

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
 PART I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0124		FROM 12/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 11/30/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						OO - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 4/27/2010 TIME 17:16

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:
 J. H. STROGER, JR. HOSP. OF COOK CTY 14-0124
 FOR THE COST REPORTING PERIOD BEGINNING 12/ 1/2008 AND ENDING 11/30/2009 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 XVII	B	TITLE XIX
	1	2	3	4	
1 HOSPITAL	0	3,151,302	3,080,888	0	
100 TOTAL	0	3,151,302	3,080,888	0	

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1901 W HARRISON ST. P. O. BOX:
 1.01 CITY: CHICAGO, IL. STATE: IL ZIP CODE: 60612- 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	4	5	6
02.00 HOSPITAL	J. H. STROGER, JR. HOSP. OF COOK CTY	14-0124		7/ 1/1966	V	XVIII	XIX
16.00 RENAL DIALYSIS	JOHN H. STROGER HOSPITAL DIALYSIS	14-2313		1/ 5/2004	N	P	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 12/ 1/2008 TO: 11/30/2009

18 TYPE OF CONTROL 1 2 9

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 9

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? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y

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

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

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

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

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

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

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 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). / /

- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) 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 MULTI CAMPUS 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

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 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	335,238,028		335,238,028	8,464,024.00	39.61	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	25,039,927		25,039,927	231,521.00	108.15	See Wage Index Wkst.
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	13,890,641		13,890,641	123,550.00	112.43	See Wage Index Wkst.
5 PHYSICIAN - PART B	51,968,920		51,968,920	492,877.00	105.44	See Wage Index Wkst.
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)	19,636,476	-3,602,912	16,033,564	734,546.00	21.83	NO MOONLIGHTING HRS. REF
6.01 CONTRACT SERVICES, I&R	5,559,956		5,559,956	220,640.00	25.20	See Wage Index Wkst.
7 HOME OFFICE PERSONNEL SNF						
8.01 EXCLUDED AREA SALARIES	12,524,778	3,988,169	16,512,947	445,383.00	37.08	See Wage Index Wkst.
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	11,643,754		11,643,754	342,821.00	33.96	Rad, Lab, Thrpy & Nrsg C
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						See attached Contract La
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT	423,810		423,810	2,925.00	144.89	CF0 Contract Labor
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	22,230,513		22,230,513	545,838.00	40.73	In-hse Pharm, IT, Fac Mn
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	52,429,605		52,429,605			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	3,568,109		3,568,109			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	8,069,898		8,069,898			CMS 339
18.01 PART A TEACHING PHYSICIANS	4,476,693		4,476,693			CMS 339
19 PHYSICIAN PART B	16,748,606		16,748,606			CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						
20 INTERNS & RESIDENTS (APPRVD)	10,110,649		10,110,649			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	2,140,537	-9,238	2,131,299	50,393.00	42.29	
22 ADMINISTRATIVE & GENERAL	20,440,163	-370,269	20,069,894	698,309.00	28.74	
22.01 A & G UNDER CONTRACT	4,532,110		4,532,110	90,602.00	50.02	
23 MAINTENANCE & REPAIRS	4,822,449		4,822,449	71,348.00	67.59	
24 OPERATION OF PLANT	6,093,110		6,093,110	173,540.00	35.11	
25 LAUNDRY & LINEN SERVICE	214,681		214,681	9,828.00	21.84	
26 HOUSEKEEPING	6,391,062		6,391,062	344,810.00	18.54	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	2,737,433	-21,400	2,716,033	130,266.00	20.85	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	766,036		766,036	38,251.00	20.03	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	3,893,257		3,893,257	90,747.00	42.90	
31 CENTRAL SERVICE AND SUPPLY	1,391,945		1,391,945	66,420.00	20.96	
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	3,545,421		3,545,421	159,576.00	22.22	
34 SOCIAL SERVICE	1,329,305		1,329,305	42,174.00	31.52	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	248,714,145	3,602,912	252,317,057	6,983,013.00	36.13	
2 EXCLUDED AREA SALARIES	12,524,778	3,988,169	16,512,947	445,383.00	37.08	
3 SUBTOTAL SALARIES	236,189,367	-385,257	235,804,110	6,537,630.00	36.07	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	34,298,077		34,298,077	891,584.00	38.47	
5 SUBTOTAL WAGE-RELATED COSTS	60,499,503		60,499,503		25.66	
6 TOTAL	330,986,947	-385,257	330,601,690	7,429,214.00	44.50	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES &						

HOSPITAL RENAL DIALYSIS DEPARTMENT
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0124	FROM 12/ 1/2008	4/27/2010
SATELLITE NO:	TO 11/30/2009	WORKSHEET S-5

DESCRIPTION	----- OUTPATIENT -----		----- TRAINING -----		----- HOME -----	
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD	54					
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00					
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	4.00					
4 CAPD EXCHANGES PER DAY						
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	311					
6 NUMBER OF STATIONS	8					
7 TREATMENT CAPACITY PER DAY PER STATION	4					
8 UTILIZATION (SEE INSTRUCTIONS)						
9 AVERAGE TIMES DIALYZERS RE-USED						
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS						
TRANSPLANT INFORMATION						
11 NUMBER OF PATIENTS ON TRANSPLANT LIST						
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD						
EPOIETIN						
13 NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
13 . 1 EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
14 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT						
14 . 1 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						
PHYSICIAN PAYMENT METHOD (ENTER "X" IF METHOD(S) IS APPLICABLE)						
15 MCP [] INITIAL METHOD [X]						
ARANESP						
16 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
17 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
18 NUMBER OF ARANESP UNITS FURNISHED RELATING TO RENAL DIALYSIS DEPARTMENT						
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO HOME DIALYSIS DEPARTMENT						

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0124
PERIOD: FROM 12/1/2008 TO 11/30/2009
PREPARED 4/27/2010
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						
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						

(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 : 0
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01) : 0.0000
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : NOT SPECIFIED
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0124
PERIOD: FROM 12/1/2008 TO 11/30/2009
PREPARED 4/27/2010
WORKSHEET S-7

	GROUP(1) 1	M3PI REVENUE CODE 2	HIGH COST(2)		SWING BED DAYS 4.06	SNF DAYS 4.06	TOTAL 5
			RUGs	DAYS			
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 : 0
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01) : 0.0000
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : NOT SPECIFIED
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : NOT SPECIFIED

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	Other methods of write-offs (speci	
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	3,470,279
17.01	GROSS MEDICAID REVENUES	1114,204,260
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	3,063,171
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	10,260,399
20	RESTRICTED GRANTS	1,304,230
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	1132,302,339
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	3,350,569
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.758108

DESCRIPTION

25	TOTAL STATE AND LOCAL INDI GENT CARE PROGRAM COST (LINE 23 * LINE 24)	2,540,093
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	11,324,598
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	8,585,268
28	TOTAL GROSS MEDI CAID CHARGES FROM YOUR RECORDS	204,157,126
29	TOTAL GROSS MEDI CAID COST (LINE 24 * LINE 28)	154,773,150
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	371,484,543
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	281,625,404
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	165,898,511

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

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				-510,686	-510,686
4	0400	NEW CAP REL COSTS-MVBLE EQUIP					
5	0500	EMPLOYEE BENEFITS	2,140,537	479,424	2,619,961	80,812,245	83,432,206
6	0600	ADMINISTRATIVE & GENERAL	20,440,163	122,069,518	142,509,681	-85,414,821	57,094,860
7	0700	MAINTENANCE & REPAIRS	4,822,449	53,225	4,875,674	6,308,957	11,184,631
8	0800	OPERATION OF PLANT	6,093,110	4,949,715	11,042,825	11,403,306	22,446,131
9	0900	LAUNDRY & LINEN SERVICE	214,681	1,790,248	2,004,929	270	2,005,199
10	1000	HOUSEKEEPING	6,391,062	766,292	7,157,354		7,157,354
11	1100	DIETARY	2,737,433	1,887,099	4,624,532	-21,400	4,603,132
12	1200	CAFETERIA	766,036	9,652	775,688		775,688
14	1400	NURSING ADMINISTRATION	3,893,257	442,769	4,336,026		4,336,026
15	1500	CENTRAL SERVICES & SUPPLY	1,391,945	92,094	1,484,039		1,484,039
17	1700	MEDICAL RECORDS & LIBRARY	3,545,421	547,813	4,093,234		4,093,234
18	1800	SOCIAL SERVICE	1,329,305	782,799	2,112,104		2,112,104
20	2000	NONPHYSICIAN ANESTHETISTS				1,495,297	1,495,297
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD	19,636,476	5,207,957	24,844,433	-3,602,912	21,241,521
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD INPAT ROUTINE SRVC CNTRS	2,709,066	115,936	2,825,002	11,598,138	14,423,140
25	2500	ADULTS & PEDIATRICS	51,354,470	7,185,927	58,540,397	-2,856,193	55,684,204
26	2600	INTENSIVE CARE UNIT	8,764,995	169,983	8,934,978	15,362	8,950,340
28	2800	BURN INTENSIVE CARE UNIT	2,289,319	46,972	2,336,291	17,012	2,353,303
29	2900	SURGICAL INTENSIVE CARE UNIT	4,221,354	127,366	4,348,720	-20,584	4,328,136
30	2080	PEDS INTENSIVE CARE UNIT	2,736,338	38,787	2,775,125	-45,801	2,729,324
30.01	2180	TRAUMA INTENSIVE CARE UNIT	7,226,372	191,554	7,417,926	10,169	7,428,095
30.02	2901	NEURO INTENSIVE CARE UNIT	3,605,840	69,634	3,675,474	-115,876	3,559,598
30.03	2060	NEONATAL INTENSIVE CARE UNIT	10,261,857	268,370	10,530,227	-208,090	10,322,137
33	3300	NURSERY	1,597,234	22,464	1,619,698		1,619,698
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	35,142,746	1,399,872	36,542,618	-4,102,561	32,440,057
38	3800	RECOVERY ROOM	2,255,688	30,083	2,285,771		2,285,771
39	3900	DELIVERY ROOM & LABOR ROOM	3,239,984	74,187	3,314,171	981	3,315,152
40	4000	ANESTHESIOLOGY	8,735,724	166,166	8,901,890	-2,587,150	6,314,740
41	4100	RADIOLOGY-DIAGNOSTIC	14,861,078	6,390,409	21,251,487	-1,385,623	19,865,864
44	4400	LABORATORY	14,895,291	2,622,036	17,517,327	-397,961	17,119,366
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,555,092	3,005,751	4,560,843		4,560,843
48	4800	INTRAVENOUS THERAPY	930,921	7,636	938,557		938,557
49	4900	RESPIRATORY THERAPY	4,354,270	916,429	5,270,699	-74,667	5,196,032
50	5000	PHYSICAL THERAPY	846,857	25,225	872,082		872,082
51	5100	OCCUPATIONAL THERAPY	258,345	4,561	262,906		262,906
52	5200	SPEECH PATHOLOGY	338,050	84,015	422,065		422,065
53	5300	ELECTROCARDIOLOGY	4,985,520	70,332	5,055,852	-95,020	4,960,832
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		22,432,591	22,432,591		22,432,591
56	5600	DRUGS CHARGED TO PATIENTS		42,514,303	42,514,303	-20,933	42,493,370
57	5700	RENAL DIALYSIS	3,007,227	149,834	3,157,061	63,350	3,220,411
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	32,843,542	21,920,495	54,764,037	-15,301,499	39,462,538
61	6100	EMERGENCY	26,294,195	618,420	26,912,615	491,624	27,404,239
62	6200	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS					
64	6400	HOME PROGRAM DIALYSIS					
65	6500	AMBULANCE SERVICES					
66	6600	DURABLE MEDICAL EQUIP-RENTED					
67	6700	DURABLE MEDICAL EQUIP-SOLD					
69	6900	CORF					
70	7000	I&R SERVICES-NOT APPRVD PRGM					
71	7100	HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS					
82	8200	LUNG ACQUISITION					
83	8300	KIDNEY ACQUISITION					
84	8400	LIVER ACQUISITION					
85	8500	HEART ACQUISITION					
88	8800	INTEREST EXPENSE					
89	8900	UTILIZATION REVIEW-SNF					
90	9000	OTHER CAPITAL RELATED COSTS					
92	9200	AMBULATORY SURGICAL CENTER (D.P.)					
93	9300	HOSPICE					
95		SUBTOTALS	322,713,250	249,747,943	572,461,193	-4,545,066	567,916,127
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700	RESEARCH					
98	9800	PHYSICIANS' PRIVATE OFFICES					
99	9900	NONPAID WORKERS					
100	7950	OTHER NONREIMBURSABLE (SPECIFY)					
100.01	7951	DENISTRY	1,203,422	93,717	1,297,139		1,297,139
100.02	7952	CHP BUREAU	11,321,356	8,292,325	19,613,681	2,787,282	22,400,963
100.03	7953	SPECIAL FUNDS/RESEARCH				1,757,784	1,757,784
101		TOTAL	335,238,028	258,133,985	593,372,013	-0-	593,372,013

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	46,678,830	46,168,144
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	20,033,941	20,033,941
5	0500 EMPLOYEE BENEFITS	918,212	84,350,418
6	0600 ADMINISTRATIVE & GENERAL	59,705,007	116,799,867
7	0700 MAINTENANCE & REPAIRS	879,329	12,063,960
8	0800 OPERATION OF PLANT	-1,532,181	20,913,950
9	0900 LAUNDRY & LINEN SERVICE		2,005,199
10	1000 HOUSEKEEPING		7,157,354
11	1100 DIETARY		4,603,132
12	1200 CAFETERIA	-630,503	145,185
14	1400 NURSING ADMINISTRATION		4,336,026
15	1500 CENTRAL SERVICES & SUPPLY		1,484,039
17	1700 MEDICAL RECORDS & LIBRARY	-79,312	4,013,922
18	1800 SOCIAL SERVICE		2,112,104
20	2000 NONPHYSICIAN ANESTHETISTS	-1,495,297	
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		21,241,521
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	-6,884,122	7,539,018
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-21,443,514	34,240,690
26	2600 INTENSIVE CARE UNIT	-307,525	8,642,815
28	2800 BURN INTENSIVE CARE UNIT	-626,163	1,727,140
29	2900 SURGICAL INTENSIVE CARE UNIT	-401,077	3,927,059
30	2080 PEDS INTENSIVE CARE UNIT	-530,284	2,199,040
30.01	2180 TRAUMA INTENSIVE CARE UNIT	-1,950,080	5,478,015
30.02	2901 NEURO INTENSIVE CARE UNIT	-890,466	2,669,132
30.03	2060 NEONATAL INTENSIVE CARE UNIT	-2,848,529	7,473,608
33	3300 NURSERY		1,619,698
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-10,373,705	22,066,352
38	3800 RECOVERY ROOM		2,285,771
39	3900 DELIVERY ROOM & LABOR ROOM		3,315,152
40	4000 ANESTHESIOLOGY	-4,317,915	1,996,825
41	4100 RADIOLOGY-DIAGNOSTIC	-6,703,708	13,162,156
44	4400 LABORATORY	-3,735,027	13,384,339
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		4,560,843
48	4800 INTRAVENOUS THERAPY		938,557
49	4900 RESPIRATORY THERAPY	-1,191,571	4,004,461
50	5000 PHYSICAL THERAPY		872,082
51	5100 OCCUPATIONAL THERAPY		262,906
52	5200 SPEECH PATHOLOGY		422,065
53	5300 ELECTROCARDIOLOGY	-1,941,661	3,019,171
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		22,432,591
56	5600 DRUGS CHARGED TO PATIENTS	24,215,656	66,709,026
57	5700 RENAL DIALYSIS		3,220,411
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-11,052,488	28,410,050
61	6100 EMERGENCY	-4,034,843	23,369,396
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
64	6400 HOME PROGRAM DIALYSIS		
65	6500 AMBULANCE SERVICES		
66	6600 DURABLE MEDICAL EQUIP-RENTED		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
69	6900 CORF		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
82	8200 LUNG ACQUISITION		
83	8300 KIDNEY ACQUISITION		
84	8400 LIVER ACQUISITION		
85	8500 HEART ACQUISITION		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D.P.)		
93	9300 HOSPICE		
95	SUBTOTALS	69,461,004	637,377,131
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
100	7950 OTHER NONREIMBURSABLE (SPECIFY)		
100.01	7951 DENISTRY		1,297,139
100.02	7952 CHP BUREAU		22,400,963
100.03	7953 SPECIAL FUNDS/RESEARCH		1,757,784
101	TOTAL	69,461,004	662,833,017

