONARY REHAB	.264204	.264204			
60 03 SPINE CENTER					
60 04 RUSH HEART CENTER					
61 EMERGENCY	.426249	.426249			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.588780	.588780			
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)

TITLE XVIII, PART B SUBPROVIDER 1

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
37 01 ENDOSCOPY					
38 RECOVERY ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		699			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
43 01 CT SCAN					
43 02 ULTRASOUND/VASC LAB		297			
44 LABORATORY		645			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS		1,024			
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
54 01 SLEEP LAB					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS		1,465			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 WOUND CARE					
60 02 PULMONARY REHAB					
60 03 SPINE CENTER					
60 04 RUSH HEART CENTER					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL		4,130			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		4,130			

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 11/23/2009
14-0063	FROM 7/ 1/2008	WORKSHEET D
COMPONENT NO:	TO 6/30/2009	PART II
14-5583		

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	CAPITAL COSTS
LINE NO.		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 ENDOSCOPY						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43	01 CT SCAN						
43	02 ULTRASOUND/VASC LAB						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54	01 SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WOUND CARE						
60	02 PULMONARY REHAB						
60	03 SPINE CENTER						
60	04 RUSH HEART CENTER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0063
 COMPONENT NO: 14-5583
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/23/2009
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SKILLED NURSING FACILITY

WKST A	COST CENTER	DESCRIPTION	NEW CAPITAL
LINE NO.			CST/CHRG RATIO COSTS
			7 8
		ANCILLARY SRVC COST CNTRS	
37		OPERATING ROOM	
37	01	ENDOSCOPY	
38		RECOVERY ROOM	
40		ANESTHESIOLOGY	
41		RADIOLOGY-DIAGNOSTIC	
42		RADIOLOGY-THERAPEUTIC	
43		RADIOISOTOPE	
43	01	CT SCAN	
43	02	ULTRASOUND/VASC LAB	
44		LABORATORY	
46		WHOLE BLOOD & PACKED RED	
49		RESPIRATORY THERAPY	
50		PHYSICAL THERAPY	
51		OCCUPATIONAL THERAPY	
52		SPEECH PATHOLOGY	
53		ELECTROCARDIOLOGY	
54		ELECTROENCEPHALOGRAPHY	
54	01	SLEEP LAB	
55		MEDICAL SUPPLIES CHARGED	
56		DRUGS CHARGED TO PATIENTS	
57		RENAL DIALYSIS	
		OUTPAT SERVICE COST CNTRS	
60		CLINIC	
60	01	WOUND CARE	
60	02	PULMONARY REHAB	
60	03	SPINE CENTER	
60	04	RUSH HEART CENTER	
61		EMERGENCY	
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	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 ENDOSCOPY						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43	01 CT SCAN						
43	02 ULTRASOUND/VASC LAB						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54	01 SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WOUND CARE						
60	02 PULMONARY REHAB						
60	03 SPINE CENTER						
60	04 RUSH HEART CENTER						
61	EMERGENCY						
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 RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			47,199,018			47,575	
37	01 ENDOSCOPY			9,332,821			12,957	
38	RECOVERY ROOM			6,286,408			3,605	
40	ANESTHESIOLOGY			7,146,796			7,832	
41	RADIOLOGY-DIAGNOSTIC			17,702,234			111,349	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			4,396,515			15,513	
43	01 CT SCAN			18,240,094			57,936	
43	02 ULTRASOUND/VASC LAB			5,060,355			32,620	
44	LABORATORY			49,881,226			788,089	
46	WHOLE BLOOD & PACKED RED			2,167,613			23,784	
49	RESPIRATORY THERAPY			6,640,353			536,970	
50	PHYSICAL THERAPY			10,509,744			2,342,598	
51	OCCUPATIONAL THERAPY			4,537,960			1,959,196	
52	SPEECH PATHOLOGY			913,345			240,472	
53	ELECTROCARDIOLOGY			4,668,026			28,930	
54	ELECTROENCEPHALOGRAPHY			131,722				
54	01 SLEEP LAB							
55	MEDICAL SUPPLIES CHARGED			2,352,561			154,902	
56	DRUGS CHARGED TO PATIENTS			24,533,475			1,943,001	
57	RENAL DIALYSIS			2,395,125				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			3,153,393				
60	01 WOUND CARE			3,358,064				
60	02 PULMONARY REHAB			457,787				
60	03 SPINE CENTER							
60	04 RUSH HEART CENTER							
61	EMERGENCY			12,847,474			638	
62	OBSERVATION BEDS (NON-DIS)			502,070				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			244,414,179			8,307,967	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37 01	ENDOSCOPY						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43 01	CT SCAN						
43 02	ULTRASOUND/VASC LAB						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54 01	SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	WOUND CARE						
60 02	PULMONARY REHAB						
60 03	SPINE CENTER						
60 04	RUSH HEART CENTER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	TOTAL						

