

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0197		FROM 10/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 9/30/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 2/25/2010 TIME 16:06

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: METHODIST HOSPITAL OF CHICAGO 14-0197 FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2008 AND ENDING 9/30/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	1,002,037	42,432	0	
5	HOSPITAL-BASED SNF	0	0	0	0	
100	TOTAL	0	1,002,037	42,432	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: 5025 NORTH PAULINA P. O. BOX:
 1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60640- COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)
02.00 HOSPITAL	METHODIST HOSPITAL OF CHICAGO	14-0197	2.01	7/ 1/1966	V XVIII XIX
06.00 HOSPITAL-BASED SNF	METHODIST HOSPITAL - SNF	14-5672		10/ 1/1989	N P N

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

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 16974
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA \$5105 OR MIPPA \$147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA \$147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED SLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /
- 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N
- 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4?
- 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.
- 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
- 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
- 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

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

MULTI CAMPUS

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

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

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

SETTLEMENT DATA

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

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	18,900,607		18,900,607	808,924.00	23.37	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	518,145		518,145	23,912.00	21.67	
8.01 EXCLUDED AREA SALARIES	467,951	-467,951				
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	858,931		858,931	27,593.19	31.13	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	2,625,438		2,625,438			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	70,546		70,546			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	156,493		156,493	6,016.90	26.01	
22 ADMINISTRATIVE & GENERAL	1,821,784		1,821,784	69,180.40	26.33	
22.01 A & G UNDER CONTRACT	71,773		71,773	4,373.00	16.41	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,208,210		1,208,210	64,188.40	18.82	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	413,523		413,523	40,962.80	10.10	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	848,610	-64,594	784,016	60,121.03	13.04	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	47,992	64,594	112,586	8,627.67	13.05	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	576,789		576,789	15,218.50	37.90	
31 CENTRAL SERVICE AND SUPPLY	98,248		98,248	8,490.00	11.57	
32 PHARMACY	379,708		379,708	11,871.30	31.99	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	537,341		537,341	25,758.80	20.86	
34 SOCIAL SERVICE	298,854		298,854	15,786.60	18.93	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	18,972,380		18,972,380	813,297.00	23.33	
2 EXCLUDED AREA SALARIES	986,096	-467,951	518,145	23,912.00	21.67	
3 SUBTOTAL SALARIES	17,986,284	467,951	18,454,235	789,385.00	23.38	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	858,931		858,931	27,593.19	31.13	
5 SUBTOTAL WAGE-RELATED COSTS	2,625,438		2,625,438		14.23	
6 TOTAL	21,470,653	467,951	21,938,604	816,978.19	26.85	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	6,459,325		6,459,325	330,595.40	19.54	

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0197
PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 2/25/2010
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		41				
5	RVB						
6	RVA		11				
6.01	RVX						
6.02	RVL						
7	RHC						
8	RHB		5				
9	RHA		40				
9.01	RHX						
9.02	RHL						
10	RMC		34				
11	RMB		15				
12	RMA		140				
12.01	RMX		392				
12.02	RML		532				
13	RLB						
14	RLA						
14.01	RLX		3				
15	SE3		745				
16	SE2		315				
17	SE1						
18	SSC		4				
19	SSB						
20	SSA		273				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2		3				
26	CA1		16				
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		2,569				

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01) : 1.0399
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 1600
 SNF CBSA Code : 16974

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0197
PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 2/25/2010
WORKSHEET S-7

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

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01) : 1.0399
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 1600
 SNF CBSA Code : 16974

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	10,893,843
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	10,893,843
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.482233
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	29,717,027
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	14,330,531
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	791,017
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	381,455
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	14,330,531

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0197

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

PREPARED 2/25/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT		1,515,595	1,515,595	-1,515,595	
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				1,132,017	1,132,017
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				573,967	573,967
5	0500 EMPLOYEE BENEFITS	156,493	883,536	1,040,029	517,404	1,557,433
6.01	0610 NONPATIENT TELEPHONES	106,364	204,676	311,040		311,040
6.02	0620 DATA PROCESSING	147,704	144,507	292,211		292,211
6.03	0630 PURCHASING, RECEIVING AND STORES	268,761	-68,529	200,232		200,232
6.04	0640 ADMINITTING	237,236	31,622	268,858		268,858
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	343,543	125,770	469,313		469,313
6.06	0660 ADMINISTRATIVE AND GENERAL	718,176	5,072,437	5,790,613	-599,912	5,190,701
8	0800 OPERATION OF PLANT	1,208,210	1,687,755	2,895,965		2,895,965
9	0900 LAUNDRY & LINEN SERVICE		245,371	245,371		245,371
10	1000 HOUSEKEEPING	413,523	204,567	618,090		618,090
11	1100 DIETARY	848,610	274,326	1,122,936	-160,888	962,048
12	1200 CAFETERIA	47,992	16,810	64,802	160,888	225,690
14	1400 NURSING ADMINISTRATION	576,789	79,170	655,959	-1,598	654,361
15	1500 CENTRAL SERVICES & SUPPLY	98,248	261,115	359,363	-161,272	198,091
16	1600 PHARMACY	379,708	1,778,171	2,157,879	-1,729,401	428,478
17	1700 MEDICAL RECORDS & LIBRARY	537,341	116,610	653,951		653,951
18	1800 SOCIAL SERVICE	298,854	42,967	341,821		341,821
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	6,988,037	1,492,989	8,481,026	-1,126,852	7,354,174
26	2600 INTENSIVE CARE UNIT	44,777	17,467	62,244	1,028,393	1,090,637
31	3100 SUBPROVIDER					
34	3400 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	518,145	277,238	795,383	-10,916	784,467
37	3700 OPERATING ROOM	799,288	659,479	1,458,767		1,458,767
40	4000 ANESTHESIOLOGY	66,829	169,186	236,015	-16,350	219,665
41	4100 RADIOLOGY-DIAGNOSTIC	510,404	479,456	989,860	-8,812	981,048
44	4400 LABORATORY	771,732	1,137,550	1,909,282	-28	1,909,254
49	4900 RESPIRATORY THERAPY	645,127	184,343	829,470	-26,915	802,555
50	5000 PHYSICAL THERAPY	279,711	27,520	307,231	-65	307,166
53	5300 ELECTROCARDIOLOGY	143,650	82,601	226,251	-1,083	225,168
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				340,902	340,902
56	5600 DRUGS CHARGED TO PATIENTS				1,729,030	1,729,030
57	5700 RENAL DIALYSIS OUTPAT SERVICE COST CNTRS		35,015	35,015	-717	34,298
60	6000 CLINIC					
60.01	6001 PARTIAL HOSPITALIZATION	124,782	26,901	151,683	-150	151,533
61	6100 EMERGENCY	1,152,622	150,681	1,303,303	767,028	2,070,331
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS					
70	7000 I&R SERVICES-NOT APPRVD PRGM SPEC PURPOSE COST CENTERS	467,951	313,243	781,194	-781,194	
88	8800 INTEREST EXPENSE		107,881	107,881	-107,881	
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	18,900,607	17,778,026	36,678,633	-0-	36,678,633
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES					
101	TOTAL	18,900,607	17,778,026	36,678,633	-0-	36,678,633

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0197

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

PREPARED 2/25/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,132,017
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-107,881	466,086
5	0500 EMPLOYEE BENEFITS	21,560	1,578,993
6.01	0610 NONPATIENT TELEPHONES	-55,713	255,327
6.02	0620 DATA PROCESSING		292,211
6.03	0630 PURCHASING, RECEIVING AND STORES		200,232
6.04	0640 ADMITTING		268,858
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE		469,313
6.06	0660 ADMINISTRATIVE AND GENERAL	292,404	5,483,105
8	0800 OPERATION OF PLANT		2,895,965
9	0900 LAUNDRY & LINEN SERVICE		245,371
10	1000 HOUSEKEEPING		618,090
11	1100 DIETARY	-155,175	806,873
12	1200 CAFETERIA		225,690
14	1400 NURSING ADMINISTRATION		654,361
15	1500 CENTRAL SERVICES & SUPPLY		198,091
16	1600 PHARMACY		428,478
17	1700 MEDICAL RECORDS & LIBRARY	-5,606	648,345
18	1800 SOCIAL SERVICE		341,821
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-99,900	7,254,274
26	2600 INTENSIVE CARE UNIT	-17,250	1,073,387
31	3100 SUBPROVIDER		
34	3400 SKILLED NURSING FACILITY		784,467
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-15,000	1,443,767
40	4000 ANESTHESIOLOGY	-130,000	89,665
41	4100 RADIOLOGY-DIAGNOSTIC		981,048
44	4400 LABORATORY	-159,996	1,749,258
49	4900 RESPIRATORY THERAPY		802,555
50	5000 PHYSICAL THERAPY		307,166
53	5300 ELECTROCARDIOLOGY	-55,250	169,918
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		340,902
56	5600 DRUGS CHARGED TO PATIENTS		1,729,030
57	5700 RENAL DIALYSIS		34,298
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
60.01	6001 PARTIAL HOSPITALIZATION		151,533
61	6100 EMERGENCY	-768,899	1,301,432
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-1,256,706	35,421,927
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		
101	TOTAL	-1,256,706	35,421,927

