

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		14-0291		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 7:58

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 SHEPHERD HOSPITAL 14-0291  
 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	392,038	206,020	0	
2	SUBPROVIDER	0	-86,909	-2,827	0	
100	TOTAL	0	305,129	203,193	0	

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

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









HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0291  
PERIOD: FROM 1/1/2009 TO 12/31/2009  
PREPARED 5/26/2010  
WORKSHEET S-3  
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS		151				21,978	1,736
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS		151				21,978	1,736
6 INTENSIVE CARE UNIT		18				4,739	391
11 NURSERY							195
12 TOTAL		169				26,717	2,322
13 RPCH VISITS							
14 SUBPROVIDER		14				1,310	978
18 HOME HEALTH AGENCY							
23 10 CMHC							
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC							
24 10 FOHC							
25 TOTAL		183					
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							

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	NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			37,853				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			37,853				
6 INTENSIVE CARE UNIT			5,859				
11 NURSERY			3,651				
12 TOTAL			47,363				
13 RPCH VISITS							
14 SUBPROVIDER			3,864				
18 HOME HEALTH AGENCY							
23 10 CMHC							
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC							
24 10 FOHC							
25 TOTAL							
26 OBSERVATION BED DAYS			1,416		1,416		
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 EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					5,705	584	11,932
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							
11 NURSERY							
12 TOTAL		1,230.00			5,705	584	11,932
13 RPCH VISITS							
14 SUBPROVIDER		24.00			143	164	588
18 HOME HEALTH AGENCY							
23 10 CMHC							
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC							
24 10 FOHC							
25 TOTAL		1,254.00					
26 OBSERVATION BED DAYS							

COMPONENT	I & R FTES	--- FULL TIME	EQUIV ---	DISCHARGES			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	
26 01 OBSERVATION BED DAYS-SUB I	9	10	11	12	13	14	15
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0291  
 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	81,632,597		81,632,597	2,616,640.00	31.20	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	2,243,972		2,243,972	79,040.00	28.39	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	944,996		944,996	14,654.00	64.49	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	276,874		276,874	2,143.00	129.20	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	7,404,286		7,404,286	114,639.00	64.59	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	21,427,489		21,427,489			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	605,662		605,662			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	1,841,565		1,841,565	20,800.00	88.54	
22 ADMINISTRATIVE & GENERAL	12,747,722	646	12,748,368	424,320.00	30.04	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS	822,509		822,509	31,200.00	26.36	
24 OPERATION OF PLANT	561,082		561,082	16,640.00	33.72	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	1,646,165		1,646,165	106,080.00	15.52	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,485,569		1,485,569	93,600.00	15.87	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,562,685		1,562,685	39,520.00	39.54	
31 CENTRAL SERVICE AND SUPPLY	555,468		555,468	29,120.00	19.08	
32 PHARMACY	2,812,421		2,812,421	68,640.00	40.97	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,241,991		1,241,991	58,240.00	21.33	
34 SOCIAL SERVICE	209,394		209,394	6,240.00	33.56	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	81,632,597		81,632,597	2,616,640.00	31.20	
2 EXCLUDED AREA SALARIES	2,243,972		2,243,972	79,040.00	28.39	
3 SUBTOTAL SALARIES	79,388,625		79,388,625	2,537,600.00	31.28	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	8,626,156		8,626,156	131,436.00	65.63	
5 SUBTOTAL WAGE-RELATED COSTS	21,427,489		21,427,489		26.99	
6 TOTAL	109,442,270		109,442,270	2,669,036.00	41.00	
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	25,486,571	646	25,487,217	894,400.00	28.50	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0291	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	13,653,032
17.01	GROSS MEDICAID REVENUES	8,116,464
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	21,769,496
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)	.336770
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	29,705,264

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0291	FROM 1/ 1/2009	5/26/2010
	TO 12/31/2009	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	10,003,842
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	13,653,032
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	4,597,932
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	10,003,842

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0291  
PERIOD: FROM 1/1/2009 TO 12/31/2009  
PREPARED 5/26/2010  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT				-509,452	-509,452
2	0200 OLD CAP REL COSTS-MVBLE EQUIP				1,860,922	1,860,922
3	0300 NEW CAP REL COSTS-BLDG & FIXT				6,168,310	6,168,310
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				4,000,556	4,000,556
5	0500 EMPLOYEE BENEFITS	1,841,565	16,546,027	18,387,592	-75,784	18,311,808
6.01	0610 NONPATIENT TELEPHONES	274,773	517,778	792,551	-8,706	783,845
6.02	0620 DATA PROCESSING		938,722	938,722	-589	938,133
6.03	0630 PURCHASING RECEIVING AND STORES	446,131	1,197,588	1,643,719	-5,670	1,638,049
6.04	0640 ADMINITTING	1,979,451	373,683	2,353,134	-10,061	2,343,073
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	1,758,133	8,138,399	9,896,532	-106,747	9,789,785
6.06	0660 OTHER ADMINSTRATIVE AND GENERAL	8,289,234	47,060,906	55,350,140	-5,732,129	49,618,011
7	0700 MAINTENANCE & REPAIRS	822,509	4,818,450	5,640,959	-538,431	5,102,528
8	0800 OPERATION OF PLANT	561,082	3,349,456	3,910,538	-111,152	3,799,386
9	0900 LAUNDRY & LINEN SERVICE					
10	1000 HOUSEKEEPING	1,646,165	1,585,265	3,231,430	-32,219	3,199,211
11	1100 DIETARY	1,485,569	1,473,916	2,959,485	-9,723	2,949,762
12	1200 CAFETERIA					
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	1,562,685	398,739	1,961,424	-6,663	1,954,761
15	1500 CENTRAL SERVICES & SUPPLY	555,468	1,612,182	2,167,650	-91,305	2,076,345
16	1600 PHARMACY	2,812,421	11,019,403	13,831,824	-9,435,153	4,396,671
17	1700 MEDICAL RECORDS & LIBRARY	1,241,991	1,804,020	3,046,011	-4,957	3,041,054
18	1800 SOCIAL SERVICE	209,394	17,356	226,750		226,750
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	15,506,386	3,308,537	18,814,923	-1,255,039	17,559,884
26	2600 INTENSIVE CARE UNIT	6,197,980	2,342,598	8,540,578	-530,657	8,009,921
31	3100 SUBPROVIDER	1,545,477	204,503	1,749,980	-7,024	1,742,956
33	3300 NURSERY	1,121,985	271,236	1,393,221	-137,550	1,255,671
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	6,069,275	19,515,336	25,584,611	-16,676,355	8,908,256
38	3800 RECOVERY ROOM	1,016,357	157,472	1,173,829	-43,541	1,130,288
39	3900 DELIVERY ROOM & LABOR ROOM	1,812,998	1,338,693	3,151,691	-428,467	2,723,224
40	4000 ANESTHESIOLOGY	112,894	536,520	649,414	-459,247	190,167
41	4100 RADIOLOGY-DIAGNOSTIC	9,396,973	16,555,173	25,952,146	-10,228,188	15,723,958
44	4400 LABORATORY	646	8,083,355	8,084,001	-1,450	8,082,551
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		902,610	902,610		902,610
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS					
49	4900 RESPIRATORY THERAPY	1,627,935	528,452	2,156,387	-222,345	1,934,042
50	5000 PHYSICAL THERAPY	1,651,886	517,090	2,168,976	-133,372	2,035,604
51	5100 OCCUPATIONAL THERAPY	69,808	138,482	208,290	-1,915	206,375
52	5200 SPEECH PATHOLOGY					
53	5300 ELECTROCARDIOLOGY	2,109,058	1,145,845	3,254,903	-124,831	3,130,072
54	5400 ELECTROENCEPHALOGRAPHY	81,286	16,843	98,129	-10,194	87,935
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				27,573,289	27,573,289
56	5600 DRUGS CHARGED TO PATIENTS				9,355,383	9,355,383
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	2,693,610	2,067,368	4,760,978	-1,026,356	3,734,622
60.01	6001 WOMENS HEALTH					
60.02	6002 SPINE CENTER					
61	6100 EMERGENCY	4,432,977	2,171,972	6,604,949	-990,826	5,614,123
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310 RHC					
63.60	6320 FQHC					
	OTHER REIMBURS COST CNTRS					
69.10	6910 CMHC					
69.20	6920 OUTPATIENT PHYSICAL THERAPY					
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY					
69.40	6940 OUTPATIENT SPEECH PATHOLOGY					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
85.01	8510 PANCREAS ACQUISITION					
85.02	8520 INTESTINAL ACQUISITION					
95	SUBTOTALS	80,934,102	160,653,975	241,588,077	2,362	241,590,439
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEN	10,308	18,835	29,143	-1,886	27,257
100	7950 OTHER NONREIMBURSABLE COST CENTERS	688,187	310,059	998,246	-476	997,770
101	TOTAL	81,632,597	160,982,869	242,615,466	-0-	242,615,466

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0291  
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	749,855	240,403
2	0200 OLD CAP REL COSTS-MVBLE EQUIP	-1,849,522	11,400
3	0300 NEW CAP REL COSTS-BLDG & FIXT	145,467	6,313,777
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	1,116,443	5,116,999
5	0500 EMPLOYEE BENEFITS	2,906,662	21,218,470
6.01	0610 NONPATIENT TELEPHONES	-451,845	332,000
6.02	0620 DATA PROCESSING	2,641,399	3,579,532
6.03	0630 PURCHASING RECEIVING AND STORES	-3,648	1,634,401
6.04	0640 ADMINISTRATION	-33,582	2,309,491
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	-315,930	9,473,855
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	-25,679,545	23,938,466
7	0700 MAINTENANCE & REPAIRS	-4,348	5,098,180
8	0800 OPERATION OF PLANT	-1,211	3,798,175
9	0900 LAUNDRY & LINEN SERVICE		
10	1000 HOUSEKEEPING	-7,944	3,191,267
11	1100 DIETARY	-576,409	2,373,353
12	1200 CAFETERIA		
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION	-34,343	1,920,418
15	1500 CENTRAL SERVICES & SUPPLY	-26,282	2,050,063
16	1600 PHARMACY	-61,580	4,335,091
17	1700 MEDICAL RECORDS & LIBRARY	-105,917	2,935,137
18	1800 SOCIAL SERVICE	-1,022	225,728
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		
24	2400 PARAMEDICAL PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-65,396	17,494,488
26	2600 INTENSIVE CARE UNIT	-8,602	8,001,319
31	3100 SUBPROVIDER	-65,612	1,677,344
33	3300 NURSERY	-24,267	1,231,404
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-796,353	8,111,903
38	3800 RECOVERY ROOM	-175	1,130,113
39	3900 DELIVERY ROOM & LABOR ROOM	-680,950	2,042,274
40	4000 ANESTHESIOLOGY	-488	189,679
41	4100 RADIOLOGY-DIAGNOSTIC	-85,954	15,638,004
44	4400 LABORATORY		8,082,551
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		902,610
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS		
49	4900 RESPIRATORY THERAPY	-1,241	1,932,801
50	5000 PHYSICAL THERAPY	-11,125	2,024,479
51	5100 OCCUPATIONAL THERAPY	-338	206,037
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY	-684,862	2,445,210
54	5400 ELECTROENCEPHALOGRAPHY		87,935
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		27,573,289
56	5600 DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS		9,355,383
60	6000 CLINIC	-205,689	3,528,933
60.01	6001 WOMENS HEALTH		
60.02	6002 SPINE CENTER		
61	6100 EMERGENCY	-267,683	5,346,440
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63.50	6310 RHC		
63.60	6320 FQHC OTHER REIMBURS COST CNTRS		
69.10	6910 CMHC		
69.20	6920 OUTPATIENT PHYSICAL THERAPY		
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY		
69.40	6940 OUTPATIENT SPEECH PATHOLOGY		
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS		
85.01	8510 PANCREAS ACQUISITION		
85.02	8520 INTESTINAL ACQUISITION		
95	SUBTOTALS	-24,492,037	217,098,402
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		27,257
100	7950 OTHER NONREIMBURSABLE COST CENTERS	-89,961	907,809
101	TOTAL	-24,581,998	218,033,468

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0291  
 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	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMEDICAL PRGM-(SPECIALTY)	2400	
	INPAT ROUTINE SRVC COST		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
46.30	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	BLOOD CLOTTING FOR HEMOPHILIACS
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	WOMENS HEALTH	6001	CLINIC
60.02	SPINE CENTER	6002	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.60	FQHC	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	OTHER REIMBURS COST		
69.10	CMHC	6910	CMHC #####
69.20	OUTPATIENT PHYSICAL THERAPY	6920	OPT #####
69.30	OUTPATIENT OCCUPATIONAL THERAPY	6930	OOT #####
69.40	OUTPATIENT SPEECH PATHOLOGY	6940	OSP #####
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
85.01	PANCREAS ACQUISITION	8510	
85.02	INTESTINAL ACQUISITION	8520	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GI FT, FLOWER, COFFEE SHOP & CANTEEN	9600	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:  
140291

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 RECLASS DEPRECIATION	A	OTHER ADMINISTRATIVE AND GENERAL	6.06		5,841,568
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33 DEPRECIATION EXPENSE	B	OLD CAP REL COSTS-BLDG & FIXT	1		5,658,858
34		OLD CAP REL COSTS-MVBLE EQUIP	2		5,861,478
35 RECLASS NEW DEPRECIATION	C	NEW CAP REL COSTS-BLDG & FIXT	3		6,168,310
1 RECLASS NEW DEPRECIATION	C	NEW CAP REL COSTS-MVBLE EQUIP	4		4,000,556
2 DRUGS	F	DRUGS CHARGED TO PATIENTS	56		9,355,383
3 OXYGEN	G	RESPIRATORY THERAPY	49		45,604
4 LAB SALARY RECLASS	I	OTHER ADMINISTRATIVE AND GENERAL	6.06	646	23
5 MEDICAL SUPPLY RECLASS	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		27,573,289
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					

RECLASSIFICATIONS

PROVIDER NO:  
140291

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 SUPPLY RECLASS	D				
36 TOTAL RECLASSIFICATIONS				646	64,505,069

(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:  
140291

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

PREPARED 5/26/2010  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
1 RECLASS DEPRECIATION	A	PHARMACY	16			8,609	
2		EMPLOYEE BENEFITS	5			75,784	
3		NONPATIENT TELEPHONES	6.01			8,489	
4		DATA PROCESSING	6.02			585	
5		PURCHASING RECEIVING AND STORES	6.03			5,669	
6		ADMINISTRATIVE	6.04			1,366	
7		CASHIERING/ACCOUNTS RECEIVABLE	6.05			106,643	
8		MAINTENANCE & REPAIRS	7			458,143	
9		OPERATION OF PLANT	8			19,529	
10		HOUSEKEEPING	10			9,314	
11		DIETARY	11			8,857	
12		NURSING ADMINISTRATION	14			5,093	
13		CENTRAL SERVICES & SUPPLY	15			91,305	
14		MEDICAL RECORDS & LIBRARY	17			4,266	
15		ADULTS & PEDIATRICS	25			424,921	
16		INTENSIVE CARE UNIT	26			91,641	
17		SUBPROVIDER	31			70	
18		NURSERY	33			52,142	
19		OPERATING ROOM	37			673,696	
20		RECOVERY ROOM	38			5,452	
21		DELIVERY ROOM & LABOR ROOM	39			82,876	
22		ANESTHESIOLOGY	40			106,367	
23		RADIOLOGY-DIAGNOSTIC	41			2,333,922	
24		RESPIRATORY THERAPY	49			45,370	
25		PHYSICAL THERAPY	50			97,544	
26		ELECTROCARDIOLOGY	53			86,460	
27		CLINIC	60			821,056	
28		EMERGENCY	61			206,644	
29		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96			1,376	
30		OTHER NONREIMBURSABLE COST CENTERS	100			54	
31		ELECTROENCEPHALOGRAPHY	54			7,544	
32		LABORATORY	44			781	
33 DEPRECIATION EXPENSE	B	OTHER ADMINISTRATIVE AND GENERAL	6.06			11,520,336	9
34							9
35 RECLASS NEW DEPRECIATION	C	OLD CAP REL COSTS-BLDG & FIXT	1			6,168,310	9
1 RECLASS NEW DEPRECIATION	C	OLD CAP REL COSTS-MVBLE EQUIP	2			4,000,556	9
2 DRUGS	F	PHARMACY	16			9,355,383	
3 OXYGEN	G	OPERATION OF PLANT	8			45,604	
4 LAB SALARY RECLASS	I	LABORATORY	44		646	23	
5 MEDICAL SUPPLY RECLASS	D						
6		NONPATIENT TELEPHONES	6.01			217	
7		DATA PROCESSING	6.02			4	
8		PURCHASING RECEIVING AND STORES	6.03			1	
9		ADMINISTRATIVE	6.04			8,695	
10		CASHIERING/ACCOUNTS RECEIVABLE	6.05			104	
11		OTHER ADMINISTRATIVE AND GENERAL	6.06			54,030	
12		MAINTENANCE & REPAIRS	7			80,288	
13		OPERATION OF PLANT	8			46,019	
14		HOUSEKEEPING	10			22,905	
15		DIETARY	11			866	
16		NURSING ADMINISTRATION	14			1,570	
17		PHARMACY	16			71,161	
18		MEDICAL RECORDS & LIBRARY	17			691	
19		ADULTS & PEDIATRICS	25			830,118	
20		INTENSIVE CARE UNIT	26			439,016	
21		SUBPROVIDER	31			6,954	
22		NURSERY	33			85,408	
23		OPERATING ROOM	37			16,002,659	
24		RECOVERY ROOM	38			38,089	
25		DELIVERY ROOM & LABOR ROOM	39			345,591	
26		ANESTHESIOLOGY	40			352,880	
27		RADIOLOGY-DIAGNOSTIC	41			7,894,266	
28		RESPIRATORY THERAPY	49			222,579	
29		PHYSICAL THERAPY	50			35,828	
30		OCCUPATIONAL THERAPY	51			1,915	
31		ELECTROCARDIOLOGY	53			38,371	
32		ELECTROENCEPHALOGRAPHY	54			2,650	
33		EMERGENCY	61			784,182	
34		CLINIC	60			205,300	
35		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96			510	

