

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		14-3301		FROM 7/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 12/ 1/2009 TIME 14: 23

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: LARABIDA CHILDREN'S HOSPITAL 14-3301 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2008 AND ENDING 6/30/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
1 HOSPITAL	1	2	0	3	4
	0		0		0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 65TH AT LAKE MICHIGAN P. O. BOX:
 1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60649- COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)
02.00	HOSPITAL	14-3301	2.01	7/1/1973	V XVIII XIX 4 5 6 N T O

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/1/2008 TO: 6/30/2009

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER

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 42 412.105 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? 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 1600
- 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. Y
- 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)
- 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). / /
- 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? Y
- 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? Y
- 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. Y
- 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
- 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
- 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR I ME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N

36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N N
 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?

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 NF 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 NUMBER. (SEE INSTRUCTIONS). Y
 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: P.O. BOX:
 40.03 CITY: STATE: ZIP CODE: -
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 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?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMD 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	OUTPATIENT	OUTPATIENT
	1	2	3	4	ASC	RADIOLOGY	DIAGNOSTIC
47.00 HOSPITAL	N	N	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: 0
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0

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

	DATE	Y OR N	LIMIT	Y OR N	FEES
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. N 0.00 0					
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. 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					

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) N
 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

HOSPITAL AND HOSPITAL HEALTH CARE
 COMPLEX STATISTICAL DATA

PROVIDER NO:
 14-3301

PERIOD:
 FROM 7/1/2008
 TO 6/30/2009

PREPARED 12/1/2009
 WORKSHEET S-3
 PART I

COMPONENT	I & R FTES			--- FULL TIME EQUIV ---		DISCHARGES		
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS	
16 NURSING FACILITY	9	10	11	12	13	14	15	
16 01 ICF/MR								
17 OTHER LONG TERM CARE								
18 HOME HEALTH AGENCY								
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE								
23 CORF								
25 TOTAL	6.42	383.36						
26 OBSERVATION BED DAYS								
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-3301
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 12/1/2009
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	21,250,087		21,250,087	797,397.00	26.65	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)		481,150	481,150	9,584.00	50.20	
6.01 CONTRACT SERVICES, I&R		481,150	481,150	15,773.00	30.50	
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	3,345,715		3,345,715	130,437.00	25.65	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	569,480		569,480	18,592.00	30.63	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)	2,728,771		2,728,771	28,454.00	95.90	
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	3,800,451		3,800,451			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	710,174		710,174			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	372,985		372,985	10,115.00	36.87	
22 ADMINISTRATIVE & GENERAL	6,484,466	189,379	6,673,845	203,684.00	32.77	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	445,320		445,320	16,523.00	26.95	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	624,906		624,906	43,999.00	14.20	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	684,427	-367,037	317,390	21,873.00	14.51	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		367,037	367,037	18,911.00	19.41	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	86,991		86,991	2,080.00	41.82	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	323,782	-1	323,781	17,233.00	18.79	
34 SOCIAL SERVICE	500,621	-96,619	404,002	22,595.00	17.88	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	21,250,087	-962,300	20,287,787	772,040.00	26.28	
2 EXCLUDED AREA SALARIES	3,345,715		3,345,715	130,437.00	25.65	
3 SUBTOTAL SALARIES	17,904,372	-962,300	16,942,072	641,603.00	26.41	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	3,298,251		3,298,251	47,046.00	70.11	
5 SUBTOTAL WAGE-RELATED COSTS	3,800,451		3,800,451		22.43	
6 TOTAL	25,003,074	-962,300	24,040,774	688,649.00	34.91	
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	9,523,498	92,759	9,616,257	357,013.00	26.94	