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0197
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/25/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMINISTRATIVE	0640	ADMINISTRATIVE
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
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	
60.01	PARTIAL HOSPITALIZATION	6001	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
70	I&R SERVICES-NOT APPRVD PRGM	7000	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
140197

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

PREPARED 2/25/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 DRUGS	B	DRUGS CHARGED TO PATIENTS	56		1,729,030
2 EMPLOYEE MEALS	C	CAFETERIA	12	64,594	96,294
3 INTEREST EXPENSE	D	NEW CAP REL COSTS-MVBLE EQUIP	4		107,881
4 PROFESSIONAL & HOUSE STAFF	E	EMERGENCY	61	467,951	313,243
5 PROPERTY INSURANCE	F	NEW CAP REL COSTS-BLDG & FIXT	3		82,508
6 WORKER'S COMP INSURANCE	G	EMPLOYEE BENEFITS	5		34,003
7 DEPRECIATION	H	NEW CAP REL COSTS-BLDG & FIXT	3		1,049,509
8		NEW CAP REL COSTS-MVBLE EQUIP	4		466,086
9 MED SUPPLIES	I	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		340,902
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24 CORPORATE TRANSFERS (BENEFITS)	J	EMPLOYEE BENEFITS	5		465,463
25		EMPLOYEE BENEFITS	5		17,938
26 SHARED STAFF (TELEMETRY/ICU)	K	INTENSIVE CARE UNIT	26	904,780	123,622
36 TOTAL RECLASSIFICATIONS				1,437,325	4,826,479

(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:
140197

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

PREPARED 2/25/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	DECREASE				A-7 REF 10	
		COST CENTER 1	6	LINE NO 7	SALARY 8		OTHER 9
1 DRUGS	B	PHARMACY		16		1,729,030	
2 EMPLOYEE MEALS	C	DIETARY		11	64,594	96,294	
3 INTEREST EXPENSE	D	INTEREST EXPENSE		88		107,881	11
4 PROFESSIONAL & HOUSE STAFF	E	I & R SERVICES-NOT APPRVD PRGM		70	467,951	313,243	
5 PROPERTY INSURANCE	F	ADMINISTRATIVE AND GENERAL		6.06		82,508	12
6 WORKER'S COMP INSURANCE	G	ADMINISTRATIVE AND GENERAL		6.06		34,003	
7 DEPRECIATION	H	OLD CAP REL COSTS-BLDG & FIXT		1		1,515,595	9
8							9
9 MED SUPPLIES	I	NURSING ADMINISTRATION		14		1,598	
10		CENTRAL SERVICES & SUPPLY		15		161,272	
11		PHARMACY		16		371	
12		ADULTS & PEDIATRICS		25		98,450	
13		INTENSIVE CARE UNIT		26		9	
14		SKILLED NURSING FACILITY		34		10,916	
15		ANESTHESIOLOGY		40		16,350	
16		RADIOLOGY-DIAGNOSTIC		41		8,812	
17		LABORATORY		44		28	
18		RESPIRATORY THERAPY		49		26,915	
19		PHYSICAL THERAPY		50		65	
20		ELECTROCARDIOLOGY		53		1,083	
21		RENAL DIALYSIS		57		717	
22		PARTIAL HOSPITALIZATION		60.01		150	
23		EMERGENCY		61		14,166	
24 CORPORATE TRANSFERS (BENEFITS)	J	ADMINISTRATIVE AND GENERAL		6.06		483,401	
25							
26 SHARED STAFF (TELEMETRY/ICU)	K	ADULTS & PEDIATRICS		25	904,780	123,622	
36 TOTAL RECLASSIFICATIONS					1,437,325	4,826,479	

(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:
140197

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

PREPARED 2/25/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: B
EXPLANATION : DRUGS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	1,729,030
TOTAL RECLASSIFICATIONS FOR CODE B			1,729,030

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	1,729,030	
			1,729,030

RECLASS CODE: C
EXPLANATION : EMPLOYEE MEALS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	160,888
TOTAL RECLASSIFICATIONS FOR CODE C			160,888

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	160,888	
			160,888

RECLASS CODE: D
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	107,881
TOTAL RECLASSIFICATIONS FOR CODE D			107,881

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	107,881	
			107,881

RECLASS CODE: E
EXPLANATION : PROFESSIONAL & HOUSE STAFF

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMERGENCY	61	781,194
TOTAL RECLASSIFICATIONS FOR CODE E			781,194

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
I & R SERVICES-NOT APPRVD PRGM	70	781,194	
			781,194

RECLASS CODE: F
EXPLANATION : PROPERTY INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	82,508
TOTAL RECLASSIFICATIONS FOR CODE F			82,508

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE AND GENERAL	6.06	82,508	
			82,508

RECLASS CODE: G
EXPLANATION : WORKER'S COMP INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	34,003
TOTAL RECLASSIFICATIONS FOR CODE G			34,003

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE AND GENERAL	6.06	34,003	
			34,003

RECLASS CODE: H
EXPLANATION : DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,049,509
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	466,086
TOTAL RECLASSIFICATIONS FOR CODE H			1,515,595

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OLD CAP REL COSTS-BLDG & FIXT	1	1,515,595	
			0
			1,515,595

RECLASS CODE: I
EXPLANATION : MED SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	340,902
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NURSING ADMINISTRATION	14	1,598	
CENTRAL SERVICES & SUPPLY	15	161,272	
PHARMACY	16	371	
ADULTS & PEDIATRICS	25	98,450	
INTENSIVE CARE UNIT	26	9	
SKILLED NURSING FACILITY	34	10,916	
ANESTHESIOLOGY	40	16,350	
RADIOLOGY-DIAGNOSTIC	41	8,812	
LABORATORY	44	28	
RESPIRATORY THERAPY	49	26,915	

RECLASSIFICATIONS

PROVIDER NO:
140197

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

PREPARED 2/25/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION : MED SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
11.00			0	PHYSICAL THERAPY	50	65	
12.00			0	ELECTROCARDIOLOGY	53	1,083	
13.00			0	RENAL DIALYSIS	57	717	
14.00			0	PARTIAL HOSPITALIZATION	60.01	150	
15.00			0	EMERGENCY	61	14,166	
TOTAL RECLASSIFICATIONS FOR CODE I			340,902				340,902

RECLASS CODE: J
EXPLANATION : CORPORATE TRANSFERS (BENEFITS)

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	465,463	ADMINISTRATIVE AND GENERAL	6.06	483,401	
2.00	EMPLOYEE BENEFITS	5	17,938			0	
TOTAL RECLASSIFICATIONS FOR CODE J			483,401				483,401

RECLASS CODE: K
EXPLANATION : SHARED STAFF (TELEMETRY/ICU)

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	INTENSIVE CARE UNIT	26	1,028,402	ADULTS & PEDIATRICS	25	1,028,402	
TOTAL RECLASSIFICATIONS FOR CODE K			1,028,402				1,028,402

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
	BALANCES		DONATION					
	1	2	3		4	5	6	7
1 LAND	1,253,407						1,253,407	
2 LAND IMPROVEMENTS								
3 BUILDINGS & FIXTURE								
4 BUILDING IMPROVEMENT								
5 FIXED EQUIPMENT								
6 MOVABLE EQUIPMENT								
7 SUBTOTAL	1,253,407						1,253,407	
8 RECONCILING ITEMS								
9 TOTAL	1,253,407						1,253,407	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
	BALANCES		DONATION					
	1	2	3		4	5	6	7
1 LAND								
2 LAND IMPROVEMENTS	1,299,935	18,338			18,338		1,318,273	
3 BUILDINGS & FIXTURE	22,095,630	206,196			206,196		22,301,826	
4 BUILDING IMPROVEMENT								
5 FIXED EQUIPMENT	9,828,669	163,250			163,250		9,991,919	
6 MOVABLE EQUIPMENT	11,538,311	202,072			202,072		11,740,383	
7 SUBTOTAL	44,762,545	589,856			589,856		45,352,401	
8 RECONCILING ITEMS								
9 TOTAL	44,762,545	589,856			589,856		45,352,401	

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
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	A	-107,881	NEW CAP REL COSTS-MVBLE E	4	11
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES	B	-28,188	ADMINISTRATIVE AND GENERA	6.06	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-44,177	NONPATIENT TELEPHONES	6.01	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,246,295			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-114,261	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-5,606	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				
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			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 PASTORAL CARE	A	-56	ADMINISTRATIVE AND GENERA	6.06	
38 MEALS OFFSET (HOME)	B	-40,914	DIETARY	11	
39 COMM OUTREACH (PR)	A	-167,105	ADMINISTRATIVE AND GENERA	6.06	
40 MARKETING/ADVERTISING/PR	A	-4,891	EMPLOYEE BENEFITS	5	
41 MARKETING/ADVERTISING/PR	A	-11,536	NONPATIENT TELEPHONES	6.01	
42 NON ALLOWABLE LEGAL FEES	A	-80,074	ADMINISTRATIVE AND GENERA	6.06	
43 CORPORATE FINANCE EXP	A	567,827	ADMINISTRATIVE AND GENERA	6.06	
44 CORPORATE FINANCE BENEFITS	A	26,451	EMPLOYEE BENEFITS	5	
45 OTHER ADJUSTMENTS (SPECIFY)					
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-1,256,706			