RECLASSIFICATIONS

PROVIDER NO:  
140291

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	
1 MEDICAL SUPPLY RECLASS	D	OTHER NONREIMBURSABLE COST CENTERS	100		422
36 TOTAL RECLASSIFICATIONS				646	64,505,069

(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:  
140291

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

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

RECLASS CODE: A  
EXPLANATION: RECLASS DEPRECIATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	5,841,568	PHARMACY	16	8,609	
2.00			0	EMPLOYEE BENEFITS	5	75,784	
3.00			0	NONPATIENT TELEPHONES	6.01	8,489	
4.00			0	DATA PROCESSING	6.02	585	
5.00			0	PURCHASING RECEIVING AND STORE	6.03	5,669	
6.00			0	ADMINISTRATIVE	6.04	1,366	
7.00			0	CASHIERING/ACCOUNTS RECEIVABLE	6.05	106,643	
8.00			0	MAINTENANCE & REPAIRS	7	458,143	
9.00			0	OPERATION OF PLANT	8	19,529	
10.00			0	HOUSEKEEPING	10	9,314	
11.00			0	DIETARY	11	8,857	
12.00			0	NURSING ADMINISTRATION	14	5,093	
13.00			0	CENTRAL SERVICES & SUPPLY	15	91,305	
14.00			0	MEDICAL RECORDS & LIBRARY	17	4,266	
16.00			0	ADULTS & PEDIATRICS	25	424,921	
17.00			0	INTENSIVE CARE UNIT	26	91,641	
18.00			0	SUBPROVIDER	31	70	
19.00			0	NURSERY	33	52,142	
20.00			0	OPERATING ROOM	37	673,696	
21.00			0	RECOVERY ROOM	38	5,452	
22.00			0	DELIVERY ROOM & LABOR ROOM	39	82,876	
23.00			0	ANESTHESIOLOGY	40	106,367	
24.00			0	RADIOLOGY-DIAGNOSTIC	41	2,333,922	
25.00			0	RESPIRATORY THERAPY	49	45,370	
26.00			0	PHYSICAL THERAPY	50	97,544	
27.00			0	ELECTROCARDIOLOGY	53	86,460	
28.00			0	CLINIC	60	821,056	
29.00			0	EMERGENCY	61	206,644	
30.00			0	GIFT, FLOWER, COFFEE SHOP & CA	96	1,376	
31.00			0	OTHER NONREIMBURSABLE COST CEN	100	54	
32.00			0	ELECTROENCEPHALOGRAPHY	54	7,544	
33.00			0	LABORATORY	44	781	
TOTAL RECLASSIFICATIONS FOR CODE A			5,841,568	TOTAL RECLASSIFICATIONS FOR CODE A			5,841,568

RECLASS CODE: B  
EXPLANATION: DEPRECIATION EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	5,658,858	OTHER ADMINISTRATIVE AND GENER	6.06	11,520,336	
2.00	OLD CAP REL COSTS-MVBLE EQUIP	2	5,861,478			0	
TOTAL RECLASSIFICATIONS FOR CODE B			11,520,336	TOTAL RECLASSIFICATIONS FOR CODE B			11,520,336

RECLASS CODE: C  
EXPLANATION: RECLASS NEW DEPRECIATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	6,168,310	OLD CAP REL COSTS-BLDG & FIXT	1	6,168,310	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	4,000,556	OLD CAP REL COSTS-MVBLE EQUIP	2	4,000,556	
TOTAL RECLASSIFICATIONS FOR CODE C			10,168,866	TOTAL RECLASSIFICATIONS FOR CODE C			10,168,866

RECLASS CODE: F  
EXPLANATION: DRUGS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	9,355,383	PHARMACY	16	9,355,383	
TOTAL RECLASSIFICATIONS FOR CODE F			9,355,383	TOTAL RECLASSIFICATIONS FOR CODE F			9,355,383

RECLASS CODE: G  
EXPLANATION: OXYGEN

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RESPIRATORY THERAPY	49	45,604	OPERATION OF PLANT	8	45,604	
TOTAL RECLASSIFICATIONS FOR CODE G			45,604	TOTAL RECLASSIFICATIONS FOR CODE G			45,604

RECLASS CODE: I  
EXPLANATION: LAB SALARY RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	669	LABORATORY	44	669	
TOTAL RECLASSIFICATIONS FOR CODE I			669	TOTAL RECLASSIFICATIONS FOR CODE I			669

RECLASSIFICATIONS

PROVIDER NO:  
140291

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

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

RECLASS CODE: D  
EXPLANATION : MEDICAL SUPPLY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	27,573,289				0
2.00			0	NONPATIENT TELEPHONES	6.01	217	
3.00			0	DATA PROCESSING	6.02	4	
4.00			0	PURCHASING RECEIVING AND STORE	6.03	1	
5.00			0	ADMITTING	6.04	8,695	
6.00			0	CASHERING/ACCOUNTS RECEIVABLE	6.05	104	
7.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	54,030	
8.00			0	MAINTENANCE & REPAIRS	7	80,288	
9.00			0	OPERATION OF PLANT	8	46,019	
10.00			0	HOUSEKEEPING	10	22,905	
11.00			0	DIETARY	11	866	
12.00			0	NURSING ADMINISTRATION	14	1,570	
13.00			0	PHARMACY	16	71,161	
14.00			0	MEDICAL RECORDS & LIBRARY	17	691	
15.00			0	ADULTS & PEDIATRICS	25	830,118	
16.00			0	INTENSIVE CARE UNIT	26	439,016	
17.00			0	SUBPROVIDER	31	6,954	
18.00			0	NURSERY	33	85,408	
19.00			0	OPERATING ROOM	37	16,002,659	
20.00			0	RECOVERY ROOM	38	38,089	
21.00			0	DELIVERY ROOM & LABOR ROOM	39	345,591	
22.00			0	ANESTHESIOLOGY	40	352,880	
23.00			0	RADIOLOGY-DIAGNOSTIC	41	7,894,266	
24.00			0	RESPIRATORY THERAPY	49	222,579	
25.00			0	PHYSICAL THERAPY	50	35,828	
26.00			0	OCCUPATIONAL THERAPY	51	1,915	
27.00			0	ELECTROCARDIOLOGY	53	38,371	
28.00			0	ELECTROENCEPHALOGRAPHY	54	2,650	
29.00			0	EMERGENCY	61	784,182	
30.00			0	CLINIC	60	205,300	
31.00			0	GIFT, FLOWER, COFFEE SHOP & CA	96	510	
32.00			0	OTHER NONREIMBURSABLE COST CEN	100	422	
TOTAL RECLASSIFICATIONS FOR CODE D			27,573,289				27,573,289

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			DONATION 3					
1 LAND	867,973						867,973	
2 LAND IMPROVEMENTS	1,831,197						1,831,197	1,814,772
3 BUILDINGS & FIXTURE	22,894,698						22,894,698	15,431,820
4 BUILDING IMPROVEMEN	328,716						328,716	328,716
5 FIXED EQUIPMENT	6,413,554					30,310	6,383,244	6,319,445
6 MOVABLE EQUIPMENT	36,435						36,435	36,435
7 SUBTOTAL	32,372,573					30,310	32,342,263	23,931,188
8 RECONCILING ITEMS								
9 TOTAL	32,372,573					30,310	32,342,263	23,931,188

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			DONATION 3					
1 LAND	3,744,363						3,744,363	
2 LAND IMPROVEMENTS	3,552,705	95,239			95,239		3,647,944	720,967
3 BUILDINGS & FIXTURE	100,201,695	10,435,975			10,435,975	4,745,883	105,891,787	4,427,201
4 BUILDING IMPROVEMEN	4,642,695	560,074			560,074	1,806,048	3,396,721	156,225
5 FIXED EQUIPMENT	50,896,993	2,114,805			2,114,805	567,762	52,444,036	27,188,011
6 MOVABLE EQUIPMENT	219,452						219,452	118,686
7 SUBTOTAL	163,257,903	13,206,093			13,206,093	7,119,693	169,344,303	32,611,090
8 RECONCILING ITEMS	3,584,252	5,509,600			5,509,600	4,745,413	4,348,439	
9 TOTAL	159,673,651	7,696,493			7,696,493	2,374,280	164,995,864	32,611,090

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	240,403						240,403
2	OLD CAP REL COSTS-MV	11,400						11,400
3	NEW CAP REL COSTS-BL	6,313,777						6,313,777
4	NEW CAP REL COSTS-MV	5,116,999						5,116,999
5	TOTAL	11,682,579						11,682,579

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	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	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			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	-450,757	NONPATIENT TELEPHONES	6.01	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,775,836			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
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	A	-4,958	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES	A	727,566	OLD CAP REL COSTS-BLDG &	1	9
30 DEPRECIATION-OLD MOVABLE EQUIP	A	-1,857,248	OLD CAP REL COSTS-MVBLE E	2	9
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 INTERCOMPANY INTEREST	A	-2,648,126	OTHER ADMINISTRATIVE AND	6.06	
38 MEDICAL PROVIDER TAX	A	-6,526,696	OTHER ADMINISTRATIVE AND	6.06	
39 BAD DEBT EXPENSE	A	-6,731,060	OTHER ADMINISTRATIVE AND	6.06	
40					
41					
41.50					
42 OFFSET O/P PHARMACY	A	-100	PHARMACY	16	
43					
43.02 MISC INCOME	B	-20,515	CLINIC	60	
43.03					
44 MISC INCOME	B	-9,254	EMPLOYEE BENEFITS	5	
45					
46 MISC INCOME	B	-303,929	CASHIERING/ACCOUNTS RECEIV	6.05	
47 MISC INCOME	B	-397,076	OTHER ADMINISTRATIVE AND	6.06	
48 MISC INCOME	B	-1,518	PHYSICAL THERAPY	50	
49 MISC INCOME	B	-566,070	DIETARY	11	
49.01 MISC INCOME	B	-489	SOCIAL SERVICE	18	
49.02 MISC INCOME	B	-2,040	NURSING ADMINISTRATION	14	
49.03 MISC INCOME	B	-35,847	MEDICAL RECORDS & LIBRARY	17	
49.04 MISC INCOME	B	-10,651	PHARMACY	16	
49.05 MISC INCOME	B	-7,879	ADULTS & PEDIATRICS	25	
49.06 MISC INCOME	B	-45,107	RADIOLOGY-DIAGNOSTIC	41	
49.08 MISC INCOME	B	700	EMERGENCY	61	
49.09 MISC INCOME	B	-17,255	ELECTROCARDIOLOGY	53	
49.10 MISC INCOME	B	-89,961	OTHER NONREIMBURSABLE COS	100	
49.13 ELIMINATE CENTERS 1090, 1093, 1099, 112	A	-135,907	OTHER ADMINISTRATIVE AND	6.06	
49.14 ELIMINATE AHA AND IHA LOBBYING	A	-31,267	OTHER ADMINISTRATIVE AND	6.06	
49.16 NONALLOWABLE	A	-19,225	EMPLOYEE BENEFITS	5	
49.20 NONALLOWABLE	A	-1,088	NONPATIENT TELEPHONES	6.01	
49.21 NONALLOWABLE	A	-55	DATA PROCESSING	6.02	
49.22 NONALLOWABLE	A	-3,648	PURCHASING RECEIVING AND	6.03	
49.24 NONALLOWABLE	A	-33,582	ADMINITTING	6.04	
49.25 NONALLOWABLE	A	-12,001	CASHIERING/ACCOUNTS RECEIV	6.05	
49.26 NONALLOWABLE	A	-2,146,003	OTHER ADMINISTRATIVE AND	6.06	
49.28 NONALLOWABLE	A	-2,174	MAINTENANCE & REPAIRS	7	
49.29 NONALLOWABLE	A	-2,174	MAINTENANCE & REPAIRS	7	
49.30 NONALLOWABLE	A	-1,211	OPERATION OF PLANT	8	
49.32 NONALLOWABLE	A	-7,944	HOUSEKEEPING	10	
49.33 NONALLOWABLE	A	-10,339	DIETARY	11	
49.34 NONALLOWABLE	A	-18,303	NURSING ADMINISTRATION	14	
49.35 NONALLOWABLE	A	-26,282	CENTRAL SERVICES & SUPPLY	15	
49.36 NONALLOWABLE	A	-50,829	PHARMACY	16	
49.38 NONALLOWABLE	A	-65,112	MEDICAL RECORDS & LIBRARY	17	
49.39 NONALLOWABLE	A	-533	SOCIAL SERVICE	18	
49.40 NONALLOWABLE	A	-57,517	ADULTS & PEDIATRICS	25	
49.41 NONALLOWABLE	A	-3,539	INTENSIVE CARE UNIT	26	
49.42 NONALLOWABLE	A	-2,796	SUBPROVIDER	31	
49.43 NONALLOWABLE	A	-24,267	NURSERY	33	
49.44 NONALLOWABLE	A	-32,502	OPERATING ROOM	37	

ADJUSTMENTS TO EXPENSES

PROVIDER NO:  
14-0291

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

PREPARED 5/26/2010  
WORKSHEET A-8

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	COST CENTER 3	LINE NO 4		
49.45 NONALLOWABLE	A	-175	RECOVERY ROOM	38		
49.46 NONALLOWABLE	A	-14,940	DELIVERY ROOM & LABOR ROO	39		
49.47 NONALLOWABLE	A	-488	ANESTHESIOLOGY	40		
49.48 NONALLOWABLE	A	-40,847	RADIOLOGY-DIAGNOSTIC	41		
49.49 NONALLOWABLE	A	-1,241	RESPIRATORY THERAPY	49		
49.50 NONALLOWABLE	A	-9,607	PHYSICAL THERAPY	50		
49.51 NONALLOWABLE	A	-338	OCCUPATIONAL THERAPY	51		
49.52 NONALLOWABLE	A	-15,759	ELECTROCARDIOLOGY	53		
49.53 NONALLOWABLE	A	-27,511	EMERGENCY	61		
49.54 NONALLOWABLE	A	-8,688	CLINIC	60		
49.55						
49.56						
50 TOTAL (SUM OF LINES 1 THRU 49)		-24,581,998				

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	5	EMPLOYEE BENEFITS	EMPL BENEFITS	2,935,141		2,935,141	
2	6 2	DATA PROCESSING	DATA PROCESSING	2,641,454		2,641,454	
3	1	OLD CAP REL COSTS-BLDG &	OLD BLDG	22,289		22,289	9
4	2	OLD CAP REL COSTS-MVBLE E	OLD EQUIP	7,726		7,726	9
4.01	3	NEW CAP REL COSTS-BLDG &	NEW BLDG	145,467		145,467	9
4.02	4	NEW CAP REL COSTS-MVBLE E	NEW EQUIP	1,116,443		1,116,443	9
4.03	6 6	OTHER ADMINISTRATIVE AND	A&G	4,652,708	11,521,228	-6,868,520	
5		TOTALS		11,521,228	11,521,228		

