

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		14-0288		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: 5/26/2010 TIME 8: 01

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:
 GOOD SAMARITAN HOSPITAL 14-0288

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	671,095	357,319	2,958,145
2	SUBPROVIDER	0	-210,438	0	418,150
100	TOTAL	0	460,657	357,319	3,376,295

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	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	229	83,585			27,259		3,999
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	229	83,585			27,259		3,999
6 INTENSIVE CARE UNIT	55	20,075			7,972		1,215
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							722
12 TOTAL	284	103,660			35,231		5,936
13 RPCH VISITS							
14 SUBPROVIDER	36	13,140			4,004		1,398
15 SKILLED NURSING FACILITY							
25 TOTAL	320						
26 OBSERVATION BED DAYS							330
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	O/P VISITS / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES -- TOTAL 7	RES. FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			53,097				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			53,097				
6 INTENSIVE CARE UNIT			17,260				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY			3,764				
12 TOTAL			74,121				
13 RPCH VISITS							
14 SUBPROVIDER			8,612				
15 SKILLED NURSING FACILITY							
25 TOTAL							
26 OBSERVATION BED DAYS	330		4,265		4,265		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	--- FULL TIME EQUIV --- EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	DISCHARGES TITLE V 12	DISCHARGES TITLE XVIII 13	DISCHARGES TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					6,375	1,145	14,022
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							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		1,943.00			6,375	1,145	14,022
13 RPCH VISITS							
14 SUBPROVIDER		77.00			409	169	975
15 SKILLED NURSING FACILITY							
25 TOTAL		2,020.00					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0288
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 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	122,027,866		122,027,866	4,039,360.00	30.21	
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	640,438		640,438	11,507.00	55.66	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	6,530,580		6,530,580	204,381.00	31.95	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,302,474		1,302,474	18,937.00	68.78	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	3,484,614		3,484,614	51,305.00	67.92	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	11,224,512		11,224,512	173,787.00	64.59	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	30,094,877		30,094,877			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,711,147		1,711,147			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	167,808		167,808			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	2,242,541		2,242,541	32,510.00	68.98	
22 ADMINISTRATIVE & GENERAL	12,066,305		12,066,305	427,898.00	28.20	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS	1,015,910		1,015,910	38,397.00	26.46	
24 OPERATION OF PLANT	528,974		528,974	17,921.00	29.52	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	2,048,814		2,048,814	167,378.00	12.24	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	2,271,487		2,271,487	149,427.00	15.20	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	3,473,806		3,473,806	87,090.00	39.89	
31 CENTRAL SERVICE AND SUPPLY	2,150,574		2,150,574	134,347.00	16.01	
32 PHARMACY	4,545,455		4,545,455	114,026.00	39.86	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY						
34 SOCIAL SERVICE	2,191,288		2,191,288	59,467.00	36.85	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	121,387,428		121,387,428	4,027,853.00	30.14	
2 EXCLUDED AREA SALARIES	6,530,580		6,530,580	204,381.00	31.95	
3 SUBTOTAL SALARIES	114,856,848		114,856,848	3,823,472.00	30.04	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	16,011,600		16,011,600	244,029.00	65.61	
5 SUBTOTAL WAGE-RELATED COSTS	30,094,877		30,094,877		26.20	
6 TOTAL	160,963,325		160,963,325	4,067,501.00	39.57	
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	32,535,154		32,535,154	1,228,461.00	26.48	

HOSPITAL RENAL DIALYSIS DEPARTMENT
 STATISTICAL DATA

PROVIDER NO: 14-0288
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 SATELLITE NO: PREPARED 5/26/2010
 WORKSHEET S-5

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

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0288	FROM 1/ 1/2009	5/26/2010
	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	44,749,862
17.01	GROSS MEDICAID REVENUES	19,740,183
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	64,490,045
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)	.293092
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	79,045,796

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0288	FROM 1/ 1/2009	5/26/2010
	TO 12/31/2009	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	23,167,690
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	44,749,862
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	13,115,827
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	23,167,690

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0288
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT				1,008,521	1,008,521
2	0200 OLD CAP REL COSTS-MVBLE EQUIP				6,869	6,869
3	0300 NEW CAP REL COSTS-BLDG & FIXT				8,165,660	8,165,660
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				6,096,203	6,096,203
5	0500 EMPLOYEE BENEFITS	2,242,541	24,275,161	26,517,702	241,835	26,759,537
6.01	0610 NONPATIENT TELEPHONES	397,178	574,527	971,705	-28,864	942,841
6.02	0620 DATA PROCESSING		1,298,320	1,298,320	-12,379	1,285,941
6.03	0630 PURCHASING RECEIVING AND STORES		464,831	464,831	-4,210	460,621
6.04	0640 ADMINISTRATION	1,229,979	255,179	1,485,158	-15,736	1,469,422
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	3,326,164	10,951,806	14,277,970	-35,604	14,242,366
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	7,112,984	75,579,994	82,692,978	-9,585,459	73,107,519
7	0700 MAINTENANCE & REPAIRS	1,015,910	6,320,145	7,336,055	-97,775	7,238,280
8	0800 OPERATION OF PLANT	528,974	4,316,732	4,845,706	-37,138	4,808,568
9	0900 LAUNDRY & LINEN SERVICE		222,000	222,000	122,648	344,648
10	1000 HOUSEKEEPING	2,048,814	1,292,332	3,341,146	-16,617	3,324,529
11	1100 DIETARY	2,271,487	2,177,038	4,448,525	-65,342	4,383,183
12	1200 CAFETERIA					
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	3,473,806	746,313	4,220,119	-18,134	4,201,985
15	1500 CENTRAL SERVICES & SUPPLY	2,150,574	2,558,845	4,709,419	-1,511,201	3,198,218
16	1600 PHARMACY	4,545,455	12,162,740	16,708,195	-322,942	16,385,253
17	1700 MEDICAL RECORDS & LIBRARY		3,178,486	3,178,486	-9,203	3,169,283
18	1800 SOCIAL SERVICE	2,191,288	406,622	2,597,910	-66	2,597,844
24	2400 PARAMEDICAL PRGM-(SPECIFY)	355,854	240,458	596,312	-12,282	584,030
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	23,801,999	5,260,284	29,062,283	-1,602,099	27,460,184
26	2600 INTENSIVE CARE UNIT	12,318,106	4,693,243	17,011,349	-1,386,046	15,625,303
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER	5,056,657	673,004	5,729,661	-41,254	5,688,407
33	3300 NURSERY	2,059,625	503,742	2,563,367	-156,032	2,407,335
34	3400 SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	8,994,601	26,249,714	35,244,315	-23,622,426	11,621,889
38	3800 RECOVERY ROOM	1,134,356	163,061	1,297,417	-39,277	1,258,140
39	3900 DELIVERY ROOM & LABOR ROOM	2,843,001	1,721,653	4,564,654	-453,091	4,111,563
40	4000 ANESTHESIOLOGY	224,379	1,565,466	1,789,845	-406,434	1,383,411
41	4100 RADIOLOGY-DIAGNOSTIC	13,254,024	21,818,500	35,072,524	-13,676,703	21,395,821
44	4400 LABORATORY		14,350,293	14,350,293	-15,794	14,334,499
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		979,529	979,529		979,529
49	4900 RESPIRATORY THERAPY	2,525,940	1,010,260	3,536,200	-657,490	2,878,710
50	5000 PHYSICAL THERAPY	1,622,905	235,843	1,858,748	-37,713	1,821,035
51	5100 OCCUPATIONAL THERAPY	1,237,258	158,313	1,395,571	-3,637	1,391,934
53	5300 ELECTROCARDIOLOGY	2,652,713	1,915,633	4,568,346	-132,242	4,436,104
54	5400 ELECTROENCEPHALOGRAPHY	160,350	113,012	273,362	-48,238	225,124
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				39,630,215	39,630,215
56	5600 DRUGS CHARGED TO PATIENTS					
57	5700 RENAL DIALYSIS		911,135	911,135		911,135
59	3950 OTHER ANCILLARY SERVICE COST CENTERS					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
60.01	6001 SPORTS MEDICINE	999,646	391,156	1,390,802	-46,229	1,344,573
60.02	6002 WOUND CARE CLINIC	373,124	277,683	650,807	-105,389	545,418
61	6100 EMERGENCY	7,996,240	5,640,473	13,636,713	-983,417	12,653,296
61.01	6101 DAY HOSPITAL					
61.02	6102 PAIN CLINIC	763,865	168,012	931,877	-38,554	893,323
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	120,909,797	235,821,538	356,731,335	46,934	356,778,269
	NONREIMBURSABLE COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
96.01	9601 OTHER NONREIMBURSABLE	1,118,069	2,373,464	3,491,533	-46,934	3,444,599
98	9800 PHYSICIANS' PRIVATE OFFICES					
101	TOTAL	122,027,866	238,195,002	360,222,868	-0-	360,222,868

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0288
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/26/2010
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	33,789	1,042,310
2	0200 OLD CAP REL COSTS-MVBLE EQUIP	11,712	18,581
3	0300 NEW CAP REL COSTS-BLDG & FIXT	699,556	8,865,216
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	1,687,380	7,783,583
5	0500 EMPLOYEE BENEFITS	4,345,808	31,105,345
6.01	0610 NONPATIENT TELEPHONES	-388,732	554,109
6.02	0620 DATA PROCESSING	4,550,462	5,836,403
6.03	0630 PURCHASING RECEIVING AND STORES		460,621
6.04	0640 ADMITTING		1,469,422
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	-264,216	13,978,150
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	-34,419,883	38,687,636
7	0700 MAINTENANCE & REPAIRS	-23,519	7,214,761
8	0800 OPERATION OF PLANT	-17,159	4,791,409
9	0900 LAUNDRY & LINEN SERVICE	-21,472	323,176
10	1000 HOUSEKEEPING	-6,784	3,317,745
11	1100 DIETARY	-1,176,528	3,206,655
12	1200 CAFETERIA		
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION	-70,303	4,131,682
15	1500 CENTRAL SERVICES & SUPPLY	-1,541	3,196,677
16	1600 PHARMACY	-19,583	16,365,670
17	1700 MEDICAL RECORDS & LIBRARY	-225	3,169,058
18	1800 SOCIAL SERVICE	-30,954	2,566,890
24	2400 PARAMEDICAL PRGM-(SPECIFY)	-175,914	408,116
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-683,003	26,777,181
26	2600 INTENSIVE CARE UNIT	-466,877	15,158,426
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER	-9,051	5,679,356
33	3300 NURSERY	-107,378	2,299,957
34	3400 SKILLED NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-63,244	11,558,645
38	3800 RECOVERY ROOM		1,258,140
39	3900 DELIVERY ROOM & LABOR ROOM	-833,393	3,278,170
40	4000 ANESTHESIOLOGY	-993,237	390,174
41	4100 RADIOLOGY-DIAGNOSTIC	-170,852	21,224,969
44	4400 LABORATORY	-542,313	13,792,186
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		979,529
49	4900 RESPIRATORY THERAPY	-414	2,878,296
50	5000 PHYSICAL THERAPY	-6,239	1,814,796
51	5100 OCCUPATIONAL THERAPY	-72	1,391,862
53	5300 ELECTROCARDIOLOGY	-1,715,638	2,720,466
54	5400 ELECTROENCEPHALOGRAPHY		225,124
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		39,630,215
56	5600 DRUGS CHARGED TO PATIENTS		
57	5700 RENAL DIALYSIS		911,135
59	3950 OTHER ANCILLARY SERVICE COST CENTERS		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-19	-19
60.01	6001 SPORTS MEDICINE	-22,283	1,322,290
60.02	6002 WOUND CARE CLINIC		545,418
61	6100 EMERGENCY	-2,169,618	10,483,678
61.01	6101 DAY HOSPITAL		
61.02	6102 PAIN CLINIC		893,323
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-33,071,737	323,706,532
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
96.01	9601 OTHER NONREIMBURSABLE	-56,970	3,387,629
98	9800 PHYSICIANS' PRIVATE OFFICES		
101	TOTAL	-33,128,707	327,094,161

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0288
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMINISTRATIVE	0640	ADMINISTRATIVE
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	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	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
24	PARAMEDICAL PRGM-(SPECIFY)	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	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	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	OTHER ANCILLARY SERVICE COST CENTERS	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	SPORTS MEDICINE	6001	CLINIC
60.02	WOUND CARE CLINIC	6002	CLINIC
61	EMERGENCY	6100	
61.01	DAY HOSPITAL	6101	EMERGENCY
61.02	PAIN CLINIC	6102	EMERGENCY
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	OTHER NONREIMBURSABLE	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
98	PHYSICIANS' PRIVATE OFFICES	9800	
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140288

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

PREPARED 5/26/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 VACATION ACCRUAL	A	EMPLOYEE BENEFITS	5		242,186
2 LAUNDRY COSTS	B	LAUNDRY & LINEN SERVICE	9		135,249
3					
4					
5					
6					
7					
8					
9					
10					
11 GL EQUIP CAP DEPR	D	NEW CAP REL COSTS-MVBLE EQUIP	4		6,103,072
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 GL EQUIP CAP DEPR	D				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11 GL BLDG CAP DEPR	E	NEW CAP REL COSTS-BLDG & FIXT	3		9,174,181
12 MC BLDG CAP DEPR OLD/NEW	F	OLD CAP REL COSTS-BLDG & FIXT	1		1,008,521
13 MC EQUIP CAP DEPR OLD/NEW	G	OLD CAP REL COSTS-MVBLE EQUIP	2		6,869
14 O/P REGISTRATION	H	OTHER ADMINISTRATIVE AND GENERAL	6.06		6,940
15 MEDICAL SUPPLIES	I				
16					
17		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		39,630,215
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					

RECLASSIFICATIONS

PROVIDER NO:
140288

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

PREPARED 5/26/2010
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
1 MEDICAL SUPPLIES	I				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
36 TOTAL RECLASSIFICATIONS					56,307,233

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

RECLASSIFICATIONS

PROVIDER NO:
140288

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

PREPARED 5/26/2010
WORKSHEET A-6

----- DECREASE -----					A-7	
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 VACATION ACCRUAL	A	OTHER ADMINISTRATIVE AND GENERAL	6.06		242,186	
2 LAUNDRY COSTS	B	DIETARY	11		18,270	
3		HOUSEKEEPING	10		64	
4		OPERATING ROOM	37		144	
5		RADIOLOGY-DIAGNOSTIC	41		41,369	
6		SPORTS MEDICINE	60.01		34,715	
7		PHYSICAL THERAPY	50		5,356	
8		EMERGENCY	61		33,738	
9		ELECTROCARDIOLOGY	53		1,156	
10		WOUND CARE CLINIC	60.02		437	
11 GL EQUIP CAP DEPR	D	NONPATIENT TELEPHONES	6.01		27,556	9
12		DATA PROCESSING	6.02		12,379	9
13		PURCHASING RECEIVING AND STORES	6.03		3,272	9
14		ADMINISTRATIVE	6.04		7,246	9
15		CASHIERING/ACCOUNTS RECEIVABLE	6.05		35,317	9
16		OTHER ADMINISTRATIVE AND GENERAL	6.06		149,653	9
17		MAINTENANCE & REPAIRS	7		51,762	9
18		OPERATION OF PLANT	8		1,485	9
19		HOUSEKEEPING	10		9,721	9
20		DIETARY	11		37,855	9
21		NURSING ADMINISTRATION	14		14,744	9
22		CENTRAL SERVICES & SUPPLY	15		65,156	9
23		PHARMACY	16		93,777	9
24		MEDICAL RECORDS & LIBRARY	17		8,150	9
25		SOCIAL SERVICE	18		62	9
26		PARAMEDICAL PRGM-(SPECIFY)	24		10,959	9
27		ADULTS & PEDIATRICS	25		255,082	9
28		INTENSIVE CARE UNIT	26		624,542	9
29		SUBPROVIDER	31		6,287	9
30		NURSERY	33		66,997	9
31		OPERATING ROOM	37		2,312,443	9
32		RECOVERY ROOM	38		3,401	9
33		DELIVERY ROOM & LABOR ROOM	39		62,429	9
34		ANESTHESIOLOGY	40		12,221	9
35		RADIOLOGY-DIAGNOSTIC	41		1,945,769	9
1 GL EQUIP CAP DEPR	D	LABORATORY	44		14,605	9
2		RESPIRATORY THERAPY	49		50,657	9
3		PHYSICAL THERAPY	50		14,360	9
4		ELECTROCARDIOLOGY	53		66,267	9
5		ELECTROENCEPHALOGRAPHY	54		23,675	9
6		EMERGENCY	61		100,706	9
7		WOUND CARE CLINIC	60.02		2,509	9
8		PAIN CLINIC	61.02		3,118	9
9		OTHER NONREIMBURSABLE	96.01		7,249	9
10		SPORTS MEDICINE	60.01		1,661	9
11 GL BLDG CAP DEPR	E	OTHER ADMINISTRATIVE AND GENERAL	6.06		9,174,181	9
12 MC BLDG CAP DEPR OLD/NEW	F	NEW CAP REL COSTS-BLDG & FIXT	3		1,008,521	9
13 MC EQUIP CAP DEPR OLD/NEW	G	NEW CAP REL COSTS-MVBLE EQUIP	4		6,869	9
14 O/P REGISTRATION	H	ADMINISTRATIVE	6.04		6,940	
15 MEDICAL SUPPLIES	I	EMPLOYEE BENEFITS	5		351	
16		NONPATIENT TELEPHONES	6.01		1,308	
17		ADMINISTRATIVE	6.04		1,550	
18		CASHIERING/ACCOUNTS RECEIVABLE	6.05		287	
19		LAUNDRY & LINEN SERVICE	9		12,601	
20		MAINTENANCE & REPAIRS	7		46,013	
21		OPERATION OF PLANT	8		35,653	
22		HOUSEKEEPING	10		6,832	
23		DIETARY	11		9,217	
24		NURSING ADMINISTRATION	14		3,390	
25		CENTRAL SERVICES & SUPPLY	15		1,446,045	
26		PHARMACY	16		229,165	
27		SOCIAL SERVICE	18		4	
28		PARAMEDICAL PRGM-(SPECIFY)	24		1,323	
29		ADULTS & PEDIATRICS	25		1,347,017	
30		INTENSIVE CARE UNIT	26		761,504	
31		SUBPROVIDER	31		34,967	
32		NURSERY	33		89,035	
33		OPERATING ROOM	37		21,309,839	
34		RECOVERY ROOM	38		35,876	
35		DELIVERY ROOM & LABOR ROOM	39		390,662	

