

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		14-2012		FROM 1/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/26/2010 TIME 9:57

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: BETHANY HOSPITAL 14-2012 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2009 AND ENDING 12/31/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	A	TITLE XVIII	B	TITLE XIX	
		1	2	3	4		
1	HOSPITAL	0	561,523	61,945	0		
100	TOTAL	0	561,523	61,945	0		

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 14-2012
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 3435 W. VAN BUREN P. O. BOX:
 1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60624- COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
0	1	2	2.01	3	V	XVIII	XIX
02.00	HOSPITAL	BETHANY HOSPITAL	14-2012	9/1/2006	4	5	6
					N	P	0

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/1/2009 TO: 12/31/2009

18 TYPE OF CONTROL

1 2
1

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER

2

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. N

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N Y 29404

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL. 1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL. 1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA \$5105 OR MI PPA \$147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MI PPA \$147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 3 N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) V XVIII XIX
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) 1 2 3
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES
 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX INF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). Y 148036
 40.01 NAME: ADVOCATE HEALTHCARE FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: 2025 WINDSOR DRIVE P.O. BOX:
 40.03 CITY: OAK BROOK STATE: IL ZIP CODE: 60523-
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS? Y
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? Y
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD? Y
 46 IF YOU ARE PARTICIPATING IN THE NCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 270,216
 PAID LOSSES: 5,155,000
 AND/OR SELF INSURANCE: 1,043,649
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. DATE Y OR N LIMIT Y OR N FEES
 0 1 2 3 4
 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. N 0.00 0
 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

PROVIDER NO: 14-2012
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET S-2

- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N N
- 60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC).

MULTI CAMPUS

- 61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO. N
- IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
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62.00 0.00

SETTLEMENT DATA

- 63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 3/31/2010

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-2012
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	----- I/P DAYS / O/P VISITS / TRIPS -----			
				TITLE V 3	TITLE XVII 4	NON COVERED MEDICARE DAYS 4.01	TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	55	20,075			7,553		509
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	55	20,075			7,553		509
6 INTENSIVE CARE UNIT	6	2,190			1,155		78
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	61	22,265			8,708		587
13 RPCH VISITS							
14 SUBPROVIDER							
25 TOTAL	61						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	----- I/P DAYS / O/P VISITS / TRIPS -----		O/P VISITS TOTAL ALL PATS 6	-----		-- INTERNS & RES. FTES --	
	TITLE XIX ADMITTED 5.01	OBSERVATION BEDS NOT ADMITTED 5.02		TOTAL OBSERVATION BEDS 6.01	NOT ADMITTED 6.02	TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			10,441				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			10,441				
6 INTENSIVE CARE UNIT			1,597				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL			12,038				
13 RPCH VISITS							
14 SUBPROVIDER							
25 TOTAL							
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES			--- FULL TIME EQUIV ---		----- DISCHARGES -----		
	NET 9	EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15	
1 ADULTS & PEDIATRICS								
2 HMO								
2 01 HMO - (IRF PPS SUBPROVIDER)								
3 ADULTS & PED-SB SNF								
4 ADULTS & PED-SB NF								
5 TOTAL ADULTS AND PEDS								
6 INTENSIVE CARE UNIT								
7 CORONARY CARE UNIT								
8 BURN INTENSIVE CARE UNIT								
9 SURGICAL INTENSIVE CARE UNIT								
11 NURSERY								
12 TOTAL		253.00			318	28	431	
13 RPCH VISITS								
14 SUBPROVIDER								
25 TOTAL		253.00						
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

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	14,618,983		14,618,983	526,240.00	27.78	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	91,002		91,002	1,351.00	67.36	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	28,999		28,999	2,080.00	13.94	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	820,943		820,943	15,525.00	52.88	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	1,220,041		1,220,041	10,702.00	114.00	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	1,302,892		1,302,892	20,172.00	64.59	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	3,807,866		3,807,866			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	7,457		7,457			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	23,583		23,583			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	1,256,303		1,256,303	47,840.00	26.26	
22 ADMINISTRATIVE & GENERAL	1,710,448		1,710,448	29,120.00	58.74	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	914,257		914,257	39,520.00	23.13	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	370,477		370,477	27,040.00	13.70	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	520,105	-340,669	179,436	23,190.00	7.74	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		340,669	340,669	10,090.00	33.76	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	887,427		887,427	22,880.00	38.79	
31 CENTRAL SERVICE AND SUPPLY	889		889			
32 PHARMACY	698,097		698,097	18,720.00	37.29	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	15,168		15,168	2,080.00	7.29	
34 SOCIAL SERVICE	84,570		84,570	2,080.00	40.66	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	14,618,983		14,618,983	526,240.00	27.78	
2 EXCLUDED AREA SALARIES	28,999		28,999	2,080.00	13.94	
3 SUBTOTAL SALARIES	14,589,984		14,589,984	524,160.00	27.83	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	3,343,876		3,343,876	46,399.00	72.07	
5 SUBTOTAL WAGE-RELATED COSTS	3,831,449		3,831,449		26.26	
6 TOTAL	21,765,309		21,765,309	570,559.00	38.15	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	6,457,741		6,457,741	222,560.00	29.02	

HOSPITAL RENAL DIALYSIS DEPARTMENT
 STATISTICAL DATA

PROVIDER NO: 14-2012
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 SATELLITE NO: PREPARED 5/26/2010
 WORKSHEET S-5

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

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-2012	FROM 1/ 1/2009	5/26/2010
	TO 12/31/2009	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	2,240,292
17.01	GROSS MEDICAID REVENUES	9,771,771
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	12,012,063
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)	.471844
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	9,771,771

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)		
PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
14-2012	FROM 1/ 1/2009	WORKSHEET S-10
	TO 12/31/2009	

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	4,610,752
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	2,240,292
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,057,068
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	4,610,752

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-2012
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT				129,406	129,406
2	0200 OLD CAP REL COSTS-MVBLE EQUIP				-744	-744
3	0300 NEW CAP REL COSTS-BLDG & FIXT				665,873	665,873
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				655,420	655,420
5	0500 EMPLOYEE BENEFITS	441,573	2,823,648	3,265,221		3,265,221
5.01	0501 NONPATIENT TELEPHONES	167,020	179,885	346,905	-227	346,678
5.02	0502 DATA PROCESSING		556,752	556,752	-1,048	555,704
5.03	0503 PURCHASING RECEIVING AND STORES	99,686	67,578	167,264	-675	166,589
5.04	0504 ADMINITTING	219,806	31,429	251,235	-2,032	249,203
5.05	0505 CASHIERING/ACCOUNTS RECEIVABLE	328,218	521,229	849,447	-19,267	830,180
6	0600 ADMINISTRATIVE & GENERAL	1,710,448	8,622,029	10,332,477	-855,882	9,476,595
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	914,257	2,710,362	3,624,619	-72,121	3,552,498
9	0900 LAUNDRY & LINEN SERVICE				118,050	118,050
10	1000 HOUSEKEEPING	370,477	301,085	671,562	-127,204	544,358
11	1100 DIETARY	520,105	536,235	1,056,340	-700,914	355,426
12	1200 CAFETERIA				691,903	691,903
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	887,427	115,443	1,002,870	-276	1,002,594
15	1500 CENTRAL SERVICES & SUPPLY	889	136,786	137,675		137,675
16	1600 PHARMACY	698,097	2,097,941	2,796,038	-1,839,182	956,856
17	1700 MEDICAL RECORDS & LIBRARY	15,168	217,769	232,937	-1,731	231,206
18	1800 SOCIAL SERVICE	84,570	36,730	121,300		121,300
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	3,985,684	1,646,135	5,631,819	-754,089	4,877,730
26	2600 INTENSIVE CARE UNIT	1,206,937	450,026	1,656,963	-151,378	1,505,585
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER					
33	3300 NURSERY					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	238,884	159,799	398,683	-116,328	282,355
38	3800 RECOVERY ROOM	155,205	24,874	180,079	-6,571	173,508
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY	538	194,963	195,501	-13,843	181,658
41	4100 RADIOLOGY-DIAGNOSTIC	714,749	313,343	1,028,092	-171,964	856,128
44	4400 LABORATORY	4,787	770,219	775,006		775,006
47	4700 BLOOD STORING, PROCESSING & TRANS.		120,908	120,908		120,908
49	4900 RESPIRATORY THERAPY	1,069,190	372,235	1,441,425	-241,610	1,199,815
50	5000 PHYSICAL THERAPY	183,126	297,858	480,984	-417	480,567
52	5200 SPEECH PATHOLOGY					
53	5300 ELECTROCARDIOLOGY	13,115	5,166	18,281	-2,346	15,935
54	5400 ELECTROENCEPHALOGRAPHY		39	39		39
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,123,777	1,123,777
56	5600 DRUGS CHARGED TO PATIENTS				1,834,919	1,834,919
57	5700 RENAL DIALYSIS	274,140		274,140	-79,508	194,632
59	3950 DAY HOSPITAL					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	81,518	41,981	123,499		123,499
61	6100 EMERGENCY	204,370	1,124,652	1,329,022	-59,766	1,269,256
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	14,589,984	24,477,099	39,067,083	225	39,067,308
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	22,246	1,684	23,930		23,930
98	9800 PHYSICIANS' PRIVATE OFFICES					
99	9900 NONPAID WORKERS					
100	7950 OTHER NONREIMBURSABLE COST CENTERS	6,753	394,714	401,467	-225	401,242
101	TOTAL	14,618,983	24,873,497	39,492,480	-0-	39,492,480

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2010
I 14-2012 I FROM 1/ 1/2009 I WORKSHEET A
I I TO 12/31/2009 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT	3,922	133,328
2	0200 OLD CAP REL COSTS-MVBLE EQUIP	2,544	1,800
3	0300 NEW CAP REL COSTS-BLDG & FIXT	126,702	792,575
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	196,454	851,874
5	0500 EMPLOYEE BENEFITS	562,987	3,828,208
5.01	0501 NONPATIENT TELEPHONES	-217,826	128,852
5.02	0502 DATA PROCESSING	281,725	837,429
5.03	0503 PURCHASING RECEIVING AND STORES		166,589
5.04	0504 ADMITTING		249,203
5.05	0505 CASHIERING/ACCOUNTS RECEIVABLE	-50,122	780,058
6	0600 ADMINISTRATIVE & GENERAL	-6,019,189	3,457,406
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT	-13,708	3,538,790
9	0900 LAUNDRY & LINEN SERVICE		118,050
10	1000 HOUSEKEEPING		544,358
11	1100 DIETARY	-66,749	288,677
12	1200 CAFETERIA	-126,727	565,176
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION	-41,516	961,078
15	1500 CENTRAL SERVICES & SUPPLY		137,675
16	1600 PHARMACY	-1,314	955,542
17	1700 MEDICAL RECORDS & LIBRARY	-316	230,890
18	1800 SOCIAL SERVICE		121,300
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		4,877,730
26	2600 INTENSIVE CARE UNIT		1,505,585
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER		
33	3300 NURSERY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		282,355
38	3800 RECOVERY ROOM		173,508
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY	-177,426	4,232
41	4100 RADIOLOGY-DIAGNOSTIC	-6,147	849,981
44	4400 LABORATORY	-225,192	549,814
47	4700 BLOOD STORING, PROCESSING & TRANS.		120,908
49	4900 RESPIRATORY THERAPY		1,199,815
50	5000 PHYSICAL THERAPY		480,567
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY		15,935
54	5400 ELECTROENCEPHALOGRAPHY		39
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,123,777
56	5600 DRUGS CHARGED TO PATIENTS		1,834,919
57	5700 RENAL DIALYSIS		194,632
59	3950 DAY HOSPITAL		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-750	122,749
61	6100 EMERGENCY	-999,398	269,858
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-6,772,046	32,295,262
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		23,930
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
100	7950 OTHER NONREIMBURSABLE COST CENTERS		401,242
101	TOTAL	-6,772,046	32,720,434

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2010
 I 14-2012 I FROM 1/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 12/31/2009 I

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
5.01	NONPATIENT TELEPHONES	0501	EMPLOYEE BENEFITS
5.02	DATA PROCESSING	0502	EMPLOYEE BENEFITS
5.03	PURCHASING RECEIVING AND STORES	0503	EMPLOYEE BENEFITS
5.04	ADMINISTRATIVE	0504	EMPLOYEE BENEFITS
5.05	CASHERING/ACCOUNTS RECEIVABLE	0505	EMPLOYEE BENEFITS
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	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
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	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	DAY HOSPITAL	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
142012