(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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0197
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED: 2/25/2010
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	ADULTS & Peds (AGGREGATE)	99,900	99,900					
2 26	ICU (AGGREGATE)	17,250	17,250					
3 37	OPERATING ROOM (AGGREGATE)	15,000	15,000					
4 40	ANESTHESIA (AGGREGATE)	130,000	130,000					
5 44	LABORATORY (AGGREGATE)	159,996	159,996					
6 53	EKG (AGGREGATE)	55,250	55,250					
7 61	EMERGENCY (AGGREGATE)	768,899	768,899					
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,246,295	1,246,295					

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0197
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/25/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	4	GROSS	SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	5	NUMBER OF	PHONES	ENTERED
6.02	DATA PROCESSING	6	MACHINE	TIME	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	7	SUPPLIES	EXPENSE	ENTERED
6.04	ADMINISTRATIVE	8	INPATIENT	CHARGES	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	9	GROSS	CHARGES	ENTERED
6.06	ADMINISTRATIVE AND GENERAL	-10	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	11	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	12	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	13	HOURS OF	SERVICE	ENTERED
11	DIETARY	14	MEALS	SERVED	ENTERED
12	CAFETERIA	15	FTE		ENTERED
14	NURSING ADMINISTRATION	16	DIRECT	NRSNG SALAR	ENTERED
15	CENTRAL SERVICES & SUPPLY	17	COSTED	REQUISITIO	ENTERED
16	PHARMACY	18	COSTED	REQUISITIO	ENTERED
17	MEDICAL RECORDS & LIBRARY	9	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	19	PATIENT	DAYS	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT TELEPHONES
	0	1	2	3	4	5	6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	1,132,017			1,132,017			
005 NEW CAP REL COSTS-MVBLE E	466,086				466,086		
006 EMPLOYEE BENEFITS	1,578,993			11,665	1,739	1,592,397	
006 01 NONPATIENT TELEPHONES	255,327			6,280	1,810	9,036	272,453
006 02 DATA PROCESSING	292,211			5,813	55,903	12,548	6,645
006 03 PURCHASING, RECEIVING AND	200,232			13,609	6,463	22,833	9,968
006 04 ADMINITTING	268,858			7,757	1,372	20,154	4,984
006 05 CASHIERING/ACCOUNTS RECEI	469,313			10,955	247	29,186	16,613
006 06 ADMINISTRATIVE AND GENERA	5,483,105			135,983	7,757	61,013	48,177
008 OPERATION OF PLANT	2,895,965			140,445	38,433	102,643	14,952
009 LAUNDRY & LINEN SERVICE	245,371			2,586			1,661
010 HOUSEKEEPING	618,090			15,155	834	35,131	3,323
011 DIETARY	806,873			73,955	7,580	66,606	13,290
012 CAFETERIA	225,690			24,700	413	9,565	9,968
014 NURSING ADMINISTRATION	654,361			4,316	5,079	49,001	13,290
015 CENTRAL SERVICES & SUPPLY	198,091			33,245	1,747	8,347	3,323
016 PHARMACY	428,478			9,439		32,258	4,984
017 MEDICAL RECORDS & LIBRARY	648,345			16,632	3,241	45,650	14,952
018 SOCIAL SERVICE	341,821			11,859	919	25,389	8,306
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	7,254,274			338,058	57,584	516,793	18,274
026 INTENSIVE CARE UNIT	1,073,387			17,157	5,622	80,670	3,323
031 SUBPROVIDER							
034 SKILLED NURSING FACILITY	784,467			61,552	8,033	44,019	3,323
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,443,767			76,599	39,442	67,904	8,306
040 ANESTHESIOLOGY	89,665				4,693	5,677	3,323
041 RADIOLOGY-DIAGNOSTIC	981,048			35,247	171,057	43,361	18,274
044 LABORATORY	1,749,258			16,379	7,942	65,562	16,613
049 RESPIRATORY THERAPY	802,555			8,185	16,572	54,807	6,645
050 PHYSICAL THERAPY	307,166			12,054	864	23,763	3,323
053 ELECTROCARDIOLOGY	169,918			8,875	10,437	12,204	1,661
055 MEDICAL SUPPLIES CHARGED	340,902						
056 DRUGS CHARGED TO PATIENTS	1,729,030						
057 RENAL DIALYSIS	34,298						
060 OUTPAT SERVICE COST CNTRS							
060 01 PARTIAL HOSPITALIZATION	151,533			10,605	264	10,601	
061 EMERGENCY	1,301,432			20,773	10,039	137,676	14,952
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
070 I&R SERVICES-NOT APPRVD P							
070 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	35,421,927			1,129,878	466,086	1,592,397	272,453
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				2,139			
098 PHYSICIANS' PRIVATE OFFIC							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	35,421,927			1,132,017	466,086	1,592,397	272,453

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL	ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT
	6.02	6.03	6.04	6.05	6a.05	6.06	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							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	373,120						
006 03 PURCHASING, RECEIVING AND	12,725	265,830					
006 04 ADMINISTRATION	37,267	1,022	341,414				
006 05 CASHIERING/ACCOUNTS RECEI	39,084	807		566,205			
006 06 ADMINISTRATIVE AND GENERA	143,614	1,483			5,881,132	5,881,132	
008 OPERATION OF PLANT		19,531			3,211,969	639,455	3,851,424
009 LAUNDRY & LINEN SERVICE					249,618	49,695	12,456
010 HOUSEKEEPING					679,731	135,324	73,003
011 DIETARY		94,593			1,062,897	211,607	356,260
012 CAFETERIA		1,144			271,480	54,048	118,987
014 NURSING ADMINISTRATION	38,175	1,367			765,589	152,417	20,791
015 CENTRAL SERVICES & SUPPLY		21,912			266,665	53,089	160,148
016 PHARMACY	19,542	868			495,569	98,660	45,469
017 MEDICAL RECORDS & LIBRARY	23,632	684			753,136	149,938	80,121
018 SOCIAL SERVICE		476			388,770	77,398	57,129
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		19,493	107,245	151,106	8,462,827	1,684,826	1,628,503
026 INTENSIVE CARE UNIT		21	12,080	16,678	1,208,938	240,681	82,650
031 SUBPROVIDER							
034 SKILLED NURSING FACILITY		1,856	6,977	9,632	919,859	183,130	296,508
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		45,668	9,535	35,047	1,726,268	343,674	368,996
040 ANESTHESIOLOGY		1,997	1,558	6,227	113,140	22,524	
041 RADIOLOGY-DIAGNOSTIC	14,543	2,194	18,630	41,832	1,326,186	264,024	169,795
044 LABORATORY	44,538	32,691	59,356	107,381	2,099,720	418,023	78,903
049 RESPIRATORY THERAPY		5,718	37,770	54,374	986,626	196,422	39,428
050 PHYSICAL THERAPY		69	2,620	4,037	353,896	70,455	58,065
053 ELECTROCARDIOLOGY		107	8,362	14,375	225,939	44,981	42,753
055 MEDICAL SUPPLIES CHARGED			13,495	19,264	373,661	74,390	
056 DRUGS CHARGED TO PATIENTS			55,478	80,876	1,865,384	371,370	
057 RENAL DIALYSIS		67	367	507	35,239	7,016	
060 OUTPAT SERVICE COST CNTRS							
060 01 PARTIAL HOSPITALIZATION		734		6,687	180,424	35,920	51,088
061 EMERGENCY		4,130	7,941	18,182	1,515,125	301,639	100,069
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
070 I&R SERVICES-NOT APPRVD P							
070 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	373,120	265,830	341,414	566,205	35,419,788	5,880,706	3,841,122
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					2,139	426	10,302
098 PHYSICIANS' PRIVATE OFFIC							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	373,120	265,830	341,414	566,205	35,421,927	5,881,132	3,851,424