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
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	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
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	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
30	PEDS INTENSIVE CARE UNIT	2080	PEDIATRIC INTENSIVE CARE UNIT
30.01	TRAUMA INTENSIVE CARE UNIT	2180	TRAUMA INTENSIVE CARE UNIT
30.02	NEURO INTENSIVE CARE UNIT	2901	SURGICAL INTENSIVE CARE UNIT
30.03	NEONATAL INTENSIVE CARE UNIT	2060	NEONATAL INTENSIVE CARE UNIT
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE (SPECIFY)	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	DENISTRY	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	CHP BUREAU	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	SPECIAL FUNDS/RESEARCH	7953	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE NO 3			
1 TO RECLASS FRINGE BENEFITS TO EHW	A	EMPLOYEE BENEFITS	5			80,823,851
2						
3 RECLASS PAYMENTS FOR SERVICE MASTER	B	ADMINISTRATIVE & GENERAL	6			241,263
4		MAINTENANCE & REPAIRS	7			6,308,957
5		OPERATION OF PLANT	8			11,403,306
6		LAUNDRY & LINEN SERVICE	9			270
7						
8						
9 TO ADJUST INT & RES SALARIES PAID EL	C	I&R SERVICES-SALARY & FRINGES APPRVD	22		203,826	
10						
11						
12 TO TRNSF. I & R'S MNLGTNG. FROM OTH	D	EMERGENCY	61		43,812	
13 TO RECLASS I & R'S TO PROPER GROUPS	E	I&R SERVICES-OTHER PRGM COSTS APPRVD	23		341,890	
14		ADULTS & PEDIATRICS	25		1,692,305	
15 TRANSFER OF MOONLIGHTING TO E/R	F	EMERGENCY	61		1,728,731	
16 TO RCLASS ROTATING RES. TO I/R OTHER	G	I&R SERVICES-OTHER PRGM COSTS APPRVD	23			3,584,621
17						
18						
19 TO TRANSFER PEDS ALLERGY & PSYCH TO	H	ADULTS & PEDIATRICS	25		234,413	3,493
20 TO TRANSFER DIETARY SALARY TO CLINIC	I	CLINIC	60		21,400	
21 TO ADJUST REGISTRY & IN-HOUSE NRSG.	J	INTENSIVE CARE UNIT	26		224	37,732
22		BURN INTENSIVE CARE UNIT	28		448	59,729
23		SURGICAL INTENSIVE CARE UNIT	29		448	36,503
24		PEDS INTENSIVE CARE UNIT	30			1,944
25		TRAUMA INTENSIVE CARE UNIT	30.01		344	152,536
26		NEURO INTENSIVE CARE UNIT	30.02		568	31,907
27		DELIVERY ROOM & LABOR ROOM	39		981	
28		RENAL DIALYSIS	57			3,132
29		EMERGENCY	61			587,973
30 TO RECLASS BUILD DEP TO CL COST CNTR	K	CLINIC	60			311,181
31		CHP BUREAU	100.02			199,505
32 TO RECLASSIFY CRNAS TO PROPER GRP.	L	NONPHYSICIAN ANESTHETISTS	20		1,495,297	
33 TO RECLASSIFY HBP TEACHING	M	I&R SERVICES-OTHER PRGM COSTS APPRVD	23		7,671,627	
34						
35						
1 TO RECLASSIFY HBP TEACHING	M					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14 FOR PHY. WORKING AT SAT. CL. PD IN CL	N	CHP BUREAU	100.02		2,588,994	
15 PARTIAL SAL PD. IN A & P S/B RENAL	O	RENAL DIALYSIS	57		60,218	
16 TO RECLASS HEKTOEN COST	P	SPECIAL FUNDS/RESEARCH	100.03		1,399,175	358,609
17						
18						
19						
20						
21						
22						
36 TOTAL RECLASSIFICATIONS					17,484,701	104,146,512

(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

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		OTHER 9	A-7 REF 10
			LINE NO 7	SALARY 8		
1 TO RECLASS FRINGE BENEFITS TO EHW	A	ADMINISTRATIVE & GENERAL	6		69,218,293	
2		CLINIC	60		11,605,558	
3 RECLASS PAYMENTS FOR SERVICE MASTER	B	ADMINISTRATIVE & GENERAL	6		15,972,622	
4		ADULTS & PEDIATRICS	25		129,623	
5		RADIOLOGY-DIAGNOSTIC	41		1,022,297	
6		DRUGS CHARGED TO PATIENTS	56		20,933	
7		CLINIC	60		807,104	
8		CHP BUREAU	100.02		1,217	
9 TO ADJUST INT & RES SALARIES PAID EL	C	ADULTS & PEDIATRICS	25	81,573		
10		CLINIC	60	92,256		
11		EMERGENCY	61	29,997		
12 TO TRNSF. I & R'S MNLGTNG. FROM OTH	D	I&R SERVICES-SALARY & FRINGES APPRVD	22	43,812		
13 TO RECLASS I & R'S TO PROPER GROUPS	E	I&R SERVICES-SALARY & FRINGES APPRVD	22	2,034,195		
14						
15 TRANSFER OF MOONLIGHTING TO E/R	F	I&R SERVICES-SALARY & FRINGES APPRVD	22	1,728,731		
16 TO RCLASS ROTATING RES. TO I/R OTHER	G	ADULTS & PEDIATRICS	25		525,729	
17		OPERATING ROOM	37		2,926,075	
18		LABORATORY	44		132,817	
19 TO TRANSFER PEDS ALLERGY & PSYCH TO	H	CLINIC	60	234,413	3,493	
20 TO TRANSFER DIETARY SALARY TO CLINIC	I	DIETARY	11	21,400		
21 TO ADJUST REGISTRY & IN-HOUSE NRSG.	J	ADULTS & PEDIATRICS	25	3,013	911,456	
22						
23						
24						
25						
26						
27						
28						
29						
30 TO RECLASS BUILD DEP TO CL COST CNTR	K	NEW CAP REL COSTS-BLDG & FIXT	3		510,686	9
31						
32 TO RECLASSIFY CRNAS TO PROPER GRP.	L	ANESTHESIOLOGY	40	1,495,297		
33 TO RECLASSIFY HBP TEACHING	M	ADULTS & PEDIATRICS	25	1,835,437		
34		INTENSIVE CARE UNIT	26	22,594		
35		BURN INTENSIVE CARE UNIT	28	43,165		
1 TO RECLASSIFY HBP TEACHING	M	SURGICAL INTENSIVE CARE UNIT	29	57,535		
2		PEDS INTENSIVE CARE UNIT	30	47,745		
3		TRAUMA INTENSIVE CARE UNIT	30.01	142,711		
4		NEURO INTENSIVE CARE UNIT	30.02	148,351		
5		NEONATAL INTENSIVE CARE UNIT	30.03	183,201		
6		OPERATING ROOM	37	1,176,486		
7		ANESTHESIOLOGY	40	1,082,809		
8		RADIOLOGY-DIAGNOSTIC	41	363,326		
9		LABORATORY	44	259,791		
10		RESPIRATORY THERAPY	49	74,667		
11		ELECTROCARDIOLOGY	53	95,020		
12		CLINIC	60	299,894		
13		EMERGENCY	61	1,838,895		
14 FOR PHY. WORKING AT SAT. CL. PD IN CL	N	CLINIC	60	2,588,994		10
15 PARTIAL SAL PD. IN A & P S/B RENAL	O	ADULTS & PEDIATRICS	25	60,218		
16 TO RECLASS HEKTOEN COST	P	EMPLOYEE BENEFITS	5	9,238	2,368	
17		ADMINISTRATIVE & GENERAL	6	370,269	94,900	
18		ADULTS & PEDIATRICS	25	986,512	252,843	
19		NEONATAL INTENSIVE CARE UNIT	30.03	19,811	5,078	
20		ANESTHESIOLOGY	40	7,199	1,845	
21		LABORATORY	44	4,261	1,092	
22		CLINIC	60	1,885	483	
36 TOTAL RECLASSIFICATIONS				17,484,701	104,146,512	

(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: 140124 PERIOD: FROM 12/1/2008 TO 11/30/2009 PREPARED 4/27/2010 WORKSHEET A-6 NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION: TO RECLASS FRINGE BENEFITS TO EHW

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT, DECREASE, LINE, AMOUNT. Rows include EMPLOYEE BENEFITS (5, 80,823,851) and ADMINISTRATIVE & GENERAL (6, 69,218,293).

RECLASS CODE: B
EXPLANATION: RECLASS PAYMENTS FOR SERVICE MASTER

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT, DECREASE, LINE, AMOUNT. Rows include ADMINISTRATIVE & GENERAL (6, 241,263), MAINTENANCE & REPAIRS (7, 6,308,957), and OPERATIONS OF PLANT (8, 11,403,306).

RECLASS CODE: C
EXPLANATION: TO ADJUST INT & RES SALARIES PAID EL

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT, DECREASE, LINE, AMOUNT. Rows include I&R SERVICES-SALARY & FRINGES (22, 203,826), ADULTS & PEDIATRICS (25, 81,573), and CLINIC (60, 92,256).

RECLASS CODE: D
EXPLANATION: TO TRNSF. I & R'S MNLGTNG. FROM OTH

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT, DECREASE, LINE, AMOUNT. Rows include EMERGENCY (61, 43,812) and I&R SERVICES-SALARY & FRINGES (22, 43,812).

RECLASS CODE: E
EXPLANATION: TO RECLASS I & R'S TO PROPER GROUPS

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT, DECREASE, LINE, AMOUNT. Rows include I&R SERVICES-OTHER PRGM COSTS (23, 341,890) and ADULTS & PEDIATRICS (25, 1,692,305).

RECLASS CODE: F
EXPLANATION: TRANSFER OF MOONLIGHTING TO E/R

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT, DECREASE, LINE, AMOUNT. Rows include EMERGENCY (61, 1,728,731) and I&R SERVICES-SALARY & FRINGES (22, 1,728,731).

RECLASS CODE: G
EXPLANATION: TO RCLASS ROTATING RES. TO I/R OTHER

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT, DECREASE, LINE, AMOUNT. Rows include I&R SERVICES-OTHER PRGM COSTS (23, 3,584,621), ADULTS & PEDIATRICS (25, 525,729), and OPERATING ROOM (37, 2,926,075).

RECLASS CODE: H
EXPLANATION: TO TRANSFER PEDS ALLERGY & PSYCH TO

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT, DECREASE, LINE, AMOUNT. Rows include ADULTS & PEDIATRICS (25, 237,906) and CLINIC (60, 237,906).

RECLASSIFICATIONS

PROVIDER NO: 140124 PERIOD: FROM 12/ 1/2008 TO 11/30/2009 PREPARED 4/27/2010 WORKSHEET A-6 NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION : TO TRANSFER DIETARY SALARY TO CLINIC

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT, DECREASE, LINE, AMOUNT. Shows reclassification for code I.

RECLASS CODE: J
EXPLANATION : TO ADJUST REGISTRY & IN-HOUSE NRSG.

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT, DECREASE, LINE, AMOUNT. Shows reclassification for code J.

RECLASS CODE: K
EXPLANATION : TO RECLASS BUILD DEP TO CL COST CNTR

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT, DECREASE, LINE, AMOUNT. Shows reclassification for code K.

RECLASS CODE: L
EXPLANATION : TO RECLASSIFY CRNAS TO PROPER GRP.

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT, DECREASE, LINE, AMOUNT. Shows reclassification for code L.

RECLASS CODE: M
EXPLANATION : TO RECLASSIFY HBP TEACHING

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT, DECREASE, LINE, AMOUNT. Shows reclassification for code M.

RECLASS CODE: N
EXPLANATION : FOR PHY. WORKING AT SAT. CL. PD IN CL

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT, DECREASE, LINE, AMOUNT. Shows reclassification for code N.

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140124	FROM 12/ 1/2008	4/27/2010
	TO 11/30/2009	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: 0
 EXPLANATION : PARTIAL SAL PD. IN A & P S/B RENAL

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	RENAL DIALYSIS	60,218	ADULTS & PEDIATRICS	25	60,218
TOTAL RECLASSIFICATIONS FOR CODE 0		60,218			60,218

RECLASS CODE: P
 EXPLANATION : TO RECLASS HEKTOEN COST

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	SPECIAL FUNDS/RESEARCH	1,757,784	EMPLOYEE BENEFITS	5	11,606
2.00		0	ADMINISTRATIVE & GENERAL	6	465,169
3.00		0	ADULTS & PEDIATRICS	25	1,239,355
4.00		0	NEONATAL INTENSIVE CARE UNIT	30.03	24,889
5.00		0	ANESTHESIOLOGY	40	9,044
6.00		0	LABORATORY	44	5,353
7.00		0	CLINIC	60	2,368
TOTAL RECLASSIFICATIONS FOR CODE P		1,757,784			1,757,784

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCR IPTION	BEG I NNI NG BALANCES 1	PURCHASES 2	ACQUI SITI ONS		TOTAL 4	DI SPOSALS AND RETI REMENTS 5	ENDI NG BALANCE 6	FULLY DEPRECI ATED ASSETS 7
				DONATI ON 3					
1	LAND								
2	LAND I MPROVEMENTS								
3	BUI LDINGS & FI XTURE								
4	BUI LDING I MPROVEMEN								
5	FI XED EQUI PMENT								
6	MOVABLE EQUI PMENT								
7	SUBTOTAL								
8	RECONCI LING I TEMS								
9	TOTAL								

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCR IPTION	BEG I NNI NG BALANCES 1	PURCHASES 2	ACQUI SITI ONS		TOTAL 4	DI SPOSALS AND RETI REMENTS 5	ENDI NG BALANCE 6	FULLY DEPRECI ATED ASSETS 7
				DONATI ON 3					
1	LAND								
2	LAND I MPROVEMENTS								
3	BUI LDINGS & FI XTURE	502, 201, 386						502, 201, 386	
4	BUI LDING I MPROVEMEN	20, 578, 004	8, 340		8, 340	62, 621		20, 523, 723	
5	FI XED EQUI PMENT	116, 539, 661	6, 908, 250		6, 908, 250	1, 984, 419		121, 463, 492	
6	MOVABLE EQUI PMENT	10, 681, 228	339, 981		339, 981	2, 596, 040		8, 425, 169	
7	SUBTOTAL	650, 000, 279	7, 256, 571		7, 256, 571	4, 643, 080		652, 613, 770	
8	RECONCI LING I TEMS								
9	TOTAL	650, 000, 279	7, 256, 571		7, 256, 571	4, 643, 080		652, 613, 770	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	15,374,852		30,793,292				46,168,144
4	NEW CAP REL COSTS-MV	20,033,941						20,033,941
5	TOTAL	35,408,793		30,793,292				66,202,085

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

SUMMARY OF OLD AND NEW CAPITAL

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

* All lines numbers except line 5 are to be consistent with Workshheet 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)	BASIS/CODE (2)	AMOUNT (2)	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER (3)	LINE NO (4)	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT	B	-1,628,168	OPERATION OF PLANT	8	
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-76,962,398			
13 SALE OF SCRAP, WASTE, ETC.	B	-6,680	ADMINISTRATIVE & GENERAL	6	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	2,950,888			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-630,503	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES	B	-192,100	LABORATORY	44	
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-694	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-79,312	MEDICAL RECORDS & LIBRARY	17	
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		HOME HEALTH AGENCY	71	
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	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	15,885,538	NEW CAP REL COSTS-BLDG &	3	9
32 DEPRECIATION-NEW MOVABLE EQUIP	A	17,665,370	NEW CAP REL COSTS-MVBLE E	4	9
33 NON-PHYSICIAN ANESTHETIST	A	-1,495,297	NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 MISC INCOME	B	-24,765	ADMINISTRATIVE & GENERAL	6	
37.01 OTHER INCOME	B	-7,775	ADMINISTRATIVE & GENERAL	6	
37.02 COUNTY COST ADJ. FOR HOSP. BOND INT.	A	30,793,292	NEW CAP REL COSTS-BLDG &	3	11
37.03 BUREAU OF HLTH & HOSP ADM	A	39,705,506	ADMINISTRATIVE & GENERAL	6	
37.04 BUREAU OF HLTH & HOSP FACILITY MNGMT	A	879,329	MAINTENANCE & REPAIRS	7	
37.06 BUREAU OF HLTH & HOSP FACILITY REPRS	A	95,987	OPERATION OF PLANT	8	
37.08 BUREAU OF HLTH & HOSP PHARMACY	A	24,216,350	DRUGS CHARGED TO PATIENTS	56	
37.09 BUREAU OF HLTH & HOSP DEPRECIATION	A	2,368,571	NEW CAP REL COSTS-MVBLE E	4	9
37.10 TO OFFSET PHYSICIAN PART C TIME	A	-79,552	I&R SERVICES-OTHER PRGM C	23	
37.11 TO OFFSET PHYSICIAN PART C TIME	A	-726,874	ADULTS & PEDIATRICS	25	
37.12 TO OFFSET PHYSICIAN PART C TIME	A	-4,833	SURGICAL INTENSIVE CARE U	29	
37.13 TO OFFSET PHYSICIAN PART C TIME	A	-2,275	PEDS INTENSIVE CARE UNIT	30	
37.14 TO OFFSET PHYSICIAN PART C TIME	A	-20,222	TRAUMA INTENSIVE CARE UNI	30.01	
37.15 TO OFFSET PHYSICIAN PART C TIME	A	-11,676	NEURO INTENSIVE CARE UNIT	30.02	
37.17 TO OFFSET PHYSICIAN PART C TIME	A	-271,005	NEONATAL INTENSIVE CARE U	30.03	
37.18 TO OFFSET PHYSICIAN PART C TIME	A	-343,394	OPERATING ROOM	37	
37.19 TO OFFSET PHYSICIAN PART C TIME	A	-8,014	ANESTHESIOLOGY	40	
38 TO OFFSET PHYSICIAN PART C TIME	A	-86,799	RADIOLOGY-DIAGNOSTIC	41	
39 TO OFFSET PHYSICIAN PART C TIME	A	-17,805	LABORATORY	44	
40 TO OFFSET PHYSICIAN PART C TIME	A	-14,335	RESPIRATORY THERAPY	49	
41 TO OFFSET PHYSICIAN PART C TIME	A	-3,844	ELECTROCARDIOLOGY	53	
42 TO OFFSET PHYSICIAN PART C TIME	A	-175,579	CLINIC	60	
43 TO OFFSET PHYSICIAN PART C TIME	A	-123,625	EMERGENCY	61	
44					
45 PHYSICIANS MALPRACTICE COSTS	A	18,006,045	ADMINISTRATIVE & GENERAL	6	
46 RESIDENCY PROGRAM REIMBURSEMENT	B	-188,348	I&R SERVICES-OTHER PRGM C	23	
47					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		69,461,004			

