

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		14-0208		FROM 1/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/24/2010 TIME 12:08

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:
 ADVOCATE CHRIST HOSPITAL 14-0208

FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2009 AND ENDING 12/31/2009 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	5,665,822	1,338,284		0
2	SUBPROVIDER	0	-19,788	0		0
2 .01	SUBPROVIDER II	0	37,660	0		0
100	TOTAL	0	5,683,694	1,338,284		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.

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	I/P DAYS / O/P VISITS /		TRIPS TOTAL TITLE XIX 5
				TITLE V 3	TITLE XVIII 4	
1 ADULTS & PEDIATRICS	472	172,280			61,399	27,371
2 HMO					8,405	5,947
2 01 HMO - (IRF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS	472	172,280			61,399	27,371
6 INTENSIVE CARE UNIT	91	33,215			12,523	5,287
6 01 NEONATAL INTENSIVE CARE UNIT	28	10,220				7,923
7 CORONARY CARE UNIT						
8 BURN INTENSIVE CARE UNIT						
9 SURGICAL INTENSIVE CARE UNIT						
11 NURSERY						2,931
12 TOTAL	591	215,715			73,922	43,512
13 RPCH VISITS						
14 SUBPROVIDER	46	16,790			4,152	1,403
14 01 SUBPROVIDER II	37	13,505			7,535	445
25 TOTAL	674					
26 OBSERVATION BED DAYS						849
26 01 OBSERVATION BED DAYS-SUB I						
26 02 OBSERVATION BED DAYS-SUB II						
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						
29 LABOR & DELIVERY DAYS						

COMPONENT	I/P DAYS /		O/P VISITS /	TRIPS -----		-- INTERNS & RES. FTES --	
	TITLE XIX ADMITTED 5.01	OBSERVATION BEDS NOT ADMITTED 5.02		TITLE XIX ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			146,662				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			146,662				
6 INTENSIVE CARE UNIT			28,930				
6 01 NEONATAL INTENSIVE CARE UNIT			9,802				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY			12,075				
12 TOTAL			197,469			212.34	
13 RPCH VISITS							
14 SUBPROVIDER			10,287			.43	
14 01 SUBPROVIDER II			12,096				
25 TOTAL						212.77	
26 OBSERVATION BED DAYS	164	685	4,185	886	3,299		
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES		--- FULL TIME EQUIV ---		----- DISCHARGES -----		
	NET 9	EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS							
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
6 01 NEONATAL INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	212.34	4,257.00			13,277	7,702	38,101
13 RPCH VISITS							
14 SUBPROVIDER	.43	66.00			510	249	1,642
14 01 SUBPROVIDER II		75.00			533	18	857
25 TOTAL	212.77	4,398.00					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							

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

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0208
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/24/2010
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	284,056,822		284,056,822	9,147,840.00	31.05	
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)	12,429,418		12,429,418	312,000.00	39.84	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	10,513,820	925,815	11,439,635	357,760.00	31.98	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	4,559,108		4,559,108	105,695.00	43.13	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	20,091,488		20,091,488	92,920.00	216.22	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	25,233,038		25,233,038	390,679.00	64.59	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	66,929,037		66,929,037			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	2,887,157		2,887,157			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	2,943,609		2,943,609			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	4,443,216		4,443,216	45,760.00	97.10	
22 ADMINISTRATIVE & GENERAL	29,054,277	-166,099	28,888,178	940,160.00	30.73	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS	3,342,795		3,342,795	122,720.00	27.24	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	5,961,991		5,961,991	386,880.00	15.41	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	4,839,374		4,839,374	291,200.00	16.62	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,401,080		1,401,080	37,440.00	37.42	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY	8,435,898	-245,685	8,190,213	203,840.00	40.18	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	3,138,854		3,138,854	137,280.00	22.86	
34 SOCIAL SERVICE	1,556,294		1,556,294	52,000.00	29.93	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	271,627,404		271,627,404	8,835,840.00	30.74	
2 EXCLUDED AREA SALARIES	10,513,820	925,815	11,439,635	357,760.00	31.98	
3 SUBTOTAL SALARIES	261,113,584	-925,815	260,187,769	8,478,080.00	30.69	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	49,883,634		49,883,634	589,294.00	84.65	
5 SUBTOTAL WAGE-RELATED COSTS	66,929,037		66,929,037		25.72	
6 TOTAL	377,926,255	-925,815	377,000,440	9,067,374.00	41.58	
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	62,173,779	-411,784	61,761,995	2,217,280.00	27.85	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0208	FROM 1/1/2009	5/24/2010
	TO 12/31/2009	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
2.01	IS IT AT THE TIME OF ADMISSION?
2.02	IS IT AT THE TIME OF FIRST BILLING?
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
2.04	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE 82,931,988
17.01	GROSS MEDICAID REVENUES 110,300,790
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 193,232,778
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) .305704
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 394,707,600

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0208	FROM 1/ 1/2009	5/24/2010
	TO 12/31/2009	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	120,663,692
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	120,663,692

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0208

PERIOD: FROM 1/1/2009 TO 12/31/2009

PREPARED 5/24/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT				2,662,472	2,662,472
2	0200 OLD CAP REL COSTS-MVBLE EQUIP				422,343	422,343
3	0300 NEW CAP REL COSTS-BLDG & FIXT				10,232,212	10,232,212
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				7,565,762	7,565,762
5	0500 EMPLOYEE BENEFITS	4,443,216	53,729,237	58,172,453	-69,657	58,102,796
6.01	0610 NONPATIENT TELEPHONES	555,056	1,463,421	2,018,477	-37,047	1,981,430
6.02	0620 DATA PROCESSING		22,066,530	22,066,530	-3,902	22,062,628
6.03	0630 PURCHASING RECEIVING AND STORES	1,434,970	2,841,656	4,276,626	-148,378	4,128,248
6.04	0640 ADMINITTING	998,446	200,718	1,199,164	-33,017	1,166,147
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	5,394,289	8,149,815	13,544,104	-428,681	13,115,423
6.06	0660 OTHER ADMINISTRATION AND GENERAL	20,671,516	174,324,119	194,995,635	-12,243,478	182,752,157
7	0700 MAINTENANCE & REPAIRS	3,342,795	19,752,425	23,095,220	-330,521	22,764,699
8	0800 OPERATION OF PLANT					
9	0900 LAUNDRY & LIEN SERVICE		3,192,491	3,192,491	-1,053	3,191,438
10	1000 HOUSEKEEPING	5,961,991	2,668,528	8,630,519	-36,559	8,593,960
11	1100 DIETARY	4,839,374	4,329,334	9,168,708	-45,370	9,123,338
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	1,401,080	584,297	1,985,377	-296,803	1,688,574
16	1600 PHARMACY	8,435,898	30,478,238	38,914,136	-28,002,948	10,911,188
17	1700 MEDICAL RECORDS & LIBRARY	3,138,854	3,029,237	6,168,091	-7,926	6,160,165
18	1800 SOCIAL SERVICE	1,556,294	284,756	1,841,050		1,841,050
20	2000 NONPHYSICIAN ANESTHETISTS					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	12,429,418		12,429,418		12,429,418
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		10,967,834	10,967,834	-902	10,966,932
24	2400 PARAMEDIC				962,619	962,619
24.01	2401 PASTORAL CARE				197,022	197,022
24.02	2402 PHARMACY RESIDENCY				257,778	257,778
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	77,339,120	17,676,330	95,015,450	-8,516,231	86,499,219
26	2600 INTENSIVE CARE UNIT	25,327,894	9,284,047	34,611,941	-3,711,637	30,900,304
26.01	2060 NEONATAL INTENSIVE CARE UNIT	8,708,439	2,688,523	11,396,962	-4,240,356	7,156,606
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER	4,492,458	488,115	4,980,573	-53,403	4,927,170
31.01	3101 SUBPROVIDER II	4,832,689	1,146,405	5,979,094	-209,298	5,769,796
33	3300 NURSERY				4,815,692	4,815,692
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	21,140,753	58,848,205	79,988,958	-50,170,894	29,818,064
38	3800 RECOVERY ROOM	2,010,178	235,067	2,245,245	-19,372	2,225,873
39	3900 DELIVERY ROOM & LABOR ROOM	6,256,271	2,271,270	8,527,541	-1,323,346	7,204,195
40	4000 ANESTHESIOLOGY	616,953	1,758,449	2,375,402	-1,209,962	1,165,440
41	4100 RADIOLOGY-DIAGNOSTIC	18,814,137	35,763,033	54,577,170	-27,785,445	26,791,725
44	4400 LABORATORY	237,541	30,646,602	30,884,143	-7,845	30,876,298
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		4,622,859	4,622,859		4,622,859
49	4900 RESPIRATORY THERAPY	10,730,099	6,687,718	17,417,817	-5,319,517	12,098,300
50	5000 PHYSICAL THERAPY	3,214,097	1,524,171	4,738,268	-434,384	4,303,884
51	5100 OCCUPATIONAL THERAPY	3,576,665	464,443	4,041,108	-128,239	3,912,869
52	5200 SPEECH PATHOLOGY		250	250		250
53	5300 ELECTROCARDIOLOGY	3,996,988	1,048,863	5,045,851	-412,771	4,633,080
54	5400 ELECTROENCEPHALOGRAPHY	335,431	89,731	425,162	-51,593	373,569
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				94,875,810	94,875,810
56	5600 DRUGS CHARGED TO PATIENTS				27,503,258	27,503,258
57	5700 RENAL DIALYSIS	1,246,956	767,769	2,014,725	-512,198	1,502,527
59	3950 DEV EVALUATION	918,122	112,809	1,030,931	-7,799	1,023,132
59.01	3951 OTHER					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
60.01	4040 FAMILY PRACTICES					
60.02	6001 WOMEN'S HEALTH CENTER					
60.03	6002 AMBULATORY CARE	1,181,748	300,999	1,482,747	-73,432	1,409,315
60.04	6003 OTHER					
61	6100 EMERGENCY	13,288,413	6,504,806	19,793,219	-3,536,067	16,257,152
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	282,868,149	520,993,100	803,861,249	84,937	803,946,186
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		301	301		301
96.01	9601 OTHER NONREIMB	1,188,673	1,826,789	3,015,462	-84,937	2,930,525
96.02	9602 OTHER					
101	TOTAL	284,056,822	522,820,190	806,877,012	-0-	806,877,012

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0208
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/24/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT	592,857	3,255,329
2	0200 OLD CAP REL COSTS-MVBLE EQUIP	39,138	461,481
3	0300 NEW CAP REL COSTS-BLDG & FIXT	495,735	10,727,947
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	3,804,722	11,370,484
5	0500 EMPLOYEE BENEFITS	10,328,620	68,431,416
6.01	0610 NONPATIENT TELEPHONES		1,981,430
6.02	0620 DATA PROCESSING	-10,577,348	11,485,280
6.03	0630 PURCHASING RECEIVING AND STORES		4,128,248
6.04	0640 ADMITTING		1,166,147
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	-106,720	13,008,703
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	-117,700,260	65,051,897
7	0700 MAINTENANCE & REPAIRS	-4,089	22,760,610
8	0800 OPERATION OF PLANT		
9	0900 LAUNDRY & LINEN SERVICE		3,191,438
10	1000 HOUSEKEEPING		8,593,960
11	1100 DIETARY	-2,722,501	6,400,837
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION	-43,006	1,645,568
16	1600 PHARMACY	-1,476,479	9,434,709
17	1700 MEDICAL RECORDS & LIBRARY	-10,133	6,150,032
18	1800 SOCIAL SERVICE		1,841,050
20	2000 NONPHYSICIAN ANESTHETISTS		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		12,429,418
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	-2,342,098	8,624,834
24	2400 PARAMEDIC	-434,784	527,835
24.01	2401 PASTORAL CARE	-9,278	187,744
24.02	2402 PHARMACY RESIDENCY		257,778
25	2500 ADULTS & PEDIATRICS	-1,516,003	84,983,216
26	2600 INTENSIVE CARE UNIT	-304,516	30,595,788
26.01	2060 NEONATAL INTENSIVE CARE UNIT	-390,652	6,765,954
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER	-97,158	4,830,012
31.01	3101 SUBPROVIDER II	-421,082	5,348,714
33	3300 NURSERY		4,815,692
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-277,891	29,540,173
38	3800 RECOVERY ROOM		2,225,873
39	3900 DELIVERY ROOM & LABOR ROOM	-67,945	7,136,250
40	4000 ANESTHESIOLOGY		1,165,440
41	4100 RADIOLOGY-DIAGNOSTIC	-155,910	26,635,815
44	4400 LABORATORY	-677,627	30,198,671
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		4,622,859
49	4900 RESPIRATORY THERAPY	-147,285	11,951,015
50	5000 PHYSICAL THERAPY	-321,064	3,982,820
51	5100 OCCUPATIONAL THERAPY	-5,537	3,907,332
52	5200 SPEECH PATHOLOGY	-250	
53	5300 ELECTROCARDIOLOGY	-7,791	4,625,289
54	5400 ELECTROENCEPHALOGRAPHY		373,569
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		94,875,810
56	5600 DRUGS CHARGED TO PATIENTS		27,503,258
57	5700 RENAL DIALYSIS		1,502,527
59	3950 DEV EVALUATION		1,023,132
59.01	3951 OTHER		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
60.01	4040 FAMILY PRACTICES		
60.02	6001 WOMEN'S HEALTH CENTER		
60.03	6002 AMBULATORY CARE	-60,566	1,348,749
60.04	6003 OTHER		
61	6100 EMERGENCY	-1,153,042	15,104,110
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-125,769,943	678,176,243
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		301
96.01	9601 OTHER NONREIMB		2,930,525
96.02	9602 OTHER		
101	TOTAL	-125,769,943	681,107,069

COST CENTERS USED IN COST REPORT

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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	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMEDIC	2400	
24.01	PASTORAL CARE	2401	PARAMED ED PRGM
24.02	PHARMACY RESIDENCY	2402	PARAMED ED PRGM
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
26.01	NEONATAL INTENSIVE CARE UNIT	2060	NEONATAL INTENSIVE CARE UNIT
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER II	3101	SUBPROVIDER #####
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	DEV EVALUATION	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.01	OTHER	3951	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	FAMILY PRACTICES	4040	FAMILY PRACTICE
60.02	WOMEN'S HEALTH CENTER	6001	CLINIC
60.03	AMBULATORY CARE	6002	CLINIC
60.04	OTHER	6003	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	OTHER NONREIMB	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.02	OTHER	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
101	TOTAL	0000	

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EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 CHARGEABLE DRUGS	C	DRUGS CHARGED TO PATIENTS	56		27,503,258
2 RECLASS HOMEBOUND NURSERY	D	NURSERY	33	2,166,086	668,727
3 RECLASS NURSERY	E	NURSERY	33	1,653,529	327,350
4 RECLASS PARAMEDIC	F	PARAMEDIC	24	514,031	448,588
5 RECLASS PASTORAL CARE	G	PASTORAL CARE	24.01	166,099	30,923
6 RECLASS BLDG DEPRECIATION	I	OLD CAP REL COSTS-BLDG & FIXT	1		10,594,441
7 RECLASS EQUIP DEPRECIATION	J	OLD CAP REL COSTS-MVBLE EQUIP	2		7,579,349
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 RECLASS EQUIP DEPRECIATION	J				
2					
3					
4					
5					
6					
7 RECLASS LAND IMPROVEMENTS	K	OLD CAP REL COSTS-BLDG & FIXT	1		366,582
8 RECLASS LEASE IMPROVEMENTS	L	OLD CAP REL COSTS-MVBLE EQUIP	2		398,745
9 RECLASS CAPITAL INTEREST	M	OLD CAP REL COSTS-BLDG & FIXT	1		37,741
10 RECLASS REMEDIATION	N	OLD CAP REL COSTS-BLDG & FIXT	1		44,147
11 RECLASS DEPR VEHICLES	O	OLD CAP REL COSTS-MVBLE EQUIP	2		10,011
12					
13					
14 RECLASS BLDG RENT	P	OLD CAP REL COSTS-BLDG & FIXT	1		1,851,773
15					
16					
17					
18					
19					
20					
21					
22					
23					
24 RECLASS NEW DEPRECIATION	Q	NEW CAP REL COSTS-BLDG & FIXT	3		10,232,212
25		NEW CAP REL COSTS-MVBLE EQUIP	4		7,565,762
26 RECLASS PHARMACY RESIDENCY	R	PHARMACY RESIDENCY	24.02	245,685	12,093
27 RECLASS MEDICAL SUPPLIES	T	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		94,875,810
28					
29					
30					
31					
32					
33					
34					
35					

RECLASSIFICATIONS

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EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
1 RECLASS MEDICAL SUPPLIES	T				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
36 TOTAL RECLASSIFICATIONS				4,745,430	162,547,512

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

RECLASSIFICATIONS

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----- DECREASE -----						A-7
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 CHARGEABLE DRUGS	C	PHARMACY	16		27,503,258	
2 RECLASS HOMEBOUND NURSERY	D	NEONATAL INTENSIVE CARE UNIT	26.01	2,166,086	668,727	
3 RECLASS NURSERY	E	ADULTS & PEDIATRICS	25	1,653,529	327,350	
4 RECLASS PARAMEDIC	F	EMERGENCY	61	514,031	448,588	
5 RECLASS PASTORAL CARE	G	OTHER ADMINISTRATIVE AND GENERAL	6.06	166,099	30,923	
6 RECLASS BLDG DEPRECIATION	I	OTHER ADMINISTRATIVE AND GENERAL	6.06		10,594,441	9
7 RECLASS EQUIP DEPRECIATION	J	EMPLOYEE BENEFITS	5		124	9
8		NONPATIENT TELEPHONES	6.01		36,927	
9		DATA PROCESSING	6.02		3,876	
10		PURCHASING RECEIVING AND STORES	6.03		135,731	
11		ADMINISTRATIVE	6.04		11,304	
12		CASHIERING/ACCOUNTS RECEIVABLE	6.05		63,049	
13		OTHER ADMINISTRATIVE AND GENERAL	6.06		479,468	
14		MAINTENANCE & REPAIRS	7		299,110	
15		HOUSEKEEPING	10		32,300	
16		DIETARY	11		42,501	
17		NURSING ADMINISTRATION	14		105,228	
18		PHARMACY	16		56,548	
19		MEDICAL RECORDS & LIBRARY	17		7,775	
20		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		902	
21		ADULTS & PEDIATRICS	25		564,550	
22		INTENSIVE CARE UNIT	26		396,013	
23		NEONATAL INTENSIVE CARE UNIT	26.01		371,420	
24		SUBPROVIDER	31		8,207	
25		SUBPROVIDER II	31.01		11,709	
26		OPERATING ROOM	37		1,848,599	
27		RECOVERY ROOM	38		690	
28		DELIVERY ROOM & LABOR ROOM	39		166,203	
29		ANESTHESIOLOGY	40		150,807	
30		RADIOLOGY-DIAGNOSTIC	41		1,772,611	
31		LABORATORY	44		6,718	
32		RESPIRATORY THERAPY	49		229,788	
33		PHYSICAL THERAPY	50		29,703	
34		OCCUPATIONAL THERAPY	51		4,720	
35		ELECTROCARDIOLOGY	53		276,799	
1 RECLASS EQUIP DEPRECIATION	J	ELECTROENCEPHALOGRAPHY	54		45,116	
2		RENAL DIALYSIS	57		83,515	
3		DEV EVALUATION	59		4,244	
4		EMERGENCY	61		270,973	
5		AMBULATORY CARE	60.03		1,685	
6		OTHER NONREIMB	96.01		60,436	
7 RECLASS LAND IMPROVEMENTS	K	OTHER ADMINISTRATIVE AND GENERAL	6.06		366,582	9
8 RECLASS LEASE IMPROVEMENTS	L	OTHER ADMINISTRATIVE AND GENERAL	6.06		398,745	11
9 RECLASS CAPITAL INTEREST	M	OTHER ADMINISTRATIVE AND GENERAL	6.06		37,741	11
10 RECLASS REMEDIATION	N	OTHER ADMINISTRATIVE AND GENERAL	6.06		44,147	11
11 RECLASS DEPR VEHICLES	O	DIETARY	11		400	9
12		OTHER ADMINISTRATIVE AND GENERAL	6.06		8,780	
13		EMERGENCY	61		831	
14 RECLASS BLDG RENT	P	EMPLOYEE BENEFITS	5		69,522	10
15		CASHIERING/ACCOUNTS RECEIVABLE	6.05		346,309	
16		OTHER ADMINISTRATIVE AND GENERAL	6.06		103,413	
17		PHARMACY	16		107,630	
18		ADULTS & PEDIATRICS	25		164,851	
19		OPERATING ROOM	37		208,604	
20		DELIVERY ROOM & LABOR ROOM	39		137,420	
21		RADIOLOGY-DIAGNOSTIC	41		442,879	
22		PHYSICAL THERAPY	50		250,333	
23		EMERGENCY	61		20,812	
24 RECLASS NEW DEPRECIATION	Q	OLD CAP REL COSTS-BLDG & FIXT	1		10,232,212	9
25		OLD CAP REL COSTS-MVBLE EQUIP	2		7,565,762	9
26 RECLASS PHARMACY RESIDENCY	R	PHARMACY	16	245,685	12,093	10
27 RECLASS MEDICAL SUPPLIES	T	EMPLOYEE BENEFITS	5		11	9
28		NONPATIENT TELEPHONES	6.01		120	
29		DATA PROCESSING	6.02		26	
30		PURCHASING RECEIVING AND STORES	6.03		12,647	
31		ADMINISTRATIVE	6.04		21,713	
32		CASHIERING/ACCOUNTS RECEIVABLE	6.05		19,323	
33		OTHER ADMINISTRATIVE AND GENERAL	6.06		13,139	
34		MAINTENANCE & REPAIRS	7		31,411	
35		LAUNDRY & LINEN SERVICE	9		1,053	