\* 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
1	B	0.00	ADVOCATE HEALTH	100.00	HEALTH CARE
2	B	0.00	ADVOCATE HEALTH	100.00	HEALTH CARE
3	B	0.00	ADVOCATE HEALTH	100.00	HEALTH CARE
4	B	0.00	ADVOCATE HEALTH	100.00	HEALTH CARE
5	B	0.00	ADVOCATE HEALTH	100.00	HEALTH CARE

- (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: 14-0291  
 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
1	6 6 AGGREGATE	180,840	180,840		154,100	1,507	111,648	5,582
2	6 6 AGGREGATE	14,050	14,050			1		
3	37 AGGREGATE	763,949		763,949	204,100	1	98	5
4	39 AGGREGATE	666,010	666,010		154,100	1	74	4
5	AGGREGATE							
6	AGGREGATE							
7	53 AGGREGATE	651,848	651,848			1		
8	14 AGGREGATE	14,000	14,000			112		
9	31 AGGREGATE	62,816	62,816		142,500	419	28,705	1,435
10	60 AGGREGATE	176,560		176,560	154,100	1	74	4
11	61 AGGREGATE	245,391	12,505	232,886	154,100	61	4,519	226
12	26 AGGREGATE	5,063	5,063			40		
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,780,527	1,607,132	1,173,395		2,144	145,118	7,256

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0291  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED: 5/26/2010  
 WORKSHEET A-8-2  
 GROUP 1

LINE NO.	WKSHT A 10	COST CENTER/ PHYSICIAN IDENTIFIER 11	COST OF MEMBERSHIPS & CONTINUING EDUCATION 12	PROVIDER COMPONENT SHARE OF COL 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COL 14 15	ADJUSTED RCE LIMIT 16	RCE DIS- ALLOWANCE 17	ADJUSTMENT 18
1	6	6	AGGREGATE				111,648		180,840
2	6	6	AGGREGATE						14,050
3	37		AGGREGATE				98	763,851	763,851
4	39		AGGREGATE				74		666,010
5			AGGREGATE						
6			AGGREGATE						
7	53		AGGREGATE						651,848
8	14		AGGREGATE						14,000
9	31		AGGREGATE				28,705		62,816
10	60		AGGREGATE				74	176,486	176,486
11	61		AGGREGATE				4,519	228,367	240,872
12	26		AGGREGATE						5,063
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL					145,118	1,168,704	2,775,836

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0291  
 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	BLDG SOFT	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	BLDG SOFT	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	BLDG SOFT	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	BLDG SOFT	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	S	GROSS SALARIES	ENTERED
6.02	DATA PROCESSING	8	GROSS REVENUES	ENTERED
6.03	PURCHASING RECEIVING AND STORES	9	SUPPLY \$	ENTERED
6.04	ADMITTING	10	IP REVENUES	ENTERED
6.05	CASHERING/ACCOUNTS RECEIVABLE	8	GROSS REVENUES	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM. COST	ENTERED
7	MAINTENANCE & REPAIRS	1	BLDG SOFT	ENTERED
8	OPERATION OF PLANT	1	BLDG SOFT	ENTERED
9	LAUNDRY & LINEN SERVICE	14	PATIENT DAYS	ENTERED
10	HOUSEKEEPING	1	BLDG SOFT	ENTERED
11	DIETARY	14	PATIENT DAYS	ENTERED
12	CAFETERIA	S	GROSS SALARIES	ENTERED
13	MAINTENANCE OF PERSONNEL	17	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	18	NURS. HOURS	ENTERED
15	CENTRAL SERVICES & SUPPLY	19	MED SUPPLY \$	ENTERED
16	PHARMACY	20	DRUG \$	ENTERED
17	MEDICAL RECORDS & LIBRARY	8	GROSS REVENUES	ENTERED
18	SOCIAL SERVICE	14	PATIENT DAYS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	24	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	25	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	26	ASSIGNED TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	27	ASSIGNED TIME	NOT ENTERED
24	PARAMED ED PRGM-(SPECIFY)	28	ASSIGNED TIME	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0291  
 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 &	240,403	240,403					
003 OLD CAP REL COSTS-MVBLE E	11,400		11,400				
004 NEW CAP REL COSTS-BLDG &	6,313,777			6,313,777			
005 NEW CAP REL COSTS-MVBLE E	5,116,999				5,116,999		
006 EMPLOYEE BENEFITS	21,218,470	970	46	25,467	20,640	21,265,593	
006 01 NONPATIENT TELEPHONES	332,000	1,732	82	45,485	36,863	73,231	489,393
006 02 DATA PROCESSING	3,579,532	1,107	52	29,062	23,554		
006 03 PURCHASING RECEIVING AND	1,634,401	4,205	199	110,426	89,494	118,901	2,746
006 04 ADMINITTING	2,309,491	1,091	52	28,650	23,220	527,555	12,184
006 05 CASHIERING/ACCOUNTS RECEIV	9,473,855	276	13	7,247	5,873	468,571	10,821
006 06 OTHER ADMINISTRATIVE AND	23,938,466	8,687	412	228,154	184,908	2,209,386	51,024
007 MAINTENANCE & REPAIRS	5,098,180	1,683	80	44,193	35,816	219,212	5,063
008 OPERATION OF PLANT	3,798,175	39,160	1,857	1,028,474	833,526	149,537	3,453
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	3,191,267	5,519	262	144,937	117,464	438,729	10,132
011 DIETARY	2,373,353	8,366	397	219,728	178,078	395,928	9,144
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,920,418	560	27	14,700	11,913	416,481	9,618
015 CENTRAL SERVICES & SUPPLY	2,050,063	4,360	207	114,508	92,803	148,041	3,419
016 PHARMACY	4,335,091	2,817	134	73,985	59,961	749,555	17,310
017 MEDICAL RECORDS & LIBRARY	2,935,137	3,418	162	89,771	72,755	331,010	7,644
018 SOCIAL SERVICE	225,728					55,807	1,289
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	17,494,488	51,111	2,422	1,342,396	1,087,943	4,132,707	95,414
026 INTENSIVE CARE UNIT	8,001,319	15,660	743	411,273	333,316	1,651,861	38,149
031 SUBPROVIDER	1,677,344	7,191	341	188,868	153,068	411,894	9,512
033 NURSERY	1,231,404	2,646	125	69,491	56,319	299,027	6,906
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	8,111,903	24,161	1,146	634,559	514,278	1,617,559	37,356
038 RECOVERY ROOM	1,130,113	164	8	4,307	3,491	270,875	6,256
039 DELIVERY ROOM & LABOR ROO	2,042,274	862	41	22,639	18,348	483,193	11,159
040 ANESTHESIOLOGY	189,679	342	16	8,988	7,285	30,088	695
041 RADIOLOGY-DIAGNOSTIC	15,638,004	20,055	951	526,699	426,863	2,504,444	57,838
044 LABORATORY	8,082,551	5,778	274	151,753	122,989		
046 WHOLE BLOOD & PACKED RED	902,610	370	18	9,719	7,876		
049 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	1,932,801	449	21	11,797	9,561	433,871	10,020
050 PHYSICAL THERAPY	2,024,479	2,368	112	62,188	50,400	440,254	10,167
051 OCCUPATIONAL THERAPY	206,037	140	7	3,670	2,975	18,605	430
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	2,445,210	2,828	134	74,266	60,189	562,098	12,981
054 ELECTROENCEPHALOGRAPHY	87,935	168	8	4,419	3,582	21,664	500
055 MEDICAL SUPPLIES CHARGED	27,573,289						
056 DRUGS CHARGED TO PATIENTS	9,355,383						
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	3,528,933	9,102	432	239,053	193,740	717,890	16,579
060 01 WOMENS HEALTH							
060 02 SPINE CENTER							
061 EMERGENCY	5,346,440	8,599	408	225,832	183,026	1,181,459	27,285
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	217,098,402	235,945	11,189	6,196,704	5,022,117	21,079,433	485,094
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP	27,257	2,898	137	76,101	61,676	2,747	63
100 OTHER NONREIMBURSABLE COS	907,809	1,560	74	40,972	33,206	183,413	4,236
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	218,033,468	240,403	11,400	6,313,777	5,116,999	21,265,593	489,393

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 &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	3,633,307						
006 03 PURCHASING RECEIVING AND		1,960,372					
006 04 ADMINISTRATIVE		3,023	2,905,266				
006 05 CASHIERING/ACCOUNTS RECEIV		3,126		9,969,782			
006 06 OTHER ADMINISTRATIVE AND		45,619			26,666,656	26,666,656	
007 MAINTENANCE & REPAIRS		16,680			5,420,907	755,393	6,176,300
008 OPERATION OF PLANT		4,985			5,859,167	816,463	1,096,128
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING		16,667			3,924,977	546,938	154,471
011 DIETARY		97,279			3,282,273	457,378	234,182
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		2,016			2,375,733	331,054	15,667
015 CENTRAL SERVICES & SUPPLY		70,248			2,483,649	346,092	122,040
016 PHARMACY		10,975			5,249,828	731,553	78,852
017 MEDICAL RECORDS & LIBRARY		4,394			3,444,291	479,955	95,676
018 SOCIAL SERVICE		67			282,891	39,420	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	288,971	71,983	383,305	792,973	25,743,713	3,587,335	1,430,697
026 INTENSIVE CARE UNIT	114,084	29,975	158,742	313,062	11,068,184	1,542,329	438,327
031 SUBPROVIDER	31,565	1,076	44,739	86,617	2,612,215	364,007	201,292
033 NURSERY	54,568	6,140	76,952	149,742	1,953,320	272,191	74,062
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	626,846	958,846	253,923	1,720,145	14,500,722	2,020,647	676,301
038 RECOVERY ROOM	43,227	3,954	21,452	118,621	1,602,468	223,301	4,590
039 DELIVERY ROOM & LABOR ROO	65,785	22,203	80,605	180,522	2,927,631	407,960	24,129
040 ANESTHESIOLOGY	94,420	21,115	52,744	259,101	664,473	92,593	9,580
041 RADIOLOGY-DIAGNOSTIC	1,039,049	474,977	463,365	2,850,809	24,003,054	3,344,778	561,346
044 LABORATORY	301,482		248,759	827,305	9,740,891	1,357,374	161,736
046 WHOLE BLOOD & PACKED RED	31,620		37,408	86,769	1,076,390	149,993	10,358
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	121,433	15,997	128,779	333,226	2,997,955	417,759	12,573
050 PHYSICAL THERAPY	41,524	3,101	26,150	113,948	2,774,691	386,648	66,279
051 OCCUPATIONAL THERAPY	3,049	137	3,563	8,367	246,980	34,416	3,912
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	66,987	4,714	45,626	183,821	3,458,854	481,984	79,152
054 ELECTROENCEPHALOGRAPHY	3,079	169	2,800	8,449	132,773	18,502	4,710
055 MEDICAL SUPPLIES CHARGED	2,205		352,485	6,050	27,934,029	3,892,622	
056 DRUGS CHARGED TO PATIENTS	409,275		407,705	1,123,103	11,295,466	1,574,001	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	62,981	16,060	40	172,828	4,957,638	690,837	254,778
060 01 WOMENS HEALTH							
060 02 SPINE CENTER							
061 EMERGENCY	231,157	53,472	116,124	634,324	8,008,126	1,115,916	240,688
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	3,633,307	1,958,998	2,905,266	9,969,782	216,689,945	26,479,439	6,051,526
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP		123			171,002	23,829	81,107
100 OTHER NONREIMBURSABLE COS		1,251			1,172,521	163,388	43,667
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,633,307	1,960,372	2,905,266	9,969,782	218,033,468	26,666,656	6,176,300

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	7,771,758						
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	236,314		4,862,700				
011 DIETARY	358,256		231,187	4,563,276			
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	23,967		15,466				2,761,887
015 CENTRAL SERVICES & SUPPLY	186,700		120,479				
016 PHARMACY	120,630		77,844				
017 MEDICAL RECORDS & LIBRARY	146,368		94,453				
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,188,710		1,412,399	3,231,385			1,169,884
026 INTENSIVE CARE UNIT	670,563		432,721	690,360			493,260
031 SUBPROVIDER	307,941		198,717	329,857			84,823
033 NURSERY	113,302		73,115	311,674			110,748
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,034,620		667,651				259,044
038 RECOVERY ROOM	7,022		4,532				80,420
039 DELIVERY ROOM & LABOR ROO	36,913		23,820				159,165
040 ANESTHESIOLOGY	14,655		9,457				
041 RADIOLOGY-DIAGNOSTIC	858,759		554,166				29,371
044 LABORATORY	247,427		159,667				
046 WHOLE BLOOD & PACKED RED	15,846		10,225				
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	19,235		12,412				
050 PHYSICAL THERAPY	101,395		65,431				
051 OCCUPATIONAL THERAPY	5,984		3,862				
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	121,088		78,139				36,793
054 ELECTROENCEPHALOGRAPHY	7,205		4,650				
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	389,765		251,519				63,125
060 01 WOMENS HEALTH							
060 02 SPINE CENTER							
061 EMERGENCY	368,210		237,609				269,715
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	7,580,875		4,739,521	4,563,276			2,756,348
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	124,080		80,070				
100 OTHER NONREIMBURSABLE COS	66,803		43,109				5,539
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	7,771,758		4,862,700	4,563,276			2,761,887

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
	15	16	17	18	20	21	22
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 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	3,258,960						
016 PHARMACY		6,258,707					
017 MEDICAL RECORDS & LIBRARY			4,260,743				
018 SOCIAL SERVICE				322,311			
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	95,245	86,659	338,876	228,238			
026 INTENSIVE CARE UNIT	50,371	52,098	133,787	48,761			
031 SUBPROVIDER	798	237	37,016	23,298			
033 NURSERY	9,799	1,542	63,992	22,014			
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,836,091	91,465	735,102				
038 RECOVERY ROOM	4,370	3,546	50,693				
039 DELIVERY ROOM & LABOR ROO	39,652	12,350	77,146				
040 ANESTHESIOLOGY	40,488	21,679	110,727				
041 RADIOLOGY-DIAGNOSTIC	905,764	163,835	1,218,454				
044 LABORATORY			353,548				
046 WHOLE BLOOD & PACKED RED			37,081				
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	25,538	13	142,404				
050 PHYSICAL THERAPY	4,111	133	48,696				
051 OCCUPATIONAL THERAPY	220		3,576				
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	4,403	1,550	78,556				
054 ELECTROENCEPHALOGRAPHY	304		3,611				
055 MEDICAL SUPPLIES CHARGED	120,003	815	2,585				
056 DRUGS CHARGED TO PATIENTS	8,165	5,716,659	479,957				
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	23,556	12,389	73,858				
060 01 WOMENS HEALTH							
060 02 SPINE CENTER							
061 EMERGENCY	89,975	93,737	271,078				
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTRESTINAL ACQUISITION							
095 SUBTOTALS	3,258,853	6,258,707	4,260,743	322,311			
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	59						
100 OTHER NONREIMBURSABLE COS	48						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,258,960	6,258,707	4,260,743	322,311			

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C		PARAMED PR GM-(SPECIFY)	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	23	24	25			
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						
016 PHARMACY						
017 MEDICAL RECORDS & LIBRARY						
018 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHETISTS						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY & FRI						
023 I&R SERVICES-OTHER PRGM C						
024 PARAMED PRGM-(SPECIFY)						
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS				39,513,141		39,513,141
026 INTENSIVE CARE UNIT				15,620,761		15,620,761
031 SUBPROVIDER				4,160,201		4,160,201
033 NURSERY				3,005,759		3,005,759
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM				21,821,643		21,821,643
038 RECOVERY ROOM				1,980,942		1,980,942
039 DELIVERY ROOM & LABOR ROO				3,708,766		3,708,766
040 ANESTHESIOLOGY				963,652		963,652
041 RADIOLOGY-DIAGNOSTIC				31,639,527		31,639,527
044 LABORATORY				12,020,643		12,020,643
046 WHOLE BLOOD & PACKED RED				1,299,893		1,299,893
046 30 BLOOD CLOTTING FACTORS AD						
049 RESPIRATORY THERAPY				3,627,889		3,627,889
050 PHYSICAL THERAPY				3,447,384		3,447,384
051 OCCUPATIONAL THERAPY				298,950		298,950
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY				4,340,519		4,340,519
054 ELECTROENCEPHALOGRAPHY				171,755		171,755
055 MEDICAL SUPPLIES CHARGED				31,950,054		31,950,054
056 DRUGS CHARGED TO PATIENTS				19,074,248		19,074,248
060 OUTPAT SERVICE COST CNTRS						
060 CLINIC				6,717,465		6,717,465
060 01 WOMENS HEALTH						
060 02 SPINE CENTER						
061 EMERGENCY				10,695,054		10,695,054
062 OBSERVATION BEDS (NON-DIS						
063 50 RHC						
063 60 FOHC						
069 OTHER REIMBURS COST CNTRS						
069 10 CMHC						
069 20 OUTPATIENT PHYSICAL THERA						
069 30 OUTPATIENT OCCUPATIONAL T						
069 40 OUTPATIENT SPEECH PATHOLO						
071 HOME HEALTH AGENCY						
085 SPEC PURPOSE COST CENTERS						
085 01 PANCREAS ACQUISITION						
085 02 INTRESTINAL ACQUISITION						
095 SUBTOTALS				216,058,246		216,058,246
096 NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				480,147		480,147
100 OTHER NONREIMBURSABLE COS				1,495,075		1,495,075
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL				218,033,468		218,033,468