(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	ADMINISTRATIVE & GENERAL	STOREROOM	2,080,267	2,109,394	-29,127	
2	6	ADMINISTRATIVE & GENERAL	PAYROLL	249,847	259,433	-9,586	
3	6	ADMINISTRATIVE & GENERAL	GENERAL ACCOUNTING	649,803	677,362	-27,559	
4	6	ADMINISTRATIVE & GENERAL	COUNTY COSTS	2,098,948		2,098,948	
4.01	5	EMPLOYEE BENEFITS	EHW COUNTY COSTS	918,212		918,212	
5		TOTALS		5,997,077	3,046,189	2,950,888	

* 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 XVIIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	G	0.00		0.00	
2	G	0.00	CLINICS IN REAL C. H. P.	0.00	OR A. C. H. N.
3	G	0.00		0.00	
4	G	0.00	COMP TROLLERS, TREASURERS	0.00	GOVERNMENTAL OWNED
5		0.00		0.00	
5.01		0.00		0.00	
5.02		0.00		0.00	
5.03		0.00		0.00	
5.04		0.00		0.00	
5.05		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.
 COUNTY & BUREAU OF HOSP. GOVERNMENT

PROVIDER BASED PHYSICIAN ADJUSTMENTS

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 23	I&R SERVICES-OTHER PRGM C	19,692,885	337,228	19,355,657	177,200	140,557	11,974,375	598,719
2 25	ADULTS & PEDIATRICS	26,935,619	18,812,241	8,123,378	177,200	67,569	5,756,359	287,818
3 26	INTENSIVE CARE UNIT	505,208	242,784	262,424	177,200	2,145	182,738	9,137
4 28	BURN INTENSIVE CARE UNIT	741,092	549,190	191,902	208,000	1,040	104,000	5,200
5 29	SURGICAL INTENSIVE CARE U	715,162	344,346	370,816	208,000	2,978	297,800	14,890
6 30	PEDS INTENSIVE CARE UNIT	704,033	528,009	176,024	177,200	2,026	172,600	8,630
7 30 1	TRAUMA INTENSIVE CARE UNI	2,128,704	1,845,181	283,523	208,000	1,827	182,700	9,135
8 30 2	NEURO INTENSIVE CARE UNIT	1,032,274	781,451	250,823	208,000	1,392	139,200	6,960
9 30 3	NEONATAL INTENSIVE CARE U	3,348,710	2,360,949	987,761	177,200	8,392	714,934	35,747
10 37	OPERATING ROOM	11,470,522	9,461,521	2,009,001	208,000	13,258	1,325,800	66,290
11 40	ANESTHESIOLOGY	4,870,763	4,060,414	810,349	200,300	5,345	514,713	25,736
12 41	RADIOLOGY-DIAGNOSTIC	7,294,369	6,234,196	1,060,173	225,300	5,697	617,084	30,854
13 44	LABORATORY	4,800,338	3,525,122	1,275,216	215,700	11,959	1,240,171	62,009
14 46	WHOLE BLOOD & PACKED RED				215,700			
15 49	RESPIRATORY THERAPY	1,467,478	1,130,985	336,493	200,300	2,815	271,079	13,554
16 51	OCCUPATIONAL THERAPY				177,200			
17 53	ELECTROCARDIOLOGY	2,187,232	1,761,184	426,048	165,600	2,828	225,152	11,258
18 60	CLINIC	11,973,955	10,876,909	1,097,046	177,200	18,690	1,592,244	79,612
19 61	EMERGENCY	5,524,179	3,740,770	1,783,409	177,200	17,741	1,511,397	75,570
20								
21								
22								
23								
24								
25								
101	TOTAL	105,392,523	66,592,480	38,800,043		306,259	26,822,346	1,341,119

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DI S- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 23	I&R SERVICES-OTHER PRGM C			1,121,493	1,102,288	13,076,663	6,278,994	6,616,222
2 25	ADULTS & PEDIATRICS			1,533,961	462,620	6,218,979	1,904,399	20,716,640
3 26	INTENSIVE CARE UNIT			28,771	14,945	197,683	64,741	307,525
4 28	BURN INTENSIVE CARE UNIT			42,205	10,929	114,929	76,973	626,163
5 29	SURGICAL INTENSIVE CARE U			40,728	21,118	318,918	51,898	396,244
6 30	PEDS INTENSIVE CARE UNIT			40,094	10,024	182,624		528,009
7 30 1	TRAUMA INTENSIVE CARE UNI			121,228	16,146	198,846	84,677	1,929,858
8 30 2	NEURO INTENSIVE CARE UNIT			58,787	14,284	153,484	97,339	878,790
9 30 3	NEONATAL INTENSIVE CARE U			190,706	56,252	771,186	216,575	2,577,524
10 37	OPERATING ROOM			653,237	114,411	1,440,211	568,790	10,030,311
11 40	ANESTHESIOLOGY			277,386	46,149	560,862	249,487	4,309,901
12 41	RADIOLOGY-DIAGNOSTIC			415,408	60,376	677,460	382,713	6,616,909
13 44	LABORATORY			273,375	72,622	1,312,793		3,525,122
14 46	WHOLE BLOOD & PACKED RED							
15 49	RESPIRATORY THERAPY			83,572	19,163	290,242	46,251	1,177,236
16 51	OCCUPATIONAL THERAPY							
17 53	ELECTROCARDIOLOGY			124,561	24,263	249,415	176,633	1,937,817
18 60	CLINIC			681,906	62,476	1,654,720		10,876,909
19 61	EMERGENCY			314,597	101,564	1,612,961	170,448	3,911,218
20								
21								
22								
23								
24								
25								
101	TOTAL			6,002,015	2,209,630	29,031,976	10,369,918	76,962,398

COST ALLOCATION STATISTICS

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	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	1	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	6	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE FEET	ENTERED
11	DIETARY	8	MEALS SERVED	ENTERED
12	CAFETERIA	9	EQUIVALENT FTE'S	ENTERED
14	NURSING ADMINISTRATION	11	HOURS OF SERVICE	ENTERED
15	CENTRAL SERVICES & SUPPLY	12	COSTED REQUISITIONS	ENTERED
17	MEDICAL RECORDS & LIBRARY	14	TIME SPENT	ENTERED
18	SOCIAL SERVICE	15	TIME SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	20	TIME SPENT	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	18	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	18	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL 5a. 00
	0	1	2	3	4	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 &	46,168,144			46,168,144			
005 NEW CAP REL COSTS-MVBLE E	20,033,941				20,033,941		
006 EMPLOYEE BENEFITS	84,350,418			398,981	4,973	84,754,372	
007 ADMINISTRATIVE & GENERAL	116,799,867			7,228,740	409,700	6,106,473	130,544,780
008 MAINTENANCE & REPAIRS	12,063,960			962,233	19,877	1,244,547	14,290,617
009 OPERATION OF PLANT	20,913,950			15,471,292	58,503	1,495,691	37,939,436
010 LAUNDRY & LINEN SERVICE	2,005,199			371,475	536	51,882	2,429,092
011 HOUSEKEEPING	7,157,354			318,689	423	1,544,522	9,020,988
012 DIETARY	4,603,132			21,339	7,266	656,381	5,288,118
014 CAFETERIA	145,185			891,583	248	185,127	1,222,143
015 NURSING ADMINISTRATION	4,336,026			198,664	82,053	940,880	5,557,623
017 CENTRAL SERVICES & SUPPLY	1,484,039			780,585	96,506	336,390	2,697,520
018 MEDICAL RECORDS & LIBRARY	4,013,922			569,291	4,209	856,818	5,444,240
020 SOCIAL SERVICE	2,112,104			76,668	442	321,252	2,510,466
022 NONPHYSICIAN ANESTHETISTS							
023 I&R SERVICES-SALARY & FRI	21,241,521					3,874,815	25,116,336
025 I&R SERVICES-OTHER PRGM C	7,539,018			22,017	525	2,591,316	10,152,876
026 INPAT ROUTINE SRVC CNTRS							
028 ADULTS & PEDIATRICS	34,240,690			5,770,621	16,794,143	12,159,526	68,964,980
029 INTENSIVE CARE UNIT	8,642,815			594,424	5,217	2,112,821	11,355,277
030 BURN INTENSIVE CARE UNIT	1,727,140			126,891	4,261	542,934	2,401,226
030 SURGICAL INTENSIVE CARE U	3,927,059			199,935		1,006,374	5,133,368
030 PEDS INTENSIVE CARE UNIT	2,199,040			140,855	11,019	649,750	3,000,664
030 01 TRAUMA INTENSIVE CARE UNI	5,478,015			480,693	7,694	1,711,984	7,678,386
030 02 NEURO INTENSIVE CARE UNIT	2,669,132			100,444		835,705	3,605,281
030 03 NEONATAL INTENSIVE CARE U	7,473,608			255,455		2,430,911	10,159,974
033 NURSERY	1,619,698			183,237	23,663	386,002	2,212,600
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	22,066,352			1,466,638	616,451	8,208,592	32,358,033
039 RECOVERY ROOM	2,285,771			283,003	423	545,130	3,114,327
040 DELIVERY ROOM & LABOR ROO	3,315,152			280,397		783,241	4,378,790
041 ANESTHESIOLOGY	1,996,825			100,381	175,255	1,486,366	3,758,827
044 RADIOLOGY-DIAGNOSTIC	13,162,156			1,554,961	462,927	3,503,657	18,683,701
046 LABORATORY	13,384,339			1,629,341	36,260	3,535,917	18,585,857
048 WHOLE BLOOD & PACKED RED	4,560,843			58,444	1,431	375,818	4,996,536
049 INTRAVENOUS THERAPY	938,557			209,895		224,975	1,373,427
050 RESPIRATORY THERAPY	4,004,461			116,719	251,912	1,034,247	5,407,339
051 PHYSICAL THERAPY	872,082			94,320	1,056	204,659	1,172,117
052 OCCUPATIONAL THERAPY	262,906			93,960		62,434	419,300
053 SPEECH PATHOLOGY	422,065			42,276	75,471	81,696	621,508
055 ELECTROCARDIOLOGY	3,019,171			442,591	151,675	1,181,882	4,795,319
056 MEDICAL SUPPLIES CHARGED	22,432,591						22,432,591
057 DRUGS CHARGED TO PATIENTS	66,709,026			245,877	338,329	3,255,595	70,548,827
060 RENAL DIALYSIS	3,220,411			49,290	8,935	741,306	4,019,942
062 OUTPAT SERVICE COST CNTRS							
064 CLINIC	28,410,050			2,535,355	272,831	7,164,882	38,383,118
066 EMERGENCY	23,369,396			1,313,407	18,246	6,331,207	31,032,256
068 OBSERVATION BEDS (NON-DIS							
068 OTHER REIMBURS COST CNTRS							
068 HOME PROGRAM DIALYSIS							
068 AMBULANCE SERVICES							
068 DURABLE MEDICAL EQUIP-REN							
068 DURABLE MEDICAL EQUIP-SOL							
068 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	637,377,131			45,680,967	19,942,460	80,763,705	632,807,806
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE (SP							
100 01 DENISTRY	1,297,139			96,291	400	290,830	1,684,660
100 02 CHP BUREAU	22,400,963			146,768	91,081	3,361,700	26,000,512
100 03 SPECIAL FUNDS/RESEARCH	1,757,784			244,118		338,137	2,340,039
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	662,833,017			46,168,144	20,033,941	84,754,372	662,833,017

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF LAUNDRY & LINEN HOUSEKEEPING DIETARY CAFETERIA						
	E & GENERAL	REPAIRS	PLANT	EN SERVICE			
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMIN STRATIVE & GENERAL	130,544,780						
008 MAINTENANCE & REPAIRS	3,504,802	17,795,419					
009 OPERATION OF PLANT	9,304,723	7,326,540	54,570,699				
010 LAUNDRY & LINEN SERVICE	595,740	175,915	916,983	4,117,730			
011 HOUSEKEEPING	2,212,415	150,917	786,681	128,455	12,299,456		
012 DIETARY	1,296,922	10,105	52,676			12,255	
014 CAFETERIA	299,733	422,215	2,200,864			6,660,076	4,656,984
015 NURSING ADMINISTRATION	1,363,018	94,079	490,400			512,029	58,148
017 CENTRAL SERVICES & SUPPLY	661,572	369,652	1,926,868			114,091	42,555
018 MEDICAL RECORDS & LIBRARY	1,335,211	269,592	1,405,291			448,284	102,240
020 SOCIAL SERVICE	615,697	36,307	189,255			326,939	27,025
022 NONPHYSICIAN ANESTHETISTS						44,030	
023 I&R SERVICES-SALARY & FRI	6,159,832						466,885
I&R SERVICES-OTHER PRGM C	2,490,013	10,426	54,349			12,644	57,124
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	16,913,799	2,732,719	14,244,730	3,140,450	3,314,019	5,269,211	635,695
026 INTENSIVE CARE UNIT	2,784,904	281,494	1,467,330		341,373	283,925	124,693
028 BURN INTENSIVE CARE UNIT	588,905	60,090	313,228	3	72,872	82,718	28,100
029 SURGICAL INTENSIVE CARE U	1,258,969	94,681	493,539		114,821	115,653	54,775
030 PEDS INTENSIVE CARE UNIT	735,919	66,703	347,700		80,892	64,533	37,345
030 01 TRAUMA INTENSIVE CARE UNI	1,883,140	227,635	1,186,586	136	276,058	116,104	90,234
030 02 NEURO INTENSIVE CARE UNIT	884,202	47,566	247,946	77	57,684	111,842	43,230
030 03 NEONATAL INTENSIVE CARE U	2,491,754	120,973	630,589		146,706		116,421
033 NURSERY	542,645	86,773	452,319	438,590	105,232		32,335
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	7,935,872	694,537	3,620,383	375,724	842,278		487,014
038 RECOVERY ROOM	763,795	134,018	698,592		162,527		34,184
039 DELIVERY ROOM & LABOR ROO	1,073,907	132,784	692,158	12,641	161,030		58,186
040 ANESTHESIOLOGY	921,860	47,536	247,789	15,098	57,648		59,798
041 RADIOLOGY-DIAGNOSTIC	4,582,215	736,363	3,838,409	723	893,002		201,407
044 LABORATORY	4,558,219	771,586	4,022,015	1,135	935,717		276,098
046 WHOLE BLOOD & PACKED RED	1,225,410	27,677	144,269		33,564		32,760
048 INTRAVENOUS THERAPY	336,836	99,397	518,124		120,541		11,820
049 RESPIRATORY THERAPY	1,326,161	55,273	288,120		67,031		72,242
050 PHYSICAL THERAPY	287,464	44,666	232,829		54,167		15,393
051 OCCUPATIONAL THERAPY	102,834	44,495	231,940		53,961		4,610
052 SPEECH PATHOLOGY	152,426	20,020	104,357		24,279		6,060
053 ELECTROCARDIOLOGY	1,176,062	209,592	1,092,533	4,361	254,177		74,516
055 MEDICAL SUPPLIES CHARGED	5,501,638						
056 DRUGS CHARGED TO PATIENTS	17,302,265	116,437	606,946	33	141,205		211,940
057 RENAL DIALYSIS	985,899	23,342	121,672		28,307		39,219
OUTPAT SERVICE COST CNTRS							
060 CLINIC	9,413,536	1,200,635	6,258,502		1,456,033	181,961	524,097
061 EMERGENCY	7,610,723	621,973	3,242,134		754,279	434,129	339,294
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	123,181,037	17,564,713	53,368,106	4,117,426	12,019,675	6,660,076	4,365,443
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE (SP							
100 01 DENISTRY	413,166	45,599	237,694	304	55,299		14,743
100 02 CHP BUREAU	6,376,678	69,503	362,295		84,287		276,798
100 03 SPECIAL FUNDS/RESEARCH	573,899	115,604	602,604		140,195		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	130,544,780	17,795,419	54,570,699	4,117,730	12,299,456	6,660,076	4,656,984