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EXPLANATION OF RECLASSIFICATION	CODE (1)	DECREASE				A-7 REF 10
		COST CENTER 1	6	LINE NO 7	SALARY 8	
1 RECLASS MEDICAL SUPPLIES	T			10		4,259
2				11		2,469
3				14		191,575
4				16		77,734
5				17		151
6				25		5,805,951
7				26		3,315,624
8				26.01		1,034,123
9				31		45,196
10				31.01		197,589
11				37		48,113,691
12				38		18,682
13				39		1,019,723
14				40		1,059,155
15				41		25,569,955
16				44		1,127
17				49		5,089,729
18				50		154,348
19				51		123,519
20				53		135,972
21				54		6,477
22				57		428,683
23				59		3,555
24				61		2,280,832
25				60.03		71,747
26				96.01		24,501
36 TOTAL RECLASSIFICATIONS						4,745,430
						162,547,512

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

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RECLASS CODE: C
EXPLANATION : CHARGEABLE DRUGS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	27,503,258
TOTAL RECLASSIFICATIONS FOR CODE C			27,503,258

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	27,503,258	
			27,503,258

RECLASS CODE: D
EXPLANATION : RECLASS HOMEBOUND NURSERY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	2,834,813
TOTAL RECLASSIFICATIONS FOR CODE D			2,834,813

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEONATAL INTENSIVE CARE UNIT	26.01	2,834,813	
			2,834,813

RECLASS CODE: E
EXPLANATION : RECLASS NURSERY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	1,980,879
TOTAL RECLASSIFICATIONS FOR CODE E			1,980,879

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	1,980,879	
			1,980,879

RECLASS CODE: F
EXPLANATION : RECLASS PARAMEDIC

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PARAMEDIC	24	962,619
TOTAL RECLASSIFICATIONS FOR CODE F			962,619

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMERGENCY	61	962,619	
			962,619

RECLASS CODE: G
EXPLANATION : RECLASS PASTORAL CARE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PASTORAL CARE	24.01	197,022
TOTAL RECLASSIFICATIONS FOR CODE G			197,022

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	197,022	
			197,022

RECLASS CODE: I
EXPLANATION : RECLASS BLDG DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	10,594,441
TOTAL RECLASSIFICATIONS FOR CODE I			10,594,441

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	10,594,441	
			10,594,441

RECLASS CODE: J
EXPLANATION : RECLASS EQUIP DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-MVBLE EQUIP	2	7,579,349
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	124	
NONPATIENT TELEPHONES	6.01	36,927	
DATA PROCESSING	6.02	3,876	
PURCHASING RECEIVING AND STORE	6.03	135,731	
ADMINISTRATIVE	6.04	11,304	
CASHIERING/ACCOUNTS RECEIVABLE	6.05	63,049	
OTHER ADMINISTRATIVE AND GENER	6.06	479,468	
MAINTENANCE & REPAIRS	7	299,110	
HOUSEKEEPING	10	32,300	
DIETARY	11	42,501	
NURSING ADMINISTRATION	14	105,228	
PHARMACY	16	56,548	
MEDICAL RECORDS & LIBRARY	17	7,775	
I&R SERVICES-OTHER PRGM COSTS	23	902	
ADULTS & PEDIATRICS	25	564,550	
INTENSIVE CARE UNIT	26	396,013	
NEONATAL INTENSIVE CARE UNIT	26.01	371,420	
SUBPROVIDER	31	8,207	
SUBPROVIDER II	31.01	11,709	
OPERATING ROOM	37	1,848,599	
RECOVERY ROOM	38	690	

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RECLASS CODE: J
EXPLANATION : RECLASS EQUIP DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
23.00			0	DELIVERY ROOM & LABOR ROOM	39	166,203	
24.00			0	ANESTHESIOLOGY	40	150,807	
25.00			0	RADIOLOGY-DIAGNOSTIC	41	1,772,611	
26.00			0	LABORATORY	44	6,718	
27.00			0	RESPIRATORY THERAPY	49	229,788	
28.00			0	PHYSICAL THERAPY	50	29,703	
29.00			0	OCCUPATIONAL THERAPY	51	4,720	
31.00			0	ELECTROCARDIOLOGY	53	276,799	
32.00			0	ELECTROENCEPHALOGRAPHY	54	45,116	
33.00			0	RENAL DIALYSIS	57	83,515	
34.00			0	DEV EVALUATION	59	4,244	
35.00			0	EMERGENCY	61	270,973	
37.00			0	AMBULATORY CARE	60.03	1,685	
39.00			0	OTHER NONREIMB	96.01	60,436	
TOTAL RECLASSIFICATIONS FOR CODE J			7,579,349	TOTAL RECLASSIFICATIONS FOR CODE J			7,579,349

RECLASS CODE: K
EXPLANATION : RECLASS LAND IMPROVEMENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	366,582	OTHER ADMINISTRATIVE AND GENER	6.06	366,582	
TOTAL RECLASSIFICATIONS FOR CODE K			366,582	TOTAL RECLASSIFICATIONS FOR CODE K			366,582

RECLASS CODE: L
EXPLANATION : RECLASS LEASE IMPROVEMENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-MVBLE EQUIP	2	398,745	OTHER ADMINISTRATIVE AND GENER	6.06	398,745	
TOTAL RECLASSIFICATIONS FOR CODE L			398,745	TOTAL RECLASSIFICATIONS FOR CODE L			398,745

RECLASS CODE: M
EXPLANATION : RECLASS CAPITAL INTEREST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	37,741	OTHER ADMINISTRATIVE AND GENER	6.06	37,741	
TOTAL RECLASSIFICATIONS FOR CODE M			37,741	TOTAL RECLASSIFICATIONS FOR CODE M			37,741

RECLASS CODE: N
EXPLANATION : RECLASS REMEDIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	44,147	OTHER ADMINISTRATIVE AND GENER	6.06	44,147	
TOTAL RECLASSIFICATIONS FOR CODE N			44,147	TOTAL RECLASSIFICATIONS FOR CODE N			44,147

RECLASS CODE: O
EXPLANATION : RECLASS DEPR VEHICLES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-MVBLE EQUIP	2	10,011	DIETARY	11	400	
2.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	8,780	
3.00			0	EMERGENCY	61	831	
TOTAL RECLASSIFICATIONS FOR CODE O			10,011	TOTAL RECLASSIFICATIONS FOR CODE O			10,011

RECLASS CODE: P
EXPLANATION : RECLASS BLDG RENT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	1,851,773	EMPLOYEE BENEFITS	5	69,522	
2.00			0	CASHIERING/ACCOUNTS RECEIVABLE	6.05	346,309	
3.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	103,413	
4.00			0	PHARMACY	16	107,630	
5.00			0	ADULTS & PEDIATRICS	25	164,851	
6.00			0	OPERATING ROOM	37	208,604	

RECLASSIFICATIONS

PROVIDER NO:
140208

PERIOD:
FROM 1/1/2009
TO 12/31/2009

PREPARED 5/24/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: P
EXPLANATION: RECLASS BLDG RENT

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
7.00			0
8.00			0
9.00			0
10.00			0
TOTAL RECLASSIFICATIONS FOR CODE P			1,851,773

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DELIVERY ROOM & LABOR ROOM	39	137,420	
RADIOLOGY-DIAGNOSTIC	41	442,879	
PHYSICAL THERAPY	50	250,333	
EMERGENCY	61	20,812	
			1,851,773

RECLASS CODE: Q
EXPLANATION: RECLASS NEW DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	10,232,212
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	7,565,762
TOTAL RECLASSIFICATIONS FOR CODE Q			17,797,974

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OLD CAP REL COSTS-BLDG & FIXT	1	10,232,212	
OLD CAP REL COSTS-MVBLE EQUIP	2	7,565,762	
			17,797,974

RECLASS CODE: R
EXPLANATION: RECLASS PHARMACY RESIDENCY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHARMACY RESIDENCY	24.02	257,778
TOTAL RECLASSIFICATIONS FOR CODE R			257,778

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	257,778	
			257,778

RECLASS CODE: T
EXPLANATION: RECLASS MEDICAL SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	94,875,810
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
26.00			0
27.00			0
28.00			0
29.00			0
30.00			0
31.00			0
32.00			0
33.00			0
34.00			0
35.00			0
TOTAL RECLASSIFICATIONS FOR CODE T			94,875,810

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	11	
NONPATIENT TELEPHONES	6.01	120	
DATA PROCESSING	6.02	26	
PURCHASING RECEIVING AND STORE	6.03	12,647	
ADMITTING	6.04	21,713	
CASHIERING/ACCOUNTS RECEIVABLE	6.05	19,323	
OTHER ADMINISTRATIVE AND GENER	6.06	13,139	
MAINTENANCE & REPAIRS	7	31,411	
LAUNDRY & LINEN SERVICE	9	1,053	
HOUSEKEEPING	10	4,259	
DIETARY	11	2,469	
NURSING ADMINISTRATION	14	191,575	
PHARMACY	16	77,734	
MEDICAL RECORDS & LIBRARY	17	151	
ADULTS & PEDIATRICS	25	5,805,951	
INTENSIVE CARE UNIT	26	3,315,624	
NEONATAL INTENSIVE CARE UNIT	26.01	1,034,123	
SUBPROVIDER	31	45,196	
SUBPROVIDER II	31.01	197,589	
OPERATING ROOM	37	48,113,691	
RECOVERY ROOM	38	18,682	
DELIVERY ROOM & LABOR ROOM	39	1,019,723	
ANESTHESIOLOGY	40	1,059,155	
RADIOLOGY-DIAGNOSTIC	41	25,569,955	
LABORATORY	44	1,127	
RESPIRATORY THERAPY	49	5,089,729	
PHYSICAL THERAPY	50	154,348	
OCCUPATIONAL THERAPY	51	123,519	
ELECTROCARDIOLOGY	53	135,972	
ELECTROENCEPHALOGRAPHY	54	6,477	
RENAL DIALYSIS	57	428,683	
DEV EVALUATION	59	3,555	
EMERGENCY	61	2,280,832	
AMBULATORY CARE	60.03	71,747	
OTHER NONREIMB	96.01	24,501	
			94,875,810

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	3,616,626					3,616,626	
2	LAND IMPROVEMENTS	3,643,095					3,643,095	2,239,288
3	BUILDINGS & FIXTURE	92,742,966					92,742,966	40,889,787
4	BUILDING IMPROVEMENTS	64,318					64,318	64,318
5	FIXED EQUIPMENT	26,793,951				8,020	26,785,931	17,235,201
6	MOVABLE EQUIPMENT	27,548					27,548	27,548
7	SUBTOTAL	126,888,504				8,020	126,880,484	60,456,142
8	RECONCILING ITEMS							
9	TOTAL	126,888,504				8,020	126,880,484	60,456,142

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	481,258					481,258	
2	LAND IMPROVEMENTS	7,836,554	1,650		1,650		7,838,204	1,115,511
3	BUILDINGS & FIXTURE	167,376,650	15,096,817		15,096,817		182,473,467	14,422,004
4	BUILDING IMPROVEMENTS	3,429,063	501,252		501,252		3,930,315	105,213
5	FIXED EQUIPMENT	110,182,069	9,195,145		9,195,145	14,870	119,362,344	71,805,402
6	MOVABLE EQUIPMENT	309,604	25,677		25,677		335,281	248,987
7	SUBTOTAL	289,615,198	24,820,541		24,820,541	14,870	314,420,869	87,697,117
8	RECONCILING ITEMS	-14,399,546	12,084,782		12,084,782		-2,314,764	
9	TOTAL	304,014,744	12,735,759		12,735,759	14,870	316,735,633	87,697,117

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL	1,245,709	1,851,773	81,888			75,959	3,255,329
2	OLD CAP REL COSTS-MV	36,406		398,745			26,330	461,481
3	NEW CAP REL COSTS-BL	10,232,212					495,735	10,727,947
4	NEW CAP REL COSTS-MV	7,565,762					3,804,722	11,370,484
5	TOTAL	19,080,089	1,851,773	480,633			4,402,746	25,815,241

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

SUMMARY OF OLD AND NEW CAPITAL

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

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 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			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-4,228,124			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-4,486,308			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	A	-10,131	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			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES	A	516,898	OLD CAP REL COSTS-BLDG &	1	9
30 DEPRECIATION-OLD MOVABLE EQUIP	A	12,808	OLD CAP REL COSTS-MVBLE E	2	9
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 REAL ESTATE TAX	A	-27,000	OTHER ADMINISTRATIVE AND	6.06	
38 BAD DEBTS	A	-50,305,000	OTHER ADMINISTRATIVE AND	6.06	
39 BAD DEBTS	A	-70,988	CASHERING/ACCOUNTS RECEIV	6.05	
40					
41					
42 MISC REV	B	-2,020	EMPLOYEE BENEFITS	5	
43					
44 OTHER ADJUSTMENTS (SPECIFY)					
45 MISC REV	B	-34,150	CASHERING/ACCOUNTS RECEIV	6.05	
46 MISC REV	B	-2,749,726	OTHER ADMINISTRATIVE AND	6.06	
47 OTHER ADJUSTMENTS (SPECIFY)					
48 MISC REV	B	-2,721,475	DIETARY	11	
49 MISC REV	B	-39,565	NURSING ADMINISTRATION	14	
49.02 MISC REV	B	-1,474,118	PHARMACY	16	
49.03 MISC REV	B	-315,828	I & R SERVICES-OTHER PRGM C	23	
49.04 MISC REV	B	-423,743	PARAMEDIC	24	
49.05 MISC REV	B	-9,278	PASTORAL CARE	24.01	
49.07 MISC REV	B	-636,421	ADULTS & PEDIATRICS	25	
49.08 MISC REV	B	-12,701	INTENSIVE CARE UNIT	26	
49.09 MISC REV	B	-140,652	NEONATAL INTENSIVE CARE U	26.01	
49.10 MISC REV	B	-1,331	SUBPROVIDER II	31.01	
49.11 MISC REV	B	-160,386	OPERATING ROOM	37	
49.12 MISC REV	B	-67,945	DELIVERY ROOM & LABOR ROO	39	
49.13 MISC REV	B	-154,120	RADIOLOGY-DIAGNOSTIC	41	
49.14 MISC REV	B	-614,256	LABORATORY	44	
49.15 MISC REV	B	3,970	RESPIRATORY THERAPY	49	
49.16 MISC REV	B	-193,159	PHYSICAL THERAPY	50	
49.17 MISC REV	B	-261	OCCUPATIONAL THERAPY	51	
49.18 MISC REV	B	-7,581	ELECTROCARDIOLOGY	53	
49.21 MISC REV	B	-1,152,185	EMERGENCY	61	
49.22 MISC REV	B	-60,491	AMBULATORY CARE	60.03	
49.24 NONALLOWABLE COSTS	A	-4,216	EMPLOYEE BENEFITS	5	
49.26					
49.27					
49.28 NONALLOWABLE COSTS	A	-3,493,197	OTHER ADMINISTRATIVE AND	6.06	
49.31 NONALLOWABLE COSTS	A	-4,089	MAINTENANCE & REPAIRS	7	
49.32 NONALLOWABLE COSTS	A	-1,026	DIETARY	11	
49.33 NONALLOWABLE COSTS	A	-3,441	NURSING ADMINISTRATION	14	
49.36 NONALLOWABLE COSTS	A	-2,361	PHARMACY	16	
49.37					
49.38 NONALLOWABLE COSTS	A	-2	MEDICAL RECORDS & LIBRARY	17	
49.39 NONALLOWABLE COSTS	A	-54,052	I & R SERVICES-OTHER PRGM C	23	
49.40 NONALLOWABLE COSTS	A	-11,041	PARAMEDIC	24	
49.41 NONALLOWABLE COSTS	A	-64,512	ADULTS & PEDIATRICS	25	
49.43 NONALLOWABLE COSTS	A	-2,352	INTENSIVE CARE UNIT	26	
49.44					
49.45 NONALLOWABLE COSTS	A	-7,399	SUBPROVIDER II	31.01	
49.46 NONALLOWABLE COSTS	A	-2,142	OPERATING ROOM	37	
49.49 NONALLOWABLE COSTS	A	-290	RADIOLOGY-DIAGNOSTIC	41	

ADJUSTMENTS TO EXPENSES

PROVIDER NO:
14-0208

PERIOD:
FROM 1/ 1/2009
TO 12/31/2009

PREPARED 5/24/2010
WORKSHEET A-8

DESCRIPTION (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
49.50 NONALLOWABLE COSTS	A	-63,371	LABORATORY	44	
49.51 NONALLOWABLE COSTS	A	-1,255	RESPIRATORY THERAPY	49	
49.52 NONALLOWABLE COSTS	A	-2,905	PHYSICAL THERAPY	50	
49.53 NONALLOWABLE COSTS	A	-5,276	OCCUPATIONAL THERAPY	51	
49.54 NONALLOWABLE COSTS	A	-210	ELECTROCARDIOLOGY	53	
49.57					
49.58 NONALLOWABLE COSTS	A	-857	EMERGENCY	61	
49.59					
49.60 NONALLOWABLE COSTS	A	-75	AMBULATORY CARE	60.03	
49.61					
49.62 NONREIMB PHYSICIAN FEES	A	-1,582	CASHIERING/ACCOUNTS RECEIV	6.05	
49.63 NONREIMB PHYSICIAN FEES	A	-18,957,932	OTHER ADMINISTRATIVE AND	6.06	
49.64 ADJUST SPEECH TO O	A	-250	SPEECH PATHOLOGY	52	
49.65 ELIMINATE P/R AND MARKETING	A	-3,341,142	OTHER ADMINISTRATIVE AND	6.06	
49.66 INTEREST OFFSET	A	-4,800,882	OTHER ADMINISTRATIVE AND	6.06	
49.67 ELIMINATE MEDI CAID ASSESSMENT	A	-25,324,059	OTHER ADMINISTRATIVE AND	6.06	
49.68					
49.69					
49.70					
49.71 NONALLOWABLE AHA/IHA	A	-54,760	OTHER ADMINISTRATIVE AND	6.06	
49.72					
50 TOTAL (SUM OF LINES 1 THRU 49)		-125,769,943			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	5	EMPLOYEE BENEFITS PERSONNEL	10,334,856		10,334,856	
2	6 2	DATA PROCESSING DATA PROCESSING	9,050,791	19,628,139	-10,577,348	
3	6 6	OTHER ADMINISTRATIVE AND A&G	15,855,948	24,502,510	-8,646,562	
4	1	OLD CAP REL COSTS-BLDG & OLD CAP. -B&F	75,959		75,959	14
4.01	3	NEW CAP REL COSTS-BLDG & NEW CAP. -B&F	495,735		495,735	14
4.02	2	OLD CAP REL COSTS-MVBLE E OLD CAP. -M. E.	26,330		26,330	14
4.03	4	NEW CAP REL COSTS-MVBLE E NEW CAP. -M. E.	3,804,722		3,804,722	14
5		TOTALS	39,644,341	44,130,649	-4,486,308	