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0291  
 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	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	73,413	970	46			74,429	74,429
006 01 NONPATIENT TELEPHONES		1,732	82			1,814	256
006 02 DATA PROCESSING		1,107	52			1,159	
006 03 PURCHASING RECEIVING AND	650,962	4,205	199			655,366	416
006 04 ADMINISTRATION	2,534	1,091	52			3,677	1,847
006 05 CASHIERING/ACCOUNTS RECEIV	79,727	276	13			80,016	1,640
006 06 OTHER ADMINISTRATIVE AND	1,305,946	8,687	412			1,315,045	7,734
007 MAINTENANCE & REPAIRS	439,139	1,683	80			440,902	767
008 OPERATION OF PLANT		39,160	1,857			41,017	523
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	1,295	5,519	262			7,076	1,536
011 DIETARY		8,366	397			8,763	1,386
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	6,425	560	27			7,012	1,458
015 CENTRAL SERVICES & SUPPLY	132,802	4,360	207			137,369	518
016 PHARMACY	464,587	2,817	134			467,538	2,624
017 MEDICAL RECORDS & LIBRARY		3,418	162			3,580	1,159
018 SOCIAL SERVICE							195
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	222,676	51,111	2,422			276,209	14,453
026 INTENSIVE CARE UNIT	364	15,660	743			16,767	5,783
031 SUBPROVIDER		7,191	341			7,532	1,442
033 NURSERY	1,270	2,646	125			4,041	1,047
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	881,880	24,161	1,146			907,187	5,663
038 RECOVERY ROOM		164	8			172	948
039 DELIVERY ROOM & LABOR ROO		862	41			903	1,692
040 ANESTHESIOLOGY	17,296	342	16			17,654	105
041 RADIOLOGY-DIAGNOSTIC	3,731,272	20,055	951			3,752,278	8,767
044 LABORATORY		5,778	274			6,052	
046 WHOLE BLOOD & PACKED RED		370	18			388	
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	74,294	449	21			74,764	1,519
050 PHYSICAL THERAPY	90,757	2,368	112			93,237	1,541
051 OCCUPATIONAL THERAPY		140	7			147	65
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		2,828	134			2,962	1,968
054 ELECTROENCEPHALOGRAPHY		168	8			176	76
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,149,544	9,102	432			1,159,078	2,513
060 01 WOMENS HEALTH							
060 02 SPINE CENTER							
061 EMERGENCY	3,761	8,599	408			12,768	4,136
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	9,329,944	235,945	11,189			9,577,078	73,777
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		2,898	137			3,035	10
100 OTHER NONREIMBURSABLE COS	815	1,560	74			2,449	642
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	9,330,759	240,403	11,400			9,582,562	74,429

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0291  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/26/2010  
 WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	2,070						
006 02 DATA PROCESSING		1,159					
006 03 PURCHASING RECEIVING AND	12		655,794				
006 04 ADMINISTRATIVE	51		1,011	6,586			
006 05 CASHIERING/ACCOUNTS RECEIV	46		1,046		82,748		
006 06 OTHER ADMINISTRATIVE AND	216		15,261			1,338,256	
007 MAINTENANCE & REPAIRS	21		5,580			37,908	485,178
008 OPERATION OF PLANT	15		1,668			40,973	86,106
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	43		5,576			27,447	12,134
011 DIETARY	39		32,542			22,953	18,396
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	41		675			16,614	1,231
015 CENTRAL SERVICES & SUPPLY	14		23,500			17,368	9,587
016 PHARMACY	73		3,672			36,712	6,194
017 MEDICAL RECORDS & LIBRARY	32		1,470			24,086	7,516
018 SOCIAL SERVICE	5		22			1,978	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	407	102	24,080	848	6,583	180,026	112,388
026 INTENSIVE CARE UNIT	161	40	10,027	351	2,599	77,400	34,433
031 SUBPROVIDER	40	11	360	99	719	18,267	15,812
033 NURSERY	29	19	2,054	170	1,243	13,660	5,818
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	158	221	320,759	562	14,279	101,404	53,127
038 RECOVERY ROOM	26	15	1,323	47	985	11,206	361
039 DELIVERY ROOM & LABOR ROO	47	23	7,427	178	1,499	20,473	1,895
040 ANESTHESIOLOGY	3	33	7,063	117	2,151	4,647	753
041 RADIOLOGY-DIAGNOSTIC	244	244	158,892	1,183	23,651	167,853	44,096
044 LABORATORY		106		551	6,868	68,118	12,705
046 WHOLE BLOOD & PACKED RED		11		83	720	7,527	814
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	42	43	5,351	285	2,766	20,965	988
050 PHYSICAL THERAPY	43	15	1,037	58	946	19,403	5,207
051 OCCUPATIONAL THERAPY	2	1	46	8	69	1,727	307
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	55	24	1,577	101	1,526	24,188	6,218
054 ELECTROENCEPHALOGRAPHY	2	1	56	6	70	928	370
055 MEDICAL SUPPLIES CHARGED		1		780	50	195,371	
056 DRUGS CHARGED TO PATIENTS		145		902	9,323	78,989	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	70	22	5,372		1,435	34,669	20,014
060 01 WOMENS HEALTH							
060 02 SPINE CENTER							
061 EMERGENCY	115	82	17,888	257	5,266	56,001	18,907
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	2,052	1,159	655,335	6,586	82,748	1,328,861	475,377
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			41			1,196	6,371
100 OTHER NONREIMBURSABLE COS	18		418			8,199	3,430
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	2,070	1,159	655,794	6,586	82,748	1,338,256	485,178

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0291  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/26/2010  
 WORKSHEET B  
 PART II

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	170,302						
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	5,178		58,990				
011 DIETARY	7,850		2,805	94,734			
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	525		188				27,744
015 CENTRAL SERVICES & SUPPLY	4,091		1,462				
016 PHARMACY	2,643		944				
017 MEDICAL RECORDS & LIBRARY	3,207		1,146				
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	47,962		17,133	67,084			11,751
026 INTENSIVE CARE UNIT	14,694		5,249	14,332			4,955
031 SUBPROVIDER	6,748		2,411	6,848			852
033 NURSERY	2,483		887	6,470			1,113
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	22,672		8,099				2,602
038 RECOVERY ROOM	154		55				808
039 DELIVERY ROOM & LABOR ROO	809		289				1,599
040 ANESTHESIOLOGY	321		115				
041 RADIOLOGY-DIAGNOSTIC	18,818		6,723				295
044 LABORATORY	5,422		1,937				
046 WHOLE BLOOD & PACKED RED	347		124				
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	421		151				
050 PHYSICAL THERAPY	2,222		794				
051 OCCUPATIONAL THERAPY	131		47				
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	2,653		948				370
054 ELECTROENCEPHALOGRAPHY	158		56				
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	8,541		3,051				634
060 01 WOMENS HEALTH							
060 02 SPINE CENTER							
061 EMERGENCY	8,069		2,882				2,709
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	166,119		57,496	94,734			27,688
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	2,719		971				
100 OTHER NONREIMBURSABLE COS	1,464		523				56
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	170,302		58,990	94,734			27,744

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0291  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/26/2010  
 WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
	15	16	17	18	20	21	22
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	193,909						
016 PHARMACY		520,400					
017 MEDICAL RECORDS & LIBRARY			42,196				
018 SOCIAL SERVICE				2,200			
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	5,667	7,206	3,368	1,558			
026 INTENSIVE CARE UNIT	2,997	4,332	1,330	333			
031 SUBPROVIDER	47	20	368	159			
033 NURSERY	583	128	636	150			
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	109,247	7,605	7,306				
038 RECOVERY ROOM	260	295	504				
039 DELIVERY ROOM & LABOR ROO	2,359	1,027	767				
040 ANESTHESIOLOGY	2,409	1,803	1,100				
041 RADIOLOGY-DIAGNOSTIC	53,894	13,623	11,958				
044 LABORATORY			3,514				
046 WHOLE BLOOD & PACKED RED			369				
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	1,520	1	1,415				
050 PHYSICAL THERAPY	245	11	484				
051 OCCUPATIONAL THERAPY	13		36				
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	262	129	781				
054 ELECTROENCEPHALOGRAPHY	18		36				
055 MEDICAL SUPPLIES CHARGED	7,140	68	26				
056 DRUGS CHARGED TO PATIENTS	486	475,328	4,770				
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,402	1,030	734				
060 01 WOMENS HEALTH							
060 02 SPINE CENTER							
061 EMERGENCY	5,354	7,794	2,694				
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	193,903	520,400	42,196	2,200			
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	3						
101 OTHER NONREIMBURSABLE COS	3						
102 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	193,909	520,400	42,196	2,200			

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0291  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/26/2010  
 WORKSHEET B  
 PART II

	I&R SERVICES- OTHER PRGM C	PARAMED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	23	24	25	26	27
001		GENERAL SERVICE COST CNTR			
002		OLD CAP REL COSTS-BLDG &			
003		OLD CAP REL COSTS-MVBLE E			
004		NEW CAP REL COSTS-BLDG &			
005		NEW CAP REL COSTS-MVBLE E			
006		EMPLOYEE BENEFITS			
006	01	NONPATIENT TELEPHONES			
006	02	DATA PROCESSING			
006	03	PURCHASING RECEIVING AND			
006	04	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			
020		NONPHYSICIAN ANESTHETISTS			
021		NURSING SCHOOL			
022		I&R SERVICES-SALARY & FRI			
023		I&R SERVICES-OTHER PRGM C			
024		PARAMED PRGM-(SPECIFY)			
		INPAT ROUTINE SRVC CNTRS			
025		ADULTS & PEDIATRICS	776,825		776,825
026		INTENSIVE CARE UNIT	195,783		195,783
031		SUBPROVIDER	61,735		61,735
033		NURSERY	40,531		40,531
		ANCILLARY SRVC COST CNTRS			
037		OPERATING ROOM	1,560,891		1,560,891
038		RECOVERY ROOM	17,159		17,159
039		DELIVERY ROOM & LABOR ROO	40,987		40,987
040		ANESTHESIOLOGY	38,274		38,274
041		RADIOLOGY-DIAGNOSTIC	4,262,519		4,262,519
044		LABORATORY	105,273		105,273
046		WHOLE BLOOD & PACKED RED	10,383		10,383
046	30	BLOOD CLOTTING FACTORS AD			
049		RESPIRATORY THERAPY	110,231		110,231
050		PHYSICAL THERAPY	125,243		125,243
051		OCCUPATIONAL THERAPY	2,599		2,599
052		SPEECH PATHOLOGY			
053		ELECTROCARDIOLOGY	43,762		43,762
054		ELECTROENCEPHALOGRAPHY	1,953		1,953
055		MEDICAL SUPPLIES CHARGED	203,436		203,436
056		DRUGS CHARGED TO PATIENTS	569,943		569,943
		OUTPAT SERVICE COST CNTRS			
060		CLINIC	1,238,565		1,238,565
060	01	WOMENS HEALTH			
060	02	SPINE CENTER			
061		EMERGENCY	144,922		144,922
062		OBSERVATION BEDS (NON-DIS			
063	50	RHC			
063	60	FOHC			
		OTHER REIMBURS COST CNTRS			
069	10	CMHC			
069	20	OUTPATIENT PHYSICAL THERA			
069	30	OUTPATIENT OCCUPATIONAL T			
069	40	OUTPATIENT SPEECH PATHOLO			
071		HOME HEALTH AGENCY			
		SPEC PURPOSE COST CENTERS			
085	01	PANCREAS ACQUISITION			
085	02	INTESTINAL ACQUISITION			
095		SUBTOTALS	9,551,014		9,551,014
		NONREIMBURS COST CENTERS			
096		GIFT, FLOWER, COFFEE SHOP	14,346		14,346
100		OTHER NONREIMBURSABLE COS	17,202		17,202
101		CROSS FOOT ADJUSTMENTS			
102		NEGATIVE COST CENTER			
103		TOTAL	9,582,562		9,582,562

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0291  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/26/2010  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				25,467	20,640	46,107	46,107
006 01 NONPATIENT TELEPHONES				45,485	36,863	82,348	159
006 02 DATA PROCESSING				29,062	23,554	52,616	
006 03 PURCHASING RECEIVING AND				110,426	89,494	199,920	258
006 04 ADMITTING				28,650	23,220	51,870	1,144
006 05 CASHIERING/ACCOUNTS RECEIV				7,247	5,873	13,120	1,016
006 06 OTHER ADMINISTRATIVE AND				228,154	184,908	413,062	4,792
007 MAINTENANCE & REPAIRS				44,193	35,816	80,009	475
008 OPERATION OF PLANT				1,028,474	833,526	1,862,000	324
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING				144,937	117,464	262,401	951
011 DIETARY				219,728	178,078	397,806	859
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION				14,700	11,913	26,613	903
015 CENTRAL SERVICES & SUPPLY				114,508	92,803	207,311	321
016 PHARMACY				73,985	59,961	133,946	1,626
017 MEDICAL RECORDS & LIBRARY				89,771	72,755	162,526	718
018 SOCIAL SERVICE							121
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				1,342,396	1,087,943	2,430,339	8,952
026 INTENSIVE CARE UNIT				411,273	333,316	744,589	3,582
031 SUBPROVIDER				188,868	153,068	341,936	893
033 NURSERY				69,491	56,319	125,810	649
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				634,559	514,278	1,148,837	3,508
038 RECOVERY ROOM				4,307	3,491	7,798	587
039 DELIVERY ROOM & LABOR ROO				22,639	18,348	40,987	1,048
040 ANESTHESIOLOGY				8,988	7,285	16,273	65
041 RADIOLOGY-DIAGNOSTIC				526,699	426,863	953,562	5,431
044 LABORATORY				151,753	122,989	274,742	
046 WHOLE BLOOD & PACKED RED				9,719	7,876	17,595	
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY				11,797	9,561	21,358	941
050 PHYSICAL THERAPY				62,188	50,400	112,588	955
051 OCCUPATIONAL THERAPY				3,670	2,975	6,645	40
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY				74,266	60,189	134,455	1,219
054 ELECTROENCEPHALOGRAPHY				4,419	3,582	8,001	47
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC				239,053	193,740	432,793	1,557
060 01 WOMENS HEALTH							
060 02 SPINE CENTER							
061 EMERGENCY				225,832	183,026	408,858	2,562
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTRESTINAL ACQUISITION							
095 SUBTOTALS				6,196,704	5,022,117	11,218,821	45,703
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				76,101	61,676	137,777	6
100 OTHER NONREIMBURSABLE COS				40,972	33,206	74,178	398
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				6,313,777	5,116,999	11,430,776	46,107

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0291  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/26/2010  
 WORKSHEET B  
 PART III