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

PREPARED 5/26/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 DRUGS CHARGED TO PATIENTS	A	DRUGS CHARGED TO PATIENTS	56		1,834,919
2 CONTRACTED LAUNDRY	C	LAUNDRY & LINEN SERVICE	9		118,050
3 DEPRECIATION EXPENSE	D	OLD CAP REL COSTS-BLDG & FIXT	1		795,279
4		OLD CAP REL COSTS-MVBLE EQUIP	2		654,676
5 NEW/OLD DEPRECIATION	E	NEW CAP REL COSTS-BLDG & FIXT	3		665,873
6		NEW CAP REL COSTS-MVBLE EQUIP	4		655,420
7 DEPRECIATION RECLASS	F	ADMINISTRATIVE & GENERAL	6		594,073
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
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19					
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21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32 CAFETERIA/DIETARY	H	CAFETERIA	12	340,669	351,234
33 COST OF MEDICAL SUPPLIES	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		1,153,889
34					
35					
1 COST OF MEDICAL SUPPLIES	B				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
36 TOTAL RECLASSIFICATIONS				340,669	6,823,413

(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:
142012

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

PREPARED 5/26/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 DRUGS CHARGED TO PATIENTS	A	PHARMACY	16			1,834,919	
2 CONTRACTED LAUNDRY	C	HOUSEKEEPING	10			118,050	
3 DEPRECIATION EXPENSE	D	ADMINISTRATIVE & GENERAL	6			1,449,955	9
4							9
5 NEW/OLD DEPRECIATION	E	OLD CAP REL COSTS-BLDG & FIXT	1			665,873	9
6		OLD CAP REL COSTS-MVBLE EQUIP	2			655,420	9
7 DEPRECIATION RECLASS	F						9
8		NONPATIENT TELEPHONES	5.01			227	9
9		DATA PROCESSING	5.02			1,048	9
10		PURCHASING RECEIVING AND STORES	5.03			420	9
11		ADMINISTRATIVE	5.04			2,032	9
12		CASHIERING/ACCOUNTS RECEIVABLE	5.05			19,267	9
13		OPERATION OF PLANT	8			69,590	9
14		HOUSEKEEPING	10			6,452	9
15		DIETARY	11			8,856	9
16		NURSING ADMINISTRATION	14			276	9
17		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			30,112	9
18		PHARMACY	16			1,598	9
19		MEDICAL RECORDS & LIBRARY	17			1,731	9
20		ADULTS & PEDIATRICS	25			100,377	9
21		INTENSIVE CARE UNIT	26			45,935	9
22		OPERATING ROOM	37			19,955	9
23		RECOVERY ROOM	38			6,478	9
24		RENAL DIALYSIS	57			15,197	9
25		ANESTHESIOLOGY	40			11,238	9
26		RADIOLOGY-DIAGNOSTIC	41			151,576	9
27		RESPIRATORY THERAPY	49			51,191	9
28		PHYSICAL THERAPY	50			393	9
29		ELECTROCARDIOLOGY	53			2,346	9
30		EMERGENCY	61			47,553	9
31		OTHER NONREIMBURSABLE COST CENTERS	100			225	9
32 CAFETERIA/DIETARY	H	DIETARY	11		340,669	351,234	
33 COST OF MEDICAL SUPPLIES	B						
34		PURCHASING RECEIVING AND STORES	5.03			255	
35		HOUSEKEEPING	10			2,702	
1 COST OF MEDICAL SUPPLIES	B	DIETARY	11			155	
2		OPERATION OF PLANT	8			2,531	
3		PHARMACY	16			2,665	
4		ADULTS & PEDIATRICS	25			653,712	
5		INTENSIVE CARE UNIT	26			105,443	
6		OPERATING ROOM	37			96,373	
7		RECOVERY ROOM	38			93	
8		ANESTHESIOLOGY	40			2,605	
9		RADIOLOGY-DIAGNOSTIC	41			20,388	
10		RESPIRATORY THERAPY	49			190,419	
11		PHYSICAL THERAPY	50			24	
12		EMERGENCY	61			12,213	
13		RENAL DIALYSIS	57			64,311	
36 TOTAL RECLASSIFICATIONS					340,669	6,823,413	

(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: 142012
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET A-6
 NOT A CMS WORKSHEET

RECLASS CODE: A
 EXPLANATION : DRUGS CHARGED TO PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	1,834,919	PHARMACY	16	1,834,919	
TOTAL RECLASSIFICATIONS FOR CODE A			1,834,919				1,834,919

RECLASS CODE: C
 EXPLANATION : CONTRACTED LAUNDRY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	118,050	HOUSEKEEPING	10	118,050	
TOTAL RECLASSIFICATIONS FOR CODE C			118,050				118,050

RECLASS CODE: D
 EXPLANATION : DEPRECIATION EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	795,279	ADMINISTRATIVE & GENERAL	6	1,449,955	
2.00	OLD CAP REL COSTS-MVBLE EQUIP	2	654,676			0	
TOTAL RECLASSIFICATIONS FOR CODE D			1,449,955				1,449,955

RECLASS CODE: E
 EXPLANATION : NEW/OLD DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	665,873	OLD CAP REL COSTS-BLDG & FIXT	1	665,873	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	655,420	OLD CAP REL COSTS-MVBLE EQUIP	2	655,420	
TOTAL RECLASSIFICATIONS FOR CODE E			1,321,293				1,321,293

RECLASS CODE: F
 EXPLANATION : DEPRECIATION RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	594,073			0	
2.00			0	NONPATIENT TELEPHONES	5.01	227	
3.00			0	DATA PROCESSING	5.02	1,048	
4.00			0	PURCHASING RECEIVING AND STORE	5.03	420	
5.00			0	ADMINISTRATIVE	5.04	2,032	
6.00			0	CASHERING/ACCOUNTS RECEIVABLE	5.05	19,267	
7.00			0	OPERATION OF PLANT	8	69,590	
8.00			0	HOUSEKEEPING	10	6,452	
9.00			0	DIETARY	11	8,856	
10.00			0	NURSING ADMINISTRATION	14	276	
11.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	30,112	
12.00			0	PHARMACY	16	1,598	
13.00			0	MEDICAL RECORDS & LIBRARY	17	1,731	
14.00			0	ADULTS & PEDIATRICS	25	100,377	
15.00			0	INTENSIVE CARE UNIT	26	45,935	
18.00			0	OPERATING ROOM	37	19,955	
19.00			0	RECOVERY ROOM	38	6,478	
20.00			0	RENAL DIALYSIS	57	15,197	
21.00			0	ANESTHESIOLOGY	40	11,238	
22.00			0	RADIOLOGY-DIAGNOSTIC	41	151,576	
23.00			0	RESPIRATORY THERAPY	49	51,191	
24.00			0	PHYSICAL THERAPY	50	393	
25.00			0	ELECTROCARDIOLOGY	53	2,346	
26.00			0	EMERGENCY	61	47,553	
27.00			0	OTHER NONREIMBURSABLE COST CEN	100	225	
TOTAL RECLASSIFICATIONS FOR CODE F			594,073				594,073

RECLASS CODE: H
 EXPLANATION : CAFETERIA/DIETARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	691,903	DIETARY	11	691,903	
TOTAL RECLASSIFICATIONS FOR CODE H			691,903				691,903

RECLASS CODE: B
 EXPLANATION : COST OF MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	1,153,889			0	

RECLASSIFICATIONS

PROVIDER NO: 142012	PERIOD: FROM 1/1/2009 TO 12/31/2009	PREPARED 5/26/2010 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: B
EXPLANATION : COST OF MEDICAL SUPPLIES

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
3.00			0
4.00			0
5.00			0
6.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
18.00			0
20.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			1,153,889

----- DECREASE -----		----- DECREASE -----	
COST CENTER	LINE	AMOUNT	LINE
PURCHASING RECEIVING AND STORE	5.03	255	
HOUSEKEEPING	10	2,702	
DIETARY	11	155	
OPERATION OF PLANT	8	2,531	
PHARMACY	16	2,665	
ADULTS & PEDIATRICS	25	653,712	
INTENSIVE CARE UNIT	26	105,443	
OPERATING ROOM	37	96,373	
RECOVERY ROOM	38	93	
ANESTHESIOLOGY	40	2,605	
RADIOLOGY-DIAGNOSTIC	41	20,388	
RESPIRATORY THERAPY	49	190,419	
PHYSICAL THERAPY	50	24	
EMERGENCY	61	12,213	
RENAL DIALYSIS	57	64,311	
			1,153,889

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
	BALANCES		DONATION					
	1	2	3	4	5	6	7	
1 LAND	289,163						289,163	
2 LAND IMPROVEMENTS	521,518						521,518	525,838
3 BUILDINGS & FIXTURE	18,595,700						18,595,700	9,157,526
4 BUILDING IMPROVEMENT	4,320						4,320	
5 FIXED EQUIPMENT	2,633,326						2,633,326	2,628,426
6 MOVABLE EQUIPMENT								
7 SUBTOTAL	22,044,027						22,044,027	12,311,790
8 RECONCILING ITEMS								
9 TOTAL	22,044,027						22,044,027	12,311,790

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
	BALANCES		DONATION					
	1	2	3	4	5	6	7	
1 LAND								
2 LAND IMPROVEMENTS	469,273						469,273	227,408
3 BUILDINGS & FIXTURE	10,886,945	639,665		639,665	38,832	11,487,778	3,823,472	
4 BUILDING IMPROVEMENT	67,599					67,599		
5 FIXED EQUIPMENT	13,243,328	382,331		382,331	5,026	13,620,633	7,753,790	
6 MOVABLE EQUIPMENT	23,396					23,396	23,396	
7 SUBTOTAL	24,690,541	1,021,996		1,021,996	43,858	25,668,679	11,828,066	
8 RECONCILING ITEMS	424,250	124,338		124,338	38,832	509,756		
9 TOTAL	24,266,291	897,658		897,658	5,026	25,158,923	11,828,066	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL	133,328						133,328
2	OLD CAP REL COSTS-MV	1,800						1,800
3	NEW CAP REL COSTS-BL	792,575						792,575
4	NEW CAP REL COSTS-MV	851,874						851,874
5	TOTAL	1,779,577						1,779,577

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

SUMMARY OF OLD AND NEW CAPITAL

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

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

ADJUSTMENTS TO EXPENSES

DESCR IPTION (1)	(2) BASIS/CO DE	AMOUNT	EXPENSE CLASSIFICATION ON	LINE NO	WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER		
	1	2	3	4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-216,816	NONPATIENT TELEPHONES	5.01	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,182,763			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	1,892,774			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP	A	1,184	OLD CAP REL COSTS-MVBLE E	2	9
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	101,105	NEW CAP REL COSTS-BLDG &	3	9
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 MEDICAL RECORDS ABSTRACTS	A	-316	MEDICAL RECORDS & LIBRARY	17	
38 MIS INCOME	B	-1,010	NONPATIENT TELEPHONES	5.01	
39 MIS INCOME	B	-555	EMPLOYEE BENEFITS	5	
40 MIS INCOME	B	-32,130	CASHERING/ACCOUNTS RECEIV	5.05	
41 MIS INCOME	B	-83,797	ADMINISTRATIVE & GENERAL	6	
42 MIS INCOME	B	-66,749	DIETARY	11	
43 MIS INCOME	B	-225,192	LABORATORY	44	
44 MIS INCOME	B	-126,727	CAFETERIA	12	
45 MIS INCOME	B	-1,314	PHARMACY	16	
46 MIS INCOME	B	-13,708	OPERATION OF PLANT	8	
47 MIS INCOME	B	-750	CLINIC	60	
47.01 MIS INCOME	B	-63	RADIOLOGY-DIAGNOSTIC	41	
48 PBP ADJ	A	-55,333	ADMINISTRATIVE & GENERAL	6	
49					
49.01 PBP ADJ	A	-40,431	NURSING ADMINISTRATION	14	
49.02 NONALLOWABLE INTEREST	A	-314,579	ADMINISTRATIVE & GENERAL	6	
49.03					
49.04					
49.05					
49.06 PROVISION FOR UNCOLLECTIBLE ACCT	A	-1,722,572	ADMINISTRATIVE & GENERAL	6	
49.07 NON ALLOWABLE PHO/OUT OF NETWORK	A	-181	ADMINISTRATIVE & GENERAL	6	
49.08 NONALLOW CTRS 1090/1093/7012/1120/42	A	-381,579	ADMINISTRATIVE & GENERAL	6	
49.09 NONALLOWABLE COST	A	-19,697	ADMINISTRATIVE & GENERAL	6	
49.10					
49.11 NONALLOWABLE COST	A	-1,462	EMPLOYEE BENEFITS	5	
49.12					
49.13 NONALLOWABLE COST	A	-1,085	NURSING ADMINISTRATION	14	
49.14 NONALLOWABLE COST	A	-145	EMERGENCY	61	
49.15					
49.16					
49.17					
49.18					
49.19					
49.20 MEDICAID PROVIDER TAX	A	-4,249,523	ADMINISTRATIVE & GENERAL	6	
49.21					
49.22					
49.23 LOBBY COSTS	A	-10,640	ADMINISTRATIVE & GENERAL	6	
49.24 PHYSICIAN BILLING SERVICE	A	-17,992	CASHERING/ACCOUNTS RECEIV	5.05	
49.25					
49.26					
49.27					
49.28					
50 TOTAL (SUM OF LINES 1 THRU 49)		-6,772,046			