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-3301

PERIOD: FROM 7/1/2008 TO 6/30/2009

PREPARED 12/1/2009 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					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT				1,340,074	1,340,074
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				610,848	610,848
5	0500	EMPLOYEE BENEFITS	372,985	-547,125	-174,140		-174,140
6	0600	ADMINISTRATIVE & GENERAL	6,484,466	8,627,875	15,112,341	-1,623,431	13,488,910
7	0700	MAINTENANCE & REPAIRS					
8	0800	OPERATION OF PLANT	445,320	706,355	1,151,675		1,151,675
9	0900	LAUNDRY & LINEN SERVICE					
10	1000	HOUSEKEEPING	624,906	411,890	1,036,796		1,036,796
11	1100	DIETARY	684,427	455,608	1,140,035	-611,365	528,670
12	1200	CAFETERIA				611,365	611,365
13	1300	MAINTENANCE OF PERSONNEL					
14	1400	NURSING ADMINISTRATION	86,991	39,934	126,925		126,925
15	1500	CENTRAL SERVICES & SUPPLY					
16	1600	PHARMACY					
17	1700	MEDICAL RECORDS & LIBRARY	323,782	174,783	498,565	-2	498,563
18	1800	SOCIAL SERVICE	500,621	460,304	960,925	-120,774	840,151
20	2000	NONPHYSICIAN ANESTHETISTS					
21	2100	NURSING SCHOOL					
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD				481,150	481,150
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD				227,967	227,967
24	2400	PARAMEDICAL PRGM					
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	3,732,707	1,776,794	5,509,501		5,509,501
26	2600	INTENSIVE CARE UNIT					
27	2700	CORONARY CARE UNIT					
28	2800	BURN INTENSIVE CARE UNIT					
29	2900	SURGICAL INTENSIVE CARE UNIT					
31	3100	SUBPROVIDER					
33	3300	NURSERY					
34	3400	SKILLED NURSING FACILITY					
35	3500	NURSING FACILITY					
35.01	3510	ICF/MR					
36	3600	OTHER LONG TERM CARE					
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM					
38	3800	RECOVERY ROOM					
39	3900	DELIVERY ROOM & LABOR ROOM					
40	4000	ANESTHESIOLOGY					
41	4100	RADIOLOGY-DIAGNOSTIC	171,694	113,379	285,073		285,073
42	4200	RADIOLOGY-THERAPEUTIC					
43	4300	RADIOISOTOPE					
44	4400	LABORATORY	515,835	1,255,788	1,771,623		1,771,623
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700	BLOOD STORING, PROCESSING & TRANS.					
48	4800	INTRAVENOUS THERAPY					
49	4900	RESPIRATORY THERAPY	620,637	289,986	910,623		910,623
50	5000	PHYSICAL THERAPY	835,687	262,352	1,098,039		1,098,039
51	5100	OCCUPATIONAL THERAPY	313,915	98,672	412,587		412,587
52	5200	SPEECH PATHOLOGY	330,423	96,998	427,421		427,421
53	5300	ELECTROCARDIOLOGY					
54	5400	ELECTROENCEPHALOGRAPHY					
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	95,448	471,400	566,848		566,848
56	5600	DRUGS CHARGED TO PATIENTS	657,819	2,492,809	3,150,628		3,150,628
57	5700	RENAL DIALYSIS					
58	5800	ASC (NON-DISTINCT PART)					
59	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES				120,774	120,774
59.01	3950	STAFF		2,322,633	2,322,633	-1,036,606	1,286,027
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	725,564	243,486	969,050		969,050
61	6100	EMERGENCY	381,145	543,382	924,527		924,527
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		OTHER REIMBURS COST CNTRS					
64	6400	HOME PROGRAM DIALYSIS					
65	6500	AMBULANCE SERVICES					
66	6600	DURABLE MEDICAL EQUIP-RENTED					
67	6700	DURABLE MEDICAL EQUIP-SOLD					
69	6900	CORF					
70	7000	I&R SERVICES-NOT APPRVD PRGM					
71	7100	HOME HEALTH AGENCY					
		SPEC PURPOSE COST CENTERS					
82	8200	LUNG ACQUISITION					
83	8300	KIDNEY ACQUISITION					
84	8400	LIVER ACQUISITION					
86	8600	OTHER ORGAN ACQUISITION					
88	8800	INTEREST EXPENSE					
89	8900	UTILIZATION REVIEW-SNF					
90	9000	OTHER CAPITAL RELATED COSTS					
92	9200	AMBULATORY SURGICAL CENTER (D. P.)					
93	9300	HOSPICE					
95		SUBTOTALS	17,904,372	20,297,303	38,201,675	-0-	38,201,675
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-3301
PERIOD: FROM 7/1/2008 TO 6/30/2009
PREPARED 12/1/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	NONREIMBURS COST CENTERS					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES					
99	9900 NONPAID WORKERS	3,345,715	2,202,582	5,548,297		5,548,297
101	TOTAL	21,250,087	22,499,885	43,749,972	-0-	43,749,972

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-3301
PERIOD: FROM 7/1/2008 TO 6/30/2009
PREPARED 12/1/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,340,074
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		610,848
5	0500 EMPLOYEE BENEFITS		-174,140
6	0600 ADMINISTRATIVE & GENERAL	-30,924	13,457,986
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT		1,151,675
9	0900 LAUNDRY & LINEN SERVICE		
10	1000 HOUSEKEEPING		1,036,796
11	1100 DIETARY		528,670
12	1200 CAFETERIA	-149,567	461,798
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION		126,925
15	1500 CENTRAL SERVICES & SUPPLY		
16	1600 PHARMACY		
17	1700 MEDICAL RECORDS & LIBRARY	-9,128	489,435
18	1800 SOCIAL SERVICE	-3,846	836,305
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		481,150
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		227,967
24	2400 PARAMEDICAL PRGM		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		5,509,501
26	2600 INTENSIVE CARE UNIT		
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER		
33	3300 NURSERY		
34	3400 SKILLED NURSING FACILITY		
35	3500 NURSING FACILITY		
35.01	3510 ICF/MR		
36	3600 OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		
38	3800 RECOVERY ROOM		
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY		
41	4100 RADIOLOGY-DIAGNOSTIC		285,073
42	4200 RADIOLOGY-THERAPEUTIC		
43	4300 RADIOISOTOPE		
44	4400 LABORATORY		1,771,623
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700 BLOOD STORING, PROCESSING & TRANS.		
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY		910,623
50	5000 PHYSICAL THERAPY	-26,386	1,071,653
51	5100 OCCUPATIONAL THERAPY	-3,817	408,770
52	5200 SPEECH PATHOLOGY	-1,657	425,764
53	5300 ELECTROCARDIOLOGY		
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		566,848
56	5600 DRUGS CHARGED TO PATIENTS		3,150,628
57	5700 RENAL DIALYSIS		
58	5800 ASC (NON-DISTINCT PART)		
59	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		120,774
59.01	3950 STAFF	-1,286,027	
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		969,050
61	6100 EMERGENCY		924,527
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
64	6400 HOME PROGRAM DIALYSIS		
65	6500 AMBULANCE SERVICES		
66	6600 DURABLE MEDICAL EQUIP-RENTED		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
69	6900 CORF		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
82	8200 LUNG ACQUISITION		
83	8300 KIDNEY ACQUISITION		
84	8400 LIVER ACQUISITION		
86	8600 OTHER ORGAN ACQUISITION		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D. P.)		
93	9300 HOSPICE		
95	SUBTOTALS	-1,511,352	36,690,323
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-3301
PERIOD: FROM 7/1/2008 TO 6/30/2009
PREPARED 12/1/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
	NONREIMBURS COST CENTERS	6	7
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		5,548,297
101	TOTAL	-1,511,352	42,238,620