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	82,507						
006 02 DATA PROCESSING		52,616					
006 03 PURCHASING RECEIVING AND	463		200,641				
006 04 ADMINISTRATIVE	2,055		309	55,378			
006 05 CASHIERING/ACCOUNTS RECEIV	1,825		320		16,281		
006 06 OTHER ADMINISTRATIVE AND	8,605		4,669			431,128	
007 MAINTENANCE & REPAIRS	854		1,707			12,213	95,258
008 OPERATION OF PLANT	582		510			13,201	16,906
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	1,709		1,706			8,843	2,382
011 DIETARY	1,542		9,957			7,395	3,612
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,622		206			5,353	242
015 CENTRAL SERVICES & SUPPLY	577		7,190			5,596	1,882
016 PHARMACY	2,919		1,123			11,828	1,216
017 MEDICAL RECORDS & LIBRARY	1,289		450			7,760	1,476
018 SOCIAL SERVICE	217		7			637	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	16,065	4,184	7,368	7,306	1,276	58,001	22,066
026 INTENSIVE CARE UNIT	6,434	1,652	3,068	3,026	504	24,937	6,760
031 SUBPROVIDER	1,604	457	110	853	139	5,885	3,105
033 NURSERY	1,165	790	628	1,467	241	4,401	1,142
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	6,300	9,077	98,133	4,840	2,767	32,670	10,431
038 RECOVERY ROOM	1,055	626	405	409	191	3,610	71
039 DELIVERY ROOM & LABOR ROO	1,882	953	2,273	1,536	290	6,596	372
040 ANESTHESIOLOGY	117	1,367	2,161	1,005	417	1,497	148
041 RADIOLOGY-DIAGNOSTIC	9,754	15,052	48,616	8,834	4,828	54,079	8,658
044 LABORATORY		4,365		4,741	1,331	21,946	2,494
046 WHOLE BLOOD & PACKED RED		458		713	140	2,425	160
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	1,690	1,758	1,637	2,455	536	6,754	194
050 PHYSICAL THERAPY	1,715	601	317	498	183	6,251	1,022
051 OCCUPATIONAL THERAPY	72	44	14	68	13	556	60
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	2,189	970	482	870	296	7,793	1,221
054 ELECTROENCEPHALOGRAPHY	84	45	17	53	14	299	73
055 MEDICAL SUPPLIES CHARGED		32		6,719	10	62,914	
056 DRUGS CHARGED TO PATIENTS		5,926		7,771	1,807	25,449	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	2,796	912	1,644	1	278	11,170	3,929
060 01 WOMENS HEALTH							
060 02 SPINE CENTER							
061 EMERGENCY	4,601	3,347	5,473	2,213	1,020	18,042	3,712
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	81,782	52,616	200,500	55,378	16,281	428,101	93,334
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	11		13			385	1,251
100 OTHER NONREIMBURSABLE COS	714		128			2,642	673
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	82,507	52,616	200,641	55,378	16,281	431,128	95,258

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0291  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/26/2010  
 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	1,893,523						
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	57,576		335,568				
011 DIETARY	87,286		15,954	524,411			
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	5,839		1,067				41,845
015 CENTRAL SERVICES & SUPPLY	45,488		8,314				
016 PHARMACY	29,390		5,372				
017 MEDICAL RECORDS & LIBRARY	35,661		6,518				
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	533,262		97,467	371,350			17,726
027 INTENSIVE CARE UNIT	163,377		29,861	79,336			7,473
031 SUBPROVIDER	75,027		13,713	37,907			1,285
033 NURSERY	27,605		5,046	35,818			1,678
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	252,076		46,074				3,925
039 RECOVERY ROOM	1,711		313				1,218
040 DELIVERY ROOM & LABOR ROO	8,993		1,644				2,412
041 ANESTHESIOLOGY	3,571		653				
044 RADIOLOGY-DIAGNOSTIC	209,229		38,242				445
046 LABORATORY	60,284		11,018				
046 30 WHOLE BLOOD & PACKED RED	3,861		706				
049 RESPIRATORY THERAPY	4,686		857				
050 PHYSICAL THERAPY	24,704		4,515				
051 OCCUPATIONAL THERAPY	1,458		266				
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	29,502		5,392				557
054 ELECTROENCEPHALOGRAPHY	1,756		321				
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	94,963		17,357				956
060 02 WOMENS HEALTH							
061 SPINE CENTER							
061 EMERGENCY	89,711		16,397				4,086
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	1,847,016		327,067	524,411			41,761
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	30,231		5,526				
101 OTHER NONREIMBURSABLE COS	16,276		2,975				84
102 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,893,523		335,568	524,411			41,845

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0291  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/26/2010  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
	15	16	17	18	20	21	22
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	276,679						
016 PHARMACY		187,420					
017 MEDICAL RECORDS & LIBRARY			216,398				
018 SOCIAL SERVICE				982			
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	8,086	2,595	17,196	695			
026 INTENSIVE CARE UNIT	4,276	1,560	6,789	149			
031 SUBPROVIDER	68	7	1,878	71			
033 NURSERY	832	46	3,247	67			
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	155,880	2,739	37,303				
038 RECOVERY ROOM	371	106	2,572				
039 DELIVERY ROOM & LABOR ROO	3,366	370	3,915				
040 ANESTHESIOLOGY	3,437	649	5,619				
041 RADIOLOGY-DIAGNOSTIC	76,898	4,906	62,018				
044 LABORATORY			17,941				
046 WHOLE BLOOD & PACKED RED			1,882				
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	2,168		7,226				
050 PHYSICAL THERAPY	349	4	2,471				
051 OCCUPATIONAL THERAPY	19		181				
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	374	46	3,986				
054 ELECTROENCEPHALOGRAPHY	26		183				
055 MEDICAL SUPPLIES CHARGED	10,188	24	131				
056 DRUGS CHARGED TO PATIENTS	693	171,190	24,356				
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	2,000	371	3,748				
060 01 WOMENS HEALTH							
060 02 SPINE CENTER							
061 EMERGENCY	7,639	2,807	13,756				
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	276,670	187,420	216,398	982			
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	5						
100 OTHER NONREIMBURSABLE COS	4						
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	276,679	187,420	216,398	982			

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0291  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/26/2010  
 WORKSHEET B  
 PART III

	I&R SERVICES- OTHER PRGM C	PARAMED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	23	24	25	26	27
001		GENERAL SERVICE COST CNTR			
002		OLD CAP REL COSTS-BLDG &			
003		OLD CAP REL COSTS-MVBLE E			
004		NEW CAP REL COSTS-BLDG &			
005		NEW CAP REL COSTS-MVBLE E			
006		EMPLOYEE BENEFITS			
006	01	NONPATIENT TELEPHONES			
006	02	DATA PROCESSING			
006	03	PURCHASING RECEIVING AND			
006	04	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			
020		NONPHYSICIAN ANESTHETISTS			
021		NURSING SCHOOL			
022		I&R SERVICES-SALARY & FRI			
023		I&R SERVICES-OTHER PRGM C			
024		PARAMED PRGM-(SPECIFY)			
		INPAT ROUTINE SRVC CNTRS			
025		ADULTS & PEDIATRICS	3,603,934		3,603,934
026		INTENSIVE CARE UNIT	1,087,373		1,087,373
031		SUBPROVIDER	484,938		484,938
033		NURSERY	210,632		210,632
		ANCILLARY SRVC COST CNTRS			
037		OPERATING ROOM	1,814,560		1,814,560
038		RECOVERY ROOM	21,043		21,043
039		DELIVERY ROOM & LABOR ROO	76,637		76,637
040		ANESTHESIOLOGY	36,979		36,979
041		RADIOLOGY-DIAGNOSTIC	1,500,552		1,500,552
044		LABORATORY	398,862		398,862
046		WHOLE BLOOD & PACKED RED	27,940		27,940
046	30	BLOOD CLOTTING FACTORS AD			
049		RESPIRATORY THERAPY	52,260		52,260
050		PHYSICAL THERAPY	156,173		156,173
051		OCCUPATIONAL THERAPY	9,436		9,436
052		SPEECH PATHOLOGY			
053		ELECTROCARDIOLOGY	189,352		189,352
054		ELECTROENCEPHALOGRAPHY	10,919		10,919
055		MEDICAL SUPPLIES CHARGED	80,018		80,018
056		DRUGS CHARGED TO PATIENTS	237,192		237,192
		OUTPAT SERVICE COST CNTRS			
060		CLINIC	574,475		574,475
060	01	WOMENS HEALTH			
060	02	SPINE CENTER			
061		EMERGENCY	584,224		584,224
062		OBSERVATION BEDS (NON-DIS			
063	50	RHC			
063	60	FOHC			
		OTHER REIMBURS COST CNTRS			
069	10	CMHC			
069	20	OUTPATIENT PHYSICAL THERA			
069	30	OUTPATIENT OCCUPATIONAL T			
069	40	OUTPATIENT SPEECH PATHOLO			
071		HOME HEALTH AGENCY			
		SPEC PURPOSE COST CENTERS			
085	01	PANCREAS ACQUISITION			
085	02	INTESTINAL ACQUISITION			
095		SUBTOTALS	11,157,499		11,157,499
		NONREIMBURS COST CENTERS			
096		GIFT, FLOWER, COFFEE SHOP	175,205		175,205
100		OTHER NONREIMBURSABLE COS	98,072		98,072
101		CROSS FOOT ADJUSTMENTS			
102		NEGATIVE COST CENTER			
103		TOTAL	11,430,776		11,430,776

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TE
	OSTS-BLDG & (BLDG SOFT)	OSTS-MVBLE E (BLDG )SOFT	OSTS-BLDG & (BLDG )SOFT	OSTS-MVBLE E (BLDG )SOFT	( GROSS SALARIES )	( GROSS SALARIES )
	1	2	3	4	5	6.01
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD	337,171					
003 OLD CAP REL COSTS-MVB		337,171				
004 NEW CAP REL COSTS-BLD			337,171			
005 NEW CAP REL COSTS-MVB				337,171		
006 EMPLOYEE BENEFITS	1,360	1,360	1,360	1,360	79,791,032	
006 01 NONPATIENT TELEPHONES	2,429	2,429	2,429	2,429	274,773	79,516,259
006 02 DATA PROCESSING	1,552	1,552	1,552	1,552		
006 03 PURCHASING RECEIVING	5,897	5,897	5,897	5,897	446,131	446,131
006 04 ADMINITTING	1,530	1,530	1,530	1,530	1,979,451	1,979,451
006 05 CASHIERING/ACCOUNTS RE	387	387	387	387	1,758,133	1,758,133
006 06 OTHER ADMINISTRATIVE	12,184	12,184	12,184	12,184	8,289,880	8,289,880
007 MAINTENANCE & REPAIRS	2,360	2,360	2,360	2,360	822,509	822,509
008 OPERATION OF PLANT	54,923	54,923	54,923	54,923	561,082	561,082
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING	7,740	7,740	7,740	7,740	1,646,165	1,646,165
011 DIETARY	11,734	11,734	11,734	11,734	1,485,569	1,485,569
012 CAFETERIA						
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO	785	785	785	785	1,562,685	1,562,685
015 CENTRAL SERVICES & SU	6,115	6,115	6,115	6,115	555,468	555,468
016 PHARMACY	3,951	3,951	3,951	3,951	2,812,421	2,812,421
017 MEDICAL RECORDS & LIB	4,794	4,794	4,794	4,794	1,241,991	1,241,991
018 SOCIAL SERVICE					209,394	209,394
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM-(SPEC						
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	71,687	71,687	71,687	71,687	15,506,386	15,506,386
031 INTENSIVE CARE UNIT	21,963	21,963	21,963	21,963	6,197,980	6,197,980
033 SUBPROVIDER	10,086	10,086	10,086	10,086	1,545,477	1,545,477
037 NURSERY	3,711	3,711	3,711	3,711	1,121,985	1,121,985
037 ANCILLARY SRVC COST C						
038 OPERATING ROOM	33,887	33,887	33,887	33,887	6,069,275	6,069,275
039 RECOVERY ROOM	230	230	230	230	1,016,357	1,016,357
040 DELIVERY ROOM & LABOR	1,209	1,209	1,209	1,209	1,812,998	1,812,998
041 ANESTHESIOLOGY	480	480	480	480	112,894	112,894
044 RADIOLOGY-DIAGNOSTIC	28,127	28,127	28,127	28,127	9,396,973	9,396,973
046 LABORATORY	8,104	8,104	8,104	8,104		
046 WHOLE BLOOD & PACKED	519	519	519	519		
049 30 BLOOD CLOTTING FACTOR						
049 RESPIRATORY THERAPY	630	630	630	630	1,627,935	1,627,935
050 PHYSICAL THERAPY	3,321	3,321	3,321	3,321	1,651,886	1,651,886
051 OCCUPATIONAL THERAPY	196	196	196	196	69,808	69,808
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY	3,966	3,966	3,966	3,966	2,109,058	2,109,058
054 ELECTROENCEPHALOGRAPH	236	236	236	236	81,286	81,286
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
060 OUTPAT SERVICE COST C						
060 01 CLINIC	12,766	12,766	12,766	12,766	2,693,610	2,693,610
060 02 WOMENS HEALTH						
061 SPINE CENTER						
061 EMERGENCY	12,060	12,060	12,060	12,060	4,432,977	4,432,977
062 OBSERVATION BEDS (NON						
063 50 RHC						
063 60 FOHC						
069 OTHER REIMBURS COST C						
069 10 CMHC						
069 20 OUTPATIENT PHYSICAL T						
069 30 OUTPATIENT OCCUPATION						
069 40 OUTPATIENT SPEECH PAT						
071 HOME HEALTH AGENCY						
085 SPEC PURPOSE COST CEN						
085 01 PANCREAS ACQUISITION						
085 02 INTTESTINAL ACQUISITIO						
095 SUBTOTALS	330,919	330,919	330,919	330,919	79,092,537	78,817,764
096 NONREIMBURS COST CENT						
100 GI FT, FLOWER, COFFEE	4,064	4,064	4,064	4,064	10,308	10,308
101 OTHER NONREIMBURSABLE	2,188	2,188	2,188	2,188	688,187	688,187
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	240,403	11,400	6,313,777	5,116,999	21,265,593	489,393
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	.713000		18.725742		.266516	
105 (WRKSHT B, PT I)		.033811		15.176273		.006155
105 COST TO BE ALLOCATED					74,429	2,070
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER					.000933	
106 (WRKSHT B, PT II)						.000026

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0291	FROM 1/ 1/2009	5/26/2010
	TO 12/31/2009	WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TE
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	LEPHONES
	(BLDG SQFT	(BLDG )SQFT	(BLDG )SQFT	(BLDG )SQFT	( GROSS SALARIES )	( GROSS SALARIES )
	1	2	3	4	5	6.01
107 COST TO BE ALLOCATED (WRKSHT B, PART III					46,107	82,507
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.000578	.001038

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE REVENUES	CASHERY/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	
	(GROSS REVENUES)	(SUPPLY \$)	(IP REVENUES)	(GROSS REVENUES)	(RECONCILIATION)	(ACCUM. COST)	(BLDG SOFT)
	6.02	6.03	6.04	6.05	6a.06	6.06	7
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	641,535,919						
006 03 PURCHASING RECEIVING		33,711,729					
006 04 ADMINISTRATION		51,988	357,256,951				
006 05 CASHIERING/ACCOUNTS RECEIVABLE		53,764		641,535,919			
006 06 OTHER ADMINISTRATIVE		784,489			-26,666,656	191,366,812	
007 MAINTENANCE & REPAIRS		286,838				5,420,907	309,472
008 OPERATION OF PLANT		85,729				5,859,167	54,923
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING		286,618				3,924,977	7,740
011 DIETARY		1,672,862				3,282,273	11,734
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		34,676				2,375,733	785
015 CENTRAL SERVICES & SUPPLIES		1,208,035				2,483,649	6,115
016 PHARMACY		188,741				5,249,828	3,951
017 MEDICAL RECORDS & LIBRARY		75,569				3,444,291	4,794
018 SOCIAL SERVICE		1,152				282,891	
020 NONPHYSICIAN ANESTHESIOLOGIST							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PRGM-(SPEC INPAT ROUTINE SRVC CN)							
025 ADULTS & PEDIATRICS	51,027,886	1,237,869	47,135,358	51,027,886		25,743,713	71,687
026 INTENSIVE CARE UNIT	20,145,547	515,467	19,520,611	20,145,547		11,068,184	21,963
031 SUBPROVIDER	5,573,826	18,510	5,501,638	5,573,826		2,612,215	10,086
033 NURSERY	9,635,922	105,585	9,462,861	9,635,922		1,953,320	3,711
037 ANCILLARY SRVC COST CENTER							
038 OPERATING ROOM	110,691,421	16,488,887	31,225,177	110,691,421		14,500,722	33,887
039 RECOVERY ROOM	7,633,293	67,987	2,637,944	7,633,293		1,602,468	230
040 DELIVERY ROOM & LABOR	11,616,591	381,810	9,912,121	11,616,591		2,927,631	1,209
041 ANESTHESIOLOGY	16,673,177	363,103	6,486,001	16,673,177		664,473	480
044 RADIOLOGY-DIAGNOSTIC	183,429,343	8,167,999	56,974,048	183,429,343		24,003,054	28,127
046 LABORATORY	53,237,161		30,590,133	53,237,161		9,740,891	8,104
046 WHOLE BLOOD & PACKED	5,583,607		4,600,153	5,583,607		1,076,390	519
046 30 BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY	21,443,145	275,087	15,836,024	21,443,145		2,997,955	630
050 PHYSICAL THERAPY	7,332,578	53,320	3,215,638	7,332,578		2,774,691	3,321
051 OCCUPATIONAL THERAPY	538,430	2,355	438,148	538,430		246,980	196
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	11,828,902	81,062	5,610,631	11,828,902		3,458,854	3,966
054 ELECTROENCEPHALOGRAPHY	543,704	2,900	344,358	543,704		132,773	236
055 MEDICAL SUPPLIES CHARITABLE	389,317		43,345,404	389,317		27,934,029	
056 DRUGS CHARGED TO PATIENT	72,271,745		50,135,884	72,271,745		11,295,466	
060 OUTPATIENT SERVICE COST CENTER							
060 01 WOMEN'S HEALTH	11,121,518	276,172	4,972	11,121,518		4,957,638	12,766
060 02 SPINE CENTER							
061 EMERGENCY	40,818,806	919,537	14,279,847	40,818,806		8,008,126	12,060
062 OBSERVATION BEDS (NON)							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURSABLE COST CENTER							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERAPY							
069 30 OUTPATIENT OCCUPATIONAL THERAPY							
069 40 OUTPATIENT SPEECH THERAPY							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTER							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	641,535,919	33,688,111	357,256,951	641,535,919	-26,666,656	190,023,289	303,220
096 NONREIMBURSABLE COST CENTER							
100 GIFT, FLOWER, COFFEE		2,109				171,002	4,064
101 OTHER NONREIMBURSABLE		21,509				1,172,521	2,188
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	3,633,307	1,960,372	2,905,266	9,969,782		26,666,656	6,176,300
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.058151		.015540		.139348	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	.005663		.008132				19.957541
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	1,159	655,794	6,586	82,748		1,338,256	485,178
2552-96 21.0.119.5	.000002	.019453	.000018	.000129		.006993	1.567761