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0208
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED: 5/24/2010
 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	23	AGGREGATE	1,972,218	1,972,218				
2	25	AGGREGATE	815,070	815,070	177,200			
3	26	AGGREGATE	289,463	289,463	177,200			
4	26	1 AGGREGATE	250,000	250,000	177,200			
5	31	AGGREGATE	97,158	97,158	154,100			
6	31	1 AGGREGATE	412,352	412,352	208,000			
7	37	AGGREGATE	115,363	115,363	208,000			
9	41	AGGREGATE	1,500	1,500	225,300			
14	49	AGGREGATE	150,000	150,000	177,200			
15	50	AGGREGATE	125,000	125,000	177,200			
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL	4,228,124	4,228,124				

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	23	AGGREGATE						1,972,218
2	25	AGGREGATE						815,070
3	26	AGGREGATE						289,463
4	26	1 AGGREGATE						250,000
5	31	AGGREGATE						97,158
6	31	1 AGGREGATE						412,352
7	37	AGGREGATE						115,363
9	41	AGGREGATE						1,500
14	49	AGGREGATE						150,000
15	50	AGGREGATE						125,000
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL						4,228,124

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	NONPATIENT TELEPHONES 6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	3,255,329	3,255,329					
003 OLD CAP REL COSTS-MVBLE E	461,481		461,481				
004 NEW CAP REL COSTS-BLDG &	10,727,947			10,727,947			
005 NEW CAP REL COSTS-MVBLE E	11,370,484				11,370,484		
006 EMPLOYEE BENEFITS	68,431,416	47,447	47	7,254	3,814	68,489,978	
006 01 NONPATIENT TELEPHONES	1,981,430	11,232	85	17,656	144,054	135,958	2,290,415
006 02 DATA PROCESSING	11,485,280	12,090	348,078	88,710	5,699		24,920
006 03 PURCHASING RECEIVING AND	4,128,248	63,321	353	15,050	15,795	351,489	24,920
006 04 ADMINISTRATION	1,166,147	19,141				244,564	19,257
006 05 CASHIERING/ACCOUNTS RECEIV	13,008,703	60,048	845	25,398	129,488	1,321,304	126,868
006 06 OTHER ADMINISTRATIVE AND	65,051,897	211,069	4,388	2,983,953	927,919	5,022,699	203,895
007 MAINTENANCE & REPAIRS	22,760,610	191,163	37,270	3,668,492	342,010	818,801	115,540
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	3,191,438			4,677			
010 HOUSEKEEPING	8,593,960	15,755	282	256	30,555	1,460,360	14,726
011 DIETARY	6,400,837	123,710	3,084	12,334	46,717	1,185,380	49,841
012 CAFETERIA							
014 NURSING ADMINISTRATION	1,645,568	10,765	634	207,856	202,211	343,188	30,584
016 PHARMACY	9,434,709	22,831	54	48,352	20,253	2,006,152	37,381
017 MEDICAL RECORDS & LIBRARY	6,150,032	30,322	63	54,180	27,927	768,847	58,903
018 SOCIAL SERVICE	1,841,050	9,564				381,206	20,389
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI	12,429,418					3,044,524	
023 I&R SERVICES-OTHER PRGM C	8,624,834	18,176	566	880	3,825		64,567
024 PARAMEDIC	527,835	1,133	579	765	82,914	125,909	13,593
024 01 PASTORAL CARE	187,744	4,686	45	177	496	40,685	5,664
024 02 PHARMACY RESIDENCY	257,778					60,179	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	84,983,216	948,688	13,237	925,661	709,428	18,538,831	391,929
026 INTENSIVE CARE UNIT	30,595,788	124,009	1,792	151,984	586,444	6,203,941	43,044
026 01 NEONATAL INTENSIVE CARE U	6,765,954	13,690	109	8,457	115,992	1,602,517	36,248
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	4,830,012	228,834	857	64,652	45,718	1,100,405	83,823
031 01 SUBPROVIDER II	5,348,714	46,401	2,050	69,913	18,685	1,183,743	26,053
033 NURSERY	4,815,692	25,114		116,080	183,329	935,596	41,912
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	29,540,173	188,170	29,847	65,091	1,293,816	5,178,322	151,788
038 RECOVERY ROOM	2,225,873	23,098				492,383	9,062
039 DELIVERY ROOM & LABOR ROO	7,136,250	144,836	52	57,000	268,239	1,532,442	28,319
040 ANESTHESIOLOGY	1,165,440	778	366		60,152	151,120	
041 RADIOLOGY-DIAGNOSTIC	26,635,815	225,710	2,345	1,826,010	5,088,749	4,608,429	177,841
044 LABORATORY	30,198,671	100,531		108,640	1,829	58,184	103,080
046 WHOLE BLOOD & PACKED RED	4,622,859	8,674		1,764			9,062
049 RESPIRATORY THERAPY	11,951,015	17,541	435	6,799	289,859	2,628,284	29,451
050 PHYSICAL THERAPY	3,982,820	44,298	711	71,911	28,816	787,277	23,788
051 OCCUPATIONAL THERAPY	3,907,332	31,586	32	177	3,424	876,086	54,372
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	4,625,289	27,715	91	15,348	304,744	979,042	41,912
054 ELECTROENCEPHALOGRAPHY	373,569	3,721			20,460	82,162	5,664
055 MEDICAL SUPPLIES CHARGED	94,875,810			5,537			
056 DRUGS CHARGED TO PATIENTS	27,503,258						
057 RENAL DIALYSIS	1,502,527	442		3,133	39,782	305,436	
059 DEV EVALUATION	1,023,132	27,454		1,595	1,401	224,889	27,186
059 01 OTHER							
060 OUTPAT SERVICE COST CNTRS							
060 01 FAMILY PRACTICES							
060 02 WOMEN'S HEALTH CENTER							
060 03 AMBULATORY CARE	1,348,749	78,777	29	2,262	45,963	289,463	55,505
060 04 OTHER							
061 EMERGENCY	15,104,110	40,751	12,579	70,994	272,709	3,129,021	113,275
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	678,176,243	3,203,271	460,905	10,708,998	11,363,216	68,198,818	2,264,362
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	301	13,204		132	77		
096 01 OTHER NONREIMB	2,930,525	38,854	576	18,817	7,191	291,160	26,053
096 02 OTHER							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	681,107,069	3,255,329	461,481	10,727,947	11,370,484	68,489,978	2,290,415

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIV	SUBTOTAL	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS
	6.02	6.03	6.04	6.05		6a.05	6.06
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	11,964,777						
006 03 PURCHASING RECEIVING AND		4,599,176					
006 04 ADMINISTRATIVE		2,769	1,451,878				
006 05 CASHIERING/ACCOUNTS RECEIV		5,614		14,678,268			
006 06 OTHER ADMINISTRATIVE AND		61,442			74,467,262	74,467,262	
007 MAINTENANCE & REPAIRS		39,385			27,973,271	3,433,831	31,407,102
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE		77			3,196,192	392,345	87,959
010 HOUSEKEEPING		26,261			10,142,155	1,244,990	421,517
011 DIETARY		221,960			8,043,863	987,416	1,221,897
012 CAFETERIA							
014 NURSING ADMINISTRATION		10,731			2,451,537	300,936	230,155
016 PHARMACY		8,958			11,578,690	1,421,331	522,128
017 MEDICAL RECORDS & LIBRARY		2,573			7,092,847	870,675	234,481
018 SOCIAL SERVICE		199			2,252,408	276,492	54,748
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI					15,473,942	1,899,488	
023 I&R SERVICES-OTHER PRGM C		7,365			8,720,213	1,070,441	401,423
024 PARAMEDIC		3,087			755,815	92,779	43,584
024 01 PASTORAL CARE		89			239,586	29,410	28,514
024 02 PHARMACY RESIDENCY					317,957	39,030	3,489
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,476,555	288,225	221,863	1,811,506	110,309,139	13,540,688	10,620,394
026 INTENSIVE CARE UNIT	605,111	154,122	98,042	742,378	39,306,655	4,825,049	2,184,008
026 01 NEONATAL INTENSIVE CARE U	152,062	32,016	24,639	186,557	8,938,241	1,097,205	108,007
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	82,577	3,433	12,821	101,309	6,554,441	804,584	870,431
031 01 SUBPROVIDER II	91,366	10,395	14,804	112,092	6,924,216	849,975	709,443
033 NURSERY	74,407	21,595	12,056	91,285	6,317,066	775,445	281,042
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,302,899	2,083,596	138,857	1,598,457	41,571,016	5,103,008	3,211,473
038 RECOVERY ROOM	92,945	1,321	6,363	114,029	2,965,074	363,975	453,659
039 DELIVERY ROOM & LABOR ROO	166,263	46,613	20,616	203,979	9,604,609	1,179,004	1,230,734
040 ANESTHESIOLOGY	234,874	45,056	23,534	288,154	1,969,474	241,761	90,657
041 RADIOLOGY-DIAGNOSTIC	1,651,228	1,096,453	141,619	2,025,131	43,479,330	5,337,262	3,038,066
044 LABORATORY	1,029,886	4,408	118,981	1,263,512	32,987,722	4,049,375	806,566
046 WHOLE BLOOD & PACKED RED	157,622		21,689	193,378	5,015,048	615,617	30,700
049 RESPIRATORY THERAPY	654,677	215,602	102,499	803,188	16,699,350	2,049,912	156,150
050 PHYSICAL THERAPY	89,368	8,640	9,362	109,641	5,156,632	632,997	281,228
051 OCCUPATIONAL THERAPY	85,385	5,966	8,526	104,754	5,077,640	623,301	251,505
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	271,260	8,610	27,852	332,794	6,634,657	814,431	326,069
054 ELECTROENCEPHALOGRAPHY	16,041	650	1,410	19,680	523,357	64,244	13,257
055 MEDICAL SUPPLIES CHARGED	1,248,936		168,753	1,532,253	97,831,289	12,009,182	762,703
056 DRUGS CHARGED TO PATIENTS	1,534,473		210,978	1,882,562	31,131,271	3,821,488	
057 RENAL DIALYSIS	38,579	19,510	6,220	47,330	1,962,959	240,961	4,233
059 DEV EVALUATION	15,835	1,360	1,099	19,427	1,343,378	164,905	241,923
059 01 OTHER							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 FAMILY PRACTICES							
060 02 WOMEN'S HEALTH CENTER							
060 03 AMBULATORY CARE	30,811	5,900	117	37,800	1,895,376	232,665	432,541
060 04 OTHER							
061 EMERGENCY	852,877	131,252	59,178	1,046,349	20,833,095	2,557,346	1,429,678
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	11,956,037	4,575,233	1,451,878	14,667,545	677,736,773	74,053,544	30,784,362
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		1			13,715	1,684	96,565
096 01 OTHER NONREIMB	8,740	23,942		10,723	3,356,581	412,034	526,175
096 02 OTHER							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	11,964,777	4,599,176	1,451,878	14,678,268	681,107,069	74,467,262	31,407,102

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY
	8	9	10	11	12	14	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 ADMINITTING						
006	05 CASHIERING/ACCOUNTS RECEIV						
006	06 OTHER ADMINISTRATION AND						
007	MAINTENANCE & REPAIRS						
008	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVICE	3,676,496					
010	HOUSEKEEPING		11,808,662				
011	DIETARY		552,430	10,805,606			
012	CAFETERIA			5,148,299	5,148,299		
014	NURSING ADMINISTRATION		132,524			3,141,352	
016	PHARMACY		131,509			136,822	13,790,790
017	MEDICAL RECORDS & LIBRARY		95,756			96,067	328
018	SOCIAL SERVICE		16,918			36,389	
020	NONPHYSICIAN ANESTHETISTS						
022	I&R SERVICES-SALARY & FRI						
023	I&R SERVICES-OTHER PRGM C		121,922		218,333	2,400	339
024	PARAMEDIC	13,196	87,410		11,644	366	458
024	01 PASTORAL CARE		9,925		4,367		
024	02 PHARMACY RESIDENCY		451		5,822		
025	INPAT ROUTINE SRVC CNTRS						
026	ADULTS & PEDIATRICS	1,893,673	2,025,652	4,205,425	1,748,121	1,507,641	305,447
026	INTENSIVE CARE UNIT	418,330	827,855	818,564	510,900	490,295	147,305
026	01 NEONATAL INTENSIVE CARE U	38,099	27,294		113,533	111,640	32,036
027	CORONARY CARE UNIT						
028	BURN INTENSIVE CARE UNIT						
029	SURGICAL INTENSIVE CARE U						
031	SUBPROVIDER	55,846	159,368	291,067	96,067	96,391	809
031	01 SUBPROVIDER II	74,082	125,757	342,251	109,167	96,332	4,308
033	NURSERY	34,376	93,049		93,156	103,074	16,918
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM	93,932	447,538		468,689	248,277	165,507
038	RECOVERY ROOM				37,844	41,198	603
039	DELIVERY ROOM & LABOR ROO	80,989	29,212		147,011	160,714	34,768
040	ANESTHESIOLOGY		5,865		17,467	13,008	37,388
041	RADIOLOGY-DIAGNOSTIC	466,614	1,682,327		384,267	128,952	38,148
044	LABORATORY	24,862	412,348		2,911		
046	WHOLE BLOOD & PACKED RED		24,926				
049	RESPIRATORY THERAPY		133,314		250,356	3,666	995
050	PHYSICAL THERAPY	84,447	205,497		71,322		174
051	OCCUPATIONAL THERAPY		293,697		84,422	3	257
052	SPEECH PATHOLOGY						
053	ELECTROCARDIOLOGY	35,475	124,178		94,611	79,731	6,522
054	ELECTROENCEPHALOGRAPHY	28,135	28,986		8,733	5,997	
055	MEDICAL SUPPLIES CHARGED		725,670				
056	DRUGS CHARGED TO PATIENTS						12,769,964
057	RENAL DIALYSIS		16,580		23,289	22,085	819
059	DEV EVALUATION		69,928		18,922	69	
059	01 OTHER						
060	OUTPAT SERVICE COST CNTRS						
060	CLINIC						
060	01 FAMILY PRACTICES						
060	02 WOMEN'S HEALTH CENTER						
060	03 AMBULATORY CARE	76,296	224,220		23,289	18,959	21,285
060	04 OTHER						
061	EMERGENCY	258,144	1,439,159		285,289	9,059	205,961
062	OBSERVATION BEDS (NON-DIS						
062	SPEC PURPOSE COST CENTERS						
095	SUBTOTALS	3,676,496	10,271,265	10,805,606	5,125,010	3,141,352	13,790,339
096	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP		45,115				
096	01 OTHER NONREIMB		1,492,282		23,289		451
096	02 OTHER						
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	TOTAL	3,676,496	11,808,662	10,805,606	5,148,299	3,141,352	13,790,790

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	NONPHYSICIAN ANESTHETISTS	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	SUBTOTAL
	17	18	19a.00	20	22	23	23a.00
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 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEIV							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	8,390,154						
018 SOCIAL SERVICE	6,385	2,644,525					
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI			17,373,430		17,373,430		
023 I&R SERVICES-OTHER PRGM C			10,535,071			10,535,071	
024 PARAMEDIC			1,005,252				1,005,252
024 01 PASTORAL CARE			311,802				311,802
024 02 PHARMACY RESIDENCY			366,749				366,749
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	2,899,519	2,107,106	151,162,805		7,427,937	4,504,226	163,094,968
026 INTENSIVE CARE UNIT	12,253	401,399	49,942,613		1,826,518	1,107,582	52,876,713
026 01 NEONATAL INTENSIVE CARE U	535,343	136,020	11,137,418				11,137,418
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	396,244		9,325,248		1,434	869	9,327,551
031 01 SUBPROVIDER II	418,852		9,654,383				9,654,383
033 NURSERY	99,061		7,813,187				7,813,187
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,008,731		52,318,171		1,918,274	1,163,222	55,399,667
038 RECOVERY ROOM	42,110		3,904,463				3,904,463
039 DELIVERY ROOM & LABOR ROO	66,271		12,533,312		861,646	522,494	13,917,452
040 ANESTHESIOLOGY	27,785		2,403,405				2,403,405
041 RADIOLOGY-DIAGNOSTIC	868,078		55,423,044		507,526	307,758	56,238,328
044 LABORATORY	305,985		38,589,769		838,707	508,584	39,937,060
046 WHOLE BLOOD & PACKED RED	20,364		5,706,655				5,706,655
049 RESPIRATORY THERAPY	101,995		19,395,738				19,395,738
050 PHYSICAL THERAPY	73,519		6,505,816		11,470	6,955	6,524,241
051 OCCUPATIONAL THERAPY	46,942		6,377,767				6,377,767
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	505,832		8,621,506		143,369	86,937	8,851,812
054 ELECTROENCEPHALOGRAPHY	5,005		677,714				677,714
055 MEDICAL SUPPLIES CHARGED			111,328,844				111,328,844
056 DRUGS CHARGED TO PATIENTS	94,056		47,816,779				47,816,779
057 RENAL DIALYSIS	2,761		2,273,687				2,273,687
059 DEV EVALUATION			1,839,125				1,839,125
059 01 OTHER							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 FAMILY PRACTICES							
060 02 WOMEN'S HEALTH CENTER							
060 03 AMBULATORY CARE	1,208		2,925,839		1,362,004	825,905	5,113,748
060 04 OTHER							
061 EMERGENCY	851,855		27,869,586		2,474,545	1,500,539	31,844,670
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	8,390,154	2,644,525	675,139,178		17,373,430	10,535,071	675,139,178
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			157,079				157,079
096 01 OTHER NONREIMB			5,810,812				5,810,812
096 02 OTHER							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	8,390,154	2,644,525	681,107,069		17,373,430	10,535,071	681,107,069

COST CENTER DESCRIPTION	PARAMEDIC	PASTORAL CARE	SUBTOTAL	PHARMACY RESIDENCY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	24	24.01	24a.01	24.02	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 RECEIV							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDIC	1,005,252						
024 01 PASTORAL CARE	461	312,263					
024 02 PHARMACY RESIDENCY	542		367,291	367,291			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	241,117	210,712	163,546,797	88,006	163,634,803	-11,932,163	151,702,640
026 INTENSIVE CARE UNIT	78,152	40,141	52,995,006	28,617	53,023,623	-2,934,100	50,089,523
026 01 NEONATAL INTENSIVE CARE U	16,461	13,600	11,167,479	6,030	11,173,509		11,173,509
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	13,786	14,273	9,355,610	5,052	9,360,662	-2,303	9,358,359
031 01 SUBPROVIDER II	14,269	16,783	9,685,435	5,230	9,690,665		9,690,665
033 NURSERY	11,548	16,754	7,841,489	4,234	7,845,723		7,845,723
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	81,881		55,481,548	29,960	55,511,508	-3,081,496	52,430,012
038 RECOVERY ROOM	5,771		3,910,234	2,112	3,912,346		3,912,346
039 DELIVERY ROOM & LABOR ROO	20,570		13,938,022	7,527	13,945,549	-1,384,140	12,561,409
040 ANESTHESIOLOGY	3,552		2,406,957	1,300	2,408,257		2,408,257
041 RADIOLOGY-DIAGNOSTIC	83,120		56,321,448	30,414	56,351,862	-815,284	55,536,578
044 LABORATORY	59,027		39,996,087	21,598	40,017,685	-1,347,291	38,670,394
046 WHOLE BLOOD & PACKED RED	8,434		5,715,089	3,086	5,718,175		5,718,175
049 RESPIRATORY THERAPY	28,667		19,424,405	10,489	19,434,894		19,434,894
050 PHYSICAL THERAPY	9,643		6,533,884	3,528	6,537,412	-18,425	6,518,987
051 OCCUPATIONAL THERAPY	9,426		6,387,193	3,449	6,390,642		6,390,642
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	13,083		8,864,895	4,787	8,869,682	-230,306	8,639,376
054 ELECTROENCEPHALOGRAPHY	1,002		678,716	367	679,083		679,083
055 MEDICAL SUPPLIES CHARGED	164,544		111,493,388	60,206	111,553,594		111,553,594
056 DRUGS CHARGED TO PATIENTS	70,673		47,887,452	25,859	47,913,311		47,913,311
057 RENAL DIALYSIS	3,361		2,277,048	1,230	2,278,278		2,278,278
059 DEV EVALUATION	2,718		1,841,843	995	1,842,838		1,842,838
059 01 OTHER							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 FAMILY PRACTICES							
060 02 WOMEN'S HEALTH CENTER							
060 03 AMBULATORY CARE	7,558		5,121,306	2,766	5,124,072	-2,187,909	2,936,163
060 04 OTHER							
061 EMERGENCY	47,066		31,891,736	17,222	31,908,958	-3,975,084	27,933,874
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	996,432	312,263	675,130,358	364,064	675,127,131	-27,908,501	647,218,630
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	232		157,311	85	157,396		157,396
096 01 OTHER NONREIMB	8,588		5,819,400	3,142	5,822,542		5,822,542
096 02 OTHER							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,005,252	312,263	681,107,069	367,291	681,107,069	-27,908,501	653,198,568