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-3301
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 12/1/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	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	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
59.01	STAFF	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GI FT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-3301
PERIOD: FROM 7/1/2008 TO 6/30/2009
PREPARED 12/1/2009
NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
98	NONREIMBURS COST CEN	9800	
99	PHYSICIANS' PRIVATE OFFICES	9900	
101	NONPAID WORKERS		
	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
143301

PERIOD:
FROM 7/ 1/2008
TO 6/30/2009

PREPARED 12/ 1/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1) 1	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 DISTRIBUTE CAPITAL	A	NEW CAP REL COSTS-MVBLE EQUIP	4		596,047
2		NEW CAP REL COSTS-BLDG & FIXT	3		1,777,410
3 PSYCH TESTING	B	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59	96,619	24,155
4 CREATE COST CENTER	C	CAFETERIA	12	367,037	244,328
5 MEDICAL STAFF COSTS	D	I&R SERVICES-SALARY & FRINGES APPRVD	22	481,150	
6		I&R SERVICES-OTHER PRGM COSTS APPRVD	23	113,001	114,966
7		ADMINISTRATIVE & GENERAL	6	189,378	138,111
8 ADMITTING PERSONNEL	E	ADMINISTRATIVE & GENERAL	6	1	1
9 SPACE RENTALS	F	NEW CAP REL COSTS-BLDG & FIXT	3		84,834
10 INSURANCE	G	NEW CAP REL COSTS-BLDG & FIXT	3		73,877
11		NEW CAP REL COSTS-MVBLE EQUIP	4		14,801
36 TOTAL RECLASSIFICATIONS				1,247,186	3,068,530

(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:
143301

PERIOD:
FROM 7/ 1/2008
TO 6/30/2009

PREPARED 12/ 1/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----					A-7 REF 10
	CODE (1) 1	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 DISTRIBUTE CAPITAL	A	NEW CAP REL COSTS-BLDG & FIXT	3		596,047	9
2		ADMINISTRATIVE & GENERAL	6		1,777,410	9
3 PSYCH TESTING	B	SOCIAL SERVICE	18	96,619	24,155	
4 CREATE COST CENTER	C	DIETARY	11	367,037	244,328	
5 MEDICAL STAFF COSTS	D	STAFF	59.01	783,529	253,077	
6						
7						
8 ADMITTING PERSONNEL	E	MEDICAL RECORDS & LIBRARY	17	1	1	
9 SPACE RENTALS	F	ADMINISTRATIVE & GENERAL	6		84,834	10
10 INSURANCE	G	ADMINISTRATIVE & GENERAL	6		88,678	12
11						12
36 TOTAL RECLASSIFICATIONS				1,247,186	3,068,530	

(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:
143301

PERIOD:
FROM 7/ 1/2008
TO 6/30/2009

PREPARED 12/ 1/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : DISTRIBUTE CAPITAL

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	596,047
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,777,410
TOTAL RECLASSIFICATIONS FOR CODE A			2,373,457

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	596,047	
ADMINISTRATIVE & GENERAL	6	1,777,410	
			2,373,457

RECLASS CODE: B
EXPLANATION : PSYCH TESTING

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PSYCHIATRIC/PSYCHOLOGICAL SERV	59	120,774
TOTAL RECLASSIFICATIONS FOR CODE B			120,774

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
SOCIAL SERVICE	18	120,774	
			120,774

RECLASS CODE: C
EXPLANATION : CREATE COST CENTER

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	611,365
TOTAL RECLASSIFICATIONS FOR CODE C			611,365

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	611,365	
			611,365

RECLASS CODE: D
EXPLANATION : MEDICAL STAFF COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-SALARY & FRINGES	22	481,150
2.00	I&R SERVICES-OTHER PRGM COSTS	23	227,967
3.00	ADMINISTRATIVE & GENERAL	6	327,489
TOTAL RECLASSIFICATIONS FOR CODE D			1,036,606

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
STAFF	59.01	1,036,606	
			0
			0
			1,036,606

RECLASS CODE: E
EXPLANATION : ADMITTING PERSONNEL

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	2
TOTAL RECLASSIFICATIONS FOR CODE E			2

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MEDICAL RECORDS & LIBRARY	17	2	
			2

RECLASS CODE: F
EXPLANATION : SPACE RENTALS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	84,834
TOTAL RECLASSIFICATIONS FOR CODE F			84,834

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	84,834	
			84,834

RECLASS CODE: G
EXPLANATION : INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	73,877
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	14,801
TOTAL RECLASSIFICATIONS FOR CODE G			88,678