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 14-2012
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET A-8

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	COST CENTER 3	LINE NO 4		
50 TOTAL (SUM OF LINES 1 THRU 49)		-6,772,046				

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	5	EMPLOYEE BENEFITS	PERSONNEL	565,004	565,004	
2	5 2	DATA PROCESSING	DATA PROCESSING	281,725	281,725	
3	6	ADMINISTRATIVE & GENERAL	ADMIN & GEN'L	818,712	818,712	
4	1	OLD CAP REL COSTS-BLDG &	OLD BLDG	3,922	3,922	9
4.01	2	OLD CAP REL COSTS-MVBLE E	OLD EQUIP	1,360	1,360	9
4.02	3	NEW CAP REL COSTS-BLDG &	NEWBLDG	25,597	25,597	9
4.03	4	NEW CAP REL COSTS-MVBLE E	NEW EQUIP	196,454	196,454	9
5		TOTALS		1,892,774	1,892,774	

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-2012
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED: 5/26/2010
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 61	AGGREGATE	999,253	999,253		177,200	1	85	4
4 40	AGGREGATE	177,426	177,426		200,300	1	96	5
5 41	AGGREGATE	6,084	6,084		225,300	1	108	5
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,182,763	1,182,763			3	289	14

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 61	AGGREGATE					85		999,253
4 40	AGGREGATE					96		177,426
5 41	AGGREGATE					108		6,084
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					289		1,182,763

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2010
 I 14-2012 I FROM 1/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 12/31/2009 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	9	SQ. FEET NEW	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	9	SQ. FEET NEW	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	9	SQ. FEET NEW	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	9	SQ. FEET NEW	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	ENTERED
5.01	NONPATIENT TELEPHONES	S	GROSS SALARIES	ENTERED
5.02	DATA PROCESSING	6	GROSS REVENUE	ENTERED
5.03	PURCHASING RECEIVING AND STORES	4	SUPPLIES EXPENSE	ENTERED
5.04	ADMITTING	5	I/P REVENUE	ENTERED
5.05	CASHIERING/ACCOUNTS RECEIVABLE	6	GROSS REVENUE	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	ENTERED
7	MAINTENANCE & REPAIRS	8	BLANK	NOT ENTERED
8	OPERATION OF PLANT	9	SQ. FEET NEW	ENTERED
9	LAUNDRY & LINEN SERVICE	10	PATIENT DAYS	ENTERED
10	HOUSEKEEPING	9	SQ. FEET NEW	ENTERED
11	DIETARY	10	PATIENT DAYS	ENTERED
12	CAFETERIA	S	GROSS SALARIES	ENTERED
13	MAINTENANCE OF PERSONNEL	13	BLANK	NOT ENTERED
14	NURSING ADMINISTRATION	14	NSG HOURS	ENTERED
15	CENTRAL SERVICES & SUPPLY	15	SUPPLY COST	ENTERED
16	PHARMACY	16	DRUG COSTS	ENTERED
17	MEDICAL RECORDS & LIBRARY	6	GROSS REVENUE	ENTERED
18	SOCIAL SERVICE	10	PATIENT DAYS	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	21	I&RHRS	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	22	I&RHRS	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT TELEPHONES
	0	1	2	3	4	5	5.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	133,328	133,328					
003 OLD CAP REL COSTS-MVBLE E	1,800		1,800				
004 NEW CAP REL COSTS-BLDG &	792,575			792,575			
005 NEW CAP REL COSTS-MVBLE E	851,874				851,874		
005 EMPLOYEE BENEFITS	3,828,208	571	8	3,394	3,648	3,835,829	
005 01 NONPATIENT TELEPHONES	128,852	370	5	2,201	2,366	45,189	178,983
005 02 DATA PROCESSING	837,429						
005 03 PURCHASING RECEIVING AND	166,589	3,331	45	19,801	21,282	26,971	1,273
005 04 ADMINITTING	249,203	987	13	5,870	6,309	59,470	2,808
005 05 CASHIERING/ACCOUNTS RECEIV	780,058	816	11	4,850	5,213	88,802	4,193
006 ADMINISTRATIVE & GENERAL	3,457,406	7,386	100	43,907	47,192	462,777	21,851
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	3,538,790	13,844	187	82,295	88,452	247,360	11,680
009 LAUNDRY & LINEN SERVICE	118,050						
010 HOUSEKEEPING	544,358	1,066	14	6,340	6,814	100,236	4,733
011 DIETARY	288,677	6,558	89	38,987	41,904	48,548	2,292
012 CAFETERIA	565,176					92,171	4,352
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	961,078	1,881	25	11,185	12,021	240,101	11,337
015 CENTRAL SERVICES & SUPPLY	137,675	2,330	31	13,850	14,886	241	11
016 PHARMACY	955,542					188,876	8,918
017 MEDICAL RECORDS & LIBRARY	230,890	1,352	18	8,039	8,641	4,104	194
018 SOCIAL SERVICE	121,300	724	10	4,305	4,628	22,881	1,080
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	4,877,730	40,012	541	237,836	255,633	1,078,368	50,918
027 INTENSIVE CARE UNIT	1,505,585	1,724	23	10,251	11,018	326,548	15,419
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER							
037 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	282,355	5,486	74	32,609	35,049	64,632	3,052
038 RECOVERY ROOM	173,508					41,992	1,983
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	4,232					146	7
041 RADIOLOGY-DIAGNOSTIC	849,981	16,584	224	98,584	105,959	193,382	9,131
044 LABORATORY	549,814	5,467	74	32,502	34,933	1,295	61
047 BLOOD STORING, PROCESSING	120,908						
049 RESPIRATORY THERAPY	1,199,815	1,186	16	7,052	7,579	289,279	13,659
050 PHYSICAL THERAPY	480,567	3,352	45	19,925	21,416	49,546	2,339
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	15,935					3,548	168
054 ELECTROENCEPHALOGRAPHY	39						
055 MEDICAL SUPPLIES CHARGED	1,123,777						
056 DRUGS CHARGED TO PATIENTS	1,834,919						
057 RENAL DIALYSIS	194,632					74,171	3,502
059 DAY HOSPITAL							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	122,749					22,055	1,041
061 EMERGENCY	269,858	5,264	71	31,293	33,634	55,294	2,611
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	32,295,262	120,291	1,624	715,076	768,577	3,827,983	178,613
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	23,930					6,019	284
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS	401,242	13,037	176	77,499	83,297	1,827	86
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	32,720,434	133,328	1,800	792,575	851,874	3,835,829	178,983

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIV	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	5.02	5.03	5.04	5.05			
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 NONPATIENT TELEPHONES							
005 02 DATA PROCESSING	837,429						
005 03 PURCHASING RECEIVING AND		239,292					
005 04 ADMINISTRATION		562	325,222				
005 05 CASHIERING/ACCOUNTS RECEIV		2,551		886,494			
006 ADMINISTRATION & GENERAL		2,170			4,042,789	4,042,789	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		24,131			4,006,739	564,846	
009 LAUNDRY & LINEN SERVICE					118,050	16,642	
010 HOUSEKEEPING		11,687			675,248	95,192	
011 DIETARY		39,447			466,502	65,765	
012 CAFETERIA					661,699	93,282	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		911			1,238,539	174,602	
015 CENTRAL SERVICES & SUPPLY		147,622			316,646	44,639	
016 PHARMACY		1,643			1,154,979	162,822	
017 MEDICAL RECORDS & LIBRARY		232			253,470	35,733	
018 SOCIAL SERVICE					154,928	21,841	
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	172,644	5,108	75,259	182,761	6,976,810	983,536	
026 INTENSIVE CARE UNIT	40,999	1,671	17,872	43,401	1,974,511	278,355	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	11,274	405	2,605	11,935	449,476	63,364	
038 RECOVERY ROOM	2,112		343	2,236	222,174	31,321	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	6,027		1,259	6,381	18,052	2,545	
041 RADIOLOGY-DIAGNOSTIC	40,020	612	6,317	42,365	1,363,159	192,170	
044 LABORATORY	74,370		26,202	78,728	803,446	113,265	
047 BLOOD STORING, PROCESSING	11,119		4,803	11,771	148,601	20,949	
049 RESPIRATORY THERAPY	139,205	137	60,369	147,363	1,865,660	263,010	
050 PHYSICAL THERAPY	13,302	68	5,528	14,081	610,169	86,018	
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	3,318		1,032	3,512	27,513	3,879	
054 ELECTROENCEPHALOGRAPHY					39	5	
055 MEDICAL SUPPLIES CHARGED	25,598		10,678	27,098	1,187,151	167,357	
056 DRUGS CHARGED TO PATIENTS	256,621		100,258	271,650	2,463,448	347,282	
057 RENAL DIALYSIS	29,127	95	12,697	30,834	345,058	48,644	
059 DAY HOSPITAL							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		114			145,959	20,576	
061 EMERGENCY	11,693	126		12,378	422,222	59,522	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	837,429	239,292	325,222	886,494	32,113,037	3,957,162	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					30,233	4,262	
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS					577,164	81,365	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	837,429	239,292	325,222	886,494	32,720,434	4,042,789	

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 NONPATIENT TELEPHONES							
005 02 DATA PROCESSING							
005 03 PURCHASING RECEIVING AND							
005 04 ADMINITTING							
005 05 CASHIERING/ACCOUNTS RECEIV							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	4,571,585						
009 LAUNDRY & LINEN SERVICE		134,692					
010 HOUSEKEEPING	45,984		816,424				
011 DIETARY	282,791		51,016	866,074			
012 CAFETERIA					754,981		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	81,127		14,635		68,037		1,576,940
015 CENTRAL SERVICES & SUPPLY	100,460		18,123		68		
016 PHARMACY					53,522		
017 MEDICAL RECORDS & LIBRARY	58,312		10,519		1,163		
018 SOCIAL SERVICE	31,230		5,634		6,484		
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,725,161	116,823	311,222	751,178	305,574		1,094,640
027 INTENSIVE CARE UNIT	74,357	17,869	13,414	114,896	92,533		257,108
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER NURSERY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	236,533		42,671		18,315		35,284
039 RECOVERY ROOM					11,899		16,817
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY					41		
044 RADIOLOGY-DIAGNOSTIC	715,079		129,001		54,798		23,091
047 LABORATORY	235,751		42,530		367		784
049 BLOOD STORING, PROCESSING							
050 RESPIRATORY THERAPY	51,150		9,227		81,973		8,207
052 PHYSICAL THERAPY	144,527		26,073		14,040		8,266
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY					1,006		104
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED							
057 DRUGS CHARGED TO PATIENTS							
059 RENAL DIALYSIS DAY HOSPITAL					21,018		70,974
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC					6,250		
062 EMERGENCY	226,984		40,948		15,669		51,927
095 OBSERVATION BEDS (NON-DIS							
096 SPEC PURPOSE COST CENTERS							
098 SUBTOTALS	4,009,446	134,692	715,013	866,074	752,757		1,567,202
099 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP					1,706		
101 PHYSICIANS' PRIVATE OFFIC							
102 NONPAID WORKERS							
103 OTHER NONREIMBURSABLE COS	562,139		101,411		518		9,738
104 CROSS FOOT ADJUSTMENT							
105 NEGATIVE COST CENTER							
106 TOTAL	4,571,585	134,692	816,424	866,074	754,981		1,576,940

