

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		14-0300		FROM 12/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 11/30/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 4/29/2010 TIME 8:25

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:
 PROVIDENT HOSPITAL 14-0300

FOR THE COST REPORTING PERIOD BEGINNING 12/ 1/2008 AND ENDING 11/30/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	A	TITLE XVIII	B	TITLE XIX	
		1	2		3	4	
1	HOSPITAL	0		-20,815	-207,343		0
100	TOTAL	0		-20,815	-207,343		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.

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? Y

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? Y

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. Y

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)

	1	2	3	4
	0	0.0000	0.0000	

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY

	0.00	0		
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A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

	%	Y/N
28.03 STAFFING	0.00%	
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N

35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0300 PERIOD: FROM 12/1/2008 TO 11/30/2009 PREPARED 4/29/2010
WORKSHEET S-3 PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	I/P DAYS / TITLE 3	O/P VISITS / TITLE 4	NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS		94			3,530		5,512
2 HMO					78		
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS		94			3,530		5,512
6 INTENSIVE CARE UNIT		15			644		814
11 NURSERY							419
12 TOTAL		109			4,174		6,745
13 RPCH VISITS							
25 TOTAL		109					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	O/P VISITS / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES / TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			16,905				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			16,905				
6 INTENSIVE CARE UNIT			1,469				
11 NURSERY			1,103				
12 TOTAL			19,477			19.07	
13 RPCH VISITS							
25 TOTAL						19.07	
26 OBSERVATION BED DAYS			605		605		
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	DISCHARGES / TITLE 12	DISCHARGES / TITLE 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					907	1,452	4,381
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	19.07	634.00			907	1,452	4,381
13 RPCH VISITS							
25 TOTAL	19.07	634.00					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0300
 PERIOD: FROM 12/1/2008 TO 11/30/2009
 PREPARED 4/29/2010
 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	58,024,958		58,024,958	1,319,566.21	43.97	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	3,366,141		3,366,141	24,984.00	134.73	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	383,716		383,716	2,848.00	134.73	
5 PHYSICIAN - PART B	16,869,694		16,869,694	169,438.00	99.56	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)		692,307	692,307	10,185.98	67.97	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES						
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	3,371,325		3,371,325	71,221.28	47.34	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT	482,328		482,328	232.23	2,076.94	
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	4,671,933		4,671,933	114,361.00	40.85	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	10,050,648		10,050,648			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	2,882,886		2,882,886			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	750,424		750,424	18,346.42	40.90	
22 ADMINISTRATIVE & GENERAL	5,058,929		5,058,929	157,862.08	32.05	
22.01 A & G UNDER CONTRACT	345,598		345,598	8,985.19	38.46	
23 MAINTENANCE & REPAIRS	1,134,751		1,134,751	19,870.66	57.11	
24 OPERATION OF PLANT	815,744		815,744	12,244.69	66.62	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	1,480,374		1,480,374	78,573.24	18.84	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY						
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,605,961		1,605,961	39,188.28	40.98	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY				64,066.37		
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,219,881		1,219,881	46,972.81	25.97	
34 SOCIAL SERVICE	450,669		450,669	14,690.80	30.68	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	41,117,146	-692,307	40,424,839	1,146,079.42	35.27	
2 EXCLUDED AREA SALARIES						
3 SUBTOTAL SALARIES	41,117,146	-692,307	40,424,839	1,146,079.42	35.27	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	8,525,586		8,525,586	185,814.51	45.88	
5 SUBTOTAL WAGE-RELATED COSTS	10,050,648		10,050,648		24.86	
6 TOTAL	59,693,380	-692,307	59,001,073	1,331,893.93	44.30	
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	12,862,331		12,862,331	460,800.54	27.91	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0300	FROM 12/ 1/2008	4/29/2010
	TO 11/30/2009	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
 - 17.01 GROSS MEDICAID REVENUES
 - 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

- 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) 1.296511
- 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)

HOSPITAL UNCOMPENSATED CARE DATA

	IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)	
PROVIDER NO:	PERIOD:	PREPARED 4/29/2010
14-0300	FROM 12/ 1/2008	WORKSHEET S-10
	TO 11/30/2009	

DESCRIPTION

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

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0300
PERIOD: FROM 12/1/2008 TO 11/30/2009
PREPARED 4/29/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,639,020	1,639,020	56,076	1,695,096
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		852,828	852,828	27,681	880,509
5	0500 EMPLOYEE BENEFITS	750,424	12,795,066	13,545,490	39,769	13,585,259
6	0600 ADMIN STRATIVE & GENERAL	5,058,929	11,258,263	16,317,192	-1,348,745	14,968,447
7	0700 MAINTENANCE & REPAIRS	1,134,751	1,150,237	2,284,988		2,284,988
8	0800 OPERATION OF PLANT	815,744	510,574	1,326,318		1,326,318
9	0900 LAUNDRY & LINEN SERVICE				347,339	347,339
10	1000 HOUSEKEEPING	1,480,374	133,784	1,614,158	-7,556	1,606,602
11	1100 DIETARY		1,872,946	1,872,946	-1,570,927	302,019
12	1200 CAFETERIA				1,570,927	1,570,927
14	1400 NURSING ADMINISTRATION	1,605,961	1,776,293	3,382,254	-67,242	3,315,012
15	1500 CENTRAL SERVICES & SUPPLY		51,692	51,692	2,007,431	2,059,123
16	1600 PHARMACY		246,006	246,006	-243,114	2,892
17	1700 MEDICAL RECORDS & LIBRARY	1,219,881	247,706	1,467,587		1,467,587
18	1800 SOCIAL SERVICE	450,669	25,019	475,688		475,688
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD				692,307	692,307
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD				2,083,975	2,083,975
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	17,062,020	3,772,770	20,834,790	-2,920,430	17,914,360
26	2600 INTENSIVE CARE UNIT	4,477,920	-70,577	4,407,343	-109,993	4,297,350
33	3300 NURSERY	239,483	18,365	257,848	-13,954	243,894
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	3,632,610	514,654	4,147,264	-453,991	3,693,273
38	3800 RECOVERY ROOM	654,097	26,511	680,608	-15,712	664,896
39	3900 DELIVERY ROOM & LABOR ROOM	2,615,283	106,128	2,721,411	416,571	3,137,982
40	4000 ANESTHESIOLOGY	2,053,795	69,122	2,122,917	-37,878	2,085,039
41	4100 RADIOLOGY-DIAGNOSTIC	2,966,396	1,423,941	4,390,337	-436,591	3,953,746
43	4300 RADIOISOTOPE	66,624	1,013	67,637		67,637
44	4400 LABORATORY	2,034,172	1,088,515	3,122,687	-816,094	2,306,593
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS	226,971	307,927	534,898	-304,493	230,405
49	4900 RESPIRATORY THERAPY	1,119,079	113,539	1,232,618	-92,689	1,139,929
50	5000 PHYSICAL THERAPY	105,820	298,802	404,622	-5,966	398,656
51	5100 OCCUPATIONAL THERAPY					
52	5200 SPEECH PATHOLOGY					
53	5300 ELECTROCARDIOLOGY	704,086	12,847	716,933	-6,393	710,540
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	5600 DRUGS CHARGED TO PATIENTS				2,010,509	2,010,509
57	5700 RENAL DIALYSIS		1,740	1,740	-1,740	
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC		8,593	8,593	-7,440	1,153
61	6100 EMERGENCY	7,549,869	880,361	8,430,230	-791,637	7,638,593
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	58,024,958	41,133,685	99,158,643	-0-	99,158,643
101	NONREIMBURS COST CENTERS					
	TOTAL	58,024,958	41,133,685	99,158,643	-0-	99,158,643

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 4/29/2010
I 14-0300 I FROM 12/ 1/2008 I WORKSHEET A
I I TO 11/30/2009 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,695,096
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	393,794	1,274,303
5	0500 EMPLOYEE BENEFITS	137,550	13,722,809
6	0600 ADMINISTRATIVE & GENERAL	7,448,109	22,416,556
7	0700 MAINTENANCE & REPAIRS	1,255,402	3,540,390
8	0800 OPERATION OF PLANT	170,985	1,497,303
9	0900 LAUNDRY & LINEN SERVICE		347,339
10	1000 HOUSEKEEPING		1,606,602
11	1100 DIETARY	-109,637	192,382
12	1200 CAFETERIA		1,570,927
14	1400 NURSING ADMINISTRATION		3,315,012
15	1500 CENTRAL SERVICES & SUPPLY		2,059,123
16	1600 PHARMACY		2,892
17	1700 MEDICAL RECORDS & LIBRARY	-134	1,467,453
18	1800 SOCIAL SERVICE		475,688
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		692,307
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		2,083,975
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-9,753,241	8,161,119
26	2600 INTENSIVE CARE UNIT	-1,754,932	2,542,418
33	3300 NURSERY		243,894
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-2,833,151	860,122
38	3800 RECOVERY ROOM		664,896
39	3900 DELIVERY ROOM & LABOR ROOM		3,137,982
40	4000 ANESTHESIOLOGY		2,085,039
41	4100 RADIOLOGY-DIAGNOSTIC	-1,174,883	2,778,863
43	4300 RADIOISOTOPE		67,637
44	4400 LABORATORY	-168,636	2,137,957
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		230,405
49	4900 RESPIRATORY THERAPY		1,139,929
50	5000 PHYSICAL THERAPY		398,656
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY	-415,740	294,800
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	5600 DRUGS CHARGED TO PATIENTS	4,388,636	6,399,145
57	5700 RENAL DIALYSIS		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	3,432,908	3,434,061
61	6100 EMERGENCY	-3,211,609	4,426,984
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-2,194,579	96,964,064
	NONREIMBURS COST CENTERS		
101	TOTAL	-2,194,579	96,964,064

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0300
 PERIOD: FROM 12/1/2008 TO 11/30/2009
 PREPARED 4/29/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
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	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140300

PERIOD:
FROM 12/1/2008
TO 11/30/2009

PREPARED 4/29/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 RECLASS MIDWIFE COST	A	DELIVERY ROOM & LABOR ROOM	39	470,021	
2 RECLASS EQUIPMENT RENTALS TO CAPITAL	B	NEW CAP REL COSTS-MVBLE EQUIP	4		27,681
3 RCLS SPACE RENTAL TO CAPITAL	C	NEW CAP REL COSTS-BLDG & FIXT	3		56,076
4 RCLS CAFETERIA COST FROM DIETARY	D	CAFETERIA	12		1,570,927
5 RCLS I&R COST FROM ER	E	I&R SERVICES-OTHER PRGM COSTS APPRVD	23		2,083,975
6		I&R SERVICES-SALARY & FRINGES APPRVD	22	692,307	
7					
8 RCLS LAUNDRY/LINEN COST TO LAUNDRY	F	LAUNDRY & LINEN SERVICE	9		347,339
9 RCLS PHARMACY COST TO DRUGS CHARGED	G	DRUGS CHARGED TO PATIENTS	56		2,010,509
10		EMPLOYEE BENEFITS	5		41,103
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24 RCLS MED SUPPLIES TO CENTRAL SVCS	H	CENTRAL SERVICES & SUPPLY	15		2,007,431
25		PHARMACY	16		7,173
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 RCLS MED SUPPLIES TO CENTRAL SVCS	H				
2					
3					
4					
5					
6					
7					
36 TOTAL RECLASSIFICATIONS				1,162,328	8,152,214