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/23/2009
14-0063	FROM 7/ 1/2008	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2009	PART I
14-0063		

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)	15,975
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	15,975
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	15,975
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)	9,181
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	12,139,774
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	12,139,774

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	18,856,579
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	18,856,579
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.643795
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,180.38
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	12,139,774

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/23/2009
14-0063	FROM 7/ 1/2008	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2009	PART III
14-0063		

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	389
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	759.92
85	OBSERVATION BED COST	295,609

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	12,139,774		295,609	
87	NEW CAPITAL-RELATED COST	463,616	.038190	295,609	11,289
88	NON PHYSICIAN ANESTHETIST	12,139,774		295,609	
89	MEDICAL EDUCATION	12,139,774		295,609	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/23/2009
14-0063	FROM 7/ 1/2008	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2009	PART I
14-T063		

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)	2,651
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,651
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,651
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)	2,076
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,753,656
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,753,656

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,886,288
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,886,288
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.954048
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,088.75
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,753,656

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/23/2009
14-0063	FROM 7/1/2008	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2009	PART II
14-T063		

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	1,038.72
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,156,383
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,156,383

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				
					1,001,156
					3,157,539

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	105,440
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	28,221
52	TOTAL PROGRAM EXCLUDABLE COST	133,661
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	3,023,878

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES

55 TARGET AMOUNT PER DISCHARGE

56 TARGET AMOUNT

57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT

58 BONUS PAYMENT

58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET

58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET

58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.

58.04 RELIEF PAYMENT

59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT

59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)

59.02 PROGRAM DISCHARGES PRIOR TO JULY 1

59.03 PROGRAM DISCHARGES AFTER JULY 1

59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)

59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)

59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)

59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)

59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/23/2009
14-0063	FROM 7/ 1/2008	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2009	PART III
14-T063		

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	1,038.72
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	2,753,656			
87	NEW CAPITAL-RELATED COST	134,653	.048900		
88	NON PHYSICIAN ANESTHETIST	2,753,656			
89	MEDICAL EDUCATION	2,753,656			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/23/2009
14-0063	FROM 7/ 1/2008	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2009	PART I
14-5583		

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)	6,539
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,539
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,539
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)	5,430
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	3,468,348
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	3,468,348

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,822,301
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,822,301
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.907398
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	584.54
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	3,468,348

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/23/2009
14-0063	FROM 7/ 1/2008	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2009	PART III
14-5583		

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1	3,468,348
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		530.41
68	PROGRAM ROUTINE SERVICE COST		2,880,126
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		2,880,126
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS		196,060
72	PER DIEM CAPITAL-RELATED COSTS		29.98
73	PROGRAM CAPITAL-RELATED COSTS		162,791
74	INPATIENT ROUTINE SERVICE COST		2,717,335
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION		2,717,335
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS		2,880,126
80	PROGRAM INPATIENT ANCILLARY SERVICES		1,918,047
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS		4,798,173

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				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/23/2009
14-0063	FROM 7/ 1/2008	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2009	PART I
14-0063		

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	15,975
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	15,975
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	15,975
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,765
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	12,258,760
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	12,258,760

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	18,856,579
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	18,856,579
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.650105
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,180.38
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	12,258,760

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/23/2009
14-0063	FROM 7/1/2008	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2009	PART II
14-0063		

TITLE XIX - I/P HOSPITAL OTHER

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	767.37
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,354,408
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,354,408

	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	4,522,677	3,101	1,458.46	316	460,873
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				