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 PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD 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		47,447	47			47,494	47,494
006 01 NONPATIENT TELEPHONES		11,232	85			11,317	94
006 02 DATA PROCESSING		12,090	348,078			360,168	
006 03 PURCHASING RECEIVING AND		63,321	353			63,674	244
006 04 ADMINISTRATION		19,141				19,141	170
006 05 CASHIERING/ACCOUNTS RECEIV		60,048	845			60,893	917
006 06 OTHER ADMINISTRATION AND		211,069	4,388			215,457	3,486
007 MAINTENANCE & REPAIRS		191,163	37,270			228,433	568
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING		15,755	282			16,037	1,014
011 DIETARY		123,710	3,084			126,794	823
012 CAFETERIA							
014 NURSING ADMINISTRATION		10,765	634			11,399	238
016 PHARMACY		22,831	54			22,885	1,392
017 MEDICAL RECORDS & LIBRARY		30,322	63			30,385	534
018 SOCIAL SERVICE		9,564				9,564	265
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							2,113
023 I&R SERVICES-OTHER PRGM C		18,176	566			18,742	
024 PARAMEDIC		1,133	579			1,712	87
024 01 PASTORAL CARE		4,686	45			4,731	28
024 02 PHARMACY RESIDENCY							42
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		948,688	13,237			961,925	12,826
026 INTENSIVE CARE UNIT		124,009	1,792			125,801	4,306
026 01 NEONATAL INTENSIVE CARE U		13,690	109			13,799	1,112
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		228,834	857			229,691	764
031 01 SUBPROVIDER II		46,401	2,050			48,451	822
033 NURSERY		25,114				25,114	649
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		188,170	29,847			218,017	3,594
038 RECOVERY ROOM		23,098				23,098	342
039 DELIVERY ROOM & LABOR ROO		144,836	52			144,888	1,064
040 ANESTHESIOLOGY		778	366			1,144	105
041 RADIOLOGY-DIAGNOSTIC		225,710	2,345			228,055	3,198
044 LABORATORY		100,531				100,531	40
046 WHOLE BLOOD & PACKED RED		8,674				8,674	
049 RESPIRATORY THERAPY		17,541	435			17,976	1,824
050 PHYSICAL THERAPY		44,298	711			45,009	546
051 OCCUPATIONAL THERAPY		31,586	32			31,618	608
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		27,715	91			27,806	679
054 ELECTROENCEPHALOGRAPHY		3,721				3,721	57
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS		442				442	212
059 DEV EVALUATION		27,454				27,454	156
059 01 OTHER							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 FAMILY PRACTICES							
060 02 WOMEN'S HEALTH CENTER							
060 03 AMBULATORY CARE		78,777	29			78,806	201
060 04 OTHER							
061 EMERGENCY		40,751	12,579			53,330	2,172
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		3,203,271	460,905			3,664,176	47,292
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		13,204				13,204	
096 01 OTHER NONREIMB		38,854	576			39,430	202
096 02 OTHER							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		3,255,329	461,481			3,716,810	47,494

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 PART II

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	11,411						
006 02 DATA PROCESSING	124	360,292					
006 03 PURCHASING RECEIVING AND	124		64,042				
006 04 ADMINISTRATIVE	96		39	19,446			
006 05 CASHIERING/ACCOUNTS RECEIV	632		78		62,520		
006 06 OTHER ADMINISTRATIVE AND	1,016		855			220,814	
007 MAINTENANCE & REPAIRS	576		548			10,182	240,307
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE			1			1,163	673
010 HOUSEKEEPING	73		366			3,692	3,225
011 DIETARY	248		3,090			2,928	9,349
012 CAFETERIA							
014 NURSING ADMINISTRATION	152		149			892	1,761
016 PHARMACY	186		125			4,215	3,995
017 MEDICAL RECORDS & LIBRARY	293		36			2,582	1,794
018 SOCIAL SERVICE	102		3			820	419
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI						5,633	
023 I&R SERVICES-OTHER PRGM C	322		103			3,174	3,071
024 PARAMEDIC	68		43			275	333
024 01 PASTORAL CARE	28		1			87	218
024 02 PHARMACY RESIDENCY						116	27
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,952	44,451	4,013	3,317	7,844	40,148	81,262
026 INTENSIVE CARE UNIT	214	18,217	2,146	1,286	3,215	14,308	16,711
026 01 NEONATAL INTENSIVE CARE U	181	4,578	446	323	808	3,254	826
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	418	2,486	48	168	439	2,386	6,660
031 01 SUBPROVIDER II	130	2,751	145	194	485	2,520	5,428
033 NURSERY	209	2,240	301	158	395	2,299	2,150
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	756	39,223	29,019	1,821	6,922	15,132	24,572
038 RECOVERY ROOM	45	2,798	18	83	494	1,079	3,471
039 DELIVERY ROOM & LABOR ROO	141	5,005	649	270	883	3,496	9,417
040 ANESTHESIOLOGY		7,071	627	309	1,248	717	694
041 RADIOLOGY-DIAGNOSTIC	886	49,807	15,265	1,857	7,729	15,826	23,245
044 LABORATORY	514	31,004	61	1,560	5,471	12,008	6,171
046 WHOLE BLOOD & PACKED RED	45	4,745		284	837	1,825	235
049 RESPIRATORY THERAPY	147	19,709	3,002	1,344	3,478	6,079	1,195
050 PHYSICAL THERAPY	119	2,690	120	123	475	1,877	2,152
051 OCCUPATIONAL THERAPY	271	2,570	83	112	454	1,848	1,924
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	209	8,166	120	365	1,441	2,415	2,495
054 ELECTROENCEPHALOGRAPHY	28	483	9	18	85	191	101
055 MEDICAL SUPPLIES CHARGED		37,599		2,213	6,635	35,611	5,836
056 DRUGS CHARGED TO PATIENTS		46,195		2,767	8,152	11,332	
057 RENAL DIALYSIS		1,161	272	82	205	715	32
059 DEV EVALUATION	135	477	19	14	84	489	1,851
059 01 OTHER							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 FAMILY PRACTICES							
060 02 WOMEN'S HEALTH CENTER							
060 03 AMBULATORY CARE	277	928	82	2	164	690	3,310
060 04 OTHER							
061 EMERGENCY	564	25,675	1,827	776	4,531	7,583	10,939
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	11,281	360,029	63,709	19,446	62,474	219,587	235,542
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						5	739
096 01 OTHER NONREIMB	130	263	333		46	1,222	4,026
096 02 OTHER							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	11,411	360,292	64,042	19,446	62,520	220,814	240,307

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 PART II

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY
	8	9	10	11	12	14	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 RECEIV							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE		1,837					
010 HOUSEKEEPING			24,407				
011 DIETARY			1,142	144,374			
012 CAFETERIA				68,786	68,786		
014 NURSING ADMINISTRATION			274			15,215	
016 PHARMACY			272		1,828	2	34,900
017 MEDICAL RECORDS & LIBRARY			198		1,284		1
018 SOCIAL SERVICE			35		486	6	
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C			252		2,917	12	1
024 PARAMEDIC		7	181		156	2	1
024 01 PASTORAL CARE			21		58		
024 02 PHARMACY RESIDENCY			1		78		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		947	4,186	56,189	23,355	7,300	773
026 INTENSIVE CARE UNIT		209	1,711	10,937	6,826	2,375	373
026 01 NEONATAL INTENSIVE CARE U		19	56		1,517	541	81
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		28	329	3,889	1,284	467	2
031 01 SUBPROVIDER II		37	260	4,573	1,459	467	11
033 NURSERY		17	192		1,245	499	43
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		47	925		6,262	1,202	419
038 RECOVERY ROOM					506	200	2
039 DELIVERY ROOM & LABOR ROO		40	60		1,964	778	88
040 ANESTHESIOLOGY			12		233	63	95
041 RADIOLOGY-DIAGNOSTIC		233	3,477		5,134	625	97
044 LABORATORY		12	852		39		
046 WHOLE BLOOD & PACKED RED			52				
049 RESPIRATORY THERAPY			276		3,345	18	3
050 PHYSICAL THERAPY		42	425		953		
051 OCCUPATIONAL THERAPY			607		1,128		1
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		18	257		1,264	386	17
054 ELECTROENCEPHALOGRAPHY		14	60		117	29	
055 MEDICAL SUPPLIES CHARGED			1,500				
056 DRUGS CHARGED TO PATIENTS							32,314
057 RENAL DIALYSIS			34		311	107	2
059 DEV EVALUATION			145		253		
059 01 OTHER							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 FAMILY PRACTICES							
060 02 WOMEN'S HEALTH CENTER							
060 03 AMBULATORY CARE		38	463		311	92	54
060 04 OTHER							
061 EMERGENCY		129	2,975		3,812	44	521
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		1,837	21,230	144,374	68,475	15,215	34,899
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			93				
096 01 OTHER NONREIMB			3,084		311		1
096 02 OTHER							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		1,837	24,407	144,374	68,786	15,215	34,900

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 PART 11

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMEDIC	PASTORAL CARE
	17	18	20	22	23	24	24.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
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 RECEIV							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	37,107						
018 SOCIAL SERVICE	28	11,728					
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI				7,746			
023 I&R SERVICES-OTHER PRGM C					28,594		
024 PARAMEDIC						2,865	
024 01 PASTORAL CARE						1	5,173
024 02 PHARMACY RESIDENCY						1	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	12,827	9,345					
026 INTENSIVE CARE UNIT	54	1,780					
026 01 NEONATAL INTENSIVE CARE U	2,368	603					
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	1,752						
031 01 SUBPROVIDER II	1,852						
033 NURSERY	438						
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	4,461						
039 RECOVERY ROOM	186						
040 DELIVERY ROOM & LABOR ROO	293						
041 ANESTHESIOLOGY	123						
044 RADIOLOGY-DIAGNOSTIC	3,839						
046 LABORATORY	1,353						
049 WHOLE BLOOD & PACKED RED	90						
050 RESPIRATORY THERAPY	451						
051 PHYSICAL THERAPY	325						
052 OCCUPATIONAL THERAPY	208						
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY	2,237						
055 ELECTROENCEPHALOGRAPHY	22						
056 MEDICAL SUPPLIES CHARGED							
057 DRUGS CHARGED TO PATIENTS	416						
059 RENAL DIALYSIS	12						
059 01 DEV EVALUATION							
060 OTHER							
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 02 FAMILY PRACTICES							
060 03 WOMEN'S HEALTH CENTER							
060 04 AMBULATORY CARE	5						
061 OTHER							
062 EMERGENCY	3,767						
095 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS SUBTOTALS	37,107	11,728				2	
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							
096 02 OTHER NONREIMB							
101 CROSS FOOT ADJUSTMENTS				7,746	28,594	2,863	5,173
102 NEGATIVE COST CENTER							
103 TOTAL	37,107	11,728		7,746	28,594	2,865	5,173

ALLOCATION OF OLD CAPITAL RELATED COSTS

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 PART II

	PHARMACY RESI DENCY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24.02	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 RECEIV			
006	06 OTHER ADMINISTRATIVE AND			
007	MAINTENANCE & REPAIRS			
008	OPERATION OF PLANT			
009	LAUNDRY & LINEN SERVICE			
010	HOUSEKEEPING			
011	DIETARY			
012	CAFETERIA			
014	NURSING ADMINISTRATION			
016	PHARMACY			
017	MEDICAL RECORDS & LIBRARY			
018	SOCIAL SERVICE			
020	NONPHYSICIAN ANESTHETISTS			
022	I&R SERVICES-SALARY & FRI			
023	I&R SERVICES-OTHER PRGM C			
024	PARAMEDIC			
024	01 PASTORAL CARE			
024	02 PHARMACY RESIDENCY	265		
	INPAT ROUTINE SRVC CNTRS			
025	ADULTS & PEDIATRICS	1,272,660		1,272,660
026	INTENSIVE CARE UNIT	210,469		210,469
026	01 NEONATAL INTENSIVE CARE U	30,512		30,512
027	CORONARY CARE UNIT			
028	BURN INTENSIVE CARE UNIT			
029	SURGICAL INTENSIVE CARE U			
031	SUBPROVIDER	250,811		250,811
031	01 SUBPROVIDER II	69,585		69,585
033	NURSERY	35,949		35,949
	ANCILLARY SRVC COST CNTRS			
037	OPERATING ROOM	352,372		352,372
038	RECOVERY ROOM	32,322		32,322
039	DELIVERY ROOM & LABOR ROO	169,036		169,036
040	ANESTHESIOLOGY	12,441		12,441
041	RADIOLOGY-DIAGNOSTIC	359,273		359,273
044	LABORATORY	159,616		159,616
046	WHOLE BLOOD & PACKED RED	16,787		16,787
049	RESPIRATORY THERAPY	58,847		58,847
050	PHYSICAL THERAPY	54,856		54,856
051	OCCUPATIONAL THERAPY	41,432		41,432
052	SPEECH PATHOLOGY			
053	ELECTROCARDIOLOGY	47,875		47,875
054	ELECTROENCEPHALOGRAPHY	4,935		4,935
055	MEDICAL SUPPLIES CHARGED	89,394		89,394
056	DRUGS CHARGED TO PATIENTS	101,176		101,176
057	RENAL DIALYSIS	3,587		3,587
059	DEV EVALUATION	31,077		31,077
059	01 OTHER			
	OUTPAT SERVICE COST CNTRS			
060	CLINIC			
060	01 FAMILY PRACTICES			
060	02 WOMEN'S HEALTH CENTER			
060	03 AMBULATORY CARE	85,423		85,423
060	04 OTHER			
061	EMERGENCY	118,645		118,645
062	OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS			
095	SUBTOTALS	3,609,080		3,609,080
	NONREIMBURS COST CENTERS			
096	GIFT, FLOWER, COFFEE SHOP	14,041		14,041
096	01 OTHER NONREIMB	49,048		49,048
096	02 OTHER			
101	CROSS FOOT ADJUSTMENTS	265	44,641	44,641
102	NEGATIVE COST CENTER			
103	TOTAL	265	3,716,810	3,716,810

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COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				7,254	3,814	11,068	11,068
006 01 NONPATIENT TELEPHONES	11			17,656	144,054	161,721	22
006 02 DATA PROCESSING				88,710	5,699	94,409	
006 03 PURCHASING RECEIVING AND	1,213,967			15,050	15,795	1,244,812	57
006 04 ADMINISTRATION							40
006 05 CASHIERING/ACCOUNTS RECEIV				25,398	129,488	154,886	216
006 06 OTHER ADMINISTRATIVE AND	91,405			2,983,953	927,919	4,003,277	820
007 MAINTENANCE & REPAIRS	51,229			3,668,492	342,010	4,061,731	134
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE				4,677		4,677	
010 HOUSEKEEPING				256	30,555	30,811	238
011 DIETARY	10,373			12,334	46,717	69,424	194
012 CAFETERIA							
014 NURSING ADMINISTRATION	1,138			207,856	202,211	411,205	56
016 PHARMACY	491,118			48,352	20,253	559,723	328
017 MEDICAL RECORDS & LIBRARY				54,180	27,927	82,107	126
018 SOCIAL SERVICE							62
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							497
023 I&R SERVICES-OTHER PRGM C				880	3,825	4,705	
024 PARAMEDIC				765	82,914	83,679	21
024 01 PASTORAL CARE				177	496	673	7
024 02 PHARMACY RESIDENCY							10
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	2,046,594			925,661	709,428	3,681,683	2,908
026 INTENSIVE CARE UNIT	15,088			151,984	586,444	753,516	1,013
026 01 NEONATAL INTENSIVE CARE U	31,319			8,457	115,992	155,768	262
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER				64,652	45,718	110,370	180
031 01 SUBPROVIDER II				69,913	18,685	88,598	193
033 NURSERY				116,080	183,329	299,409	153
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	273,293			65,091	1,293,816	1,632,200	846
038 RECOVERY ROOM							80
039 DELIVERY ROOM & LABOR ROO	93,812			57,000	268,239	419,051	250
040 ANESTHESIOLOGY	30,878				60,152	91,030	25
041 RADIOLOGY-DIAGNOSTIC	3,054,293			1,826,010	5,088,749	9,969,052	753
044 LABORATORY				108,640	1,829	110,469	10
046 WHOLE BLOOD & PACKED RED				1,764		1,764	
049 RESPIRATORY THERAPY	98,063			6,799	289,859	394,721	429
050 PHYSICAL THERAPY	4,611			71,911	28,816	105,338	129
051 OCCUPATIONAL THERAPY	5,775			177	3,424	9,376	143
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY				15,348	304,744	320,092	160
054 ELECTROENCEPHALOGRAPHY					20,460	20,460	13
055 MEDICAL SUPPLIES CHARGED				5,537		5,537	
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	5,030			3,133	39,782	47,945	50
059 DEV EVALUATION				1,595	1,401	2,996	37
059 01 OTHER							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 FAMILY PRACTICES							
060 02 WOMEN'S HEALTH CENTER							
060 03 AMBULATORY CARE				2,262	45,963	48,225	47
060 04 OTHER							
061 EMERGENCY	29,720			70,994	272,709	373,423	511
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	7,547,717			10,708,998	11,363,216	29,619,931	11,020
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				132	77	209	
096 01 OTHER NONREIMB	3,357			18,817	7,191	29,365	48
096 02 OTHER							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	7,551,074			10,727,947	11,370,484	29,649,505	11,068