RECLASSIFICATIONS

PROVIDER NO:
140288

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

PREPARED 5/26/2010
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----					A-7 REF 10
	CODE (1) 1	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 MEDICAL SUPPLIES	I	ANESTHESIOLOGY	40		394,213	
2		RADIOLOGY-DIAGNOSTIC	41		11,689,565	
3		RESPIRATORY THERAPY	49		606,833	
4		PHYSICAL THERAPY	50		17,997	
5		OCCUPATIONAL THERAPY	51		3,637	
6		ELECTROCARDIOLOGY	53		64,819	
7		ELECTROENCEPHALOGRAPHY	54		24,563	
8		SPORTS MEDICINE	60.01		9,853	
9		WOUND CARE CLINIC	60.02		102,443	
10		EMERGENCY	61		848,973	
11		PURCHASING RECEIVING AND STORES	6.03		938	
12		PAIN CLINIC	61.02		35,436	
13		OTHER NONREIMBURSABLE	96.01		39,685	
14		MEDICAL RECORDS & LIBRARY	17		1,053	
15		OTHER ADMINISTRATIVE AND GENERAL	6.06		26,379	
16		LABORATORY	44		1,189	
36 TOTAL RECLASSIFICATIONS					56,307,233	

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

RECLASSIFICATIONS

PROVIDER NO:
140288

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

PREPARED 5/26/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : VACATION ACCRUAL

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	242,186
TOTAL RECLASSIFICATIONS FOR CODE A			242,186

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	242,186	
		242,186	

RECLASS CODE: B
EXPLANATION : LAUNDRY COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	LAUNDRY & LINEN SERVICE	9	135,249
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			135,249

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	18,270	
HOUSEKEEPING	10	64	
OPERATING ROOM	37	144	
RADIOLOGY-DIAGNOSTIC	41	41,369	
SPORTS MEDICINE	60.01	34,715	
PHYSICAL THERAPY	50	5,356	
EMERGENCY	61	33,738	
ELECTROCARDIOLOGY	53	1,156	
WOUND CARE CLINIC	60.02	437	
		135,249	

RECLASS CODE: D
EXPLANATION : GL EQUIP CAP DEPR

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	6,103,072
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 D			6,103,072

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NONPATIENT TELEPHONES	6.01	27,556	
DATA PROCESSING	6.02	12,379	
PURCHASING RECEIVING AND STORE	6.03	3,272	
ADMINISTRATIVE	6.04	7,246	
CASHIERING/ACCOUNTS RECEIVABLE	6.05	35,317	
OTHER ADMINISTRATIVE AND GENER	6.06	149,653	
MAINTENANCE & REPAIRS	7	51,762	
OPERATION OF PLANT	8	1,485	
HOUSEKEEPING	10	9,721	
DIETARY	11	37,855	
NURSING ADMINISTRATION	14	14,744	
CENTRAL SERVICES & SUPPLY	15	65,156	
PHARMACY	16	93,777	
MEDICAL RECORDS & LIBRARY	17	8,150	
SOCIAL SERVICE	18	62	
PARAMEDICAL PRGM-(SPECIFY)	24	10,959	
ADULTS & PEDIATRICS	25	255,082	
INTENSIVE CARE UNIT	26	624,542	
SUBPROVIDER	31	6,287	
NURSERY	33	66,997	
OPERATING ROOM	37	2,312,443	
RECOVERY ROOM	38	3,401	
DELIVERY ROOM & LABOR ROOM	39	62,429	
ANESTHESIOLOGY	40	12,221	
RADIOLOGY-DIAGNOSTIC	41	1,945,769	
LABORATORY	44	14,605	
RESPIRATORY THERAPY	49	50,657	
PHYSICAL THERAPY	50	14,360	
ELECTROCARDIOLOGY	53	66,267	
ELECTROENCEPHALOGRAPHY	54	23,675	
EMERGENCY	61	100,706	
WOUND CARE CLINIC	60.02	2,509	
PAIN CLINIC	61.02	3,118	
OTHER NONREIMBURSABLE	96.01	7,249	
SPORTS MEDICINE	60.01	1,661	
		6,103,072	

RECLASS CODE: E
EXPLANATION : GL BLDG CAP DEPR

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	9,174,181
TOTAL RECLASSIFICATIONS FOR CODE E			9,174,181

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	9,174,181	
		9,174,181	

RECLASS CODE: F
EXPLANATION : MC BLDG CAP DEPR OLD/NEW

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	1,008,521
TOTAL RECLASSIFICATIONS FOR CODE F			1,008,521

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	1,008,521	
		1,008,521	

RECLASSIFICATIONS

PROVIDER NO:
140288

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

PREPARED 5/26/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: G
EXPLANATION : MC EQUIP CAP DEPR OLD/NEW

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-MVBLE EQUIP	2	6,869
TOTAL RECLASSIFICATIONS FOR CODE G			6,869

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-MVBLE EQUIP	4	6,869	
		6,869	

RECLASS CODE: H
EXPLANATION : O/P REGISTRATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	6,940
TOTAL RECLASSIFICATIONS FOR CODE H			6,940

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE	6.04	6,940	
		6,940	

RECLASS CODE: I
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00			0
2.00			0
3.00	MEDICAL SUPPLIES CHARGED TO PA	55	39,630,215
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
36.00			0
37.00			0
TOTAL RECLASSIFICATIONS FOR CODE I			39,630,215

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	351	
NONPATIENT TELEPHONES	6.01	1,308	
ADMINISTRATIVE	6.04	1,550	
CASHIERING/ACCOUNTS RECEIVABLE	6.05	287	
LAUNDRY & LINEN SERVICE	9	12,601	
MAINTENANCE & REPAIRS	7	46,013	
OPERATION OF PLANT	8	35,653	
HOUSEKEEPING	10	6,832	
DIETARY	11	9,217	
NURSING ADMINISTRATION	14	3,390	
CENTRAL SERVICES & SUPPLY	15	1,446,045	
PHARMACY	16	229,165	
SOCIAL SERVICE	18	4	
PARAMEDICAL PRGM-(SPECIFY)	24	1,323	
ADULTS & PEDIATRICS	25	1,347,017	
INTENSIVE CARE UNIT	26	761,504	
SUBPROVIDER	31	34,967	
NURSERY	33	89,035	
OPERATING ROOM	37	21,309,839	
RECOVERY ROOM	38	35,876	
DELIVERY ROOM & LABOR ROOM	39	390,662	
ANESTHESIOLOGY	40	394,213	
RADIOLOGY-DIAGNOSTIC	41	11,689,565	
RESPIRATORY THERAPY	49	606,833	
PHYSICAL THERAPY	50	17,997	
OCCUPATIONAL THERAPY	51	3,637	
ELECTROCARDIOLOGY	53	64,819	
ELECTROENCEPHALOGRAPHY	54	24,563	
SPORTS MEDICINE	60.01	9,853	
WOUND CARE CLINIC	60.02	102,443	
EMERGENCY	61	848,973	
PURCHASING RECEIVING AND STORE	6.03	938	
PAIN CLINIC	61.02	35,436	
OTHER NONREIMBURSABLE	96.01	39,685	
MEDICAL RECORDS & LIBRARY	17	1,053	
OTHER ADMINISTRATIVE AND GENER	6.06	26,379	
LABORATORY	44	1,189	
		39,630,215	

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	1,903,343					1,903,343	
2	LAND IMPROVEMENTS	2,651,659					2,651,659	2,649,864
3	BUILDINGS & FIXTURE	43,989,192					43,989,192	15,149,430
4	BUILDING IMPROVEMENT	213,312					213,312	45,892
5	FIXED EQUIPMENT	9,182,748				15,156	9,167,592	5,943,244
6	MOVABLE EQUIPMENT	11,730					11,730	11,730
7	SUBTOTAL	57,951,984				15,156	57,936,828	23,800,160
8	RECONCILING ITEMS							
9	TOTAL	57,951,984				15,156	57,936,828	23,800,160

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	2,900,970					2,900,970	
2	LAND IMPROVEMENTS	4,493,759	18,614		18,614		4,512,373	1,285,638
3	BUILDINGS & FIXTURE	144,539,097	4,266,539		4,266,539		148,805,636	9,637,394
4	BUILDING IMPROVEMENT	2,837,367	1,137,442		1,137,442		3,974,809	141,667
5	FIXED EQUIPMENT	67,281,136	3,825,602		3,825,602		71,106,738	36,087,378
6	MOVABLE EQUIPMENT	134,382					134,382	106,382
7	SUBTOTAL	222,186,711	9,248,197		9,248,197		231,434,908	47,258,459
8	RECONCILING ITEMS	4,148,260				3,941,067	207,193	
9	TOTAL	218,038,451	9,248,197		9,248,197	-3,941,067	231,227,715	47,258,459

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	1,042,310						1,042,310
2	OLD CAP REL COSTS-MV	18,581						18,581
3	NEW CAP REL COSTS-BL	8,865,216						8,865,216
4	NEW CAP REL COSTS-MV	7,783,583						7,783,583
5	TOTAL	17,709,690						17,709,690

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

DESCRPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-388,682	NONPATIENT TELEPHONES	6.01	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-6,540,154			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	18,009,817			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	479,036	NEW CAP REL COSTS-BLDG &	3	9
32 DEPRECIATION-NEW MOVABLE EQUIP	A	-5,090	NEW CAP REL COSTS-MVBLE E	4	9
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 BAD DEBT EXPS	A	-25,881,000	OTHER ADMINISTRATIVE AND	6.06	
37.01 BAD DEBT EXPS					
37.02 BAD DEBT EXPS					
37.03 BAD DEBT EXPS					
37.04 BAD DEBT EXPS	A	-8,394	OTHER NONREIMBURSABLE	96.01	
38 CONTRIBUTION EXPS					
38.02 PERINATAL	A	-40,326	NURSERY	33	
39 INTEREST EXPS	A	-3,807,462	OTHER ADMINISTRATIVE AND	6.06	
40 OOR	B	-4,274	EMPLOYEE BENEFITS	5	
41 OOR	B	-50	NONPATIENT TELEPHONES	6.01	
42 OOR	B	-161,523	CASHERING/ACCOUNTS RECEIV	6.05	
43 OOR	B	-602,670	OTHER ADMINISTRATIVE AND	6.06	
44 OOR	B	-23,434	MAINTENANCE & REPAIRS	7	
45 OOR	B	-17,159	OPERATION OF PLANT	8	
46 OOR	B	-21,472	LAUNDRY & LINEN SERVICE	9	
47 OOR	B	-6,690	HOUSEKEEPING	10	
48 OOR	B	-1,173,056	DIETARY	11	
48.01 OOR	B	-55,745	NURSING ADMINISTRATION	14	
49 OOR	B	-1,541	CENTRAL SERVICES & SUPPLY	15	
49.01 OOR	B	-14,528	PHARMACY	16	
49.02 OOR	B	-225	MEDICAL RECORDS & LIBRARY	17	
49.03 OOR	B	-5,256	SOCIAL SERVICE	18	
49.04 OOR	B	-141,417	PARAMED ED PRGM-(SPECIFY)	24	
49.05 OOR	B	-345,707	ADULTS & PEDIATRICS	25	
49.06 OOR	B	-16,681	INTENSIVE CARE UNIT	26	
49.07 OOR	B	-3,942	SUBPROVIDER	31	
49.08 OOR	B	-53,350	NURSERY	33	
49.10 ORR	B	-61,996	OPERATING ROOM	37	
49.12 OOR	B	-36,313	RADIOLOGY-DIAGNOSTIC	41	
49.13 OOR	B	-542,220	LABORATORY	44	
49.14 OOR	B	-25,335	ELECTROCARDIOLOGY	53	
49.15 OOR	B	-22,283	SPORTS MEDICINE	60.01	
49.16 OOR	B	-1,556	EMERGENCY	61	
49.17 OOR					
49.18 PA ASSESSMENT EXPENSE	A	-8,633,535	OTHER ADMINISTRATIVE AND	6.06	
49.20 PHO	A	-1,592,690	OTHER ADMINISTRATIVE AND	6.06	
49.21 SPECIALTY BILLING	A	-99,160	CASHERING/ACCOUNTS RECEIV	6.05	
49.22 PBP	A	-365,562	OTHER ADMINISTRATIVE AND	6.06	
49.23 AHA LOBBYING	A	-33,038	OTHER ADMINISTRATIVE AND	6.06	
49.25 NONALLOWABLE	A	-97,518	EMPLOYEE BENEFITS	5	
49.26 NONALLOWABLE	A	-3,533	CASHERING/ACCOUNTS RECEIV	6.05	
49.27 NONALLOWABLE	A	-557,190	OTHER ADMINISTRATIVE AND	6.06	
49.28 NONALLOWABLE	A	-85	MAINTENANCE & REPAIRS	7	
49.29 NONALLOWABLE	A	-94	HOUSEKEEPING	10	
49.30 NONALLOWABLE	A	-3,472	DIETARY	11	
49.31 NONALLOWABLE	A	-14,558	NURSING ADMINISTRATION	14	
49.32 NONALLOWABLE	A	-5,055	PHARMACY	16	
49.33 NONALLOWABLE	A	-25,698	SOCIAL SERVICE	18	
49.34 NONALLOWABLE	A	-34,497	PARAMED ED PRGM-(SPECIFY)	24	

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 14-0288

PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET A-8

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON		WKST. REF.
	BASIS/CODE	AMOUNT	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	COST CENTER	
	1	2	3	4	5
49.35 NONALLOWABLE	A	-10,110	ADULTS & PEDIATRICS	25	
49.36 NONALLOWABLE	A	-92	INTENSIVE CARE UNIT	26	
49.37 NONALLOWABLE	A	-5,109	SUBPROVIDER	31	
49.38 NONALLOWABLE	A	-13,702	NURSERY	33	
49.40 NONALLOWABLE	A	-1,248	OPERATING ROOM	37	
49.41 NONALLOWABLE	A	-4,774	DELIVERY ROOM & LABOR ROO	39	
49.42 NONALLOWABLE	A	-25,772	RADIOLOGY-DIAGNOSTIC	41	
49.43 NONALLOWABLE	A	-93	LABORATORY	44	
49.44 NONALLOWABLE	A	-414	RESPIRATORY THERAPY	49	
49.45 NONALLOWABLE	A	-33	PHYSICAL THERAPY	50	
49.46 NONALLOWABLE	A	-72	OCCUPATIONAL THERAPY	51	
49.47 NONALLOWABLE	A	-449	ELECTROCARDIOLOGY	53	
49.48 NONALLOWABLE	A	-19	CLINIC	60	
49.49 NONALLOWABLE	A	-31,881	EMERGENCY	61	
49.50 NONALLOWABLE	A	-48,576	OTHER NONREIMBURSABLE	96.01	
50 TOTAL (SUM OF LINES 1 THRU 49)		-33,128,707			

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	5	EMPLOYEE BENEFITS PERSONNEL	4,447,600		4,447,600	
2	6 2	DATA PROCESSING DATA PROCESSING	4,550,462		4,550,462	
3	6 6	OTHER ADMINISTRATIVE AND ADMINISTRATIVE	7,053,264		7,053,264	
4	1	OLD CAP REL COSTS-BLDG & OLD B&F	33,789		33,789	9
4.01	2	OLD CAP REL COSTS-MVBLE E OLD ME	11,712		11,712	9
4.02	3	NEW CAP REL COSTS-BLDG & NEW B&F	220,520		220,520	9
4.03	4	NEW CAP REL COSTS-MVBLE E NEW ME	1,692,470		1,692,470	9
5		TOTALS	18,009,817		18,009,817	