1

48	PROGRAM INPATIENT ANCILLARY SERVICE COST	
49	TOTAL PROGRAM INPATIENT COSTS	1,815,281

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
52	TOTAL PROGRAM EXCLUDABLE COST
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/23/2009
14-0063	FROM 7/ 1/2008	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2009	PART III
14-0063		

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	389
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	767.37
85	OBSERVATION BED COST	298,507

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

PROVIDER NO: 14-0063
 COMPONENT NO: 14-0063
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/23/2009
 WORKSHEET D-4

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		11,788,577	
26	INTENSIVE CARE UNIT		4,782,309	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.279060	6,932,022	1,934,450
37 01	ENDOSCOPY	.165608	1,135,904	188,115
38	RECOVERY ROOM	.204740	807,226	165,271
40	ANESTHESIOLOGY	.121704	1,050,130	127,805
41	RADIOLOGY-DIAGNOSTIC	.330133	4,161,684	1,373,909
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	.453885	464,483	210,822
43 01	CT SCAN	.073346	3,040,967	223,043
43 02	ULTRASOUND/VASC LAB	.169336	826,460	139,949
44	LABORATORY	.108536	9,703,155	1,053,142
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.390089	1,064,979	415,437
49	RESPIRATORY THERAPY	.225873	3,207,356	724,455
50	PHYSICAL THERAPY	.251299	905,091	227,448
51	OCCUPATIONAL THERAPY	.229023	131,905	30,209
52	SPEECH PATHOLOGY	.343983	150,946	51,923
53	ELECTROCARDIOLOGY	.168922	1,230,492	207,857
54	ELECTROENCEPHALOGRAPHY	.747066	56,836	42,460
54 01	SLEEP LAB			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.428266	722,132	309,265
56	DRUGS CHARGED TO PATIENTS	.226323	9,299,764	2,104,750
57	RENAL DIALYSIS	.230394	1,432,668	330,078
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.577596	98	57
60 01	WOUND CARE	.418205	11,423	4,777
60 02	PULMONARY REHAB	.264204	107	28
60 03	SPINE CENTER			
60 04	RUSH HEART CENTER			
61	EMERGENCY	.431798	1,235,220	533,366
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.588780		
101	TOTAL		47,571,048	10,398,616
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		47,571,048	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0063
 COMPONENT NO: 14-T063
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/23/2009
 WORKSHEET D-4

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 ANCILLARY SRVC COST CNTRS		2,200,291	
37	OPERATING ROOM	.279060	14,032	3,916
37 01	ENDOSCOPY	.165608	9,006	1,491
38	RECOVERY ROOM	.204740	4,845	992
40	ANESTHESIOLOGY	.121704	2,834	345
41	RADIOLOGY-DIAGNOSTIC	.330133	50,844	16,785
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	.453885	5,273	2,393
43 01	CT SCAN	.073346	61,442	4,507
43 02	ULTRASOUND/VASC LAB	.169336	37,862	6,411
44	LABORATORY	.108536	369,921	40,150
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.390089	14,376	5,608
49	RESPIRATORY THERAPY	.225873	101,096	22,835
50	PHYSICAL THERAPY	.251299	1,286,851	323,384
51	OCCUPATIONAL THERAPY	.229023	1,064,263	243,741
52	SPEECH PATHOLOGY	.343983	247,926	85,282
53	ELECTROCARDIOLOGY	.168922	13,074	2,208
54	ELECTROENCEPHALOGRAPHY	.747066	1,244	929
54 01	SLEEP LAB			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.428266	89,283	38,237
56	DRUGS CHARGED TO PATIENTS	.226323	691,340	156,466
57	RENAL DIALYSIS	.230394	197,383	45,476
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.577596		
60 01	WOUND CARE	.418205		
60 02	PULMONARY REHAB	.264204		
60 03	SPINE CENTER			
60 04	RUSH HEART CENTER			
61	EMERGENCY	.431798		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.588780		
101	TOTAL		4,262,895	1,001,156
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,262,895	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0063
 COMPONENT NO: 14-5583
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/23/2009
 WORKSHEET D-4