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COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	161,743						
006 02 DATA PROCESSING	1,760	96,169					
006 03 PURCHASING RECEIVING AND	1,760		1,246,629				
006 04 ADMINISTRATIVE	1,360		751	2,151			
006 05 CASHIERING/ACCOUNTS RECEIV	8,959		1,522		165,583		
006 06 OTHER ADMINISTRATIVE AND	14,398		16,655			4,035,150	
007 MAINTENANCE & REPAIRS	8,159		10,676			186,078	4,266,778
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE						21,261	11,950
010 HOUSEKEEPING	1,040		7,119			67,466	57,265
011 DIETARY	3,520		60,166			53,508	165,999
012 CAFETERIA							
014 NURSING ADMINISTRATION	2,160		2,909			16,308	31,267
016 PHARMACY	2,640		2,428			77,021	70,933
017 MEDICAL RECORDS & LIBRARY	4,160		698			47,182	31,855
018 SOCIAL SERVICE	1,440		54			14,983	7,438
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI						102,933	
023 I&R SERVICES-OTHER PRGM C	4,560		1,996			58,007	54,535
024 PARAMEDIC	960		837			5,028	5,921
024 01 PASTORAL CARE	400		24			1,594	3,874
024 02 PHARMACY RESIDENCY						2,115	474
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	27,672	11,766	78,128	806	20,395	733,557	1,442,823
026 INTENSIVE CARE UNIT	3,040	4,822	41,778	107	8,358	261,468	296,706
026 01 NEONATAL INTENSIVE CARE U	2,560	1,212	8,679	27	2,100	59,457	14,673
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	5,919	658	931	14	1,141	43,600	118,251
031 01 SUBPROVIDER II	1,840	728	2,818	16	1,262	46,060	96,381
033 NURSERY	2,960	593	5,854	13	1,028	42,021	38,181
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	10,719	10,383	564,734	152	17,996	276,530	436,291
038 RECOVERY ROOM	640	741	358	7	1,284	19,724	61,631
039 DELIVERY ROOM & LABOR ROO	2,000	1,325	12,635	23	2,297	63,890	167,200
040 ANESTHESIOLOGY		1,872	12,213	26	3,244	13,101	12,316
041 RADIOLOGY-DIAGNOSTIC	12,559	13,981	297,213	155	23,126	289,225	412,733
044 LABORATORY	7,279	8,207	1,195	130	14,225	219,434	109,575
046 WHOLE BLOOD & PACKED RED	640	1,256		24	2,177	33,360	4,171
049 RESPIRATORY THERAPY	2,080	5,217	58,443	112	9,043	111,084	21,214
050 PHYSICAL THERAPY	1,680	712	2,342	10	1,234	34,302	38,206
051 OCCUPATIONAL THERAPY	3,840	680	1,617	9	1,179	33,776	34,168
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	2,960	2,162	2,334	30	3,747	44,134	44,298
054 ELECTROENCEPHALOGRAPHY	400	128	176	2	222	3,481	1,801
055 MEDICAL SUPPLIES CHARGED		9,953		184	17,251	650,774	103,616
056 DRUGS CHARGED TO PATIENTS		12,228		231	21,195	207,085	
057 RENAL DIALYSIS		307	5,289	7	533	13,058	575
059 DEV EVALUATION	1,920	126	369	1	219	8,936	32,866
059 01 OTHER							
060 OUTPAT SERVICE COST CNTRS							
060 01 FAMILY PRACTICES							
060 02 WOMEN'S HEALTH CENTER							
060 03 AMBULATORY CARE	3,920	246	1,599		426	12,608	58,762
060 04 OTHER							
061 EMERGENCY	7,999	6,796	35,578	65	11,780	138,582	194,227
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	159,903	96,099	1,240,139	2,151	165,462	4,012,731	4,182,176
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						91	13,119
096 01 OTHER NONREIMB	1,840	70	6,490		121	22,328	71,483
096 02 OTHER							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	161,743	96,169	1,246,629	2,151	165,583	4,035,150	4,266,778

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COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY
	8	9	10	11	12	14	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 RECEIV							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE		37,909					
010 HOUSEKEEPING			163,939				
011 DIETARY			7,669	360,480			
012 CAFETERIA				171,749	171,749		
014 NURSING ADMINISTRATION			1,840			874	466,619
016 PHARMACY			1,826			4,564	46
017 MEDICAL RECORDS & LIBRARY			1,329			3,205	719,509
018 SOCIAL SERVICE			235			1,214	17
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C			1,693		7,284	357	18
024 PARAMEDIC		136	1,214		388	54	24
024 01 PASTORAL CARE			138		146		
024 02 PHARMACY RESIDENCY			6		194		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		19,524	28,122	140,295	58,318	223,944	15,936
026 INTENSIVE CARE UNIT		4,314	11,493	27,308	17,044	72,829	7,685
026 01 NEONATAL INTENSIVE CARE U		393	379		3,788	16,583	1,671
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		576	2,212	9,710	3,205	14,318	42
031 01 SUBPROVIDER II		764	1,746	11,418	3,642	14,309	225
033 NURSERY		354	1,292		3,108	15,311	883
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		969	6,213		15,636	36,879	8,635
038 RECOVERY ROOM					1,263	6,120	31
039 DELIVERY ROOM & LABOR ROO		835	406		4,904	23,873	1,814
040 ANESTHESIOLOGY			81		583	1,932	1,951
041 RADIOLOGY-DIAGNOSTIC		4,812	23,356		12,819	19,155	1,990
044 LABORATORY		256	5,725		97		
046 WHOLE BLOOD & PACKED RED			346				
049 RESPIRATORY THERAPY			1,851		8,352	545	52
050 PHYSICAL THERAPY		871	2,853		2,379		9
051 OCCUPATIONAL THERAPY			4,077		2,816	1	13
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		366	1,724		3,156	11,843	340
054 ELECTROENCEPHALOGRAPHY		290	402		291	891	
055 MEDICAL SUPPLIES CHARGED			10,074				
056 DRUGS CHARGED TO PATIENTS							666,250
057 RENAL DIALYSIS			230		777	3,281	43
059 DEV EVALUATION			971		631	10	
059 01 OTHER							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 FAMILY PRACTICES							
060 02 WOMEN'S HEALTH CENTER							
060 03 AMBULATORY CARE		787	3,113		777	2,816	1,110
060 04 OTHER							
061 EMERGENCY		2,662	19,980		9,517	1,346	10,746
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		37,909	142,596	360,480	170,972	466,619	719,485
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			626				
096 01 OTHER NONREIMB			20,717		777		24
096 02 OTHER							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		37,909	163,939	360,480	171,749	466,619	719,509

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COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMEDIC	PASTORAL CARE
	17	18	20	22	23	24	24.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
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 RECEIV							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	170,679						
018 SOCIAL SERVICE	130	25,732					
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI				103,430			
023 I&R SERVICES-OTHER PRGM C					133,155		
024 PARAMEDIC						98,262	
024 01 PASTORAL CARE						45	6,901
024 02 PHARMACY RESIDENCY						53	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	58,984	20,502					
026 INTENSIVE CARE UNIT	249	3,906					
026 01 NEONATAL INTENSIVE CARE U	10,890	1,324					
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	8,061						
031 01 SUBPROVIDER II	8,521						
033 NURSERY	2,015						
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	20,520						
039 RECOVERY ROOM	857						
040 DELIVERY ROOM & LABOR ROO	1,348						
041 ANESTHESIOLOGY	565						
044 RADIOLOGY-DIAGNOSTIC	17,659						
046 LABORATORY	6,225						
046 WHOLE BLOOD & PACKED RED	414						
049 RESPIRATORY THERAPY	2,075						
050 PHYSICAL THERAPY	1,496						
051 OCCUPATIONAL THERAPY	955						
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	10,290						
054 ELECTROENCEPHALOGRAPHY	102						
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	1,913						
057 RENAL DIALYSIS	56						
059 DEV EVALUATION							
059 01 OTHER							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 FAMILY PRACTICES							
060 02 WOMEN'S HEALTH CENTER							
060 03 AMBULATORY CARE	25						
060 04 OTHER							
061 EMERGENCY	17,329						
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	170,679	25,732				98	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 OTHER NONREIMB							
096 02 OTHER							
101 CROSS FOOT ADJUSTMENTS				103,430	133,155	98,164	6,901
102 NEGATIVE COST CENTER							
103 TOTAL	170,679	25,732		103,430	133,155	98,262	6,901

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	PHARMACY RESI DENCY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24.02	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 RECEIV			
006	06 OTHER ADMINISTRATIVE AND			
007	MAINTENANCE & REPAIRS			
008	OPERATION OF PLANT			
009	LAUNDRY & LINEN SERVICE			
010	HOUSEKEEPING			
011	DIETARY			
012	CAFETERIA			
014	NURSING ADMINISTRATION			
016	PHARMACY			
017	MEDICAL RECORDS & LIBRARY			
018	SOCIAL SERVICE			
020	NONPHYSICIAN ANESTHETISTS			
022	I&R SERVICES-SALARY & FRI			
023	I&R SERVICES-OTHER PRGM C			
024	PARAMEDIC			
024	01 PASTORAL CARE			
024	02 PHARMACY RESIDENCY	2,852		
	INPAT ROUTINE SRVC CNTRS			
025	ADULTS & PEDIATRICS	6,565,363		6,565,363
026	INTENSIVE CARE UNIT	1,515,636		1,515,636
026	01 NEONATAL INTENSIVE CARE U	279,766		279,766
027	CORONARY CARE UNIT			
028	BURN INTENSIVE CARE UNIT			
029	SURGICAL INTENSIVE CARE U			
031	SUBPROVIDER	319,188		319,188
031	01 SUBPROVIDER II	278,521		278,521
033	NURSERY	413,175		413,175
	ANCILLARY SRVC COST CNTRS			
037	OPERATING ROOM	3,038,703		3,038,703
038	RECOVERY ROOM	92,736		92,736
039	DELIVERY ROOM & LABOR ROO	701,851		701,851
040	ANESTHESIOLOGY	138,939		138,939
041	RADIOLOGY-DIAGNOSTIC	11,098,588		11,098,588
044	LABORATORY	482,827		482,827
046	WHOLE BLOOD & PACKED RED	44,152		44,152
049	RESPIRATORY THERAPY	615,218		615,218
050	PHYSICAL THERAPY	191,561		191,561
051	OCCUPATIONAL THERAPY	92,650		92,650
052	SPEECH PATHOLOGY			
053	ELECTROCARDIOLOGY	447,636		447,636
054	ELECTROENCEPHALOGRAPHY	28,659		28,659
055	MEDICAL SUPPLIES CHARGED	797,389		797,389
056	DRUGS CHARGED TO PATIENTS	908,902		908,902
057	RENAL DIALYSIS	72,151		72,151
059	DEV EVALUATION	49,082		49,082
059	01 OTHER			
	OUTPAT SERVICE COST CNTRS			
060	CLINIC			
060	01 FAMILY PRACTICES			
060	02 WOMEN'S HEALTH CENTER			
060	03 AMBULATORY CARE	134,461		134,461
060	04 OTHER			
061	EMERGENCY	830,541		830,541
062	OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS			
095	SUBTOTALS	29,137,695		29,137,695
	NONREIMBURS COST CENTERS			
096	GIFT, FLOWER, COFFEE SHOP	14,045		14,045
096	01 OTHER NONREIMB	153,263		153,263
096	02 OTHER			
101	CROSS FOOT ADJUSTMENTS	2,852	344,502	344,502
102	NEGATIVE COST CENTER			
103	TOTAL	2,852	29,649,505	29,649,505

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET OLD)	OLD CAP REL COSTS-MVBLE (EQUIP) DEPR OLD	NEW CAP REL COSTS-BLDG & (ACTUAL) DEPR	NEW CAP REL COSTS-MVBLE (EQUIP) DEPR NEW	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)
	1	2	3	4	5	6.01
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD	523,151					
003 OLD CAP REL COSTS-MVB		573,371				
004 NEW CAP REL COSTS-BLD			6,410,982			
005 NEW CAP REL COSTS-MVB				9,128,047		
006 EMPLOYEE BENEFITS	7,625	59	4,335	3,062	279,613,606	
006 01 NONPATIENT TELEPHONES	1,805	105	10,551	115,644	555,056	2,022
006 02 DATA PROCESSING	1,943	432,473	53,013	4,575		22
006 03 PURCHASING RECEIVING	10,176	439	8,994	12,680	1,434,970	22
006 04 ADMITTING	3,076				998,446	17
006 05 CASHIERING/ACCOUNTS RE	9,650	1,050	15,178	103,951	5,394,289	112
006 06 OTHER ADMINISTRATIVE	33,920	5,452	1,783,200	744,919	20,505,417	180
007 MAINTENANCE & REPAIRS	30,721	46,306	2,192,274	274,560	3,342,795	102
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVI			2,795			
010 HOUSEKEEPING	2,532	350	153	24,529	5,961,991	13
011 DIETARY	19,881	3,832	7,371	37,504	4,839,374	44
012 CAFETERIA						
014 NURSING ADMINISTRATIO	1,730	788	124,214	162,332	1,401,080	27
016 PHARMACY	3,669	67	28,895	16,259	8,190,213	33
017 MEDICAL RECORDS & LIB	4,873	78	32,378	22,419	3,138,854	52
018 SOCIAL SERVICE	1,537				1,556,294	18
020 NONPHYSICIAN ANESTHET						
022 I&R SERVICES-SALARY &					12,429,418	
023 I&R SERVICES-OTHER PR	2,921	703	526	3,071		57
024 PARAMEDIC	182	719	457	66,562	514,031	12
024 01 PASTORAL CARE	753	56	106	398	166,099	5
024 02 PHARMACY RESIDENCY					245,685	
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	152,460	16,446	553,172	569,518	75,685,591	346
026 INTENSIVE CARE UNIT	19,929	2,227	90,825	470,788	25,327,894	38
026 01 NEONATAL INTENSIVE CA	2,200	135	5,054	93,117	6,542,353	32
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
031 SUBPROVIDER II	36,775	1,065	38,636	36,702	4,492,458	74
031 01 SUBPROVIDER II	7,457	2,547	41,780	15,000	4,832,689	23
033 NURSERY	4,036		69,369	147,174	3,819,615	37
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	30,240	37,084	38,898	1,038,656	21,140,753	134
038 RECOVERY ROOM	3,712				2,010,178	8
039 DELIVERY ROOM & LABOR	23,276	64	34,063	215,338	6,256,271	25
040 ANESTHESIOLOGY	125	455		48,289	616,953	
041 RADIOLOGY-DIAGNOSTIC	36,273	2,913	1,091,217	4,085,166	18,814,137	157
044 LABORATORY	16,156		64,923	1,468	237,541	91
046 WHOLE BLOOD & PACKED	1,394		1,054			8
049 RESPIRATORY THERAPY	2,819	540	4,063	232,694	10,730,099	26
050 PHYSICAL THERAPY	7,119	884	42,974	23,133	3,214,097	21
051 OCCUPATIONAL THERAPY	5,076	40	106	2,749	3,576,665	48
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY	4,454	113	9,172	244,644	3,996,988	37
054 ELECTROENCEPHALOGRAPH	598			16,425	335,431	5
055 MEDICAL SUPPLIES CHAR			3,309			
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS	71		1,872	31,936	1,246,956	
059 DEV EVALUATION	4,412		953	1,125	918,122	24
059 01 OTHER						
060 OUTPAT SERVICE COST C						
060 CLINIC						
060 01 FAMILY PRACTICES						
060 02 WOMEN'S HEALTH CENTER						
060 03 AMBULATORY CARE	12,660	36	1,352	36,898	1,181,748	49
060 04 OTHER						
061 EMERGENCY	6,549	15,629	42,426	218,927	12,774,382	100
062 OBSERVATION BEDS (NON						
062 SPEC PURPOSE COST CEN						
095 SUBTOTALS	514,785	572,655	6,399,658	9,122,212	278,424,933	1,999
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	2,122		79	62		
096 01 OTHER NONREIMB	6,244	716	11,245	5,773	1,188,673	23
096 02 OTHER						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	3,255,329	461,481	10,727,947	11,370,484	68,489,978	2,290,415
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	6.222542	.804856	1.673370	1.245664	.244945	1,132.747280
105 COST TO BE ALLOCATED (WRKSHT B, PART II)					47,494	11,411
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)					.000170	5.643422

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET OLD	OLD CAP REL C OSTS-MVBLE E (EQUIP)DEPR OLD	NEW CAP REL C OSTS-BLDG & (ACTUAL)DEPR	NEW CAP REL C OSTS-MVBLE E (EQUIP)DEPR NEW	EMPLOYEE BENE FITS (GROSS SALARIES)	NONPATIENT TE LEPHONES (PHONES)
107 COST TO BE ALLOCATED (WRKSHT B, PART III	1	2	3	4	5 11,068	6.01 161,743
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.000040	79.991592

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING RECEIVING AND	RE ADMITTING (IP) REVENUE	CASHERING/ACCOUNTS RECEIV	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	
	(GROSS REVENUE)	(SUPPLIES) EXPENSE	(IP) REVENUE	(GROSS) REVENUE	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)
	6.02	6.03	6.04	6.05	6a.06	6.06	7
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	2118,691,800						
006 03 PURCHASING RECEIVING		109,453,447					
006 04 ADMITTING		65,902	1587,430,707				
006 05 CASHIERING/ACCOUNTS RE		133,615		2118,691,800			
006 06 OTHER ADMINISTRATIVE		1,462,253			-74,467,262	606,639,807	
007 MAINTENANCE & REPAIRS		937,312				27,973,271	675,207
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI		1,832				3,196,192	1,891
010 HOUSEKEEPING		624,982				10,142,155	9,062
011 DIETARY		5,282,377				8,043,863	26,269
012 CAFETERIA							
014 NURSING ADMINISTRATIO		255,387				2,451,537	4,948
016 PHARMACY		213,197				11,578,690	11,225
017 MEDICAL RECORDS & LIB		61,241				7,092,847	5,041
018 SOCIAL SERVICE		4,737				2,252,408	1,177
020 NONPHYSICIAN ANESTHET							
022 I&R SERVICES-SALARY &						15,473,942	
023 I&R SERVICES-OTHER PR		175,268				8,720,213	8,630
024 PARAMEDIC		73,472				755,815	937
024 01 PASTORAL CARE		2,127				239,586	613
024 02 PHARMACY RESIDENCY						317,957	75
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	261,475,992	6,859,386	243,150,526	261,475,992		110,309,139	228,323
026 INTENSIVE CARE UNIT	107,156,134	3,667,924	107,149,492	107,156,134		39,306,655	46,953
026 01 NEONATAL INTENSIVE CA	26,928,000	761,942	26,928,000	26,928,000		8,938,241	2,322
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER	14,623,185	81,697	14,011,700	14,623,185		6,554,441	18,713
031 01 SUBPROVIDER II	16,179,560	247,379	16,179,560	16,179,560		6,924,216	15,252
033 NURSERY	13,176,295	513,945	13,176,295	13,176,295		6,317,066	6,042
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	230,724,121	49,585,693	151,756,470	230,724,121		41,571,016	69,042
038 RECOVERY ROOM	16,459,205	31,434	6,954,370	16,459,205		2,965,074	9,753
039 DELIVERY ROOM & LABOR	29,442,719	1,109,331	22,531,664	29,442,719		9,604,609	26,459
040 ANESTHESIOLOGY	41,592,648	1,072,274	25,720,180	41,592,648		1,969,474	1,949
041 RADIOLOGY-DIAGNOSTIC	292,315,212	26,094,229	154,774,813	292,315,212		43,479,330	65,314
044 LABORATORY	182,377,627	104,915	130,033,940	182,377,627		32,987,722	17,340
046 WHOLE BLOOD & PACKED	27,912,532		23,703,375	27,912,532		5,015,048	660
049 RESPIRATORY THERAPY	115,933,650	5,131,065	112,020,280	115,933,650		16,699,350	3,357
050 PHYSICAL THERAPY	15,825,715	205,633	10,232,029	15,825,715		5,156,632	6,046
051 OCCUPATIONAL THERAPY	15,120,330	141,987	9,317,975	15,120,330		5,077,640	5,407
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	48,036,099	204,914	30,439,153	48,036,099		6,634,657	7,010
054 ELECTROENCEPHALOGRAPH	2,840,660	15,471	1,541,140	2,840,660		523,357	285
055 MEDICAL SUPPLIES CHAR	221,168,113		184,429,404	221,168,113		97,831,289	16,397
056 DRUGS CHARGED TO PATI	271,732,361		230,577,154	271,732,361		31,131,271	
057 RENAL DIALYSIS	6,831,717	464,320	6,798,287	6,831,717		1,962,959	91
059 DEV EVALUATION	2,804,149	32,358	1,200,757	2,804,149		1,343,378	5,201
059 01 OTHER							
060 OUTPAT SERVICE COST C							
060 CLINIC							
060 01 FAMILY PRACTICES							
060 02 WOMEN'S HEALTH CENTER							
060 03 AMBULATORY CARE	5,456,173	140,408	128,031	5,456,173		1,895,376	9,299
060 04 OTHER							
061 EMERGENCY	151,031,829	3,123,630	64,675,758	151,031,829		20,833,095	30,736
062 OBSERVATION BEDS (NON SPEC PURPOSE COST CEN							
095 SUBTOTALS	2117,144,026	108,883,637	1587,430,353	2117,144,026	-74,467,262	603,269,511	661,819
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE			31			13,715	2,076
096 01 OTHER NONREIMB	1,547,774	569,779	354	1,547,774		3,356,581	11,312
096 02 OTHER							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	11,964,777	4,599,176	1,451,878	14,678,268		74,467,262	31,407,102
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.042019		.006928		.122754	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	360,292	64,042	19,446	62,520		220,814	240,307
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)		.000585		.000030		.000364	
	.000170			.000012			.355901