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	SUBTOTAL
	15	16	17	18	22	23	25
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 NONPATIENT TELEPHONES							
005 02 DATA PROCESSING							
005 03 PURCHASING RECEIVING AND							
005 04 ADMINITTING							
005 05 CASHIERING/ACCOUNTS RECEIV							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	479,936						
016 PHARMACY		1,371,323					
017 MEDICAL RECORDS & LIBRARY			359,197				
018 SOCIAL SERVICE				220,117			
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		29,323	74,053	190,916			12,559,236
026 INTENSIVE CARE UNIT		4,032	17,586	29,201			2,873,862
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		686	4,836				851,165
038 RECOVERY ROOM			906				283,117
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY		1,410	2,585				24,633
041 RADIOLOGY-DIAGNOSTIC		2,654	17,166				2,497,118
044 LABORATORY			31,900				1,228,043
047 BLOOD STORING, PROCESSING			4,770				174,320
049 RESPIRATORY THERAPY			59,710				2,338,937
050 PHYSICAL THERAPY			5,706				894,799
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY			1,423				33,925
054 ELECTROENCEPHALOGRAPHY							44
055 MEDICAL SUPPLIES CHARGED	479,936	250	10,980				1,845,674
056 DRUGS CHARGED TO PATIENTS		1,332,159	110,068				4,252,957
057 RENAL DIALYSIS		294	12,493				498,481
059 DAY HOSPITAL							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							172,785
061 EMERGENCY		515	5,015				822,802
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	479,936	1,371,323	359,197	220,117			31,351,898
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							36,201
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							1,332,335
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	479,936	1,371,323	359,197	220,117			32,720,434

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-2012
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST POST STEP-DOWN ADJ 26	TOTAL
001 GENERAL SERVICE COST CNTR		27
002 OLD CAP REL COSTS-BLDG &		
003 OLD CAP REL COSTS-MVBLE E		
004 NEW CAP REL COSTS-BLDG &		
005 NEW CAP REL COSTS-MVBLE E		
005 EMPLOYEE BENEFITS		
005 01 NONPATIENT TELEPHONES		
005 02 DATA PROCESSING		
005 03 PURCHASING RECEIVING AND		
005 04 ADMINITTING		
005 05 CASHIERING/ACCOUNTS RECEIV		
006 ADMINISTRATIVE & GENERAL		
007 MAINTENANCE & REPAIRS		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
013 MAINTENANCE OF PERSONNEL		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SUPPLY		
016 PHARMACY		
017 MEDICAL RECORDS & LIBRARY		
018 SOCIAL SERVICE		
022 I&R SERVICES-SALARY & FRI		
023 I&R SERVICES-OTHER PRGM C		
025 INPAT ROUTINE SRVC CNTRS		12,559,236
026 ADULTS & PEDIATRICS		2,873,862
027 INTENSIVE CARE UNIT		
028 CORONARY CARE UNIT		
029 BURN INTENSIVE CARE UNIT		
031 SURGICAL INTENSIVE CARE U		
033 SUBPROVIDER		
037 NURSERY		
037 ANCILLARY SRVC COST CNTRS		
038 OPERATING ROOM		851,165
038 RECOVERY ROOM		283,117
039 DELIVERY ROOM & LABOR ROO		
040 ANESTHESIOLOGY		24,633
041 RADIOLOGY-DIAGNOSTIC		2,497,118
044 LABORATORY		1,228,043
047 BLOOD STORING, PROCESSING		174,320
049 RESPIRATORY THERAPY		2,338,937
050 PHYSICAL THERAPY		894,799
052 SPEECH PATHOLOGY		
053 ELECTROCARDIOLOGY		33,925
054 ELECTROENCEPHALOGRAPHY		44
055 MEDICAL SUPPLIES CHARGED		1,845,674
056 DRUGS CHARGED TO PATIENTS		4,252,957
057 RENAL DIALYSIS		498,481
059 DAY HOSPITAL		
060 OUTPAT SERVICE COST CNTRS		
061 CLINIC		172,785
061 EMERGENCY		822,802
062 OBSERVATION BEDS (NON-DIS		
095 SPEC PURPOSE COST CENTERS		
095 SUBTOTALS		31,351,898
096 NONREIMBURS COST CENTERS		
096 GIFT, FLOWER, COFFEE SHOP		36,201
098 PHYSICIANS' PRIVATE OFFIC		
099 NONPAID WORKERS		
100 OTHER NONREIMBURSABLE COS		1,332,335
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 TOTAL		32,720,434

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENE
	OLD CAPITAL REL COSTS	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		FITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		571	8			579	579
005 01 NONPATIENT TELEPHONES		370	5			375	7
005 02 DATA PROCESSING							
005 03 PURCHASING RECEIVING AND		3,331	45			3,376	4
005 04 ADMINITTING		987	13			1,000	9
005 05 CASHIERING/ACCOUNTS RECEIV		816	11			827	13
006 ADMINISTRATIVE & GENERAL	53,113	7,386	100			60,599	70
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		13,844	187			14,031	37
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	2,511	1,066	14			3,591	15
011 DIETARY		6,558	89			6,647	7
012 CAFETERIA							14
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		1,881	25			1,906	36
015 CENTRAL SERVICES & SUPPLY		2,330	31			2,361	
016 PHARMACY							29
017 MEDICAL RECORDS & LIBRARY		1,352	18			1,370	1
018 SOCIAL SERVICE		724	10			734	3
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	16,516	40,012	541			57,069	164
026 INTENSIVE CARE UNIT		1,724	23			1,747	49
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		5,486	74			5,560	10
038 RECOVERY ROOM							6
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		16,584	224			16,808	29
044 LABORATORY	3,768	5,467	74			9,309	
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY	41,688	1,186	16			42,890	44
050 PHYSICAL THERAPY		3,352	45			3,397	8
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							1
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	68,946					68,946	
056 DRUGS CHARGED TO PATIENTS	106,808					106,808	
057 RENAL DIALYSIS							11
059 DAY HOSPITAL							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							3
061 EMERGENCY		5,264	71			5,335	8
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	293,350	120,291	1,624			415,265	578
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							1
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS	383,948	13,037	176			397,161	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	677,298	133,328	1,800			812,426	579

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINITTING	CASHIERING/ACCOUNTS RECEIV	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	5.01	5.02	5.03	5.04	5.05	6	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 NONPATIENT TELEPHONES	382						
005 02 DATA PROCESSING							
005 03 PURCHASING RECEIVING AND			3,383				
005 04 ADMINITTING				1,023			
005 05 CASHIERING/ACCOUNTS RECEIV					885		
006 ADMINSTRATIVE & GENERAL	46		31			60,746	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	25		341			8,486	
009 LAUNDRY & LINEN SERVICE						250	
010 HOUSEKEEPING	10		165			1,430	
011 DIETARY	5		558			988	
012 CAFETERIA	9					1,401	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	24		13			2,623	
015 CENTRAL SERVICES & SUPPLY			2,086			671	
016 PHARMACY	19		23			2,446	
017 MEDICAL RECORDS & LIBRARY			3			537	
018 SOCIAL SERVICE	2					328	
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	112		72	233	178	14,786	
026 INTENSIVE CARE UNIT	33		24	55	42	4,182	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	6		6	8	12	952	
038 RECOVERY ROOM	4			1	2	471	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY				4	6	38	
041 RADIOLOGY-DIAGNOSTIC	19		9	20	41	2,887	
044 LABORATORY				81	77	1,702	
047 BLOOD STORING, PROCESSING				15	11	315	
049 RESPIRATORY THERAPY	29		2	187	144	3,951	
050 PHYSICAL THERAPY	5		1	17	14	1,292	
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY				3	3	58	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED				33	26	2,514	
056 DRUGS CHARGED TO PATIENTS				327	287	5,218	
057 RENAL DIALYSIS	7		1	39	30	731	
059 DAY HOSPITAL							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	2		2			309	
061 EMERGENCY	6		2		12	894	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	381		3,383	1,023	885	59,460	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	1					64	
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS						1,222	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	382		3,383	1,023	885	60,746	

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 NONPATIENT TELEPHONES							
005 02 DATA PROCESSING							
005 03 PURCHASING RECEIVING AND							
005 04 ADMINITTING							
005 05 CASHIERING/ACCOUNTS RECEIV							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	22,920						
009 LAUNDRY & LINEN SERVICE		250					
010 HOUSEKEEPING	231		5,442				
011 DIETARY	1,418		340	9,963			
012 CAFETERIA					1,424		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	407		98		129		5,236
015 CENTRAL SERVICES & SUPPLY	504		121				
016 PHARMACY					101		
017 MEDICAL RECORDS & LIBRARY	292		70		2		
018 SOCIAL SERVICE	157		38		12		
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	8,648	217	2,074	8,641	572		3,635
027 INTENSIVE CARE UNIT	373	33	89	1,322	175		854
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER NURSERY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	1,186		284		35		117
039 RECOVERY ROOM					23		56
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
044 RADIOLOGY-DIAGNOSTIC	3,585		860		104		77
047 LABORATORY	1,182		283		1		3
049 BLOOD STORING, PROCESSING							
050 RESPIRATORY THERAPY	256		62		155		27
052 PHYSICAL THERAPY	725		174		27		27
054 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY					2		
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS					40		236
059 DAY HOSPITAL							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC					12		
062 EMERGENCY	1,138		273		30		172
095 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	20,102	250	4,766	9,963	1,420		5,204
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP					3		
099 PHYSICIANS' PRIVATE OFFIC							
100 NONPAID WORKERS							
101 OTHER NONREIMBURSABLE COS	2,818		676		1		32
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
103 TOTAL	22,920	250	5,442	9,963	1,424		5,236

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	SUBTOTAL
	15	16	17	18	22	23	
001 GENERAL SERVICE COST CNTR							25
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 NONPATIENT TELEPHONES							
005 02 DATA PROCESSING							
005 03 PURCHASING RECEIVING AND							
005 04 ADMINITTING							
005 05 CASHIERING/ACCOUNTS RECEIV							
006 ADMINISTRATION & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	5,743						
016 PHARMACY		2,618					
017 MEDICAL RECORDS & LIBRARY			2,275				
018 SOCIAL SERVICE				1,274			
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		56	466	1,105			98,028
026 INTENSIVE CARE UNIT		8	111	169			9,266
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		1	30				8,207
038 RECOVERY ROOM			6				569
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY		3	16				67
041 RADIOLOGY-DIAGNOSTIC		5	108				24,552
044 LABORATORY			201				12,839
047 BLOOD STORING, PROCESSING			30				371
049 RESPIRATORY THERAPY			376				48,123
050 PHYSICAL THERAPY			36				5,723
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY			9				76
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	5,743		69				77,331
056 DRUGS CHARGED TO PATIENTS		2,543	706				115,889
057 RENAL DIALYSIS		1	79				1,175
059 DAY HOSPITAL							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							328
061 EMERGENCY		1	32				7,903
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	5,743	2,618	2,275	1,274			410,447
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							69
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							401,910
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	5,743	2,618	2,275	1,274			812,426

ALLOCATION OF OLD CAPITAL RELATED COSTS

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 WORKSHEET B
 PART II

	POST STEPDOWN ADJUSTMENT	TOTAL
	26	27
001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
005	01 NONPATIENT TELEPHONES	
005	02 DATA PROCESSING	
005	03 PURCHASING RECEIVING AND	
005	04 ADMINITTING	
005	05 CASHIERING/ACCOUNTS RECEIV	
006	ADMINISTRATIVE & GENERAL	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
013	MAINTENANCE OF PERSONNEL	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	98,028
026	INTENSIVE CARE UNIT	9,266
027	CORONARY CARE UNIT	
028	BURN INTENSIVE CARE UNIT	
029	SURGICAL INTENSIVE CARE U	
031	SUBPROVIDER	
033	NURSERY	
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	8,207
038	RECOVERY ROOM	569
039	DELIVERY ROOM & LABOR ROO	
040	ANESTHESIOLOGY	67
041	RADIOLOGY-DIAGNOSTIC	24,552
044	LABORATORY	12,839
047	BLOOD STORING, PROCESSING	371
049	RESPIRATORY THERAPY	48,123
050	PHYSICAL THERAPY	5,723
052	SPEECH PATHOLOGY	
053	ELECTROCARDIOLOGY	76
054	ELECTROENCEPHALOGRAPHY	
055	MEDICAL SUPPLIES CHARGED	77,331
056	DRUGS CHARGED TO PATIENTS	115,889
057	RENAL DIALYSIS	1,175
059	DAY HOSPITAL	
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	328
061	EMERGENCY	7,903
062	OBSERVATION BEDS (NON-DIS	
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	410,447
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	69
098	PHYSICIANS' PRIVATE OFFIC	
099	NONPAID WORKERS	
100	OTHER NONREIMBURSABLE COS	401,910
101	CROSS FOOT ADJUSTMENTS	
102	NEGATIVE COST CENTER	
103	TOTAL	812,426