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 ADMINISTRATIVE AND GENERA							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	311,769						
010 HOUSEKEEPING	1,021	889,079					
011 DIETARY		25,633	1,656,397				
012 CAFETERIA	1,021	1,736		447,272			
014 NURSING ADMINISTRATION		12,958		12,164	963,919		
015 CENTRAL SERVICES & SUPPLY		14,846		6,780	9,306	510,834	
016 PHARMACY	1,021			9,488			650,207
017 MEDICAL RECORDS & LIBRARY		5,904		20,572	26,520		
018 SOCIAL SERVICE				12,613			
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	190,916	418,179	1,409,148	200,338	523,159	17,275	
031 INTENSIVE CARE UNIT	18,162	29,496	73,632	26,554	126,611		
034 SUBPROVIDER							
034 SKILLED NURSING FACILITY	25,203	68,456	173,617	19,110	64,982	1,598	
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	19,447	142,663		19,692	74,093	245,800	
041 ANESTHESIOLOGY				814	9,983	3,043	
044 RADIOLOGY-DIAGNOSTIC	12,292	36,420		16,717	6,191	3,424	
049 LABORATORY		43,691		30,676	2,274	2,132	
050 RESPIRATORY THERAPY	1,021	11,634		21,370	3,206	19,372	
053 PHYSICAL THERAPY	9,080	13,500		5,816		41	
055 ELECTROCARDIOLOGY	20,695			5,052		3	
056 MEDICAL SUPPLIES CHARGED						213,840	
057 DRUGS CHARGED TO PATIENTS							650,207
060 RENAL DIALYSIS							
060 01 OUTPAT SERVICE COST CNTRS							
061 CLINIC				4,786	75	208	
062 PARTIAL HOSPITALIZATION	11,890	58,559		34,730	117,519	4,098	
070 EMERGENCY							
095 OBSERVATION BEDS (NON-DIS							
096 OTHER REIMBURS COST CNTRS							
098 I&R SERVICES-NOT APPRVD P							
101 SPEC PURPOSE COST CENTERS							
102 SUBTOTALS	311,769	883,675	1,656,397	447,272	963,919	510,834	650,207
103 NONREIMBURS COST CENTERS							
106 GIFT, FLOWER, COFFEE SHOP		5,404					
108 PHYSICIANS' PRIVATE OFFIC							
110 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	311,769	889,079	1,656,397	447,272	963,919	510,834	650,207

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	17	18	25	26	27
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 DATA PROCESSING					
006 03 PURCHASING, RECEIVING AND					
006 04 ADMINISTRATION					
006 05 CASHIERING/ACCOUNTS RECEI					
006 06 ADMINISTRATIVE AND GENERA					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY	1,036,191				
018 SOCIAL SERVICE		535,910			
INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	276,501	458,705	15,270,377		15,270,377
026 INTENSIVE CARE UNIT	30,523	28,763	1,866,010		1,866,010
031 SUBPROVIDER					
034 SKILLED NURSING FACILITY	17,629	48,442	1,818,534		1,818,534
ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM	64,141		3,004,774		3,004,774
040 ANESTHESIOLOGY	11,397		160,901		160,901
041 RADIOLOGY-DIAGNOSTIC	76,558		1,911,607		1,911,607
044 LABORATORY	196,522		2,871,941		2,871,941
049 RESPIRATORY THERAPY	99,512		1,378,591		1,378,591
050 PHYSICAL THERAPY	7,388		518,241		518,241
053 ELECTROCARDIOLOGY	26,309		365,732		365,732
055 MEDICAL SUPPLIES CHARGED	35,256		697,147		697,147
056 DRUGS CHARGED TO PATIENTS	148,013		3,034,974		3,034,974
057 RENAL DIALYSIS	928		43,183		43,183
OUTPAT SERVICE COST CNTRS					
060 CLINIC					
060 01 PARTIAL HOSPITALIZATION	12,238		284,739		284,739
061 EMERGENCY	33,276		2,176,905		2,176,905
062 OBSERVATION BEDS (NON-DIS					
OTHER REIMBURS COST CNTRS					
070 I&R SERVICES-NOT APPRVD P					
SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	1,036,191	535,910	35,403,656		35,403,656
NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			18,271		18,271
098 PHYSICIANS' PRIVATE OFFIC					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	1,036,191	535,910	35,421,927		35,421,927

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0197
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/25/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				11,665	1,739	13,404	13,404
006 01 NONPATIENT TELEPHONES	7,032			6,280	1,810	15,122	76
006 02 DATA PROCESSING				5,813	55,903	61,716	106
006 03 PURCHASING, RECEIVING AND				13,609	6,463	20,072	192
006 04 ADMINITTING	694			7,757	1,372	9,823	170
006 05 CASHIERING/ACCOUNTS RECEI	12			10,955	247	11,214	246
006 06 ADMINISTRATIVE AND GENERA				135,983	7,757	143,740	513
008 OPERATION OF PLANT				140,445	38,433	178,878	864
009 LAUNDRY & LINEN SERVICE				2,586		2,586	
010 HOUSEKEEPING				15,155	834	15,989	296
011 DIETARY				73,955	7,580	81,535	561
012 CAFETERIA				24,700	413	25,113	80
014 NURSING ADMINISTRATION				4,316	5,079	9,395	412
015 CENTRAL SERVICES & SUPPLY	168			33,245	1,747	35,160	70
016 PHARMACY				9,439		9,439	271
017 MEDICAL RECORDS & LIBRARY				16,632	3,241	19,873	384
018 SOCIAL SERVICE				11,859	919	12,778	214
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	250			338,058	57,584	395,892	4,352
026 INTENSIVE CARE UNIT				17,157	5,622	22,779	679
031 SUBPROVIDER							
034 SKILLED NURSING FACILITY	1,085			61,552	8,033	70,670	370
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	21,750			76,599	39,442	137,791	571
040 ANESTHESIOLOGY	3,860				4,693	8,553	48
041 RADIOLOGY-DIAGNOSTIC				35,247	171,057	206,304	365
044 LABORATORY	82,670			16,379	7,942	106,991	552
049 RESPIRATORY THERAPY	64,408			8,185	16,572	89,165	461
050 PHYSICAL THERAPY				12,054	864	12,918	200
053 ELECTROCARDIOLOGY				8,875	10,437	19,312	103
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 PARTIAL HOSPITALIZATION				10,605	264	10,869	89
061 EMERGENCY				20,773	10,039	30,812	1,159
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
070 I&R SERVICES-NOT APPRVD P							
070 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	181,929			1,129,878	466,086	1,777,893	13,404
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				2,139		2,139	
098 PHYSICIANS' PRIVATE OFFIC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	181,929			1,132,017	466,086	1,780,032	13,404

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0197
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/25/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEI	ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT
	6.01	6.02	6.03	6.04	6.05	6.06	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							
006 01 NONPATIENT TELEPHONES	15,198						
006 02 DATA PROCESSING	371	62,193					
006 03 PURCHASING, RECEIVING AND	556	2,121	22,941				
006 04 ADMINISTRATION	278	6,212	88	16,571			
006 05 CASHIERING/ACCOUNTS RECEI	927	6,515	70		18,972		
006 06 ADMINISTRATIVE AND GENERAL	2,690	23,938	128			171,009	
008 OPERATION OF PLANT	834		1,686			18,594	200,856
009 LAUNDRY & LINEN SERVICE	93					1,445	650
010 HOUSEKEEPING	185		621			3,935	3,807
011 DIETARY	741		8,165			6,153	18,579
012 CAFETERIA	556		99			1,572	6,205
014 NURSING ADMINISTRATION	741	6,363	118			4,432	1,084
015 CENTRAL SERVICES & SUPPLY	185		1,891			1,544	8,352
016 PHARMACY	278	3,257	75			2,869	2,371
017 MEDICAL RECORDS & LIBRARY	834	3,939	59			4,360	4,178
018 SOCIAL SERVICE	463		41			2,251	2,979
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,019		1,682	5,210	5,087	48,988	84,930
031 INTENSIVE CARE UNIT	185		2	586	558	6,999	4,310
034 SUBPROVIDER							
034 SKILLED NURSING FACILITY	185		160	338	322	5,325	15,463
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	463		3,941	463	1,172	9,993	19,244
040 ANESTHESIOLOGY	185		172	76	208	655	
041 RADIOLOGY-DIAGNOSTIC	1,019	2,424	189	904	1,399	7,677	8,855
044 LABORATORY	927	7,424	2,821	2,880	3,592	12,155	4,115
049 RESPIRATORY THERAPY	371		493	1,832	1,819	5,712	2,056
050 PHYSICAL THERAPY	185		6	127	135	2,049	3,028
053 ELECTROCARDIOLOGY	93		9	406	481	1,308	2,230
055 MEDICAL SUPPLIES CHARGED				655	644	2,163	
056 DRUGS CHARGED TO PATIENTS				2,691	2,706	10,799	
057 RENAL DIALYSIS			6	18	17	204	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 PARTIAL HOSPITALIZATION			63		224	1,044	2,664
061 EMERGENCY	834		356	385	608	8,771	5,219
062 OBSERVATION BEDS (NON-DIS							
070 OTHER REIMBURS COST CNTRS							
070 I&R SERVICES-NOT APPRVD P							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	15,198	62,193	22,941	16,571	18,972	170,997	200,319
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						12	537
098 PHYSICIANS' PRIVATE OFFIC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	15,198	62,193	22,941	16,571	18,972	171,009	200,856