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY
		(SQUARE FEET)	(POUNDS)	(HSK HOURS)	(MEALS)	(FTE'S)	(NURSING HOURS)	(DRUGS)
		8	9	10	11	12	14	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 ADMINISTRATION							
006	05 CASHIERING/ACCOUNTS RE							
006	06 OTHER ADMINISTRATIVE							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	675,207						
009	LAUNDRY & LINEN SERVI	1,891	4,735,368					
010	HOUSEKEEPING	9,062		104,699				
011	DIETARY	26,269		4,898	1,457,751			
012	CAFETERIA				694,541	3,537		
014	NURSING ADMINISTRATION	4,948		1,175		18	5,516,258	
016	PHARMACY	11,225		1,166		94	545	32,345,849
017	MEDICAL RECORDS & LIB	5,041		849		66		770
018	SOCIAL SERVICE	1,177		150		25	2,080	
020	NONPHYSICIAN ANESTHET							
022	I&R SERVICES-SALARY &							
023	I&R SERVICES-OTHER PR	8,630		1,081		150	4,215	794
024	PARAMEDIC	937	16,997	775		8	642	1,075
024	01 PASTORAL CARE	613		88		3		
024	02 PHARMACY RESIDENCY	75		4		4		
025	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	228,323	2,439,073	17,960	567,341	1,201	2,647,442	716,417
026	INTENSIVE CARE UNIT	46,953	538,814	7,340	110,430	351	860,965	345,500
026	01 NEONATAL INTENSIVE CA	2,322	49,072	242		78	196,041	75,140
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE U							
029	SURGICAL INTENSIVE CA							
031	SUBPROVIDER	18,713	71,930	1,413	39,267	66	169,264	1,898
031	01 SUBPROVIDER II	15,252	95,418	1,115	46,172	75	169,161	10,104
033	NURSERY	6,042	44,277	825		64	180,999	39,681
037	ANCILLARY SRVC COST C							
037	OPERATING ROOM	69,042	120,985	3,968		322	435,977	388,192
038	RECOVERY ROOM	9,753				26	72,344	1,415
039	DELIVERY ROOM & LABOR	26,459	104,315	259		101	282,216	81,547
040	ANESTHESIOLOGY	1,949		52		12	22,842	87,692
041	RADIOLOGY-DIAGNOSTIC	65,314	601,004	14,916		264	226,441	89,476
044	LABORATORY	17,340	32,022	3,656		2		
046	WHOLE BLOOD & PACKED	660		221				
049	RESPIRATORY THERAPY	3,357		1,182		172	6,437	2,333
050	PHYSICAL THERAPY	6,046	108,769	1,822		49		409
051	OCCUPATIONAL THERAPY	5,407		2,604		58	6	603
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY	7,010	45,692	1,101		65	140,008	15,297
054	ELECTROENCEPHALOGRAPH	285	36,238	257		6	10,531	
055	MEDICAL SUPPLIES CHAR	16,397		6,434				
056	DRUGS CHARGED TO PATI							29,951,528
057	RENAL DIALYSIS	91		147		16	38,782	1,922
059	DEV EVALUATION	5,201		620		13	121	
059	01 OTHER							
060	OUTPAT SERVICE COST C							
060	CLINIC							
060	01 FAMILY PRACTICES							
060	02 WOMEN'S HEALTH CENTER							
060	03 AMBULATORY CARE	9,299	98,270	1,988		16	33,292	49,923
060	04 OTHER							
061	EMERGENCY	30,736	332,492	12,760		196	15,907	483,075
062	OBSERVATION BEDS (NON SPEC PURPOSE COST CEN							
095	SUBTOTALS	661,819	4,735,368	91,068	1,457,751	3,521	5,516,258	32,344,791
095	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE	2,076		400				
096	01 OTHER NONREIMB	11,312		13,231		16		1,058
096	02 OTHER							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)		3,676,496	11,808,662	10,805,606	5,148,299	3,141,352	13,790,790
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		.776391		7.412518		.569472	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)		1,837	112,786770	144,374	1,455.555273	15,215	34,900
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)		.000388		.099039		.002758	
				.233116		19.447554		.001079

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY		SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	RECONCILIATION
	(MR TIME)	(SS TIME)	RECONCILIATION	(ACCUM. COST)	(IR TIME)	(IR TIME)	RECONCILIATION
	17	18	20a.00	20	22	23	24a.00
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 ADMITTING							
006 05 CASHIERING/ACCOUNTS RE							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATIO							
016 PHARMACY							
017 MEDICAL RECORDS & LIB	48,616						
018 SOCIAL SERVICE	37	38,515					
020 NONPHYSICIAN ANESTHET				681,107,069			
022 I&R SERVICES-SALARY &				17,373,430	12,118		
023 I&R SERVICES-OTHER PR				10,535,071		12,118	
024 PARAMEDIC				1,005,252			-1,005,252
024 01 PASTORAL CARE				311,802			
024 02 PHARMACY RESIDENCY				366,749			
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	16,801	30,688		151,162,805	5,181	5,181	
026 INTENSIVE CARE UNIT	71	5,846		49,942,613	1,274	1,274	
026 01 NEONATAL INTENSIVE CA	3,102	1,981		11,137,418			
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER	2,296			9,325,248	1	1	
031 01 SUBPROVIDER II	2,427			9,654,383			
033 NURSERY	574			7,813,187			
ANCILLARY SRVC COST C							
037 OPERATING ROOM	5,845			52,318,171	1,338	1,338	
038 RECOVERY ROOM	244			3,904,463			
039 DELIVERY ROOM & LABOR	384			12,533,312	601	601	
040 ANESTHESIOLOGY	161			2,403,405			
041 RADIOLOGY-DIAGNOSTIC	5,030			55,423,044	354	354	
044 LABORATORY	1,773			38,589,769	585	585	
046 WHOLE BLOOD & PACKED	118			5,706,655			
049 RESPIRATORY THERAPY	591			19,395,738			
050 PHYSICAL THERAPY	426			6,505,816	8	8	
051 OCCUPATIONAL THERAPY	272			6,377,767			
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	2,931			8,621,506	100	100	
054 ELECTROENCEPHALOGRAPH	29			677,714			
055 MEDICAL SUPPLIES CHAR				111,328,844			
056 DRUGS CHARGED TO PATI	545			47,816,779			
057 RENAL DIALYSIS	16			2,273,687			
059 DEV EVALUATION				1,839,125			
059 01 OTHER							
OUTPAT SERVICE COST C							
060 CLINIC							
060 01 FAMILY PRACTICES							
060 02 WOMEN'S HEALTH CENTER							
060 03 AMBULATORY CARE	7			2,925,839	950	950	
060 04 OTHER							
061 EMERGENCY	4,936			27,869,586	1,726	1,726	
062 OBSERVATION BEDS (NON SPEC PURPOSE COST CEN							
095 SUBTOTALS	48,616	38,515		675,139,178	12,118	12,118	-1,005,252
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE				157,079			
096 01 OTHER NONREIMB				5,810,812			
096 02 OTHER							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	8,390,154	2,644,525			17,373,430	10,535,071	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		68.662210				869.373742	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	172.580097	11,728			1,433.687902	28,594	
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	37,107				7,746		
	.763267		.304505		.639214		

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0208
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/24/2010
 WORKSHEET B-1

	COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY		SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	RECONCILIATION
		(MR TIME)	(SS TIME)	RECONCILIATION		(ACCUM. COST)	(IR TIME)	
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	17 170,679	18 25,732	20a.00	20	22 103,430	23 133,155	24a.00
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	3.510758	.668103			8.535237	10.988199	

COST CENTER DESCRIPTION	PARAMEDIC (ACCUM. COST)	PASTORAL CARE (DAYS)	RECONCILIATION ()	PHARMACY RESIDENCY (ACCUM. COST)
GENERAL SERVICE COST	24	24.01	24a.02	24.02
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 ADMINISTRATION				
006 05 CASHIERING/ACCOUNTS RE				
006 06 OTHER ADMINISTRATIVE				
007 MAINTENANCE & REPAIRS				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVI				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
016 PHARMACY				
017 MEDICAL RECORDS & LIB				
018 SOCIAL SERVICE				
020 NONPHYSICIAN ANESTHET				
022 I&R SERVICES-SALARY &				
023 I&R SERVICES-OTHER PR				
024 PARAMEDIC	680,101,817			
024 01 PASTORAL CARE	311,802	225,052		
024 02 PHARMACY RESIDENCY	366,749		-367,291	680,739,778
INPAT ROUTINE SRVC CN				
025 ADULTS & PEDIATRICS	163,094,968	151,862		163,546,797
026 INTENSIVE CARE UNIT	52,876,713	28,930		52,995,006
026 01 NEONATAL INTENSIVE CA	11,137,418	9,802		11,167,479
027 CORONARY CARE UNIT				
028 BURN INTENSIVE CARE U				
029 SURGICAL INTENSIVE CA				
031 SUBPROVIDER	9,327,551	10,287		9,355,610
031 01 SUBPROVIDER II	9,654,383	12,096		9,685,435
033 NURSERY	7,813,187	12,075		7,841,489
ANCILLARY SRVC COST C				
037 OPERATING ROOM	55,399,667			55,481,548
038 RECOVERY ROOM	3,904,463			3,910,234
039 DELIVERY ROOM & LABOR	13,917,452			13,938,022
040 ANESTHESIOLOGY	2,403,405			2,406,957
041 RADIOLOGY-DIAGNOSTIC	56,238,328			56,321,448
044 LABORATORY	39,937,060			39,996,087
046 WHOLE BLOOD & PACKED	5,706,655			5,715,089
049 RESPIRATORY THERAPY	19,395,738			19,424,405
050 PHYSICAL THERAPY	6,524,241			6,533,884
051 OCCUPATIONAL THERAPY	6,377,767			6,387,193
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY	8,851,812			8,864,895
054 ELECTROENCEPHALOGRAPH	677,714			678,716
055 MEDICAL SUPPLIES CHAR	111,328,844			111,493,388
056 DRUGS CHARGED TO PATI	47,816,779			47,887,452
057 RENAL DIALYSIS	2,273,687			2,277,048
059 DEV EVALUATION	1,839,125			1,841,843
059 01 OTHER				
OUTPAT SERVICE COST C				
060 CLINIC				
060 01 FAMILY PRACTICES				
060 02 WOMEN'S HEALTH CENTER				
060 03 AMBULATORY CARE	5,113,748			5,121,306
060 04 OTHER				
061 EMERGENCY	31,844,670			31,891,736
062 OBSERVATION BEDS (NON SPEC PURPOSE COST CEN				
095 SUBTOTALS	674,133,926	225,052	-367,291	674,763,067
NONREIMBURS COST CENT				
096 GIFT, FLOWER, COFFEE	157,079			157,311
096 01 OTHER NONREIMB	5,810,812			5,819,400
096 02 OTHER				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED (PER WRKSHT B, PART	1,005,252	312,263		367,291
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.001478	1.387515		.000540
105 COST TO BE ALLOCATED (PER WRKSHT B, PART	2,865	5,173		265
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	.000004	.022986		

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0208
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/24/2010
 WORKSHEET B-1

	COST CENTER DESCRIPTION	PARAMEDIC	PASTORAL CARE		PHARMACY RESIDENCY
		(ACCUM. COST)	(DAYS)	RECONCILIATION	(ACCUM. COST)
107	COST TO BE ALLOCATED (PER WRKSHT B, PART	24 98,262	24.01 6,901	24a.02	24.02 2,852
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000144	.030664		.000004

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:
14-0208

PERIOD:
FROM 1/1/2009
TO 12/31/2009

PREPARED 5/24/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	151,702,640		151,702,640		151,702,640
26	INTENSIVE CARE UNIT	50,089,523		50,089,523		50,089,523
26	01 NEONATAL INTENSIVE CARE U	11,173,509		11,173,509		11,173,509
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	9,358,359		9,358,359		9,358,359
31	01 SUBPROVIDER II	9,690,665		9,690,665		9,690,665
33	NURSERY	7,845,723		7,845,723		7,845,723
37	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	52,430,012		52,430,012		52,430,012
38	RECOVERY ROOM	3,912,346		3,912,346		3,912,346
39	DELIVERY ROOM & LABOR ROO	12,561,409		12,561,409		12,561,409
40	ANESTHESIOLOGY	2,408,257		2,408,257		2,408,257
41	RADIOLOGY-DIAGNOSTIC	55,536,578		55,536,578		55,536,578
44	LABORATORY	38,670,394		38,670,394		38,670,394
46	WHOLE BLOOD & PACKED RED	5,718,175		5,718,175		5,718,175
49	RESPIRATORY THERAPY	19,434,894		19,434,894		19,434,894
50	PHYSICAL THERAPY	6,518,987		6,518,987		6,518,987
51	OCCUPATIONAL THERAPY	6,390,642		6,390,642		6,390,642
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	8,639,376		8,639,376		8,639,376
54	ELECTROENCEPHALOGRAPHY	679,083		679,083		679,083
55	MEDICAL SUPPLIES CHARGED	111,553,594		111,553,594		111,553,594
56	DRUGS CHARGED TO PATIENTS	47,913,311		47,913,311		47,913,311
57	RENAL DIALYSIS	2,278,278		2,278,278		2,278,278
59	DEV EVALUATION	1,842,838		1,842,838		1,842,838
59	01 OTHER					
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 FAMILY PRACTICES					
60	02 WOMEN'S HEALTH CENTER					
60	03 AMBULATORY CARE	2,936,163		2,936,163		2,936,163
60	04 OTHER					
61	EMERGENCY	27,933,874		27,933,874		27,933,874
62	OBSERVATION BEDS (NON-DIS	4,208,729		4,208,729		4,208,729
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	651,427,359		651,427,359		651,427,359
102	LESS OBSERVATION BEDS	4,208,729		4,208,729		4,208,729
103	TOTAL	647,218,630		647,218,630		647,218,630

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	253,266,955		253,266,955			
26	INTENSIVE CARE UNIT	107,156,134		107,156,134			
26	01 NEONATAL INTENSIVE CARE U	26,928,300		26,928,300			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	14,623,185		14,623,185			
31	01 SUBPROVIDER II	16,179,560		16,179,560			
33	NURSERY	13,175,995		13,175,995			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	151,756,470	78,967,651	230,724,121	.227241	.227241	.227241
38	RECOVERY ROOM	6,954,370	9,504,835	16,459,205	.237700	.237700	.237700
39	DELIVERY ROOM & LABOR ROO	22,531,664	6,911,055	29,442,719	.426639	.426639	.426639
40	ANESTHESIOLOGY	25,720,180	15,872,468	41,592,648	.057901	.057901	.057901
41	RADIOLOGY-DIAGNOSTIC	154,774,812	137,540,400	292,315,212	.189989	.189989	.189989
44	LABORATORY	130,033,940	52,343,687	182,377,627	.212035	.212035	.212035
46	WHOLE BLOOD & PACKED RED	23,703,375	4,209,157	27,912,532	.204860	.204860	.204860
49	RESPIRATORY THERAPY	112,020,280	3,913,370	115,933,650	.167638	.167638	.167638
50	PHYSICAL THERAPY	10,232,029	5,593,686	15,825,715	.411924	.411924	.411924
51	OCCUPATIONAL THERAPY	9,317,975	5,802,355	15,120,330	.422652	.422652	.422652
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	30,439,153	17,596,946	48,036,099	.179852	.179852	.179852
54	ELECTROENCEPHALOGRAPHY	1,541,140	1,299,520	2,840,660	.239058	.239058	.239058
55	MEDICAL SUPPLIES CHARGED	184,562,756	36,605,357	221,168,113	.504384	.504384	.504384
56	DRUGS CHARGED TO PATIENTS	230,577,154	41,155,207	271,732,361	.176325	.176325	.176325
57	RENAL DIALYSIS	6,798,287	33,430	6,831,717	.333485	.333485	.333485
59	01 DEV EVALUATION	1,200,757	1,603,392	2,804,149	.657183	.657183	.657183
	OTHER						
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	01 FAMILY PRACTICES						
60	02 WOMEN'S HEALTH CENTER						
60	03 AMBULATORY CARE	128,031	5,328,142	5,456,173	.538136	.538136	.538136
60	04 OTHER						
61	EMERGENCY	64,675,758	86,356,071	151,031,829	.184954	.184954	.184954
62	OBSERVATION BEDS (NON-DIS	1,604,153	6,604,884	8,209,037	.512695	.512695	.512695
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	1599,902,413	517,241,613	2117,144,026			
102	LESS OBSERVATION BEDS						
103	TOTAL	1599,902,413	517,241,613	2117,144,026			

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	52,430,012	3,391,075	49,038,937			52,430,012
38	RECOVERY ROOM	3,912,346	125,058	3,787,288			3,912,346
39	DELIVERY ROOM & LABOR ROO	12,561,409	870,887	11,690,522			12,561,409
40	ANESTHESIOLOGY	2,408,257	151,380	2,256,877			2,408,257
41	RADIOLOGY-DIAGNOSTIC	55,536,578	11,457,861	44,078,717			55,536,578
44	LABORATORY	38,670,394	642,443	38,027,951			38,670,394
46	WHOLE BLOOD & PACKED RED	5,718,175	60,939	5,657,236			5,718,175
49	RESPIRATORY THERAPY	19,434,894	674,065	18,760,829			19,434,894
50	PHYSICAL THERAPY	6,518,987	246,417	6,272,570			6,518,987
51	OCCUPATIONAL THERAPY	6,390,642	134,082	6,256,560			6,390,642
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	8,639,376	495,511	8,143,865			8,639,376
54	ELECTROENCEPHALOGRAPHY	679,083	33,594	645,489			679,083
55	MEDICAL SUPPLIES CHARGED	111,553,594	886,783	110,666,811			111,553,594
56	DRUGS CHARGED TO PATIENTS	47,913,311	1,010,078	46,903,233			47,913,311
57	RENAL DIALYSIS	2,278,278	75,738	2,202,540			2,278,278
59	DEV EVALUATION	1,842,838	80,159	1,762,679			1,842,838
59	01 OTHER						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 FAMILY PRACTICES						
60	02 WOMEN'S HEALTH CENTER						
60	03 AMBULATORY CARE	2,936,163	219,884	2,716,279			2,936,163
60	04 OTHER						
61	EMERGENCY	27,933,874	949,186	26,984,688			27,933,874
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	4,208,729	217,452	3,991,277			4,208,729
101	SUBTOTAL	411,566,940	21,722,592	389,844,348			411,566,940
102	LESS OBSERVATION BEDS	4,208,729	217,452	3,991,277			4,208,729
103	TOTAL	407,358,211	21,505,140	385,853,071			407,358,211