* 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		100.00	ADVOCATE HEALTHCARE	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: 14-0288
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED: 5/26/2010
 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
2 26	AGGREGATE	450,178		450,178	154,100	1	74	4
5 50	DR. JEFFREY OKEN	33,206		33,206	208,000	270	27,000	1,350
6 39	AGGREGATE	828,719		828,719	208,000	1	100	5
8 53	AGGREGATE	1,689,854	1,689,854		208,000	1	100	5
10 41	AGGREGATE	108,875		108,875	225,300	1	108	5
11 25	AGGREGATE	327,186	327,186		208,000	96	9,600	480
12 61	AGGREGATE	2,136,281		2,136,281	208,000	1	100	5
13 40	AGGREGATE	993,333		993,333	200,300	1	96	5

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TOTAL 6,567,632 2,017,040 4,550,592 372 37,178 1,859

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
2 26	AGGREGATE					74	450,104	450,104
5 50	DR. JEFFREY OKEN					27,000	6,206	6,206
6 39	AGGREGATE					100	828,619	828,619
8 53	AGGREGATE					100		1,689,854
10 41	AGGREGATE					108	108,767	108,767
11 25	AGGREGATE					9,600		327,186
12 61	AGGREGATE					100	2,136,181	2,136,181
13 40	AGGREGATE					96	993,237	993,237

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TOTAL 37,178 4,523,114 6,540,154

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0288
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1 ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	1 ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	2	SQUARE FEET	2 ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	SQUARE FEET	2 ENTERED
5	EMPLOYEE BENEFITS	3	SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	5	#OF PHONES	ENTERED
6.02	DATA PROCESSING	6	REVENUE	ENTERED
6.03	PURCHASING RECEIVING AND STORES	7	SUPPLY COSTS	ENTERED
6.04	ADMITTING	8	I/P REVENUE	ENTERED
6.05	CASHERING/ACCOUNTS RECEIVABLE	6	REVENUE	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	-9	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	2	SQUARE FEET	2 ENTERED
8	OPERATION OF PLANT	2	SQUARE FEET	2 ENTERED
9	LAUNDRY & LINEN SERVICE	11	#OF POUNDS	ENTERED
10	HOUSEKEEPING	2	SQUARE FEET	2 ENTERED
11	DIETARY	13	MEALS SERVED	ENTERED
12	CAFETERIA	14	FTE'S	ENTERED
13	MAINTENANCE OF PERSONNEL	15	ACC COST	NOT ENTERED
14	NURSING ADMINISTRATION	16	FTE'S	ENTERED
15	CENTRAL SERVICES & SUPPLY	17	COSTS	ENTERED
16	PHARMACY	18	COSTS	ENTERED
17	MEDICAL RECORDS & LIBRARY	19	TIME SPENT	ENTERED
18	SOCIAL SERVICE	20	PATIENTS DAYS	ENTERED
24	PARAMED ED PRGM-(SPECIFY)	26	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0288
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT TELEPHONES
	0	1	2	3	4	5	6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	1,042,310	1,042,310					
003 OLD CAP REL COSTS-MVBLE E	18,581		18,581				
004 NEW CAP REL COSTS-BLDG &	8,865,216			8,865,216			
005 NEW CAP REL COSTS-MVBLE E	7,783,583				7,783,583		
006 EMPLOYEE BENEFITS	31,105,345	2,753	49	23,412	20,555	31,152,114	
006 01 NONPATIENT TELEPHONES	554,109	2,786	50	23,697	20,806	103,292	704,740
006 02 DATA PROCESSING	5,836,403	2,614	47	22,235	19,522		14,441
006 03 PURCHASING RECEIVING AND	460,621	1,288	23	10,957	9,620		
006 04 ADMINISTRATION	1,469,422	2,668	48	22,692	19,923	319,876	12,220
006 05 CASHIERING/ACCOUNTS RECEIV	13,978,150	1,212	22	10,306	9,049	865,022	14,664
006 06 OTHER ADMINISTRATIVE AND	38,687,636	20,584	367	175,078	153,717	1,849,845	53,766
007 MAINTENANCE & REPAIRS	7,214,761	349,908	6,235	2,976,091	2,612,982	264,204	34,437
008 OPERATION OF PLANT	4,791,409	23,645	422	201,106	176,570	137,568	889
009 LAUNDRY & LINEN SERVICE	323,176	822	15	6,993	6,139		667
010 HOUSEKEEPING	3,317,745	3,332	59	28,336	24,879	532,827	5,332
011 DIETARY	3,206,655	24,375	435	207,322	182,027	590,737	9,109
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	4,131,682	8,219	147	69,903	61,375	903,419	16,885
015 CENTRAL SERVICES & SUPPLY	3,196,677	29,279	522	249,026	218,643	559,291	5,332
016 PHARMACY	16,365,670	7,532	134	64,065	56,248	1,182,118	13,108
017 MEDICAL RECORDS & LIBRARY	3,169,058	4,688	84	39,876	35,011		222
018 SOCIAL SERVICE	2,566,890	157	3	1,337	1,174	569,880	4,221
024 PARAMEDICAL PRGM-(SPECIFY)	408,116					92,546	2,444
025 INPATIENT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	26,777,181	112,710	2,009	958,640	841,678	6,190,114	145,307
027 INTENSIVE CARE UNIT	15,158,426	60,828	1,084	517,363	454,240	3,203,521	55,766
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER	5,679,356	29,482	526	250,752	220,158	1,315,065	20,884
034 NURSERY	2,299,957	5,634	100	47,920	42,073	535,638	6,887
037 SKILLED NURSING FACILITY							
038 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	11,558,645	105,772	1,886	899,626	789,864	2,339,190	60,876
038 RECOVERY ROOM	1,258,140	8,646	154	73,537	64,565	295,007	5,777
039 DELIVERY ROOM & LABOR ROO	3,278,170	21,315	380	181,294	159,175	739,368	17,107
040 ANESTHESIOLOGY	390,174	523	9	4,445	3,902	58,353	1,555
041 RADIOLOGY-DIAGNOSTIC	21,224,969	68,896	1,228	585,986	514,491	3,446,921	93,980
044 LABORATORY	13,792,186	15,503	276	131,854	115,767		
046 WHOLE BLOOD & PACKED RED	979,529						
049 RESPIRATORY THERAPY	2,878,296	3,888	69	33,066	29,032	656,911	3,777
050 PHYSICAL THERAPY	1,814,796	6,213	111	52,845	46,397	422,062	4,221
051 OCCUPATIONAL THERAPY	1,391,862	6,185	110	52,605	46,186	321,769	4,221
053 ELECTROCARDIOLOGY	2,720,466	13,643	243	116,041	101,883	689,880	26,661
054 ELECTROENCEPHALOGRAPHY	225,124	318	6	2,708	2,378	41,702	1,777
055 MEDICAL SUPPLIES CHARGED	39,630,215						
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	911,135						
059 OTHER ANCILLARY SERVICE C							
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	-19						
060 01 SPORTS MEDICINE	1,322,290					259,974	1,777
060 02 WOUND CARE CLINIC	545,418	3,255	58	27,685	24,307	295,692	3,999
061 EMERGENCY	10,483,678	27,528	491	234,139	205,572	2,079,550	54,433
061 01 DAY HOSPITAL							
061 02 PAIN CLINIC	893,323	4,991	89	42,447	37,268		1,555
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	323,706,532	981,192	17,491	8,345,385	7,327,176	30,861,342	698,297
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	3,387,629	61,118	1,090	519,831	456,407	290,772	6,443
098 OTHER NONREIMBURSABLE							
101 PHYSICIANS' PRIVATE OFFIC							
102 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	327,094,161	1,042,310	18,581	8,865,216	7,783,583	31,152,114	704,740

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	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	5,895,262						
006 03 PURCHASING RECEIVING AND		482,509					
006 04 ADMINISTRATIVE		342	1,847,191				
006 05 CASHIERING/ACCOUNTS RECEIV		317		14,878,742			
006 06 OTHER ADMINISTRATIVE AND		11,141			40,952,134	40,952,134	
007 MAINTENANCE & REPAIRS		7,133			13,465,751	1,927,191	15,392,942
008 OPERATION OF PLANT		824			5,332,433	763,167	552,715
009 LAUNDRY & LINEN SERVICE		133			337,945	48,366	19,218
010 HOUSEKEEPING		3,982			3,916,492	560,521	77,878
011 DIETARY		22,806			4,243,466	607,316	569,798
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		881			5,192,511	743,142	192,121
015 CENTRAL SERVICES & SUPPLY		15,929			4,274,699	611,786	684,418
016 PHARMACY		3,630			17,692,505	2,532,116	176,074
017 MEDICAL RECORDS & LIBRARY		52			3,248,991	464,989	109,595
018 SOCIAL SERVICE		351			3,144,013	449,965	3,674
024 PARAMEDICAL PRGM-(SPECIFY)		87			503,193	72,016	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	337,309	16,463	146,972	851,360	36,379,743	5,206,596	2,634,701
026 INTENSIVE CARE UNIT	343,873	9,818	164,673	867,928	20,837,520	2,982,224	1,421,905
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	77,052	936	39,581	194,479	7,828,271	1,120,366	689,159
033 NURSERY	78,589	1,355	40,370	198,357	3,256,880	466,118	131,702
034 SKILLED NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	594,094	225,784	159,077	1,499,478	18,234,292	2,609,655	2,472,508
038 RECOVERY ROOM	99,509	398	25,891	251,158	2,082,782	298,084	202,107
039 DELIVERY ROOM & LABOR ROO	101,592	4,525	43,134	256,416	4,802,476	687,321	498,264
040 ANESTHESIOLOGY	109,615	4,189	32,318	276,666	881,749	126,194	12,216
041 RADIOLOGY-DIAGNOSTIC	1,405,394	127,476	285,424	3,546,426	31,301,191	4,479,764	1,610,509
044 LABORATORY	601,691		175,082	1,518,653	16,351,012	2,340,124	362,385
046 WHOLE BLOOD & PACKED RED	40,519		17,016	102,270	1,139,334	163,059	
049 RESPIRATORY THERAPY	180,616	6,650	87,832	455,870	4,336,007	620,561	90,879
050 PHYSICAL THERAPY	40,943	253	15,832	103,339	2,507,012	358,799	145,237
051 OCCUPATIONAL THERAPY	29,558	85	5,465	74,604	1,932,650	276,597	144,577
053 ELECTROCARDIOLOGY	164,755	1,041	38,608	415,838	4,289,059	613,842	318,924
054 ELECTROENCEPHALOGRAPHY	21,102	277	9,639	53,260	358,291	51,278	7,442
055 MEDICAL SUPPLIES CHARGED	548,618		230,941	1,384,699	41,794,473	5,981,600	
056 DRUGS CHARGED TO PATIENTS	561,529		232,706	1,417,286	2,211,521	316,508	
057 RENAL DIALYSIS	22,555		10,675	56,927	1,001,292	143,303	
059 OTHER ANCILLARY SERVICE C							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC					-19		
060 01 SPORTS MEDICINE	25,963	589	7	65,530	1,676,130	239,884	
060 02 WOUND CARE CLINIC	13,419	1,262	53	33,868	949,016	135,821	76,088
061 EMERGENCY	452,619	10,303	84,585	1,142,399	14,775,297	2,114,611	643,500
061 01 DAY HOSPITAL							
061 02 PAIN CLINIC	42,613		651	107,553	1,130,490	161,793	116,660
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	5,893,527	479,012	1,846,532	14,874,364	322,360,602	40,274,677	13,964,254
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 OTHER NONREIMBURSABLE	1,735	3,497	659	4,378	4,733,559	677,457	1,428,688
098 PHYSICIANS' PRIVATE OFFIC							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	5,895,262	482,509	1,847,191	14,878,742	327,094,161	40,952,134	15,392,942

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0288
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
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	6,648,315						
009 LAUNDRY & LINEN SERVICE	8,610	414,139					
010 HOUSEKEEPING	34,889		4,589,780				
011 DIETARY	255,266		177,388	5,853,234			
012 CAFETERIA				3,213,871	3,213,871		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	86,069		59,810		78,387		6,352,040
015 CENTRAL SERVICES & SUPPLY	306,614		213,070		121,313		
016 PHARMACY	78,880		54,815		102,650		
017 MEDICAL RECORDS & LIBRARY	49,098		34,119				
018 SOCIAL SERVICE	1,646		1,144			54,124	
024 PARAMEDICAL PRGM-(SPECIFY)						33,594	
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,180,327	158,397	820,226	1,770,374	765,209		2,725,977
026 INTENSIVE CARE UNIT	637,003	52,669	442,663	517,939	309,816		1,292,267
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	308,738	12,804	214,547	287,144	139,977		334,318
033 NURSERY	59,002	1,707	41,001		44,793		
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,107,666	58,858	769,732		244,493		591,486
038 RECOVERY ROOM	90,542		62,919		27,995		128,584
039 DELIVERY ROOM & LABOR ROO	223,218	20,914	155,118		70,922		334,318
040 ANESTHESIOLOGY	5,472		3,803		9,332		
041 RADIOLOGY-DIAGNOSTIC	721,496	28,255	501,378		349,009		6,429
044 LABORATORY	162,346		112,816		307,949		
046 WHOLE BLOOD & PACKED RED					20,530		
049 RESPIRATORY THERAPY	40,713		28,292		80,253		
050 PHYSICAL THERAPY	65,065	2,561	45,215		46,659		
051 OCCUPATIONAL THERAPY	64,770		45,009	63,906	31,728		12,858
053 ELECTROCARDIOLOGY	142,876	9,172	99,286		70,922		147,871
054 ELECTROENCEPHALOGRAPHY	3,334		2,317		5,599		
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
059 OTHER ANCILLARY SERVICE C							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 SPORTS MEDICINE					27,995		
060 02 WOUND CARE CLINIC	34,087		23,688				
061 EMERGENCY	288,283	67,095	200,332		235,161		700,782
061 01 DAY HOSPITAL							
061 02 PAIN CLINIC	52,263	1,707	36,318				77,150
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	6,008,273	414,139	4,145,006	5,853,234	3,178,410		6,352,040
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 OTHER NONREIMBURSABLE	640,042		444,774		35,461		
098 PHYSICIANS' PRIVATE OFFIC							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	6,648,315	414,139	4,589,780	5,853,234	3,213,871		6,352,040

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMEDICAL PRGM-(SPECIFY)	SUBTOTAL	I&R COST POST STEP-DOWN ADJ
	15	16	17	18	24	25	26
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
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							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	6,211,900						
016 PHARMACY		20,637,040					
017 MEDICAL RECORDS & LIBRARY			3,906,792				
018 SOCIAL SERVICE				3,654,566			
024 PARAMEDICAL PRGM-(SPECIFY)					608,803		
025 INPATIENT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		432,050	403,132	3,236,588		55,713,320	
027 INTENSIVE CARE UNIT		183,462		69,952		28,747,420	
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER		3,478	713,204			11,652,006	
034 NURSERY		20,913	134,377	104,350		4,260,843	
037 SKILLED NURSING FACILITY							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM		298,877	238,443			26,626,010	
040 RECOVERY ROOM		32,107	3,668			2,928,788	
041 DELIVERY ROOM & LABOR ROO		32,184	38,035	104,350		6,967,120	
044 ANESTHESIOLOGY		78,470	6,951			1,124,187	
046 RADIOLOGY-DIAGNOSTIC		94,100	151,175			39,243,306	
049 LABORATORY			702,392			20,339,024	
050 WHOLE BLOOD & PACKED RED						1,322,923	
051 RESPIRATORY THERAPY		416	12,936			5,210,057	
053 PHYSICAL THERAPY		95	91,709			3,262,352	
055 OCCUPATIONAL THERAPY			3,089			2,575,184	
056 ELECTROCARDIOLOGY		31,412	313,933			6,037,297	
054 ELECTROENCEPHALOGRAPHY			965			429,226	
055 MEDICAL SUPPLIES CHARGED	6,211,900	35,975				54,023,948	
056 DRUGS CHARGED TO PATIENTS		16,957,610	185,927			19,671,566	
057 RENAL DIALYSIS			3,861			1,148,456	
059 OTHER ANCILLARY SERVICE C							
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							-19
060 01 SPORTS MEDICINE							1,944,009
060 02 WOUND CARE CLINIC		376					1,219,076
061 EMERGENCY		487,057	902,995	139,326	608,803	21,163,242	
061 01 DAY HOSPITAL							
061 02 PAIN CLINIC		36,956					1,613,337
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS	6,211,900	18,725,538	3,906,792	3,654,566	608,803	317,222,678	
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							
098 OTHER NONREIMBURSABLE		1,911,502				9,871,483	
101 PHYSICIANS' PRIVATE OFFIC							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	6,211,900	20,637,040	3,906,792	3,654,566	608,803	327,094,161	