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	88,678	
			0
			88,678

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS	2,073,212					2,073,212	
3 BUILDINGS & FIXTURE	26,913,457	25,000		25,000		26,938,457	
4 BUILDING IMPROVEMENT	3,016,948	438,186		438,186		3,455,134	
5 FIXED EQUIPMENT	3,184,988	138,978		138,978		3,323,966	
6 MOVABLE EQUIPMENT	6,698,859	258,399		258,399		6,957,258	
7 SUBTOTAL	41,887,464	860,563		860,563		42,748,027	
8 RECONCILING ITEMS							
9 TOTAL	41,887,464	860,563		860,563		42,748,027	

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	35,790,769		35,790,769	.837250				
4	NEW CAP REL COSTS-MV	6,957,258		6,957,258	.162750				
5	TOTAL	42,748,027		42,748,027	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							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	1,181,363	84,834		73,877			1,340,074
4	NEW CAP REL COSTS-MV	596,047			14,801			610,848
5	TOTAL	1,777,410	84,834		88,678			1,950,922

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).

DESCR IPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			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	B	-2,715	ADMINISTRATIVE & GENERAL		6	
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,286,027				
13 SALE OF SCRAP, WASTE, ETC.	B	-17,985	PHYSICAL THERAPY		50	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1					
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-149,567	CAFETERIA		12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES	B	-3,817	OCCUPATIONAL THERAPY		51	
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-9,128	MEDICAL RECORDS & LIBRARY		17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 LOBBYING DUES	A	-7,750	ADMINISTRATIVE & GENERAL		6	
38 OTHER ADJUSTMENTS (SPECIFY)						
39 INFANT DEVELOPMENT REVENUE	B	-8,401	PHYSICAL THERAPY		50	
40 BEHAVIORAL SCIENCE INCOME	B	-3,846	SOCIAL SERVICE		18	
41 OTHER ADJUSTMENTS (SPECIFY)						
42 PUBLIC RELATIONS INCOME	B	-2,186	ADMINISTRATIVE & GENERAL		6	
43 MISCELLANEOUS INCOME	B	-1,657	SPEECH PATHOLOGY		52	
44 MISCELLANEOUS INCOME	B	-18,273	ADMINISTRATIVE & GENERAL		6	
45 OTHER ADJUSTMENTS (SPECIFY)						
46 OTHER ADJUSTMENTS (SPECIFY)						
47 OTHER ADJUSTMENTS (SPECIFY)						
48 OTHER ADJUSTMENTS (SPECIFY)						
49 OTHER ADJUSTMENTS (SPECIFY)						
50 TOTAL (SUM OF LINES 1 THRU 49)		-1,511,352				

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	ADMINISTRATIVE & GENERAL	UNIVERSITY OF CHICAGO SER	277,514	277,514	
2	22	I&R SERVICES-SALARY & FRI	UNIVERSITY OF CHICAGO EDU	1	1	
3	41	RADIOLOGY-DIAGNOSTIC	UNIVERSITY OF CHICAGO XRA	1	1	
4	59 1	STAFF	UNIVERSITY OF CHICAGO MED	2,119,724	2,119,724	
5		TOTALS		2,397,240	2,397,240	

* 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) NAME	PERCENTAGE OF OWNERSHIP	AND/OR HOME OFFICE TYPE OF BUSINESS
1	2	3	4	5	6
1	G	0.00	UNIVERSITY OF CHICAGO	0.00	HEALTH CARE
2		0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-3301

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 12/1/2009
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
59	1 STAFF	1,286,027	1,286,027					
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
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16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,286,027	1,286,027					