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				3,394	3,648	7,042	7,042
005 01 NONPATIENT TELEPHONES				2,201	2,366	4,567	83
005 02 DATA PROCESSING							
005 03 PURCHASING RECEIVING AND				19,801	21,282	41,083	50
005 04 ADMINITTING				5,870	6,309	12,179	109
005 05 CASHIERING/ACCOUNTS RECEIV				4,850	5,213	10,063	163
006 ADMINISTRATIVE & GENERAL				43,907	47,192	91,099	850
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT				82,295	88,452	170,747	454
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING				6,340	6,814	13,154	184
011 DIETARY				38,987	41,904	80,891	89
012 CAFETERIA							169
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION				11,185	12,021	23,206	441
015 CENTRAL SERVICES & SUPPLY				13,850	14,886	28,736	
016 PHARMACY							347
017 MEDICAL RECORDS & LIBRARY				8,039	8,641	16,680	8
018 SOCIAL SERVICE				4,305	4,628	8,933	42
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				237,836	255,633	493,469	1,978
026 INTENSIVE CARE UNIT				10,251	11,018	21,269	600
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				32,609	35,049	67,658	119
038 RECOVERY ROOM							77
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC				98,584	105,959	204,543	355
044 LABORATORY				32,502	34,933	67,435	2
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY				7,052	7,579	14,631	531
050 PHYSICAL THERAPY				19,925	21,416	41,341	91
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							7
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							136
059 DAY HOSPITAL							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							41
061 EMERGENCY				31,293	33,634	64,927	102
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS				715,076	768,577	1,483,653	7,028
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							11
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS				77,499	83,297	160,796	3
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				792,575	851,874	1,644,449	7,042

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	5.01	5.02	5.03	5.04	5.05	6	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 NONPATIENT TELEPHONES	4,650						
005 02 DATA PROCESSING							
005 03 PURCHASING RECEIVING AND		33	41,166				
005 04 ADMINISTRATIVE		73	97	12,458			
005 05 CASHIERING/ACCOUNTS RECEIVABLE		109	439		10,774		
006 ADMINISTRATIVE & GENERAL		568	373			92,890	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		304	4,151			12,978	
009 LAUNDRY & LINEN SERVICE						382	
010 HOUSEKEEPING		123	2,011			2,187	
011 DIETARY		60	6,786			1,511	
012 CAFETERIA		113				2,143	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		295	157			4,012	
015 CENTRAL SERVICES & SUPPLY			25,394			1,026	
016 PHARMACY		232	283			3,741	
017 MEDICAL RECORDS & LIBRARY		5	40			821	
018 SOCIAL SERVICE		28				502	
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,321		879	2,879	2,221	22,602	
026 INTENSIVE CARE UNIT	401		287	684	527	6,395	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	79		70	100	145	1,456	
038 RECOVERY ROOM	52			13	27	720	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY				48	78	58	
041 RADIOLOGY-DIAGNOSTIC	237		105	242	515	4,415	
044 LABORATORY	2			1,002	957	2,602	
047 BLOOD STORING, PROCESSING				184	143	481	
049 RESPIRATORY THERAPY	355		24	2,309	1,791	6,043	
050 PHYSICAL THERAPY	61		12	211	171	1,976	
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	4			39	43	89	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED				408	329	3,845	
056 DRUGS CHARGED TO PATIENTS				3,853	3,302	7,979	
057 RENAL DIALYSIS	91		16	486	375	1,118	
059 DAY HOSPITAL							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	27		20			473	
061 EMERGENCY	68		22		150	1,368	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	4,641		41,166	12,458	10,774	90,923	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	7					98	
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS	2					1,869	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	4,650		41,166	12,458	10,774	92,890	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 NONPATIENT TELEPHONES							
005 02 DATA PROCESSING							
005 03 PURCHASING RECEIVING AND							
005 04 ADMINITTING							
005 05 CASHIERING/ACCOUNTS RECEIV							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	188,634						
009 LAUNDRY & LINEN SERVICE		382					
010 HOUSEKEEPING	1,897		19,556				
011 DIETARY	11,669		1,222	102,228			
012 CAFETERIA					2,425		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	3,348		351		218		32,028
015 CENTRAL SERVICES & SUPPLY	4,145		434				
016 PHARMACY					172		
017 MEDICAL RECORDS & LIBRARY	2,406		252		4		
018 SOCIAL SERVICE	1,289		135		21		
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	71,183	331	7,454	88,666	984		22,230
026 INTENSIVE CARE UNIT	3,068	51	321	13,562	297		5,222
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	9,760		1,022		59		717
038 RECOVERY ROOM					38		342
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	29,506		3,090		176		469
044 LABORATORY	9,728		1,019		1		16
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY	2,111		221		263		167
050 PHYSICAL THERAPY	5,963		625		45		168
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY					3		2
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS					67		1,442
059 DAY HOSPITAL							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC					20		
061 EMERGENCY	9,366		981		50		1,055
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	165,439	382	17,127	102,228	2,418		31,830
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					5		
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS	23,195		2,429		2		198
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	188,634	382	19,556	102,228	2,425		32,028

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PREPARED 5/26/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	SUBTOTAL
	15	16	17	18	22	23	
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 NONPATIENT TELEPHONES							
005 02 DATA PROCESSING							
005 03 PURCHASING RECEIVING AND							
005 04 ADMITTING							
005 05 CASHIERING/ACCOUNTS RECEIV							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	59,735						
016 PHARMACY		4,775					
017 MEDICAL RECORDS & LIBRARY			20,216				
018 SOCIAL SERVICE				10,950			
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		102	4,167	9,497			729,963
026 INTENSIVE CARE UNIT		14	990	1,453			55,141
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		2	272				81,459
038 RECOVERY ROOM			51				1,320
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY		5	145				334
041 RADIOLOGY-DIAGNOSTIC		9	966				244,628
044 LABORATORY			1,795				84,559
047 BLOOD STORING, PROCESSING			268				1,076
049 RESPIRATORY THERAPY			3,360				31,806
050 PHYSICAL THERAPY			321				50,985
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY			80				267
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	59,735	1	618				64,936
056 DRUGS CHARGED TO PATIENTS		4,639	6,198				25,971
057 RENAL DIALYSIS		1	703				4,435
059 DAY HOSPITAL							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							581
061 EMERGENCY		2	282				78,373
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	59,735	4,775	20,216	10,950			1,455,834
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							121
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							188,494
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	59,735	4,775	20,216	10,950			1,644,449

ALLOCATION OF NEW CAPITAL RELATED COSTS

	POST STEPDOWN ADJUSTMENT	TOTAL
	26	27
001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
005	01 NONPATIENT TELEPHONES	
005	02 DATA PROCESSING	
005	03 PURCHASING RECEIVING AND	
005	04 ADMINITTING	
005	05 CASHIERING/ACCOUNTS RECEIV	
006	ADMINISTRATIVE & GENERAL	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
013	MAINTENANCE OF PERSONNEL	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	729,963
026	INTENSIVE CARE UNIT	55,141
027	CORONARY CARE UNIT	
028	BURN INTENSIVE CARE UNIT	
029	SURGICAL INTENSIVE CARE U	
031	SUBPROVIDER	
033	NURSERY	
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	81,459
038	RECOVERY ROOM	1,320
039	DELIVERY ROOM & LABOR ROO	
040	ANESTHESIOLOGY	334
041	RADIOLOGY-DIAGNOSTIC	244,628
044	LABORATORY	84,559
047	BLOOD STORING, PROCESSING	1,076
049	RESPIRATORY THERAPY	31,806
050	PHYSICAL THERAPY	50,985
052	SPEECH PATHOLOGY	
053	ELECTROCARDIOLOGY	267
054	ELECTROENCEPHALOGRAPHY	
055	MEDICAL SUPPLIES CHARGED	64,936
056	DRUGS CHARGED TO PATIENTS	25,971
057	RENAL DIALYSIS	4,435
059	DAY HOSPITAL	
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	581
061	EMERGENCY	78,373
062	OBSERVATION BEDS (NON-DIS	
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	1,455,834
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	121
098	PHYSICIANS' PRIVATE OFFIC	
099	NONPAID WORKERS	
100	OTHER NONREIMBURSABLE COS	188,494
101	CROSS FOOT ADJUSTMENTS	
102	NEGATIVE COST CENTER	
103	TOTAL	1,644,449

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-2012
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG &	OLD CAP REL COSTS-MVBLE	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES
	(SQ. FEET NEW)	(SQ. FEET NEW)	(SQ. FEET NEW)	(SQ. FEET NEW)	(GROSS SALARIES)	(GROSS SALARIES)
	1	2	3	4	5	5.01
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	146,900					
002 OLD CAP REL COSTS-MVB		146,900				
003 NEW CAP REL COSTS-BLD			146,900			
004 NEW CAP REL COSTS-MVB				146,900		
005 EMPLOYEE BENEFITS	629	629	629	629	14,177,410	
005 01 NONPATIENT TELEPHONES	408	408	408	408	167,020	14,010,390
005 02 DATA PROCESSING						
005 03 PURCHASING RECEIVING	3,670	3,670	3,670	3,670	99,686	99,686
005 04 ADMINITTING	1,088	1,088	1,088	1,088	219,806	219,806
005 05 CASHIERING/ACCOUNTS RE	899	899	899	899	328,218	328,218
006 ADMINISTRATION & GENE	8,138	8,138	8,138	8,138	1,710,448	1,710,448
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT	15,253	15,253	15,253	15,253	914,257	914,257
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING	1,175	1,175	1,175	1,175	370,477	370,477
011 DIETARY	7,226	7,226	7,226	7,226	179,436	179,436
012 CAFETERIA					340,669	340,669
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATION	2,073	2,073	2,073	2,073	887,427	887,427
015 CENTRAL SERVICES & SU	2,567	2,567	2,567	2,567	889	889
016 PHARMACY					698,097	698,097
017 MEDICAL RECORDS & LIB	1,490	1,490	1,490	1,490	15,168	15,168
018 SOCIAL SERVICE	798	798	798	798	84,570	84,570
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	44,082	44,082	44,082	44,082	3,985,684	3,985,684
026 INTENSIVE CARE UNIT	1,900	1,900	1,900	1,900	1,206,937	1,206,937
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
031 SUBPROVIDER						
033 NURSERY						
037 ANCILLARY SRVC COST C						
038 OPERATING ROOM	6,044	6,044	6,044	6,044	238,884	238,884
039 RECOVERY ROOM					155,205	155,205
040 DELIVERY ROOM & LABOR						
041 ANESTHESIOLOGY					538	538
044 RADIOLOGY-DIAGNOSTIC	18,272	18,272	18,272	18,272	714,749	714,749
047 LABORATORY	6,024	6,024	6,024	6,024	4,787	4,787
049 BLOOD STORING, PROCES						
050 RESPIRATORY THERAPY	1,307	1,307	1,307	1,307	1,069,190	1,069,190
052 PHYSICAL THERAPY	3,693	3,693	3,693	3,693	183,126	183,126
053 SPEECH PATHOLOGY						
054 ELECTROCARDIOLOGY					13,115	13,115
055 ELECTROENCEPHALOGRAPH						
056 MEDICAL SUPPLIES CHAR						
057 DRUGS CHARGED TO PATI						
059 RENAL DIALYSIS					274,140	274,140
DAY HOSPITAL						
060 OUTPAT SERVICE COST C						
061 CLINIC					81,518	81,518
062 EMERGENCY	5,800	5,800	5,800	5,800	204,370	204,370
OBSERVATION BEDS (NON						
SPEC PURPOSE COST CEN						
095 SUBTOTALS	132,536	132,536	132,536	132,536	14,148,411	13,981,391
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE					22,246	22,246
098 PHYSICIANS' PRIVATE O						
099 NONPAID WORKERS						
100 OTHER NONREIMBURSABLE	14,364	14,364	14,364	14,364	6,753	6,753
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	133,328	1,800	792,575	851,874	3,835,829	178,983
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	.907611	.012253	5.395337	5.799006	.270559	.012775
(WRKSHT B, PT I)						
105 COST TO BE ALLOCATED					579	382
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER					.000041	.000027
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					7,042	4,650
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.000497	.000332
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING RECEIVING AND	ADMITTING	CASHIERING/ACCOUNTS RECEIV	ADMINISTRATIVE MAINTENANCE & REPAIRS		
	(GROSS REVENUE)	(SUPPLIES) EXPENSE	(I/P) REVENUE	(GROSS) REVENUE	(RECONCILIATION)	(ACCUM. COST)	(BLANK)
	5.02	5.03	5.04	5.05	6a.00	6	7
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
005 01 NONPATIENT TELEPHONES							
005 02 DATA PROCESSING	66,495,451						
005 03 PURCHASING RECEIVING		1,867,600					
005 04 ADMITTING		4,385	59,242,321				
005 05 CASHIERING/ACCOUNTS RE		19,910		66,495,451			
006 ADMINISTRATIVE & GENE		16,935			-4,042,789	28,677,645	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		188,335				4,006,739	
009 LAUNDRY & LINEN SERVI						118,050	
010 HOUSEKEEPING		91,215				675,248	
011 DIETARY		307,874				466,502	
012 CAFETERIA						661,699	
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIO		7,113				1,238,539	
015 CENTRAL SERVICES & SU		1,152,124				316,646	
016 PHARMACY		12,827				1,154,979	
017 MEDICAL RECORDS & LIB		1,809				253,470	
018 SOCIAL SERVICE						154,928	
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	13,708,460	39,863	13,708,460	13,708,460		6,976,810	
026 INTENSIVE CARE UNIT	3,255,433	13,039	3,255,433	3,255,433		1,974,511	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	895,222	3,162	474,440	895,222		449,476	
038 RECOVERY ROOM	167,688	2	62,556	167,688		222,174	
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY	478,598		229,334	478,598		18,052	
041 RADIOLOGY-DIAGNOSTIC	3,177,680	4,780	1,150,571	3,177,680		1,363,159	
044 LABORATORY	5,905,214		4,772,677	5,905,214		803,446	
047 BLOOD STORING, PROCES	882,915		874,851	882,915		148,601	
049 RESPIRATORY THERAPY	11,053,306	1,072	10,996,201	11,053,306		1,865,660	
050 PHYSICAL THERAPY	1,056,203	534	1,006,928	1,056,203		610,169	
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	263,421		187,991	263,421		27,513	
054 ELECTROENCEPHALOGRAPH						39	
055 MEDICAL SUPPLIES CHAR	2,032,563		1,944,954	2,032,563		1,187,151	
056 DRUGS CHARGED TO PATI	20,377,564		18,265,171	20,377,564		2,463,448	
057 RENAL DIALYSIS	2,312,754	743	2,312,754	2,312,754		345,058	
059 DAY HOSPITAL							
060 OUTPAT SERVICE COST C							
060 CLINIC		891				145,959	
061 EMERGENCY	928,430	987		928,430		422,222	
062 OBSERVATION BEDS (NON							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	66,495,451	1,867,600	59,242,321	66,495,451	-4,042,789	28,070,248	
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE						30,233	
098 PHYSICIANS' PRIVATE O							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE						577,164	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	837,429	239,292	325,222	886,494		4,042,789	
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.128128		.013332		.140974	
(WRKSHT B, PT I)	.012594		.005490				
105 COST TO BE ALLOCATED		3,383	1,023	885		60,746	
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER		.001811		.000013		.002118	
(WRKSHT B, PT II)			.000017				
107 COST TO BE ALLOCATED		41,166	12,458	10,774		92,890	
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.022042		.000162		.003239	
(WRKSHT B, PT III)			.000210				