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0288
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	TOTAL
	27
001 GENERAL SERVICE COST CNTR	
002 OLD CAP REL COSTS-BLDG &	
003 OLD CAP REL COSTS-MVBLE E	
004 NEW CAP REL COSTS-BLDG &	
005 NEW CAP REL COSTS-MVBLE E	
006 EMPLOYEE BENEFITS	
006 01 NONPATIENT TELEPHONES	
006 02 DATA PROCESSING	
006 03 PURCHASING RECEIVING AND	
006 04 ADMITTING	
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	
013 MAINTENANCE OF PERSONNEL	
014 NURSING ADMINISTRATION	
015 CENTRAL SERVICES & SUPPLY	
016 PHARMACY	
017 MEDICAL RECORDS & LIBRARY	
018 SOCIAL SERVICE	
024 PARAMEDICAL PRGM-(SPECIFY)	
INPAT ROUTINE SRVC CNTRS	
025 ADULTS & PEDIATRICS	55,713,320
026 INTENSIVE CARE UNIT	28,747,420
027 CORONARY CARE UNIT	
028 BURN INTENSIVE CARE UNIT	
029 SURGICAL INTENSIVE CARE U	
031 SUBPROVIDER	11,652,006
033 NURSERY	4,260,843
034 SKILLED NURSING FACILITY	
ANCILLARY SRVC COST CNTRS	
037 OPERATING ROOM	26,626,010
038 RECOVERY ROOM	2,928,788
039 DELIVERY ROOM & LABOR ROO	6,967,120
040 ANESTHESIOLOGY	1,124,187
041 RADIOLOGY-DIAGNOSTIC	39,243,306
044 LABORATORY	20,339,024
046 WHOLE BLOOD & PACKED RED	1,322,923
049 RESPIRATORY THERAPY	5,210,057
050 PHYSICAL THERAPY	3,262,352
051 OCCUPATIONAL THERAPY	2,575,184
053 ELECTROCARDIOLOGY	6,037,297
054 ELECTROENCEPHALOGRAPHY	429,226
055 MEDICAL SUPPLIES CHARGED	54,023,948
056 DRUGS CHARGED TO PATIENTS	19,671,566
057 RENAL DIALYSIS	1,148,456
059 OTHER ANCILLARY SERVICE C	
OUTPAT SERVICE COST CNTRS	
060 CLINIC	-19
060 01 SPORTS MEDICINE	1,944,009
060 02 WOUND CARE CLINIC	1,219,076
061 EMERGENCY	21,163,242
061 01 DAY HOSPITAL	
061 02 PAIN CLINIC	1,613,337
062 OBSERVATION BEDS (NON-DIS	
SPEC PURPOSE COST CENTERS	
095 SUBTOTALS	317,222,678
NONREIMBURS COST CENTERS	
096 GIFT, FLOWER, COFFEE SHOP	
096 01 OTHER NONREIMBURSABLE	9,871,483
098 PHYSICIANS' PRIVATE OFFIC	
101 CROSS FOOT ADJUSTMENT	
102 NEGATIVE COST CENTER	
103 TOTAL	327,094,161

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0288
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS 0	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 &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		2,753	49			2,802	2,802
006 01 NONPATIENT TELEPHONES		2,786	50			2,836	9
006 02 DATA PROCESSING		2,614	47			2,661	
006 03 PURCHASING RECEIVING AND		1,288	23			1,311	
006 04 ADMINITTING		2,668	48			2,716	28
006 05 CASHIERING/ACCOUNTS RECEIV		1,212	22			1,234	77
006 06 OTHER ADMINISTRATIVE AND		20,584	367			20,951	164
007 MAINTENANCE & REPAIRS		349,908	6,235			356,143	23
008 OPERATION OF PLANT		23,645	422			24,067	12
009 LAUNDRY & LINEN SERVICE		822	15			837	
010 HOUSEKEEPING		3,332	59			3,391	47
011 DIETARY		24,375	435			24,810	52
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		8,219	147			8,366	80
015 CENTRAL SERVICES & SUPPLY		29,279	522			29,801	49
016 PHARMACY		7,532	134			7,666	105
017 MEDICAL RECORDS & LIBRARY		4,688	84			4,772	
018 SOCIAL SERVICE		157	3			160	50
024 PARAMEDICAL PRGM-(SPECIFY)							8
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		112,710	2,009			114,719	597
026 INTENSIVE CARE UNIT		60,828	1,084			61,912	283
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		29,482	526			30,008	116
033 NURSERY		5,634	100			5,734	47
034 SKILLED NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		105,772	1,886			107,658	207
038 RECOVERY ROOM		8,646	154			8,800	26
039 DELIVERY ROOM & LABOR ROO		21,315	380			21,695	65
040 ANESTHESIOLOGY		523	9			532	5
041 RADIOLOGY-DIAGNOSTIC		68,896	1,228			70,124	305
044 LABORATORY		15,503	276			15,779	
046 WHOLE BLOOD & PACKED RED							
049 RESPIRATORY THERAPY		3,888	69			3,957	58
050 PHYSICAL THERAPY		6,213	111			6,324	37
051 OCCUPATIONAL THERAPY		6,185	110			6,295	28
053 ELECTROCARDIOLOGY		13,643	243			13,886	61
054 ELECTROENCEPHALOGRAPHY		318	6			324	4
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
059 OTHER ANCILLARY SERVICE C							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 SPORTS MEDICINE							23
060 02 WOUND CARE CLINIC		3,255	58			3,313	26
061 EMERGENCY		27,528	491			28,019	184
061 01 DAY HOSPITAL							
061 02 PAIN CLINIC		4,991	89			5,080	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		981,192	17,491			998,683	2,776
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 OTHER NONREIMBURSABLE		61,118	1,090			62,208	26
098 PHYSICIANS' PRIVATE OFFIC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		1,042,310	18,581			1,060,891	2,802

ALLOCATION OF OLD CAPITAL RELATED COSTS

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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	2,845						
006 02 DATA PROCESSING	58	2,719					
006 03 PURCHASING RECEIVING AND			1,311				
006 04 ADMINISTRATIVE	49		1	2,794			
006 05 CASHIERING/ACCOUNTS RECEIV	59		1		1,371		
006 06 OTHER ADMINISTRATIVE AND	217		31			21,363	
007 MAINTENANCE & REPAIRS	139		20			1,010	357,335
008 OPERATION OF PLANT	4		2			400	12,831
009 LAUNDRY & LINEN SERVICE	3					25	446
010 HOUSEKEEPING	22		11			294	1,808
011 DIETARY	37		63			318	13,227
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	68		2			389	4,460
015 CENTRAL SERVICES & SUPPLY	22		44			321	15,888
016 PHARMACY	53		10			1,327	4,087
017 MEDICAL RECORDS & LIBRARY	1					244	2,544
018 SOCIAL SERVICE	17		1			236	85
024 PARAMEDICAL PRGM-(SPECIFY)	10					38	
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	587	186	45	210	62	2,728	61,164
026 INTENSIVE CARE UNIT	225	190	27	236	63	1,563	33,008
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	84		3	57	14	587	15,998
033 NURSERY	28	43	4	58	14	244	3,057
034 SKILLED NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	246	327	604	228	109	1,368	57,397
038 RECOVERY ROOM	23	55	1	37	18	156	4,692
039 DELIVERY ROOM & LABOR ROO	69	56	12	62	19	360	11,567
040 ANESTHESIOLOGY	6	60	12	46	20	66	284
041 RADIOLOGY-DIAGNOSTIC	379	247	351	559	548	2,348	37,387
044 LABORATORY		332		250	111	1,226	8,412
046 WHOLE BLOOD & PACKED RED		22		24	7	85	
049 RESPIRATORY THERAPY	15	100	18	126	33	325	2,110
050 PHYSICAL THERAPY	17	23	1	23	8	188	3,372
051 OCCUPATIONAL THERAPY	17	16		8	5	145	3,356
053 ELECTROCARDIOLOGY	108	91	3	55	30	322	7,404
054 ELECTROENCEPHALOGRAPHY	7	12	1	14	4	27	173
055 MEDICAL SUPPLIES CHARGED		302		330	101	3,037	
056 DRUGS CHARGED TO PATIENTS		309		333	103	166	
057 RENAL DIALYSIS		12		15	4	75	
059 OTHER ANCILLARY SERVICE C							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 SPORTS MEDICINE	7	14	2		5	126	
060 02 WOUND CARE CLINIC	16	7	3		2	71	1,766
061 EMERGENCY	220	249	28	121	83	1,108	14,938
061 01 DAY HOSPITAL							
061 02 PAIN CLINIC	6	23		1	8	85	2,708
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,819	2,718	1,301	2,793	1,371	21,008	324,169
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 OTHER NONREIMBURSABLE	26	1	10	1		355	33,166
098 PHYSICIANS' PRIVATE OFFIC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	2,845	2,719	1,311	2,794	1,371	21,363	357,335

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COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
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	37,316						
009 LAUNDRY & LINEN SERVICE	48	1,359					
010 HOUSEKEEPING	196		5,769				
011 DIETARY	1,433		223	40,163			
012 CAFETERIA				22,052	22,052		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	483		75		538		14,461
015 CENTRAL SERVICES & SUPPLY	1,721		268		832		
016 PHARMACY	443		69		704		
017 MEDICAL RECORDS & LIBRARY	276		43				
018 SOCIAL SERVICE	9		1		371		
024 PARAMEDICAL PRGM-(SPECIFY)					231		
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	6,625	519	1,028	12,148	5,250		6,205
026 INTENSIVE CARE UNIT	3,575	173	556	3,554	2,126		2,942
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	1,733	42	270	1,970	960		761
033 NURSERY	331	6	52		307		
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	6,217	193	968		1,678		1,347
038 RECOVERY ROOM	508		79		192		293
039 DELIVERY ROOM & LABOR ROO	1,253	69	195		487		761
040 ANESTHESIOLOGY	31		5		64		
041 RADIOLOGY-DIAGNOSTIC	4,050	93	630		2,395		15
044 LABORATORY	911		142		2,113		
046 WHOLE BLOOD & PACKED RED					141		
049 RESPIRATORY THERAPY	229		36		551		
050 PHYSICAL THERAPY	365	8	57		320		
051 OCCUPATIONAL THERAPY	364		57	439	218		29
053 ELECTROCARDIOLOGY	802	30	125		487		337
054 ELECTROENCEPHALOGRAPHY	19		3		38		
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
059 OTHER ANCILLARY SERVICE C							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 SPORTS MEDICINE					192		
060 02 WOUND CARE CLINIC	191		30				
061 EMERGENCY	1,618	220	252		1,614		1,595
061 01 DAY HOSPITAL							
061 02 PAIN CLINIC	293	6	46				176
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	33,724	1,359	5,210	40,163	21,809		14,461
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 OTHER NONREIMBURSABLE	3,592		559		243		
098 PHYSICIANS' PRIVATE OFFIC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	37,316	1,359	5,769	40,163	22,052		14,461

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COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	15	16	17	18		
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						
013 MAINTENANCE OF PERSONNEL						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY	48,946					
016 PHARMACY		14,464				
017 MEDICAL RECORDS & LIBRARY			7,880			
018 SOCIAL SERVICE				930		
024 PARAMEDICAL PRGM-(SPECIFY)					287	
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS		303	813	823	214,012	
026 INTENSIVE CARE UNIT		129		18	110,580	
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE UNIT						
029 SURGICAL INTENSIVE CARE U						
031 SUBPROVIDER		2	1,439		54,086	
033 NURSERY		15	271	27	10,238	
034 SKILLED NURSING FACILITY						
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM		209	481		179,237	
038 RECOVERY ROOM		22	7		14,909	
039 DELIVERY ROOM & LABOR ROO		23	77	27	36,797	
040 ANESTHESIOLOGY		55	14		1,200	
041 RADIOLOGY-DIAGNOSTIC		66	305		119,802	
044 LABORATORY			1,417		30,693	
046 WHOLE BLOOD & PACKED RED					279	
049 RESPIRATORY THERAPY			26		7,584	
050 PHYSICAL THERAPY			185		10,928	
051 OCCUPATIONAL THERAPY			6		10,983	
053 ELECTROCARDIOLOGY		22	633		24,396	
054 ELECTROENCEPHALOGRAPHY			2		628	
055 MEDICAL SUPPLIES CHARGED	48,946	25			52,741	
056 DRUGS CHARGED TO PATIENTS		11,887	375		13,173	
057 RENAL DIALYSIS			8		114	
059 OTHER ANCILLARY SERVICE C						
060 OUTPAT SERVICE COST CNTRS						
060 01 SPORTS MEDICINE					369	
060 02 WOUND CARE CLINIC					5,425	
061 EMERGENCY		341	1,821	35	52,446	
061 01 DAY HOSPITAL						
061 02 PAIN CLINIC		26			8,458	
062 OBSERVATION BEDS (NON-DIS						
095 SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	48,946	13,125	7,880	930	959,078	
096 NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP						
096 01 OTHER NONREIMBURSABLE		1,339			101,526	
098 PHYSICIANS' PRIVATE OFFIC						
101 CROSS FOOT ADJUSTMENTS					287	287
102 NEGATIVE COST CENTER						
103 TOTAL	48,946	14,464	7,880	930	287	1,060,891

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TOTAL

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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	ADMINISTRATIVE	
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	
013	MAINTENANCE OF PERSONNEL	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
024	PARAMEDICAL PRGM-(SPECIFY)	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	214,012
026	INTENSIVE CARE UNIT	110,580
027	CORONARY CARE UNIT	
028	BURN INTENSIVE CARE UNIT	
029	SURGICAL INTENSIVE CARE U	
031	SUBPROVIDER	54,086
033	NURSERY	10,238
034	SKILLED NURSING FACILITY	
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	179,237
038	RECOVERY ROOM	14,909
039	DELIVERY ROOM & LABOR ROO	36,797
040	ANESTHESIOLOGY	1,200
041	RADIOLOGY-DIAGNOSTIC	119,802
044	LABORATORY	30,693
046	WHOLE BLOOD & PACKED RED	279
049	RESPIRATORY THERAPY	7,584
050	PHYSICAL THERAPY	10,928
051	OCCUPATIONAL THERAPY	10,983
053	ELECTROCARDIOLOGY	24,396
054	ELECTROENCEPHALOGRAPHY	628
055	MEDICAL SUPPLIES CHARGED	52,741
056	DRUGS CHARGED TO PATIENTS	13,173
057	RENAL DIALYSIS	114
059	OTHER ANCILLARY SERVICE C	
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	
060 01	SPORTS MEDICINE	369
060 02	WOUND CARE CLINIC	5,425
061	EMERGENCY	52,446
061 01	DAY HOSPITAL	
061 02	PAIN CLINIC	8,458
062	OBSERVATION BEDS (NON-DIS	
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	959,078
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	
096 01	OTHER NONREIMBURSABLE	101,526
098	PHYSICIANS' PRIVATE OFFIC	
101	CROSS FOOT ADJUSTMENTS	287
102	NEGATIVE COST CENTER	
103	TOTAL	1,060,891

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COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	11,009			23,412	20,555	54,976	54,976
006 01 NONPATIENT TELEPHONES	826			23,697	20,806	45,329	182
006 02 DATA PROCESSING	1,559			22,235	19,522	43,316	
006 03 PURCHASING RECEIVING AND	697			10,957	9,620	21,274	
006 04 ADMINITTING	22,670			22,692	19,923	65,285	565
006 05 CASHIERING/ACCOUNTS RECEIV	219,504			10,306	9,049	238,859	1,527
006 06 OTHER ADMINISTRATIVE AND	2,053,287			175,078	153,717	2,382,082	3,265
007 MAINTENANCE & REPAIRS	27,692			2,976,091	2,612,982	5,616,765	466
008 OPERATION OF PLANT	704			201,106	176,570	378,380	243
009 LAUNDRY & LINEN SERVICE				6,993	6,139	13,132	
010 HOUSEKEEPING	833			28,336	24,879	54,048	940
011 DIETARY	1,115			207,322	182,027	390,464	1,043
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	15,060			69,903	61,375	146,338	1,594
015 CENTRAL SERVICES & SUPPLY	800,810			249,026	218,643	1,268,479	987
016 PHARMACY	398,396			64,065	56,248	518,709	2,086
017 MEDICAL RECORDS & LIBRARY	51,419			39,876	35,011	126,306	
018 SOCIAL SERVICE	2,943			1,337	1,174	5,454	1,006
024 PARAMED ED PRGM-(SPECIFY)	121,490					121,490	163
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	53,839			958,640	841,678	1,854,157	10,919
026 INTENSIVE CARE UNIT	76,277			517,363	454,240	1,047,880	5,654
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	7,991			250,752	220,158	478,901	2,321
033 NURSERY	8,700			47,920	42,073	98,693	945
034 SKILLED NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	377,006			899,626	789,864	2,066,496	4,129
038 RECOVERY ROOM	9,893			73,537	64,565	147,995	521
039 DELIVERY ROOM & LABOR ROO	86,265			181,294	159,175	426,734	1,305
040 ANESTHESIOLOGY	83,189			4,445	3,902	91,536	103
041 RADIOLOGY-DIAGNOSTIC	4,672,619			585,986	514,491	5,773,096	6,084
044 LABORATORY	204			131,854	115,767	247,825	
046 WHOLE BLOOD & PACKED RED							
049 RESPIRATORY THERAPY	77,858			33,066	29,032	139,956	1,159
050 PHYSICAL THERAPY	3,112			52,845	46,397	102,354	745
051 OCCUPATIONAL THERAPY	8,897			52,605	46,186	107,688	568
053 ELECTROCARDIOLOGY	10,701			116,041	101,883	228,625	1,218
054 ELECTROENCEPHALOGRAPHY	1,753			2,708	2,378	6,839	74
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
059 OTHER ANCILLARY SERVICE C							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 SPORTS MEDICINE	236,184					236,184	459
060 02 WOUND CARE CLINIC	117,192			27,685	24,307	169,184	522
061 EMERGENCY	284,658			234,139	205,572	724,369	3,670
061 01 DAY HOSPITAL							
061 02 PAIN CLINIC				42,447	37,268	79,715	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	9,846,352			8,345,385	7,327,176	25,518,913	54,463
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 OTHER NONREIMBURSABLE	251,999			519,831	456,407	1,228,237	513
098 PHYSICIANS' PRIVATE OFFIC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	10,098,351			8,865,216	7,783,583	26,747,150	54,976