COST ALLOCATION STATISTICS

PROVIDER NO: 14-3301
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 12/1/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	SQUARE FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	2	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	3	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-4	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	5	SQUARE FEET	NOT ENTERED
8	OPERATION OF PLANT	6	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	7	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	8	SQUARE FEET	ENTERED
11	DIETARY	9	MEALS SERVED	ENTERED
12	CAFETERIA	10	FTES SERVED	ENTERED
13	MAINTENANCE OF PERSONNEL	11	FTES SERVED	NOT ENTERED
14	NURSING ADMINISTRATION	12	FTES SUPERVISED	ENTERED
15	CENTRAL SERVICES & SUPPLY	13	COSTED REQUIS.	NOT ENTERED
16	PHARMACY	14	COSTED REQUIS.	NOT ENTERED
17	MEDICAL RECORDS & LIBRARY	15	TIME SPENT	ENTERED
18	SOCIAL SERVICE	16	TIME SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	17	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	18	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	19	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	19	ASSIGNED TIME	ENTERED
24	PARAMED ED PRGM	20	ASSIGNED TIME	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	SUBTOTAL 5a. 00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	1,340,074			1,340,074			
005 NEW CAP REL COSTS-MVBLE E	610,848				610,848		
006 EMPLOYEE BENEFITS	-174,140			9,070	4,134	-160,936	
007 ADMINISTRATIVE & GENERAL	13,457,986			164,875	75,155		13,698,016
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	1,151,675			201,927	92,045		1,445,647
010 LAUNDRY & LINEN SERVICE				3,103	1,414		4,517
011 HOUSEKEEPING	1,036,796			7,582	3,456		1,047,834
012 DIETARY	528,670			47,639	21,715		598,024
013 CAFETERIA	461,798						461,798
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	126,925			47,246	21,536		195,707
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY	489,435			12,229	5,574		507,238
019 SOCIAL SERVICE	836,305			89,493	40,794		966,592
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	481,150			3,131	1,427		485,708
023 I&R SERVICES-OTHER PRGM C	227,967						227,967
024 PARAMEDICAL PRGM							
025 INPAT ROUTINE SRVC CNTRS	5,509,501			461,419	210,331		6,181,251
026 ADULTS & PEDIATRICS							
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
032 NURSERY							
033 SKILLED NURSING FACILITY							
034 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM							
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC	285,073			8,101	3,693		296,867
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY	1,771,623			16,848	7,680		1,796,151
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY	910,623			10,909	4,973		926,505
051 PHYSICAL THERAPY	1,071,653			89,998	41,024		1,202,675
052 OCCUPATIONAL THERAPY	408,770						408,770
053 SPEECH PATHOLOGY	425,764						425,764
054 ELECTROCARDIOLOGY							
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED	566,848			15,472	7,053		589,373
057 DRUGS CHARGED TO PATIENTS	3,150,628			6,318	2,880		3,159,826
058 RENAL DIALYSIS							
059 ASC (NON-DISTINCT PART)							
060 PSYCHIATRIC/PSYCHOLOGICAL	120,774			22,549	10,278		153,601
061 01 STAFF							
062 OUTPAT SERVICE COST CNTRS							
063 CLINIC	969,050			72,041	32,838		1,073,929
064 EMERGENCY	924,527			50,124	22,848		997,499
065 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
067 HOME PROGRAM DIALYSIS							
068 AMBULANCE SERVICES							
069 DURABLE MEDICAL EQUIP-REN							
070 DURABLE MEDICAL EQUIP-SOL							
071 CORF							
072 I&R SERVICES-NOT APPRVD P							
073 HOME HEALTH AGENCY							
074 LUNG ACQUISITION							
075 SPEC PURPOSE COST CENTERS							
076 KIDNEY ACQUISITION							
077 LIVER ACQUISITION							
078 OTHER ORGAN ACQUISITION							
079 AMBULATORY SURGICAL CENTE							
080 HOSPICE							
081 SUBTOTALS	36,690,323			1,340,074	610,848		36,851,259
082 NONREIMBURS COST CENTERS							
083 GIFT, FLOWER, COFFEE SHOP							
084 RESEARCH							
085 PHYSICIANS' PRIVATE OFFIC							

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	13,698,016						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	689,945		2,135,592				
010 LAUNDRY & LINEN SERVICE	2,156		6,873	13,546			
011 HOUSEKEEPING	500,086		16,793	220	1,564,933		
012 DIETARY	285,411		105,514		78,186	1,067,135	
013 CAFETERIA	220,396						682,194
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	93,403		104,643		77,540		3,036
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY	242,083		27,086		20,071		3,402
020 SOCIAL SERVICE	461,313		198,216		146,877		32,979
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI	231,808		6,935		5,139		
024 I&R SERVICES-OTHER PRGM C	108,799						
025 PARAMEDICAL PRGM							
026 INPAT ROUTINE SRVC CNTRS	2,950,050		1,021,989	3,554	757,291	1,067,135	223,162
027 ADULTS & PEDIATRICS							
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
034 SUBPROVIDER							
035 NURSERY							
036 SKILLED NURSING FACILITY							
037 NURSING FACILITY							
038 ICF/MR							
039 OTHER LONG TERM CARE							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM							
042 RECOVERY ROOM							
043 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY							
045 RADIOLOGY-DIAGNOSTIC	141,682		17,943	69	13,296		7,023
046 RADIOLOGY-THERAPEUTIC							
047 RADIOISOTOPE							
048 LABORATORY	857,226		37,317		27,652		29,648
049 PBP CLINICAL LAB SERVICES							
050 WHOLE BLOOD & PACKED RED							
051 BLOOD STORING, PROCESSING							
052 INTRAVENOUS THERAPY							
053 RESPIRATORY THERAPY	442,181		24,163		17,905		35,517
054 PHYSICAL THERAPY	573,985		199,335	369	147,707		40,991
055 OCCUPATIONAL THERAPY	195,088						13,628
056 SPEECH PATHOLOGY	203,199						14,158
057 ELECTROCARDIOLOGY							
058 ELECTROENCEPHALOGRAPHY							
059 MEDICAL SUPPLIES CHARGED	281,282		34,269	8,436	25,394		10,204
060 DRUGS CHARGED TO PATIENTS	1,508,049		13,994		10,369		24,387
061 RENAL DIALYSIS							
062 ASC (NON-DISTINCT PART)							
063 PSYCHIATRIC/PSYCHOLOGICAL	73,307		49,943		37,007		578
064 STAFF							
065 OUTPAT SERVICE COST CNTRS							
066 CLINIC	512,540		159,561	267	118,235		41,481
067 EMERGENCY	476,063		111,018	631	82,264		18,332
068 OBSERVATION BEDS (NON-DIS							
069 OTHER REIMBURS COST CNTRS							
070 HOME PROGRAM DIALYSIS							
071 AMBULANCE SERVICES							
072 DURABLE MEDICAL EQUIP-REN							
073 DURABLE MEDICAL EQUIP-SOL							
074 CORF							
075 I&R SERVICES-NOT APPRVD P							
076 HOME HEALTH AGENCY							
077 LUNG ACQUISITION							
078 SPEC PURPOSE COST CENTERS							
079 KIDNEY ACQUISITION							
080 LIVER ACQUISITION							
081 OTHER ORGAN ACQUISITION							
082 AMBULATORY SURGICAL CENTE							
083 HOSPICE							
084 SUBTOTALS	11,050,052		2,135,592	13,546	1,564,933	1,067,135	498,526
085 NONREIMBURS COST CENTERS							
086 GIFT, FLOWER, COFFEE SHOP							
087 RESEARCH							
088 PHYSICIANS' PRIVATE OFFIC							