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	(SQ. FEET NEW)	(PATIENT DAYS)	(SQ. FEET NEW)	(PATIENT DAYS)	(GROSS SALARIES)	(BLANK)	(NSG HOURS)
	8	9	10	11	12	13	14
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
005 01 NONPATIENT TELEPHONES							
005 02 DATA PROCESSING							
005 03 PURCHASING RECEIVING							
005 04 ADMINISTRATION							
005 05 CASHIERING/ACCOUNTS RECEIVABLE							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	116,815						
009 LAUNDRY & LINEN SERVICE		12,038					
010 HOUSEKEEPING	1,175		115,640				
011 DIETARY	7,226		7,226	12,038			
012 CAFETERIA					9,847,393		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION			2,073		887,427		426,551
015 CENTRAL SERVICES & SUPPLIES	2,567		2,567		889		
016 PHARMACY					698,097		
017 MEDICAL RECORDS & LIBRARY	1,490		1,490		15,168		
018 SOCIAL SERVICE	798		798		84,570		
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
025 ADULTS & PEDIATRICS	44,082	10,441	44,082	10,441	3,985,684		296,092
026 INTENSIVE CARE UNIT	1,900	1,597	1,900	1,597	1,206,937		69,546
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE UNIT							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SERVICE COST CENTER							
038 OPERATING ROOM	6,044		6,044		238,884		9,544
039 RECOVERY ROOM					155,205		4,549
040 DELIVERY ROOM & LABOR					538		
041 ANESTHESIOLOGY					714,749		6,246
044 RADIOLOGY-DIAGNOSTIC	18,272		18,272		4,787		212
047 LABORATORY	6,024		6,024				
049 BLOOD STORAGE, PROCESSING							
050 RESPIRATORY THERAPY	1,307		1,307		1,069,190		2,220
052 PHYSICAL THERAPY	3,693		3,693		183,126		2,236
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY					13,115		28
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED TO PATIENT							
057 DRUGS CHARGED TO PATIENT							
059 RENAL DIALYSIS					274,140		19,198
060 DAY HOSPITAL							
061 OUTPAT SERVICE COST CENTER							
062 CLINIC					81,518		
066 EMERGENCY	5,800		5,800		204,370		14,046
095 OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER)	102,451	12,038	101,276	12,038	9,818,394		423,917
096 SUBTOTALS							
098 NONREIMBURSABLE COST CENTER					22,246		
099 GIFT, FLOWER, COFFEE							
100 PHYSICIANS' PRIVATE OFFICE							
101 NONPAID WORKERS							
102 OTHER NONREIMBURSABLE	14,364		14,364		6,753		2,634
103 CROSS FOOT ADJUSTMENT							
104 NEGATIVE COST CENTER							
105 COST TO BE ALLOCATED (WRKSHT B, PART I)	4,571,585	134,692	816,424	866,074	754,981		1,576,940
106 UNIT COST MULTIPLIER (WRKSHT B, PT I)		11.188902		71.945007			
107 COST TO BE ALLOCATED (WRKSHT B, PART II)	39,135,257	250	7,060,048	9,963	.076668		3.696955
108 UNIT COST MULTIPLIER (WRKSHT B, PT II)	22,920	.020768	5,442	.827629	1,424		5,236
109 COST TO BE ALLOCATED (WRKSHT B, PART III)	.196208	.047060	.047060	.000145			.012275
110 UNIT COST MULTIPLIER (WRKSHT B, PT III)	188,634	382	19,556	102,228	2,425		32,028
111 COST TO BE ALLOCATED (WRKSHT B, PART III)	1.614810	.031733	.169111	8.492108	.000246		.075086
112 UNIT COST MULTIPLIER (WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (SUPPLY COST)	PHARMACY (DRUG COSTS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	I&R SERVICES- SALARY & FRI (I&RHRS)	I&R SERVICES- OTHER PRGM C (I&RHRS)
	15	16	17	18	22	23
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
005 01 NONPATIENT TELEPHONES						
005 02 DATA PROCESSING						
005 03 PURCHASING RECEIVING						
005 04 ADMINITTING						
005 05 CASHIERING/ACCOUNTS RE						
006 ADMINSTRATIVE & GENE						
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SU	100					
016 PHARMACY		1,888,864				
017 MEDICAL RECORDS & LIB			66,495,451			
018 SOCIAL SERVICE				12,038		
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS		40,390	13,708,460	10,441		
026 INTENSIVE CARE UNIT		5,554	3,255,433	1,597		
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
031 SUBPROVIDER						
033 NURSERY						
037 ANCILLARY SRVC COST C						
038 OPERATING ROOM		945	895,222			
039 RECOVERY ROOM			167,688			
040 DELIVERY ROOM & LABOR						
041 ANESTHESIOLOGY		1,942	478,598			
044 RADIOLOGY-DIAGNOSTIC		3,655	3,177,680			
047 LABORATORY			5,905,214			
049 BLOOD STORING, PROCES			882,915			
050 RESPIRATORY THERAPY			11,053,306			
052 PHYSICAL THERAPY			1,056,203			
053 SPEECH PATHOLOGY						
054 ELECTROCARDIOLOGY			263,421			
055 ELECTROENCEPHALOGRAPH						
056 MEDICAL SUPPLIES CHAR	100	345	2,032,563			
057 DRUGS CHARGED TO PATI		1,834,919	20,377,564			
059 RENAL DIALYSIS		405	2,312,754			
060 DAY HOSPITAL						
061 OUTPAT SERVICE COST C						
062 CLINIC						
EMERGENCY		709	928,430			
095 OBSERVATION BEDS (NON						
SPEC PURPOSE COST CEN						
SUBTOTALS	100	1,888,864	66,495,451	12,038		
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
098 PHYSICIANS' PRIVATE O						
099 NONPAID WORKERS						
100 OTHER NONREIMBURSABLE						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	479,936	1,371,323	359,197	220,117		
(PER WRKSHT B, PART						
104 UNIT COST MULTIPLIER		.726004		18.285180		
(WRKSHT B, PT I)	4,799.360000		.005402			
105 COST TO BE ALLOCATED	5,743	2,618	2,275	1,274		
(PER WRKSHT B, PART						
106 UNIT COST MULTIPLIER		.001386		.105832		
(WRKSHT B, PT II)	57.430000		.000034			
107 COST TO BE ALLOCATED	59,735	4,775	20,216	10,950		
(PER WRKSHT B, PART						
108 UNIT COST MULTIPLIER		.002528		.909620		
(WRKSHT B, PT III)	597.350000		.000304			

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 DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	12,559,236		12,559,236		12,559,236
26	INTENSIVE CARE UNIT	2,873,862		2,873,862		2,873,862
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	851,165		851,165		851,165
38	RECOVERY ROOM	283,117		283,117		283,117
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	24,633		24,633		24,633
41	RADIOLOGY-DIAGNOSTIC	2,497,118		2,497,118		2,497,118
44	LABORATORY	1,228,043		1,228,043		1,228,043
47	BLOOD STORING, PROCESSING	174,320		174,320		174,320
49	RESPIRATORY THERAPY	2,338,937		2,338,937		2,338,937
50	PHYSICAL THERAPY	894,799		894,799		894,799
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	33,925		33,925		33,925
54	ELECTROENCEPHALOGRAPHY	44		44		44
55	MEDICAL SUPPLIES CHARGED	1,845,674		1,845,674		1,845,674
56	DRUGS CHARGED TO PATIENTS	4,252,957		4,252,957		4,252,957
57	RENAL DIALYSIS	498,481		498,481		498,481
59	DAY HOSPITAL					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	172,785		172,785		172,785
61	EMERGENCY	822,802		822,802		822,802
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	31,351,898		31,351,898		31,351,898
102	LESS OBSERVATION BEDS					
103	TOTAL	31,351,898		31,351,898		31,351,898

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	13,708,460		13,708,460			
26	INTENSIVE CARE UNIT	3,255,433		3,255,433			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	474,440	420,782	895,222	.950787	.950787	.950787
38	RECOVERY ROOM	62,556	105,132	167,688	1.688356	1.688356	1.688356
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	229,334	249,264	478,598	.051469	.051469	.051469
41	RADIOLOGY-DIAGNOSTIC	1,150,571	2,027,109	3,177,680	.785831	.785831	.785831
44	LABORATORY	4,722,677	1,132,537	5,855,214	.209735	.209735	.209735
47	BLOOD STORING, PROCESSING	874,851	8,064	882,915	.197437	.197437	.197437
49	RESPIRATORY THERAPY	10,996,201	57,105	11,053,306	.211605	.211605	.211605
50	PHYSICAL THERAPY	1,006,928	49,275	1,056,203	.847185	.847185	.847185
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	187,991	75,430	263,421	.128786	.128786	.128786
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,944,954	87,609	2,032,563	.908053	.908053	.908053
56	DRUGS CHARGED TO PATIENTS	18,265,171	2,112,393	20,377,564	.208708	.208708	.208708
57	RENAL DIALYSIS	2,312,754		2,312,754	.215536	.215536	.215536
59	DAY HOSPITAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY		928,430	928,430	.886229	.886229	.886229
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	59,192,321	7,253,130	66,445,451			
102	LESS OBSERVATION BEDS						
103	TOTAL	59,192,321	7,253,130	66,445,451			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-2012
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	12,559,236		12,559,236		12,559,236
26	INTENSIVE CARE UNIT	2,873,862		2,873,862		2,873,862
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	851,165		851,165		851,165
38	RECOVERY ROOM	283,117		283,117		283,117
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	24,633		24,633		24,633
41	RADIOLOGY-DIAGNOSTIC	2,497,118		2,497,118		2,497,118
44	LABORATORY	1,228,043		1,228,043		1,228,043
47	BLOOD STORING, PROCESSING	174,320		174,320		174,320
49	RESPIRATORY THERAPY	2,338,937		2,338,937		2,338,937
50	PHYSICAL THERAPY	894,799		894,799		894,799
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	33,925		33,925		33,925
54	ELECTROENCEPHALOGRAPHY	44		44		44
55	MEDICAL SUPPLIES CHARGED	1,845,674		1,845,674		1,845,674
56	DRUGS CHARGED TO PATIENTS	4,252,957		4,252,957		4,252,957
57	RENAL DIALYSIS	498,481		498,481		498,481
59	DAY HOSPITAL					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	172,785		172,785		172,785
61	EMERGENCY	822,802		822,802		822,802
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	31,351,898		31,351,898		31,351,898
102	LESS OBSERVATION BEDS					
103	TOTAL	31,351,898		31,351,898		31,351,898