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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	45,511						
006 02 DATA PROCESSING	933	44,249					
006 03 PURCHASING RECEIVING AND			21,274				
006 04 ADMINISTRATIVE	789		15	66,654			
006 05 CASHIERING/ACCOUNTS RECEIV	947		14		241,347		
006 06 OTHER ADMINISTRATIVE AND	3,472		491			2,389,310	
007 MAINTENANCE & REPAIRS	2,224		315			112,439	5,732,209
008 OPERATION OF PLANT	57		36			44,526	205,827
009 LAUNDRY & LINEN SERVICE	43		6			2,822	7,157
010 HOUSEKEEPING	344		176			32,703	29,001
011 DIETARY	588		1,006			35,433	212,188
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,090		39			43,357	71,544
015 CENTRAL SERVICES & SUPPLY	344		703			35,694	254,872
016 PHARMACY	847		160			147,732	65,568
017 MEDICAL RECORDS & LIBRARY	14		2			27,129	40,812
018 SOCIAL SERVICE	273		15			26,253	1,368
024 PARAMEDICAL PRGM-(SPECIFY)	158		4			4,202	
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	9,384	2,541	726	5,309	13,820	303,771	981,144
026 INTENSIVE CARE UNIT	3,601	2,590	433	5,948	14,089	173,993	529,506
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	1,349	580	41	1,430	3,157	65,366	256,637
033 NURSERY	445	592	60	1,458	3,220	27,195	49,045
034 SKILLED NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3,931	4,475	9,950	5,746	24,340	152,256	920,742
038 RECOVERY ROOM	373	750	18	935	4,077	17,391	75,263
039 DELIVERY ROOM & LABOR ROO	1,105	765	200	1,558	4,162	40,101	185,549
040 ANESTHESIOLOGY	100	826	185	1,167	4,491	7,363	4,549
041 RADIOLOGY-DIAGNOSTIC	6,069	10,428	5,623	10,239	57,395	261,365	599,741
044 LABORATORY		4,532	6,325	6,325	24,651	136,531	134,949
046 WHOLE BLOOD & PACKED RED		305	615	615	1,660	9,513	
049 RESPIRATORY THERAPY	244	1,361	293	3,173	7,400	36,206	33,843
050 PHYSICAL THERAPY	273	308	11	572	1,677	20,934	54,085
051 OCCUPATIONAL THERAPY	273	223	4	197	1,211	16,138	53,839
053 ELECTROCARDIOLOGY	1,722	1,241	46	1,395	6,750	35,814	118,765
054 ELECTROENCEPHALOGRAPHY	115	159	12	348	865	2,992	2,771
055 MEDICAL SUPPLIES CHARGED		4,133	8,342	8,342	22,477	349,005	
056 DRUGS CHARGED TO PATIENTS		4,230	8,406	8,406	23,006	18,466	
057 RENAL DIALYSIS		170	386	386	924	8,361	
059 OTHER ANCILLARY SERVICE C							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 SPORTS MEDICINE	115	196	26		1,064	13,996	
060 02 WOUND CARE CLINIC	258	101	56	2	550	7,924	28,335
061 EMERGENCY	3,515	3,409	454	3,055	18,544	123,374	239,634
061 01 DAY HOSPITAL							
061 02 PAIN CLINIC	100	321		24	1,746	9,440	43,443
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	45,095	44,236	21,120	66,630	241,276	2,349,785	5,200,177
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 OTHER NONREIMBURSABLE	416	13	154	24	71	39,525	532,032
098 PHYSICIANS' PRIVATE OFFIC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	45,511	44,249	21,274	66,654	241,347	2,389,310	5,732,209

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
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	629,069						
009 LAUNDRY & LINEN SERVICE	815	23,975					
010 HOUSEKEEPING	3,301		120,513				
011 DIETARY	24,153		4,658	669,533			
012 CAFETERIA				367,626	367,626		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	8,144		1,570		8,966		282,642
015 CENTRAL SERVICES & SUPPLY	29,012		5,595		13,877		
016 PHARMACY	7,464		1,439		11,742		
017 MEDICAL RECORDS & LIBRARY	4,646		896				
018 SOCIAL SERVICE	156		30		6,191		
024 PARAMEDICAL PRGM-(SPECIFY)					3,843		
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	111,684	9,170	21,535	202,507	87,532		121,296
026 INTENSIVE CARE UNIT	60,274	3,049	11,623	59,245	35,439		57,501
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	29,213	741	5,633	32,845	16,012		14,876
033 NURSERY	5,583	99	1,077		5,124		
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	104,808	3,407	20,211		27,967		26,319
038 RECOVERY ROOM	8,567		1,652		3,202		5,721
039 DELIVERY ROOM & LABOR ROO	21,121	1,211	4,073		8,113		14,876
040 ANESTHESIOLOGY	518		100		1,067		
041 RADIOLOGY-DIAGNOSTIC	68,269	1,636	13,165		39,922		286
044 LABORATORY	15,361		2,962		35,225		
046 WHOLE BLOOD & PACKED RED					2,348		
049 RESPIRATORY THERAPY	3,852		743		9,180		
050 PHYSICAL THERAPY	6,156	148	1,187		5,337		
051 OCCUPATIONAL THERAPY	6,129		1,182	7,310	3,629		572
053 ELECTROCARDIOLOGY	13,519	531	2,607		8,113		6,580
054 ELECTROENCEPHALOGRAPHY	315		61		640		
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
059 OTHER ANCILLARY SERVICE C							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 SPORTS MEDICINE					3,202		
060 02 WOUND CARE CLINIC	3,225		622				
061 EMERGENCY	27,278	3,884	5,260		26,899		31,182
061 01 DAY HOSPITAL							
061 02 PAIN CLINIC	4,945	99	954				3,433
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	568,508	23,975	108,835	669,533	363,570		282,642
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 OTHER NONREIMBURSABLE	60,561		11,678		4,056		
098 PHYSICIANS' PRIVATE OFFICE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	629,069	23,975	120,513	669,533	367,626		282,642

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 PART III

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED PRGM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	15	16	17	18	24	25	26
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
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							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	1,609,563						
016 PHARMACY		755,747					
017 MEDICAL RECORDS & LIBRARY			199,805				
018 SOCIAL SERVICE				40,746			
024 PARAMED PRGM-(SPECIFY)					129,860		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		15,822	20,617	36,087		3,808,021	
027 INTENSIVE CARE UNIT		6,719		780		2,018,324	
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER		127	36,475			945,704	
034 NURSERY		766	6,872	1,163		202,337	
037 SKILLED NURSING FACILITY							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM		10,945	12,195			3,397,917	
040 RECOVERY ROOM		1,176	188			267,829	
041 DELIVERY ROOM & LABOR ROO		1,179	1,945	1,163		715,160	
044 ANESTHESIOLOGY		2,874	355			115,234	
046 RADIOLOGY-DIAGNOSTIC		3,446	7,732			6,864,496	
049 LABORATORY			35,922			644,283	
050 WHOLE BLOOD & PACKED RED						14,441	
051 RESPIRATORY THERAPY		15	662			238,087	
053 PHYSICAL THERAPY		3	4,690			198,480	
054 OCCUPATIONAL THERAPY			158			199,121	
055 ELECTROCARDIOLOGY		1,150	16,055			444,131	
057 ELECTROENCEPHALOGRAPHY			49			15,240	
059 MEDICAL SUPPLIES CHARGED	1,609,563	1,317				1,994,837	
060 DRUGS CHARGED TO PATIENTS		621,003	9,509			684,620	
061 RENAL DIALYSIS			197			10,038	
062 OTHER ANCILLARY SERVICE C							
060 01 OUTPAT SERVICE COST CNTRS							
060 02 CLINIC							
061 01 SPORTS MEDICINE						255,242	
061 02 WOUND CARE CLINIC		14				210,793	
061 01 EMERGENCY		17,837	46,184	1,553		1,280,101	
061 02 DAY HOSPITAL							
062 01 PAIN CLINIC		1,353				145,573	
062 02 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS	1,609,563	685,746	199,805	40,746		24,670,009	
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							
098 OTHER NONREIMBURSABLE		70,001				1,947,281	
101 PHYSICIANS' PRIVATE OFFIC							
102 CROSS FOOT ADJUSTMENTS					129,860	129,860	
103 NEGATIVE COST CENTER							
TOTAL	1,609,563	755,747	199,805	40,746	129,860	26,747,150	

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TOTAL

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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	ADMINISTRATIVE	
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	
013	MAINTENANCE OF PERSONNEL	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
024	PARAMEDICAL PRGM-(SPECIFY)	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	3,808,021
026	INTENSIVE CARE UNIT	2,018,324
027	CORONARY CARE UNIT	
028	BURN INTENSIVE CARE UNIT	
029	SURGICAL INTENSIVE CARE U	
031	SUBPROVIDER	945,704
033	NURSERY	202,337
034	SKILLED NURSING FACILITY	
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	3,397,917
038	RECOVERY ROOM	267,829
039	DELIVERY ROOM & LABOR ROO	715,160
040	ANESTHESIOLOGY	115,234
041	RADIOLOGY-DIAGNOSTIC	6,864,496
044	LABORATORY	644,283
046	WHOLE BLOOD & PACKED RED	14,441
049	RESPIRATORY THERAPY	238,087
050	PHYSICAL THERAPY	198,480
051	OCCUPATIONAL THERAPY	199,121
053	ELECTROCARDIOLOGY	444,131
054	ELECTROENCEPHALOGRAPHY	15,240
055	MEDICAL SUPPLIES CHARGED	1,994,837
056	DRUGS CHARGED TO PATIENTS	684,620
057	RENAL DIALYSIS	10,038
059	OTHER ANCILLARY SERVICE C	
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	
060 01	SPORTS MEDICINE	255,242
060 02	WOUND CARE CLINIC	210,793
061	EMERGENCY	1,280,101
061 01	DAY HOSPITAL	
061 02	PAIN CLINIC	145,573
062	OBSERVATION BEDS (NON-DIS	
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	24,670,009
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	
096 01	OTHER NONREIMBURSABLE	1,947,281
098	PHYSICIANS' PRIVATE OFFIC	
101	CROSS FOOT ADJUSTMENTS	129,860
102	NEGATIVE COST CENTER	
103	TOTAL	26,747,150

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & OSTS (SQUARE FEET 1)	OLD CAP REL COSTS-MVBLE OSTS (SQUARE FEET 1)	NEW CAP REL COSTS-BLDG & OSTS (SQUARE FEET 2)	NEW CAP REL COSTS-MVBLE OSTS (SQUARE FEET 2)	EMPLOYEE BENEFITS (SALARIES)	NONPATIENT TELEPHONES (#OF PHONES)
	1	2	3	4	5	6.01
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD	775,891					
003 OLD CAP REL COSTS-MVB		775,891				
004 NEW CAP REL COSTS-BLD			775,891			
005 NEW CAP REL COSTS-MVB				775,891		
006 EMPLOYEE BENEFITS	2,049	2,049	2,049	2,049	119,785,324	
006 01 NONPATIENT TELEPHONES	2,074	2,074	2,074	2,074	397,178	3,172
006 02 DATA PROCESSING	1,946	1,946	1,946	1,946		65
006 03 PURCHASING RECEIVING	959	959	959	959		
006 04 ADMITTING	1,986	1,986	1,986	1,986	1,229,979	55
006 05 CASHIERING/ACCOUNTS RE	902	902	902	902	3,326,164	66
006 06 OTHER ADMINISTRATIVE	15,323	15,323	15,323	15,323	7,112,984	242
007 MAINTENANCE & REPAIRS	260,470	260,470	260,470	260,470	1,015,910	155
008 OPERATION OF PLANT	17,601	17,601	17,601	17,601	528,974	4
009 LAUNDRY & LINEN SERVI	612	612	612	612		3
010 HOUSEKEEPING	2,480	2,480	2,480	2,480	2,048,814	24
011 DIETARY	18,145	18,145	18,145	18,145	2,271,487	41
012 CAFETERIA						
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO	6,118	6,118	6,118	6,118	3,473,806	76
015 CENTRAL SERVICES & SU	21,795	21,795	21,795	21,795	2,150,574	24
016 PHARMACY	5,607	5,607	5,607	5,607	4,545,455	59
017 MEDICAL RECORDS & LIB	3,490	3,490	3,490	3,490		1
018 SOCIAL SERVICE	117	117	117	117	2,191,288	19
024 PARAMEDICAL PRGM-(SPEC					355,854	11
025 ADULTS & PEDIATRICS	83,901	83,901	83,901	83,901	23,801,999	654
026 INTENSIVE CARE UNIT	45,280	45,280	45,280	45,280	12,318,106	251
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
031 SUBPROVIDER	21,946	21,946	21,946	21,946	5,056,657	94
033 NURSERY	4,194	4,194	4,194	4,194	2,059,625	31
034 SKILLED NURSING FACIL						
037 ANCILLARY SRVC COST C						
038 OPERATING ROOM	78,736	78,736	78,736	78,736	8,994,601	274
039 RECOVERY ROOM	6,436	6,436	6,436	6,436	1,134,356	26
040 DELIVERY ROOM & LABOR	15,867	15,867	15,867	15,867	2,843,001	77
041 ANESTHESIOLOGY	389	389	389	389	224,379	7
044 RADIOLOGY-DIAGNOSTIC	51,286	51,286	51,286	51,286	13,254,024	423
046 LABORATORY	11,540	11,540	11,540	11,540		
049 WHOLE BLOOD & PACKED						
050 RESPIRATORY THERAPY	2,894	2,894	2,894	2,894	2,525,940	17
051 PHYSICAL THERAPY	4,625	4,625	4,625	4,625	1,622,905	19
051 OCCUPATIONAL THERAPY	4,604	4,604	4,604	4,604	1,237,258	19
053 ELECTROCARDIOLOGY	10,156	10,156	10,156	10,156	2,652,713	120
054 ELECTROENCEPHALOGRAPH	237	237	237	237	160,350	8
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS						
059 OTHER ANCILLARY SERVI						
060 OUTPAT SERVICE COST C						
060 01 CLINIC						
060 02 SPORTS MEDICINE					999,646	8
061 WOUND CARE CLINIC	2,423	2,423	2,423	2,423	1,136,988	18
061 EMERGENCY	20,492	20,492	20,492	20,492	7,996,240	245
061 01 DAY HOSPITAL						
061 02 PAIN CLINIC	3,715	3,715	3,715	3,715		7
062 OBSERVATION BEDS (NON						
095 SPEC PURPOSE COST CEN						
SUBTOTALS	730,395	730,395	730,395	730,395	118,667,255	3,143
096 NONREIMBURS COST CENT						
096 01 GIFT, FLOWER, COFFEE						
098 OTHER NONREIMBURSABLE	45,496	45,496	45,496	45,496	1,118,069	29
101 PHYSICIANS' PRIVATE O						
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER						
COST TO BE ALLOCATED	1,042,310	18,581	8,865,216	7,783,583	31,152,114	704,740
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	1.343372	.023948	11.425852	10.031800	.260066	222.175284
(WRKSHT B, PT I)						
105 COST TO BE ALLOCATED					2,802	2,845
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER					.000023	.896910
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					54,976	45,511
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.000459	14.347730
(WRKSHT B, PT III)						