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 ADMINISTRATIVE AND GENERA							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	4,774						
010 HOUSEKEEPING	16	24,849					
011 DIETARY		716	116,450				
012 CAFETERIA	16	49		33,690			
014 NURSING ADMINISTRATION		362		916	23,823		
015 CENTRAL SERVICES & SUPPLY		415		511	230	48,358	
016 PHARMACY	16			715			19,291
017 MEDICAL RECORDS & LIBRARY		165		1,550	655		
018 SOCIAL SERVICE				950			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,922	11,689	99,067	15,090	12,931	1,635	
026 INTENSIVE CARE UNIT	278	824	5,177	2,000	3,129		
031 SUBPROVIDER							
034 SKILLED NURSING FACILITY	386	1,913	12,206	1,439	1,606	151	
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	298	3,987		1,483	1,831	23,269	
041 ANESTHESIOLOGY				61	247	288	
044 RADIOLOGY-DIAGNOSTIC	188	1,018		1,259	153	324	
049 LABORATORY		1,221		2,311	56	202	
050 RESPIRATORY THERAPY	16	325		1,610	79	1,834	
053 PHYSICAL THERAPY	139	377		438		4	
055 ELECTROCARDIOLOGY	317			381			
056 MEDICAL SUPPLIES CHARGED						20,243	
057 DRUGS CHARGED TO PATIENTS							19,291
060 RENAL DIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
061 PARTIAL HOSPITALIZATION				360	2	20	
061 EMERGENCY	182	1,637		2,616	2,904	388	
062 OBSERVATION BEDS (NON-DIS							
070 OTHER REIMBURS COST CNTRS							
095 I&R SERVICES-NOT APPRVD P							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	4,774	24,698	116,450	33,690	23,823	48,358	19,291
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		151					
098 PHYSICIANS' PRIVATE OFFIC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	4,774	24,849	116,450	33,690	23,823	48,358	19,291

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18	25	26	27
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
004 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 DATA PROCESSING					
006 03 PURCHASING, RECEIVING AND					
006 04 ADMINITTING					
006 05 CASHIERING/ACCOUNTS RECEI					
006 06 ADMINISTRATIVE AND GENERA					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY	35,997				
018 SOCIAL SERVICE		19,676			
INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	9,622	16,841	716,957		716,957
026 INTENSIVE CARE UNIT	1,060	1,056	49,622		49,622
031 SUBPROVIDER					
034 SKILLED NURSING FACILITY	612	1,779	112,925		112,925
ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM	2,227		206,733		206,733
040 ANESTHESIOLOGY	396		10,889		10,889
041 RADIOLOGY-DIAGNOSTIC	2,658		234,736		234,736
044 LABORATORY	6,823		152,070		152,070
049 RESPIRATORY THERAPY	3,455		109,228		109,228
050 PHYSICAL THERAPY	256		19,862		19,862
053 ELECTROCARDIOLOGY	913		25,553		25,553
055 MEDICAL SUPPLIES CHARGED	1,224		24,929		24,929
056 DRUGS CHARGED TO PATIENTS	5,139		40,626		40,626
057 RENAL DIALYSIS	32		277		277
OUTPAT SERVICE COST CNTRS					
060 CLINIC					
060 01 PARTIAL HOSPITALIZATION	425		15,760		15,760
061 EMERGENCY	1,155		57,026		57,026
062 OBSERVATION BEDS (NON-DIS					
OTHER REIMBURS COST CNTRS					
070 I&R SERVICES-NOT APPRVD P					
SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	35,997	19,676	1,777,193		1,777,193
NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			2,839		2,839
098 PHYSICIANS' PRIVATE OFFIC					
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL	35,997	19,676	1,780,032		1,780,032

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)
	1	2	3	4	5	6.01
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	116,454					
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			116,454			
004 NEW CAP REL COSTS-MVB				446,879		
005 EMPLOYEE BENEFITS	1,200		1,200	1,667	18,744,114	
006 01 NONPATIENT TELEPHONES	646		646	1,735	106,364	164
006 02 DATA PROCESSING	598		598	53,599	147,704	4
006 03 PURCHASING, RECEIVING	1,400		1,400	6,197	268,761	6
006 04 ADMINITTING	798		798	1,315	237,236	3
006 05 CASHIERING/ACCOUNTS R	1,127		1,127	237	343,543	10
006 06 ADMINISTRATIVE AND GE	13,989		13,989	7,437	718,176	29
008 OPERATION OF PLANT	14,448		14,448	36,849	1,208,210	9
009 LAUNDRY & LINEN SERVI	266		266			1
010 HOUSEKEEPING	1,559		1,559	800	413,523	2
011 DIETARY	7,608		7,608	7,268	784,016	8
012 CAFETERIA	2,541		2,541	396	112,586	6
014 NURSING ADMINISTRATIO	444		444	4,870	576,789	8
015 CENTRAL SERVICES & SU	3,420		3,420	1,675	98,248	2
016 PHARMACY	971		971		379,708	3
017 MEDICAL RECORDS & LIB	1,711		1,711	3,107	537,341	9
018 SOCIAL SERVICE	1,220		1,220	881	298,854	5
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	34,777		34,777	55,211	6,083,257	11
031 INTENSIVE CARE UNIT	1,765		1,765	5,390	949,557	2
034 SUBPROVIDER						
034 SKILLED NURSING FACIL	6,332		6,332	7,702	518,145	2
037 ANCILLARY SRVC COST C						
040 OPERATING ROOM	7,880		7,880	37,817	799,288	5
041 ANESTHESIOLOGY				4,500	66,829	2
041 RADIOLOGY-DIAGNOSTIC	3,626		3,626	164,009	510,404	11
044 LABORATORY	1,685		1,685	7,615	771,732	10
049 RESPIRATORY THERAPY	842		842	15,889	645,127	4
050 PHYSICAL THERAPY	1,240		1,240	828	279,711	2
053 ELECTROCARDIOLOGY	913		913	10,007	143,650	1
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS						
060 OUTPAT SERVICE COST C						
060 01 PARTIAL HOSPITALIZATI	1,091		1,091	253	124,782	
061 EMERGENCY	2,137		2,137	9,625	1,620,573	9
062 OBSERVATION BEDS (NON						
070 OTHER REIMBURS COST C						
070 I&R SERVICES-NOT APPR						
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS	116,234		116,234	446,879	18,744,114	164
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	220		220			
098 PHYSICIANS' PRIVATE O						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			1,132,017	466,086	1,592,397	272,453
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			9.720722		.084955	
(WRKSHT B, PT I)				1.042980		1,661.298780
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					13,404	15,198
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.000715	
(WRKSHT B, PT III)						92.670732

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE AND GENERAL	CASHIERING/ACCOUNTS RECEIVABLE	RECONCILIATION	ACCUM. COST	SQUARE FEET
	(MACHINE TIME)	(SUPPLIES) EXPENSE	(INPATIENT) CHARGES	(GROSS) CHARGES			
GENERAL SERVICE COST	6.02	6.03	6.04	6.05	6a.06	6.06	8
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	4,105						
006 03 PURCHASING, RECEIVING	140	2,855,937					
006 04 ADMINISTRATION	410	10,979	61,115,770				
006 05 CASHIERING/ACCOUNTS R	430	8,672		73,416,036			
006 06 ADMINISTRATIVE AND GE	1,580	15,929			-5,881,132	29,540,795	
008 OPERATION OF PLANT		209,828				3,211,969	82,248
009 LAUNDRY & LINEN SERVI						249,618	266
010 HOUSEKEEPING		77,336				679,731	1,559
011 DIETARY		1,016,263				1,062,897	7,608
012 CAFETERIA		12,288				271,480	2,541
014 NURSING ADMINISTRATION	420	14,687				765,589	444
015 CENTRAL SERVICES & SU		235,409				266,665	3,420
016 PHARMACY	215	9,327				495,569	971
017 MEDICAL RECORDS & LIB	260	7,351				753,136	1,711
018 SOCIAL SERVICE		5,116				388,770	1,220
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICS		209,422	19,194,727	19,590,826		8,462,827	34,777
031 INTENSIVE CARE UNIT		223	2,162,606	2,162,606		1,208,938	1,765
034 SUBPROVIDER							
034 SKILLED NURSING FACIL		19,944	1,249,024	1,249,024		919,859	6,332
034 ANCILLARY SRVC COST C							
037 OPERATING ROOM		490,630	1,707,015	4,544,490		1,726,268	7,880
040 ANESTHESIOLOGY		21,452	278,882	807,507		113,140	
041 RADIOLOGY-DIAGNOSTIC	160	23,572	3,335,160	5,424,265		1,326,186	3,626
044 LABORATORY	490	351,210	10,625,907	13,923,915		2,099,720	1,685
049 RESPIRATORY THERAPY		61,433	6,761,580	7,050,583		986,626	842
050 PHYSICAL THERAPY		744	468,941	523,439		353,896	1,240
053 ELECTROCARDIOLOGY		1,146	1,496,991	1,864,007		225,939	913
055 MEDICAL SUPPLIES CHAR			2,415,885	2,497,923		373,661	
056 DRUGS CHARGED TO PATI			9,931,660	10,486,976		1,865,384	
057 RENAL DIALYSIS		717	65,742	65,742		35,239	
060 OUTPAT SERVICE COST C							
060 01 PARTIAL HOSPITALIZATI		7,887		867,100		180,424	1,091
061 EMERGENCY		44,372	1,421,650	2,357,633		1,515,125	2,137
062 OBSERVATION BEDS (NON							
070 OTHER REIMBURS COST C							
070 I&R SERVICES-NOT APPR							
095 SPEC PURPOSE COST CEN							
095 SUBTOTALS	4,105	2,855,937	61,115,770	73,416,036	-5,881,132	29,538,656	82,028
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE						2,139	220
098 PHYSICIANS' PRIVATE O							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	373,120	265,830	341,414	566,205		5,881,132	3,851,424
103 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.093080		.007712		.199085	
104 (WRKSHT B, PT I)							
105 COST TO BE ALLOCATED	90.894032		.005586				46.826962
105 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
106 (WRKSHT B, PT III)							
107 COST TO BE ALLOCATED	62,193	22,941	16,571	18,972		171,009	200,856
107 (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.008033		.000258		.005789	
108 (WRKSHT B, PT III)	15.150548		.000271				2.442078