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	14	15	17	18	20	22	23
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINSTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION	7,677,359						
017 CENTRAL SERVICES & SUPPLY		6,146,451					
018 MEDICAL RECORDS & LIBRARY			8,883,513				
020 SOCIAL SERVICE				3,422,780			
022 NONPHYSICIAN ANESTHETISTS							
023 I&R SERVICES-SALARY & FRI						31,743,053	
025 I&R SERVICES-OTHER PRGM C	13,554						12,790,986
026 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,389,010	502,407	2,618,029	1,035,732		9,715,829	3,915,030
026 INTENSIVE CARE UNIT	576,328	181,151	195,833	84,472		876,880	353,342
028 BURN INTENSIVE CARE UNIT	97,807	98,604	61,816	42,053		58,459	23,556
029 SURGICAL INTENSIVE CARE U	245,194	311,742	80,518	63,385		58,459	23,556
030 PEDS INTENSIVE CARE UNIT	135,173	3,486	44,328	42,053		187,068	75,380
030 01 TRAUMA INTENSIVE CARE UNI	357,657	402,280	81,822	63,385		719,042	289,741
030 02 NEURO INTENSIVE CARE UNIT	154,903	37,955	78,720	63,385		58,459	23,556
030 03 NEONATAL INTENSIVE CARE U	516,507	13,990	278,464	63,385		818,421	329,786
033 NURSERY	99,246	17,818	20,366			701,504	282,674
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	1,314,036	942,497				3,624,437	1,460,481
039 RECOVERY ROOM	175,068						
040 DELIVERY ROOM & LABOR ROO	234,559	60,413				292,293	117,781
041 ANESTHESIOLOGY	51,976	257,016				1,169,173	471,123
044 RADIOLOGY-DIAGNOSTIC	66,326	394,645				818,421	329,786
046 LABORATORY		26,164				526,128	212,005
048 WHOLE BLOOD & PACKED RED							
049 INTRAVENOUS THERAPY	66,966						
050 RESPIRATORY THERAPY	14,817	12,882				175,376	70,668
051 PHYSICAL THERAPY		11					
052 OCCUPATIONAL THERAPY						116,917	47,112
053 SPEECH PATHOLOGY							
055 ELECTROCARDIOLOGY	63,632	268,632				233,835	94,225
056 MEDICAL SUPPLIES CHARGED		173,241					
057 DRUGS CHARGED TO PATIENTS							
060 RENAL DIALYSIS	108,292	138,114	127,094	126,770		233,835	94,225
062 OUTPAT SERVICE COST CNTRS							
061 CLINIC	725,664	164,363	4,128,179	1,204,312		6,488,911	2,614,732
062 EMERGENCY	1,001,662	706,967	1,168,344	633,848		2,998,929	1,208,430
064 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 HOME PROGRAM DIALYSIS							
067 AMBULANCE SERVICES							
069 DURABLE MEDICAL EQUIP-REN							
070 DURABLE MEDICAL EQUIP-SOL							
071 CORF							
072 I&R SERVICES-NOT APPRVD P							
073 HOME HEALTH AGENCY							
074 LUNG ACQUISITION							
075 SPEC PURPOSE COST CENTERS							
076 KIDNEY ACQUISITION							
077 LIVER ACQUISITION							
078 HEART ACQUISITION							
079 AMBULATORY SURGICAL CENTE							
080 HOSPICE							
081 SUBTOTALS	7,408,377	4,714,378	8,883,513	3,422,780		29,872,376	12,037,189
082 NONREIMBURS COST CENTERS							
083 GIFT, FLOWER, COFFEE SHOP							
084 RESEARCH							
085 PHYSICIANS' PRIVATE OFFIC							
086 NONPAID WORKERS							
087 OTHER NONREIMBURSABLE (SP							
088 DENISTRY							
089 CHP BUREAU	268,982	1,432,073				1,870,677	753,797
090 SPECIAL FUNDS/RESEARCH							
091 CROSS FOOT ADJUSTMENT							
092 NEGATIVE COST CENTER							
093 TOTAL	7,677,359	6,146,451	8,883,513	3,422,780		31,743,053	12,790,986

COST CENTER DESCRIPTION	SUBTOTAL 25	I&R COST POST STEP- DOWN ADJ 26	TOTAL 27
001 GENERAL SERVICE COST CNTR			
002 OLD CAP REL COSTS-BLDG &			
003 OLD CAP REL COSTS-MVBLE E			
004 NEW CAP REL COSTS-BLDG &			
005 NEW CAP REL COSTS-MVBLE E			
006 EMPLOYEE BENEFITS			
007 ADMIN STRATIVE & GENERAL			
008 MAINTENANCE & REPAIRS			
009 OPERATION OF PLANT			
010 LAUNDRY & LINEN SERVICE			
011 HOUSEKEEPING			
012 DIETARY			
014 CAFETERIA			
015 NURSING ADMINISTRATION			
017 CENTRAL SERVICES & SUPPLY			
018 MEDICAL RECORDS & LIBRARY			
020 SOCIAL SERVICE			
022 NONPHYSICIAN ANESTHETISTS			
023 I&R SERVICES-SALARY & FRI			
025 I&R SERVICES-OTHER PRGM C			
026 INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	134,391,640	-13,630,859	120,760,781
026 INTENSIVE CARE UNIT	18,907,002	-1,230,222	17,676,780
028 BURN INTENSIVE CARE UNIT	3,929,437	-82,015	3,847,422
029 SURGICAL INTENSIVE CARE U	8,048,660	-82,015	7,966,645
030 PEDS INTENSIVE CARE UNIT	4,821,244	-262,448	4,558,796
030 01 TRAUMA INTENSIVE CARE UNI	13,372,206	-1,008,783	12,363,423
030 02 NEURO INTENSIVE CARE UNIT	5,414,806	-82,015	5,332,791
030 03 NEONATAL INTENSIVE CARE U	15,686,970	-1,148,207	14,538,763
033 NURSERY	4,992,102	-984,178	4,007,924
037 ANCILLARY SRVC COST CNTRS			
038 OPERATING ROOM	53,655,292	-5,084,918	48,570,374
039 RECOVERY ROOM	5,082,511		5,082,511
040 DELIVERY ROOM & LABOR ROO	7,214,542	-410,074	6,804,468
041 ANESTHESIOLOGY	7,057,844	-1,640,296	5,417,548
044 RADIOLOGY-DIAGNOSTIC	30,544,998	-1,148,207	29,396,791
046 LABORATORY	29,914,924	-738,133	29,176,791
048 WHOLE BLOOD & PACKED RED	6,460,216		6,460,216
049 INTRAVENOUS THERAPY	2,527,111		2,527,111
050 RESPIRATORY THERAPY	7,489,909	-246,044	7,243,865
051 PHYSICAL THERAPY	1,806,647		1,806,647
052 OCCUPATIONAL THERAPY	1,021,169	-164,029	857,140
053 SPEECH PATHOLOGY	928,650		928,650
055 ELECTROCARDIOLOGY	8,266,884	-328,060	7,938,824
056 MEDICAL SUPPLIES CHARGED	28,107,470		28,107,470
057 DRUGS CHARGED TO PATIENTS	88,927,653		88,927,653
060 RENAL DIALYSIS	6,046,711	-328,060	5,718,651
062 OUTPAT SERVICE COST CNTRS			
061 CLINIC	72,744,043	-9,103,643	63,640,400
062 EMERGENCY	51,752,968	-4,207,359	47,545,609
064 OBSERVATION BEDS (NON-DIS			
065 HOME PROGRAM DIALYSIS			
066 AMBULANCE SERVICES			
067 DURABLE MEDICAL EQUIP-REN			
069 DURABLE MEDICAL EQUIP-SOL			
070 CORF			
071 I&R SERVICES-NOT APPRVD P			
082 HOME HEALTH AGENCY			
083 LUNG ACQUISITION			
084 SPEC PURPOSE COST CENTERS			
085 KIDNEY ACQUISITION			
092 LIVER ACQUISITION			
093 HEART ACQUISITION			
095 AMBULATORY SURGICAL CENTE			
096 HOSPICE			
097 SUBTOTALS	619,113,609	-41,909,565	577,204,044
098 NONREIMBURS COST CENTERS			
099 GIFT, FLOWER, COFFEE SHOP			
100 RESEARCH			
100 01 PHYSICIANS' PRIVATE OFFIC			
100 02 NONPAID WORKERS			
100 03 OTHER NONREIMBURSABLE (SP			
101 DENISTRY	2,451,465		2,451,465
102 CHP BUREAU	37,495,602	-2,624,474	34,871,128
103 SPECIAL FUNDS/RESEARCH	3,772,341		3,772,341
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 TOTAL	662,833,017	-44,534,039	618,298,978

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 BENE FITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				398,981	4,973	403,954	403,954
007 ADMIN STRATIVE & GENERAL				7,228,740	409,700	7,638,440	29,109
008 MAINTENANCE & REPAIRS				962,233	19,877	982,110	5,933
009 OPERATION OF PLANT				15,471,292	58,503	15,529,795	7,130
010 LAUNDRY & LINEN SERVICE				371,475	536	372,011	247
011 HOUSEKEEPING				318,689	423	319,112	7,363
012 DIETARY				21,339	7,266	28,605	3,129
014 CAFETERIA				891,583	248	891,831	882
015 NURSING ADMINISTRATION				198,664	82,053	280,717	4,485
017 CENTRAL SERVICES & SUPPLY				780,585	96,506	877,091	1,604
018 MEDICAL RECORDS & LIBRARY				569,291	4,209	573,500	4,084
020 SOCIAL SERVICE				76,668	442	77,110	1,531
022 NONPHYSICIAN ANESTHETISTS							
023 I&R SERVICES-SALARY & FRI							18,471
025 I&R SERVICES-OTHER PRGM C				22,017	525	22,542	12,352
026 INPAT ROUTINE SRVC CNTRS							
028 ADULTS & PEDIATRICS				5,770,621	16,794,143	22,564,764	57,904
029 INTENSIVE CARE UNIT				594,424	5,217	599,641	10,072
030 BURN INTENSIVE CARE UNIT				126,891	4,261	131,152	2,588
030 SURGICAL INTENSIVE CARE U				199,935		199,935	4,797
030 PEDS INTENSIVE CARE UNIT				140,855	11,019	151,874	3,097
030 01 TRAUMA INTENSIVE CARE UNI				480,693	7,694	488,387	8,161
030 02 NEURO INTENSIVE CARE UNIT				100,444		100,444	3,984
030 03 NEONATAL INTENSIVE CARE U				255,455		255,455	11,588
033 NURSERY				183,237	23,663	206,900	1,840
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM				1,466,638	616,451	2,083,089	39,129
039 RECOVERY ROOM				283,003	423	283,426	2,599
040 DELIVERY ROOM & LABOR ROO				280,397		280,397	3,734
041 ANESTHESIOLOGY				100,381	175,255	275,636	7,085
044 RADIOLOGY-DIAGNOSTIC				1,554,961	462,927	2,017,888	16,701
046 LABORATORY				1,629,341	36,260	1,665,601	16,855
048 WHOLE BLOOD & PACKED RED				58,444	1,431	59,875	1,791
049 INTRAVENOUS THERAPY				209,895		209,895	1,072
050 RESPIRATORY THERAPY				116,719	251,912	368,631	4,930
051 PHYSICAL THERAPY				94,320	1,056	95,376	976
052 OCCUPATIONAL THERAPY				93,960		93,960	298
053 SPEECH PATHOLOGY				42,276	75,471	117,747	389
055 ELECTROCARDIOLOGY				442,591	151,675	594,266	5,634
056 MEDICAL SUPPLIES CHARGED							
057 DRUGS CHARGED TO PATIENTS				245,877	338,329	584,206	15,519
060 RENAL DIALYSIS				49,290	8,935	58,225	3,534
062 OUTPAT SERVICE COST CNTRS							
064 CLINIC				2,535,355	272,831	2,808,186	34,154
066 EMERGENCY				1,313,407	18,246	1,331,653	30,180
068 OBSERVATION BEDS (NON-DIS							
069 OTHER REIMBURS COST CNTRS							
070 HOME PROGRAM DIALYSIS							
071 AMBULANCE SERVICES							
072 DURABLE MEDICAL EQUIP-REN							
073 DURABLE MEDICAL EQUIP-SOL							
074 CORF							
075 I&R SERVICES-NOT APPRVD P							
076 HOME HEALTH AGENCY							
077 LUNG ACQUISITION							
078 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS				45,680,967	19,942,460	65,623,427	384,931
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
098 RESEARCH							
099 PHYSICIANS' PRIVATE OFFIC							
100 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE (SP							
100 01 DENISTRY				96,291	400	96,691	1,386
100 02 CHP BUREAU				146,768	91,081	237,849	16,025
100 03 SPECIAL FUNDS/RESEARCH				244,118		244,118	1,612
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				46,168,144	20,033,941	66,202,085	403,954