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	230,724,121	.227241	.227241
38	RECOVERY ROOM	16,459,205	.237700	.237700
39	DELIVERY ROOM & LABOR ROO	29,442,719	.426639	.426639
40	ANESTHESIOLOGY	41,592,648	.057901	.057901
41	RADIOLOGY-DIAGNOSTIC	292,315,212	.189989	.189989
44	LABORATORY	182,377,627	.212035	.212035
46	WHOLE BLOOD & PACKED RED	27,912,532	.204860	.204860
49	RESPIRATORY THERAPY	115,933,650	.167638	.167638
50	PHYSICAL THERAPY	15,825,715	.411924	.411924
51	OCCUPATIONAL THERAPY	15,120,330	.422652	.422652
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	48,036,099	.179852	.179852
54	ELECTROENCEPHALOGRAPHY	2,840,660	.239058	.239058
55	MEDICAL SUPPLIES CHARGED	221,168,113	.504384	.504384
56	DRUGS CHARGED TO PATIENTS	271,732,361	.176325	.176325
57	RENAL DIALYSIS	6,831,717	.333485	.333485
59	DEV EVALUATION	2,804,149	.657183	.657183
59	01 OTHER			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 FAMILY PRACTICES			
60	02 WOMEN'S HEALTH CENTER			
60	03 AMBULATORY CARE	5,456,173	.538136	.538136
60	04 OTHER			
61	EMERGENCY	151,031,829	.184954	.184954
62	OBSERVATION BEDS (NON-DIS	8,209,037	.512695	.512695
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	1685,813,897		
102	LESS OBSERVATION BEDS	8,209,037		
103	TOTAL	1677,604,860		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	1,272,660		1,272,660	6,565,363		6,565,363
26	INTENSIVE CARE UNIT	210,469		210,469	1,515,636		1,515,636
26 01	NEONATAL INTENSIVE CARE U	30,512		30,512	279,766		279,766
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	250,811		250,811	319,188		319,188
31 01	SUBPROVIDER II	69,585		69,585	278,521		278,521
33	NURSERY	35,949		35,949	413,175		413,175
101	TOTAL	1,869,986		1,869,986	9,371,649		9,371,649

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	150,847	61,399	8.44	518,208	43.52	2,672,084
26	INTENSIVE CARE UNIT	28,930	12,523	7.28	91,167	52.39	656,080
26	01 NEONATAL INTENSIVE CARE U	9,802		3.11		28.54	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	10,287	4,152	24.38	101,226	31.03	128,837
31	01 SUBPROVIDER II	12,096	7,535	5.75	43,326	23.03	173,531
33	NURSERY	12,075		2.98		34.22	
101	TOTAL	224,037	85,609		753,927		3,630,532

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	352,372	3,038,703	230,724,121	51,416,485	.001527	78,513
38	RECOVERY ROOM	32,322	92,736	16,459,205	3,699,712	.001964	7,266
39	DELIVERY ROOM & LABOR ROO	169,036	701,851	29,442,719	126,512	.005741	726
40	ANESTHESIOLOGY	12,441	138,939	41,592,648	8,045,799	.000299	2,406
41	RADIOLOGY-DIAGNOSTIC	359,273	11,098,588	292,315,212	68,624,566	.001229	84,340
44	LABORATORY	159,616	482,827	182,377,627	56,029,943	.000875	49,026
46	WHOLE BLOOD & PACKED RED	16,787	44,152	27,912,532	9,112,472	.000601	5,477
49	RESPIRATORY THERAPY	58,847	615,218	115,933,650	30,209,437	.000508	15,346
50	PHYSICAL THERAPY	54,856	191,561	15,825,715	5,580,332	.003466	19,341
51	OCCUPATIONAL THERAPY	41,432	92,650	15,120,330	469	.002740	1
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	47,875	447,636	48,036,099	13,999,760	.000997	13,958
54	ELECTROENCEPHALOGRAPHY	4,935	28,659	2,840,660	559,392	.001737	972
55	MEDICAL SUPPLIES CHARGED	89,394	797,389	221,168,113	79,306,756	.000404	32,040
56	DRUGS CHARGED TO PATIENTS	101,176	908,902	271,732,361	82,060,116	.000372	30,526
57	RENAL DIALYSIS	3,587	72,151	6,831,717	4,413,634	.000525	2,317
59	DEV EVALUATION	31,077	49,082	2,804,149	14,037	.011083	156
59	01 OTHER						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 FAMILY PRACTICES						
60	02 WOMEN'S HEALTH CENTER						
60	03 AMBULATORY CARE	85,423	134,461	5,456,173	80,204	.015656	1,256
60	04 OTHER						
61	EMERGENCY	118,645	830,541	151,031,829	28,203,791	.000786	22,168
62	OBSERVATION BEDS (NON-DIS	35,307	182,145	8,209,037	494,380	.004301	2,126
	OTHER REIMBURS COST CNTRS						
101	TOTAL	1,774,401	19,948,191	1685,813,897	441,977,797		367,961

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0208
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 COMPONENT NO: 14-0208
 PREPARED 5/24/2010
 WORKSHEET D
 PART II
 PPS

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	.013170	677,155
38	RECOVERY ROOM	.005634	20,844
39	DELIVERY ROOM & LABOR ROO	.023838	3,016
40	ANESTHESIOLOGY	.003340	26,873
41	RADIOLOGY-DIAGNOSTIC	.037968	2,605,538
44	LABORATORY	.002647	148,311
46	WHOLE BLOOD & PACKED RED	.001582	14,416
49	RESPIRATORY THERAPY	.005307	160,321
50	PHYSICAL THERAPY	.012104	67,544
51	OCCUPATIONAL THERAPY	.006128	3
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.009319	130,464
54	ELECTROENCEPHALOGRAPHY	.010089	5,644
55	MEDICAL SUPPLIES CHARGED	.003605	285,901
56	DRUGS CHARGED TO PATIENTS	.003345	274,491
57	RENAL DIALYSIS	.010561	46,612
59	DEV EVALUATION	.017503	246
59	01 OTHER		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60	01 FAMILY PRACTICES		
60	02 WOMEN'S HEALTH CENTER		
60	03 AMBULATORY CARE	.024644	1,977
60	04 OTHER		
61	EMERGENCY	.005499	155,093
62	OBSERVATION BEDS (NON-DIS	.022188	10,969
	OTHER REIMBURS COST CNTRS		
101	TOTAL		4,635,418

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0208
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 COMPONENT NO: 14-S208
 PREPARED 5/24/2010
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.013170	183
38	RECOVERY ROOM	.005634	27
39	DELIVERY ROOM & LABOR ROO	.023838	
40	ANESTHESIOLOGY	.003340	9
41	RADIOLOGY-DIAGNOSTIC	.037968	8,734
44	LABORATORY	.002647	1,498
46	WHOLE BLOOD & PACKED RED	.001582	3
49	RESPIRATORY THERAPY	.005307	395
50	PHYSICAL THERAPY	.012104	534
51	OCCUPATIONAL THERAPY	.006128	559
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.009319	1,242
54	ELECTROENCEPHALOGRAPHY	.010089	55
55	MEDICAL SUPPLIES CHARGED	.003605	64
56	DRUGS CHARGED TO PATIENTS	.003345	2,757
57	RENAL DIALYSIS	.010561	103
59	DEV EVALUATION	.017503	
59	01 OTHER		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60	01 FAMILY PRACTICES		
60	02 WOMEN'S HEALTH CENTER		
60	03 AMBULATORY CARE	.024644	
60	04 OTHER		
61	EMERGENCY	.005499	2,259
62	OBSERVATION BEDS (NON-DIS	.022188	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		18,422

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	352,372	3,038,703	230,724,121	65,822	.001527	101
38	RECOVERY ROOM	32,322	92,736	16,459,205	16,072	.001964	32
39	DELIVERY ROOM & LABOR ROO	169,036	701,851	29,442,719		.005741	
40	ANESTHESIOLOGY	12,441	138,939	41,592,648	8,960	.000299	3
41	RADIOLOGY-DIAGNOSTIC	359,273	11,098,588	292,315,212	558,077	.001229	686
44	LABORATORY	159,616	482,827	182,377,627	1,150,418	.000875	1,007
46	WHOLE BLOOD & PACKED RED	16,787	44,152	27,912,532	106,515	.000601	64
49	RESPIRATORY THERAPY	58,847	615,218	115,933,650	581,846	.000508	296
50	PHYSICAL THERAPY	54,856	191,561	15,825,715	117,342	.003466	407
51	OCCUPATIONAL THERAPY	41,432	92,650	15,120,330	5,485,754	.002740	15,031
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	47,875	447,636	48,036,099	92,684	.000997	92
54	ELECTROENCEPHALOGRAPHY	4,935	28,659	2,840,660	8,650	.001737	15
55	MEDICAL SUPPLIES CHARGED	89,394	797,389	221,168,113	530,133	.000404	214
56	DRUGS CHARGED TO PATIENTS	101,176	908,902	271,732,361	3,047,068	.000372	1,134
57	RENAL DIALYSIS	3,587	72,151	6,831,717	221,946	.000525	117
59	DEV EVALUATION	31,077	49,082	2,804,149		.011083	
59	01 OTHER						
60	OUTPAT SERVICE COST CNTRS						
60	01 CLINIC						
60	02 FAMILY PRACTICES						
60	03 WOMEN'S HEALTH CENTER						
60	04 AMBULATORY CARE	85,423	134,461	5,456,173	21,518	.015656	337
60	04 OTHER						
61	EMERGENCY	118,645	830,541	151,031,829	847	.000786	1
62	OBSERVATION BEDS (NON-DIS	35,307	182,145	8,209,037		.004301	
62	OTHER REIMBURS COST CNTRS						
101	TOTAL	1,774,401	19,948,191	1685,813,897	12,013,652		19,537

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0208
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 COMPONENT NO: 14-T208
 PREPARED 5/24/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.013170	867
38	RECOVERY ROOM	.005634	91
39	DELIVERY ROOM & LABOR ROO	.023838	
40	ANESTHESIOLOGY	.003340	30
41	RADIOLOGY-DIAGNOSTIC	.037968	21,189
44	LABORATORY	.002647	3,045
46	WHOLE BLOOD & PACKED RED	.001582	169
49	RESPIRATORY THERAPY	.005307	3,088
50	PHYSICAL THERAPY	.012104	1,420
51	OCCUPATIONAL THERAPY	.006128	33,617
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.009319	864
54	ELECTROENCEPHALOGRAPHY	.010089	87
55	MEDICAL SUPPLIES CHARGED	.003605	1,911
56	DRUGS CHARGED TO PATIENTS	.003345	10,192
57	RENAL DIALYSIS	.010561	2,344
59	DEV EVALUATION	.017503	
59	01 OTHER		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60	01 FAMILY PRACTICES		
60	02 WOMEN'S HEALTH CENTER		
60	03 AMBULATORY CARE	.024644	530
60	04 OTHER		
61	EMERGENCY	.005499	5
62	OBSERVATION BEDS (NON-DIS	.022188	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		79,449

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

PROVIDER NO: 14-0208
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/24/2010
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			539,835			539,835
26	INTENSIVE CARE UNIT			146,910			146,910
26	01 NEONATAL INTENSIVE CARE U			36,091			36,091
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER			33,111			33,111
31	01 SUBPROVIDER II			36,282			36,282
33	NURSERY			32,536			32,536
101	TOTAL			824,765			824,765

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

PROVIDER NO: 14-0208
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/24/2010
WORKSHEET D
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	150,847	3.58	61,399	219,808
26	INTENSIVE CARE UNIT	28,930	5.08	12,523	63,617
26 01	NEONATAL INTENSIVE CARE U	9,802	3.68		
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE U				
31	SUBPROVIDER	10,287	3.22	4,152	13,369
31 01	SUBPROVIDER II	12,096	3.00	7,535	22,605
33	NURSERY	12,075	2.69		
101	TOTAL	224,037		85,609	319,399

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM						111,841				
38	RECOVERY ROOM						7,883				
39	DELIVERY ROOM & LABOR ROO						28,097				
40	ANESTHESIOLOGY						4,852				
41	RADIOLOGY-DIAGNOSTIC						113,534				
44	LABORATORY						80,625				
46	WHOLE BLOOD & PACKED RED						11,520				
49	RESPIRATORY THERAPY						39,156				
50	PHYSICAL THERAPY						13,171				
51	OCCUPATIONAL THERAPY						12,875				
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY						17,870				
54	ELECTROENCEPHALOGRAPHY						1,369				
55	MEDICAL SUPPLIES CHARGED						224,750				
56	DRUGS CHARGED TO PATIENTS						96,532				
57	RENAL DIALYSIS						4,591				
59	DEV EVALUATION						3,713				
59	01 OTHER										
	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60	01 FAMILY PRACTICES										
60	02 WOMEN'S HEALTH CENTER										
60	03 AMBULATORY CARE						10,324				
60	04 OTHER										
61	EMERGENCY						64,288				
62	OBSERVATION BEDS (NON-DIS						14,979				
	OTHER REIMBURS COST CNTRS										
101	TOTAL						861,970				

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	111,841	111,841	230,724,121	.000485	.000485	51,416,485	24,937
38	OPERATING ROOM	7,883	7,883	16,459,205	.000479	.000479	3,699,712	1,772
39	RECOVERY ROOM	28,097	28,097	29,442,719	.000954	.000954	126,512	121
40	DELIVERY ROOM & LABOR ROO	4,852	4,852	41,592,648	.000117	.000117	8,045,799	941
41	ANESTHESIOLOGY	113,534	113,534	292,315,212	.000388	.000388	68,624,566	26,626
44	RADIOLOGY-DIAGNOSTIC	80,625	80,625	182,377,627	.000442	.000442	56,029,943	24,765
46	LABORATORY	11,520	11,520	27,912,532	.000413	.000413	9,112,472	3,763
49	WHOLE BLOOD & PACKED RED	39,156	39,156	115,933,650	.000338	.000338	30,209,437	10,211
50	RESPIRATORY THERAPY	13,171	13,171	15,825,715	.000832	.000832	5,580,332	4,643
51	PHYSICAL THERAPY	12,875	12,875	15,120,330	.000852	.000852	469	
52	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY	17,870	17,870	48,036,099	.000372	.000372	13,999,760	5,208
54	ELECTROENCEPHALOGRAPHY	1,369	1,369	2,840,660	.000482	.000482	559,392	270
55	MEDICAL SUPPLIES CHARGED	224,750	224,750	221,168,113	.001016	.001016	79,306,756	80,576
56	DRUGS CHARGED TO PATIENTS	96,532	96,532	271,732,361	.000355	.000355	82,060,116	29,131
57	RENAL DIALYSIS	4,591	4,591	6,831,717	.000672	.000672	4,413,634	2,966
59	DEV EVALUATION	3,713	3,713	2,804,149	.001324	.001324	14,037	19
59	01 OTHER							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 FAMILY PRACTICES							
60	02 WOMEN'S HEALTH CENTER							
60	03 AMBULATORY CARE	10,324	10,324	5,456,173	.001892	.001892	80,204	152
60	04 OTHER							
61	EMERGENCY	64,288	64,288	151,031,829	.000426	.000426	28,203,791	12,015
62	OBSERVATION BEDS (NON-DIS	14,979	14,979	8,209,037	.001825	.001825	494,380	902
	OTHER REIMBURS COST CNTRS							
101	TOTAL	861,970	861,970	1685,813,897			441,977,797	229,018

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	17,749,679			8,609		
38	RECOVERY ROOM	3,088,789			1,480		
39	DELIVERY ROOM & LABOR ROO	54,348			52		
40	ANESTHESIOLOGY	3,032,976			355		
41	RADIOLOGY-DIAGNOSTIC	38,378,590			14,891		
44	LABORATORY	1,705,106			754		
46	WHOLE BLOOD & PACKED RED	1,109,524			458		
49	RESPIRATORY THERAPY	578,211			195		
50	PHYSICAL THERAPY	123,924			103		
51	OCCUPATIONAL THERAPY	835,975			712		
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	4,100,773			1,525		
54	ELECTROENCEPHALOGRAPHY	80,548			39		
55	MEDICAL SUPPLIES CHARGED	13,712,724			13,932		
56	DRUGS CHARGED TO PATIENTS	14,183,567			5,035		
57	RENAL DIALYSIS	16,151			11		
59	DEV EVALUATION	1,840			2		
59	01 OTHER						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 FAMILY PRACTICES						
60	02 WOMEN'S HEALTH CENTER						
60	03 AMBULATORY CARE	2,969,227			5,618		
60	04 OTHER						
61	EMERGENCY	10,509,994			4,477		
62	OBSERVATION BEDS (NON-DIS	1,329,794			2,427		
	OTHER REIMBURS COST CNTRS						
101	TOTAL	113,561,740			60,675		

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM						111,841				
38	RECOVERY ROOM						7,883				
39	DELIVERY ROOM & LABOR ROO						28,097				
40	ANESTHESIOLOGY						4,852				
41	RADIOLOGY-DIAGNOSTIC						113,534				
44	LABORATORY						80,625				
46	WHOLE BLOOD & PACKED RED						11,520				
49	RESPIRATORY THERAPY						39,156				
50	PHYSICAL THERAPY						13,171				
51	OCCUPATIONAL THERAPY						12,875				
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY						17,870				
54	ELECTROENCEPHALOGRAPHY						1,369				
55	MEDICAL SUPPLIES CHARGED						224,750				
56	DRUGS CHARGED TO PATIENTS						96,532				
57	RENAL DIALYSIS						4,591				
59	DEV EVALUATION						3,713				
59	01 OTHER										
	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60	01 FAMILY PRACTICES										
60	02 WOMEN'S HEALTH CENTER										
60	03 AMBULATORY CARE						10,324				
60	04 OTHER										
61	EMERGENCY						64,288				
62	OBSERVATION BEDS (NON-DIS						14,979				
	OTHER REIMBURS COST CNTRS										
101	TOTAL						861,970				

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	111,841	111,841	230,724,121	.000485	.000485	13,898	7
38	RECOVERY ROOM	7,883	7,883	16,459,205	.000479	.000479	4,707	2
39	DELIVERY ROOM & LABOR ROO	28,097	28,097	29,442,719	.000954	.000954		
40	ANESTHESIOLOGY	4,852	4,852	41,592,648	.000117	.000117	2,697	
41	RADIOLOGY-DIAGNOSTIC	113,534	113,534	292,315,212	.000388	.000388	230,035	89
44	LABORATORY	80,625	80,625	182,377,627	.000442	.000442	565,852	250
46	WHOLE BLOOD & PACKED RED	11,520	11,520	27,912,532	.000413	.000413	2,181	1
49	RESPIRATORY THERAPY	39,156	39,156	115,933,650	.000338	.000338	74,339	25
50	PHYSICAL THERAPY	13,171	13,171	15,825,715	.000832	.000832	44,077	37
51	OCCUPATIONAL THERAPY	12,875	12,875	15,120,330	.000852	.000852	91,248	78
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY	17,870	17,870	48,036,099	.000372	.000372	133,322	50
54	ELECTROENCEPHALOGRAPHY	1,369	1,369	2,840,660	.000482	.000482	5,418	3
55	MEDICAL SUPPLIES CHARGED	224,750	224,750	221,168,113	.001016	.001016	17,794	18
56	DRUGS CHARGED TO PATIENTS	96,532	96,532	271,732,361	.000355	.000355	824,185	293
57	RENAL DIALYSIS	4,591	4,591	6,831,717	.000672	.000672	9,725	7
59	DEV EVALUATION	3,713	3,713	2,804,149	.001324	.001324		
59	01 OTHER							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 FAMILY PRACTICES							
60	02 WOMEN'S HEALTH CENTER							
60	03 AMBULATORY CARE	10,324	10,324	5,456,173	.001892	.001892		
60	04 OTHER							
61	EMERGENCY	64,288	64,288	151,031,829	.000426	.000426	410,814	175
62	OBSERVATION BEDS (NON-DIS	14,979	14,979	8,209,037	.001825	.001825		
	OTHER REIMBURS COST CNTRS							
101	TOTAL	861,970	861,970	1685,813,897			2,430,292	1,035

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	DEV EVALUATION						
59	01 OTHER						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 FAMILY PRACTICES						
60	02 WOMEN'S HEALTH CENTER						
60	03 AMBULATORY CARE						
60	04 OTHER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
	OPERATING ROOM							111,841				
38	RECOVERY ROOM							7,883				
39	DELIVERY ROOM & LABOR ROO							28,097				
40	ANESTHESIOLOGY							4,852				
41	RADIOLOGY-DIAGNOSTIC							113,534				
44	LABORATORY							80,625				
46	WHOLE BLOOD & PACKED RED							11,520				
49	RESPIRATORY THERAPY							39,156				
50	PHYSICAL THERAPY							13,171				
51	OCCUPATIONAL THERAPY							12,875				
52	SPEECH PATHOLOGY											
53	ELECTROCARDIOLOGY							17,870				
54	ELECTROENCEPHALOGRAPHY							1,369				
55	MEDICAL SUPPLIES CHARGED							224,750				
56	DRUGS CHARGED TO PATIENTS							96,532				
57	RENAL DIALYSIS							4,591				
59	DEV EVALUATION							3,713				
59	01 OTHER											
60	OUTPAT SERVICE COST CNTRS											
	CLINIC											
60	01 FAMILY PRACTICES											
60	02 WOMEN'S HEALTH CENTER											
60	03 AMBULATORY CARE							10,324				
60	04 OTHER											
61	EMERGENCY							64,288				
62	OBSERVATION BEDS (NON-DIS							14,979				
	OTHER REIMBURS COST CNTRS											
101	TOTAL							861,970				