(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:
140300

PERIOD:
FROM 12/ 1/2008
TO 11/30/2009

PREPARED 4/29/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 RECLASS MIDWIFE COST	A	ADULTS & PEDIATRICS	25	470,021		
2 RECLASS EQUIPMENT RENTALS TO CAPITAL	B	ADULTS & PEDIATRICS	25		27,681	9
3 RCLS SPACE RENTAL TO CAPITAL	C	ADMINISTRATIVE & GENERAL	6		56,076	9
4 RCLS CAFETERIA COST FROM DIETARY	D	DIETARY	11		1,570,927	
5 RCLS I&R COST FROM ER	E	ADULTS & PEDIATRICS	25		1,511,726	
6		EMERGENCY	61		572,249	
7		ADULTS & PEDIATRICS	25	692,307		
8 RCLS LAUNDRY/LINEN COST TO LAUNDRY	F	ADMINISTRATIVE & GENERAL	6		347,339	
9 RCLS PHARMACY COST TO DRUGS CHARGED	G	INTENSIVE CARE UNIT	26		6,192	
10		ADMINISTRATIVE & GENERAL	6		201,776	
11		NURSING ADMINISTRATION	14		31,507	
12		PHARMACY	16		250,287	
13		ADULTS & PEDIATRICS	25		17,642	
14		NURSERY	33		96	
15		RECOVERY ROOM	38		240	
16		DELIVERY ROOM & LABOR ROOM	39		6,989	
17		ANESTHESIOLOGY	40		263	
18		RADIOLOGY-DIAGNOSTIC	41		430,852	
19		LABORATORY	44		785,531	
20		RESPIRATORY THERAPY	49		2,405	
21		EMERGENCY	61		9,319	
22		OPERATING ROOM	37		4,020	
23		WHOLE BLOOD & PACKED RED BLOOD CELLS	46		304,493	
24 RCLS MED SUPPLIES TO CENTRAL SVCS	H	EMPLOYEE BENEFITS	5		1,334	
25		ADMINISTRATIVE & GENERAL	6		743,554	
26		HOUSEKEEPING	10		7,556	
27		NURSING ADMINISTRATION	14		35,735	
28		ADULTS & PEDIATRICS	25		201,053	
29		INTENSIVE CARE UNIT	26		103,801	
30		NURSERY	33		13,858	
31		OPERATING ROOM	37		449,971	
32		RECOVERY ROOM	38		15,472	
33		DELIVERY ROOM & LABOR ROOM	39		46,461	
34		ANESTHESIOLOGY	40		37,615	
35		RADIOLOGY-DIAGNOSTIC	41		5,739	
1 RCLS MED SUPPLIES TO CENTRAL SVCS	H	LABORATORY	44		30,563	
2		RESPIRATORY THERAPY	49		90,284	
3		PHYSICAL THERAPY	50		5,966	
4		ELECTROCARDIOLOGY	53		6,393	
5		RENAL DIALYSIS	57		1,740	
6		CLINIC	60		7,440	
7		EMERGENCY	61		210,069	
36 TOTAL RECLASSIFICATIONS				1,162,328	8,152,214	

(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:
140300

PERIOD:
FROM 12/ 1/2008
TO 11/30/2009

PREPARED 4/29/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : RECLASS MIDWIFE COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DELIVERY ROOM & LABOR ROOM	39	470,021	ADULTS & PEDIATRICS	25	470,021	
TOTAL RECLASSIFICATIONS FOR CODE A			470,021				470,021

RECLASS CODE: B
EXPLANATION : RECLASS EQUIPMENT RENTALS TO CAPITAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	27,681	ADULTS & PEDIATRICS	25	27,681	
TOTAL RECLASSIFICATIONS FOR CODE B			27,681				27,681

RECLASS CODE: C
EXPLANATION : RCLS SPACE RENTAL TO CAPITAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	56,076	ADMINISTRATIVE & GENERAL	6	56,076	
TOTAL RECLASSIFICATIONS FOR CODE C			56,076				56,076

RECLASS CODE: D
EXPLANATION : RCLS CAFETERIA COST FROM DIETARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,570,927	DIETARY	11	1,570,927	
TOTAL RECLASSIFICATIONS FOR CODE D			1,570,927				1,570,927

RECLASS CODE: E
EXPLANATION : RCLS I&R COST FROM ER

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	2,083,975	ADULTS & PEDIATRICS	25	1,511,726	
2.00	I&R SERVICES-SALARY & FRINGES	22	692,307	EMERGENCY	61	572,249	
3.00			0	ADULTS & PEDIATRICS	25	692,307	
TOTAL RECLASSIFICATIONS FOR CODE E			2,776,282				2,776,282

RECLASS CODE: F
EXPLANATION : RCLS LAUNDRY/LINEN COST TO LAUNDRY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	347,339	ADMINISTRATIVE & GENERAL	6	347,339	
TOTAL RECLASSIFICATIONS FOR CODE F			347,339				347,339

RECLASS CODE: G
EXPLANATION : RCLS PHARMACY COST TO DRUGS CHARGED

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	2,010,509	INTENSIVE CARE UNIT	26	6,192	
2.00	EMPLOYEE BENEFITS	5	41,103	ADMINISTRATIVE & GENERAL	6	201,776	
3.00			0	NURSING ADMINISTRATION	14	31,507	
4.00			0	PHARMACY	16	250,287	
5.00			0	ADULTS & PEDIATRICS	25	17,642	
6.00			0	NURSERY	33	96	
7.00			0	RECOVERY ROOM	38	240	
8.00			0	DELIVERY ROOM & LABOR ROOM	39	6,989	
9.00			0	ANESTHESIOLOGY	40	263	
10.00			0	RADIOLOGY-DIAGNOSTIC	41	430,852	
11.00			0	LABORATORY	44	785,531	
12.00			0	RESPIRATORY THERAPY	49	2,405	
13.00			0	EMERGENCY	61	9,319	
14.00			0	OPERATING ROOM	37	4,020	
15.00			0	WHOLE BLOOD & PACKED RED BLOOD	46	304,493	
TOTAL RECLASSIFICATIONS FOR CODE G			2,051,612				2,051,612

RECLASS CODE: H
EXPLANATION : RCLS MED SUPPLIES TO CENTRAL SVCS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CENTRAL SERVICES & SUPPLY	15	2,007,431	EMPLOYEE BENEFITS	5	1,334	

RECLASSIFICATIONS

PROVIDER NO: 140300	PERIOD: FROM 12/1/2008 TO 11/30/2009	PREPARED 4/29/2010 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: H
EXPLANATION: RCLS MED SUPPLIES TO CENTRAL SVCS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
2.00	PHARMACY	7,173	6	ADMINISTRATIVE & GENERAL	743,554
3.00		0	10	HOUSEKEEPING	7,556
4.00		0	14	NURSING ADMINISTRATION	35,735
6.00		0	25	ADULTS & PEDIATRICS	201,053
7.00		0	26	INTENSIVE CARE UNIT	103,801
8.00		0	33	NURSERY	13,858
9.00		0	37	OPERATING ROOM	449,971
10.00		0	38	RECOVERY ROOM	15,472
11.00		0	39	DELIVERY ROOM & LABOR ROOM	46,461
12.00		0	40	ANESTHESIOLOGY	37,615
13.00		0	41	RADIOLOGY-DIAGNOSTIC	5,739
14.00		0	44	LABORATORY	30,563
15.00		0	49	RESPIRATORY THERAPY	90,284
16.00		0	50	PHYSICAL THERAPY	5,966
17.00		0	53	ELECTROCARDIOLOGY	6,393
18.00		0	57	RENAL DIALYSIS	1,740
19.00		0	60	CLINIC	7,440
20.00		0	61	EMERGENCY	210,069
TOTAL RECLASSIFICATIONS FOR CODE H		2,014,604			2,014,604

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMENT	45,644,699					45,644,699	
5 FIXED EQUIPMENT	20,950					20,950	
6 MOVABLE EQUIPMENT	12,331,306	471,605		471,605		12,802,911	
7 SUBTOTAL	57,996,955	471,605		471,605		58,468,560	
8 RECONCILING ITEMS							
9 TOTAL	57,996,955	471,605		471,605		58,468,560	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	45,644,699		45,644,699	.780671				
4	NEW CAP REL COSTS-MV	12,823,861		12,823,861	.219329				
5	TOTAL	58,468,560		58,468,560	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	1,695,096						1,695,096
4	NEW CAP REL COSTS-MV	1,274,303						1,274,303
5	TOTAL	2,969,399						2,969,399

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	1,639,020						1,639,020
4	NEW CAP REL COSTS-MV	852,828						852,828
5	TOTAL	2,491,848						2,491,848

* All lines numbers except line 5 are to be consistent with Workshseet 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

PROVIDER NO: 14-0300
 PERIOD: FROM 12/1/2008 TO 11/30/2009
 PREPARED 4/29/2010
 WORKSHEET A-8

DESCRPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT	B	-109,637	DIETARY		11	
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-19,460,029				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	14,185,469				
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	B	-134	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			**COST CENTER DELETED**		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 PARKING FEES	B	-72,754	ADMINISTRATIVE & GENERAL		6	
38 MISC INCOME	B	9,939	ADMINISTRATIVE & GENERAL		6	
39 MISC PRIOR YEAR	B	-26,659	ADMINISTRATIVE & GENERAL		6	
40 SENGSTACK CLINIC	A	3,432,908	CLINIC		60	
41 EXCLUDED PHARMACIST	A	-153,682	DRUGS CHARGED TO PATIENTS		56	
42 OTHER ADJUSTMENTS (SPECIFY)						
43 OTHER ADJUSTMENTS (SPECIFY)						
44 OTHER ADJUSTMENTS (SPECIFY)						
45 OTHER ADJUSTMENTS (SPECIFY)						
46 OTHER ADJUSTMENTS (SPECIFY)						
47 OTHER ADJUSTMENTS (SPECIFY)						
48 OTHER ADJUSTMENTS (SPECIFY)						
49 OTHER ADJUSTMENTS (SPECIFY)						
50 TOTAL (SUM OF LINES 1 THRU 49)		-2,194,579				

(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	8	OPERATION OF PLANT	COOK COUNTY ALLOCATED COS	170,985	170,985	
2	7	MAINTENANCE & REPAIRS	COOK COUNTY ALLOCATED COS	1,255,402	1,255,402	
3	56	DRUGS CHARGED TO PATIENTS	COOK COUNTY ALLOCATED COS	4,542,318	4,542,318	
4	6	ADMINISTRATIVE & GENERAL	COOK COUNTY ALLOCATED COS	7,537,583	7,537,583	
4.10	5	EMPLOYEE BENEFITS	COOK COUNTY ALLOCATED COS	285,387	285,387	
4.20	4	NEW CAP REL COSTS-MVBLE E	BUREAU DEPRECIATION ALLOC	393,794	393,794	9
5		TOTALS		14,185,469	14,185,469	