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0124

FROM 12/ 1/2008

WORKSHEET B

TO 11/30/2009

PART III

COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	E & GENERAL	REPAIRS	PLANT	9	10	11	12
	6	7	8				
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	7,667,549						
008 MAINTENANCE & REPAIRS	205,856	1,193,899					
009 OPERATION OF PLANT	546,518	491,538	16,574,981				
010 LAUNDRY & LINEN SERVICE	34,991	11,802	278,519	697,570			
011 HOUSEKEEPING	129,947	10,125	238,942	21,761	727,250		
012 DIETARY	76,175	678	15,999		725	125,311	
014 CAFETERIA	17,605	28,327	668,477		30,276		1,637,398
015 NURSING ADMINISTRATION	80,058	6,312	148,951		6,746		20,445
017 CENTRAL SERVICES & SUPPLY	38,858	24,800	585,255		26,506		14,963
018 MEDICAL RECORDS & LIBRARY	78,424	18,087	426,835		19,331		35,948
020 SOCIAL SERVICE	36,163	2,436	57,483		2,603		9,502
022 NONPHYSICIAN ANESTHETISTS							
023 I&R SERVICES-SALARY & FRI	361,801						164,157
025 I&R SERVICES-OTHER PRGM C	146,252	700	16,508		748		20,085
026 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	993,441	183,339	4,326,611	532,011	195,951	99,142	223,509
026 INTENSIVE CARE UNIT	163,573	18,885	445,678		20,185	5,342	43,842
028 BURN INTENSIVE CARE UNIT	34,590	4,031	95,138	1	4,309	1,556	9,880
029 SURGICAL INTENSIVE CARE U	73,946	6,352	149,905		6,789	2,176	19,259
030 PEDS INTENSIVE CARE UNIT	43,225	4,475	105,608		4,783	1,214	13,131
030 01 TRAUMA INTENSIVE CARE UNI	110,607	15,272	360,406	23	16,323	2,185	31,726
030 02 NEURO INTENSIVE CARE UNIT	51,934	3,191	75,310	13	3,411	2,104	15,200
030 03 NEONATAL INTENSIVE CARE U	146,354	8,116	191,531		8,675		40,934
033 NURSERY	31,873	5,822	137,385	74,300	6,222		11,369
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	466,117	46,597	1,099,634	63,650	49,803		171,234
039 RECOVERY ROOM	44,862	8,991	212,186		9,610		12,019
040 DELIVERY ROOM & LABOR ROO	63,076	8,909	210,232	2,142	9,521		20,458
041 ANESTHESIOLOGY	54,146	3,189	75,262	2,558	3,409		21,025
044 RADIOLOGY-DIAGNOSTIC	269,139	49,403	1,165,856	122	52,802		70,815
046 LABORATORY	267,729	51,766	1,221,623	192	55,328		97,076
048 WHOLE BLOOD & PACKED RED	71,975	1,857	43,819		1,985		11,518
049 INTRAVENOUS THERAPY	19,784	6,669	157,372		7,127		4,156
050 RESPIRATORY THERAPY	77,893	3,708	87,512		3,963		25,400
051 PHYSICAL THERAPY	16,884	2,997	70,718		3,203		5,412
052 OCCUPATIONAL THERAPY	6,040	2,985	70,448		3,191		1,621
053 SPEECH PATHOLOGY	8,953	1,343	31,697		1,436		2,131
055 ELECTROCARDIOLOGY	69,077	14,062	331,840	739	15,029		26,200
056 MEDICAL SUPPLIES CHARGED	323,141						
057 DRUGS CHARGED TO PATIENTS	1,016,193	7,812	184,350	6	8,349		74,518
060 RENAL DIALYSIS	57,907	1,566	36,956		1,674		13,790
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC	552,909	80,551	1,900,920		86,093	3,424	184,273
064 EMERGENCY	447,020	41,728	984,747		44,600	8,168	119,296
065 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
067 HOME PROGRAM DIALYSIS							
069 AMBULANCE SERVICES							
070 DURABLE MEDICAL EQUIP-REN							
071 DURABLE MEDICAL EQUIP-SOL							
072 CORF							
073 I&R SERVICES-NOT APPRVD P							
074 HOME HEALTH AGENCY							
075 LUNG ACQUISITION							
076 SPEC PURPOSE COST CENTERS							
077 KIDNEY ACQUISITION							
078 LIVER ACQUISITION							
079 HEART ACQUISITION							
080 AMBULATORY SURGICAL CENTE							
081 HOSPICE							
082 SUBTOTALS	7,235,036	1,178,421	16,209,713	697,518	710,706	125,311	1,534,892
083 NONREIMBURS COST CENTERS							
084 GIFT, FLOWER, COFFEE SHOP							
085 RESEARCH							
086 PHYSICIANS' PRIVATE OFFIC							
087 NONPAID WORKERS							
088 OTHER NONREIMBURSABLE (SP							
089 01 DENISTRY	24,268	3,059	72,196	52	3,270		5,184
090 02 CHP BUREAU	374,537	4,663	110,041		4,984		97,322
091 03 SPECIAL FUNDS/RESEARCH	33,708	7,756	183,031		8,290		
092 CROSS FOOT ADJUSTMENTS							
093 NEGATIVE COST CENTER							
094 TOTAL	7,667,549	1,193,899	16,574,981	697,570	727,250	125,311	1,637,398

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	14	15	17	18	20	22	23
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINSTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION	547,714						
017 CENTRAL SERVICES & SUPPLY		1,569,077					
018 MEDICAL RECORDS & LIBRARY			1,156,209				
020 SOCIAL SERVICE				186,828			
022 NONPHYSICIAN ANESTHETISTS						544,429	
023 I&R SERVICES-SALARY & FRI							220,154
025 I&R SERVICES-OTHER PRGM C	967						
026 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	99,093	128,255	340,742	56,534			
026 INTENSIVE CARE UNIT	41,116	46,245	25,488	4,611			
028 BURN INTENSIVE CARE UNIT	6,978	25,172	8,045	2,295			
029 SURGICAL INTENSIVE CARE U	17,493	79,582	10,480	3,460			
030 PEDS INTENSIVE CARE UNIT	9,643	890	5,769	2,295			
030 01 TRAUMA INTENSIVE CARE UNI	25,516	102,695	10,649	3,460			
030 02 NEURO INTENSIVE CARE UNIT	11,051	9,689	10,246	3,460			
030 03 NEONATAL INTENSIVE CARE U	36,848	3,571	36,243	3,460			
033 NURSERY	7,080	4,549	2,651				
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	93,745	240,603					
039 RECOVERY ROOM	12,490						
040 DELIVERY ROOM & LABOR ROO	16,734	15,422					
041 ANESTHESIOLOGY	3,708	65,612					
044 RADIOLOGY-DIAGNOSTIC	4,732	100,746					
046 LABORATORY		6,679					
048 WHOLE BLOOD & PACKED RED							
049 INTRAVENOUS THERAPY	4,777						
050 RESPIRATORY THERAPY	1,057	3,289					
051 PHYSICAL THERAPY		3					
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
055 ELECTROCARDIOLOGY	4,540	68,577					
056 MEDICAL SUPPLIES CHARGED		44,225					
057 DRUGS CHARGED TO PATIENTS							
060 RENAL DIALYSIS	7,726	35,258	16,542	6,920			
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC	51,770	41,959	537,291	65,735			
064 EMERGENCY	71,460	180,476	152,063	34,598			
066 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 HOME PROGRAM DIALYSIS							
067 AMBULANCE SERVICES							
069 DURABLE MEDICAL EQUIP-REN							
070 DURABLE MEDICAL EQUIP-SOL							
071 CORF							
071 I&R SERVICES-NOT APPRVD P							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION							
092 LIVER ACQUISITION							
093 HEART ACQUISITION							
095 AMBULATORY SURGICAL CENTE							
096 HOSPICE							
095 SUBTOTALS	528,524	1,203,497	1,156,209	186,828			
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
098 RESEARCH							
099 PHYSICIANS' PRIVATE OFFIC							
100 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE (SP							
100 01 DENISTRY							
100 02 CHP BUREAU	19,190	365,580					
100 03 SPECIAL FUNDS/RESEARCH							
101 CROSS FOOT ADJUSTMENTS						544,429	220,154
102 NEGATIVE COST CENTER							
103 TOTAL	547,714	1,569,077	1,156,209	186,828		544,429	220,154

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0124

FROM 12/ 1/2008

WORKSHEET B

TO 11/30/2009

PART III

COST CENTER DESCRIPTION	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
001 GENERAL SERVICE COST CNTR			
002 OLD CAP REL COSTS-BLDG &			
003 OLD CAP REL COSTS-MVBLE E			
004 NEW CAP REL COSTS-BLDG &			
005 NEW CAP REL COSTS-MVBLE E			
006 EMPLOYEE BENEFITS			
007 ADMIN STRATIVE & GENERAL			
008 MAINTENANCE & REPAIRS			
009 OPERATION OF PLANT			
010 LAUNDRY & LINEN SERVICE			
011 HOUSEKEEPING			
012 DIETARY			
014 CAFETERIA			
015 NURSING ADMINISTRATION			
017 CENTRAL SERVICES & SUPPLY			
018 MEDICAL RECORDS & LIBRARY			
020 SOCIAL SERVICE			
022 NONPHYSICIAN ANESTHETISTS			
023 I&R SERVICES-SALARY & FRI			
025 I&R SERVICES-OTHER PRGM C			
026 INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	29,801,296		29,801,296
026 INTENSIVE CARE UNIT	1,424,678		1,424,678
028 BURN INTENSIVE CARE UNIT	325,735		325,735
029 SURGICAL INTENSIVE CARE U	574,174		574,174
030 PEDS INTENSIVE CARE UNIT	346,004		346,004
030 01 TRAUMA INTENSIVE CARE UNI	1,175,410		1,175,410
030 02 NEURO INTENSIVE CARE UNIT	290,037		290,037
030 03 NEONATAL INTENSIVE CARE U	742,775		742,775
033 NURSERY	489,991		489,991
037 ANCILLARY SRVC COST CNTRS			
038 OPERATING ROOM	4,353,601		4,353,601
039 RECOVERY ROOM	586,183		586,183
040 DELIVERY ROOM & LABOR ROO	630,625		630,625
041 ANESTHESIOLOGY	511,630		511,630
044 RADIOLOGY-DIAGNOSTIC	3,748,204		3,748,204
046 LABORATORY	3,382,849		3,382,849
048 WHOLE BLOOD & PACKED RED	192,820		192,820
049 INTRAVENOUS THERAPY	410,852		410,852
050 RESPIRATORY THERAPY	576,383		576,383
051 PHYSICAL THERAPY	195,569		195,569
052 OCCUPATIONAL THERAPY	178,543		178,543
053 SPEECH PATHOLOGY	163,696		163,696
055 ELECTROCARDIOLOGY	1,129,964		1,129,964
056 MEDICAL SUPPLIES CHARGED	367,366		367,366
057 DRUGS CHARGED TO PATIENTS	1,890,953		1,890,953
060 RENAL DIALYSIS	240,098		240,098
061 OUTPAT SERVICE COST CNTRS			
062 CLINIC	6,347,265		6,347,265
064 EMERGENCY	3,445,989		3,445,989
065 OBSERVATION BEDS (NON-DIS			
066 OTHER REIMBURS COST CNTRS			
067 HOME PROGRAM DIALYSIS			
068 AMBULANCE SERVICES			
069 DURABLE MEDICAL EQUIP-REN			
070 DURABLE MEDICAL EQUIP-SOL			
071 CORF			
072 I&R SERVICES-NOT APPRVD P			
073 HOME HEALTH AGENCY			
074 LUNG ACQUISITION			
075 SPEC PURPOSE COST CENTERS			
076 KIDNEY ACQUISITION			
077 LIVER ACQUISITION			
078 HEART ACQUISITION			
079 AMBULATORY SURGICAL CENTE			
080 HOSPICE			
081 SUBTOTALS	63,522,690		63,522,690
082 NONREIMBURS COST CENTERS			
083 GIFT, FLOWER, COFFEE SHOP			
084 RESEARCH			
085 PHYSICIANS' PRIVATE OFFIC			
086 NONPAID WORKERS			
087 OTHER NONREIMBURSABLE (SP			
088 01 DENISTRY	206,106		206,106
089 02 CHP BUREAU	1,230,191		1,230,191
090 03 SPECIAL FUNDS/RESEARCH	478,515		478,515
091 CROSS FOOT ADJUSTMENTS	764,583		764,583
092 NEGATIVE COST CENTER			
093 TOTAL	66,202,085		66,202,085

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION
	1	2	3	4	5	6a.00
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	2,178,686					
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			2,178,686			
004 NEW CAP REL COSTS-MVB				17,665,369		
005 EMPLOYEE BENEFITS			18,828	4,385	350,704,000	
006 ADMIN STRATIVE & GENE	341,126		341,126	361,262	25,267,919	-130,544,780
007 MAINTENANCE & REPAIRS	45,408		45,408	17,527	5,149,798	
008 OPERATION OF PLANT	730,094		730,094	51,586	6,189,007	
009 LAUNDRY & LINEN SERVI	17,530		17,530	473	214,681	
010 HOUSEKEEPING	15,039		15,039	373	6,391,062	
011 DIETARY	1,007		1,007	6,407	2,716,033	
012 CAFETERIA	42,074		42,074	219	766,036	
014 NURSING ADMIN STRATIO	9,375		9,375	72,352	3,893,257	
015 CENTRAL SERVICES & SU	36,836		36,836	85,096	1,391,945	
017 MEDICAL RECORDS & LIB	26,865		26,865	3,711	3,545,421	
018 SOCIAL SERVICE	3,618		3,618	390	1,329,305	
020 NONPHYSICIAN ANESTHET						
022 I&R SERVICES-SALARY &					16,033,564	
023 I&R SERVICES-OTHER PR	1,039		1,039	463	10,722,583	
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	272,317		272,317	14,808,606	50,314,435	
026 INTENSIVE CARE UNIT	28,051		28,051	4,600	8,742,625	
028 BURN INTENSIVE CARE U	5,988		5,988	3,757	2,246,602	
029 SURGICAL INTENSIVE CA	9,435		9,435		4,164,267	
030 PEDS INTENSIVE CARE U	6,647		6,647	9,716	2,688,593	
030 01 TRAUMA INTENSIVE CARE	22,684		22,684	6,784	7,084,005	
030 02 NEURO INTENSIVE CARE	4,740		4,740		3,458,057	
030 03 NEONATAL INTENSIVE CA	12,055		12,055		10,058,845	
033 NURSERY	8,647		8,647	20,865	1,597,234	
ANCILLARY SRVC COST C						
037 OPERATING ROOM	69,211		69,211	543,569	33,966,260	
038 RECOVERY ROOM	13,355		13,355	373	2,255,688	
039 DELIVERY ROOM & LABOR	13,232		13,232		3,240,965	
040 ANESTHESIOLOGY	4,737		4,737	154,535	6,150,419	
041 RADIOLOGY-DIAGNOSTIC	73,379		73,379	408,196	14,497,752	
044 LABORATORY	76,889		76,889	31,973	14,631,239	
046 WHOLE BLOOD & PACKED	2,758		2,758	1,262	1,555,092	
048 INTRAVENOUS THERAPY	9,905		9,905		930,921	
049 RESPIRATORY THERAPY	5,508		5,508	222,129	4,279,603	
050 PHYSICAL THERAPY	4,451		4,451	931	846,857	
051 OCCUPATIONAL THERAPY	4,434		4,434		258,345	
052 SPEECH PATHOLOGY	1,995		1,995	66,548	338,050	
053 ELECTROCARDIOLOGY	20,886		20,886	133,743	4,890,500	
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI	11,603		11,603	298,329	13,471,297	
057 RENAL DIALYSIS	2,326		2,326	7,879	3,067,445	
OUTPAT SERVICE COST C						
060 CLINIC	119,644		119,644	240,575	29,647,500	
061 EMERGENCY	61,980		61,980	16,089	26,197,846	
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
064 HOME PROGRAM DIALYSIS						
065 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIP						
067 DURABLE MEDICAL EQUIP						
069 CORF						
070 I&R SERVICES-NOT APPR						
071 HOME HEALTH AGENCY						
082 LUNG ACQUISITION						
SPEC PURPOSE COST CEN						
083 KIDNEY ACQUISITION						
084 LIVER ACQUISITION						
085 HEART ACQUISITION						
092 AMBULATORY SURGICAL C						
093 HOSPICE						
095 SUBTOTALS	2,155,696		2,155,696	17,584,703	334,191,053	-130,544,780
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
097 RESEARCH						
098 PHYSICIANS' PRIVATE O						
099 NONPAID WORKERS						
100 OTHER NONREIMBURSABLE						
100 01 DENISTRY	4,544		4,544	353	1,203,422	
100 02 CHP BUREAU	6,926		6,926	80,313	13,910,350	
100 03 SPECIAL FUNDS/RESEARC	11,520		11,520		1,399,175	
101 CROSS FOOT ADJUSTMENT						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0124
 PERIOD: FROM 12/1/2008 TO 11/30/2009
 PREPARED 4/27/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	FITS (GROSS SALARIES)	
	1	2	3	4	5	6a.00
NONREIMBURS COST CENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)			46,168,144	20,033,941	84,754,372	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)			21.190821	1.134080	.241669	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)					403,954	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.001152	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF E & GENERAL REPAIRS PLANT			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(EQUIVALENT FT)
	6	7	8	9	10	11	12
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	532,288,237						
007 MAINTENANCE & REPAIRS	14,290,617	1,773,324					
008 OPERATION OF PLANT	37,939,436	730,094	1,043,230				
009 LAUNDRY & LINEN SERVICE	2,429,092	17,530	17,530	3,543,992			
010 HOUSEKEEPING	9,020,988	15,039	15,039	110,557	1,010,661		
011 DIETARY	5,288,118	1,007	1,007		1,007	457,813	
012 CAFETERIA	1,222,143	42,074	42,074		42,074		372,730
014 NURSING ADMINISTRATIVE	5,557,623	9,375	9,375		9,375		4,654
015 CENTRAL SERVICES & SUPPLY	2,697,520	36,836	36,836		36,836		3,406
017 MEDICAL RECORDS & LIBRARY	5,444,240	26,865	26,865		26,865		8,183
018 SOCIAL SERVICE	2,510,466	3,618	3,618		3,618		2,163
020 NONPHYSICIAN ANESTHETIC							
022 I&R SERVICES-SALARY & BENEFITS	25,116,336						37,368
023 I&R SERVICES-OTHER PERSONNEL	10,152,876	1,039	1,039		1,039		4,572
025 ADULTS & PEDIATRICS	68,964,980	272,317	272,317	2,702,880	272,317	362,205	50,879
026 INTENSIVE CARE UNIT	11,355,277	28,051	28,051		28,051	19,517	9,980
028 BURN INTENSIVE CARE UNIT	2,401,226	5,988	5,988	3	5,988	5,686	2,249
029 SURGICAL INTENSIVE CARE UNIT	5,133,368	9,435	9,435		9,435	7,950	4,384
030 PEDIATRIC INTENSIVE CARE UNIT	3,000,664	6,647	6,647		6,647	4,436	2,989
030 01 TRAUMA INTENSIVE CARE UNIT	7,678,386	22,684	22,684	117	22,684	7,981	7,222
030 02 NEURO INTENSIVE CARE UNIT	3,605,281	4,740	4,740	66	4,740	7,688	3,460
030 03 NEONATAL INTENSIVE CARE UNIT	10,159,974	12,055	12,055		12,055		9,318
033 NURSERY	2,212,600	8,647	8,647	377,480	8,647		2,588
037 ANCILLARY SERVICE COST CENTER OPERATING ROOM	32,358,033	69,211	69,211	323,373	69,211		38,979
038 RECOVERY ROOM	3,114,327	13,355	13,355		13,355		2,736
039 DELIVERY ROOM & LABOR	4,378,790	13,232	13,232	10,880	13,232		4,657
040 ANESTHESIOLOGY	3,758,827	4,737	4,737	12,994	4,737		4,786
041 RADIOLOGY-DIAGNOSTIC	18,683,701	73,379	73,379	622	73,379		16,120
044 LABORATORY	18,585,857	76,889	76,889	977	76,889		22,098
046 WHOLE BLOOD & PACKED	4,996,536	2,758	2,758		2,758		2,622
048 INTRAVENOUS THERAPY	1,373,427	9,905	9,905		9,905		946
049 RESPIRATORY THERAPY	5,407,339	5,508	5,508		5,508		5,782
050 PHYSICAL THERAPY	1,172,117	4,451	4,451		4,451		1,232
051 OCCUPATIONAL THERAPY	419,300	4,434	4,434		4,434		369
052 SPEECH PATHOLOGY	621,508	1,995	1,995		1,995		485
053 ELECTROCARDIOLOGY	4,795,319	20,886	20,886	3,753	20,886		5,964
055 MEDICAL SUPPLIES CHARACTERIZED	22,432,591						
056 DRUGS CHARGED TO PATIENTS	70,548,827	11,603	11,603	28	11,603		16,963
057 RENAL DIALYSIS	4,019,942	2,326	2,326		2,326		3,139
060 OUTPAT SERVICE COST CENTER CLINIC	38,383,118	119,644	119,644		119,644	12,508	41,947
061 EMERGENCY	31,032,256	61,980	61,980		61,980	29,842	27,156
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIPMENT							
067 DURABLE MEDICAL EQUIPMENT							
069 CORF							
070 I&R SERVICES-NOT APPROPRIATE							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPECIFIC PURPOSE COST CENTER KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE							
095 SUBTOTALS	502,263,026	1,750,334	1,020,240	3,543,730	987,671	457,813	349,396
096 NONREIMBURSABLE COST CENTER GIFT, FLOWER, COFFEE							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE							
100 01 DENISTRY	1,684,660	4,544	4,544	262	4,544		1,180
100 02 CHP BUREAU	26,000,512	6,926	6,926		6,926		22,154
100 03 SPECIAL FUNDS/RESEARCH	2,340,039	11,520	11,520		11,520		
101 CROSS FOOT ADJUSTMENT							