TITLE XVIII, PART A

SUBPROVIDER 2

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	111,841	111,841	230,724,121	.000485	.000485	65,822	32
38	RECOVERY ROOM	7,883	7,883	16,459,205	.000479	.000479	16,072	8
39	DELIVERY ROOM & LABOR ROO	28,097	28,097	29,442,719	.000954	.000954		
40	ANESTHESIOLOGY	4,852	4,852	41,592,648	.000117	.000117	8,960	1
41	RADIOLOGY-DIAGNOSTIC	113,534	113,534	292,315,212	.000388	.000388	558,077	217
44	LABORATORY	80,625	80,625	182,377,627	.000442	.000442	1,150,418	508
46	WHOLE BLOOD & PACKED RED	11,520	11,520	27,912,532	.000413	.000413	106,515	44
49	RESPIRATORY THERAPY	39,156	39,156	115,933,650	.000338	.000338	581,846	197
50	PHYSICAL THERAPY	13,171	13,171	15,825,715	.000832	.000832	117,342	98
51	OCCUPATIONAL THERAPY	12,875	12,875	15,120,330	.000852	.000852	5,485,754	4,674
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY	17,870	17,870	48,036,099	.000372	.000372	92,684	34
54	ELECTROENCEPHALOGRAPHY	1,369	1,369	2,840,660	.000482	.000482	8,650	4
55	MEDICAL SUPPLIES CHARGED	224,750	224,750	221,168,113	.001016	.001016	530,133	539
56	DRUGS CHARGED TO PATIENTS	96,532	96,532	271,732,361	.000355	.000355	3,047,068	1,082
57	RENAL DIALYSIS	4,591	4,591	6,831,717	.000672	.000672	221,946	149
59	DEV EVALUATION	3,713	3,713	2,804,149	.001324	.001324		
59	01 OTHER							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 FAMILY PRACTICES							
60	02 WOMEN'S HEALTH CENTER							
60	03 AMBULATORY CARE	10,324	10,324	5,456,173	.001892	.001892	21,518	41
60	04 OTHER							
61	EMERGENCY	64,288	64,288	151,031,829	.000426	.000426	847	
62	OBSERVATION BEDS (NON-DIS	14,979	14,979	8,209,037	.001825	.001825		
62	OTHER REIMBURS COST CNTRS							
101	TOTAL	861,970	861,970	1685,813,897			12,013,652	7,628

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	DEV EVALUATION						
59	01 OTHER						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 FAMILY PRACTICES						
60	02 WOMEN'S HEALTH CENTER						
60	03 AMBULATORY CARE						
60	04 OTHER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		17,749,679			
38 RECOVERY ROOM		3,088,789			
39 DELIVERY ROOM & LABOR ROOM		54,348			
40 ANESTHESIOLOGY		3,032,976			
41 RADIOLOGY-DIAGNOSTIC		38,378,590			
44 LABORATORY		1,705,106			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS		1,109,524			
49 RESPIRATORY THERAPY		578,211			
50 PHYSICAL THERAPY		123,924			
51 OCCUPATIONAL THERAPY		835,975			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		4,100,773			
54 ELECTROENCEPHALOGRAPHY		80,548			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		13,712,724			
56 DRUGS CHARGED TO PATIENTS		14,183,567			
57 RENAL DIALYSIS		16,151			
59 DEV EVALUATION		1,840			
59 01 OTHER					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 FAMILY PRACTICES					
60 02 WOMEN'S HEALTH CENTER					
60 03 AMBULATORY CARE		2,969,227			
60 04 OTHER					
61 EMERGENCY		10,509,994			
62 OBSERVATION BEDS (NON-DISTINCT PART)		1,329,794			
101 SUBTOTAL		113,561,740			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		113,561,740			

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	4,185
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,005.67
85	OBSERVATION BED COST	4,208,729

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	1,272,660	.008389	4,208,729	35,307
87	NEW CAPITAL-RELATED COST	6,565,363	.043278	4,208,729	182,145
88	NON PHYSICIAN ANESTHETIST			4,208,729	
89	MEDICAL EDUCATION			4,208,729	
89.01	MEDICAL EDUCATION - ALLIED HEA	539,835	.003559	4,208,729	14,979
89.02	MEDICAL EDUCATION - ALL OTHER			4,208,729	

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	909.73
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	250,811	9,358,359	.026801	
87	NEW CAPITAL-RELATED COST	319,188	9,358,359	.034107	
88	NON PHYSICIAN ANESTHETIST		9,358,359		
89	MEDICAL EDUCATION		9,358,359		
89.01	MEDICAL EDUCATION - ALLIED HEA	33,111	9,358,359	.003538	
89.02	MEDICAL EDUCATION - ALL OTHER		9,358,359		

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		106,299,137	
26	INTENSIVE CARE UNIT		46,091,430	
26	01 NEONATAL INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER II			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.227241	51,416,485	11,683,933
38	RECOVERY ROOM	.237700	3,699,712	879,422
39	DELIVERY ROOM & LABOR ROOM	.426639	126,512	53,975
40	ANESTHESIOLOGY	.057901	8,045,799	465,860
41	RADIOLOGY-DIAGNOSTIC	.189989	68,624,566	13,037,913
44	LABORATORY	.212035	56,029,943	11,880,309
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.204860	9,112,472	1,866,781
49	RESPIRATORY THERAPY	.167638	30,209,437	5,064,250
50	PHYSICAL THERAPY	.411924	5,580,332	2,298,673
51	OCCUPATIONAL THERAPY	.422652	469	198
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.179852	13,999,760	2,517,885
54	ELECTROENCEPHALOGRAPHY	.239058	559,392	133,727
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.504384	79,306,756	40,001,059
56	DRUGS CHARGED TO PATIENTS	.176325	82,060,116	14,469,250
57	RENAL DIALYSIS	.333485	4,413,634	1,471,881
59	DEV EVALUATION	.657183	14,037	9,225
59	01 OTHER			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 FAMILY PRACTICES			
60	02 WOMEN'S HEALTH CENTER			
60	03 AMBULATORY CARE	.538136	80,204	43,161
60	04 OTHER			
61	EMERGENCY	.184954	28,203,791	5,216,404
62	OBSERVATION BEDS (NON-DISTINCT PART)	.512695	494,380	253,466
	OTHER REIMBURS COST CNTRS			
101	TOTAL		441,977,797	111,347,372
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		441,977,797	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26	01 NEONATAL INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER II		9,939,050	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.227241	65,822	14,957
38	RECOVERY ROOM	.237700	16,072	3,820
39	DELIVERY ROOM & LABOR ROOM	.426639		
40	ANESTHESIOLOGY	.057901	8,960	519
41	RADIOLOGY-DIAGNOSTIC	.189989	558,077	106,028
44	LABORATORY	.212035	1,150,418	243,929
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.204860	106,515	21,821
49	RESPIRATORY THERAPY	.167638	581,846	97,539
50	PHYSICAL THERAPY	.411924	117,342	48,336
51	OCCUPATIONAL THERAPY	.422652	5,485,754	2,318,565
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.179852	92,684	16,669
54	ELECTROENCEPHALOGRAPHY	.239058	8,650	2,068
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.504384	530,133	267,391
56	DRUGS CHARGED TO PATIENTS	.176325	3,047,068	537,274
57	RENAL DIALYSIS	.333485	221,946	74,016
59	DEV EVALUATION	.657183		
59	01 OTHER			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 FAMILY PRACTICES			
60	02 WOMEN'S HEALTH CENTER			
60	03 AMBULATORY CARE	.538136	21,518	11,580
60	04 OTHER			
61	EMERGENCY	.184954	847	157
62	OBSERVATION BEDS (NON-DISTINCT PART)	.512695		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		12,013,652	3,764,669
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		12,013,652	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	93,800,858	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	32,276,140	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	12,941,913	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	4,727,532	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	8,027,394	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	581.96	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	171.79	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	37.45	
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005	
	E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	209.24	
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	212.78	
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	209.24	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	208.99	
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	212.24	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	210.16	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.361124	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.359608	
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19. (SEE INST)	.359608	
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	19,091,478	
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	6,618,292	
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	
	25,709,770	
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	25,709,770	
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	3.42	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	25.02	
4.02 SUM OF LINES 4 AND 4.01	28.44	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	12.68	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	15,986,563	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	175,800,725	
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)	175,800,725	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	12,584,469	
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)	10,083,841	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	85,000	
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	283,425	
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	229,018	
16 TOTAL	199,066,478	
17 PRIMARY PAYER PAYMENTS	155,936	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	198,910,542	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	8,698,656	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	1,221,950	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	3,473,436	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	2,431,405	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	2,456,407	
22 SUBTOTAL	191,421,341	
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	191,421,341	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	185,755,519	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	5,665,822	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

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

- COMPUTATION OF LESSER OF COST OR CHARGES

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

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

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

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

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 2

- 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		184,492,085		21,734,356
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	12/18/2009	1,861,822		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	8/14/2009	598,388	8/14/2009	25,787
ADJUSTMENTS TO PROGRAM .51			12/18/2009	16,369
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		1,263,434		-42,156
4 TOTAL INTERIM PAYMENTS		185,755,519		21,692,200
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		5,665,822		1,338,284
7 TOTAL MEDICARE PROGRAM LIABILITY		191,421,341		23,030,484

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:
 SIGNATURE OF AUTHORIZED PERSON: _____
 DATE: ___/___/___

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

TITLE XVII SUBPROVIDER 2

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		9,151,898		
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	8/14/2009	10,626		
ADJUSTMENTS TO PROVIDER .02	12/18/2009	9,517		
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		20,143		NONE
4 TOTAL INTERIM PAYMENTS		9,172,041		
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)		37,660		
7 TOTAL MEDICARE PROGRAM LIABILITY		9,209,701		

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.

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		
1.05	OUTLIER PAYMENTS		
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
	INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		3,304,222
1.09	NET IPF PPS OUTLIER PAYMENTS		65,034
1.10	NET IPF PPS ECT PAYMENTS		50,920
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		.43
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		28.183562
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		3,420,176
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		3,420,176
	INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		3,420,176
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL		3,420,176
7	DEDUCTIBLES		257,344
8	SUBTOTAL		3,162,832
9	COINSURANCE		55,803
10	SUBTOTAL		3,107,029
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL		3,107,029
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		14,404
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		

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

	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	3,121,433
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	3,141,221
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-19,788
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
 SUBPROVIDER 2

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	8,801,808
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0225
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	321,521
1.05	OUTLIER PAYMENTS	157,288
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	9,280,617
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	33.139726
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	9,280,617
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	9,280,617
7	DEDUCTIBLES	40,540
8	SUBTOTAL	9,240,077
9	COINSURANCE	60,609
10	SUBTOTAL	9,179,468
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	9,179,468
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	30,233
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	9,209,701
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	9,172,041
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	37,660
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)
OR 1.09 (IPF).

51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)

52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
OF MONEY. (SEE INSTRUCTIONS).

53 ENTER THE TIME VALUE OF MONEY.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		171.79
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	40.11
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	40.11	211.90
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		212.78
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		211.90
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		136.73
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		69.93
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		206.66
3.10	SEE INSTRUCTIONS		205.80
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		69.64
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		65.37
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		60.08
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	65.03
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		65.03
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		121,637.62
3.18	SEE INSTRUCTIONS		7,910,094
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		138.20
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		138.10
3.21	SEE INSTRUCTIONS	RES INIT YEARS	137.49
3.22	SEE INSTRUCTIONS		137.49
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		128,457.19
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		17,661,579
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		25,571,673

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		85,609
5	TOTAL INPATIENT DAYS		207,777
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.412023
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	10,536,117	10,536,117
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		8,405
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		207,777
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		888,261
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		4,591
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		6,831,717
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		.000672

TITLE XVIII

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

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	208,851,904
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	155,936
16	TOTAL PART A REASONABLE COST	208,695,968

PART B REASONABLE COST

17	REASONABLE COST	27,752,383
18	PRIMARY PAYER PAYMENTS	8,555
19	TOTAL PART B REASONABLE COST	27,743,828
20	TOTAL REASONABLE COST	236,439,796
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.882660
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.117340

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

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	11,424,378
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	10,083,841
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	1,340,537

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	344,977,000			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	254,797,000			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY				
8 PREPAID EXPENSES				
9 OTHER CURRENT ASSETS	295,677,000			
10 DUE FROM OTHER FUNDS	49,969,000			
11 TOTAL CURRENT ASSETS	945,420,000			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS	75,140,000			
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	1518,205,000			
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	856,975,000			
18.01 LESS ACCUMULATED DEPRECIATION	-1450,866,000			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	999,454,000			
OTHER ASSETS				
22 INVESTMENTS	2119,130,000			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	158,391,000			
26 TOTAL OTHER ASSETS	2277,521,000			
27 TOTAL ASSETS	4222,395,000			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	103,764,000			
29 SALARIES, WAGES & FEES PAYABLE	204,985,000			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	167,219,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	401,973,000			
36 TOTAL CURRENT LIABILITIES	877,941,000			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66	757,903,000			
41 OTHER LONG TERM LIABILITIES	736,829,000			
42 TOTAL LONG-TERM LIABILITIES	1,494,732,000			
43 TOTAL LIABILITIES	2,372,673,000			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	1,849,722,000			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	1,849,722,000			
52 TOTAL LIABILITIES AND FUND BALANCES	4,222,395,000			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		1,773,720,762		
2	NET INCOME (LOSS)		76,001,238		
3	TOTAL		1,849,722,000		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		1,849,722,000		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		1,849,722,000		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	235,774,355		235,774,355
2 00 SUBPROVIDER	14,623,185		14,623,185
2 01 SUBPROVIDER II	16,179,560		16,179,560
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	266,577,100		266,577,100
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	115,790,598		115,790,598
10 01 NEONATAL INTENSIVE CARE UNIT	28,206,881		28,206,881
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	143,997,479		143,997,479
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	410,574,579		410,574,579
17 00 ANCILLARY SERVICES	1112,450,404	474,823,117	1587,273,521
18 00 OUTPATIENT SERVICES	65,001,127	86,535,651	151,536,778
24 00 AMBULATORY CARE	131,741	5,528,064	5,659,805
25 00 TOTAL PATIENT REVENUES	1588,157,851	566,886,832	2155,044,683

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	806,877,012
ADD (SPECIFY)	
27 00	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00 DEDUCT (SPECIFY)	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	806,877,012

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0208
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/24/2010
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	2155,044,683
2	LESS: ALLOWANCES AND DISCOUNTS ON	1283,566,907
3	NET PATIENT REVENUES	871,477,776
4	LESS: TOTAL OPERATING EXPENSES	806,877,012
5	NET INCOME FROM SERVICE TO PATIENT	64,600,764
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING	11,609,861
24.01		
24.02		
25	TOTAL OTHER INCOME	11,609,861
26	TOTAL	76,210,625
	OTHER EXPENSES	
27	NONOPERATING LOSS	209,387
28		
29		
30	TOTAL OTHER EXPENSES	209,387
31	NET INCOME (OR LOSS) FOR THE PERIO	76,001,238

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0208	FROM 1/ 1/2009	5/24/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET L
14-0208		PARTS I-IV

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	10,407,153
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	270,726
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	507.93
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	210.16
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	12.39
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	1,289,446
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	3.42
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	25.02
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	28.44
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	5.93
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	617,144
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	12,584,469
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)	

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	55,511,508	3,391,075	52,120,433	339,108	3,022,985	52,149,415
38	RECOVERY ROOM	3,912,346	125,058	3,787,288	12,506	219,663	3,680,177
39	DELIVERY ROOM & LABOR ROO	13,945,549	870,887	13,074,662	87,089	758,330	13,100,130
40	ANESTHESIOLOGY	2,408,257	151,380	2,256,877	15,138	130,899	2,262,220
41	RADIOLOGY-DIAGNOSTIC	56,351,862	11,457,861	44,894,001	1,145,786	2,603,852	52,602,224
44	LABORATORY	40,017,685	642,443	39,375,242	64,244	2,283,764	37,669,677
46	WHOLE BLOOD & PACKED RED	5,718,175	60,939	5,657,236	6,094	328,120	5,383,961
49	RESPIRATORY THERAPY	19,434,894	674,065	18,760,829	67,407	1,088,128	18,279,359
50	PHYSICAL THERAPY	6,537,412	246,417	6,290,995	24,642	364,878	6,147,892
51	OCCUPATIONAL THERAPY	6,390,642	134,082	6,256,560	13,408	362,880	6,014,354
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	8,869,682	495,511	8,374,171	49,551	485,702	8,334,429
54	ELECTROENCEPHALOGRAPHY	679,083	33,594	645,489	3,359	37,438	638,286
55	MEDICAL SUPPLIES CHARGED	111,553,594	886,783	110,666,811	88,678	6,418,675	105,046,241
56	DRUGS CHARGED TO PATIENTS	47,913,311	1,010,078	46,903,233	101,008	2,720,388	45,091,915
57	RENAL DIALYSIS	2,278,278	75,738	2,202,540	7,574	127,747	2,142,957
59	DEV EVALUATION	1,842,838	80,159	1,762,679	8,016	102,235	1,732,587
59	01 OTHER						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 FAMILY PRACTICES						
60	02 WOMEN'S HEALTH CENTER						
60	03 AMBULATORY CARE	5,124,072	219,884	4,904,188	21,988	284,443	4,817,641
60	04 OTHER						
61	EMERGENCY	31,908,958	949,186	30,959,772	94,919	1,795,667	30,018,372
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	4,208,729	217,452	3,991,277	21,745	231,494	3,955,490
101	SUBTOTAL	424,606,875	21,722,592	402,884,283	2,172,260	23,367,288	399,067,327
102	LESS OBSERVATION BEDS	4,208,729	217,452	3,991,277	21,745	231,494	3,955,490
103	TOTAL	420,398,146	21,505,140	398,893,006	2,150,515	23,135,794	395,111,837

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	230,724,121	.226025	.239127
38	RECOVERY ROOM	16,459,205	.223594	.236940
39	DELIVERY ROOM & LABOR ROO	29,442,719	.444936	.470692
40	ANESTHESIOLOGY	41,592,648	.054390	.057537
41	RADIOLOGY-DIAGNOSTIC	292,315,212	.179950	.188858
44	LABORATORY	182,377,627	.206548	.219070
46	WHOLE BLOOD & PACKED RED	27,912,532	.192887	.204642
49	RESPIRATORY THERAPY	115,933,650	.157671	.167057
50	PHYSICAL THERAPY	15,825,715	.388475	.411531
51	OCCUPATIONAL THERAPY	15,120,330	.397766	.421766
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	48,036,099	.173503	.183615
54	ELECTROENCEPHALOGRAPHY	2,840,660	.224696	.237876
55	MEDICAL SUPPLIES CHARGED	221,168,113	.474961	.503983
56	DRUGS CHARGED TO PATIENTS	271,732,361	.165942	.175954
57	RENAL DIALYSIS	6,831,717	.313678	.332377
59	DEV EVALUATION	2,804,149	.617866	.654324
59	01 OTHER			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 FAMILY PRACTICES			
60	02 WOMEN'S HEALTH CENTER			
60	03 AMBULATORY CARE	5,456,173	.882971	.935103
60	04 OTHER			
61	EMERGENCY	151,031,829	.198755	.210645
62	OBSERVATION BEDS (NON-DIS	8,209,037	.481846	.510046
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	1685,813,897		
102	LESS OBSERVATION BEDS	8,209,037		
103	TOTAL	1677,604,860		