* 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		TYPE OF BUSINESS	
			NAME	PERCENTAGE OF OWNERSHIP		
1	2	3	4	5	6	
1	G	COOK COUNTY	100.00	COOK COUNTY	100.00	GOVERNMENT
2			0.00		0.00	
3			0.00		0.00	
4			0.00		0.00	
5			0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0300
 PERIOD: FROM 12/1/2008 TO 11/30/2009
 PREPARED: 4/29/2010
 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 5	EMPLOYEE HEALTH PHYSICIAN	147,837	147,837					
2 25	MED/SURG PHYSICIANS	9,433,437	8,114,570	1,318,867	177,200	10,400	886,000	44,300
3 26	ICU PHYSICIANS	1,932,132	1,676,362	255,770	177,200	2,080	177,200	8,860
4 37	OR PHYSICIANS	3,249,951	2,614,720	635,231	208,000	4,168	416,800	20,840
5 41	RADIOLOGY PHYSICIANS	1,175,580	837,625	337,955	225,300	2,096	227,033	11,352
6 44	LABORATORY PHYSICIANS	384,336	156,493	227,843	215,700	2,080	215,700	10,785
7 53	CARDIOLOGY PHYSICIANS	592,940	340,509	252,431	177,200	2,080	177,200	8,860
8 61	ER PHYSICIANS	3,566,009	2,981,579	584,430	177,200	4,160	354,400	17,720
9 25	MED/SURG A/P PHYSICIANS	1,205,804	1,205,804					
10 41	RADIOLOGY A/P PHYSICIANS	226,336	226,336					
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
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24								
25								
26								
27								
28								
29								
30								
101	TOTAL	21,914,362	18,301,835	3,612,527		27,064	2,454,333	122,717

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0300
 PERIOD: FROM 12/1/2008 TO 11/30/2009
 PREPARED: 4/29/2010
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 5	EMPLOYEE HEALTH PHYSICIAN							147,837
2 25	MED/SURG PHYSICIANS					886,000	432,867	8,547,437
3 26	ICU PHYSICIANS					177,200	78,570	1,754,932
4 37	OR PHYSICIANS					416,800	218,431	2,833,151
5 41	RADIOLOGY PHYSICIANS					227,033	110,922	948,547
6 44	LABORATORY PHYSICIANS					215,700	12,143	168,636
7 53	CARDIOLOGY PHYSICIANS					177,200	75,231	415,740
8 61	ER PHYSICIANS					354,400	230,030	3,211,609
9 25	MED/SURG A/P PHYSICIANS							1,205,804
10 41	RADIOLOGY A/P PHYSICIANS							226,336
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					2,454,333	1,158,194	19,460,029

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0300
 PERIOD: FROM 12/1/2008 TO 11/30/2009
 PREPARED 4/29/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	3	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-4	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	5	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	5	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	6	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	7	HOURS OF SERVICE	ENTERED
11	DIETARY	8	MEALS SERVED	ENTERED
12	CAFETERIA	9	MEALS SERVED	ENTERED
14	NURSING ADMINISTRATION	10	DIRECT NRSNG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	11	COSTED REQUIS.	ENTERED
16	PHARMACY	11	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	12	TIME SPENT	ENTERED
18	SOCIAL SERVICE	13	TIME SPENT	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	14	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	14	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0300
 PERIOD: FROM 12/1/2008 TO 11/30/2009
 PREPARED 4/29/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	0	3	4	5		6	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	1,695,096	1,695,096					
005 NEW CAP REL COSTS-MVBLE E	1,274,303		1,274,303				
006 EMPLOYEE BENEFITS	13,722,809	11,465		13,734,274			
007 ADMINISTRATIVE & GENERAL	22,416,556	317,256	264,612	1,213,116	24,211,540	24,211,540	
008 MAINTENANCE & REPAIRS	3,540,390	12,331	29,864	272,110	3,854,695	1,282,816	5,137,511
009 OPERATION OF PLANT	1,497,303	259,673	123,704	195,613	2,076,293	690,976	985,254
010 LAUNDRY & LINEN SERVICE	347,339				347,339	115,592	
011 HOUSEKEEPING	1,606,602	7,680	13,703	354,989	1,982,974	659,920	29,139
012 DIETARY	192,382	85,317			277,699	92,416	323,710
014 CAFETERIA	1,570,927	38,308			1,609,235	535,542	145,348
015 NURSING ADMINISTRATION	3,315,012	30,377	72,587	385,105	3,803,081	1,265,639	115,257
016 CENTRAL SERVICES & SUPPLY	2,059,123	12,345	9,230		2,080,698	692,442	46,840
017 PHARMACY	2,892	16,513	3,888		23,293	7,752	62,655
018 MEDICAL RECORDS & LIBRARY	1,467,453	25,019		292,524	1,784,996	594,034	94,926
022 SOCIAL SERVICE	475,688	8,314		108,069	592,071	197,037	31,544
023 I&R SERVICES-SALARY & FRI	692,307				692,307	230,395	
025 I&R SERVICES-OTHER PRGM C	2,083,975				2,083,975	693,532	
026 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	8,161,119	253,416	18,610	5,013,360	13,446,505	4,474,912	961,511
026 INTENSIVE CARE UNIT	2,542,418	56,445	46,835	1,073,792	3,719,490	1,237,820	214,163
033 NURSERY	243,894	10,667	122,944	57,427	434,932	144,742	40,472
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	860,122	106,966	132,154	871,089	1,970,331	655,712	405,849
039 RECOVERY ROOM	664,896	935		156,850	822,681	273,782	3,547
040 DELIVERY ROOM & LABOR ROO	3,137,982	107,312	10,207	627,137	3,882,638	1,292,115	407,164
041 ANESTHESIOLOGY	2,085,039	30,409		492,494	2,607,942	867,905	115,379
043 RADIOLOGY-DIAGNOSTIC	2,778,863	73,296	326,408	711,333	3,889,900	1,294,531	278,099
044 RADIOISOTOPE	67,637	3,575		15,976	87,188	29,016	13,566
046 LABORATORY	2,137,957	45,924	14,963	487,788	2,686,632	894,092	174,244
049 WHOLE BLOOD & PACKED RED	230,405	3,626	1,180	54,427	289,638	96,389	13,756
050 RESPIRATORY THERAPY	1,139,929	14,019	29,812	268,352	1,452,112	483,253	53,190
051 PHYSICAL THERAPY	398,656	2,987	7,811	25,375	434,829	144,708	11,334
052 OCCUPATIONAL THERAPY		6,376			6,376	2,122	24,190
053 SPEECH PATHOLOGY		1,915			1,915	637	7,267
055 ELECTROCARDIOLOGY	294,800	5,295	39,409	168,838	508,342	169,173	20,089
056 MEDICAL SUPPLIES CHARGED							
057 DRUGS CHARGED TO PATIENTS	6,399,145				6,399,145	2,129,591	
060 RENAL DIALYSIS							
061 OUTPAT SERVICE COST CNTRS							
060 CLINIC	3,434,061	80,693	4,091		3,518,845	1,171,047	306,165
061 EMERGENCY	4,426,984	66,642	2,291	888,510	5,384,427	1,791,900	252,853
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	96,964,064	1,695,096	1,274,303	13,734,274	96,964,064	24,211,540	5,137,511
101 NONREIMBURS COST CENTERS							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	96,964,064	1,695,096	1,274,303	13,734,274	96,964,064	24,211,540	5,137,511

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0300
 PERIOD: FROM 12/1/2008 TO 11/30/2009
 PREPARED 4/29/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	3,752,523						
010 LAUNDRY & LINEN SERVICE		462,931					
011 HOUSEKEEPING	26,334	20,906	2,719,273				
012 DIETARY	292,547		213,508	1,199,880			
014 CAFETERIA	131,355		95,890		2,517,370		
015 NURSING ADMINISTRATION	104,162		75,991		95,535	5,459,665	
016 CENTRAL SERVICES & SUPPLY	42,331		30,881				2,893,192
017 PHARMACY	56,624	376	41,332				1,333
018 MEDICAL RECORDS & LIBRARY	85,788		62,588		114,518		
022 SOCIAL SERVICE	28,507		20,784		35,826	32,880	
023 I&R SERVICES-SALARY & FRI							
025 I&R SERVICES-OTHER PRGM C							
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	868,945	151,541	634,147	949,278	839,451	1,989,981	251,342
037 INTENSIVE CARE UNIT	193,546	52,456	141,236	107,346	196,703	777,460	129,765
038 NURSERY	36,576	13,347	26,688	143,256	14,533	94,354	17,324
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	366,778	41,879	267,652		211,574	363,275	562,522
041 RECOVERY ROOM	3,206	120	2,362		36,699	238,066	19,342
044 DELIVERY ROOM & LABOR ROO	367,967	73,770	268,538		162,849	910,166	58,082
046 ANESTHESIOLOGY	104,271	102	76,109				47,024
049 RADIOLOGY-DIAGNOSTIC	251,326	477	183,395		159,244		7,174
050 RADIOISOTOPE	12,260		8,975		4,873		
051 LABORATORY	157,470	549	114,902		157,779		1,016,221
052 WHOLE BLOOD & PACKED RED	12,432	56	9,093		21,095		380,656
053 RESPIRATORY THERAPY	48,070	246	35,073		93,648		112,867
055 PHYSICAL THERAPY	10,243	15	7,499		10,111		7,458
056 OCCUPATIONAL THERAPY	21,861		15,942				
057 SPEECH PATHOLOGY	6,568	15	4,783				
060 ELECTROCARDIOLOGY	18,155	87	13,226		21,349		7,992
061 MEDICAL SUPPLIES CHARGED							
062 DRUGS CHARGED TO PATIENTS							
066 RENAL DIALYSIS							2,175
067 OUTPAT SERVICE COST CNTRS							
060 CLINIC	276,690	57	201,935				9,301
061 EMERGENCY	228,511	106,932	166,744		341,583	1,053,483	262,614
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	3,752,523	462,931	2,719,273	1,199,880	2,517,370	5,459,665	2,893,192
101 NONREIMBURS COST CENTERS							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 TOTAL	3,752,523	462,931	2,719,273	1,199,880	2,517,370	5,459,665	2,893,192