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(EQUIVALENT FT E'S)
		6	7	8	9	10	11	12
102	NONREIMBURS COST CENT							
103	NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)	130,544,780	17,795,419	54,570,699	4,117,730	12,299,456	6,660,076	4,656,984
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.245252	10.035064	52.309365	1.161890	12.169715	14.547590	12.494256
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	7,667,549	1,193,899	16,574,981	697,570	727,250	125,311	1,637,398
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.014405	.673255	15.888137	.196832	.719579	.273717	4.392987

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLIES	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
(HOURS OF SERVICE)	(COSTED REQUISITIONS)	(TIME SPENT)	(TIME SPENT)	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	14	15	17	18	20	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 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION	2,256,580						
015 CENTRAL SERVICES & SUPPLIES		5,771,828					
017 MEDICAL RECORDS & LIBRARY			197,600				
018 SOCIAL SERVICE				56,160			
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI						5,430	
023 I&R SERVICES-OTHER PRGM C	3,984						5,430
025 ADULTS & PEDIATRICS	408,268	471,786	58,234	16,994		1,662	1,662
026 INTENSIVE CARE UNIT	169,398	170,110	4,356	1,386		150	150
028 BURN INTENSIVE CARE U	28,748	92,594	1,375	690		10	10
029 SURGICAL INTENSIVE CA	72,069	292,742	1,791	1,040		10	10
030 PEDS INTENSIVE CARE U	39,731	3,274	986	690		32	32
030 01 TRAUMA INTENSIVE CARE	105,125	377,761	1,820	1,040		123	123
030 02 NEURO INTENSIVE CARE	45,530	35,642	1,751	1,040		10	10
030 03 NEONATAL INTENSIVE CA	151,815	13,137	6,194	1,040		140	140
033 NURSERY	29,171	16,732	453			120	120
037 ANCILLARY SRVC COST C							
038 OPERATING ROOM	386,230	885,053				620	620
039 RECOVERY ROOM	51,457						
039 DELIVERY ROOM & LABOR	68,943	56,731				50	50
040 ANESTHESIOLOGY	15,277	241,351				200	200
041 RADIOLOGY-DIAGNOSTIC	19,495	370,592				140	140
044 LABORATORY		24,569				90	90
046 WHOLE BLOOD & PACKED							
048 INTRAVENOUS THERAPY	19,683						
049 RESPIRATORY THERAPY	4,355	12,097				30	30
050 PHYSICAL THERAPY		10					
051 OCCUPATIONAL THERAPY						20	20
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	18,703	252,259				40	40
055 MEDICAL SUPPLIES CHAR		162,682					
056 DRUGS CHARGED TO PATI							
057 RENAL DIALYSIS	31,830	129,696	2,827	2,080		40	40
060 OUTPAT SERVICE COST C							
061 CLINIC	213,292	154,345	91,825	19,760		1,110	1,110
062 EMERGENCY	294,415	663,878	25,988	10,400		513	513
062 OBSERVATION BEDS (NON							
064 OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
069 CORF							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CEN							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
092 AMBULATORY SURGICAL C							
093 HOSPICE							
095 SUBTOTALS	2,177,519	4,427,041	197,600	56,160		5,110	5,110
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
097 RESEARCH							
098 PHYSICIANS' PRIVATE O							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE							
100 01 DENISTRY							
100 02 CHP BUREAU	79,061	1,344,787				320	320
100 03 SPECIAL FUNDS/RESEARC							
101 CROSS FOOT ADJUSTMENT							

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	(HOURS OF SERVICE)	(COSTED REQUISITIONS)	(TIME SPENT)	(TIME SPENT)	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)
	14	15	17	18	20	22	23
102 NONREIMBURS COST CENT							
103 NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)	7,677,359	6,146,451	8,883,513	3,422,780		31,743,053	12,790,986
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	3.402210	1.064905	44.957050	60.946937		5,845.866114	2,355.614365
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	547,714	1,569,077	1,156,209	186,828		544,429	220,154
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.242719	.271851	5.851260	3.326709		100.263168	40.544015

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS
		1	2	3	4	5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	120,760,781		120,760,781	1,904,399	122,665,180
26	INTENSIVE CARE UNIT	17,676,780		17,676,780	64,741	17,741,521
28	BURN INTENSIVE CARE UNIT	3,847,422		3,847,422	76,973	3,924,395
29	SURGICAL INTENSIVE CARE U	7,966,645		7,966,645	51,898	8,018,543
30	PEDS INTENSIVE CARE UNIT	4,558,796		4,558,796		4,558,796
30	01 TRAUMA INTENSIVE CARE UNI	12,363,423		12,363,423	84,677	12,448,100
30	02 NEURO INTENSIVE CARE UNIT	5,332,791		5,332,791	97,339	5,430,130
30	03 NEONATAL INTENSIVE CARE U	14,538,763		14,538,763	216,575	14,755,338
33	NURSERY	4,007,924		4,007,924		4,007,924
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	48,570,374		48,570,374	568,790	49,139,164
38	RECOVERY ROOM	5,082,511		5,082,511		5,082,511
39	DELIVERY ROOM & LABOR ROO	6,804,468		6,804,468		6,804,468
40	ANESTHESIOLOGY	5,417,548		5,417,548	249,487	5,667,035
41	RADIOLOGY-DIAGNOSTIC	29,396,791		29,396,791	382,713	29,779,504
44	LABORATORY	29,176,791		29,176,791		29,176,791
46	WHOLE BLOOD & PACKED RED	6,460,216		6,460,216		6,460,216
48	INTRAVENOUS THERAPY	2,527,111		2,527,111		2,527,111
49	RESPIRATORY THERAPY	7,243,865		7,243,865	46,251	7,290,116
50	PHYSICAL THERAPY	1,806,647		1,806,647		1,806,647
51	OCCUPATIONAL THERAPY	857,140		857,140		857,140
52	SPEECH PATHOLOGY	928,650		928,650		928,650
53	ELECTROCARDIOLOGY	7,938,824		7,938,824	176,633	8,115,457
55	MEDICAL SUPPLIES CHARGED	28,107,470		28,107,470		28,107,470
56	DRUGS CHARGED TO PATIENTS	88,927,653		88,927,653		88,927,653
57	RENAL DIALYSIS	5,718,651		5,718,651		5,718,651
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	63,640,400		63,640,400		63,640,400
61	EMERGENCY	47,545,609		47,545,609	170,448	47,716,057
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,350,200		2,350,200		2,350,200
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	579,554,244		579,554,244	4,090,924	583,645,168
102	LESS OBSERVATION BEDS	2,350,200		2,350,200		2,350,200
103	TOTAL	577,204,044		577,204,044	4,090,924	581,294,968

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	264,521,370		264,521,370			
26	INTENSIVE CARE UNIT	25,766,250		25,766,250			
28	BURN INTENSIVE CARE UNIT	6,596,250		6,596,250			
29	SURGICAL INTENSIVE CARE U	10,170,000		10,170,000			
30	PEDS INTENSIVE CARE UNIT	5,077,500		5,077,500			
30	01 TRAUMA INTENSIVE CARE UNI	10,545,000		10,545,000			
30	02 NEURO INTENSIVE CARE UNIT	9,877,500		9,877,500			
30	03 NEONATAL INTENSIVE CARE U	35,576,250		35,576,250			
33	NURSERY	1,347,060		1,347,060			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	32,612,761	16,526,403	49,139,164	.988425	.988425	1.000000
38	RECOVERY ROOM	3,373,169	1,709,342	5,082,511	1.000000	1.000000	1.000000
39	DELIVERY ROOM & LABOR ROO	6,804,468		6,804,468	1.000000	1.000000	1.000000
40	ANESTHESIOLOGY	3,761,110	1,905,925	5,667,035	.955976	.955976	1.000000
41	RADIOLOGY-DIAGNOSTIC	8,556,209	21,223,295	29,779,504	.987148	.987148	1.000000
44	LABORATORY	11,703,334	17,473,457	29,176,791	1.000000	1.000000	1.000000
46	WHOLE BLOOD & PACKED RED	5,874,625	585,591	6,460,216	1.000000	1.000000	1.000000
48	INTRAVENOUS THERAPY	1,364,242	1,162,869	2,527,111	1.000000	1.000000	1.000000
49	RESPIRATORY THERAPY	7,290,116		7,290,116	.993656	.993656	1.000000
50	PHYSICAL THERAPY	1,476,348	330,299	1,806,647	1.000000	1.000000	1.000000
51	OCCUPATIONAL THERAPY	509,792	347,348	857,140	1.000000	1.000000	1.000000
52	SPEECH PATHOLOGY	351,669	576,981	928,650	1.000000	1.000000	1.000000
53	ELECTROCARDIOLOGY	2,122,952	5,992,505	8,115,457	.978235	.978235	1.000000
55	MEDICAL SUPPLIES CHARGED	13,662,270	14,445,200	28,107,470	1.000000	1.000000	1.000000
56	DRUGS CHARGED TO PATIENTS	28,154,961	60,772,692	88,927,653	1.000000	1.000000	1.000000
57	RENAL DIALYSIS	2,108,264	3,610,387	5,718,651	1.000000	1.000000	1.000000
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		63,640,400	63,640,400	1.000000	1.000000	1.000000
61	EMERGENCY	5,340,879	42,375,178	47,716,057	.996428	.996428	1.000000
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	9,966	4,142,171	4,152,137	.566022	.566022	.566022
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	504,554,315	256,820,043	761,374,358			
102	LESS OBSERVATION BEDS						
103	TOTAL	504,554,315	256,820,043	761,374,358			

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	48,570,374	4,353,601	44,216,773			48,570,374
38	RECOVERY ROOM	5,082,511	586,183	4,496,328			5,082,511
39	DELIVERY ROOM & LABOR ROO	6,804,468	630,625	6,173,843			6,804,468
40	ANESTHESIOLOGY	5,417,548	511,630	4,905,918			5,417,548
41	RADIOLOGY-DIAGNOSTIC	29,396,791	3,748,204	25,648,587			29,396,791
44	LABORATORY	29,176,791	3,382,849	25,793,942			29,176,791
46	WHOLE BLOOD & PACKED RED	6,460,216	192,820	6,267,396			6,460,216
48	INTRAVENOUS THERAPY	2,527,111	410,852	2,116,259			2,527,111
49	RESPIRATORY THERAPY	7,243,865	576,383	6,667,482			7,243,865
50	PHYSICAL THERAPY	1,806,647	195,569	1,611,078			1,806,647
51	OCCUPATIONAL THERAPY	857,140	178,543	678,597			857,140
52	SPEECH PATHOLOGY	928,650	163,696	764,954			928,650
53	ELECTROCARDIOLOGY	7,938,824	1,129,964	6,808,860			7,938,824
55	MEDICAL SUPPLIES CHARGED	28,107,470	367,366	27,740,104			28,107,470
56	DRUGS CHARGED TO PATIENTS	88,927,653	1,890,953	87,036,700			88,927,653
57	RENAL DIALYSIS	5,718,651	240,098	5,478,553			5,718,651
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	63,640,400	6,347,265	57,293,135			63,640,400
61	EMERGENCY	47,545,609	3,445,989	44,099,620			47,545,609
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,350,200	570,976	1,779,224			2,350,200
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	388,500,919	28,923,566	359,577,353			388,500,919
102	LESS OBSERVATION BEDS	2,350,200	570,976	1,779,224			2,350,200
103	TOTAL	386,150,719	28,352,590	357,798,129			386,150,719

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	49,139,164	.988425	.988425
38	RECOVERY ROOM	5,082,511	1.000000	1.000000
39	DELIVERY ROOM & LABOR ROO	6,804,468	1.000000	1.000000
40	ANESTHESIOLOGY	5,667,035	.955976	.955976
41	RADIOLOGY-DIAGNOSTIC	29,779,504	.987148	.987148
44	LABORATORY	29,176,791	1.000000	1.000000
46	WHOLE BLOOD & PACKED RED	6,460,216	1.000000	1.000000
48	INTRAVENOUS THERAPY	2,527,111	1.000000	1.000000
49	RESPIRATORY THERAPY	7,290,116	.993656	.993656
50	PHYSICAL THERAPY	1,806,647	1.000000	1.000000
51	OCCUPATIONAL THERAPY	857,140	1.000000	1.000000
52	SPEECH PATHOLOGY	928,650	1.000000	1.000000
53	ELECTROCARDIOLOGY	8,115,457	.978235	.978235
55	MEDICAL SUPPLIES CHARGED	28,107,470	1.000000	1.000000
56	DRUGS CHARGED TO PATIENTS	88,927,653	1.000000	1.000000
57	RENAL DIALYSIS	5,718,651	1.000000	1.000000
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	63,640,400	1.000000	1.000000
61	EMERGENCY	47,716,057	.996428	.996428
62	OBSERVATION BEDS (NON-DIS	4,152,137	.566022	.566022
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	391,897,178		
102	LESS OBSERVATION BEDS	4,152,137		
103	TOTAL	387,745,041		