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	20
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINSTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		474,329					
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY					799,880		
020 SOCIAL SERVICE						1,805,977	
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM							
026 INPAT ROUTINE SRVC CNTRS		374,068			272,659	1,805,977	
027 ADULTS & PEDIATRICS							
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
034 SUBPROVIDER							
035 NURSERY							
036 SKILLED NURSING FACILITY							
037 NURSING FACILITY							
038 01 ICF/MR							
039 OTHER LONG TERM CARE							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM							
042 RECOVERY ROOM							
043 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY							
045 RADIOLOGY-DIAGNOSTIC					18,091		
046 RADIOLOGY-THERAPEUTIC							
047 RADIOISOTOPE							
048 LABORATORY					81,409		
049 PBP CLINICAL LAB SERVICES							
050 WHOLE BLOOD & PACKED RED							
051 BLOOD STORING, PROCESSING							
052 INTRAVENOUS THERAPY							
053 RESPIRATORY THERAPY					189,955		
054 PHYSICAL THERAPY					37,474		
055 OCCUPATIONAL THERAPY					19,383		
056 SPEECH PATHOLOGY					6,461		
057 ELECTROCARDIOLOGY							
058 ELECTROENCEPHALOGRAPHY							
059 MEDICAL SUPPLIES CHARGED					33,598		
060 DRUGS CHARGED TO PATIENTS					56,857		
061 RENAL DIALYSIS							
062 ASC (NON-DISTINCT PART)							
063 PSYCHIATRIC/PSYCHOLOGICAL					9,045		
064 01 STAFF							
065 OUTPAT SERVICE COST CNTRS							
066 CLINIC		69,532			38,766		
067 EMERGENCY		30,729			36,182		
068 OBSERVATION BEDS (NON-DIS							
069 OTHER REIMBURS COST CNTRS							
070 HOME PROGRAM DIALYSIS							
071 AMBULANCE SERVICES							
072 DURABLE MEDICAL EQUIP-REN							
073 DURABLE MEDICAL EQUIP-SOL							
074 CORF							
075 I&R SERVICES-NOT APPRVD P							
076 HOME HEALTH AGENCY							
077 LUNG ACQUISITION							
078 SPEC PURPOSE COST CENTERS							
079 KIDNEY ACQUISITION							
080 LIVER ACQUISITION							
081 OTHER ORGAN ACQUISITION							
082 AMBULATORY SURGICAL CENTE							
083 HOSPICE							
084 SUBTOTALS		474,329			799,880	1,805,977	
085 NONREIMBURS COST CENTERS							
086 GIFT, FLOWER, COFFEE SHOP							
087 RESEARCH							
088 PHYSICIANS' PRIVATE OFFIC							
089							

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	ED PR SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	21	22	23	24	25	26	27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINSTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
020 SOCIAL SERVICE							
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI		729,590					
024 I&R SERVICES-OTHER PRGM C			336,766				
025 PARAMED ED PRGM							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS		486,394	224,510		15,368,040	-710,904	14,657,136
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
034 SUBPROVIDER							
035 NURSERY							
036 SKILLED NURSING FACILITY							
037 NURSING FACILITY							
038 01 ICF/MR							
039 OTHER LONG TERM CARE							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM							
042 RECOVERY ROOM							
043 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY							
045 RADIOLOGY-DIAGNOSTIC					494,971		494,971
046 RADIOLOGY-THERAPEUTIC							
047 RADIOISOTOPE							
048 LABORATORY					2,829,403		2,829,403
049 PBP CLINICAL LAB SERVICES							
050 WHOLE BLOOD & PACKED RED							
051 BLOOD STORING, PROCESSING							
052 INTRAVENOUS THERAPY							
053 RESPIRATORY THERAPY					1,636,226		1,636,226
054 PHYSICAL THERAPY					2,202,536		2,202,536
055 OCCUPATIONAL THERAPY					636,869		636,869
056 SPEECH PATHOLOGY					649,582		649,582
057 ELECTROCARDIOLOGY							
058 ELECTROENCEPHALOGRAPHY							
059 MEDICAL SUPPLIES CHARGED					982,556		982,556
060 DRUGS CHARGED TO PATIENTS					4,773,482		4,773,482
061 RENAL DIALYSIS							
062 ASC (NON-DISTINCT PART)							
063 PSYCHIATRIC/PSYCHOLOGICAL					323,481		323,481
064 01 STAFF							
065 OUTPAT SERVICE COST CNTRS							
066 CLINIC		121,598	56,128		2,192,037	-177,726	2,014,311
067 EMERGENCY		121,598	56,128		1,930,444	-177,726	1,752,718
068 OBSERVATION BEDS (NON-DIS							
069 OTHER REIMBURS COST CNTRS							
070 HOME PROGRAM DIALYSIS							
071 AMBULANCE SERVICES							
072 DURABLE MEDICAL EQUIP-REN							
073 DURABLE MEDICAL EQUIP-SOL							
074 CORF							
075 I&R SERVICES-NOT APPRVD P							
076 HOME HEALTH AGENCY							
077 LUNG ACQUISITION							
078 SPEC PURPOSE COST CENTERS							
079 KIDNEY ACQUISITION							
080 LIVER ACQUISITION							
081 OTHER ORGAN ACQUISITION							
082 AMBULATORY SURGICAL CENTE							
083 HOSPICE							
084 SUBTOTALS		729,590	336,766		34,019,627	-1,066,356	32,953,271
085 NONREIMBURS COST CENTERS							
086 GIFT, FLOWER, COFFEE SHOP							
087 RESEARCH							
088 PHYSICIANS' PRIVATE OFFIC							