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-2012
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	13,708,460		13,708,460			
26	INTENSIVE CARE UNIT	3,255,433		3,255,433			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	474,440	420,782	895,222	.950787	.950787	.950787
38	RECOVERY ROOM	62,556	105,132	167,688	1.688356	1.688356	1.688356
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	229,334	249,264	478,598	.051469	.051469	.051469
41	RADIOLOGY-DIAGNOSTIC	1,150,571	2,027,109	3,177,680	.785831	.785831	.785831
44	LABORATORY	4,722,677	1,132,537	5,855,214	.209735	.209735	.209735
47	BLOOD STORING, PROCESSING	874,851	8,064	882,915	.197437	.197437	.197437
49	RESPIRATORY THERAPY	10,996,201	57,105	11,053,306	.211605	.211605	.211605
50	PHYSICAL THERAPY	1,006,928	49,275	1,056,203	.847185	.847185	.847185
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	187,991	75,430	263,421	.128786	.128786	.128786
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,944,954	87,609	2,032,563	.908053	.908053	.908053
56	DRUGS CHARGED TO PATIENTS	18,265,171	2,112,393	20,377,564	.208708	.208708	.208708
57	RENAL DIALYSIS	2,312,754		2,312,754	.215536	.215536	.215536
59	DAY HOSPITAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY		928,430	928,430	.886229	.886229	.886229
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	59,192,321	7,253,130	66,445,451			
102	LESS OBSERVATION BEDS						
103	TOTAL	59,192,321	7,253,130	66,445,451			

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	851,165	89,666	761,499			851,165
38	RECOVERY ROOM	283,117	1,889	281,228			283,117
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	24,633	401	24,232			24,633
41	RADIOLOGY-DIAGNOSTIC	2,497,118	269,180	2,227,938			2,497,118
44	LABORATORY	1,228,043	97,398	1,130,645			1,228,043
47	BLOOD STORING, PROCESSING	174,320	1,447	172,873			174,320
49	RESPIRATORY THERAPY	2,338,937	79,929	2,259,008			2,338,937
50	PHYSICAL THERAPY	894,799	56,708	838,091			894,799
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	33,925	343	33,582			33,925
54	ELECTROENCEPHALOGRAPHY	44		44			44
55	MEDICAL SUPPLIES CHARGED	1,845,674	142,267	1,703,407			1,845,674
56	DRUGS CHARGED TO PATIENTS	4,252,957	141,860	4,111,097			4,252,957
57	RENAL DIALYSIS	498,481	5,610	492,871			498,481
59	DAY HOSPITAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	172,785	909	171,876			172,785
61	EMERGENCY	822,802	86,276	736,526			822,802
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	15,918,800	973,883	14,944,917			15,918,800
102	LESS OBSERVATION BEDS						
103	TOTAL	15,918,800	973,883	14,944,917			15,918,800

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	895,222	.950787	.950787
38	RECOVERY ROOM	167,688	1.688356	1.688356
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	478,598	.051469	.051469
41	RADIOLOGY-DIAGNOSTIC	3,177,680	.785831	.785831
44	LABORATORY	5,855,214	.209735	.209735
47	BLOOD STORING, PROCESSING	882,915	.197437	.197437
49	RESPIRATORY THERAPY	11,053,306	.211605	.211605
50	PHYSICAL THERAPY	1,056,203	.847185	.847185
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	263,421	.128786	.128786
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	2,032,563	.908053	.908053
56	DRUGS CHARGED TO PATIENTS	20,377,564	.208708	.208708
57	RENAL DIALYSIS	2,312,754	.215536	.215536
59	DAY HOSPITAL			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	928,430	.886229	.886229
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	49,481,558		
102	LESS OBSERVATION BEDS			
103	TOTAL	49,481,558		

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	851,165	89,666	761,499	8,967	44,167	798,031
38	RECOVERY ROOM	283,117	1,889	281,228	189	16,311	266,617
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	24,633	401	24,232	40	1,405	23,188
41	RADIOLOGY-DIAGNOSTIC	2,497,118	269,180	2,227,938	26,918	129,220	2,340,980
44	LABORATORY	1,228,043	97,398	1,130,645	9,740	65,577	1,152,726
47	BLOOD STORING, PROCESSING	174,320	1,447	172,873	145	10,027	164,148
49	RESPIRATORY THERAPY	2,338,937	79,929	2,259,008	7,993	131,022	2,199,922
50	PHYSICAL THERAPY	894,799	56,708	838,091	5,671	48,609	840,519
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	33,925	343	33,582	34	1,948	31,943
54	ELECTROENCEPHALOGRAPHY	44		44		3	41
55	MEDICAL SUPPLIES CHARGED	1,845,674	142,267	1,703,407	14,227	98,798	1,732,649
56	DRUGS CHARGED TO PATIENTS	4,252,957	141,860	4,111,097	14,186	238,444	4,000,327
57	RENAL DIALYSIS	498,481	5,610	492,871	561	28,587	469,333
59	DAY HOSPITAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	172,785	909	171,876	91	9,969	162,725
61	EMERGENCY	822,802	86,276	736,526	8,628	42,719	771,455
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	15,918,800	973,883	14,944,917	97,390	866,806	14,954,604
102	LESS OBSERVATION BEDS						
103	TOTAL	15,918,800	973,883	14,944,917	97,390	866,806	14,954,604

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	895,222	.891434	.940770
38	RECOVERY ROOM	167,688	1.589959	1.687229
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	478,598	.048450	.051386
41	RADIOLOGY-DIAGNOSTIC	3,177,680	.736695	.777360
44	LABORATORY	5,855,214	.196872	.208071
47	BLOOD STORING, PROCESSING	882,915	.185916	.197273
49	RESPIRATORY THERAPY	11,053,306	.199028	.210882
50	PHYSICAL THERAPY	1,056,203	.795793	.841815
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	263,421	.121262	.128657
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	2,032,563	.852445	.901053
56	DRUGS CHARGED TO PATIENTS	20,377,564	.196310	.208012
57	RENAL DIALYSIS	2,312,754	.202933	.215293
59	DAY HOSPITAL			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	928,430	.830924	.876936
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	49,481,558		
102	LESS OBSERVATION BEDS			
103	TOTAL	49,481,558		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-2012 PERIOD: FROM 1/1/2009 TO 12/31/2009 PREPARED 5/26/2010 WORKSHEET D PART I
PPS

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	98,028		98,028	729,963		729,963
26	INTENSIVE CARE UNIT	9,266		9,266	55,141		55,141
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL	107,294		107,294	785,104		785,104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-2012 PERIOD: FROM 1/1/2009 TO 12/31/2009 PREPARED 5/26/2010 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

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	10,441	7,553	9.39	70,923	69.91	528,030
26	INTENSIVE CARE UNIT	1,597	1,155	5.80	6,699	34.53	39,882
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL	12,038	8,708		77,622		567,912

PROVIDER NO: 14-2012
 COMPONENT NO: 14-2012
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET D
 PART II

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

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	8,207	81,459	895,222	373,035	.009168	3,420
38	RECOVERY ROOM	569	1,320	167,688	47,526	.003393	161
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	67	334	478,598	177,051	.000140	25
41	RADIOLOGY-DIAGNOSTIC	24,552	244,628	3,177,680	849,243	.007726	6,561
44	LABORATORY	12,839	84,559	5,855,214	3,538,369	.002193	7,760
47	BLOOD STORING, PROCESSING	371	1,076	882,915	663,060	.000420	278
49	RESPIRATORY THERAPY	48,123	31,806	11,053,306	7,871,090	.004354	34,271
50	PHYSICAL THERAPY	5,723	50,985	1,056,203	659,024	.005418	3,571
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	76	267	263,421	140,162	.000289	41
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	77,331	64,936	2,032,563	1,434,051	.038046	54,560
56	DRUGS CHARGED TO PATIENTS	115,889	25,971	20,377,564	13,368,355	.005687	76,026
57	RENAL DIALYSIS	1,175	4,435	2,312,754	1,980,949	.000508	1,006
59	DAY HOSPITAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	328	581				
61	EMERGENCY	7,903	78,373	928,430		.008512	
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	303,153	670,730	49,481,558	31,101,915		187,680

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-2012
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 COMPONENT NO: 14-2012
 PREPARED 5/26/2010
 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	.090993	33,944
38	RECOVERY ROOM	.007872	374
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY	.000698	124
41	RADIOLOGY-DIAGNOSTIC	.076983	65,377
44	LABORATORY	.014442	51,101
47	BLOOD STORING, PROCESSING	.001219	808
49	RESPIRATORY THERAPY	.002878	22,653
50	PHYSICAL THERAPY	.048272	31,812
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.001014	142
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.031948	45,815
56	DRUGS CHARGED TO PATIENTS	.001274	17,031
57	RENAL DIALYSIS	.001918	3,799
59	DAY HOSPITAL		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY	.084415	
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		272,980

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

PROVIDER NO: 14-2012
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET D
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED 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					10,441	
26	INTENSIVE CARE UNIT					1,597	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL					12,038	

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

PROVIDER NO:	PERIOD:	PREPARED
14-2012	FROM 1/ 1/2009	5/26/2010
	TO 12/31/2009	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		7,553
26	INTENSIVE CARE UNIT		1,155
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER		
33	NURSERY		
101	TOTAL		8,708

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	DAY HOSPITAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			895,222			373,035	
38	RECOVERY ROOM			167,688			47,526	
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY			478,598			177,051	
41	RADIOLOGY-DIAGNOSTIC			3,177,680			849,243	
44	LABORATORY			5,855,214			3,538,369	
47	BLOOD STORING, PROCESSING			882,915			663,060	
49	RESPIRATORY THERAPY			11,053,306			7,871,090	
50	PHYSICAL THERAPY			1,056,203			659,024	
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			263,421			140,162	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			2,032,563			1,434,051	
56	DRUGS CHARGED TO PATIENTS			20,377,564			13,368,355	
57	RENAL DIALYSIS			2,312,754			1,980,949	
59	DAY HOSPITAL							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY			928,430				
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			49,481,558			31,101,915	

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						
	OPERATING ROOM	140,808					
38	RECOVERY ROOM	34,385					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	84,115					
41	RADIOLOGY-DIAGNOSTIC	620,971					
44	LABORATORY	37,408					
47	BLOOD STORING, PROCESSING	5,936					
49	RESPIRATORY THERAPY	5,587					
50	PHYSICAL THERAPY	1,074					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	34,171					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	33,040					
56	DRUGS CHARGED TO PATIENTS	1,172,919					
57	RENAL DIALYSIS						
59	DAY HOSPITAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	37,801					
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	2,208,215					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/26/2010
 | 14-2012 | FROM 1/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2009 | PART V
 | 14-2012 | |

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	.950787	.950787			
38 RECOVERY ROOM	1.688356	1.688356			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.051469	.051469			
41 RADIOLOGY-DIAGNOSTIC	.785831	.785831			
44 LABORATORY	.209735	.209735			
47 BLOOD STORING, PROCESSING & TRANS.	.197437	.197437			
49 RESPIRATORY THERAPY	.211605	.211605			
50 PHYSICAL THERAPY	.847185	.847185			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY	.128786	.128786			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.908053	.908053			
56 DRUGS CHARGED TO PATIENTS	.208708	.208708			
57 RENAL DIALYSIS	.215536	.215536			
59 DAY HOSPITAL					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
62 EMERGENCY	.886229	.886229			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/26/2010
 | 14-2012 | FROM 1/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2009 | PART V
 | 14-2012 | |