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0291  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/26/2010  
 WORKSHEET B-1

	COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING RECEIVING AND	RE ADMITTING	CASHERING/ACCOUNTS RECEIV	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	
		(GROSS REVENUES )	(SUPPLY \$ )	(IP )REVENUES	(GROSS )REVENUES )	RECONCILIATION	( ACCUM. COST )	(BLDG )SOFT
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	6.02 52,616	6.03 200,641	6.04 55,378	6.05 16,281	6a.06	6.06 431,128	7 95,258
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000082	.005952	.000155	.000025		.002253	.307808

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	(BLDG SQFT)	(PATIENT DAYS)	(BLDG SQFT)	(PATIENT DAYS)	GROSS SALARIES	(NUMBER HOUSED)	(NURS. HOURS)
	8	9	10	11	12	13	14
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RE							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	254,549						
009 LAUNDRY & LINEN SERVICE		53,455					
010 HOUSEKEEPING	7,740		246,809				
011 DIETARY	11,734		11,734	53,455			
012 CAFETERIA					62,527,339		
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION	785		785		1,562,685		1,443,145
015 CENTRAL SERVICES & SU	6,115		6,115		555,468		
016 PHARMACY	3,951		3,951		2,812,421		
017 MEDICAL RECORDS & LIB	4,794		4,794		1,241,991		
018 SOCIAL SERVICE					209,394		
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMEDICAL PRGM-(SPEC							
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	71,687	37,853	71,687	37,853	15,506,386		611,290
026 INTENSIVE CARE UNIT	21,963	8,087	21,963	8,087	6,197,980		257,739
031 SUBPROVIDER	10,086	3,864	10,086	3,864	1,545,477		44,322
033 NURSERY	3,711	3,651	3,711	3,651	1,121,985		57,868
037 ANCILLARY SRVC COST C							
OPERATING ROOM	33,887		33,887		6,069,275		135,356
038 RECOVERY ROOM	230		230		1,016,357		42,021
039 DELIVERY ROOM & LABOR	1,209		1,209		1,812,998		83,167
040 ANESTHESIOLOGY	480		480		112,894		
041 RADIOLOGY-DIAGNOSTIC	28,127		28,127		9,396,973		15,347
044 LABORATORY	8,104		8,104				
046 WHOLE BLOOD & PACKED	519		519				
046 30 BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY	630		630		1,627,935		
050 PHYSICAL THERAPY	3,321		3,321		1,651,886		
051 OCCUPATIONAL THERAPY	196		196		69,808		
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	3,966		3,966		2,109,058		19,225
054 ELECTROENCEPHALOGRAPH	236		236		81,286		
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI							
OUTPAT SERVICE COST C							
060 CLINIC	12,766		12,766		2,693,610		32,984
060 01 WOMENS HEALTH							
060 02 SPINE CENTER							
061 EMERGENCY	12,060		12,060		4,432,977		140,932
062 OBSERVATION BEDS (NON							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST C							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL T							
069 30 OUTPATIENT OCCUPATION							
069 40 OUTPATIENT SPEECH PAT							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CEN							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	248,297	53,455	240,557	53,455	61,828,844		1,440,251
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	4,064		4,064		10,308		
100 OTHER NONREIMBURSABLE	2,188		2,188		688,187		2,894
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	7,771,758		4,862,700	4,563,276			2,761,887
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER				85.366682			
(WRKSHT B, PT I)	30.531481		19.702280				1.913797
105 COST TO BE ALLOCATED	170,302		58,990	94,734			27,744
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER				1.772220			
(WRKSHT B, PT II)	.669034		.239011				.019225



COST ALLOCATION - STATISTICAL BASIS

14-0291

FROM 1/ 1/2009

WORKSHEET B-1

TO 12/31/2009

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (MED SUPPLY \$)	PHARMACY (DRUG \$)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	I&R SERVICES-SALARY & FRI (ASSIGNED TIME)
	15	16	17	18	20	21	22
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING							
006 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS 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 & SUP	28,403,795						
016 PHARMACY		10,976,005					
017 MEDICAL RECORDS & LIB			641,535,919				
018 SOCIAL SERVICE				53,455			
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMEDICAL PRGM-(SPEC							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	830,118	151,975	51,027,886		37,853		
026 INTENSIVE CARE UNIT	439,016	91,365	20,145,547		8,087		
031 SUBPROVIDER	6,954	416	5,573,826		3,864		
033 NURSERY	85,408	2,705	9,635,922		3,651		
ANCILLARY SRVC COST C							
037 OPERATING ROOM	16,002,659	160,404	110,691,421				
038 RECOVERY ROOM	38,089	6,218	7,633,293				
039 DELIVERY ROOM & LABOR	345,591	21,659	11,616,591				
040 ANESTHESIOLOGY	352,880	38,018	16,673,177				
041 RADIOLOGY-DIAGNOSTIC	7,894,266	287,321	183,429,343				
044 LABORATORY			53,237,161				
046 WHOLE BLOOD & PACKED			5,583,607				
049 30 BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY	222,579	23	21,443,145				
050 PHYSICAL THERAPY	35,828	233	7,332,578				
051 OCCUPATIONAL THERAPY	1,915		538,430				
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	38,371	2,719	11,828,902				
054 ELECTROENCEPHALOGRAPH	2,650		543,704				
055 MEDICAL SUPPLIES CHAR	1,045,896	1,429	389,317				
056 DRUGS CHARGED TO PATI	71,161	10,025,404	72,271,745				
060 OUTPAT SERVICE COST C							
060 CLINIC	205,300	21,727	11,121,518				
060 01 WOMENS HEALTH							
060 02 SPINE CENTER							
061 EMERGENCY	784,182	164,389	40,818,806				
062 OBSERVATION BEDS (NON							
063 50 RHC							
063 60 FOHC							
OTHER REIMBURS COST C							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL T							
069 30 OUTPATIENT OCCUPATION							
069 40 OUTPATIENT SPEECH PAT							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CEN							
085 01 PANCREAS ACQUISITION							
085 02 INTESITINAL ACQUISITIO							
095 SUBTOTALS	28,402,863	10,976,005	641,535,919	53,455			
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	510						
100 OTHER NONREIMBURSABLE	422						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	3,258,960	6,258,707	4,260,743	322,311			
(WRKSH B, PART I)							
104 UNIT COST MULTIPLIER		.570217		6.029576			
(WRKSH B, PT I)							
105 COST TO BE ALLOCATED	.114737		.006641				
(WRKSH B, PART II)	193,909	520,400	42,196	2,200			
106 UNIT COST MULTIPLIER		.047413		.041156			
(WRKSH B, PT II)	.006827		.000066				

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0291  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/26/2010  
 WORKSHEET B-1

	COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
		(MED SUPPLY \$ )	(DRUG \$ )	(GROSS REVENUES )	(PATIENT DAYS )	(ASSIGNED TIME )	(ASSIGNED TIME )	(ASSIGNED TIME )
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	15 276,679	16 187,420	17 216,398	18 982	20	21	22
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.009741	.017075	.000337	.018371			

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0291  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/26/2010  
 WORKSHEET B-1

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED PR GM-(SPECIFY)	(ASSIGNED TIME)	(ASSIGNED TIME)
			23	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		ADMINISTRATIVE		
006 05		CASHIERING/ACCOUNTS RE		
006 06		OTHER ADMINISTRATIVE		
007		MAINTENANCE & REPAIRS		
008		OPERATION OF PLANT		
009		LAUNDRY & LINEN SERVI		
010		HOUSEKEEPING		
011		DIETARY		
012		CAFETERIA		
013		MAINTENANCE OF PERSON		
014		NURSING ADMINISTRATIO		
015		CENTRAL SERVICES & SU		
016		PHARMACY		
017		MEDICAL RECORDS & LIB		
018		SOCIAL SERVICE		
020		NONPHYSICIAN ANESTHET		
021		NURSING SCHOOL		
022		I&R SERVICES-SALARY &		
023		I&R SERVICES-OTHER PR		
024		PARAMED PRGM-(SPEC		
025		INPAT ROUTINE SRVC CN		
026		ADULTS & PEDIATRICS		
031		INTENSIVE CARE UNIT		
033		SUBPROVIDER		
037		NURSERY		
038		ANCILLARY SRVC COST C		
039		OPERATING ROOM		
040		RECOVERY ROOM		
041		DELIVERY ROOM & LABOR		
044		ANESTHESIOLOGY		
046		RADIOLOGY-DIAGNOSTIC		
049		LABORATORY		
050		WHOLE BLOOD & PACKED		
051		BLOOD CLOTTING FACTOR		
052		RESPIRATORY THERAPY		
053		PHYSICAL THERAPY		
054		OCCUPATIONAL THERAPY		
055		SPEECH PATHOLOGY		
056		ELECTROCARDIOLOGY		
060		ELECTROENCEPHALOGRAPH		
061		MEDICAL SUPPLIES CHAR		
062		DRUGS CHARGED TO PATI		
063		OUTPAT SERVICE COST C		
069		CLINIC		
069 01		WOMENS HEALTH		
069 02		SPINE CENTER		
069 50		EMERGENCY		
069 60		OBSERVATION BEDS (NON		
069 10		RHC		
069 20		FOHC		
069 30		OTHER REIMBURS COST C		
069 40		CMHC		
071		OUTPATIENT PHYSICAL T		
085 01		OUTPATIENT OCCUPATION		
085 02		OUTPATIENT SPEECH PAT		
095		HOME HEALTH AGENCY		
096		SPEC PURPOSE COST CEN		
100		PANCREAS ACQUISITION		
101		INTESTINAL ACQUISITIO		
102		SUBTOTALS		
103		NONREIMBURS COST CENT		
104		GIFT, FLOWER, COFFEE		
105		OTHER NONREIMBURSABLE		
106		CROSS FOOT ADJUSTMENT		
107		NEGATIVE COST CENTER		
108		COST TO BE ALLOCATED		
109		(PER WRKSHT B, PART		
110		UNIT COST MULTIPLIER		
111		(WRKSHT B, PT I)		
112		COST TO BE ALLOCATED		
113		(PER WRKSHT B, PART		
114		UNIT COST MULTIPLIER		
115		(WRKSHT B, PT II)		

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0291	FROM 1/ 1/2009	5/26/2010
	TO 12/31/2009	WORKSHEET B-1

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	(ASSIGNED TIME	(ASSIGNED TIME )
107 COST TO BE ALLOCATED (PER WRKSHT B, PART			23	24
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)				

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 14-0291  
 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 DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	39,513,141		39,513,141		39,513,141
26	INTENSIVE CARE UNIT	15,620,761		15,620,761		15,620,761
31	SUBPROVIDER	4,160,201		4,160,201		4,160,201
33	NURSERY	3,005,759		3,005,759		3,005,759
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	21,821,643		21,821,643	763,851	22,585,494
38	RECOVERY ROOM	1,980,942		1,980,942		1,980,942
39	DELIVERY ROOM & LABOR ROO	3,708,766		3,708,766		3,708,766
40	ANESTHESIOLOGY	963,652		963,652		963,652
41	RADIOLOGY-DIAGNOSTIC	31,639,527		31,639,527		31,639,527
44	LABORATORY	12,020,643		12,020,643		12,020,643
46	WHOLE BLOOD & PACKED RED	1,299,893		1,299,893		1,299,893
46	30 BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	3,627,889		3,627,889		3,627,889
50	PHYSICAL THERAPY	3,447,384		3,447,384		3,447,384
51	OCCUPATIONAL THERAPY	298,950		298,950		298,950
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	4,340,519		4,340,519		4,340,519
54	ELECTROENCEPHALOGRAPHY	171,755		171,755		171,755
55	MEDICAL SUPPLIES CHARGED	31,950,054		31,950,054		31,950,054
56	DRUGS CHARGED TO PATIENTS	19,074,248		19,074,248		19,074,248
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	6,717,465		6,717,465	176,486	6,893,951
60	01 WOMENS HEALTH					
60	02 SPINE CENTER					
61	EMERGENCY	10,695,054		10,695,054	228,367	10,923,421
62	OBSERVATION BEDS (NON-DIS	1,424,808		1,424,808		1,424,808
63	50 RHC					
63	60 FOHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	217,483,054		217,483,054	1,168,704	218,651,758
102	LESS OBSERVATION BEDS	1,424,808		1,424,808		1,424,808
103	TOTAL	216,058,246		216,058,246	1,168,704	217,226,950

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 14-0291  
 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	47,135,358		47,135,358			
26	INTENSIVE CARE UNIT	19,520,611		19,520,611			
31	SUBPROVIDER	5,501,638		5,501,638			
33	NURSERY	9,462,861		9,462,861			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	31,225,177	46,116,283	77,341,460	.282147	.282147	.292023
38	RECOVERY ROOM	2,637,944	4,995,349	7,633,293	.259513	.259513	.259513
39	DELIVERY ROOM & LABOR ROO	9,912,121	1,269,893	11,182,014	.331672	.331672	.331672
40	ANESTHESIOLOGY	6,486,001	10,187,176	16,673,177	.057797	.057797	.057797
41	RADIOLOGY-DIAGNOSTIC	56,974,048	107,560,591	164,534,639	.192297	.192297	.192297
44	LABORATORY	30,590,133	22,641,384	53,231,517	.225818	.225818	.225818
46	WHOLE BLOOD & PACKED RED	4,600,153	983,454	5,583,607	.232805	.232805	.232805
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	15,836,024	1,830,282	17,666,306	.205356	.205356	.205356
50	PHYSICAL THERAPY	3,215,638	4,106,770	7,322,408	.470799	.470799	.470799
51	OCCUPATIONAL THERAPY	438,148	98,387	536,535	.557186	.557186	.557186
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	5,610,631	6,212,771	11,823,402	.367113	.367113	.367113
54	ELECTROENCEPHALOGRAPHY	344,358	199,346	543,704	.315898	.315898	.315898
55	MEDICAL SUPPLIES CHARGED	43,345,404	16,944,319	60,289,723	.529942	.529942	.529942
56	DRUGS CHARGED TO PATIENTS	50,135,884	22,135,861	72,271,745	.263924	.263924	.263924
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	75,266	11,046,491	11,121,757	.603993	.603993	.619862
60	01 WOMENS HEALTH						
60	02 SPINE CENTER						
61	EMERGENCY	14,279,847	26,333,249	40,613,096	.263340	.263340	.268963
62	OBSERVATION BEDS (NON-DIS	302,759	1,269,212	1,571,971	.906383	.906383	.906383
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	357,630,004	283,930,818	641,560,822			
102	LESS OBSERVATION BEDS						
103	TOTAL	357,630,004	283,930,818	641,560,822			