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-3301
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 12/1/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				9,070	4,134	13,204	13,204
007 ADMINISTRATIVE & GENERAL				164,875	75,155	240,030	
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT				201,927	92,045	293,972	
010 LAUNDRY & LINEN SERVICE				3,103	1,414	4,517	
011 HOUSEKEEPING				7,582	3,456	11,038	
012 DIETARY				47,639	21,715	69,354	
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION				47,246	21,536	68,782	
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY				12,229	5,574	17,803	
020 SOCIAL SERVICE				89,493	40,794	130,287	
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI				3,131	1,427	4,558	
024 I&R SERVICES-OTHER PRGM C							
025 PARAMEDICAL PRGM							
026 INPAT ROUTINE SRVC CNTRS				461,419	210,331	671,750	
027 ADULTS & PEDIATRICS							
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
034 SUBPROVIDER							
035 NURSERY							
036 SKILLED NURSING FACILITY							
037 NURSING FACILITY							
038 01 ICF/MR							
039 OTHER LONG TERM CARE							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM							
042 RECOVERY ROOM							
043 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY							
045 RADIOLOGY-DIAGNOSTIC				8,101	3,693	11,794	
046 RADIOLOGY-THERAPEUTIC							
047 RADIOISOTOPE							
048 LABORATORY				16,848	7,680	24,528	
049 PBP CLINICAL LAB SERVICES							
050 WHOLE BLOOD & PACKED RED							
051 BLOOD STORING, PROCESSING							
052 INTRAVENOUS THERAPY							
053 RESPIRATORY THERAPY				10,909	4,973	15,882	
054 PHYSICAL THERAPY				89,998	41,024	131,022	
055 OCCUPATIONAL THERAPY							
056 SPEECH PATHOLOGY							
057 ELECTROCARDIOLOGY							
058 ELECTROENCEPHALOGRAPHY							
059 MEDICAL SUPPLIES CHARGED				15,472	7,053	22,525	
060 DRUGS CHARGED TO PATIENTS				6,318	2,880	9,198	
061 RENAL DIALYSIS							
062 ASC (NON-DISTINCT PART)							
063 PSYCHIATRIC/PSYCHOLOGICAL				22,549	10,278	32,827	
064 01 STAFF							
065 OUTPAT SERVICE COST CNTRS							
066 CLINIC				72,041	32,838	104,879	
067 EMERGENCY				50,124	22,848	72,972	
068 OBSERVATION BEDS (NON-DIS							
069 OTHER REIMBURS COST CNTRS							
070 HOME PROGRAM DIALYSIS							
071 AMBULANCE SERVICES							
072 DURABLE MEDICAL EQUIP-REN							
073 DURABLE MEDICAL EQUIP-SOL							
074 CORF							
075 I&R SERVICES-NOT APPRVD P							
076 HOME HEALTH AGENCY							
077 LUNG ACQUISITION							
078 SPEC PURPOSE COST CENTERS							
079 KIDNEY ACQUISITION							
080 LIVER ACQUISITION							
081 OTHER ORGAN ACQUISITION							
082 AMBULATORY SURGICAL CENTE							
083 HOSPICE							
084 SUBTOTALS				1,340,074	610,848	1,950,922	
085 NONREIMBURS COST CENTERS							
086 GIFT, FLOWER, COFFEE SHOP							
087 RESEARCH							
088 PHYSICIANS' PRIVATE OFFIC							

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-3301
 PERIOD: FROM 7/ 1/2008 TO 6/30/2009
 PREPARED 12/ 1/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	240,030						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	12,090		306,062				
010 LAUNDRY & LINEN SERVICE				5,540			
011 HOUSEKEEPING	8,763		985		22,298		
012 DIETARY	5,001		2,407	90			
013 CAFETERIA	3,862		15,122		1,114	90,591	
014 MAINTENANCE OF PERSONNEL							3,862
015 NURSING ADMINISTRATION	1,637		14,997		1,105		17
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY	4,242		3,882		286		19
019 SOCIAL SERVICE	8,084		28,407		2,093		187
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	4,062		994		73		
023 I&R SERVICES-OTHER PRGM C	1,906						
024 PARAMEDICAL PRGM							
025 INPAT ROUTINE SRVC CNTRS	51,692		146,463	1,453	10,790	90,591	1,263
026 ADULTS & PEDIATRICS							
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
032 NURSERY							
033 SKILLED NURSING FACILITY							
034 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM							
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC	2,483		2,572	28	189		40
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY	15,021		5,348		394		168
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY	7,748		3,463		255		201
051 PHYSICAL THERAPY	10,058		28,568	151	2,105		232
052 OCCUPATIONAL THERAPY	3,419						77
053 SPEECH PATHOLOGY	3,561						80
054 ELECTROCARDIOLOGY							
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED	4,929		4,911	3,451	362		58
057 DRUGS CHARGED TO PATIENTS	26,426		2,006		148		138
058 RENAL DIALYSIS							
059 ASC (NON-DISTINCT PART)							
060 PSYCHIATRIC/PSYCHOLOGICAL	1,285		7,158		527		3
061 01 STAFF							
062 OUTPAT SERVICE COST CNTRS							
063 CLINIC	8,981		22,868	109	1,685		235
064 EMERGENCY	8,342		15,911	258	1,172		104
065 OBSERVATION BEDS (NON-DIS							
066 HOME PROGRAM DIALYSIS							
067 AMBULANCE SERVICES							
068 DURABLE MEDICAL EQUIP-REN							
069 DURABLE MEDICAL EQUIP-SOL							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
072 HOME HEALTH AGENCY							
073 LUNG ACQUISITION							
074 SPEC PURPOSE COST CENTERS							
075 KIDNEY ACQUISITION							
076 LIVER ACQUISITION							
077 OTHER ORGAN ACQUISITION							
078 AMBULATORY SURGICAL CENTE							
079 HOSPICE							
080 SUBTOTALS	193,630		306,062	5,540	22,298	90,591	2,822
081 NONREIMBURS COST CENTERS							
082 GIFT, FLOWER, COFFEE SHOP							
083 RESEARCH							
084 PHYSICIANS' PRIVATE OFFIC							