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	53,655,292	4,353,601	49,301,691	435,360	2,859,498	50,360,434
38	OPERATING ROOM	5,082,511	586,183	4,496,328	58,618	260,787	4,763,106
39	RECOVERY ROOM	7,214,542	630,625	6,583,917	63,063	381,867	6,769,612
40	DELIVERY ROOM & LABOR ROO	7,057,844	511,630	6,546,214	51,163	379,680	6,627,001
41	ANESTHESIOLOGY	30,544,998	3,748,204	26,796,794	374,820	1,554,214	28,615,964
44	RADIOLOGY-DIAGNOSTIC	29,914,924	3,382,849	26,532,075	338,285	1,538,860	28,037,779
46	LABORATORY	6,460,216	192,820	6,267,396	19,282	363,509	6,077,425
48	WHOLE BLOOD & PACKED RED	2,527,111	410,852	2,116,259	41,085	122,743	2,363,283
49	INTRAVENOUS THERAPY	7,489,909	576,383	6,913,526	57,638	400,985	7,031,286
50	RESPIRATORY THERAPY	1,806,647	195,569	1,611,078	19,557	93,443	1,693,647
51	PHYSICAL THERAPY	1,021,169	178,543	842,626	17,854	48,872	954,443
52	OCCUPATIONAL THERAPY	928,650	163,696	764,954	16,370	44,367	867,913
53	SPEECH PATHOLOGY	8,266,884	1,129,964	7,136,920	112,996	413,941	7,739,947
55	ELECTROCARDIOLOGY	28,107,470	367,366	27,740,104	36,737	1,608,926	26,461,807
56	MEDICAL SUPPLIES CHARGED	88,927,653	1,890,953	87,036,700	189,095	5,048,129	83,690,429
57	DRUGS CHARGED TO PATIENTS	6,046,711	240,098	5,806,613	24,010	336,784	5,685,917
	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	72,744,043	6,347,265	66,396,778	634,727	3,851,013	68,258,303
61	EMERGENCY	51,752,968	3,445,989	48,306,979	344,599	2,801,805	48,606,564
62	OBSERVATION BEDS (NON-DIS	2,350,200	570,976	1,779,224	57,098	103,195	2,189,907
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	411,899,742	28,923,566	382,976,176	2,892,357	22,212,618	386,794,767
102	LESS OBSERVATION BEDS	2,350,200	570,976	1,779,224	57,098	103,195	2,189,907
103	TOTAL	409,549,542	28,352,590	381,196,952	2,835,259	22,109,423	384,604,860

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	49,139,164	1.024853	1.083045
38	RECOVERY ROOM	5,082,511	.937156	.988467
39	DELIVERY ROOM & LABOR ROO	6,804,468	.994877	1.050998
40	ANESTHESIOLOGY	5,667,035	1.169395	1.236393
41	RADIOLOGY-DIAGNOSTIC	29,779,504	.960928	1.013119
44	LABORATORY	29,176,791	.960962	1.013704
46	WHOLE BLOOD & PACKED RED	6,460,216	.940746	.997015
48	INTRAVENOUS THERAPY	2,527,111	.935172	.983742
49	RESPIRATORY THERAPY	7,290,116	.964496	1.019500
50	PHYSICAL THERAPY	1,806,647	.937453	.989175
51	OCCUPATIONAL THERAPY	857,140	1.113521	1.170538
52	SPEECH PATHOLOGY	928,650	.934596	.982372
53	ELECTROCARDIOLOGY	8,115,457	.953729	1.004736
55	MEDICAL SUPPLIES CHARGED	28,107,470	.941451	.998693
56	DRUGS CHARGED TO PATIENTS	88,927,653	.941107	.997874
57	RENAL DIALYSIS	5,718,651	.994276	1.053168
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	63,640,400	1.072562	1.133075
61	EMERGENCY	47,716,057	1.018663	1.077381
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	4,152,137	.527417	.552270
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	391,897,178		
102	LESS OBSERVATION BEDS	4,152,137		
103	TOTAL	387,745,041		

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	-----	OLD CAPITAL	-----	-----	NEW CAPITAL	-----
		CAPITAL REL COST (B, I I)	SWING BED ADJUSTMENT	REDUCED CAP RELATED COST	CAPITAL REL COST (B, I I I)	SWING BED ADJUSTMENT	REDUCED CAP RELATED COST
		1	2	3	4	5	6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				29,801,296		29,801,296
26	INTENSIVE CARE UNIT				1,424,678		1,424,678
28	BURN INTENSIVE CARE UNIT				325,735		325,735
29	SURGICAL INTENSIVE CARE U				574,174		574,174
30	PEDS INTENSIVE CARE UNIT				346,004		346,004
30	01 TRAUMA INTENSIVE CARE UNI				1,175,410		1,175,410
30	02 NEURO INTENSIVE CARE UNIT				290,037		290,037
30	03 NEONATAL INTENSIVE CARE U				742,775		742,775
33	NURSERY				489,991		489,991
101	TOTAL				35,170,100		35,170,100

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	89,199	9,291			334.10	3,104,123
26	INTENSIVE CARE UNIT	6,544	828			217.71	180,264
28	BURN INTENSIVE CARE UNIT	2,066	261			157.66	41,149
29	SURGICAL INTENSIVE CARE U	2,691	341			213.37	72,759
30	PEDS INTENSIVE CARE UNIT	1,481				233.63	
30 01	TRAUMA INTENSIVE CARE UNI	2,734	346			429.92	148,752
30 02	NEURO INTENSIVE CARE UNIT	2,630	333			110.28	36,723
30 03	NEONATAL INTENSIVE CARE U	9,307				79.81	
33	NURSERY	2,041				240.07	
101	TOTAL	118,693	11,400				3,583,770

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	OLD CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		4,353,601	49,139,164	3,259,510		
38	RECOVERY ROOM		586,183	5,082,511	337,134		
39	DELIVERY ROOM & LABOR ROO		630,625	6,804,468	680,078		
40	ANESTHESIOLOGY		511,630	5,667,035	375,907		
41	RADIOLOGY-DIAGNOSTIC		3,748,204	29,779,504	855,158		
44	LABORATORY		3,382,849	29,176,791	1,169,700		
46	WHOLE BLOOD & PACKED RED		192,820	6,460,216	587,144		
48	INTRAVENOUS THERAPY		410,852	2,527,111	136,350		
49	RESPIRATORY THERAPY		576,383	7,290,116	728,617		
50	PHYSICAL THERAPY		195,569	1,806,647	147,555		
51	OCCUPATIONAL THERAPY		178,543	857,140	50,952		
52	SPEECH PATHOLOGY		163,696	928,650	35,148		
53	ELECTROCARDIOLOGY		1,129,964	8,115,457	212,180		
55	MEDICAL SUPPLIES CHARGED		367,366	28,107,470	1,365,487		
56	DRUGS CHARGED TO PATIENTS		1,890,953	88,927,653	2,813,971		
57	RENAL DIALYSIS		240,098	5,718,651	210,712		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		6,347,265	63,640,400			
61	EMERGENCY		3,445,989	47,716,057	533,799		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		570,976	4,152,137			
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		28,923,566	391,897,178	13,499,402		

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

PROVIDER NO: 14-0124
 PERIOD: FROM 12/1/2008 TO 11/30/2009
 PREPARED 4/27/2010
 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					89,199	
26	INTENSIVE CARE UNIT					6,544	
28	BURN INTENSIVE CARE UNIT					2,066	
29	SURGICAL INTENSIVE CARE U					2,691	
30	PEDS INTENSIVE CARE UNIT					1,481	
30	01 TRAUMA INTENSIVE CARE UNI					2,734	
30	02 NEURO INTENSIVE CARE UNIT					2,630	
30	03 NEONATAL INTENSIVE CARE U					9,307	
33	NURSERY					2,041	
101	TOTAL					118,693	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		9,291
26	INTENSIVE CARE UNIT		828
28	BURN INTENSIVE CARE UNIT		261
29	SURGICAL INTENSIVE CARE U		341
30	PEDS INTENSIVE CARE UNIT		
30	01 TRAUMA INTENSIVE CARE UNI		346
30	02 NEURO INTENSIVE CARE UNIT		333
30	03 NEONATAL INTENSIVE CARE U		
33	NURSERY		
101	TOTAL		11,400

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						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
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			49,139,164			3,259,510	
38	OPERATING ROOM			5,082,511			337,134	
39	RECOVERY ROOM			6,804,468			680,078	
40	DELIVERY ROOM & LABOR ROO			5,667,035			375,907	
41	ANESTHESIOLOGY			29,779,504			855,158	
44	RADIOLOGY-DIAGNOSTIC			29,176,791			1,169,700	
46	LABORATORY			6,460,216			587,144	
48	WHOLE BLOOD & PACKED RED			2,527,111			136,350	
49	INTRAVENOUS THERAPY			7,290,116			728,617	
50	RESPIRATORY THERAPY			1,806,647			147,555	
51	PHYSICAL THERAPY			857,140			50,952	
52	OCCUPATIONAL THERAPY			928,650			35,148	
53	SPEECH PATHOLOGY			8,115,457			212,180	
55	ELECTROCARDIOLOGY			28,107,470			1,365,487	
56	MEDICAL SUPPLIES CHARGED			88,927,653			2,813,971	
57	DRUGS CHARGED TO PATIENTS			5,718,651			210,712	
60	RENAL DIALYSIS							
61	OUTPAT SERVICE COST CNTRS			63,640,400				
62	CLINIC			47,716,057			533,799	
62	EMERGENCY			4,152,137				
64	OBSERVATION BEDS (NON-DIS							
65	OTHER REIMBURS COST CNTRS							
66	HOME PROGRAM DIALYSIS							
67	AMBULANCE SERVICES							
101	DURABLE MEDICAL EQUIP-REN							
	DURABLE MEDICAL EQUIP-SOL							
	TOTAL			391,897,178			13,499,402	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	34,331					
38	RECOVERY ROOM	332					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	453,350					
41	RADIOLOGY-DIAGNOSTIC	3,631,438					
44	LABORATORY	167,968					
46	WHOLE BLOOD & PACKED RED						
48	INTRAVENOUS THERAPY	4,582					
49	RESPIRATORY THERAPY	5,028					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	19,772					
55	MEDICAL SUPPLIES CHARGED	46,855					
56	DRUGS CHARGED TO PATIENTS	39,912					
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	7,742,846					
61	EMERGENCY	1,208,848					
62	OBSERVATION BEDS (NON-DIS	68,230					
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	13,423,492					

TITLE XVIII, PART B

HOSPITAL

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

Cost Center Description 9.03 10 11

- (A) ANCI LLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 44 LABORATORY
- 46 WHOLE BLOOD & PACKED RED BLOOD CELLS
- 48 INTRAVENOUS THERAPY
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- OTHER REIMBURS COST CNTRS
- 64 HOME PROGRAM DIALYSIS
- 65 AMBULANCE SERVICES
- 66 DURABLE MEDICAL EQUIP-RENTED
- 67 DURABLE MEDICAL EQUIP-SOLD
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

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)	89,199
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	89,199
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	89,199
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)	9,291
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	122,665,180
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	122,665,180

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	156,016,188
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	156,016,188
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.786234
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,749.08
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	122,665,180

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					1,375.19
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					12,776,890
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					12,776,890

	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	17,741,521	6,544	2,711.11	828	2,244,799
44	CORONARY CARE UNIT				
45	3,924,395	2,066	1,899.51	261	495,772
46	8,018,543	2,691	2,979.76	341	1,016,098
47	4,558,796	1,481	3,078.19		
47.01	12,448,100	2,734	4,553.07	346	1,575,362
47.02	5,430,130	2,630	2,064.69	333	687,542
47.03	14,755,338	9,307	1,585.40		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					3,583,770
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					952,589
52	TOTAL PROGRAM EXCLUDABLE COST					4,536,359
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					27,759,506

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

TITLE XIX - I/P HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	89,199
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	89,199
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	89,199
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)	30,623
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)	2,041
16	NURSERY DAYS (TITLE V OR XIX ONLY)	1,918

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	
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	

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	156,016,188
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	156,016,188
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,749.08
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	

TITLE XIX - I/P HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

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

	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)		2,041		1,918	
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT		6,544		3,199	
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT		2,066		660	
46 SURGICAL INTENSIVE CARE UNIT		2,691		727	
47 PEDS INTENSIVE CARE UNIT		1,481		976	
47.01 TRAUMA INTENSIVE CARE UNIT		2,734		1,011	
47.02 NEURO INTENSIVE CARE UNIT		2,630		128	
47.03 NEONATAL INTENSIVE CARE UNIT		9,307		8,758	

1

48 PROGRAM INPATIENT ANCILLARY SERVICE COST
 49 TOTAL PROGRAM INPATIENT COSTS

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
 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 7,680
 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

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		27,048,569	
26	INTENSIVE CARE UNIT		3,105,000	
28	BURN INTENSIVE CARE UNIT		978,750	
29	SURGICAL INTENSIVE CARE UNIT		1,278,750	
30	PEDS INTENSIVE CARE UNIT			
30 01	TRAUMA INTENSIVE CARE UNIT		1,297,500	
30 02	NEURO INTENSIVE CARE UNIT		1,248,750	
30 03	NEONATAL INTENSIVE CARE UNIT			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	1.000000	3,259,510	3,259,510
38	RECOVERY ROOM	1.000000	337,134	337,134
39	DELIVERY ROOM & LABOR ROOM	1.000000	680,078	680,078
40	ANESTHESIOLOGY	1.000000	375,907	375,907
41	RADIOLOGY-DIAGNOSTIC	1.000000	855,158	855,158
44	LABORATORY	1.000000	1,169,700	1,169,700
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	1.000000	587,144	587,144
48	INTRAVENOUS THERAPY	1.000000	136,350	136,350
49	RESPIRATORY THERAPY	1.000000	728,617	728,617
50	PHYSICAL THERAPY	1.000000	147,555	147,555
51	OCCUPATIONAL THERAPY	1.000000	50,952	50,952
52	SPEECH PATHOLOGY	1.000000	35,148	35,148
53	ELECTROCARDIOLOGY	1.000000	212,180	212,180
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.000000	1,365,487	1,365,487
56	DRUGS CHARGED TO PATIENTS	1.000000	2,813,971	2,813,971
57	RENAL DIALYSIS	1.000000	210,712	210,712
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.000000		
61	EMERGENCY	1.000000	533,799	533,799
62	OBSERVATION BEDS (NON-DISTINCT PART)	.566022		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		13,499,402	13,499,402
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		13,499,402	

HOSPITAL STAFF

LINE NO.	SPECIALTY DESCRIPTION/ PHYSICIAN IDENTIFIER	TOTAL REMUNERATION	PROFESSIONAL COMPONENT	RCE AMOUNT	PHYSICIAN/ PROFESSIONAL COMPONENT HOURS	UNADJUSTED RCE LIMIT	5% OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8
1	GENERAL PRACTITIONER FAMILY PRACTICE			138,700			
2	INTERNAL MEDICINE	14,709,570	10,082,753	165,600	135,773	10,809,620	540,481
3	SURGERY	22,571,564	12,362,491	208,000	109,774	10,977,400	548,870
4	PEDIATRICS	1,742,149	1,074,202	140,600	6,343	428,762	21,438
5	OBSTETRICS-GYNECOLOGY	5,183,440	2,444,916	196,400	15,811	1,492,923	74,646
6	RADIOLOGY	11,933,787	6,267,856	225,300	27,939	3,026,277	151,314
7	PSYCHIATRY	684,813	311,973	154,100	2,866	212,332	10,617
8	ANESTHESIOLOGY	8,448,820	5,434,714	200,300	7,000	674,087	33,704
9	PATHOLOGY	5,374,053	3,082,665	215,700	26,970	2,796,841	139,842
10	ALL OTHER	25,008,780	13,558,589	177,200	110,759	9,435,815	471,791
11	TOTAL	95,656,976	54,620,159	1,821,900	443,235	39,854,057	1,992,703

LINE NO.	SPECIALTY DESCRIPTION/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTINUING EDUCATION	PROFESSIONAL COMPONENT SHARE OF COL 11	COST OF PHYSICIAN MALPRACTICE INSURANCE	PROFESSIONAL COMPONENT SHARE OF COL 13	ADJUSTED RCE LIMIT	ADJUST COST OF PHYSICIANS' DIRECT MEDICAL & SURGICAL SRVS
9	10	11	12	13	14	15	16
1	GENERAL PRACTITIONER FAMILY PRACTICE						
2	INTERNAL MEDICINE			922,955	632,644	11,442,264	10,082,753
3	SURGERY			1,416,257	775,687	11,753,087	11,753,087
4	PEDIATRICS			109,311	67,401	496,163	496,163
5	OBSTETRICS-GYNECOLOGY			325,236	153,407	1,646,330	1,646,330
6	RADIOLOGY			748,788	393,278	3,419,555	3,419,555
7	PSYCHIATRY			42,969	19,575	231,907	231,907
8	ANESTHESIOLOGY			530,123	341,002	1,015,089	1,015,089
9	PATHOLOGY			337,196	193,422	2,990,263	2,990,263
10	ALL OTHER			1,569,180	850,736	10,286,551	10,286,551
11	TOTAL			6,002,015	3,427,152	43,281,209	41,921,698