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0300
 PERIOD: FROM 12/1/2008 TO 11/30/2009
 PREPARED 4/29/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SERVICES-SALARY & FRI 22	I&R SERVICES-OTHER PRGM C 23	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY	193,365						
018 MEDICAL RECORDS & LIBRARY		2,736,850					
022 SOCIAL SERVICE		263	938,912				
023 I&R SERVICES-SALARY & FRI				922,702			
025 I&R SERVICES-OTHER PRGM C					2,777,507		
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	16,806	132,611	920,202	315,167	948,713	26,901,112	-1,263,880
037 INTENSIVE CARE UNIT	8,677	986		39,595	119,189	6,938,432	-158,784
038 NURSERY	1,158	10,974		35,279	106,197	1,119,832	-141,476
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	37,613	13,537		41,190	123,991	5,061,903	-165,181
041 RECOVERY ROOM	1,293					1,401,098	
043 DELIVERY ROOM & LABOR ROO	3,884			30,494	91,793	7,549,460	-122,287
044 ANESTHESIOLOGY	3,144	66		5,161	15,534	3,842,637	-20,695
046 RADIOLOGY-DIAGNOSTIC	480	460				6,065,086	
049 RADIOISOTOPE						155,878	
050 LABORATORY	67,950	986				5,270,825	
051 WHOLE BLOOD & PACKED RED	25,453					848,568	
052 RESPIRATORY THERAPY	7,547	66				2,286,072	
053 PHYSICAL THERAPY	499					626,696	
055 OCCUPATIONAL THERAPY						70,491	
056 SPEECH PATHOLOGY						21,185	
057 ELECTROCARDIOLOGY	534					758,947	
060 MEDICAL SUPPLIES CHARGED							
061 DRUGS CHARGED TO PATIENTS						8,528,736	
062 RENAL DIALYSIS	145					2,320	
066 OUTPAT SERVICE COST CNTRS							
095 CLINIC	622	1,551,108	18,710	62,208	187,257	7,303,945	-249,465
101 EMERGENCY	17,560	1,025,793		393,608	1,184,833	12,210,841	-1,578,441
102 OBSERVATION BEDS (NON-DIS							
103 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	193,365	2,736,850	938,912	922,702	2,777,507	96,964,064	-3,700,209
101 NONREIMBURS COST CENTERS							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 TOTAL	193,365	2,736,850	938,912	922,702	2,777,507	96,964,064	-3,700,209

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0300
 PERIOD: FROM 12/ 1/2008 TO 11/30/2009
 PREPARED 4/29/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	TOTAL
	27
003 GENERAL SERVICE COST CNTR	
004 NEW CAP REL COSTS-BLDG &	
005 NEW CAP REL COSTS-MVBLE E	
006 EMPLOYEE BENEFITS	
007 ADMINISTRATIVE & GENERAL	
008 MAINTENANCE & REPAIRS	
009 OPERATION OF PLANT	
010 LAUNDRY & LINEN SERVICE	
011 HOUSEKEEPING	
012 DIETARY	
014 CAFETERIA	
015 NURSING ADMINISTRATION	
016 CENTRAL SERVICES & SUPPLY	
017 PHARMACY	
018 MEDICAL RECORDS & LIBRARY	
022 SOCIAL SERVICE	
023 I&R SERVICES-SALARY & FRI	
025 I&R SERVICES-OTHER PRGM C	
026 INPAT ROUTINE SRVC CNTRS	
033 ADULTS & PEDIATRICS	25,637,232
037 INTENSIVE CARE UNIT	6,779,648
038 NURSERY	978,356
039 ANCILLARY SRVC COST CNTRS	
040 OPERATING ROOM	4,896,722
041 RECOVERY ROOM	1,401,098
043 DELIVERY ROOM & LABOR ROO	7,427,173
044 ANESTHESIOLOGY	3,821,942
046 RADIOLOGY-DIAGNOSTIC	6,065,086
049 RADIOISOTOPE	155,878
050 LABORATORY	5,270,825
051 WHOLE BLOOD & PACKED RED	848,568
052 RESPIRATORY THERAPY	2,286,072
053 PHYSICAL THERAPY	626,696
055 OCCUPATIONAL THERAPY	70,491
056 SPEECH PATHOLOGY	21,185
057 ELECTROCARDIOLOGY	758,947
060 MEDICAL SUPPLIES CHARGED	
061 DRUGS CHARGED TO PATIENTS	8,528,736
062 RENAL DIALYSIS	2,320
095 OUTPAT SERVICE COST CNTRS	
101 CLINIC	7,054,480
102 EMERGENCY	10,632,400
103 OBSERVATION BEDS (NON-DIS	
104 SPEC PURPOSE COST CENTERS	
105 SUBTOTALS	93,263,855
106 NONREIMBURS COST CENTERS	
107 CROSS FOOT ADJUSTMENT	
108 NEGATIVE COST CENTER	
109 TOTAL	93,263,855

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0300
 PERIOD: FROM 12/1/2008 TO 11/30/2009
 PREPARED 4/29/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	0	3	4	4a	5	6	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				11,465	11,465		
006 ADMINISTRATIVE & GENERAL		317,256	264,612	581,868	1,012	582,880	
007 MAINTENANCE & REPAIRS		12,331	29,864	42,195	227	30,884	73,306
008 OPERATION OF PLANT		259,673	123,704	383,377	163	16,635	14,057
009 LAUNDRY & LINEN SERVICE						2,783	
010 HOUSEKEEPING		7,680	13,703	21,383	296	15,888	416
011 DIETARY		85,317		85,317		2,225	4,619
012 CAFETERIA		38,308		38,308		12,893	2,074
014 NURSING ADMINISTRATION		30,377	72,587	102,964	321	30,470	1,645
015 CENTRAL SERVICES & SUPPLY		12,345	9,230	21,575		16,671	668
016 PHARMACY		16,513	3,888	20,401		187	894
017 MEDICAL RECORDS & LIBRARY		25,019		25,019	244	14,301	1,354
018 SOCIAL SERVICE		8,314		8,314	90	4,744	450
022 I&R SERVICES-SALARY & FRI						5,547	
023 I&R SERVICES-OTHER PRGM C						16,697	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		253,416	18,610	272,026	4,191	107,718	13,720
026 INTENSIVE CARE UNIT		56,445	46,835	103,280	896	29,801	3,056
033 NURSERY		10,667	122,944	133,611	48	3,485	577
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		106,966	132,154	239,120	727	15,786	5,791
038 RECOVERY ROOM		935		935	131	6,591	51
039 DELIVERY ROOM & LABOR ROO		107,312	10,207	117,519	523	31,108	5,810
040 ANESTHESIOLOGY		30,409		30,409	411	20,895	1,646
041 RADIOLOGY-DIAGNOSTIC		73,296	326,408	399,704	593	31,166	3,968
043 RADIOISOTOPE		3,575		3,575	13	699	194
044 LABORATORY		45,924	14,963	60,887	407	21,525	2,486
046 WHOLE BLOOD & PACKED RED		3,626	1,180	4,806	45	2,321	196
049 RESPIRATORY THERAPY		14,019	29,812	43,831	224	11,634	759
050 PHYSICAL THERAPY		2,987	7,811	10,798	21	3,484	162
051 OCCUPATIONAL THERAPY		6,376		6,376		51	345
052 SPEECH PATHOLOGY		1,915		1,915		15	104
053 ELECTROCARDIOLOGY		5,295	39,409	44,704	141	4,073	287
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS						51,270	
057 RENAL DIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		80,693	4,091	84,784		28,193	4,369
061 EMERGENCY		66,642	2,291	68,933	741	43,140	3,608
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		1,695,096	1,274,303	2,969,399	11,465	582,880	73,306
101 NONREIMBURS COST CENTERS							
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL		1,695,096	1,274,303	2,969,399	11,465	582,880	73,306

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0300
 PERIOD: FROM 12/1/2008 TO 11/30/2009
 PREPARED 4/29/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	414,232						
010 LAUNDRY & LINEN SERVICE		2,783					
011 HOUSEKEEPING	2,907	126	41,016				
012 DIETARY	32,294		3,220	127,675			
014 CAFETERIA	14,500		1,446		69,221		
015 NURSING ADMINISTRATION	11,498		1,146		2,627	150,671	
016 CENTRAL SERVICES & SUPPLY	4,673		466				44,053
017 PHARMACY	6,251	2	623				20
018 MEDICAL RECORDS & LIBRARY	9,470		944		3,149		
022 SOCIAL SERVICE	3,147		313		985	907	
023 I&R SERVICES-SALARY & FRI							
025 I&R SERVICES-OTHER PRGM C							
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	95,920	911	9,569	101,010	23,081	54,918	3,827
037 INTENSIVE CARE UNIT	21,365	315	2,130	11,422	5,409	21,456	1,976
038 NURSERY	4,038	80	403	15,243	400	2,604	264
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	40,488	252	4,037		5,818	10,025	8,565
041 RECOVERY ROOM	354	1	36		1,009	6,570	295
043 DELIVERY ROOM & LABOR ROO	40,619	444	4,050		4,478	25,118	884
044 ANESTHESIOLOGY	11,510	1	1,148				716
046 RADIOLOGY-DIAGNOSTIC	27,743	3	2,766		4,379		109
049 RADIOISOTOPE	1,353		135		134		
050 LABORATORY	17,383	3	1,733		4,339		15,472
051 WHOLE BLOOD & PACKED RED	1,372		137		580		5,796
052 RESPIRATORY THERAPY	5,306	1	529		2,575		1,719
053 PHYSICAL THERAPY	1,131		113		278		114
055 OCCUPATIONAL THERAPY	2,413		240				
056 SPEECH PATHOLOGY	725		72				
057 ELECTROCARDIOLOGY	2,004	1	199		587		122
060 MEDICAL SUPPLIES CHARGED							
061 DRUGS CHARGED TO PATIENTS							
062 RENAL DIALYSIS							33
066 OUTPAT SERVICE COST CNTRS							
060 CLINIC	30,543		3,046				142
061 EMERGENCY	25,225	643	2,515		9,393	29,073	3,999
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
101 SUBTOTALS	414,232	2,783	41,016	127,675	69,221	150,671	44,053
102 NONREIMBURS COST CENTERS							
103 CROSS FOOT ADJUSTMENTS							
101 NEGATIVE COST CENTER							
103 TOTAL	414,232	2,783	41,016	127,675	69,221	150,671	44,053