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(FTE)	(DIRECT NRSNG SALAR)	(COSTED)REQUISITIO	(COSTED)REQUISITIO
	9	10	11	12	14	15	16
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS R							
006 06 ADMINISTRATIVE AND GE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI	432,749						
010 HOUSEKEEPING	1,417	40,963					
011 DIETARY		1,181	87,620				
012 CAFETERIA	1,417	80		26,916			
014 NURSING ADMINISTRATION		597		732	6,452,663		
015 CENTRAL SERVICES & SU		684		408	62,297	814,369	
016 PHARMACY	1,417			571			100
017 MEDICAL RECORDS & LIB		272		1,238	177,529		
018 SOCIAL SERVICE				759			
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICS	264,999	19,267	74,541	12,056	3,502,133	27,539	
031 INTENSIVE CARE UNIT	25,210	1,359	3,895	1,598	847,558		
034 SUBPROVIDER							
037 SKILLED NURSING FACIL	34,983	3,154	9,184	1,150	435,001	2,547	
040 ANCILLARY SRVC COST C							
041 OPERATING ROOM	26,993	6,573		1,185	495,993	391,855	
044 ANESTHESIOLOGY				49	66,829	4,851	
049 RADIOLOGY-DIAGNOSTIC	17,062	1,678		1,006	41,441	5,458	
050 LABORATORY		2,013		1,846	15,221	3,399	
053 RESPIRATORY THERAPY	1,417	536		1,286	21,461	30,883	
055 PHYSICAL THERAPY	12,604	622		350		66	
056 ELECTROCARDIOLOGY	28,726			304		5	
057 MEDICAL SUPPLIES CHAR						340,902	
060 DRUGS CHARGED TO PATI							100
060 01 PARTIAL HOSPITALIZATI				288	504	331	
061 EMERGENCY	16,504	2,698		2,090	786,696	6,533	
062 OBSERVATION BEDS (NON							
070 OTHER REIMBURS COST C							
095 I&R SERVICES-NOT APPR							
096 SPEC PURPOSE COST CEN							
098 SUBTOTALS	432,749	40,714	87,620	26,916	6,452,663	814,369	100
099 NONREIMBURS COST CENT							
101 GIFT, FLOWER, COFFEE		249					
102 PHYSICIANS' PRIVATE O							
103 CROSS FOOT ADJUSTMENT							
104 NEGATIVE COST CENTER							
105 COST TO BE ALLOCATED	311,769	889,079	1,656,397	447,272	963,919	510,834	650,207
106 (WRKSHT B, PART I)							
107 UNIT COST MULTIPLIER	.720438	21.704441	18.904325	16.617328	.149383	.627276	6,502.070000
108 (WRKSHT B, PT I)							
109 COST TO BE ALLOCATED							
110 (WRKSHT B, PART II)							
111 UNIT COST MULTIPLIER	4,774	24,849	116,450	33,690	23,823	48,358	19,291
112 (WRKSHT B, PT III)							
113 COST TO BE ALLOCATED							
114 (WRKSHT B, PART III)							
115 UNIT COST MULTIPLIER	.011032	.606621	1.329034	1.251672	.003692	.059381	192.910000
116 (WRKSHT B, PT III)							

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	(GROSS CHARGES)	(PATIENT DAYS)
	17	18
001 GENERAL SERVICE COST		
002 OLD CAP REL COSTS-BLD		
003 OLD CAP REL COSTS-MVB		
004 NEW CAP REL COSTS-BLD		
005 NEW CAP REL COSTS-MVB		
006 EMPLOYEE BENEFITS		
006 01 NONPATIENT TELEPHONES		
006 02 DATA PROCESSING		
006 03 PURCHASING, RECEIVING		
006 04 ADMINISTRATION		
006 05 CASHIERING/ACCOUNTS R		
006 06 ADMINISTRATIVE AND GE		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVI		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SU		
016 PHARMACY		
017 MEDICAL RECORDS & LIB	73,416,036	
018 SOCIAL SERVICE		29,029
025 INPAT ROUTINE SRVC CN		
026 ADULTS & PEDIATRICS	19,590,826	24,847
031 INTENSIVE CARE UNIT	2,162,606	1,558
034 SUBPROVIDER		
037 SKILLED NURSING FACIL	1,249,024	2,624
040 ANCILLARY SRVC COST C		
041 OPERATING ROOM	4,544,490	
044 ANESTHESIOLOGY	807,507	
049 RADIOLOGY-DIAGNOSTIC	5,424,265	
050 LABORATORY	13,923,915	
053 RESPIRATORY THERAPY	7,050,583	
055 PHYSICAL THERAPY	523,439	
056 ELECTROCARDIOLOGY	1,864,007	
057 MEDICAL SUPPLIES CHAR	2,497,923	
060 DRUGS CHARGED TO PATI	10,486,976	
061 RENAL DIALYSIS	65,742	
062 OUTPAT SERVICE COST C		
063 CLINIC		
064 01 PARTIAL HOSPITALIZATI	867,100	
065 EMERGENCY	2,357,633	
066 OBSERVATION BEDS (NON		
067 OTHER REIMBURS COST C		
068 I&R SERVICES-NOT APPR		
069 SPEC PURPOSE COST CEN		
070 SUBTOTALS	73,416,036	29,029
071 NONREIMBURS COST CENT		
072 GIFT, FLOWER, COFFEE		
073 PHYSICIANS' PRIVATE O		
074 CROSS FOOT ADJUSTMENT		
075 NEGATIVE COST CENTER		
076 COST TO BE ALLOCATED	1,036,191	535,910
077 (PER WRKSHT B, PART		
078 UNIT COST MULTIPLIER		18.461194
079 (WRKSHT B, PT I)	.014114	
080 COST TO BE ALLOCATED		
081 (PER WRKSHT B, PART		
082 UNIT COST MULTIPLIER		
083 (WRKSHT B, PT II)		
084 COST TO BE ALLOCATED	35,997	19,676
085 (PER WRKSHT B, PART		
086 UNIT COST MULTIPLIER		.677805
087 (WRKSHT B, PT III)	.000490	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	19,194,727		19,194,727			
26	INTENSIVE CARE UNIT	2,162,606		2,162,606			
31	SUBPROVIDER						
34	SKILLED NURSING FACILITY	1,249,024		1,249,024			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,707,015	2,837,475	4,544,490	.661191	.661191	.661191
40	ANESTHESIOLOGY	278,882	528,625	807,507	.199256	.199256	.199256
41	RADIOLOGY-DIAGNOSTIC	3,335,160	2,089,105	5,424,265	.352418	.352418	.352418
44	LABORATORY	10,625,907	3,298,008	13,923,915	.206260	.206260	.206260
49	RESPIRATORY THERAPY	6,761,580	289,003	7,050,583	.195529	.195529	.195529
50	PHYSICAL THERAPY	468,941	54,498	523,439	.990070	.990070	.990070
53	ELECTROCARDIOLOGY	1,496,991	367,016	1,864,007	.196207	.196207	.196207
55	MEDICAL SUPPLIES CHARGED	2,415,885	82,038	2,497,923	.279091	.279091	.279091
56	DRUGS CHARGED TO PATIENTS	9,931,660	555,316	10,486,976	.289404	.289404	.289404
57	RENAL DIALYSIS	65,742		65,742	.656856	.656856	.656856
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PARTIAL HOSPITALIZATION	812	866,288	867,100	.328381	.328381	.328381
61	EMERGENCY	1,421,650	935,983	2,357,633	.923343	.923343	.923343
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		396,099	396,099	.708232	.708232	.708232
101	SUBTOTAL	61,116,582	12,299,454	73,416,036			
102	LESS OBSERVATION BEDS						
103	TOTAL	61,116,582	12,299,454	73,416,036			