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.279060	47,575	13,276
37 01	ENDOSCOPY	.165608	12,957	2,146
38	RECOVERY ROOM	.204740	3,605	738
40	ANESTHESIOLOGY	.121704	7,832	953
41	RADIOLOGY-DIAGNOSTIC	.330133	111,349	36,760
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	.453885	15,513	7,041
43 01	CT SCAN	.073346	57,936	4,249
43 02	ULTRASOUND/VASC LAB	.169336	32,620	5,524
44	LABORATORY	.108536	788,089	85,536
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.390089	23,784	9,278
49	RESPIRATORY THERAPY	.225692	536,970	121,190
50	PHYSICAL THERAPY	.251299	2,342,598	588,693
51	OCCUPATIONAL THERAPY	.229023	1,959,196	448,701
52	SPEECH PATHOLOGY	.343983	240,472	82,718
53	ELECTROCARDIOLOGY	.168922	28,930	4,887
54	ELECTROENCEPHALOGRAPHY	.747066		
54 01	SLEEP LAB			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.428266	154,902	66,339
56	DRUGS CHARGED TO PATIENTS	.226323	1,943,001	439,746
57	RENAL DIALYSIS	.230394		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.577596		
60 01	WOUND CARE	.418205		
60 02	PULMONARY REHAB	.264204		
60 03	SPINE CENTER			
60 04	RUSH HEART CENTER			
61	EMERGENCY	.426249	638	272
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.588780		
101	TOTAL		8,307,967	1,918,047
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		8,307,967	

PROVIDER NO: 14-0063
 COMPONENT NO: 14-0063
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/23/2009
 WORKSHEET E
 PART A

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	3,422,355	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	3,940,006	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	8,042,615	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	283,938	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	102.96	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	1.23	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	1.23	
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	2.00	
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.	.81	
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	2.04	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	2.23	
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	3.23	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	2.50	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.024281	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.021760	
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)	.021760	
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	40,456	
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	46,575	
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1	95,072	
	SUM OF LINES 3.21 - 3.23	
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	182,103	PLUS E-3, PT VI, LINE 23
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	6.67	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	13.17	
4.02 SUM OF LINES 4 AND 4.01	19.84	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	5.65	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	870,381	
5 ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0063	FROM 7/ 1/2008	11/23/2009
COMPONENT NO:	TO 6/30/2009	WORKSHEET E
14-0063		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		335.00
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)		16,741,398
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)		16,741,398
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		1,357,380
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)		58,275
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		18,157,053
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES		18,157,053
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		1,335,588
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		110,342
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		168,897
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		118,228
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		168,897
22 SUBTOTAL		16,829,351
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		16,829,351
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS		16,899,614
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		-70,263
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0063	FROM 7/ 1/2008	11/23/2009
COMPONENT NO:	TO 6/30/2009	WORKSHEET E
14-0063		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	7,541
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	7,270,829
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	5,168,300
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.768
1.04	LINE 1.01 TIMES LINE 1.03.	5,583,997
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	92.56
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)	7,541
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	27,144
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	27,144
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)	27,144
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	19,603
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	7,541
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	5,168,300
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	59,913
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,200,167
19	SUBTOTAL (SEE INSTRUCTIONS)	3,915,761
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	16,229
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	3,931,990
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	3,931,990
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	291,354
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	203,948
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	291,354
28	SUBTOTAL	4,135,938
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	4,135,938
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	3,942,366
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	193,572
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/23/2009
14-0063	FROM 7/1/2008	WORKSHEET E
COMPONENT NO:	TO 6/30/2009	PART B
14-T063		

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	1,088
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	576
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.937
1.04	LINE 1.01 TIMES LINE 1.03.	1,019
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	56.53
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)	576

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	149
19	SUBTOTAL (SEE INSTRUCTIONS)	427
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	427
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	427
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	427
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	427
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	427
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/23/2009
14-0063	FROM 7/1/2008	WORKSHEET E
COMPONENT NO:	TO 6/30/2009	PART B
14-5583		

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
- 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
- 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
- 32 SUBTOTAL
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM
- 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2
- TO BE COMPLETED BY CONTRACTOR
- 50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)
- 51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
- 52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
- 53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)
- 54 TOTAL (SUM OF LINES 51 AND 53)