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	21,821,643	3,375,451	18,446,192			21,821,643
38	RECOVERY ROOM	1,980,942	38,202	1,942,740			1,980,942
39	DELIVERY ROOM & LABOR ROO	3,708,766	117,624	3,591,142			3,708,766
40	ANESTHESIOLOGY	963,652	75,253	888,399			963,652
41	RADIOLOGY-DIAGNOSTIC	31,639,527	5,763,071	25,876,456			31,639,527
44	LABORATORY	12,020,643	504,135	11,516,508			12,020,643
46	WHOLE BLOOD & PACKED RED	1,299,893	38,323	1,261,570			1,299,893
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	3,627,889	162,491	3,465,398			3,627,889
50	PHYSICAL THERAPY	3,447,384	281,416	3,165,968			3,447,384
51	OCCUPATIONAL THERAPY	298,950	12,035	286,915			298,950
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	4,340,519	233,114	4,107,405			4,340,519
54	ELECTROENCEPHALOGRAPHY	171,755	12,872	158,883			171,755
55	MEDICAL SUPPLIES CHARGED	31,950,054	283,454	31,666,600			31,950,054
56	DRUGS CHARGED TO PATIENTS	19,074,248	807,135	18,267,113			19,074,248
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	6,717,465	1,813,040	4,904,425			6,717,465
60	01 WOMENS HEALTH						
60	02 SPI NE CENTER						
61	EMERGENCY	10,695,054	729,146	9,965,908			10,695,054
62	OBSERVATION BEDS (NON-DIS	1,424,808	157,966	1,266,842			1,424,808
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	155,183,192	14,404,728	140,778,464			155,183,192
102	LESS OBSERVATION BEDS	1,424,808	157,966	1,266,842			1,424,808
103	TOTAL	153,758,384	14,246,762	139,511,622			153,758,384

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	77,341,460	.282147	.282147
38	RECOVERY ROOM	7,633,293	.259513	.259513
39	DELIVERY ROOM & LABOR ROO	11,182,014	.331672	.331672
40	ANESTHESIOLOGY	16,673,177	.057797	.057797
41	RADIOLOGY-DIAGNOSTIC	164,534,639	.192297	.192297
44	LABORATORY	53,231,517	.225818	.225818
46	WHOLE BLOOD & PACKED RED	5,583,607	.232805	.232805
46	30 BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	17,666,306	.205356	.205356
50	PHYSICAL THERAPY	7,322,408	.470799	.470799
51	OCCUPATIONAL THERAPY	536,535	.557186	.557186
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	11,823,402	.367113	.367113
54	ELECTROENCEPHALOGRAPHY	543,704	.315898	.315898
55	MEDICAL SUPPLIES CHARGED	60,289,723	.529942	.529942
56	DRUGS CHARGED TO PATIENTS	72,271,745	.263924	.263924
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	11,121,757	.603993	.603993
60	01 WOMENS HEALTH			
60	02 SPI NE CENTER			
61	EMERGENCY	40,613,096	.263340	.263340
62	OBSERVATION BEDS (NON-DIS	1,571,971	.906383	.906383
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	559,940,354		
102	LESS OBSERVATION BEDS	1,571,971		
103	TOTAL	558,368,383		





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	1,560,891	1,814,560	77,341,460	13,092,497	.020182	264,233
38	RECOVERY ROOM	17,159	21,043	7,633,293	1,007,345	.002248	2,265
39	DELIVERY ROOM & LABOR ROO	40,987	76,637	11,182,014	296	.003665	1
40	ANESTHESIOLOGY	38,274	36,979	16,673,177	2,288,616	.002296	5,255
41	RADIOLOGY-DIAGNOSTIC	4,262,519	1,500,552	164,534,639	30,318,450	.025907	785,460
44	LABORATORY	105,273	398,862	53,231,517	16,344,741	.001978	32,330
46	WHOLE BLOOD & PACKED RED	10,383	27,940	5,583,607	2,570,077	.001860	4,780
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	110,231	52,260	17,666,306	10,398,613	.006240	64,887
50	PHYSICAL THERAPY	125,243	156,173	7,322,408	2,255,763	.017104	38,583
51	OCCUPATIONAL THERAPY	2,599	9,436	536,535	308,062	.004844	1,492
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	43,762	189,352	11,823,402	3,340,979	.003701	12,365
54	ELECTROENCEPHALOGRAPHY	1,953	10,919	543,704	196,511	.003592	706
55	MEDICAL SUPPLIES CHARGED	203,436	80,018	60,289,723	20,722,530	.003374	69,918
56	DRUGS CHARGED TO PATIENTS	569,943	237,192	72,271,745	25,765,608	.007886	203,188
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,238,565	574,475	11,121,757	66,319	.111364	7,386
60	01 WOMENS HEALTH						
60	02 SPI NE CENTER						
61	EMERGENCY	144,922	584,224	40,613,096	7,575,649	.003568	27,030
62	OBSERVATION BEDS (NON-DIS	28,012	129,954	1,571,971	140,612	.017820	2,506
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	8,504,152	5,900,576	559,940,354	136,392,668		1,522,385

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0291	FROM 1/ 1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D
14-0291		PART II

PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.023462	307,176
38	RECOVERY ROOM	.002757	2,777
39	DELIVERY ROOM & LABOR ROO	.006854	2
40	ANESTHESIOLOGY	.002218	5,076
41	RADIOLOGY-DIAGNOSTIC	.009120	276,504
44	LABORATORY	.007493	122,471
46	WHOLE BLOOD & PACKED RED	.005004	12,861
46 30	BLOOD CLOTTING FACTORS AD		
49	RESPIRATORY THERAPY	.002958	30,759
50	PHYSICAL THERAPY	.021328	48,111
51	OCCUPATIONAL THERAPY	.017587	5,418
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.016015	53,506
54	ELECTROENCEPHALOGRAPHY	.020083	3,947
55	MEDICAL SUPPLIES CHARGED	.001327	27,499
56	DRUGS CHARGED TO PATIENTS	.003282	84,563
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.051653	3,426
60 01	WOMENS HEALTH		
60 02	SPI NE CENTER		
61	EMERGENCY	.014385	108,976
62	OBSERVATION BEDS (NON-DIS	.082669	11,624
63 50	RHC		
63 60	FOHC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		1,104,696

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0291  
 COMPONENT NO: 14-S291  
 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	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	1,560,891	1,814,560	77,341,460	3,393	.020182	68
38	RECOVERY ROOM	17,159	21,043	7,633,293	30,665	.002248	69
39	DELIVERY ROOM & LABOR ROO	40,987	76,637	11,182,014		.003665	
40	ANESTHESIOLOGY	38,274	36,979	16,673,177	930	.002296	2
41	RADIOLOGY-DIAGNOSTIC	4,262,519	1,500,552	164,534,639	101,759	.025907	2,636
44	LABORATORY	105,273	398,862	53,231,517	203,053	.001978	402
46	WHOLE BLOOD & PACKED RED	10,383	27,940	5,583,607	324	.001860	1
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	110,231	52,260	17,666,306	12,820	.006240	80
50	PHYSICAL THERAPY	125,243	156,173	7,322,408	18,799	.017104	322
51	OCCUPATIONAL THERAPY	2,599	9,436	536,535	5,997	.004844	29
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	43,762	189,352	11,823,402	26,605	.003701	98
54	ELECTROENCEPHALOGRAPHY	1,953	10,919	543,704	10,598	.003592	38
55	MEDICAL SUPPLIES CHARGED	203,436	80,018	60,289,723		.003374	
56	DRUGS CHARGED TO PATIENTS	569,943	237,192	72,271,745	293,267	.007886	2,313
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,238,565	574,475	11,121,757	344	.111364	38
60	01 WOMENS HEALTH						
60	02 SPI NE CENTER						
61	EMERGENCY	144,922	584,224	40,613,096	77,100	.003568	275
62	OBSERVATION BEDS (NON-DIS	28,012	129,954	1,571,971		.017820	
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	8,504,152	5,900,576	559,940,354	785,654		6,371

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0291	FROM 1/ 1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D
14-S291		PART II

PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.023462	80
38	RECOVERY ROOM	.002757	85
39	DELIVERY ROOM & LABOR ROO	.006854	
40	ANESTHESIOLOGY	.002218	2
41	RADIOLOGY-DIAGNOSTIC	.009120	928
44	LABORATORY	.007493	1,521
46	WHOLE BLOOD & PACKED RED	.005004	2
46 30	BLOOD CLOTTING FACTORS AD		
49	RESPIRATORY THERAPY	.002958	38
50	PHYSICAL THERAPY	.021328	401
51	OCCUPATIONAL THERAPY	.017587	105
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.016015	426
54	ELECTROENCEPHALOGRAPHY	.020083	213
55	MEDICAL SUPPLIES CHARGED	.001327	
56	DRUGS CHARGED TO PATIENTS	.003282	963
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.051653	18
60 01	WOMENS HEALTH		
60 02	SPI NE CENTER		
61	EMERGENCY	.014385	1,109
62	OBSERVATION BEDS (NON-DIS	.082669	
63 50	RHC		
63 60	FQHC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		5,891

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

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
14-0291	FROM 1/ 1/2009	WORKSHEET D
	TO 12/31/2009	PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					39,269	
26	INTENSIVE CARE UNIT					5,859	
31	SUBPROVIDER					3,864	
33	NURSERY					3,651	
101	TOTAL					52,643	

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

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	21,978	
26	INTENSIVE CARE UNIT	4,739	
31	SUBPROVIDER	1,310	
33	NURSERY		
101	TOTAL	28,027	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WOMENS HEALTH						
60	02 SPINE CENTER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			77,341,460			13,092,497	
38	OPERATING ROOM			7,633,293			1,007,345	
39	RECOVERY ROOM			11,182,014			296	
40	DELIVERY ROOM & LABOR ROO			16,673,177			2,288,616	
41	ANESTHESIOLOGY			164,534,639			30,318,450	
44	RADIOLOGY-DIAGNOSTIC			53,231,517			16,344,741	
46	LABORATORY			5,583,607			2,570,077	
46	30 WHOLE BLOOD & PACKED RED							
49	BLOOD CLOTTING FACTORS AD			17,666,306			10,398,613	
50	RESPIRATORY THERAPY			7,322,408			2,255,763	
51	PHYSICAL THERAPY			536,535			308,062	
52	OCCUPATIONAL THERAPY							
53	SPEECH PATHOLOGY			11,823,402			3,340,979	
54	ELECTROCARDIOLOGY			543,704			196,511	
55	ELECTROENCEPHALOGRAPHY			60,289,723			20,722,530	
56	MEDICAL SUPPLIES CHARGED			72,271,745			25,765,608	
60	DRUGS CHARGED TO PATIENTS							
60	01 OUTPAT SERVICE COST CNTRS			11,121,757			66,319	
60	02 CLINIC							
61	WOMENS HEALTH			40,613,096			7,575,649	
62	SPI NE CENTER			1,571,971			140,612	
63	EMERGENCY							
63	50 OBSERVATION BEDS (NON-DIS							
63	60 RHC							
63	60 FOHC							
101	OTHER REIMBURS COST CNTRS							
	TOTAL			559,940,354			136,392,668	

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	9,878,163					
38	RECOVERY ROOM	696,882					
39	DELIVERY ROOM & LABOR ROO	1,047					
40	ANESTHESIOLOGY	1,950,796					
41	RADIOLOGY-DIAGNOSTIC	31,133,893					
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED	542,207					
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	435,786					
50	PHYSICAL THERAPY	1,635,559					
51	OCCUPATIONAL THERAPY	57,535					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,883,048					
54	ELECTROENCEPHALOGRAPHY	29,562					
55	MEDICAL SUPPLIES CHARGED	4,557,856					
56	DRUGS CHARGED TO PATIENTS	8,205,132					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,022,260					
60	01 WOMENS HEALTH						
60	02 SPI NE CENTER						
61	EMERGENCY	296,629					
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	62,326,355					

TITLE XVIII, PART A SUBPROVIDER 1

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										
46	30 BLOOD CLOTTING FACTORS AD										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60	01 WOMENS HEALTH										
60	02 SPINE CENTER										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
63	50 RHC										
63	60 FOHC										
	OTHER REIMBURS COST CNTRS										
101	TOTAL										

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			77,341,460			3,393	
38	OPERATING ROOM			7,633,293			30,665	
39	RECOVERY ROOM			11,182,014				
40	DELIVERY ROOM & LABOR ROO			16,673,177			930	
41	ANESTHESIOLOGY			164,534,639			101,759	
44	RADIOLOGY-DIAGNOSTIC			53,231,517			203,053	
46	LABORATORY			5,583,607			324	
46	30 WHOLE BLOOD & PACKED RED							
49	BLOOD CLOTTING FACTORS AD			17,666,306			12,820	
50	RESPIRATORY THERAPY			7,322,408			18,799	
51	PHYSICAL THERAPY			536,535			5,997	
52	OCCUPATIONAL THERAPY							
53	SPEECH PATHOLOGY			11,823,402			26,605	
54	ELECTROCARDIOLOGY			543,704			10,598	
55	ELECTROENCEPHALOGRAPHY			60,289,723				
56	MEDICAL SUPPLIES CHARGED			72,271,745			293,267	
60	DRUGS CHARGED TO PATIENTS							
60	01 OUTPAT SERVICE COST CNTRS			11,121,757			344	
60	02 CLINIC							
61	WOMENS HEALTH							
62	SPI NE CENTER			40,613,096			77,100	
63	EMERGENCY			1,571,971				
63	50 OBSERVATION BEDS (NON-DIS							
63	60 RHC							
63	60 FQHC							
101	OTHER REIMBURS COST CNTRS							
	TOTAL			559,940,354			785,654	

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	42,237					
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED	644					
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	1,036					
51	OCCUPATIONAL THERAPY	124					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	34,630					
54	ELECTROENCEPHALOGRAPHY	3,699					
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WOMENS HEALTH						
60	02 SPINE CENTER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	82,370					





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				2,787,094	28
38 RECOVERY ROOM				180,850	
39 DELIVERY ROOM & LABOR ROOM				347	
40 ANESTHESIOLOGY				112,750	
41 RADIOLOGY-DIAGNOSTIC				5,986,954	
44 LABORATORY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS				126,229	
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY				89,491	
50 PHYSICAL THERAPY				770,020	
51 OCCUPATIONAL THERAPY				32,058	
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				691,291	
54 ELECTROENCEPHALOGRAPHY				9,339	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				2,415,399	
56 DRUGS CHARGED TO PATIENTS				2,165,531	7,523
OUTPAT SERVICE COST CNTRS					
60 CLINIC				617,438	
60 01 WOMENS HEALTH					
60 02 SPINE CENTER					
61 EMERGENCY				78,114	
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 50 RHC					
63 60 FOHC					
101 SUBTOTAL				16,062,905	7,551
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				16,062,905	7,551

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



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 14-0291  
 COMPONENT NO: 14-S291  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/26/2010  
 WORKSHEET D  
 PART V

TITLE XVIII, PART B

SUBPROVIDER 1

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.282147	.282147			
38 RECOVERY ROOM	.259513	.259513			
39 DELIVERY ROOM & LABOR ROOM	.331672	.331672			
40 ANESTHESIOLOGY	.057797	.057797			
41 RADIOLOGY-DIAGNOSTIC	.192297	.192297			
44 LABORATORY	.225818	.225818			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.232805	.232805			
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY	.205356	.205356			
50 PHYSICAL THERAPY	.470799	.470799			
51 OCCUPATIONAL THERAPY	.557186	.557186			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY	.367113	.367113			
54 ELECTROENCEPHALOGRAPHY	.315898	.315898			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.529942	.529942			
56 DRUGS CHARGED TO PATIENTS	.263924	.263924			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.603993	.603993			
60 01 WOMENS HEALTH					
60 02 SPINE CENTER					
61 EMERGENCY	.263340	.263340			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.906383	.906383			
63 50 RHC					
63 60 FOHC					
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)













Health Financial Systems	MCRI F32	FOR GOOD SHEPHERD HOSPITAL	IN LIEU OF FORM CMS-2552-96(08/2000)
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST			PROVIDER NO: 14-0291
			PERIOD: FROM 1/1/2009 TO 12/31/2009
TITLE XVIII, PART B	HOSPITAL		PREPARED 5/26/2010
PART VI - VACCINE COST APPORTIONMENT			WORKSHEET D PART VI