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	3,004,774	206,733	2,798,041			3,004,774
40	ANESTHESIOLOGY	160,901	10,889	150,012			160,901
41	RADIOLOGY-DIAGNOSTIC	1,911,607	234,736	1,676,871			1,911,607
44	LABORATORY	2,871,941	152,070	2,719,871			2,871,941
49	RESPIRATORY THERAPY	1,378,591	109,228	1,269,363			1,378,591
50	PHYSICAL THERAPY	518,241	19,862	498,379			518,241
53	ELECTROCARDIOLOGY	365,732	25,553	340,179			365,732
55	MEDICAL SUPPLIES CHARGED	697,147	24,929	672,218			697,147
56	DRUGS CHARGED TO PATIENTS	3,034,974	40,626	2,994,348			3,034,974
57	RENAL DIALYSIS	43,183	277	42,906			43,183
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	01 PARTIAL HOSPITALIZATION	284,739	15,760	268,979			284,739
61	EMERGENCY	2,176,905	57,026	2,119,879			2,176,905
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	280,530	13,171	267,359			280,530
101	SUBTOTAL	16,729,265	910,860	15,818,405			16,729,265
102	LESS OBSERVATION BEDS	280,530	13,171	267,359			280,530
103	TOTAL	16,448,735	897,689	15,551,046			16,448,735

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	4,544,490	.661191	.661191
40	ANESTHESIOLOGY	807,507	.199256	.199256
41	RADIOLOGY-DIAGNOSTIC	5,424,265	.352418	.352418
44	LABORATORY	13,923,915	.206260	.206260
49	RESPIRATORY THERAPY	7,050,583	.195529	.195529
50	PHYSICAL THERAPY	523,439	.990070	.990070
53	ELECTROCARDIOLOGY	1,864,007	.196207	.196207
55	MEDICAL SUPPLIES CHARGED	2,497,923	.279091	.279091
56	DRUGS CHARGED TO PATIENTS	10,486,976	.289404	.289404
57	RENAL DIALYSIS	65,742	.656856	.656856
	OUTPAT SERVICE COST CNTRS			
	CLINIC			
60	01 PARTIAL HOSPITALIZATION	867,100	.328381	.328381
61	EMERGENCY	2,357,633	.923343	.923343
62	OBSERVATION BEDS (NON-DIS)	396,099	.708232	.708232
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	50,809,679		
102	LESS OBSERVATION BEDS	396,099		
103	TOTAL	50,413,580		

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 REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	3,004,774	206,733	2,798,041	20,673	162,286	2,821,815
40	ANESTHESIOLOGY	160,901	10,889	150,012	1,089	8,701	151,111
41	RADIOLOGY-DIAGNOSTIC	1,911,607	234,736	1,676,871	23,474	97,259	1,790,874
44	LABORATORY	2,871,941	152,070	2,719,871	15,207	157,753	2,698,981
49	RESPIRATORY THERAPY	1,378,591	109,228	1,269,363	10,923	73,623	1,294,045
50	PHYSICAL THERAPY	518,241	19,862	498,379	1,986	28,906	487,349
53	ELECTROCARDIOLOGY	365,732	25,553	340,179	2,555	19,730	343,447
55	MEDICAL SUPPLIES CHARGED	697,147	24,929	672,218	2,493	38,989	655,665
56	DRUGS CHARGED TO PATIENTS	3,034,974	40,626	2,994,348	4,063	173,672	2,857,239
57	RENAL DIALYSIS	43,183	277	42,906	28	2,489	40,666
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PARTIAL HOSPITALIZATION	284,739	15,760	268,979	1,576	15,601	267,562
61	EMERGENCY	2,176,905	57,026	2,119,879	5,703	122,953	2,048,249
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	280,530	13,171	267,359	1,317	15,507	263,706
101	SUBTOTAL	16,729,265	910,860	15,818,405	91,087	917,469	15,720,709
102	LESS OBSERVATION BEDS	280,530	13,171	267,359	1,317	15,507	263,706
103	TOTAL	16,448,735	897,689	15,551,046	89,770	901,962	15,457,003

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	4,544,490	.620931	.656642
40	ANESTHESIOLOGY	807,507	.187133	.197908
41	RADIOLOGY-DIAGNOSTIC	5,424,265	.330160	.348090
44	LABORATORY	13,923,915	.193838	.205167
49	RESPIRATORY THERAPY	7,050,583	.183537	.193979
50	PHYSICAL THERAPY	523,439	.931052	.986275
53	ELECTROCARDIOLOGY	1,864,007	.184252	.194837
55	MEDICAL SUPPLIES CHARGED	2,497,923	.262484	.278093
56	DRUGS CHARGED TO PATIENTS	10,486,976	.272456	.289017
57	RENAL DIALYSIS	65,742	.618570	.656430
	OUTPAT SERVICE COST CNTRS			
	CLINIC			
60	01 PARTIAL HOSPITALIZATION	867,100	.308571	.326563
61	EMERGENCY	2,357,633	.868773	.920925
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	396,099	.665758	.704907
101	SUBTOTAL	50,809,679		
102	LESS OBSERVATION BEDS	396,099		
103	TOTAL	50,413,580		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				716,957		716,957
26	INTENSIVE CARE UNIT				49,622		49,622
31	SUBPROVIDER						
101	TOTAL				766,579		766,579

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	25,312	12,234			28.32	346,467
26	INTENSIVE CARE UNIT	1,558	840			31.85	26,754
31	SUBPROVIDER						
101	TOTAL	26,870	13,074				373,221

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 2/25/2010
14-0197	FROM 10/ 1/2008	WORKSHEET D
COMPONENT NO:	TO 9/30/2009	PART II
14-0197		

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.045491	34,659
40	ANESTHESIOLOGY	.013485	1,720
41	RADIOLOGY-DIAGNOSTIC	.043275	80,279
44	LABORATORY	.010921	60,867
49	RESPIRATORY THERAPY	.015492	49,868
50	PHYSICAL THERAPY	.037945	4,131
53	ELECTROCARDIOLOGY	.013709	11,321
55	MEDICAL SUPPLIES CHARGED	.009980	8,002
56	DRUGS CHARGED TO PATIENTS	.003874	19,677
57	RENAL DIALYSIS	.004213	125
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	PARTIAL HOSPITALIZATION	.018176	13
61	EMERGENCY	.024188	13,679
62	OBSERVATION BEDS (NON-DIS	.033252	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		284,341

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

PROVIDER NO: 14-0197
PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 2/25/2010
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					25,312	
26	INTENSIVE CARE UNIT					1,558	
31	SUBPROVIDER						
34	SKILLED NURSING FACILITY					2,624	
101	TOTAL					29,494	

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

PROVIDER NO:	PERIOD:	PREPARED
14-0197	FROM 10/ 1/2008	2/25/2010
	TO 9/30/2009	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	12,234	
26	INTENSIVE CARE UNIT	840	
31	SUBPROVIDER		
34	SKILLED NURSING FACILITY	2,569	
101	TOTAL	15,643	

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							
	OPERATING ROOM			4,544,490			761,880	
40	ANESTHESIOLOGY			807,507			127,562	
41	RADIOLOGY-DIAGNOSTIC			5,424,265			1,855,090	
44	LABORATORY			13,923,915			5,573,395	
49	RESPIRATORY THERAPY			7,050,583			3,218,933	
50	PHYSICAL THERAPY			523,439			108,860	
53	ELECTROCARDIOLOGY			1,864,007			825,819	
55	MEDICAL SUPPLIES CHARGED			2,497,923			801,771	
56	DRUGS CHARGED TO PATIENTS			10,486,976			5,079,258	
57	RENAL DIALYSIS			65,742			29,666	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 PARTIAL HOSPITALIZATION			867,100			696	
61	EMERGENCY			2,357,633			565,543	
62	OBSERVATION BEDS (NON-DIS)			396,099				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			50,809,679			18,948,473	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	454,961	1,364,884				
40	ANESTHESIOLOGY	59,331	177,992				
41	RADIOLOGY-DIAGNOSTIC	212,463	637,388				
44	LABORATORY	67,616	202,848				
49	RESPIRATORY THERAPY	25,453	76,359				
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY	41,015	123,045				
55	MEDICAL SUPPLIES CHARGED	5,082	15,245				
56	DRUGS CHARGED TO PATIENTS	86,482	259,447				
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PARTIAL HOSPITALIZATION	95,410	286,230				
61	EMERGENCY	97,520	292,559				
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	35,841	107,522				
101	TOTAL	1,181,174	3,543,519				

TITLE XVIII, PART B		HOSPITAL				
		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description		5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		454,961		1,364,884	
40	ANESTHESIOLOGY		59,331		177,992	
41	RADIOLOGY-DIAGNOSTIC		212,463		637,388	
44	LABORATORY		67,616		202,848	
49	RESPIRATORY THERAPY		25,453		76,359	
50	PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY		41,015		123,045	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		5,082		15,245	
56	DRUGS CHARGED TO PATIENTS		86,482		259,447	
57	RENAL DIALYSIS					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 PARTIAL HOSPITALIZATION		95,410		286,230	
61	EMERGENCY		97,520		292,559	
62	OBSERVATION BEDS (NON-DISTINCT PART)		35,841		107,522	
101	SUBTOTAL		1,181,174		3,543,519	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		1,181,174		3,543,519	