COST CENTER DESCRIPTION	DATA PROCESSING (REVENUE)	PURCHASING RECEIVING AND (SUPPLY COSTS)	ADMITTING (I/P REVENUE)	CASHERING/ACCOUNTS RECEIV (REVENUE)	OTHER ADMINIS TRATIVE AND (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET 2)
	6.02	6.03	6.04	6.05	6a.06	6.06
GENERAL SERVICE COST						7
001 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
006 01 NONPATIENT TELEPHONES						
006 02 DATA PROCESSING	1083,036,012					
006 03 PURCHASING RECEIVING		45,866,648				
006 04 ADMITTING		32,515	660,740,147			
006 05 CASHIERING/ACCOUNTS RE		30,092		1083,036,012		
006 06 OTHER ADMINIS TRATIVE		1,059,052			-40,952,134	286,142,046
007 MAINTENANCE & REPAIRS		678,053				13,465,751
008 OPERATION OF PLANT		78,310				5,332,433
009 LAUNDRY & LINEN SERVI		12,646				337,945
010 HOUSEKEEPING		378,506				3,916,492
011 DIETARY		2,167,873				4,243,466
012 CAFETERIA						
013 MAINTENANCE OF PERSON						
014 NURSING ADMINIS TRATIO		83,760				5,192,511
015 CENTRAL SERVICES & SU		1,514,136				4,274,699
016 PHARMACY		345,029				17,692,505
017 MEDICAL RECORDS & LIB		4,926				3,248,991
018 SOCIAL SERVICE		33,358				3,144,013
024 PARAMED ED PRGM-(SPEC		8,300				503,193
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICALS	61,971,154	1,564,944	52,565,089	61,971,154		36,379,743
026 INTENSIVE CARE UNIT	63,177,172	933,276	58,895,754	63,177,172		20,837,520
027 CORONARY CARE UNIT						45,280
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
031 SUBPROVIDER	14,156,255	88,984	14,156,255	14,156,255		7,828,271
033 NURSERY	14,438,562	128,794	14,438,562	14,438,562		3,256,880
034 SKILLED NURSING FACIL						4,194
ANCILLARY SRVC COST C						
037 OPERATING ROOM	109,148,238	21,463,160	56,894,507	109,148,238		18,234,292
038 RECOVERY ROOM	18,282,000	37,798	9,259,891	18,282,000		78,736
039 DELIVERY ROOM & LABOR	18,664,746	430,168	15,426,983	18,664,746		2,082,782
040 ANESTHESIOLOGY	20,138,772	398,231	11,558,713	20,138,772		4,802,476
041 RADIOLOGY-DIAGNOSTIC	258,147,570	12,117,526	102,169,321	258,147,570		881,749
044 LABORATORY	110,543,961		62,618,827	110,543,961		31,301,191
046 WHOLE BLOOD & PACKED	7,444,286		6,085,814	7,444,286		16,351,012
049 RESPIRATORY THERAPY	33,183,132	632,132	31,413,315	33,183,132		1,139,334
050 PHYSICAL THERAPY	7,522,137	24,045	5,662,288	7,522,137		4,336,007
051 OCCUPATIONAL THERAPY	5,430,479	8,106	1,954,730	5,430,479		2,507,012
053 ELECTROCARDIOLOGY	30,269,178	98,952	13,808,215	30,269,178		2,507,012
054 ELECTROENCEPHALOGRAPH	3,876,855	26,284	3,447,392	3,876,855		4,625
055 MEDICAL SUPPLIES CHAR	100,793,337		82,596,949	100,793,337		1,932,650
056 DRUGS CHARGED TO PATI	103,165,357		83,228,052	103,165,357		4,604
057 RENAL DIALYSIS	4,143,784	15	3,817,940	4,143,784		4,289,059
059 OTHER ANCILLARY SERVI						358,291
OUTPAT SERVICE COST C						237
060 CLINIC					19	
060 01 SPORTS MEDICINE	4,769,971	55,966	2,355	4,769,971		1,676,130
060 02 WOUND CARE CLINIC	2,465,289	119,922	18,798	2,465,289		949,016
061 EMERGENCY	83,156,171	979,381	30,252,027	83,156,171		14,775,297
061 01 DAY HOSPITAL						20,492
061 02 PAIN CLINIC	7,828,903		232,818	7,828,903		1,130,490
062 OBSERVATION BEDS (NON						3,715
SPEC PURPOSE COST CEN						
095 SUBTOTALS	1082,717,309	45,534,240	660,504,595	1082,717,309	-40,952,115	281,408,487
NONREIMBURS COST CENT						444,686
096 01 GIFT, FLOWER, COFFEE	318,703	332,408	235,552	318,703		4,733,559
096 OTHER NONREIMBURSABLE						45,496
098 PHYSICIANS' PRIVATE O						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	5,895,262	482,509	1,847,191	14,878,742		40,952,134
(WRKSHT B, PART I)						15,392,942
104 UNIT COST MULTIPLIER		.010520		.013738		
(WRKSHT B, PT I)	.005443		.002796		.143118	
105 COST TO BE ALLOCATED	2,719	1,311	2,794	1,371		31,402504
(WRKSHT B, PART II)					21,363	357,335
106 UNIT COST MULTIPLIER		.000029		.000001		
(WRKSHT B, PT II)	.000003		.000004		.000075	
107 COST TO BE ALLOCATED	44,249	21,274	66,654	241,347		728984
(WRKSHT B, PART III)					2,389,310	5,732,209
108 UNIT COST MULTIPLIER		.000464		.000223		
(WRKSHT B, PT III)	.000041		.000101		.008350	11.694042

COST CENTER DESCRIPTION	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (#OF POUNDS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	MAINTENANCE PERSONNEL (ACC COST)	NURSING ADMINISTRATION (FTE'S)
	8	9	10	11	12	13	14
001	GENERAL SERVICE COST						
002	OLD CAP REL COSTS-BLD						
003	OLD CAP REL COSTS-MVB						
004	NEW CAP REL COSTS-BLD						
005	NEW CAP REL COSTS-MVB						
006	EMPLOYEE BENEFITS						
006 01	NONPATIENT TELEPHONES						
006 02	DATA PROCESSING						
006 03	PURCHASING RECEIVING						
006 04	ADMINISTRATIVE						
006 05	CASHERING/ACCOUNTS RE						
006 06	OTHER ADMINISTRATIVE						
007	MAINTENANCE & REPAIRS						
008	OPERATION OF PLANT	472,581					
009	LAUNDRY & LINEN SERVI	612	1,896,850				
010	HOUSEKEEPING	2,480		469,489			
011	DIETARY	18,145		18,145	526,650		
012	CAFETERIA				289,171	1,722	
013	MAINTENANCE OF PERSON						
014	NURSING ADMINISTRATION	6,118		6,118		42	988
015	CENTRAL SERVICES & SU	21,795		21,795		65	
016	PHARMACY	5,607		5,607		55	
017	MEDICAL RECORDS & LIB	3,490		3,490			
018	SOCIAL SERVICE	117		117		29	
024	PARAMEDICAL PRGM-(SPEC					18	
025	ADULTS & PEDIATRICS	83,901	725,495	83,901	159,291	410	424
026	INTENSIVE CARE UNIT	45,280	241,235	45,280	46,602	166	201
027	CORONARY CARE UNIT						
028	BURN INTENSIVE CARE U						
029	SURGICAL INTENSIVE CA						
031	SUBPROVIDER	21,946	58,647	21,946	25,836	75	52
033	NURSERY	4,194	7,820	4,194		24	
034	SKILLED NURSING FACIL						
037	ANCILLARY SRVC COST C						
038	OPERATING ROOM	78,736	269,581	78,736		131	92
039	RECOVERY ROOM	6,436		6,436		15	20
040	DELIVERY ROOM & LABOR	15,867	95,790	15,867		38	52
041	ANESTHESIOLOGY	389		389		5	
044	RADIOLOGY-DIAGNOSTIC	51,286	129,415	51,286		187	1
046	LABORATORY	11,540		11,540		165	
049	WHOLE BLOOD & PACKED					11	
050	RESPIRATORY THERAPY	2,894		2,894		43	
051	PHYSICAL THERAPY	4,625	11,729	4,625		25	
053	OCCUPATIONAL THERAPY	4,604		4,604	5,750	17	2
054	ELECTROCARDIOLOGY	10,156	42,008	10,156		38	23
055	ELECTROENCEPHALOGRAPH	237		237		3	
056	MEDICAL SUPPLIES CHAR						
057	DRUGS CHARGED TO PATI						
059	RENAL DIALYSIS						
060	OTHER ANCILLARY SERVI						
060 01	OUTPAT SERVICE COST C						
060 02	CLINIC					15	
061	SPORTS MEDICINE						
061 01	WOUND CARE CLINIC	2,423		2,423			
061 02	EMERGENCY	20,492	307,310	20,492		126	109
062	DAY HOSPITAL						
062 01	PAIN CLINIC	3,715	7,820	3,715			12
062 02	OBSERVATION BEDS (NON						
095	SPEC PURPOSE COST CEN						
095 01	SUBTOTALS	427,085	1,896,850	423,993	526,650	1,703	988
096	NONREIMBURS COST CENT						
096 01	GIFT, FLOWER, COFFEE						
098	OTHER NONREIMBURSABLE	45,496		45,496		19	
101	PHYSICIANS' PRIVATE O						
102	CROSS FOOT ADJUSTMENT						
103	NEGATIVE COST CENTER						
103 01	COST TO BE ALLOCATED	6,648,315	414,139	4,589,780	5,853,234	3,213,871	6,352,040
104	(WRKSHT B, PART I)		.218330		11.114087		
104 01	UNIT COST MULTIPLIER	14.068096		9.776118		1,866.359466	6,429.190283
104 02	(WRKSHT B, PT I)						
105	COST TO BE ALLOCATED	37,316	1,359	5,769	40,163	22,052	14,461
105 01	(WRKSHT B, PART II)						
106	UNIT COST MULTIPLIER		.000716		.076261		
106 01	(WRKSHT B, PT II)	.078962		.012288		12.806039	14.636640
107	COST TO BE ALLOCATED	629,069	23,975	120,513	669,533	367,626	282,642
107 01	(WRKSHT B, PART III)						
108	UNIT COST MULTIPLIER		.012639		1.271305		
108 01	(WRKSHT B, PT III)	1.331135		.256690		213.487805	286.074899

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 5/26/2010

14-0288

FROM 1/ 1/2009

WORKSHEET B-1

TO 12/31/2009

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTS)	PHARMACY (COSTS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (PATIENTS) DAYS	PARAMEDICAL PRGM-(SPECIFY) (ASSIGNED) TIME
	15	16	17	18	24
001 GENERAL SERVICE COST					
002 OLD CAP REL COSTS-BLD					
003 OLD CAP REL COSTS-MVB					
004 NEW CAP REL COSTS-BLD					
005 NEW CAP REL COSTS-MVB					
006 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 DATA PROCESSING					
006 03 PURCHASING RECEIVING					
006 04 ADMINISTRATION					
006 05 CASHIERING/ACCOUNTS RE					
006 06 OTHER ADMINISTRATIVE					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
013 MAINTENANCE OF PERSON					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SU	100				
016 PHARMACY		12,993,204			
017 MEDICAL RECORDS & LIB			20,235		
018 SOCIAL SERVICE				12,643	
024 PARAMEDICAL PRGM-(SPEC					100
025 INPAT ROUTINE SRVC CN					
026 ADULTS & PEDIATRICS		272,021	2,088	11,197	
027 INTENSIVE CARE UNIT		115,509		242	
028 CORONARY CARE UNIT					
029 BURN INTENSIVE CARE U					
031 SURGICAL INTENSIVE CA					
033 SUBPROVIDER		2,190	3,694		
034 NURSERY		13,167	696	361	
037 SKILLED NURSING FACIL					
038 ANCILLARY SRVC COST C					
039 OPERATING ROOM		188,175	1,235		
040 RECOVERY ROOM		20,215	19		
041 DELIVERY ROOM & LABOR		20,263	197	361	
044 ANESTHESIOLOGY		49,405	36		
046 RADIOLOGY-DIAGNOSTIC		59,246	783		
049 LABORATORY			3,638		
050 WHOLE BLOOD & PACKED					
051 RESPIRATORY THERAPY		262	67		
053 PHYSICAL THERAPY		60	475		
054 OCCUPATIONAL THERAPY			16		
055 ELECTROCARDIOLOGY		19,777	1,626		
056 ELECTROENCEPHALOGRAPH			5		
057 MEDICAL SUPPLIES CHAR	100	22,650			
059 DRUGS CHARGED TO PATI		10,676,612	963		
060 RENAL DIALYSIS			20		
060 01 OTHER ANCILLARY SERVI					
060 02 OUTPAT SERVICE COST C					
061 CLINIC					
061 01 SPORTS MEDICINE		237			
061 02 WOUND CARE CLINIC					
061 EMERGENCY		306,654	4,677	482	100
061 01 DAY HOSPITAL					
061 02 PAIN CLINIC		23,268			
062 OBSERVATION BEDS (NON					
095 SPEC PURPOSE COST CEN	100	11,789,711	20,235	12,643	100
096 SUBTOTALS					
096 NONREIMBURS COST CENT					
096 01 GIFT, FLOWER, COFFEE					
098 OTHER NONREIMBURSABLE		1,203,493			
098 PHYSICIANS' PRIVATE O					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED	6,211,900	20,637,040	3,906,792	3,654,566	608,803
104 (PER WRKSHT B, PART					
104 UNIT COST MULTIPLIER		1.588295		289.058451	
105 (WRKSHT B, PT I)	62,119.000000		193.071016		6,088.030000
105 COST TO BE ALLOCATED	48,946	14,464	7,880	930	287
106 (PER WRKSHT B, PART					
106 UNIT COST MULTIPLIER		.001113		.073558	
107 (WRKSHT B, PT II)	489.460000		.389424		2.870000
107 COST TO BE ALLOCATED	1,609,563	755,747	199,805	40,746	129,860
108 (PER WRKSHT B, PART					
108 UNIT COST MULTIPLIER		.058165		3.222811	
108 (WRKSHT B, PT III)	16,095.630000		9.874228		1,298.600000

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 14-0288
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 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	55,713,320		55,713,320		55,713,320
26	INTENSIVE CARE UNIT	28,747,420		28,747,420	450,104	29,197,524
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	11,652,006		11,652,006		11,652,006
33	NURSERY	4,260,843		4,260,843		4,260,843
34	SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	26,626,010		26,626,010		26,626,010
38	RECOVERY ROOM	2,928,788		2,928,788		2,928,788
39	DELIVERY ROOM & LABOR ROO	6,967,120		6,967,120	828,619	7,795,739
40	ANESTHESIOLOGY	1,124,187		1,124,187	993,237	2,117,424
41	RADIOLOGY-DIAGNOSTIC	39,243,306		39,243,306	108,767	39,352,073
44	LABORATORY	20,339,024		20,339,024		20,339,024
46	WHOLE BLOOD & PACKED RED	1,322,923		1,322,923		1,322,923
49	RESPIRATORY THERAPY	5,210,057		5,210,057		5,210,057
50	PHYSICAL THERAPY	3,262,352		3,262,352	6,206	3,268,558
51	OCCUPATIONAL THERAPY	2,575,184		2,575,184		2,575,184
53	ELECTROCARDIOLOGY	6,037,297		6,037,297		6,037,297
54	ELECTROENCEPHALOGRAPHY	429,226		429,226		429,226
55	MEDICAL SUPPLIES CHARGED	54,023,948		54,023,948		54,023,948
56	DRUGS CHARGED TO PATIENTS	19,671,566		19,671,566		19,671,566
57	RENAL DIALYSIS	1,148,456		1,148,456		1,148,456
59	OTHER ANCILLARY SERVICE C					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 SPORTS MEDICINE	1,944,009		1,944,009		1,944,009
60	02 WOUND CARE CLINIC	1,219,076		1,219,076		1,219,076
61	EMERGENCY	21,163,242		21,163,242	2,136,181	23,299,423
61	01 DAY HOSPITAL					
61	02 PAIN CLINIC	1,613,337		1,613,337		1,613,337
62	OBSERVATION BEDS (NON-DIS	4,142,424		4,142,424		4,142,424
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	321,365,121		321,365,121	4,523,114	325,888,235
102	LESS OBSERVATION BEDS	4,142,424		4,142,424		4,142,424
103	TOTAL	317,222,697		317,222,697	4,523,114	321,745,811

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 14-0288
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET C
 PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	54,198,767		54,198,767			
26	INTENSIVE CARE UNIT	63,177,172		63,177,172			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	14,156,255		14,156,255			
33	NURSERY	14,438,562		14,438,562			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	56,894,507	52,253,731	109,148,238	.243944	.243944	.243944
38	RECOVERY ROOM	9,259,891	9,022,109	18,282,000	.160201	.160201	.160201
39	DELIVERY ROOM & LABOR ROO	15,426,036	3,238,710	18,664,746	.373277	.373277	.417672
40	ANESTHESIOLOGY	11,588,713	8,580,059	20,168,772	.055739	.055739	.104985
41	RADIOLOGY-DIAGNOSTIC	102,169,321	155,960,412	258,129,733	.152029	.152029	.152451
44	LABORATORY	62,618,827	47,925,133	110,543,960	.183990	.183990	.183990
46	WHOLE BLOOD & PACKED RED	6,085,814	1,358,472	7,444,286	.177710	.177710	.177710
49	RESPIRATORY THERAPY	31,413,315	1,769,817	33,183,132	.157009	.157009	.157009
50	PHYSICAL THERAPY	5,661,858	2,121,587	7,783,445	.419140	.419140	.419937
51	OCCUPATIONAL THERAPY	1,954,730	3,058,377	5,013,107	.513690	.513690	.513690
53	ELECTROCARDIOLOGY	13,808,215	16,460,963	30,269,178	.199454	.199454	.199454
54	ELECTROENCEPHALOGRAPHY	3,447,392	429,463	3,876,855	.110715	.110715	.110715
55	MEDICAL SUPPLIES CHARGED	82,596,949	18,196,388	100,793,337	.535987	.535987	.535987
56	DRUGS CHARGED TO PATIENTS	83,228,052	19,937,305	103,165,357	.190680	.190680	.190680
57	RENAL DIALYSIS	3,817,940	325,844	4,143,784	.277152	.277152	.277152
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 SPORTS MEDICINE	2,785	4,603,010	4,605,795	.422079	.422079	.422079
60	02 WOUND CARE CLINIC	18,798	2,446,491	2,465,289	.494496	.494496	.494496
61	EMERGENCY	30,252,027	52,904,144	83,156,171	.254500	.254500	.280189
61	01 DAY HOSPITAL						
61	02 PAIN CLINIC	232,818	7,516,934	7,749,752	.208179	.208179	.208179
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,962,482	5,809,905	7,772,387	.532967	.532967	.532967
101	SUBTOTAL	668,411,226	413,918,854	1082,330,080			
102	LESS OBSERVATION BEDS						
103	TOTAL	668,411,226	413,918,854	1082,330,080			