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SERVICES-SALARY & FRI 22	I&R SERVICES-OTHER PRGM C 23	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY	28,378						
018 MEDICAL RECORDS & LIBRARY		54,481					
022 SOCIAL SERVICE		5	18,955				
023 I&R SERVICES-SALARY & FRI				5,547			
025 I&R SERVICES-OTHER PRGM C					16,697		
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	2,467	2,640	18,577			710,575	
037 INTENSIVE CARE UNIT	1,273	20				202,399	
038 NURSERY	170	218				161,141	
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	5,520	269				336,398	
041 RECOVERY ROOM	190					16,163	
043 DELIVERY ROOM & LABOR ROO	570					231,123	
044 ANESTHESIOLOGY	461	1				67,198	
046 RADIOLOGY-DIAGNOSTIC	70	9				470,510	
049 RADIOISOTOPE						6,103	
050 LABORATORY	9,973	20				134,228	
051 WHOLE BLOOD & PACKED RED	3,736					18,989	
052 RESPIRATORY THERAPY	1,108	1				67,687	
053 PHYSICAL THERAPY	73					16,174	
055 OCCUPATIONAL THERAPY						9,425	
056 SPEECH PATHOLOGY						2,831	
057 ELECTROCARDIOLOGY	78					52,196	
060 MEDICAL SUPPLIES CHARGED							
061 DRUGS CHARGED TO PATIENTS						51,270	
062 RENAL DIALYSIS	21					54	
066 OUTPAT SERVICE COST CNTRS							
095 CLINIC	91	30,878	378			182,424	
101 EMERGENCY	2,577	20,420				210,267	
102 OBSERVATION BEDS (NON-DIS							
103 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	28,378	54,481	18,955			2,947,155	
101 NONREIMBURS COST CENTERS							
102 CROSS FOOT ADJUSTMENTS				5,547	16,697	22,244	
103 NEGATIVE COST CENTER							
103 TOTAL	28,378	54,481	18,955	5,547	16,697	2,969,399	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	TOTAL
	27
003 GENERAL SERVICE COST CNTR	
004 NEW CAP REL COSTS-BLDG &	
005 NEW CAP REL COSTS-MVBLE E	
006 EMPLOYEE BENEFITS	
007 ADMINISTRATIVE & GENERAL	
008 MAINTENANCE & REPAIRS	
009 OPERATION OF PLANT	
010 LAUNDRY & LINEN SERVICE	
011 HOUSEKEEPING	
012 DIETARY	
014 CAFETERIA	
015 NURSING ADMINISTRATION	
016 CENTRAL SERVICES & SUPPLY	
017 PHARMACY	
018 MEDICAL RECORDS & LIBRARY	
022 SOCIAL SERVICE	
023 I&R SERVICES-SALARY & FRI	
025 I&R SERVICES-OTHER PRGM C	
026 INPAT ROUTINE SRVC CNTRS	
033 ADULTS & PEDIATRICS	710,575
037 INTENSIVE CARE UNIT	202,399
038 NURSERY	161,141
039 ANCILLARY SRVC COST CNTRS	
040 OPERATING ROOM	336,398
041 RECOVERY ROOM	16,163
043 DELIVERY ROOM & LABOR ROO	231,123
044 ANESTHESIOLOGY	67,198
046 RADIOLOGY-DIAGNOSTIC	470,510
049 RADIOISOTOPE	6,103
050 LABORATORY	134,228
051 WHOLE BLOOD & PACKED RED	18,989
052 RESPIRATORY THERAPY	67,687
053 PHYSICAL THERAPY	16,174
055 OCCUPATIONAL THERAPY	9,425
056 SPEECH PATHOLOGY	2,831
057 ELECTROCARDIOLOGY	52,196
060 MEDICAL SUPPLIES CHARGED	
061 DRUGS CHARGED TO PATIENTS	51,270
062 RENAL DIALYSIS	54
095 OUTPAT SERVICE COST CNTRS	
101 CLINIC	182,424
102 EMERGENCY	210,267
103 OBSERVATION BEDS (NON-DIS	
104 SPEC PURPOSE COST CENTERS	
105 SUBTOTALS	2,947,155
106 NONREIMBURS COST CENTERS	
107 CROSS FOOT ADJUSTMENTS	22,244
108 NEGATIVE COST CENTER	
109 TOTAL	2,969,399

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0300
 PERIOD: FROM 12/1/2008 TO 11/30/2009
 PREPARED 4/29/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS	RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	()	(ACCUM. COST)	(SQUARE FEET)
	3	4	5	6a.00	6	7
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	371,694					
005 NEW CAP REL COSTS-MVB		4,911,601				
006 EMPLOYEE BENEFITS	2,514		57,274,535			
007 ADMINISTRATIVE & GENERAL	69,567	1,019,905	5,058,929	-24,211,540	72,752,524	
008 MAINTENANCE & REPAIRS	2,704	115,105	1,134,751		3,854,695	296,909
009 OPERATION OF PLANT	56,940	476,798	815,744		2,076,293	56,940
010 LAUNDRY & LINEN SERVICE					347,339	
011 HOUSEKEEPING	1,684	52,815	1,480,374		1,982,974	1,684
012 DIETARY	18,708				277,699	18,708
014 CAFETERIA	8,400				1,609,235	8,400
015 NURSING ADMINISTRATIVE	6,661	279,773	1,605,961		3,803,081	6,661
016 CENTRAL SERVICES & SUPPLY	2,707	35,574			2,080,698	2,707
017 PHARMACY	3,621	14,987			23,293	3,621
018 MEDICAL RECORDS & LIBRARY	5,486		1,219,881		1,784,996	5,486
022 SOCIAL SERVICE	1,823		450,669		592,071	1,823
023 I&R SERVICES-SALARY & BENEFITS					692,307	
025 I&R SERVICES-OTHER PERSONNEL					2,083,975	
026 INPATIENT ROUTINE SERVICE CENTER						
033 ADULTS & PEDIATRICS	55,568	71,730	20,906,629		13,446,505	55,568
037 INTENSIVE CARE UNIT	12,377	180,519	4,477,920		3,719,490	12,377
038 NURSERY	2,339	473,867	239,483		434,932	2,339
039 ANCILLARY SERVICE COST CENTER						
040 OPERATING ROOM	23,455	509,367	3,632,610		1,970,331	23,455
041 RECOVERY ROOM	205		654,097		822,681	205
042 DELIVERY ROOM & LABOR	23,531	39,340	2,615,283		3,882,638	23,531
043 ANESTHESIOLOGY	6,668		2,053,795		2,607,942	6,668
044 RADIOLOGY-DIAGNOSTIC	16,072	1,258,089	2,966,396		3,889,900	16,072
046 RADIOISOTOPE	784		66,624		87,188	784
049 LABORATORY	10,070	57,673	2,034,172		2,686,632	10,070
050 WHOLE BLOOD & PACKED	795	4,550	226,971		289,638	795
051 RESPIRATORY THERAPY	3,074	114,904	1,119,079		1,452,112	3,074
052 PHYSICAL THERAPY	655	30,108	105,820		434,829	655
053 OCCUPATIONAL THERAPY	1,398				6,376	1,398
055 SPEECH PATHOLOGY	420				1,915	420
056 ELECTROCARDIOLOGY	1,161	151,896	704,086		508,342	1,161
057 MEDICAL SUPPLIES CHARGED TO PATIENTS					6,399,145	
060 RENAL DIALYSIS						
061 OUTPATIENT SERVICE COST CENTER						
062 CLINIC	17,694	15,770			3,518,845	17,694
063 EMERGENCY	14,613	8,831	3,705,261		5,384,427	14,613
095 OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER) SUBTOTALS	371,694	4,911,601	57,274,535	-24,211,540	72,752,524	296,909
101 NONREIMBURSABLE COST CENTER						
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)	1,695,096	1,274,303	13,734,274		24,211,540	5,137,511
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	4.560461		.239797		.332793	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		.259448				17.303319
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)			11,465		582,880	73,306
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)			.000200		.008012	.246897

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(MEALS SERVED)	(DIRECT NRSING HRS)	(COSTED REQUIS.)
		8	9	10	11	12	14	15
003	GENERAL SERVICE COST							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	239,969						
009	LAUNDRY & LINEN SERVICE		500,749					
010	HOUSEKEEPING	1,684	22,614	46,054				
011	DIETARY	18,708		3,616	71,973			
012	CAFETERIA	8,400		1,624		89,380		
014	NURSING ADMINISTRATION	6,661		1,287		3,392	345,216	
015	CENTRAL SERVICES & SUPPLY	2,707		523				2,314,312
016	PHARMACY	3,621	407	700				1,066
017	MEDICAL RECORDS & LIBRARY	5,486		1,060		4,066		
018	SOCIAL SERVICE	1,823		352		1,272	2,079	
022	I&R SERVICES-SALARY & BENEFITS							
023	I&R SERVICES-OTHER PERSONNEL							
025	INPATIENT ROUTINE SERVICE CENTER							
026	ADULTS & PEDIATRICS	55,568	163,921	10,740	56,941	29,805	125,827	201,053
026	INTENSIVE CARE UNIT	12,377	56,741	2,392	6,439	6,984	49,159	103,801
033	NURSERY	2,339	14,437	452	8,593	516	5,966	13,858
037	ANCILLARY SERVICE CENTER							
037	OPERATING ROOM	23,455	45,300	4,533		7,512	22,970	449,971
038	RECOVERY ROOM	205	130	40		1,303	15,053	15,472
039	DELIVERY ROOM & LABOR	23,531	79,796	4,548		5,782	57,550	46,461
040	ANESTHESIOLOGY	6,668	110	1,289				37,615
041	RADIOLOGY-DIAGNOSTIC	16,072	516	3,106		5,654		5,739
043	RADIOISOTOPE	784		152		173		
044	LABORATORY	10,070	594	1,946		5,602		812,891
046	WHOLE BLOOD & PACKED	795	61	154		749		304,493
049	RESPIRATORY THERAPY	3,074	266	594		3,325		90,284
050	PHYSICAL THERAPY	655	16	127		359		5,966
051	OCCUPATIONAL THERAPY	1,398		270				
052	SPEECH PATHOLOGY	420	16	81				
053	ELECTROCARDIOLOGY	1,161	94	224		758		6,393
055	MEDICAL SUPPLIES CHARGED TO PATIENTS							
056	DRUGS CHARGED TO PATIENTS							
057	RENAL DIALYSIS							1,740
060	OUTPATIENT SERVICE CENTER							
060	CLINIC	17,694	62	3,420				7,440
061	EMERGENCY	14,613	115,668	2,824		12,128	66,612	210,069
062	OBSERVATION BEDS (NON-SPECIFIC PURPOSE COST CENTER)							
095	SUBTOTALS	239,969	500,749	46,054	71,973	89,380	345,216	2,314,312
101	NONREIMBURSABLE COST CENTER							
102	CROSS-FOOT ADJUSTMENT							
103	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WORKSHEET B, PART I)	3,752,523	462,931	2,719,273	1,199,880	2,517,370	5,459,665	2,893,192
104	UNIT COST MULTIPLIER (WORKSHEET B, PART I)		.924477		16.671252		15.815214	
105	COST TO BE ALLOCATED (WORKSHEET B, PART II)	15,637,532		59,045,316		28,164,802		1,250,130
106	UNIT COST MULTIPLIER (WORKSHEET B, PART II)							
107	COST TO BE ALLOCATED (WORKSHEET B, PART III)	414,232	2,783	41,016	127,675	69,221	150,671	44,053
108	UNIT COST MULTIPLIER (WORKSHEET B, PART III)	1.726190	.005558	.890607	1.773929	.774457	.436454	.019035