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.263924
2	PROGRAM VACCINE CHARGES		28,505
3	PROGRAM COSTS		7,523











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	1,076.66
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	61,735	4,160,201	.014839	
87	NEW CAPITAL-RELATED COST	484,938	4,160,201	.116566	
88	NON PHYSICIAN ANESTHETIST		4,160,201		
89	MEDICAL EDUCATION		4,160,201		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				



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					1,006.22
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					1,746,798
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					1,746,798

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	3,005,759	3,651	823.27	195	160,538
43	INTENSIVE CARE UNIT	15,620,761	5,859	2,666.11	391	1,042,449
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					

48	PROGRAM INPATIENT ANCILLARY SERVICE COST					3,132,272
49	TOTAL PROGRAM INPATIENT COSTS					6,082,057

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	1,416
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,006.22
85	OBSERVATION BED COST	1,424,808

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			
31	SUBPROVIDER		1,926,151	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.292023	3,393	991
38	RECOVERY ROOM	.259513	30,665	7,958
39	DELIVERY ROOM & LABOR ROOM	.331672		
40	ANESTHESIOLOGY	.057797	930	54
41	RADIOLOGY-DIAGNOSTIC	.192297	101,759	19,568
44	LABORATORY	.225818	203,053	45,853
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.232805	324	75
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.205356	12,820	2,633
50	PHYSICAL THERAPY	.470799	18,799	8,851
51	OCCUPATIONAL THERAPY	.557186	5,997	3,341
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.367113	26,605	9,767
54	ELECTROENCEPHALOGRAPHY	.315898	10,598	3,348
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.529942		
56	DRUGS CHARGED TO PATIENTS	.263924	293,267	77,400
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.619862	344	213
60	01 WOMENS HEALTH			
60	02 SPINE CENTER			
61	EMERGENCY	.268963	77,100	20,737
62	OBSERVATION BEDS (NON-DISTINCT PART)	.906383		
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		785,654	200,789
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		785,654	

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		1,873,707	
26	INTENSIVE CARE UNIT		1,148,280	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.282147	770,422	217,372
38	RECOVERY ROOM	.259513	67,568	17,535
39	DELIVERY ROOM & LABOR ROOM	.331672	558,638	185,285
40	ANESTHESIOLOGY	.057797	189,170	10,933
41	RADIOLOGY-DIAGNOSTIC	.192297	2,237,125	430,192
44	LABORATORY	.225818	1,532,353	346,033
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.232805	255,332	59,443
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.205356	824,414	169,298
50	PHYSICAL THERAPY	.470799	66,609	31,359
51	OCCUPATIONAL THERAPY	.557186	10,341	5,762
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.367113	185,769	68,198
54	ELECTROENCEPHALOGRAPHY	.315898	15,897	5,022
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.529942	1,033,740	547,822
56	DRUGS CHARGED TO PATIENTS	.263924	3,069,120	810,014
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.603993	1,146	692
60 01	WOMENS HEALTH			
60 02	SPINE CENTER			
61	EMERGENCY	.263340	784,125	206,491
62	OBSERVATION BEDS (NON-DISTINCT PART)	.906383	22,971	20,821
63 50	RHC			
63 60	FOHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		11,624,740	3,132,272
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		11,624,740	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		1,390,903	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.282147		
38	RECOVERY ROOM	.259513		
39	DELIVERY ROOM & LABOR ROOM	.331672		
40	ANESTHESIOLOGY	.057797		
41	RADIOLOGY-DIAGNOSTIC	.192297	31,243	6,008
44	LABORATORY	.225818	188,420	42,549
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.232805		
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.205356	4,943	1,015
50	PHYSICAL THERAPY	.470799	3,594	1,692
51	OCCUPATIONAL THERAPY	.557186	822	458
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.367113	14,240	5,228
54	ELECTROENCEPHALOGRAPHY	.315898	3,785	1,196
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.529942		
56	DRUGS CHARGED TO PATIENTS	.263924	135,562	35,778
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.603993	3,460	2,090
60	01 WOMENS HEALTH			
60	02 SPINE CENTER			
61	EMERGENCY	.263340	72,239	19,023
62	OBSERVATION BEDS (NON-DISTINCT PART)	.906383		
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		458,308	115,037
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		458,308	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0291  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 COMPONENT NO: 14-0291  
 PREPARED 5/26/2010  
 WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	30,750,269	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	10,250,090	
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)	3,152,569	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	165.12	
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 INSTRUC)		
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
14-0291	FROM 1/1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E
14-0291		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)	44,152,928	
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)	44,152,928	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,744,087	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	47,897,015	
17 PRIMARY PAYER PAYMENTS	10,233	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	47,886,782	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,603,984	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	303,557	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	507,096	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	354,967	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	365,949	
22 SUBTOTAL	44,334,208	
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	44,334,208	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	43,942,170	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	392,038	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0291	FROM 1/ 1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E
14-0291		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	15,074
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	16,062,905
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	14,754,980
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.820
1.04	LINE 1.01 TIMES LINE 1.03.	13,171,582
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)	15,074
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	57,110
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	57,110
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)	57,110
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	42,036
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	15,074
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	14,754,980
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	3,545,339
19	SUBTOTAL (SEE INSTRUCTIONS)	11,224,715
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	11,224,715
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	11,224,715
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	272,782
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	190,947
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	192,505
28	SUBTOTAL	11,415,662
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	11,415,662
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	11,209,642
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	206,020
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
14-0291	FROM 1/ 1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E
14-S291		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).	22,711
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	17,836
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.813
1.04	LINE 1.01 TIMES LINE 1.03.	18,464
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	96.60
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)	17,836

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	4,917
19	SUBTOTAL (SEE INSTRUCTIONS)	12,919
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	12,919
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	12,919

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	12,919
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	12,919
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	15,746
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-2,827
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

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



ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0291  
 COMPONENT NO: 14-S291  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/26/2010  
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,129,177		15,746
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				
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	7/10/2009	.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)				
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
		86,909		2,827
7 TOTAL MEDICARE PROGRAM LIABILITY		1,042,268		12,919

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0291	FROM 1/ 1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-3
14-S291		PART I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
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)	978,838
1.09	NET IPF PPS OUTLIER PAYMENTS	133,353
1.10	NET IPF PPS ECT PAYMENTS	16,987
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)	10.586301
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)	1,129,178
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)	1,129,178
	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)	1,129,178
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	1,129,178
7	DEDUCTIBLES	81,036
8	SUBTOTAL	1,048,142
9	COINSURANCE	5,874
10	SUBTOTAL	1,042,268
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	1,042,268
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0291	FROM 1/ 1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-3
14-S291		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)	1,042,268
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,129,177
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-86,909
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.

		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	LAND IMPROVEMENTS				
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		1,821,221,530		
2	NET INCOME (LOSS)		28,500,470		
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	56,598,219		56,598,219
2 00 SUBPROVIDER	5,501,638		5,501,638
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	62,099,857		62,099,857
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	19,520,611		19,520,611
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	19,520,611		19,520,611
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	81,620,468		81,620,468
17 00 ANCILLARY SERVICES	255,013,011	251,541,977	506,554,988
18 00 OUTPATIENT SERVICES	14,374,878	37,565,446	51,940,324
18 50 RHC			
18 60 FOHC			
19 00 HOME HEALTH AGENCY			
21 10 CMHC			
21 20 OUTPATIENT PHYSICAL THERAPY			
21 30 OUTPATIENT OCCUPATIONAL THERAPY			
21 40 OUTPATIENT SPEECH PATHOLOGY			
24 00 OBSERVATION	302,759	1,269,212	1,571,971
25 00 TOTAL PATIENT REVENUES	351,311,116	290,376,635	641,687,751

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		242,615,466	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00 8400 REVENUE			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		242,615,466	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0291  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/26/2010  
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	641,687,751
2	LESS: ALLOWANCES AND DISCOUNTS ON	372,372,986
3	NET PATIENT REVENUES	269,314,765
4	LESS: TOTAL OPERATING EXPENSES	242,615,466
5	NET INCOME FROM SERVICE TO PATIENT	26,699,299
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REVENUE	1,801,171
25	TOTAL OTHER INCOME	1,801,171
26	TOTAL	28,500,470
	OTHER EXPENSES	
27	INVESTMENT LOSS	
28	NET NON OPERATING	
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	28,500,470

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0291	FROM 1/ 1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET L
14-0291		PARTS I-IV

FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	3,707,017
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	119.76
	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	4.90
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	4.90
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	1.00
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	37,070
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,744,087
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0291  
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 DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	39,513,141		39,513,141		39,513,141
26	INTENSIVE CARE UNIT	15,620,761		15,620,761		15,620,761
31	SUBPROVIDER	4,160,201		4,160,201		4,160,201
33	NURSERY	3,005,759		3,005,759		3,005,759
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	21,821,643		21,821,643	763,851	22,585,494
38	RECOVERY ROOM	1,980,942		1,980,942		1,980,942
39	DELIVERY ROOM & LABOR ROO	3,708,766		3,708,766		3,708,766
40	ANESTHESIOLOGY	963,652		963,652		963,652
41	RADIOLOGY-DIAGNOSTIC	31,639,527		31,639,527		31,639,527
44	LABORATORY	12,020,643		12,020,643		12,020,643
46	WHOLE BLOOD & PACKED RED	1,299,893		1,299,893		1,299,893
46	30 BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	3,627,889		3,627,889		3,627,889
50	PHYSICAL THERAPY	3,447,384		3,447,384		3,447,384
51	OCCUPATIONAL THERAPY	298,950		298,950		298,950
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	4,340,519		4,340,519		4,340,519
54	ELECTROENCEPHALOGRAPHY	171,755		171,755		171,755
55	MEDICAL SUPPLIES CHARGED	31,950,054		31,950,054		31,950,054
56	DRUGS CHARGED TO PATIENTS	19,074,248		19,074,248		19,074,248
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	6,717,465		6,717,465	176,486	6,893,951
60	01 WOMENS HEALTH					
60	02 SPINE CENTER					
61	EMERGENCY	10,695,054		10,695,054	228,367	10,923,421
62	OBSERVATION BEDS (NON-DIS	1,424,808		1,424,808		1,424,808
63	50 RHC					
63	60 FOHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	217,483,054		217,483,054	1,168,704	218,651,758
102	LESS OBSERVATION BEDS	1,424,808		1,424,808		1,424,808
103	TOTAL	216,058,246		216,058,246	1,168,704	217,226,950

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0291  
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	47,135,358		47,135,358			
26	INTENSIVE CARE UNIT	19,520,611		19,520,611			
31	SUBPROVIDER	5,501,638		5,501,638			
33	NURSERY	9,462,861		9,462,861			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	31,225,177	46,116,283	77,341,460	.282147	.282147	.292023
38	RECOVERY ROOM	2,637,944	4,995,349	7,633,293	.259513	.259513	.259513
39	DELIVERY ROOM & LABOR ROO	9,912,121	1,269,893	11,182,014	.331672	.331672	.331672
40	ANESTHESIOLOGY	6,486,001	10,187,176	16,673,177	.057797	.057797	.057797
41	RADIOLOGY-DIAGNOSTIC	56,974,048	107,560,591	164,534,639	.192297	.192297	.192297
44	LABORATORY	30,590,133	22,641,384	53,231,517	.225818	.225818	.225818
46	WHOLE BLOOD & PACKED RED	4,600,153	983,454	5,583,607	.232805	.232805	.232805
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	15,836,024	1,830,282	17,666,306	.205356	.205356	.205356
50	PHYSICAL THERAPY	3,215,638	4,106,770	7,322,408	.470799	.470799	.470799
51	OCCUPATIONAL THERAPY	438,148	98,387	536,535	.557186	.557186	.557186
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	5,610,631	6,212,771	11,823,402	.367113	.367113	.367113
54	ELECTROENCEPHALOGRAPHY	344,358	199,346	543,704	.315898	.315898	.315898
55	MEDICAL SUPPLIES CHARGED	43,345,404	16,944,319	60,289,723	.529942	.529942	.529942
56	DRUGS CHARGED TO PATIENTS	50,135,884	22,135,861	72,271,745	.263924	.263924	.263924
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	75,266	11,046,491	11,121,757	.603993	.603993	.619862
60	01 WOMENS HEALTH						
60	02 SPINE CENTER						
61	EMERGENCY	14,279,847	26,333,249	40,613,096	.263340	.263340	.268963
62	OBSERVATION BEDS (NON-DIS	302,759	1,269,212	1,571,971	.906383	.906383	.906383
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	357,630,004	283,930,818	641,560,822			
102	LESS OBSERVATION BEDS						
103	TOTAL	357,630,004	283,930,818	641,560,822			

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	21,821,643	3,375,451	18,446,192	337,545	1,069,879	20,414,219
38	RECOVERY ROOM	1,980,942	38,202	1,942,740	3,820	112,679	1,864,443
39	DELIVERY ROOM & LABOR ROO	3,708,766	117,624	3,591,142	11,762	208,286	3,488,718
40	ANESTHESIOLOGY	963,652	75,253	888,399	7,525	51,527	904,600
41	RADIOLOGY-DIAGNOSTIC	31,639,527	5,763,071	25,876,456	576,307	1,500,834	29,562,386
44	LABORATORY	12,020,643	504,135	11,516,508	50,414	667,957	11,302,272
46	WHOLE BLOOD & PACKED RED	1,299,893	38,323	1,261,570	3,832	73,171	1,222,890
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	3,627,889	162,491	3,465,398	16,249	200,993	3,410,647
50	PHYSICAL THERAPY	3,447,384	281,416	3,165,968	28,142	183,626	3,235,616
51	OCCUPATIONAL THERAPY	298,950	12,035	286,915	1,204	16,641	281,105
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	4,340,519	233,114	4,107,405	23,311	238,229	4,078,979
54	ELECTROENCEPHALOGRAPHY	171,755	12,872	158,883	1,287	9,215	161,253
55	MEDICAL SUPPLIES CHARGED	31,950,054	283,454	31,666,600	28,345	1,836,663	30,085,046
56	DRUGS CHARGED TO PATIENTS	19,074,248	807,135	18,267,113	80,714	1,059,493	17,934,041
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	6,717,465	1,813,040	4,904,425	181,304	284,457	6,251,704
60	01 WOMENS HEALTH						
60	02 SPI NE CENTER						
61	EMERGENCY	10,695,054	729,146	9,965,908	72,915	578,023	10,044,116
62	OBSERVATION BEDS (NON-DIS	1,424,808	157,966	1,266,842	15,797	73,477	1,335,534
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	155,183,192	14,404,728	140,778,464	1,440,473	8,165,150	145,577,569
102	LESS OBSERVATION BEDS	1,424,808	157,966	1,266,842	15,797	73,477	1,335,534
103	TOTAL	153,758,384	14,246,762	139,511,622	1,424,676	8,091,673	144,242,035

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS	77,341,460	.263949	.277782
38	OPERATING ROOM	7,633,293	.244251	.259013
39	RECOVERY ROOM	11,182,014	.311994	.330621
40	DELIVERY ROOM & LABOR ROO	16,673,177	.054255	.057345
41	ANESTHESIOLOGY	164,534,639	.179673	.188794
44	RADIOLOGY-DIAGNOSTIC	53,231,517	.212323	.224871
46	LABORATORY	5,583,607	.219014	.232119
46	30 WHOLE BLOOD & PACKED RED			
49	BLOOD CLOTTING FACTORS AD	17,666,306	.193059	.204437
50	RESPIRATORY THERAPY	7,322,408	.441879	.466956
51	PHYSICAL THERAPY	536,535	.523927	.554942
52	OCCUPATIONAL THERAPY			
53	SPEECH PATHOLOGY	11,823,402	.344992	.365141
54	ELECTROCARDIOLOGY	543,704	.296582	.313531
55	ELECTROENCEPHALOGRAPHY	60,289,723	.499008	.529472
56	MEDICAL SUPPLIES CHARGED	72,271,745	.248147	.262807
	DRUGS CHARGED TO PATIENTS			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	11,121,757	.562115	.587691
60	01 WOMENS HEALTH			
60	02 SPI NE CENTER			
61	EMERGENCY	40,613,096	.247312	.261545
62	OBSERVATION BEDS (NON-DIS	1,571,971	.849592	.896334
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	559,940,354		
102	LESS OBSERVATION BEDS	1,571,971		
103	TOTAL	558,368,383		