TITLE XVIII, PART B HOSPITAL

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		140,808			
38 RECOVERY ROOM		34,385			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		84,115			
41 RADIOLOGY-DIAGNOSTIC		620,971			
44 LABORATORY		37,408			
47 BLOOD STORING, PROCESSING & TRANS.		5,936			
49 RESPIRATORY THERAPY		5,587			
50 PHYSICAL THERAPY		1,074			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		34,171			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		33,040			
56 DRUGS CHARGED TO PATIENTS		1,172,919			
57 RENAL DIALYSIS					
59 DAY HOSPITAL					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
62 EMERGENCY		37,801			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL		2,208,215			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		2,208,215			

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				133,878	
38 RECOVERY ROOM				58,054	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				4,329	
41 RADIOLOGY-DIAGNOSTIC				487,978	
44 LABORATORY				7,846	
47 BLOOD STORING, PROCESSING & TRANS.				1,172	
49 RESPIRATORY THERAPY				1,182	
50 PHYSICAL THERAPY				910	
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				4,401	
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				30,002	
56 DRUGS CHARGED TO PATIENTS				244,798	
57 RENAL DIALYSIS					
59 DAY HOSPITAL					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
62 EMERGENCY				33,500	
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL				1,008,050	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				1,008,050	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/26/2010
 | 14-2012 | FROM 1/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2009 | PART V
 | 14-2012 | |

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
- 44 LABORATORY
- 47 BLOOD STORING, PROCESSING & TRANS.
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 59 DAY HOSPITAL
- 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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/26/2010
 | 14-2012 | FROM 1/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2009 | PART V
 | 14-2012 | |

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.891434				137,681
38 RECOVERY ROOM	1.589959				40,212
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.048450				79,614
41 RADIOLOGY-DIAGNOSTIC	.736695				608,880
44 LABORATORY	.196872				354,217
47 BLOOD STORING, PROCESSING & TRANS.	.185916				268
49 RESPIRATORY THERAPY	.199028				15,650
50 PHYSICAL THERAPY	.795793				2,603
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY	.121262				16,400
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.852445				24,673
56 DRUGS CHARGED TO PATIENTS	.196310				340,109
57 RENAL DIALYSIS	.202933				
59 DAY HOSPITAL					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
62 EMERGENCY	.830924				312,299
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL					1,932,606
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					1,932,606

(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 5/26/2010
 | 14-2012 | FROM 1/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2009 | PART V
 | 14-2012 | |

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		122,734			
38 RECOVERY ROOM		63,935			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		3,857			
41 RADIOLOGY-DIAGNOSTIC		448,559			
44 LABORATORY		69,735			
47 BLOOD STORING, PROCESSING & TRANS.		50			
49 RESPIRATORY THERAPY		3,115			
50 PHYSICAL THERAPY		2,071			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		1,989			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		21,032			
56 DRUGS CHARGED TO PATIENTS		66,767			
57 RENAL DIALYSIS					
59 DAY HOSPITAL					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
62 EMERGENCY		259,497			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL		1,063,341			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		1,063,341			

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-2012	FROM 1/ 1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D-1
14-2012		PART I

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	10,441
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	10,441
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10,441
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	7,553
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	12,559,236
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	12,559,236

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	13,708,460
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	13,708,460
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.916167
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,312.95
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	12,559,236

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-2012	FROM 1/1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D-1
14-2012		PART II

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM				1,202.88
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				9,085,353
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM				
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				9,085,353

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	2,873,862	1,597	1,799.54	1,155	2,078,469
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	645,534
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	460,660
52	TOTAL PROGRAM EXCLUDABLE COST	1,106,194
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	18,803,224

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: 14-2012
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 COMPONENT NO: 14-2012
 PREPARED 5/26/2010
 WORKSHEET D-1
 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
- 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

1

PART IV - COMPUTATION OF OBSERVATION BED COST

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

1,202.88

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	98,028	12,559,236	.007805		
87 NEW CAPITAL-RELATED COST	729,963	12,559,236	.058122		
88 NON PHYSICIAN ANESTHETIST		12,559,236			
89 MEDICAL EDUCATION		12,559,236			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-2012	FROM 1/ 1/2009	5/26/2010
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14-2012		PART I

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	10,441
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	10,441
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10,441
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	509
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	12,559,236
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	12,559,236

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	13,708,460
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	13,708,460
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.916167
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,312.95
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	12,559,236

COMPUTATION OF INPATIENT OPERATING COST

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14-2012		PART II

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1,202.88
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	612,266
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	612,266

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	2,873,862	1,597	1,799.54	78	140,364
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

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14-2012		PART III

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,202.88
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-2012
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 WORKSHEET D-4

TITLE XVIII, PART A HOSPITAL

PPS

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		9,785,249	
26	INTENSIVE CARE UNIT		2,596,509	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.950787	373,035	354,677
38	RECOVERY ROOM	1.688356	47,526	80,241
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.051469	177,051	9,113
41	RADIOLOGY-DIAGNOSTIC	.785831	849,243	667,361
44	LABORATORY	.209735	3,538,369	742,120
47	BLOOD STORING, PROCESSING & TRANS.	.197437	663,060	130,913
49	RESPIRATORY THERAPY	.211605	7,871,090	1,665,562
50	PHYSICAL THERAPY	.847185	659,024	558,315
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.128786	140,162	18,051
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.908053	1,434,051	1,302,194
56	DRUGS CHARGED TO PATIENTS	.208708	13,368,355	2,790,083
57	RENAL DIALYSIS	.215536	1,980,949	426,966
59	DAY HOSPITAL			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.886229		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS			
101	TOTAL		31,101,915	8,745,596
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		31,101,915	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED
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-		

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.950787		
38	RECOVERY ROOM	1.688356		
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.051469		
41	RADIOLOGY-DIAGNOSTIC	.785831		
44	LABORATORY	.209735		
47	BLOOD STORING, PROCESSING & TRANS.	.197437		
49	RESPIRATORY THERAPY	.211605		
50	PHYSICAL THERAPY	.847185		
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.128786		
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.908053		
56	DRUGS CHARGED TO PATIENTS	.208708		
57	RENAL DIALYSIS	.215536		
59	DAY HOSPITAL			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.886229		
62	OBSERVATION BEDS (NON-DISTINCT PART)			
	OTHER REIMBURS COST CNTRS			
101	TOTAL			
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES			

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

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 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET D-4

TITLE XIX

HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		688,352	
26	INTENSIVE CARE UNIT		205,380	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.950787	27,893	26,520
38	RECOVERY ROOM	1.688356	3,864	6,524
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.051469	12,006	618
41	RADIOLOGY-DIAGNOSTIC	.785831	76,227	59,902
44	LABORATORY	.209735	255,757	53,641
47	BLOOD STORING, PROCESSING & TRANS.	.197437	28,628	5,652
49	RESPIRATORY THERAPY	.211605	425,882	90,119
50	PHYSICAL THERAPY	.847185	59,711	50,586
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.128786	11,575	1,491
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.908053	85,583	77,714
56	DRUGS CHARGED TO PATIENTS	.208708	845,077	176,374
57	RENAL DIALYSIS	.215536	52,561	11,329
59	DAY HOSPITAL			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.886229		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS			
101	TOTAL		1,884,764	560,470
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,884,764	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-2012	FROM 1/ 1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E
14-2012		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).	1,008,050
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	548,148
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)	548,148

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	111,272
19	SUBTOTAL (SEE INSTRUCTIONS)	436,876
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	436,876
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	436,876

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	88,493
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	61,945
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	55,764
28	SUBTOTAL	498,821
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	498,821
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	436,876
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	61,945
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: 14-2012
 COMPONENT NO: 14-2012
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION

INPATIENT-PART A P A R T B
 MM/DD/YYYY AMOUNT MM/DD/YYYY AMOUNT
 1 2 3 4

1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER				
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.				
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
	ADJUSTMENTS TO PROVIDER	.01			
	ADJUSTMENTS TO PROVIDER	.02			
	ADJUSTMENTS TO PROVIDER	.03			
	ADJUSTMENTS TO PROVIDER	.04			
	ADJUSTMENTS TO PROVIDER	.05			
	ADJUSTMENTS TO PROGRAM	.50			
	ADJUSTMENTS TO PROGRAM	.51			
	ADJUSTMENTS TO PROGRAM	.52			
	ADJUSTMENTS TO PROGRAM	.53			
	ADJUSTMENTS TO PROGRAM	.54			
	ADJUSTMENTS TO PROGRAM	.99			
	SUBTOTAL		NONE		NONE
4	TOTAL INTERIM PAYMENTS		15,302,785		436,876
	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			
	TENTATIVE TO PROGRAM	.99			
	SUBTOTAL		NONE		NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		561,523		61,945
7	TOTAL MEDICARE PROGRAM LIABILITY		15,864,308		498,821

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.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED
14-2012	FROM 1/ 1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-1
-		

TITLE XVII I SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS			NONE	NONE
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-2012
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 COMPONENT NO: 14-2012
 PREPARED 5/26/2010
 WORKSHEET E-3
 PART I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	14,238,440
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	2,274,907
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	16,513,347
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	16,513,347
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	16,513,347
7	DEDUCTIBLES	16,020
8	SUBTOTAL	16,497,327
9	COINSURANCE	1,194,542
10	SUBTOTAL	15,302,785
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	802,176
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	561,523
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	711,303
12	SUBTOTAL	15,864,308
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-2012	FROM 1/ 1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-3
14-2012		PART I

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

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	15,864,308
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	15,302,785
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	561,523
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

- 1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.
- 2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)
- 3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)
- 4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)

COLUMN 1
1.000000

COLUMN 1.01

CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA

- 5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)
- 5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)
- 6 DIRECT GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 7 SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)
- 8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)
- 9 MULTIPLY LINE 7 TIMES LINE 8
- 10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.
- 11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)
- 12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

- 13 REDUCED IIME FTE CAP (SEE INSTRUCTIONS)
- 14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)
- 15 PRORATED REDUCED ALLOWABLE IIME FTE CAP

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

- 16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IIME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).
- 17 IIME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)
- 19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)
- 20 IIME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)
- 21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.
- 22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005
- 23 ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

38613, 711, 161

50810, 318, 848

BALANCE SHEET

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

BALANCE SHEET

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

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		1,855,417,224		
2	NET INCOME (LOSS)		-5,695,224		
3	TOTAL		1,849,722,000		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		1,849,722,000		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		1,849,722,000		

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 14-2012
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	13,708,460		13,708,460
2 00 SUBPROVIDER			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	13,708,460		13,708,460
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	3,255,433		3,255,433
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	3,255,433		3,255,433
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	16,963,893		16,963,893
17 00 ANCILLARY SERVICES	42,253,765	6,918,741	49,172,506
18 00 OUTPATIENT SERVICES		928,430	928,430
24 00			
25 00 TOTAL PATIENT REVENUES	59,217,658	7,847,171	67,064,829

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		39,492,480	
ADD (SPECIFY)			
27 00 HOME OFFICE COSTS	1,491,450		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		1,491,450	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		40,983,930	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-2012 PERIOD: FROM 1/1/2009 TO 12/31/2009 PREPARED 5/26/2010 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	67,064,829
2	LESS: ALLOWANCES AND DISCOUNTS ON	32,805,553
3	NET PATIENT REVENUES	34,259,276
4	LESS: TOTAL OPERATING EXPENSES	40,983,930
5	NET INCOME FROM SERVICE TO PATIENT	-6,724,654
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24		
24.01	NET NON OPERATING REV	26,272
24.02	OTHER OPERATING REVENUE	1,003,158
25	TOTAL OTHER INCOME	1,029,430
26	TOTAL	-5,695,224
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	-5,695,224

PROVIDER NO:	PERIOD:	PREPARED
14-2012	FROM 1/ 1/2009	5/26/2010
SATELLITE NO:	TO 12/31/2009	WORKSHEET 1-5

CALCULATION OF REIMBURSABLE
BAD DEBTS - TITLE XVIII - PART B

- DESCRIPTION
- 1 TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)
 - 2 TOTAL PAYMENT (FROM WORKSHEET 1-4, COLUMN 7, LINE 11)
 - 3 DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS
 - 4 COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS
 - 5 BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES
 - 5.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)
 - 6 NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 & 4 LESS LINE 5)
 - 7 PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80%)
 - 8 UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 6 AND 7. IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9.)
 - 9 REIMBURSABLE BAD DEBTS (LESSER OF LINE 8 OR LINE 5)(TRANSFER TO WORKSHEET E, PART B, LINE 26)

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	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	43.47
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	37.31
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	58.52
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	12.58
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	5,194
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	69,964
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)	