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	I&R SERVICES-SALARY & FRI (ASSIGNED TIME)	I&R SERVICES-OTHER PRGM C (ASSIGNED TIME)
	16	17	18	22	23
003 GENERAL SERVICE COST					
004 NEW CAP REL COSTS-BLD					
005 NEW CAP REL COSTS-MVB					
006 EMPLOYEE BENEFITS					
007 ADMINISTRATIVE & GENERAL					
008 MAINTENANCE & REPAIRS					
009 OPERATION OF PLANT					
010 LAUNDRY & LINEN SERVICE					
011 HOUSEKEEPING					
012 DIETARY					
014 CAFETERIA					
015 NURSING ADMINISTRATION					
016 CENTRAL SERVICES & SUPPORT					
017 PHARMACY	2,313,246				
018 MEDICAL RECORDS & LIBRARY		41,648			
022 SOCIAL SERVICE			7,126		
023 I&R SERVICES-SALARY & FRI				9,834	
025 I&R SERVICES-OTHER PROGRAM					9,834
026 INPATIENT ROUTINE SERVICE CENTER					
033 ADULTS & PEDIATRICS	201,053	2,018	6,984	3,359	3,359
037 INTENSIVE CARE UNIT	103,801	15		422	422
038 NURSERY	13,858	167		376	376
039 ANCILLARY SERVICE CENTER					
040 OPERATING ROOM	449,971	206		439	439
041 RECOVERY ROOM	15,472				
043 DELIVERY ROOM & LABOR	46,461			325	325
044 ANESTHESIOLOGY	37,615	1		55	55
046 RADIOLOGY-DIAGNOSTIC	5,739	7			
049 RADIOISOTOPE					
050 LABORATORY	812,891	15			
051 WHOLE BLOOD & PACKED	304,493				
052 RESPIRATORY THERAPY	90,284	1			
053 PHYSICAL THERAPY	5,966				
055 OCCUPATIONAL THERAPY					
056 SPEECH PATHOLOGY					
057 ELECTROCARDIOLOGY	6,393				
060 MEDICAL SUPPLIES CHARACTER					
061 DRUGS CHARGED TO PATIENT					
062 RENAL DIALYSIS	1,740				
066 OUTPAT SERVICE CENTER					
067 CLINIC	7,440	23,604	142	663	663
068 EMERGENCY	210,069	15,610		4,195	4,195
095 OBSERVATION BEDS (NON SPEC PURPOSE COST CENTER)					
101 SUBTOTALS	2,313,246	41,648	7,126	9,834	9,834
102 NONREIMBURS COST CENTER					
103 CROSS FOOT ADJUSTMENT					
104 NEGATIVE COST CENTER					
105 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)	193,365	2,736,850	938,912	922,702	2,777,507
106 UNIT COST MULTIPLIER (WORKSHEET B, PART I)	.083590	65.713840	131.758630	93.827740	282.439191
107 COST TO BE ALLOCATED (PER WORKSHEET B, PART II)					
108 UNIT COST MULTIPLIER (WORKSHEET B, PART II)	28,378	54,481	18,955	5,547	16,697
109 COST TO BE ALLOCATED (PER WORKSHEET B, PART III)					
110 UNIT COST MULTIPLIER (WORKSHEET B, PART III)	.012268	1.308130	2.659978	.564063	1.697885

COMPUTATION OF RATIO OF COSTS TO CHARGES

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	25,637,232		25,637,232	432,867	26,070,099
26	INTENSIVE CARE UNIT	6,779,648		6,779,648	78,570	6,858,218
33	NURSERY	978,356		978,356		978,356
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	4,896,722		4,896,722	218,431	5,115,153
38	RECOVERY ROOM	1,401,098		1,401,098		1,401,098
39	DELIVERY ROOM & LABOR ROO	7,427,173		7,427,173		7,427,173
40	ANESTHESIOLOGY	3,821,942		3,821,942		3,821,942
41	RADIOLOGY-DIAGNOSTIC	6,065,086		6,065,086	110,922	6,176,008
43	RADIOISOTOPE	155,878		155,878		155,878
44	LABORATORY	5,270,825		5,270,825	12,143	5,282,968
46	WHOLE BLOOD & PACKED RED	848,568		848,568		848,568
49	RESPIRATORY THERAPY	2,286,072		2,286,072		2,286,072
50	PHYSICAL THERAPY	626,696		626,696		626,696
51	OCCUPATIONAL THERAPY	70,491		70,491		70,491
52	SPEECH PATHOLOGY	21,185		21,185		21,185
53	ELECTROCARDIOLOGY	758,947		758,947	75,231	834,178
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	8,528,736		8,528,736		8,528,736
57	RENAL DIALYSIS	2,320		2,320		2,320
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	7,054,480		7,054,480		7,054,480
61	EMERGENCY	10,632,400		10,632,400	230,030	10,862,430
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	900,766		900,766		900,766
101	SUBTOTAL	94,164,621		94,164,621	1,158,194	95,322,815
102	LESS OBSERVATION BEDS	900,766		900,766		900,766
103	TOTAL	93,263,855		93,263,855	1,158,194	94,422,049

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	10,967,449		10,967,449			
26	INTENSIVE CARE UNIT	3,353,484		3,353,484			
33	NURSERY	1,049,520		1,049,520			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	399,935	1,646,620	2,046,555	2.392666	2.392666	2.499397
38	RECOVERY ROOM	19,520	146,105	165,625	8.459460	8.459460	8.459460
39	DELIVERY ROOM & LABOR ROO	1,056,506		1,056,506	7.029939	7.029939	7.029939
40	ANESTHESIOLOGY	155,376	155,376	310,752	12.299010	12.299010	12.299010
41	RADIOLOGY-DIAGNOSTIC	2,555,611	6,291,379	8,846,990	.685554	.685554	.698091
43	RADIOISOTOPE	112,373	84,047	196,420	.793595	.793595	.793595
44	LABORATORY	7,854,253	7,721,687	15,575,940	.338395	.338395	.339175
46	WHOLE BLOOD & PACKED RED	328,457	127,257	455,714	1.862063	1.862063	1.862063
49	RESPIRATORY THERAPY	1,742,022	181,975	1,923,997	1.188189	1.188189	1.188189
50	PHYSICAL THERAPY	92,865	1,015,335	1,108,200	.565508	.565508	.565508
51	OCCUPATIONAL THERAPY	14,052	47,294	61,346	1.149072	1.149072	1.149072
52	SPEECH PATHOLOGY	3,745	84	3,829	5.532776	5.532776	5.532776
53	ELECTROCARDIOLOGY	391,332	233,031	624,363	1.215554	1.215554	1.336046
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	11,607,862	1,088,816	12,696,678	.671730	.671730	.671730
57	RENAL DIALYSIS	242,019	10,895	252,914	.009173	.009173	.009173
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	4,425	2,925,985	2,930,410	2.407335	2.407335	2.407335
61	EMERGENCY	1,269,650	7,038,132	8,307,782	1.279812	1.279812	1.307501
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	43,220,456	28,714,018	71,934,474			
102	LESS OBSERVATION BEDS						
103	TOTAL	43,220,456	28,714,018	71,934,474			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0300
PERIOD: FROM 12/1/2008 TO 11/30/2009
PREPARED 4/29/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	26,901,112		26,901,112	432,867	27,333,979
26	INTENSIVE CARE UNIT	6,938,432		6,938,432	78,570	7,017,002
33	NURSERY	1,119,832		1,119,832		1,119,832
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,061,903		5,061,903	218,431	5,280,334
38	RECOVERY ROOM	1,401,098		1,401,098		1,401,098
39	DELIVERY ROOM & LABOR ROOM	7,549,460		7,549,460		7,549,460
40	ANESTHESIOLOGY	3,842,637		3,842,637		3,842,637
41	RADIOLOGY-DIAGNOSTIC	6,065,086		6,065,086	110,922	6,176,008
43	RADIOISOTOPE	155,878		155,878		155,878
44	LABORATORY	5,270,825		5,270,825	12,143	5,282,968
46	WHOLE BLOOD & PACKED RED	848,568		848,568		848,568
49	RESPIRATORY THERAPY	2,286,072		2,286,072		2,286,072
50	PHYSICAL THERAPY	626,696		626,696		626,696
51	OCCUPATIONAL THERAPY	70,491		70,491		70,491
52	SPEECH PATHOLOGY	21,185		21,185		21,185
53	ELECTROCARDIOLOGY	758,947		758,947	75,231	834,178
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	8,528,736		8,528,736		8,528,736
57	RENAL DIALYSIS	2,320		2,320		2,320
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	7,303,945		7,303,945		7,303,945
61	EMERGENCY	12,210,841		12,210,841	230,030	12,440,871
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	900,766		900,766		900,766
101	SUBTOTAL	97,864,830		97,864,830	1,158,194	99,023,024
102	LESS OBSERVATION BEDS	900,766		900,766		900,766
103	TOTAL	96,964,064		96,964,064	1,158,194	98,122,258

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0300
PERIOD: FROM 12/1/2008 TO 11/30/2009
PREPARED 4/29/2010
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	10,967,449		10,967,449			
26	INTENSIVE CARE UNIT	3,353,484		3,353,484			
33	NURSERY	1,049,520		1,049,520			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	399,935	1,646,620	2,046,555	2.473377	2.473377	2.580109
38	RECOVERY ROOM	19,520	146,105	165,625	8.459460	8.459460	8.459460
39	DELIVERY ROOM & LABOR ROO	1,056,506		1,056,506	7.145686	7.145686	7.145686
40	ANESTHESIOLOGY	155,376	155,376	310,752	12.365607	12.365607	12.365607
41	RADIOLOGY-DIAGNOSTIC	2,555,611	6,291,379	8,846,990	.685554	.685554	.698091
43	RADIOISOTOPE	112,373	84,047	196,420	.793595	.793595	.793595
44	LABORATORY	7,854,253	7,721,687	15,575,940	.338395	.338395	.339175
46	WHOLE BLOOD & PACKED RED	328,457	127,257	455,714	1.862063	1.862063	1.862063
49	RESPIRATORY THERAPY	1,742,022	181,975	1,923,997	1.188189	1.188189	1.188189
50	PHYSICAL THERAPY	92,865	1,015,335	1,108,200	.565508	.565508	.565508
51	OCCUPATIONAL THERAPY	14,052	47,294	61,346	1.149072	1.149072	1.149072
52	SPEECH PATHOLOGY	3,745	84	3,829	5.532776	5.532776	5.532776
53	ELECTROCARDIOLOGY	391,332	233,031	624,363	1.215554	1.215554	1.336046
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	11,607,862	1,088,816	12,696,678	.671730	.671730	.671730
57	RENAL DIALYSIS	242,019	10,895	252,914	.009173	.009173	.009173
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	4,425	2,925,985	2,930,410	2.492465	2.492465	2.492465
61	EMERGENCY	1,269,650	7,038,132	8,307,782	1.469808	1.469808	1.497496
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	43,220,456	28,714,018	71,934,474			
102	LESS OBSERVATION BEDS						
103	TOTAL	43,220,456	28,714,018	71,934,474			