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	26,626,010	3,577,154	23,048,856			26,626,010
38	RECOVERY ROOM	2,928,788	282,738	2,646,050			2,928,788
39	DELIVERY ROOM & LABOR ROO	6,967,120	751,957	6,215,163			6,967,120
40	ANESTHESIOLOGY	1,124,187	116,434	1,007,753			1,124,187
41	RADIOLOGY-DIAGNOSTIC	39,243,306	6,984,298	32,259,008			39,243,306
44	LABORATORY	20,339,024	674,976	19,664,048			20,339,024
46	WHOLE BLOOD & PACKED RED	1,322,923	14,720	1,308,203			1,322,923
49	RESPIRATORY THERAPY	5,210,057	245,671	4,964,386			5,210,057
50	PHYSICAL THERAPY	3,262,352	209,408	3,052,944			3,262,352
51	OCCUPATIONAL THERAPY	2,575,184	210,104	2,365,080			2,575,184
53	ELECTROCARDIOLOGY	6,037,297	468,527	5,568,770			6,037,297
54	ELECTROENCEPHALOGRAPHY	429,226	15,868	413,358			429,226
55	MEDICAL SUPPLIES CHARGED	54,023,948	2,047,578	51,976,370			54,023,948
56	DRUGS CHARGED TO PATIENTS	19,671,566	697,793	18,973,773			19,671,566
57	RENAL DIALYSIS	1,148,456	10,152	1,138,304			1,148,456
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 SPORTS MEDICINE	1,944,009	255,611	1,688,398			1,944,009
60	02 WOUND CARE CLINIC	1,219,076	216,218	1,002,858			1,219,076
61	EMERGENCY	21,163,242	1,332,547	19,830,695			21,163,242
61	01 DAY HOSPITAL						
61	02 PAIN CLINIC	1,613,337	154,031	1,459,306			1,613,337
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	4,142,424	299,046	3,843,378			4,142,424
101	SUBTOTAL	220,991,532	18,564,831	202,426,701			220,991,532
102	LESS OBSERVATION BEDS	4,142,424	299,046	3,843,378			4,142,424
103	TOTAL	216,849,108	18,265,785	198,583,323			216,849,108

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	109,148,238	.243944	.243944
38	RECOVERY ROOM	18,282,000	.160201	.160201
39	DELIVERY ROOM & LABOR ROO	18,664,746	.373277	.373277
40	ANESTHESIOLOGY	20,168,772	.055739	.055739
41	RADIOLOGY-DIAGNOSTIC	258,129,733	.152029	.152029
44	LABORATORY	110,543,960	.183990	.183990
46	WHOLE BLOOD & PACKED RED	7,444,286	.177710	.177710
49	RESPIRATORY THERAPY	33,183,132	.157009	.157009
50	PHYSICAL THERAPY	7,783,445	.419140	.419140
51	OCCUPATIONAL THERAPY	5,013,107	.513690	.513690
53	ELECTROCARDIOLOGY	30,269,178	.199454	.199454
54	ELECTROENCEPHALOGRAPHY	3,876,855	.110715	.110715
55	MEDICAL SUPPLIES CHARGED	100,793,337	.535987	.535987
56	DRUGS CHARGED TO PATIENTS	103,165,357	.190680	.190680
57	RENAL DIALYSIS	4,143,784	.277152	.277152
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 SPORTS MEDICINE	4,605,795	.422079	.422079
60	02 WOUND CARE CLINIC	2,465,289	.494496	.494496
61	EMERGENCY	83,156,171	.254500	.254500
61	01 DAY HOSPITAL			
61	02 PAIN CLINIC	7,749,752	.208179	.208179
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	7,772,387	.532967	.532967
101	SUBTOTAL	936,359,324		
102	LESS OBSERVATION BEDS	7,772,387		
103	TOTAL	928,586,937		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	214,012		214,012	3,808,021		3,808,021
26	INTENSIVE CARE UNIT	110,580		110,580	2,018,324		2,018,324
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	54,086		54,086	945,704		945,704
33	NURSERY	10,238		10,238	202,337		202,337
101	TOTAL	388,916		388,916	6,974,386		6,974,386

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0288
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 COMPONENT NO: 14-0288
 PREPARED 5/26/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG RATIO 7	COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.031131	694,221
38	RECOVERY ROOM	.014650	50,491
39	DELIVERY ROOM & LABOR ROO	.038316	842
40	ANESTHESIOLOGY	.005713	22,425
41	RADIOLOGY-DIAGNOSTIC	.026593	1,540,788
44	LABORATORY	.005828	195,796
46	WHOLE BLOOD & PACKED RED	.001940	6,687
49	RESPIRATORY THERAPY	.007175	129,505
50	PHYSICAL THERAPY	.025500	88,109
51	OCCUPATIONAL THERAPY	.039720	48,733
53	ELECTROCARDIOLOGY	.014673	119,183
54	ELECTROENCEPHALOGRAPHY	.003931	3,811
55	MEDICAL SUPPLIES CHARGED	.019791	796,897
56	DRUGS CHARGED TO PATIENTS	.006636	270,611
57	RENAL DIALYSIS	.002422	6,770
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60	01 SPORTS MEDICINE	.055418	145
60	02 WOUND CARE CLINIC	.085504	1,509
61	EMERGENCY	.015394	219,225
61	01 DAY HOSPITAL		
61	02 PAIN CLINIC	.018784	1,385
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	.036428	46,730
101	TOTAL		4,243,863

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	179,237	3,397,917	109,148,238	7,744	.001642	13
38	RECOVERY ROOM	14,909	267,829	18,282,000		.000816	
39	DELIVERY ROOM & LABOR ROO	36,797	715,160	18,664,746		.001971	
40	ANESTHESIOLOGY	1,200	115,234	20,168,772	154,551	.000059	9
41	RADIOLOGY-DIAGNOSTIC	119,802	6,864,496	258,129,733	471,109	.000464	219
44	LABORATORY	30,693	644,283	110,543,960	653,435	.000278	182
46	WHOLE BLOOD & PACKED RED	279	14,441	7,444,286		.000037	
49	RESPIRATORY THERAPY	7,584	238,087	33,183,132	131,413	.000229	30
50	PHYSICAL THERAPY	10,928	198,480	7,783,445	64,096	.001404	90
51	OCCUPATIONAL THERAPY	10,983	199,121	5,013,107	34,617	.002191	76
53	ELECTROCARDIOLOGY	24,396	444,131	30,269,178	91,418	.000806	74
54	ELECTROENCEPHALOGRAPHY	628	15,240	3,876,855	9,910	.000162	2
55	MEDICAL SUPPLIES CHARGED	52,741	1,994,837	100,793,337		.000523	
56	DRUGS CHARGED TO PATIENTS	13,173	684,620	103,165,357	1,177,463	.000128	151
57	RENAL DIALYSIS	114	10,038	4,143,784	14,392	.000028	
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 SPORTS MEDICINE	369	255,242	4,605,795		.000080	
60	02 WOUND CARE CLINIC	5,425	210,793	2,465,289		.002201	
61	EMERGENCY	52,446	1,280,101	83,156,171	462,349	.000631	292
61	01 DAY HOSPITAL						
61	02 PAIN CLINIC	8,458	145,573	7,749,752	125,808	.001091	137
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	15,911	283,135	7,772,387		.002047	
101	TOTAL	586,073	17,978,758	936,359,324	3,398,305		1,275

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0288
 COMPONENT NO: 14-S288
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.031131	241
38	RECOVERY ROOM	.014650	
39	DELIVERY ROOM & LABOR ROO	.038316	
40	ANESTHESIOLOGY	.005713	883
41	RADIOLOGY-DIAGNOSTIC	.026593	12,528
44	LABORATORY	.005828	3,808
46	WHOLE BLOOD & PACKED RED	.001940	
49	RESPIRATORY THERAPY	.007175	943
50	PHYSICAL THERAPY	.025500	1,634
51	OCCUPATIONAL THERAPY	.039720	1,375
53	ELECTROCARDIOLOGY	.014673	1,341
54	ELECTROENCEPHALOGRAPHY	.003931	39
55	MEDICAL SUPPLIES CHARGED	.019791	
56	DRUGS CHARGED TO PATIENTS	.006636	7,814
57	RENAL DIALYSIS	.002422	35
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60	01 SPORTS MEDICINE	.055418	
60	02 WOUND CARE CLINIC	.085504	
61	EMERGENCY	.015394	7,117
61	01 DAY HOSPITAL		
61	02 PAIN CLINIC	.018784	2,363
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	.036428	
101	TOTAL		40,121

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

PROVIDER NO: 14-0288
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 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						
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
101	TOTAL						

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

PROVIDER NO:	PERIOD:	PREPARED
14-0288	FROM 1/ 1/2009	5/26/2010
	TO 12/31/2009	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	57,362		27,259	
26	INTENSIVE CARE UNIT	17,260		7,972	
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE U				
31	SUBPROVIDER	8,612		4,004	
33	NURSERY	3,764			
34	SKILLED NURSING FACILITY				
101	TOTAL	86,998		39,235	

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										
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										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60	01 SPORTS MEDICINE										
60	02 WOUND CARE CLINIC										
61	EMERGENCY								608,803		
61	01 DAY HOSPITAL										
61	02 PAIN CLINIC										
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS										
101	TOTAL								608,803		

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			109,148,238			22,299,975	
38	RECOVERY ROOM			18,282,000			3,446,490	
39	DELIVERY ROOM & LABOR ROO			18,664,746			21,965	
40	ANESTHESIOLOGY			20,168,772			3,925,189	
41	RADIOLOGY-DIAGNOSTIC			258,129,733			57,939,596	
44	LABORATORY			110,543,960			33,595,749	
46	WHOLE BLOOD & PACKED RED			7,444,286			3,446,900	
49	RESPIRATORY THERAPY			33,183,132			18,049,415	
50	PHYSICAL THERAPY			7,783,445			3,455,256	
51	OCCUPATIONAL THERAPY			5,013,107			1,226,901	
53	ELECTROCARDIOLOGY			30,269,178			8,122,588	
54	ELECTROENCEPHALOGRAPHY			3,876,855			969,509	
55	MEDICAL SUPPLIES CHARGED			100,793,337			40,265,639	
56	DRUGS CHARGED TO PATIENTS			103,165,357			40,779,307	
57	RENAL DIALYSIS			4,143,784			2,795,172	
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 SPORTS MEDICINE			4,605,795			2,613	
60	02 WOUND CARE CLINIC			2,465,289			17,648	
61	EMERGENCY	608,803	608,803	83,156,171	.007321	.007321	14,240,919	104,258
61	01 DAY HOSPITAL							
61	02 PAIN CLINIC			7,749,752			73,736	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			7,772,387			1,282,807	
101	TOTAL	608,803	608,803	936,359,324			255,957,374	104,258

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	11,052,825					
38	RECOVERY ROOM	1,604,403					
39	DELIVERY ROOM & LABOR ROO	26,737					
40	ANESTHESIOLOGY	1,543,244					
41	RADIOLOGY-DIAGNOSTIC	48,660,939					
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED	552,739					
49	RESPIRATORY THERAPY	589,108					
50	PHYSICAL THERAPY	820,625					
51	OCCUPATIONAL THERAPY	866,021					
53	ELECTROCARDIOLOGY	5,709,761					
54	ELECTROENCEPHALOGRAPHY	108,864					
55	MEDICAL SUPPLIES CHARGED	5,202,012					
56	DRUGS CHARGED TO PATIENTS	6,407,873					
57	RENAL DIALYSIS	116,144					
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 SPORTS MEDICINE	1,712,275					
60	02 WOUND CARE CLINIC	1,609,064					
61	EMERGENCY	9,229,313			67,568		
61	01 DAY HOSPITAL						
61	02 PAIN CLINIC	3,023,425					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,049,153					
101	TOTAL	100,884,525			67,568		

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										
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										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60	01 SPORTS MEDICINE										
60	02 WOUND CARE CLINIC										
61	EMERGENCY								608,803		
61	01 DAY HOSPITAL										
61	02 PAIN CLINIC										
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS										
101	TOTAL								608,803		

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			109,148,238			7,744	
38	RECOVERY ROOM			18,282,000				
39	DELIVERY ROOM & LABOR ROO			18,664,746				
40	ANESTHESIOLOGY			20,168,772			154,551	
41	RADIOLOGY-DIAGNOSTIC			258,129,733			471,109	
44	LABORATORY			110,543,960			653,435	
46	WHOLE BLOOD & PACKED RED			7,444,286				
49	RESPIRATORY THERAPY			33,183,132			131,413	
50	PHYSICAL THERAPY			7,783,445			64,096	
51	OCCUPATIONAL THERAPY			5,013,107			34,617	
53	ELECTROCARDIOLOGY			30,269,178			91,418	
54	ELECTROENCEPHALOGRAPHY			3,876,855			9,910	
55	MEDICAL SUPPLIES CHARGED			100,793,337				
56	DRUGS CHARGED TO PATIENTS			103,165,357			1,177,463	
57	RENAL DIALYSIS			4,143,784			14,392	
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 SPORTS MEDICINE			4,605,795				
60	02 WOUND CARE CLINIC			2,465,289				
61	EMERGENCY	608,803	608,803	83,156,171	.007321	.007321	462,349	3,385
61	01 DAY HOSPITAL							
61	02 PAIN CLINIC			7,749,752			125,808	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			7,772,387				
101	TOTAL	608,803	608,803	936,359,324			3,398,305	3,385

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						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	OTHER ANCILLARY SERVICE C						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 SPORTS MEDICINE						
60	02 WOUND CARE CLINIC						
61	EMERGENCY						
61	01 DAY HOSPITAL						
61	02 PAIN CLINIC						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.243944	.243944			
38 RECOVERY ROOM	.160201	.160201			
39 DELIVERY ROOM & LABOR ROOM	.373277	.373277			
40 ANESTHESIOLOGY	.055739	.055739			
41 RADIOLOGY-DIAGNOSTIC	.152029	.152029			
44 LABORATORY	.183990	.183990			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.177710	.177710			
49 RESPIRATORY THERAPY	.157009	.157009			
50 PHYSICAL THERAPY	.419140	.419140			
51 OCCUPATIONAL THERAPY	.513690	.513690			
53 ELECTROCARDIOLOGY	.199454	.199454			
54 ELECTROENCEPHALOGRAPHY	.110715	.110715			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.535987	.535987			
56 DRUGS CHARGED TO PATIENTS	.190680	.190680			
57 RENAL DIALYSIS	.277152	.277152			
59 OTHER ANCILLARY SERVICE COST CENTERS					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 SPORTS MEDICINE	.422079	.422079			
60 02 WOUND CARE CLINIC	.494496	.494496			
61 EMERGENCY	.254500	.254500			
61 01 DAY HOSPITAL					
61 02 PAIN CLINIC	.208179	.208179			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.532967	.532967			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XVIII, PART B

HOSPITAL

	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		11,052,825			
38 RECOVERY ROOM		1,604,403			
39 DELIVERY ROOM & LABOR ROOM		26,737			
40 ANESTHESIOLOGY		1,543,244			
41 RADIOLOGY-DIAGNOSTIC		48,660,939			
44 LABORATORY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS		552,739			
49 RESPIRATORY THERAPY		589,108			
50 PHYSICAL THERAPY		820,625			
51 OCCUPATIONAL THERAPY		866,021			
53 ELECTROCARDIOLOGY		5,709,761			
54 ELECTROENCEPHALOGRAPHY		108,864			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		5,202,012			
56 DRUGS CHARGED TO PATIENTS		6,407,873	66,516		
57 RENAL DIALYSIS		116,144			
59 OTHER ANCILLARY SERVICE COST CENTERS					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 SPORTS MEDICINE		1,712,275			
60 02 WOUND CARE CLINIC		1,609,064			
61 EMERGENCY		9,229,313	36,573		
61 01 DAY HOSPITAL					
61 02 PAIN CLINIC		3,023,425			
62 OBSERVATION BEDS (NON-DISTINCT PART)		2,049,153			
101 SUBTOTAL		100,884,525	103,089		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		100,884,525	103,089		