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0063
 COMPONENT NO: 14-0063
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/23/2009
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		17,019,693		3,914,442
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			5/22/2009	890
ADJUSTMENTS TO PROVIDER .02			2/3/2009	27,034
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	5/22/2009	21,795		
ADJUSTMENTS TO PROGRAM .51	2/3/2009	98,284		
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-120,079		27,924
4 TOTAL INTERIM PAYMENTS		16,899,614		3,942,366
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)				193,572
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02		70,263		
7 TOTAL MEDICARE PROGRAM LIABILITY		16,829,351		4,135,938

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0063
 COMPONENT NO: 14-T063
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/23/2009
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,602,027		427
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	2/ 3/2009	8,185	
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		8,185	NONE
4 TOTAL INTERIM PAYMENTS		2,610,212		427
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)			5,339	
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY			2,604,873	427

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0063
 COMPONENT NO: 14-5583
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/23/2009
 WORKSHEET E-1

TITLE XVII SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,372,570		
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		NONE		NONE
		2,372,570		
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 AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY			2,372,570	

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0063 COMPONENT NO: 14-T063
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/23/2009 WORKSHEET E-3 PART I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	2,338,448
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0452
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	166,147
1.05	OUTLIER PAYMENTS	119,190
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	2,623,785
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
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)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	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)	
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)	7.263014
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	2,623,785
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	2,623,785
7	DEDUCTIBLES	8,412
8	SUBTOTAL	2,615,373
9	COINSURANCE	11,217
10	SUBTOTAL	2,604,156
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	1,024
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	717
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1,024
12	SUBTOTAL	2,604,873
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/23/2009
14-0063	FROM 7/ 1/2008	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2009	PART I
14-T063		

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,604,873
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	2,610,212
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-5,339
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0063
 COMPONENT NO: 14-5583
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/23/2009
 WORKSHEET E-3
 PART III

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
1	COMPUTATION OF NET COST OF COVERED SERVICE		
2	INPATIENT HOSPITAL/SNF/NF SERVICES		
3	MEDICAL AND OTHER SERVICES		
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
7	SUBTOTAL		
8	INPATIENT PRIMARY PAYER PAYMENTS		
9	OUTPATIENT PRIMARY PAYER PAYMENTS		
	SUBTOTAL		
	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		
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES		
	PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS		2,583,538
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		2,583,538
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		2,583,538
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL		2,583,538
36	COINSURANCE		210,968
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)		2,372,570
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		2,372,570
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		2,372,570
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS		2,372,570
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
58	BALANCE DUE PROVIDER/PROGRAM		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/23/2009
14-0063	FROM 7/ 1/2008	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2009	PART III
14-5583		

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

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
IN ACCORDANCE WITH CMS PUB. 15-11, 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		1.76
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)	1.40	1.40
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		2.00
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		1.40
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		1.00
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		1.00
3.10	SEE INSTRUCTIONS		.70
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.		.81
3.12	SEE INSTRUCTIONS		1.51
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		1.18
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		.83
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	1.17
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		1.17
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		103,432.00
3.18	SEE INSTRUCTIONS		121,015
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		
3.21	SEE INSTRUCTIONS	RES INIT YEARS	
3.22	SEE INSTRUCTIONS		
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		103,432.00
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		121,015

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		13,125
5	TOTAL INPATIENT DAYS		21,338
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.615100
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	74,436	74,436
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		14
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		21,338
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.		68
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		2,395,125

TITLE XVIII

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

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

- 12 REASONABLE COST (SEE INSTRUCTIONS) 26,138,239
- 13 ORGAN ACQUISITION COSTS
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS
- 16 TOTAL PART A REASONABLE COST 26,138,239

PART B REASONABLE COST

- 17 REASONABLE COST 7,279,458
- 18 PRIMARY PAYER PAYMENTS
- 19 TOTAL PART B REASONABLE COST 7,279,458
- 20 TOTAL REASONABLE COST 33,417,697
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST .782168
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST .217832

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 74,504
 (SUM OF LINES 6.01, 6.05, & 6.08)
- 24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY 58,275
- 25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY 16,229

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	1.40	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	1.76	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	1.40	

CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA

- 5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)
- 5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)
- 6 DIRECT GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 7 SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)
- 8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)
- 9 MULTIPLY LINE 7 TIMES LINE 8
- 10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.
- 11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)
- 12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

- 13 REDUCED IIME FTE CAP (SEE INSTRUCTIONS)
- 14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)
- 15 PRORATED REDUCED ALLOWABLE IIME FTE CAP

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

- 16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IIME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).
- 17 IIME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)
- 19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)
- 20 IIME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)
- 21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.
- 22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005
- 23 ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

BALANCE SHEET

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	2,259,740			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	12,100,140			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	1,854,556			
8	PREPAID EXPENSES	415,363			
9	OTHER CURRENT ASSETS	521,379			
10	DUE FROM OTHER FUNDS	47,050			
11	TOTAL CURRENT ASSETS	17,198,228			
FIXED ASSETS					
12	LAND	2,554,045			
12.01	LAND IMPROVEMENTS				
13	LESS ACCUMULATED DEPRECIATION				
13.01	BUILDINGS	53,000,514			
14	LESS ACCUMULATED DEPRECIATION	-103,707			
14.01	LEASEHOLD IMPROVEMENTS				
15	LESS ACCUMULATED DEPRECIATION				
15.01	FIXED EQUIPMENT	24,371,668			
16	LESS ACCUMULATED DEPRECIATION				
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT	42,580,244			
18	LESS ACCUMULATED DEPRECIATION	-100,087,303			
18.01	MINOR EQUIPMENT DEPRECIABLE				
19	LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT-NONDEPRECIABLE				
20	TOTAL FIXED ASSETS	22,315,461			
OTHER ASSETS					
21	INVESTMENTS				
22	DEPOSITS ON LEASES				
23	DUE FROM OWNERS/OFFICERS	33,962,492			
24	OTHER ASSETS	510,244			
25	TOTAL OTHER ASSETS	34,472,736			
26	TOTAL ASSETS	73,986,425			
27					

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	5,646,027			
29 SALARIES, WAGES & FEES PAYABLE	4,254,759			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	7,665,206			
35 OTHER CURRENT LIABILITIES	868,645			
36 TOTAL CURRENT LIABILITIES	18,434,637			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	27,592,243			
42 TOTAL LONG-TERM LIABILITIES	27,592,243			
43 TOTAL LIABILITIES	46,026,880			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	27,959,545			
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	27,959,545			
52 TOTAL LIABILITIES AND FUND BALANCES	73,986,425			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		28,131,721		
2	NET INCOME (LOSS)		336,008		
3	TOTAL ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		28,467,729		
4					
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		28,467,729		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	PRIOR PERIOD ADJUSTMENT	508,184			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		508,184		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		27,959,545		

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 14-0063
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/23/2009
 WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	18,856,579		18,856,579
2 00 SUBPROVIDER	2,886,288		2,886,288
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	3,822,301		3,822,301
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	25,565,168		25,565,168
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	7,904,734		7,904,734
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	7,904,734		7,904,734
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	33,469,902		33,469,902
17 00 ANCILLARY SERVICES	102,706,335	139,195,428	241,901,763
18 00 OUTPATIENT SERVICES		3,152,911	3,152,911
24 00 NON-REIM		10,648,442	10,648,442
24 01 PROFESSIONAL FEES	117,912	8,789,681	8,907,593
25 00 TOTAL PATIENT REVENUES	136,294,149	161,786,462	298,080,611

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		91,681,534	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00 GAAP BAD DEBT EXPENSE	7,437,830		
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		7,437,830	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		99,119,364	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO:	PERIOD:	PREPARED 11/23/2009
14-0063	FROM 7/ 1/2008	WORKSHEET G-3
	TO 6/30/2009	

DESCRIPTION

1	TOTAL PATIENT REVENUES	298,080,611
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	199,252,992
3	NET PATIENT REVENUES	98,827,619
4	LESS: TOTAL OPERATING EXPENSES	99,119,364
5	NET INCOME FROM SERVICE TO PATIENTS	-291,745
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	MISC INCOME	627,753
25	TOTAL OTHER INCOME	627,753
26	TOTAL	336,008
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	336,008