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	4,896,722	336,398	4,560,324			4,896,722
38	RECOVERY ROOM	1,401,098	16,163	1,384,935			1,401,098
39	DELIVERY ROOM & LABOR ROO	7,427,173	231,123	7,196,050			7,427,173
40	ANESTHESIOLOGY	3,821,942	67,198	3,754,744			3,821,942
41	RADIOLOGY-DIAGNOSTIC	6,065,086	470,510	5,594,576			6,065,086
43	RADIOISOTOPE	155,878	6,103	149,775			155,878
44	LABORATORY	5,270,825	134,228	5,136,597			5,270,825
46	WHOLE BLOOD & PACKED RED	848,568	18,989	829,579			848,568
49	RESPIRATORY THERAPY	2,286,072	67,687	2,218,385			2,286,072
50	PHYSICAL THERAPY	626,696	16,174	610,522			626,696
51	OCCUPATIONAL THERAPY	70,491	9,425	61,066			70,491
52	SPEECH PATHOLOGY	21,185	2,831	18,354			21,185
53	ELECTROCARDIOLOGY	758,947	52,196	706,751			758,947
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	8,528,736	51,270	8,477,466			8,528,736
57	RENAL DIALYSIS	2,320	54	2,266			2,320
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	7,054,480	182,424	6,872,056			7,054,480
61	EMERGENCY	10,632,400	210,267	10,422,133			10,632,400
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	900,766	24,551	876,215			900,766
101	SUBTOTAL	60,769,385	1,897,591	58,871,794			60,769,385
102	LESS OBSERVATION BEDS	900,766	24,551	876,215			900,766
103	TOTAL	59,868,619	1,873,040	57,995,579			59,868,619

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	2,046,555	2.392666	2.392666
38	RECOVERY ROOM	165,625	8.459460	8.459460
39	DELIVERY ROOM & LABOR ROO	1,056,506	7.029939	7.029939
40	ANESTHESIOLOGY	310,752	12.299010	12.299010
41	RADIOLOGY-DIAGNOSTIC	8,846,990	.685554	.685554
43	RADIOISOTOPE	196,420	.793595	.793595
44	LABORATORY	15,575,940	.338395	.338395
46	WHOLE BLOOD & PACKED RED	455,714	1.862063	1.862063
49	RESPIRATORY THERAPY	1,923,997	1.188189	1.188189
50	PHYSICAL THERAPY	1,108,200	.565508	.565508
51	OCCUPATIONAL THERAPY	61,346	1.149072	1.149072
52	SPEECH PATHOLOGY	3,829	5.532776	5.532776
53	ELECTROCARDIOLOGY	624,363	1.215554	1.215554
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	12,696,678	.671730	.671730
57	RENAL DIALYSIS	252,914	.009173	.009173
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2,930,410	2.407335	2.407335
61	EMERGENCY	8,307,782	1.279812	1.279812
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	56,564,021		
102	LESS OBSERVATION BEDS			
103	TOTAL	56,564,021		

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	5,061,903	336,398	4,725,505	33,640	274,079	4,754,184
38	RECOVERY ROOM	1,401,098	16,163	1,384,935	1,616	80,326	1,319,156
39	DELIVERY ROOM & LABOR ROO	7,549,460	231,123	7,318,337	23,112	424,464	7,101,884
40	ANESTHESIOLOGY	3,842,637	67,198	3,775,439	6,720	218,975	3,616,942
41	RADIOLOGY-DIAGNOSTIC	6,065,086	470,510	5,594,576	47,051	324,485	5,693,550
43	RADIOISOTOPE	155,878	6,103	149,775	610	8,687	146,581
44	LABORATORY	5,270,825	134,228	5,136,597	13,423	297,923	4,959,479
46	WHOLE BLOOD & PACKED RED	848,568	18,989	829,579	1,899	48,116	798,553
49	RESPIRATORY THERAPY	2,286,072	67,687	2,218,385	6,769	128,666	2,150,637
50	PHYSICAL THERAPY	626,696	16,174	610,522	1,617	35,410	589,669
51	OCCUPATIONAL THERAPY	70,491	9,425	61,066	943	3,542	66,006
52	SPEECH PATHOLOGY	21,185	2,831	18,354	283	1,065	19,837
53	ELECTROCARDIOLOGY	758,947	52,196	706,751	5,220	40,992	712,735
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	8,528,736	51,270	8,477,466	5,127	491,693	8,031,916
57	RENAL DIALYSIS	2,320	54	2,266	5	131	2,184
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	7,303,945	182,424	7,121,521	18,242	413,048	6,872,655
61	EMERGENCY	12,210,841	210,267	12,000,574	21,027	696,033	11,493,781
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	900,766	24,551	876,215	2,455	50,820	847,491
101	SUBTOTAL	62,905,454	1,897,591	61,007,863	189,759	3,538,455	59,177,240
102	LESS OBSERVATION BEDS	900,766	24,551	876,215	2,455	50,820	847,491
103	TOTAL	62,004,688	1,873,040	60,131,648	187,304	3,487,635	58,329,749

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	2,046,555	2.323018	2.456940
38	RECOVERY ROOM	165,625	7.964715	8.449703
39	DELIVERY ROOM & LABOR ROO	1,056,506	6.722048	7.123810
40	ANESTHESIOLOGY	310,752	11.639320	12.343982
41	RADIOLOGY-DIAGNOSTIC	8,846,990	.643558	.680235
43	RADIOISOTOPE	196,420	.746263	.790490
44	LABORATORY	15,575,940	.318406	.337534
46	WHOLE BLOOD & PACKED RED	455,714	1.752312	1.857896
49	RESPIRATORY THERAPY	1,923,997	1.117796	1.184671
50	PHYSICAL THERAPY	1,108,200	.532096	.564049
51	OCCUPATIONAL THERAPY	61,346	1.075963	1.133701
52	SPEECH PATHOLOGY	3,829	5.180726	5.458867
53	ELECTROCARDIOLOGY	624,363	1.141539	1.207194
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	12,696,678	.632600	.671326
57	RENAL DIALYSIS	252,914	.008635	.009153
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2,930,410	2.345288	2.486240
61	EMERGENCY	8,307,782	1.383496	1.467277
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	56,564,021		
102	LESS OBSERVATION BEDS			
103	TOTAL	56,564,021		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0300 PERIOD: FROM 12/1/2008 TO 11/30/2009 PREPARED 4/29/2010 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				710,575		710,575
26	INTENSIVE CARE UNIT				202,399		202,399
33	NURSERY				161,141		161,141
101	TOTAL				1,074,115		1,074,115

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0300
 PERIOD: FROM 12/1/2008 TO 11/30/2009
 PREPARED 4/29/2010
 WORKSHEET D
 PART I

PPS

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	17,510	3,530			40.58	143,247
26	INTENSIVE CARE UNIT	1,469	644			137.78	88,730
33	NURSERY	1,103				146.09	
101	TOTAL	20,082	4,174				231,977

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0300
 COMPONENT NO: 14-0300
 PERIOD: FROM 12/1/2008 TO 11/30/2009
 PREPARED 4/29/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		336,398	2,046,555	53,518		
38	RECOVERY ROOM		16,163	165,625			
39	DELIVERY ROOM & LABOR ROO		231,123	1,056,506			
40	ANESTHESIOLOGY		67,198	310,752			
41	RADIOLOGY-DIAGNOSTIC		470,510	8,846,990	426,520		
43	RADIOISOTOPE		6,103	196,420	14,187		
44	LABORATORY		134,228	15,575,940	1,693,223		
46	WHOLE BLOOD & PACKED RED		18,989	455,714	66,431		
49	RESPIRATORY THERAPY		67,687	1,923,997	451,782		
50	PHYSICAL THERAPY		16,174	1,108,200	29,365		
51	OCCUPATIONAL THERAPY		9,425	61,346	2,790		
52	SPEECH PATHOLOGY		2,831	3,829	703		
53	ELECTROCARDIOLOGY		52,196	624,363	111,375		
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS		51,270	12,696,678	2,348,557		
57	RENAL DIALYSIS		54	252,914	60,585		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		182,424	2,930,410	390		
61	EMERGENCY		210,267	8,307,782	161,175		
62	OBSERVATION BEDS (NON-DIS		24,551				
	OTHER REIMBURS COST CNTRS						
101	TOTAL		1,897,591	56,564,021	5,420,601		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0300
 PERIOD: FROM 12/1/2008 TO 11/30/2009
 COMPONENT NO: 14-0300
 PREPARED 4/29/2010
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.164373	8,797
38	RECOVERY ROOM	.097588	
39	DELIVERY ROOM & LABOR ROO	.218762	
40	ANESTHESIOLOGY	.216243	
41	RADIOLOGY-DIAGNOSTIC	.053183	22,684
43	RADIOISOTOPE	.031071	441
44	LABORATORY	.008618	14,592
46	WHOLE BLOOD & PACKED RED	.041669	2,768
49	RESPIRATORY THERAPY	.035180	15,894
50	PHYSICAL THERAPY	.014595	429
51	OCCUPATIONAL THERAPY	.153637	429
52	SPEECH PATHOLOGY	.739358	520
53	ELECTROCARDIOLOGY	.083599	9,311
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS	.004038	9,483
57	RENAL DIALYSIS	.000214	13
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.062252	24
61	EMERGENCY	.025310	4,079
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		89,464

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

PROVIDER NO: 14-0300
 PERIOD: FROM 12/1/2008 TO 11/30/2009
 PREPARED 4/29/2010
 WORKSHEET D
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					17,510	
26	INTENSIVE CARE UNIT					1,469	
33	NURSERY					1,103	
101	TOTAL					20,082	

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

PROVIDER NO: 14-0300
 PERIOD: FROM 12/1/2008 TO 11/30/2009
 PREPARED 4/29/2010
 WORKSHEET D
 PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		3,530
26	INTENSIVE CARE UNIT		644
33	NURSERY		
101	TOTAL		4,174

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			2,046,555			53,518	
38	RECOVERY ROOM			165,625				
39	DELIVERY ROOM & LABOR ROO			1,056,506				
40	ANESTHESIOLOGY			310,752				
41	RADIOLOGY-DIAGNOSTIC			8,846,990			426,520	
43	RADIOISOTOPE			196,420			14,187	
44	LABORATORY			15,575,940			1,693,223	
46	WHOLE BLOOD & PACKED RED			455,714			66,431	
49	RESPIRATORY THERAPY			1,923,997			451,782	
50	PHYSICAL THERAPY			1,108,200			29,365	
51	OCCUPATIONAL THERAPY			61,346			2,790	
52	SPEECH PATHOLOGY			3,829			703	
53	ELECTROCARDIOLOGY			624,363			111,375	
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS			12,696,678			2,348,557	
57	RENAL DIALYSIS			252,914			60,585	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			2,930,410			390	
61	EMERGENCY			8,307,782			161,175	
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			56,564,021			5,420,601	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	86,679					
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
43	RADIOLOGY-DIAGNOSTIC	310,610					
44	RADIOISOTOPE	1					
46	LABORATORY	15,850					
49	WHOLE BLOOD & PACKED RED	5,149					
50	RESPIRATORY THERAPY	5,117					
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
55	ELECTROCARDIOLOGY	34,074					
56	MEDICAL SUPPLIES CHARGED						
57	DRUGS CHARGED TO PATIENTS	19,718					
60	RENAL DIALYSIS	10,875					
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC	186,191					
	EMERGENCY	198,943					
	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	873,207					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 4/29/2010
 | 14-0300 | FROM 12/ 1/2008 | WORKSHEET D
 | COMPONENT NO: | TO 11/30/2009 | PART V
 | 14-0300 | |