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				2,696,270	
38 RECOVERY ROOM				257,027	
39 DELIVERY ROOM & LABOR ROOM				9,980	
40 ANESTHESIOLOGY				86,019	
41 RADIOLOGY-DIAGNOSTIC				7,397,874	
44 LABORATORY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS				98,227	
49 RESPIRATORY THERAPY				92,495	
50 PHYSICAL THERAPY				343,957	
51 OCCUPATIONAL THERAPY				444,866	
53 ELECTROCARDIOLOGY				1,138,835	
54 ELECTROENCEPHALOGRAPHY				12,053	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				2,788,211	
56 DRUGS CHARGED TO PATIENTS				1,221,853	12,683
57 RENAL DIALYSIS				32,190	
59 OTHER ANCILLARY SERVICE COST CENTERS					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 SPORTS MEDICINE				722,715	
60 02 WOUND CARE CLINIC				795,676	
61 EMERGENCY				2,348,860	9,308
61 01 DAY HOSPITAL					
61 02 PAIN CLINIC				629,414	
62 OBSERVATION BEDS (NON-DISTINCT PART)				1,092,131	
101 SUBTOTAL				22,208,653	21,991
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				22,208,653	21,991

(A) WORKSHEET A LINE NUMBERS

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

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	. 228418				2, 421, 099
38 RECOVERY ROOM	. 150259				463, 692
39 DELIVERY ROOM & LABOR ROOM	. 349935				725, 959
40 ANESTHESIOLOGY	. 052264				414, 365
41 RADIOLOGY-DIAGNOSTIC	. 142075				8, 521, 414
44 LABORATORY	. 173062				3, 447, 575
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	. 167320				82, 713
49 RESPIRATORY THERAPY	. 147592				190, 873
50 PHYSICAL THERAPY	. 393700				126, 953
51 OCCUPATIONAL THERAPY	. 482136				341, 251
53 ELECTROCARDIOLOGY	. 187235				722, 711
54 ELECTROENCEPHALOGRAPHY	. 104122				30, 556
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	. 504047				382, 259
56 DRUGS CHARGED TO PATIENTS	. 179336				1, 220, 127
57 RENAL DIALYSIS	. 260974				4, 112
59 OTHER ANCILLARY SERVICE COST CENTERS					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 SPORTS MEDICINE	. 395267				248, 302
60 02 WOUND CARE CLINIC	. 462132				85, 340
61 EMERGENCY	. 239066				7, 141, 529
61 01 DAY HOSPITAL					
61 02 PAIN CLINIC	. 195270				594, 053
62 OBSERVATION BEDS (NON-DISTINCT PART)	. 500439				511, 583
101 SUBTOTAL					27, 676, 466
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					27, 676, 466

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

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,353.00
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	54,086	11,652,006	.004642	
87	NEW CAPITAL-RELATED COST	945,704	11,652,006	.081162	
88	NON PHYSICIAN ANESTHETIST		11,652,006		
89	MEDICAL EDUCATION		11,652,006		
89.01	MEDICAL EDUCATION - ALLIED HEA		11,652,006		
89.02	MEDICAL EDUCATION - ALL OTHER		11,652,006		

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 971.26
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 3,884,069
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 3,884,069

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	4,260,843	3,764	1,132.00	722	817,304
43 INTENSIVE CARE UNIT	28,747,420	17,260	1,665.55	1,215	2,023,643
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					

48 PROGRAM INPATIENT ANCILLARY SERVICE COST 8,387,603
 49 TOTAL PROGRAM INPATIENT COSTS 15,112,619

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	4,265
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	971.26
85	OBSERVATION BED COST	4,142,424

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P SUBPROVIDER I OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,353.00
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

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			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		6,973,240	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.243944	7,744	1,889
38	RECOVERY ROOM	.160201		
39	DELIVERY ROOM & LABOR ROOM	.417672		
40	ANESTHESIOLOGY	.104985	154,551	16,226
41	RADIOLOGY-DIAGNOSTIC	.152451	471,109	71,821
44	LABORATORY	.183990	653,435	120,226
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.177710		
49	RESPIRATORY THERAPY	.157009	131,413	20,633
50	PHYSICAL THERAPY	.419937	64,096	26,916
51	OCCUPATIONAL THERAPY	.513690	34,617	17,782
53	ELECTROCARDIOLOGY	.199454	91,418	18,234
54	ELECTROENCEPHALOGRAPHY	.110715	9,910	1,097
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.535987		
56	DRUGS CHARGED TO PATIENTS	.190680	1,177,463	224,519
57	RENAL DIALYSIS	.277152	14,392	3,989
59	OTHER ANCILLARY SERVICE COST CENTERS OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 SPORTS MEDICINE	.422079		
60	02 WOUND CARE CLINIC	.494496		
61	EMERGENCY	.280189	462,349	129,545
61	01 DAY HOSPITAL			
61	02 PAIN CLINIC	.208179	125,808	26,191
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.532967		
101	TOTAL		3,398,305	679,068
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,398,305	

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			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		2,373,403	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.243944		
38	RECOVERY ROOM	.160201		
39	DELIVERY ROOM & LABOR ROOM	.373277		
40	ANESTHESIOLOGY	.055739	46,579	2,596
41	RADIOLOGY-DIAGNOSTIC	.152029	75,902	11,539
44	LABORATORY	.183990	237,063	43,617
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.177710		
49	RESPIRATORY THERAPY	.157009	5,455	856
50	PHYSICAL THERAPY	.419140	3,338	1,399
51	OCCUPATIONAL THERAPY	.513690	3,704	1,903
53	ELECTROCARDIOLOGY	.199454	23,998	4,786
54	ELECTROENCEPHALOGRAPHY	.110715	2,554	283
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.535987		
56	DRUGS CHARGED TO PATIENTS	.190680	319,016	60,830
57	RENAL DIALYSIS	.277152	6,168	1,709
59	OTHER ANCILLARY SERVICE COST CENTERS OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 SPORTS MEDICINE	.422079		
60	02 WOUND CARE CLINIC	.494496		
61	EMERGENCY	.254500	177,303	45,124
61	01 DAY HOSPITAL			
61	02 PAIN CLINIC	.208179		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.532967		
101	TOTAL		901,080	174,642
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		901,080	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	45,522,442	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	15,171,147	
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		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	3,655,483	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	272.32	
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.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
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)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
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)		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		
4.02 SUM OF LINES 4 AND 4.01		
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTR)		
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		
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)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0288	FROM 1/ 1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E
14-0288		PART A

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)	64,349,072	
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)	64,349,072	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	5,508,811	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	104,258	
16 TOTAL	69,962,141	
17 PRIMARY PAYER PAYMENTS	11,829	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	69,950,312	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	5,358,266	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	289,519	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	687,841	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	481,489	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	452,682	
22 SUBTOTAL	64,784,016	
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	64,784,016	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	64,112,921	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	671,095	
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

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	21,991
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	22,141,085
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	17,427,377
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.870
1.04	LINE 1.01 TIMES LINE 1.03.	19,262,744
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	90.47
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.	67,568
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	21,991
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	103,089
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	103,089
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)	103,089
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	81,098
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	21,991
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	17,494,945
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	4,218,048
19	SUBTOTAL (SEE INSTRUCTIONS)	13,298,888
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	13,298,888
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	13,298,888
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	382,516
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	267,761
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	314,968
28	SUBTOTAL	13,566,649
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	13,566,649
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	13,209,330
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	357,319
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0288	FROM 1/ 1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E
14-S288		PART B

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)

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		64,112,921		13,209,330
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99				
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		64,112,921		13,209,330
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER .01		671,095		357,319
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		64,784,016		13,566,649

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)	2,803,086	
1.09	NET IPF PPS OUTLIER PAYMENTS	749,741	
1.10	NET IPF PPS ECT PAYMENTS	31,815	
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)	23.594521	
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)	3,584,642	
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)	3,584,642	
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)	3,584,642	
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL	3,584,642	
7	DEDUCTIBLES	185,788	
8	SUBTOTAL	3,398,854	
9	COINSURANCE	28,035	
10	SUBTOTAL	3,370,819	
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	3,370,819	
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	3,385	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0288	FROM 1/ 1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-3
14-S288		PART I

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

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	3,374,204
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	3,584,642
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-210,438
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		15,112,619	
2	MEDICAL AND OTHER SERVICES		5,730,196	
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		20,842,815	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		20,842,815	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		8,868,592	
11	ANCILLARY SERVICE CHARGES		62,902,594	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		71,771,186	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		71,771,186	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		50,928,371	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		20,842,815	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		20,842,815	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		20,842,815	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		20,842,815	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		20,842,815	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		20,842,815	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		20,842,815	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		17,884,670	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		2,958,145	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0288	FROM 1/ 1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-3
-		PART III

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

TITLE XIX

HOSPITAL

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	SUBPROVIDER 1	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	2,066,136			
9	INPATIENT PRIMARY PAYER PAYMENTS			
10	OUTPATIENT PRIMARY PAYER PAYMENTS			
11	SUBTOTAL			
12	2,066,136			
13	COMPUTATION OF LESSER OF COST OR CHARGES			
14	REASONABLE CHARGES			
15	ROUTINE SERVICE CHARGES			
16	ANCILLARY SERVICE CHARGES			
17	INTERNS AND RESIDENTS SERVICE CHARGES			
18	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
19	TEACHING PHYSICIANS			
20	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
21	TOTAL REASONABLE CHARGES			
22	3,274,483			
23	CUSTOMARY CHARGES			
24	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
25	PAYMENT FOR SERVICES ON A CHARGE BASIS			
26	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
27	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
28	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
29	RATIO OF LINE 17 TO LINE 18			
30	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
31	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
32	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
33	COST OF COVERED SERVICES			
34	2,066,136			
35	PROSPECTIVE PAYMENT AMOUNT			
36	OTHER THAN OUTLIER PAYMENTS			
37	OUTLIER PAYMENTS			
38	PROGRAM CAPITAL PAYMENTS			
39	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
40	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
41	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
42	SUBTOTAL			
43	2,066,136			
44	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
45	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
46	XVIII ENTER AMOUNT FROM LINE 30			
47	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
48	2,066,136			
49	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
50	EXCESS OF REASONABLE COST			
51	SUBTOTAL			
52	2,066,136			
53	COINSURANCE			
54	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
55	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
56	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
57	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
58	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
59	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
60	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
61	UTILIZATION REVIEW			
62	SUBTOTAL (SEE INSTRUCTIONS)			
63	2,066,136			
64	INPATIENT ROUTINE SERVICE COST			
65	MEDICARE INPATIENT ROUTINE CHARGES			
66	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
67	PAYMENT FOR SERVICES ON A CHARGE BASIS			
68	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
69	FOR PAYMENT OF PART A SERVICES			
70	RATIO OF LINE 43 TO 44			
71	TOTAL CUSTOMARY CHARGES			
72	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
73	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
74	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
75	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
76	OTHER ADJUSTMENTS (SPECIFY)			
77	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
78	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
79	SUBTOTAL			
80	2,066,136			
81	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
82	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
83	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
84	2,066,136			
85	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
86	INTERIM PAYMENTS			
87	1,647,986			
88	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
89	BALANCE DUE PROVIDER/PROGRAM			
90	418,150			
91	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0288	FROM 1/ 1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-3
14-S288		PART III

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

TITLE XIX

SUBPROVIDER 1

OTHER
 TITLE V OR
 TITLE XIX
 1

TITLE XVIII
 SNF PPS
 2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

	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			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		1,825,305,399		
2	NET INCOME (LOSS)		24,416,601		
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	54,198,767		54,198,767
2 00 SUBPROVIDER	14,156,255		14,156,255
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	68,355,022		68,355,022
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	63,177,172		63,177,172
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	63,177,172		63,177,172
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	131,532,194		131,532,194
17 00 ANCILLARY SERVICES	497,695,102	353,569,340	851,264,442
18 00 OUTPATIENT SERVICES	31,593,521	68,851,200	100,444,721
24 00			
25 00 TOTAL PATIENT REVENUES	660,820,817	422,420,540	1083,241,357

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	360,222,868		
ADD (SPECIFY)			
27 00			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		360,222,868	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0288
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	1083,241,357
2	LESS: ALLOWANCES AND DISCOUNTS ON	704,414,973
3	NET PATIENT REVENUES	378,826,384
4	LESS: TOTAL OPERATING EXPENSES	360,222,868
5	NET INCOME FROM SERVICE TO PATIENT OTHER INCOME	18,603,516
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 REVENUE	5,813,085
25	TOTAL OTHER INCOME	5,813,085
26	TOTAL	24,416,601
27	OTHER EXPENSES	
28	OTHER EXPENSES (SPECIFY)	
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	24,416,601

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0288	FROM 1/ 1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET L
14-0288		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	5,106,845
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	313,618
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	192.76
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	8.45
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	8.45
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	1.73
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	88,348
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	5,508,811
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	7,271,131
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	7,271,131
4	APPLICABLE EXCEPTION PERCENTAGE	.70
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	5,089,792
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.85
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	5,089,792
9	CURRENT YEAR CAPITAL PAYMENTS	5,508,811
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	-419,019
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	-1,454,641
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	-1,873,660
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	-1,873,660
	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	26,626,010	3,577,154	23,048,856	357,715	1,336,834	24,931,461
38	RECOVERY ROOM	2,928,788	282,738	2,646,050	28,274	153,471	2,747,043
39	DELIVERY ROOM & LABOR ROO	6,967,120	751,957	6,215,163	75,196	360,479	6,531,445
40	ANESTHESIOLOGY	1,124,187	116,434	1,007,753	11,643	58,450	1,054,094
41	RADIOLOGY-DIAGNOSTIC	39,243,306	6,984,298	32,259,008	698,430	1,871,022	36,673,854
44	LABORATORY	20,339,024	674,976	19,664,048	67,498	1,140,515	19,131,011
46	WHOLE BLOOD & PACKED RED	1,322,923	14,720	1,308,203	1,472	75,876	1,245,575
49	RESPIRATORY THERAPY	5,210,057	245,671	4,964,386	24,567	287,934	4,897,556
50	PHYSICAL THERAPY	3,262,352	209,408	3,052,944	20,941	177,071	3,064,340
51	OCCUPATIONAL THERAPY	2,575,184	210,104	2,365,080	21,010	137,175	2,416,999
53	ELECTROCARDIOLOGY	6,037,297	468,527	5,568,770	46,853	322,989	5,667,455
54	ELECTROENCEPHALOGRAPHY	429,226	15,868	413,358	1,587	23,975	403,664
55	MEDICAL SUPPLIES CHARGED	54,023,948	2,047,578	51,976,370	204,758	3,014,629	50,804,561
56	DRUGS CHARGED TO PATIENTS	19,671,566	697,793	18,973,773	69,779	1,100,479	18,501,308
57	RENAL DIALYSIS	1,148,456	10,152	1,138,304	1,015	66,022	1,081,419
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 SPORTS MEDICINE	1,944,009	255,611	1,688,398	25,561	97,927	1,820,521
60	02 WOUND CARE CLINIC	1,219,076	216,218	1,002,858	21,622	58,166	1,139,288
61	EMERGENCY	21,163,242	1,332,547	19,830,695	133,255	1,150,180	19,879,807
61	01 DAY HOSPITAL						
61	02 PAIN CLINIC	1,613,337	154,031	1,459,306	15,403	84,640	1,513,294
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	4,142,424	299,046	3,843,378	29,905	222,916	3,889,603
101	SUBTOTAL	220,991,532	18,564,831	202,426,701	1,856,484	11,740,750	207,394,298
102	LESS OBSERVATION BEDS	4,142,424	299,046	3,843,378	29,905	222,916	3,889,603
103	TOTAL	216,849,108	18,265,785	198,583,323	1,826,579	11,517,834	203,504,695

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	109,148,238	.228418	.240666
38	RECOVERY ROOM	18,282,000	.150259	.158654
39	DELIVERY ROOM & LABOR ROO	18,664,746	.349935	.369248
40	ANESTHESIOLOGY	20,168,772	.052264	.055162
41	RADIOLOGY-DIAGNOSTIC	258,129,733	.142075	.149324
44	LABORATORY	110,543,960	.173062	.183380
46	WHOLE BLOOD & PACKED RED	7,444,286	.167320	.177512
49	RESPIRATORY THERAPY	33,183,132	.147592	.156269
50	PHYSICAL THERAPY	7,783,445	.393700	.416449
51	OCCUPATIONAL THERAPY	5,013,107	.482136	.509499
53	ELECTROCARDIOLOGY	30,269,178	.187235	.197906
54	ELECTROENCEPHALOGRAPHY	3,876,855	.104122	.110306
55	MEDICAL SUPPLIES CHARGED	100,793,337	.504047	.533956
56	DRUGS CHARGED TO PATIENTS	103,165,357	.179336	.190004
57	RENAL DIALYSIS	4,143,784	.260974	.276907
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 SPORTS MEDICINE	4,605,795	.395267	.416529
60	02 WOUND CARE CLINIC	2,465,289	.462132	.485726
61	EMERGENCY	83,156,171	.239066	.252897
61	01 DAY HOSPITAL			
61	02 PAIN CLINIC	7,749,752	.195270	.206192
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	7,772,387	.500439	.529119
101	SUBTOTAL	936,359,324		
102	LESS OBSERVATION BEDS	7,772,387		
103	TOTAL	928,586,937		