HOSPITAL		HOSPITAL STAFF	MEDICAL SCHOOL FACULTY	TOTAL
		1	2	3
1	ADJUSTED COST OF PHYSICIAN'S DIRECT MEDICAL AND SURGICAL SERVICES	41,921,698		
2	TOTAL INPATIENT AND OUTPATIENT VISIT DAYS	730,082	730,082	
3	AVERAGE PER DIEM	57.42		
HEALTH CARE PROGRAM REIMBURSABLE DAYS				
4	TITLE V - INPATIENT			
5	TITLE V - OUTPATIENT			
6	TITLE XVIII - PART A			
7	TITLE XVIII - PART B	19,798	19,798	
8	TITLE XIX - INPATIENT	60,000	60,000	
9	TITLE XIX - OUTPATIENT			
10	INPATIENT AND OUTPATIENT KIDNEY ACQUISITION			
11	INPATIENT AND OUTPATIENT LIVER ACQUISITION			
12	INPATIENT AND OUTPATIENT HEART ACQUISITION			
13	INPATIENT AND OUTPATIENT LUNG ACQUISITION			
13.01	INPATIENT AND OUTPATIENT PANCREAS ACQUISITION			
13.02	INPATIENT AND OUTPATIENT INTESTINE ACQUISITION			
13.03	INPATIENT AND OUTPATIENT ISLET ACQUISITION			
HEALTH CARE PROGRAM REIMBURSABLE COST				
14	TITLE V - INPATIENT			
15	TITLE V - OUTPATIENT			
16	TITLE XVIII - PART A	1,136,801		1,136,801
17	TITLE XVIII - PART B	3,445,200		3,445,200
18	TITLE XIX - INPATIENT			
19	TITLE XIX - OUTPATIENT			
20	INPATIENT AND OUTPATIENT KIDNEY ACQUISITION			
21	INPATIENT AND OUTPATIENT LIVER ACQUISITION			
22	INPATIENT AND OUTPATIENT HEART ACQUISITION			
23	INPATIENT AND OUTPATIENT LUNG ACQUISITION			
23.01	INPATIENT AND OUTPATIENT PANCREAS ACQUISITION			
23.02	INPATIENT AND OUTPATIENT INTESTINE ACQUISITION			
23.03	INPATIENT AND OUTPATIENT ISLET ACQUISITION			

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		30,325,904		5,640,429
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.		625,850		409,064
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 11/20/2009	10,997	11/20/2009	41,083
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50 5/22/2009	222,204	5/22/2009	67,591
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99	-211,207		-26,508
4 TOTAL INTERIM PAYMENTS		30,740,547		6,022,985
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)		3,151,302		3,080,888
7 TOTAL MEDICARE PROGRAM LIABILITY		33,891,849		9,103,873

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.

TITLE XVII I

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		526.48
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	-27.91
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	460.65	432.74
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS	-27.91	443.29
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		432.74
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.		191.40
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.		216.90
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		408.30
3.10	SEE INSTRUCTIONS		398.58
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.		10.99
3.12	SEE INSTRUCTIONS		222.73
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		210.08
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		185.73
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	206.18
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)		206.18
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		85,007.78
3.18	SEE INSTRUCTIONS		17,526.904
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		190.91
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		173.96
3.21	SEE INSTRUCTIONS	RES INIT YEARS	183.90
3.22	SEE INSTRUCTIONS		183.90
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		85,733.67
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		15,766,422
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		33,293,326

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		11,400
5	TOTAL INPATIENT DAYS		114,943
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.099180
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	3,302,032	3,302,032
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		1,450
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		114,943
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.		360,650
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		

TITLE XVIII

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	5,718,651
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)	32,295,865
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	1,136,801
15	PRIMARY PAYER PAYMENTS	11,257
16	TOTAL PART A REASONABLE COST	33,421,409

PART B REASONABLE COST

17	REASONABLE COST	16,798,611
18	PRIMARY PAYER PAYMENTS	
19	TOTAL PART B REASONABLE COST	16,798,611
20	TOTAL REASONABLE COST	50,220,020
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.665500
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.334500

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

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	3,662,682
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	2,437,515
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	1,225,167

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)	460.65	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	526.48	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	460.65	

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)	487.55
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	524.15
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP	487.55

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

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	214,028,104			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	134,838,971			
5	OTHER RECEIVABLES	133,476,099			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	5,200,106			
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS	-97,354,917			
11	TOTAL CURRENT ASSETS	390,188,363			
FIXED ASSETS					
12	LAND				
12.01					
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	517,830,134			
14.01	LESS ACCUMULATED DEPRECIATION	-130,922,344			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	128,602,685			
16.01	LESS ACCUMULATED DEPRECIATION	-103,584,474			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	411,926,001			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS				
26	TOTAL OTHER ASSETS				
27	TOTAL ASSETS	802,114,364			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	26,282,963			
29 SALARIES, WAGES & FEES PAYABLE	49,567,182			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME	78,954,541			
33 ACCELERATED PAYMENTS	2,766,701			
34 DUE TO OTHER FUNDS	61,005			
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	157,632,392			
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	4,860,668			
42 TOTAL LONG-TERM LIABILITIES	4,860,668			
43 TOTAL LIABILITIES	162,493,060			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	639,621,304			
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	639,621,304			
52 TOTAL LIABILITIES AND FUND BALANCES	802,114,364			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		31,406,187		
2 OF PERIOD				
3 NET INCOME (LOSS)		168,331,583		
4 TOTAL		199,737,770		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 BEG. CONTRIBUTED CAPITAL	419,840,115			
7 BOND DEPRECIATION	25,636,793			
8				
9				
10 TOTAL ADDITIONS		445,476,908		
11 SUBTOTAL		645,214,678		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 LOSS ON DISPOSAL OF FIXED	5,593,374			
14				
15				
16				
17				
18 TOTAL DEDUCTIONS		5,593,374		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		639,621,304		

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

DESCRIPTION

1	TOTAL PATIENT REVENUES	652,661,893
2	LESS: ALLOWANCES AND DISCOUNTS ON	179,858,702
3	NET PATIENT REVENUES	472,803,191
4	LESS: TOTAL OPERATING EXPENSES	626,922,921
5	NET INCOME FROM SERVICE TO PATIENT OTHER INCOME	-154,119,730
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	277,325
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	1,628,168
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	630,503
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S TO OTHER THAN PATIENTS	192,100
17	REVENUE FROM SALE OF DRUGS TO OT	694
18	REVENUE FROM SALE OF MEDICAL REC	79,312
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	318,103,943
24	MISC. REVENUE	1,539,268
25	TOTAL OTHER INCOME	322,451,313
26	TOTAL	168,331,583
27	OTHER EXPENSES	
28	OTHER EXPENSES (SPECIFY)	
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	168,331,583

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

PROVIDER NO: 14-0124
 PERIOD: FROM 12/ 1/2008 TO 11/30/2009
 SATELLITE NO: PREPARED 4/27/2010
 WORKSHEET I-1

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTEs PER 2080 HOURS 4
1 REGISTERED NURSES	1,524,403	ALL PART OF COOK COUNTY BU	32,550.00	15.65
2 LICENSED PRACTICAL NURSES	179,758	HOURS OF SERVICE	6,908.00	3.32
3 NURSES AIDES		HOURS OF SERVICE		
4 TECHNICIANS	138,115	HOURS OF SERVICE	4,161.00	2.00
5 SOCIAL WORKERS		HOURS OF SERVICE		
6 DIETICIANS		HOURS OF SERVICE		
7 PHYSICIANS	1,016,812	ACCUMULATED COST		
8 NON-PATIENT CARE SALARY	211,489	ACCUMULATED COST		
9 SUBTOTAL (SUM OF LINES 1-8)	3,070,577			
10 EMPLOYEE BENEFITS		SALARY		
11 OLD & NEW CAPITAL RELATED COSTS-BLDGS. & FIXTU		SQUARE FEET		
12 OLD & NEW CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME		
13 MACHINE COSTS & REPAIRS		PERCENTAGE OF TIME		
14 SUPPLIES	110,339	REQUISITIONS		
15 DRUGS		REQUISITIONS		
16 OTHER	39,495	ACCUMULATED COST		
17 SUBTOTAL (SUM OF LINES 9-16)*	3,220,411			
18 OLD CAPITAL RELATED COSTS-BLDGS. & FIXTU		SQUARE FEET		
19 OLD CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME		
20 NEW CAPITAL RELATED COSTS-BLDGS. & FIXTU	49,290	SQUARE FEET		
21 NEW CAPITAL RELATED COSTS-MOV. EQUIP.	8,935	PERCENTAGE OF TIME		
22 EMPLOYEE BENEFITS	741,306	SALARY		
23 ADMINISTRATIVE AND GENERAL	985,899	ACCUMULATED COST		
24 MAINT./REPAIRS-OPERERATION-HOUSEKEEPING	173,321	SQUARE FEET		
25 MEDICAL EDUCATION PROGRAM COSTS				
26 CENTRAL SERVICES & SUPPLIES	138,114	REQUISITIONS		
27 PHARMACY		REQUISITIONS		
28 OTHER ALLOCATED COST	401,375	ACCUMULATED COST		
29 SUBTOTAL (SUM OF LINES 17-28)*	5,718,651			
30 LABORATORY (SEE INSTRUCTIONS)		CHARGES		
31 RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32 OTHER (SEE INSTRUCTIONS)		CHARGES		
33 TOTAL COSTS (SUM OF LINES 29-32)	5,718,651			

* LINE 17, COLUMN 1 SHOULD AGREE WITH WORKSHEET A, COLUMN 7 FOR LINE 57 OR LINE 64 AS APPROPRIATE, AND LINE 29, COLUMN 1 SHOULD AGREE WITH WORKSHEET B, PART I FOR LINE 57 OR LINE 64 AS APPROPRIATE.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

PROVIDER NO: 14-0124
 PERIOD: FROM 12/1/2008 TO 11/30/2009
 SATELLITE NO:
 PREPARED 4/27/2010
 WORKSHEET 1-2

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS
		BUILDING	EQUIPMENT	RNS	OTHER	
		1	2	3	4	5
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	222,611	8,935	1,524,403	317,873	741,306
2	HEMODIALYSIS	170,356	6,411	893,052	151,226	328,472
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
12	CCDP					
13	OTHER BILLABLE SERVICES					
14	INPATIENT DIALYSIS	52,255	2,524	631,351	166,647	412,834
15	METHOD II HOME PATIENT					
16	EPO (INCLUDED IN RENAL DEPARTMENT)					
17	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
18	OTHER					
19	TOTAL (SUM OF LINES 2-15)	222,611	8,935	1,524,403	317,873	741,306
20	MEDICAL EDUCATION PROGRAM COSTS					
21	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6	7	8	9	10
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE		248,453		3,063,581	2,655,070
2	HEMODIALYSIS		110,089		1,659,606	1,438,307
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
12	CCDP					
13	OTHER BILLABLE SERVICES					
14	INPATIENT DIALYSIS		138,364		1,403,975	1,216,763
15	METHOD II HOME PATIENT					
16	EPO (INCLUDED IN RENAL DEPARTMENT)					
17	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
18	OTHER					
19	TOTAL (SUM OF LINES 2-15)		248,453		3,063,581	2,655,070
20	MEDICAL EDUCATION PROGRAM COSTS					
21	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		TOTAL (COL. 9 + COL. 10)
		11
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	5,718,651
2	HEMODIALYSIS	3,097,913
3	INTERMITTENT PERITONEAL TRAINING	
4	HEMODIALYSIS	
5	INTERMITTENT PERITONEAL	
6	CAPD	
7	CCDP	
8	HOME	
9	HEMODIALYSIS	
10	INTERMITTENT PERITONEAL	
11	CAPD	
12	CCDP	
13	OTHER BILLABLE SERVICES	
14	INPATIENT DIALYSIS	2,620,738
15	METHOD II HOME PATIENT	
16	EPO (INCLUDED IN RENAL DEPARTMENT)	
17	ARANESP (INCLUDED IN RENAL DEPARTMENT)	
18	OTHER	
19	TOTAL (SUM OF LINES 2-15)	5,718,651
20	MEDICAL EDUCATION PROGRAM COSTS	
21	TOTAL RENAL COSTS (LINE 16 + LINE 17)	5,718,651

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS
 PROVIDER NO: 14-0124 PERIOD: FROM 12/1/2008 TO 11/30/2009 PREPARED 4/27/2010
 SATELLITE NO: WORKSHEET 1-3

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT ___ HOME PROGRAM DIALYSIS

COMPOSITE PAYMENT SERVICES		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS	
		1	2	3	4	5	
		(SQUARE FEET)	(% OF TIME)	(HOURS)	(HOURS)	(SALARY)	
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	222,611	8,935	1,524,403	317,873	741,306	
2	HEMODIALYSIS	1,780	71.75	19,069.00	5,266.00	1,360,573	
3	INTERMITTENT PERITONEAL TRAINING						
4	HEMODIALYSIS						
5	INTERMITTENT PERITONEAL						
6	CAPD						
7	CCDP						
8	HOME						
9	HEMODIALYSIS						
10	INTERMITTENT PERITONEAL						
11	CAPD						
11	CCDP						
12	OTHER BILLABLE SERVICES INPATIENT DIALYSIS TREATMENTS	1843	546	28.25	13,481.00	5,803.00	1,710,004
13	METHOD II HOME PATIENT						
14	EPO						
14.01	ARANESP						
15	OTHER						
16	TOTAL STATISTICAL BASIS	2,326	100.00	32,550.00	11,069.00	3,070,577	
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	95.705503	89.350000	46.832657	28.717409	.241422	

COMPOSITE PAYMENT SERVICES		6	7	8	9	10
		DRUGS (REQUI ST.)	MEDICAL SUPPLIES (REQUI ST.)	ROUTINE ANCILLARY SERVICES (CHARGES)	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD (ACCUMULATED COST)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE		248,453		3,063,581	2,655,070
2	HEMODIALYSIS		57,468			
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
12	OTHER BILLABLE SERVICES INPATIENT DIALYSIS TREATMENTS	1843	72,228			
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS		129,696			3,063,581
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)		1.915657			.866656

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS
 PROVIDER NO: 14-0124 PERIOD: FROM 12/1/2008 TO 11/30/2009 PREPARED 4/27/2010
 SATELLITE NO: WORKSHEET 1-4 RATE 0

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT — HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS	TOTAL COST (FROM WKST. 1-2, COL 11)	AVERAGE COST OF PROGRAM TREATMENTS	NUMBER OF PROGRAM TREATMENTS PRIOR TO 4/1/2005	NUMBER OF PROGRAM TREATMENTS OR OR AFTER 4/1/2005
1 MAINTENANCE - HEMODIALYSIS	1	2	3	4	
2 MAINTENANCE - PERITONEAL DIALYSIS	471	3,097,913	6,577.31	2	
3 TRAINING - HEMODIALYSIS					
4 TRAINING - PERITONEAL DIALYSIS					
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
7 HOME PROGRAM - HEMODIALYSIS					
8 HOME PROGRAM - PERITONEAL DIALYSIS					
		PATIENT WEEKS		PATIENT WEEKS	
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	471	3,097,913		2	

	TOTAL PROGRAM EXPENSES	PAYMENT RATE PRIOR TO 4/1/2005	PAYMENT RATE ON OR AFTER 4/1/2005	TOTAL PROGRAM PAYMENT
5	6	7		
1 MAINTENANCE - HEMODIALYSIS	13,155	247.89	6.01	496
2 MAINTENANCE - PERITONEAL DIALYSIS				
3 TRAINING - HEMODIALYSIS				
4 TRAINING - PERITONEAL DIALYSIS				
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS				
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS				
7 HOME PROGRAM - HEMODIALYSIS				
8 HOME PROGRAM - PERITONEAL DIALYSIS				
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS				
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS				
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	13,155			496

CALCULATION OF REIMBURSABLE
BAD DEBTS - TITLE XVIII - PART B

PROVIDER NO:	PERIOD:	PREPARED
14-0124	FROM 12/ 1/2008	4/27/2010
SATELLITE NO:	TO 11/30/2009	WORKSHEET I-5
		RATE 0

DESCRIPTION		
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	13,155
2	TOTAL PAYMENT (FROM WORKSHEET I-4, COLUMN 7, LINE 11)	496
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 & 4 LESS LINE 5)	
7	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80%)	397
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 6 AND 7. IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9.)	99
9	REIMBURSABLE BAD DEBTS (LESSER OF LINE 8 OR LINE 5)(TRANSFER TO WORKSHEET E, PART B, LINE 26)	

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,296,785
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	100,325
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	314.91
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	433.52
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	47.48
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	615,714
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	12.09
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	44.74
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	56.83
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	12.20
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	158,208
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2,171,032
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	