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	2.392666	2.392666			
38 RECOVERY ROOM	8.459460	8.459460			
39 DELIVERY ROOM & LABOR ROOM	7.029939	7.029939			
40 ANESTHESIOLOGY	12.299010	12.299010			
41 RADIOLOGY-DIAGNOSTIC	.685554	.685554			
43 RADIOISOTOPE	.793595	.793595			
44 LABORATORY	.338395	.338395			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	1.862063	1.862063			
49 RESPIRATORY THERAPY	1.188189	1.188189			
50 PHYSICAL THERAPY	.565508	.565508			
51 OCCUPATIONAL THERAPY	1.149072	1.149072			
52 SPEECH PATHOLOGY	5.532776	5.532776			
53 ELECTROCARDIOLOGY	1.215554	1.215554			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS	.671730	.671730			
57 RENAL DIALYSIS	.009173	.009173			
OUTPAT SERVICE COST CNTRS					
60 CLINIC	2.407335	2.407335			
61 EMERGENCY	1.279812	1.279812			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
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)

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 4/29/2010
 | 14-0300 | FROM 12/ 1/2008 | WORKSHEET D
 | COMPONENT NO: | TO 11/30/2009 | PART V
 | 14-0300 | |

TITLE XVIII, PART B

HOSPITAL

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

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 43 RADIOISOTOPE
- 44 LABORATORY
- 46 WHOLE BLOOD & PACKED RED BLOOD CELLS
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0300	FROM 12/ 1/2008	4/29/2010
COMPONENT NO:	TO 11/30/2009	WORKSHEET D-1
14-0300		PART III

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	605
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,488.87
85	OBSERVATION BED COST	900,766

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	26,070,099		900,766	
87	NEW CAPITAL-RELATED COST	710,575	.027256	900,766	24,551
88	NON PHYSICIAN ANESTHETIST	26,070,099		900,766	
89	MEDICAL EDUCATION	26,070,099		900,766	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XVIII, PART A HOSPITAL

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		2,458,784	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		973,444	
37	OPERATING ROOM	2.499397	53,518	133,763
38	RECOVERY ROOM	8.459460		
39	DELIVERY ROOM & LABOR ROOM	7.029939		
40	ANESTHESIOLOGY	12.299010		
41	RADIOLOGY-DIAGNOSTIC	.698091	426,520	297,750
43	RADIOISOTOPE	.793595	14,187	11,259
44	LABORATORY	.339175	1,693,223	574,299
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	1.862063	66,431	123,699
49	RESPIRATORY THERAPY	1.188189	451,782	536,802
50	PHYSICAL THERAPY	.565508	29,365	16,606
51	OCCUPATIONAL THERAPY	1.149072	2,790	3,206
52	SPEECH PATHOLOGY	5.532776	703	3,890
53	ELECTROCARDIOLOGY	1.336046	111,375	148,802
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.671730	2,348,557	1,577,596
57	RENAL DIALYSIS	.009173	60,585	556
60	OUTPAT SERVICE COST CNTRS CLINIC	2.407335	390	939
61	EMERGENCY	1.307501	161,175	210,736
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS			
101	TOTAL		5,420,601	3,639,903
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,420,601	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0300
 COMPONENT NO: 14-0300
 PERIOD: FROM 12/1/2008 TO 11/30/2009
 PREPARED 4/29/2010
 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	765,164	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	452,234	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	3,438,529	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	27,941	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	5,822	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1	61,360	
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)	188,121	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	107.34	
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.	11.59	
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)	11.59	
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	19.07	
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)	11.59	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	11.59	
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	11.59	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	11.59	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.107975	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.097395	
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)	.097395	
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	41,069	
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	23,720	
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1	181,235	
	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).	246,024	246,024
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	21.12	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	34.63	
4.02 SUM OF LINES 4 AND 4.01	55.75	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	35.21	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	1,639,352	
5 ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0300	FROM 12/ 1/2008	4/29/2010
COMPONENT NO:	TO 11/30/2009	WORKSHEET E
14-0300		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	6,729,424	
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)	6,729,424	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	459,950	
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)	183,822	
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	7,373,196	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	7,373,196	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	617,780	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	17,980	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	31,952	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	22,366	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	31,952	
22 SUBTOTAL	6,759,802	
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	6,759,802	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	6,780,617	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-20,815	
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
14-0300	FROM 12/ 1/2008	4/29/2010
COMPONENT NO:	TO 11/30/2009	WORKSHEET E
14-0300		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	1,198,965
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	706,629
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	706,629

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	230,062
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	476,567
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	18,517
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	495,084
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	495,084

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	6,208
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	4,346
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	6,208
28	SUBTOTAL	499,430
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	499,430
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	706,773
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-207,343
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: 14-0300
 COMPONENT NO: 14-0300
 PERIOD: FROM 12/1/2008 TO 11/30/2009
 PREPARED 4/29/2010
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		6,759,931		706,629
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	11/20/2009	20,686	11/20/2009	144
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		20,686		144
4 TOTAL INTERIM PAYMENTS		6,780,617		706,773
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		20,815		207,343
7 TOTAL MEDICARE PROGRAM LIABILITY		6,759,802		499,430

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)	
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY	
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)	
3	AGGREGATE APPROVED AMOUNT	
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96	11.59
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4). E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	11.59
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS	20.34
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.	11.59
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	10.15
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	5.53
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.	15.68
3.10	SEE INSTRUCTIONS	8.93
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	
3.12	SEE INSTRUCTIONS	3.15
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	4.26
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	4.91
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS 4.11
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)	4.11
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.	95,422.64
3.18	SEE INSTRUCTIONS	392,187
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)	7.11
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)	.69
3.21	SEE INSTRUCTIONS	RES INIT YEARS 4.53
3.22	SEE INSTRUCTIONS	4.53
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	106,942.20
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	484,448
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	876,635

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		4,174
5	TOTAL INPATIENT DAYS		18,374
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.227169
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	199,144	199,144
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		78
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		18,374
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		3,195
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS	
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES	252,914

TITLE XVIII

- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES
- 10 MEDICARE OUTPATIENT ESRD CHARGES
- 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY
 PART A REASONABLE COST

- 12 REASONABLE COST (SEE INSTRUCTIONS) 11,902,212
- 13 ORGAN ACQUISITION COSTS
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS
- 16 TOTAL PART A REASONABLE COST 11,902,212

PART B REASONABLE COST

- 17 REASONABLE COST 1,198,965
- 18 PRIMARY PAYER PAYMENTS
- 19 TOTAL PART B REASONABLE COST 1,198,965
- 20 TOTAL REASONABLE COST 13,101,177
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST .908484
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST .091516

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

- 23 TOTAL PROGRAM GME PAYMENT
- 23.01 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 202,339
 (SUM OF LINES 6.01, 6.05, & 6.08)
- 24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY 183,822
- 25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY 18,517

BALANCE SHEET

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	76,311,412			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	17,261,517			
5 OTHER RECEIVABLES	27,401,521			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-1,874,264			
7 INVENTORY	1,009,491			
8 PREPAID EXPENSES				
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	120,109,677			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION BUILDINGS	45,644,699			
14.01 LESS ACCUMULATED DEPRECIATION LEASEHOLD IMPROVEMENTS	-24,970,074			
15.01 LESS ACCUMULATED DEPRECIATION FIXED EQUIPMENT	20,950			
16.01 LESS ACCUMULATED DEPRECIATION AUTOMOBILES AND TRUCKS	-18,855			
17.01 LESS ACCUMULATED DEPRECIATION MAJOR MOVABLE EQUIPMENT	12,021,599			
18.01 LESS ACCUMULATED DEPRECIATION MINOR EQUIPMENT DEPRECIABLE	-7,112,092			
19.01 LESS ACCUMULATED DEPRECIATION MINOR EQUIPMENT-NONDEPRECIABLE	8,255			
20.01 LESS ACCUMULATED DEPRECIATION MINOR EQUIPMENT-NONDEPRECIABLE	-8,255			
21 TOTAL FIXED ASSETS	25,586,227			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS				
26 TOTAL OTHER ASSETS				
27 TOTAL ASSETS	145,695,904			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	21,055,759			
29 SALARIES, WAGES & FEES PAYABLE	8,300,120			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	2,013,491			
36 TOTAL CURRENT LIABILITIES	31,369,370			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	1,129,716			
42 TOTAL LONG-TERM LIABILITIES	1,129,716			
43 TOTAL LIABILITIES	32,499,086			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	113,196,818			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	113,196,818			
52 TOTAL LIABILITIES AND FUND BALANCES	145,695,904			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		73,081,252		
2	NET INCOME (LOSS)		37,642,085		
3	TOTAL		110,723,337		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	CAPITAL CONTRIBUTIONS	471,607			
7	TRANSFERS	2,001,874			
8					
9					
10	TOTAL ADDITIONS		2,473,481		
11	SUBTOTAL		113,196,818		
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		113,196,818		

		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	CAPITAL CONTRIBUTIONS				
7	TRANSFERS				
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	10,967,449		10,967,449
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	10,967,449		10,967,449
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	3,353,484		3,353,484
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	3,353,484		3,353,484
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	14,320,933		14,320,933
17 00 ANCILLARY SERVICES	26,575,928	18,749,901	45,325,829
18 00 OUTPATIENT SERVICES	1,274,075	9,964,117	11,238,192
24 00 NURSERY	1,049,520		1,049,520
25 00 TOTAL PATIENT REVENUES	43,220,456	28,714,018	71,934,474

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	99,158,643		
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		99,158,643	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0300
 PERIOD: FROM 12/1/2008 TO 11/30/2009
 PREPARED 4/29/2010
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	71,934,474
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	-5,389,332
3	NET PATIENT REVENUES	77,323,806
4	LESS: TOTAL OPERATING EXPENSES	99,158,643
5	NET INCOME FROM SERVICE TO PATIENTS	-21,834,837
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	182,391
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	181,741
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	134
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	MISCELLANEOUS INCOME	16,720
24.01	NON OPERATING INCOME	56,569,275
24.02	PROFESSIONAL REVENUE	2,526,661
25	TOTAL OTHER INCOME	59,476,922
26	TOTAL	37,642,085
27	OTHER EXPENSES	
28	OTHER EXPENSES (SPECIFY)	
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	37,642,085

PROVIDER NO:	PERIOD:	PREPARED
14-0300	FROM 12/ 1/2008	4/29/2010
COMPONENT NO:	TO 11/30/2009	WORKSHEET L
14-0300		PARTS I-IV

FULLY PROSPECTIVE METHOD

CALCULATION OF CAPITAL PAYMENT

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	384,550
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	3,643
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	50.34
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	11.59
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	6.71
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	25,803
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	21.12
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	34.63
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	55.75
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	11.95
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	45,954
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	459,950
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)	