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

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PARTIAL HOSPITALIZATION						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			4,544,490			6,014	
40	OPERATING ROOM			807,507			3,221	
41	ANESTHESIOLOGY			5,424,265			188,757	
44	RADIOLOGY-DIAGNOSTIC			13,923,915			569,184	
49	LABORATORY			7,050,583			735,703	
50	RESPIRATORY THERAPY			523,439			286,158	
53	PHYSICAL THERAPY			1,864,007			35,946	
55	ELECTROCARDIOLOGY			2,497,923			995,630	
56	MEDICAL SUPPLIES CHARGED			10,486,976			1,263,084	
57	DRUGS CHARGED TO PATIENTS			65,742				
60	RENAL DIALYSIS							
60	OUTPAT SERVICE COST CNTRS							
61	CLINIC							
61	01 PARTIAL HOSPITALIZATION			867,100				
62	EMERGENCY			2,357,633				
62	OBSERVATION BEDS (NON-DIS			396,099				
101	OTHER REIMBURS COST CNTRS							
	TOTAL			50,809,679			4,083,697	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PARTIAL HOSPITALIZATION						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS)						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

Health Financial Systems		MCRIF32	FOR METHODIST HOSPITAL OF CHICAGO		IN LIEU OF FORM CMS-2552-96(07/2009)		PREPARED 2/25/2010
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			PROVIDER NO:	PERIOD:	WORKSHEET D-4		
			14-0197	FROM 10/ 1/2008			
			COMPONENT NO:	TO 9/30/2009			
			14-0197				
TITLE XVIII, PART A			HOSPITAL		PPS		
WKST A	COST CENTER	DESCRIPTION	RATIO COST	INPATIENT	INPATIENT		
LINE NO.			TO CHARGES	CHARGES	COST		
			1	2	3		
		INPAT ROUTINE SRVC CNTRS					
25		ADULTS & PEDIATRICS		9,540,304			
26		INTENSIVE CARE UNIT		1,163,400			
31		SUBPROVIDER					
		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	.661191	761,880	503,748		
40		ANESTHESIOLOGY	.199256	127,562	25,417		
41		RADIOLOGY-DIAGNOSTIC	.352418	1,855,090	653,767		
44		LABORATORY	.206260	5,573,395	1,149,568		
49		RESPIRATORY THERAPY	.195529	3,218,933	629,395		
50		PHYSICAL THERAPY	.990070	108,860	107,779		
53		ELECTROCARDIOLOGY	.196207	825,819	162,031		
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.279091	801,771	223,767		
56		DRUGS CHARGED TO PATIENTS	.289404	5,079,258	1,469,958		
57		RENAL DIALYSIS	.656856	29,666	19,486		
		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
60	01	PARTIAL HOSPITALIZATION	.328381	696	229		
61		EMERGENCY	.923343	565,543	522,190		
62		OBSERVATION BEDS (NON-DISTINCT PART)	.708232				
		OTHER REIMBURS COST CNTRS					
101		TOTAL		18,948,473	5,467,335		
102		LESS PBP CLINIC LABORATORY SERVICES -					
		PROGRAM ONLY CHARGES					
103		NET CHARGES		18,948,473			

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	16,916,352	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	16,916,352	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,123,769	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	18,040,121	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	18,040,121	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,233,244	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	224,819	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,720,553	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,204,387	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1,672,537	
22 SUBTOTAL	17,786,445	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	17,786,445	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	16,784,408	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	1,002,037	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	587,689	1,763,068
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	407,380	1,222,140
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.776	.776
1.04	LINE 1.01 TIMES LINE 1.03.	456,047	1,368,141
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	89.33	89.33
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.		
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)		

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES			
6	ANCILLARY SERVICE CHARGES		
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES		
CUSTOMARY CHARGES			
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).		
13	RATIO OF LINE 11 TO LINE 12		
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)		
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	1,629,520	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	431,695	
19	SUBTOTAL (SEE INSTRUCTIONS)		1,197,825
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)		
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
22	ESRD DIRECT MEDICAL EDUCATION COSTS		
23	SUBTOTAL		1,197,825
24	PRIMARY PAYER PAYMENTS		101
25	SUBTOTAL		1,197,724

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)		221,501
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		155,051
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		215,578
28	SUBTOTAL		1,352,775
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.		
30	OTHER ADJUSTMENTS (SPECIFY)		
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)		
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.		
32	SUBTOTAL		1,352,775
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS		1,310,343
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM		42,432
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2		

TO BE COMPLETED BY CONTRACTOR

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF

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

- COMPUTATION OF LESSER OF COST OR CHARGES

- REASONABLE CHARGES
- 6 ANCILLARY SERVICE CHARGES
- 7 INTERNS AND RESIDENTS SERVICE CHARGES
- 8 ORGAN ACQUISITION CHARGES
- 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.
- 10 TOTAL REASONABLE CHARGES

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

- COMPUTATION OF REIMBURSEMENT SETTLEMENT
- 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
- 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
- 19 SUBTOTAL (SEE INSTRUCTIONS)
- 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
- 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 22 ESRD DIRECT MEDICAL EDUCATION COSTS
- 23 SUBTOTAL
- 24 PRIMARY PAYER PAYMENTS
- 25 SUBTOTAL

- REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
- 26 COMPOSITE RATE ESRD
- 27 BAD DEBTS (SEE INSTRUCTIONS)
- 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 28 SUBTOTAL
- 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
- 30 OTHER ADJUSTMENTS (SPECIFY)
- 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
- 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
- 32 SUBTOTAL
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM
- 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2

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

TITLE 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		16,184,191		1,310,510
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	9/25/2009	627,690		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	4/10/2009	27,473	4/10/2009	167
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		600,217		-167
4 TOTAL INTERIM PAYMENTS		16,784,408		1,310,343
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)		1,002,037		42,432
7 TOTAL MEDICARE PROGRAM LIABILITY		17,786,445		1,352,775

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
18	PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
20	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
21	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
22	RATIO OF LINE 17 TO LINE 18			
23	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
26	COST OF COVERED SERVICES			
27	PROSPECTIVE PAYMENT AMOUNT			
28	OTHER THAN OUTLIER PAYMENTS			
29	OUTLIER PAYMENTS			
30	PROGRAM CAPITAL PAYMENTS			
31	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
32	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
33	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
34	SUBTOTAL			
35	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
36	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
37	XVIII ENTER AMOUNT FROM LINE 30			
38	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
39	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
40	EXCESS OF REASONABLE COST			
41	SUBTOTAL			
42	COINSURANCE			
43	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
44	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
45	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
46	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
47	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
48	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
49	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
50	UTILIZATION REVIEW			
51	SUBTOTAL (SEE INSTRUCTIONS)			
52	INPATIENT ROUTINE SERVICE COST			
53	MEDICARE INPATIENT ROUTINE CHARGES			
54	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
55	PAYMENT FOR SERVICES ON A CHARGE BASIS			
56	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
57	FOR PAYMENT OF PART A SERVICES			
58	RATIO OF LINE 43 TO 44			
59	TOTAL CUSTOMARY CHARGES			
60	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
61	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
62	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
63	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
64	OTHER ADJUSTMENTS (SPECIFY)			
65	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
66	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
67	SUBTOTAL			
68	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
69	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
70	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
71	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
72	INTERIM PAYMENTS			
73	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
74	BALANCE DUE PROVIDER/PROGRAM			

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		27,374,655		
2	NET INCOME (LOSS)		-1,752,555		
3	TOTAL		25,622,100		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY CONTRIBUTIONS)	142,640			
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS		142,640		
11	SUBTOTAL		25,764,740		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY NET ASSETS RELEASED FROM	57,442			
13	NET PENSION ADJUSTMENT	1,259,494			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		1,316,936		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		24,447,804		

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

DESCRIPTION

1	TOTAL PATIENT REVENUES	73,416,036
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	10,610,913
3	NET PATIENT REVENUES	62,805,123
4	LESS: TOTAL OPERATING EXPENSES	66,293,065
5	NET INCOME FROM SERVICE TO PATIENTS	-3,487,942
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	831,402
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REVENUE	298,742
24.01	NET ASSETS RELEASED FROM RESTR	57,442
24.02	UNRESTRICTED CONTRIBUTIONS	135,272
24.03	NET UNREALIZED GAINS ON TRADE SEC	592,306
25	TOTAL OTHER INCOME	1,915,164
26	TOTAL	-1,572,778
	OTHER EXPENSES	
27	CHANGE IN FAIR VALUE OF INT RATE SWA	165,504
28	FUNDRAISING EXP	14,273
29		
30	TOTAL OTHER EXPENSES	179,777
31	NET INCOME (OR LOSS) FOR THE PERIOD	-1,752,555

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	988,531
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	106
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	72.34
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	14.56
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	48.73
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	63.29
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	13.67
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	135,132
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,123,769
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)	