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	19	20
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL							
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT							
010	LAUNDRY & LINEN SERVICE							
011	HOUSEKEEPING							
012	DIETARY							
013	CAFETERIA							
014	MAINTENANCE OF PERSONNEL							
015	NURSING ADMINISTRATION		86,538					
016	CENTRAL SERVICES & SUPPLY							
017	PHARMACY							
018	MEDICAL RECORDS & LIBRARY				26,232			
020	SOCIAL SERVICE					169,058		
021	NONPHYSICIAN ANESTHETISTS							
022	NURSING SCHOOL							
023	I&R SERVICES-SALARY & FRI							
024	I&R SERVICES-OTHER PRGM C							
025	PARAMED ED PRGM							
026	INPAT ROUTINE SRVC CNTRS		68,246					
027	ADULTS & PEDIATRICS				8,940		169,058	
028	INTENSIVE CARE UNIT							
029	CORONARY CARE UNIT							
031	BURN INTENSIVE CARE UNIT							
033	SURGICAL INTENSIVE CARE U							
034	SUBPROVIDER							
035	NURSERY							
036	SKILLED NURSING FACILITY							
037	NURSING FACILITY							
038	ICF/MR							
039	OTHER LONG TERM CARE							
040	ANCILLARY SRVC COST CNTRS							
041	OPERATING ROOM							
042	RECOVERY ROOM							
043	DELIVERY ROOM & LABOR ROO							
044	ANESTHESIOLOGY							
045	RADIOLOGY-DIAGNOSTIC					593		
046	RADIOLOGY-THERAPEUTIC							
047	RADIOISOTOPE							
048	LABORATORY				2,670			
049	PBP CLINICAL LAB SERVICES							
050	WHOLE BLOOD & PACKED RED							
051	BLOOD STORING, PROCESSING							
052	INTRAVENOUS THERAPY							
053	RESPIRATORY THERAPY					6,230		
054	PHYSICAL THERAPY					1,229		
055	OCCUPATIONAL THERAPY					636		
056	SPEECH PATHOLOGY					212		
057	ELECTROCARDIOLOGY							
058	ELECTROENCEPHALOGRAPHY							
059	MEDICAL SUPPLIES CHARGED					1,102		
060	DRUGS CHARGED TO PATIENTS					1,865		
061	RENAL DIALYSIS							
062	ASC (NON-DISTINCT PART)							
063	PSYCHIATRIC/PSYCHOLOGICAL					297		
064	STAFF							
065	OUTPAT SERVICE COST CNTRS							
066	CLINIC		12,686			1,271		
067	EMERGENCY		5,606			1,187		
068	OBSERVATION BEDS (NON-DIS							
069	OTHER REIMBURS COST CNTRS							
070	HOME PROGRAM DIALYSIS							
071	AMBULANCE SERVICES							
072	DURABLE MEDICAL EQUIP-REN							
073	DURABLE MEDICAL EQUIP-SOL							
074	CORF							
075	I&R SERVICES-NOT APPRVD P							
076	HOME HEALTH AGENCY							
077	LUNG ACQUISITION							
078	SPEC PURPOSE COST CENTERS							
079	KIDNEY ACQUISITION							
080	LIVER ACQUISITION							
081	OTHER ORGAN ACQUISITION							
082	AMBULATORY SURGICAL CENTE							
083	HOSPICE							
084	SUBTOTALS		86,538		26,232		169,058	
085	NONREIMBURS COST CENTERS							
086	GIFT, FLOWER, COFFEE SHOP							
087	RESEARCH							
088	PHYSICIANS' PRIVATE OFFIC							

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	21	22	23	24	25	26	27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINSTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI		9,687					
023 I&R SERVICES-OTHER PRGM C			1,906				
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS					1,220,246		1,220,246
026 ADULTS & PEDIATRICS							
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM							
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC					17,699		17,699
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY					48,129		48,129
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY					33,779		33,779
051 PHYSICAL THERAPY					173,365		173,365
052 OCCUPATIONAL THERAPY					4,132		4,132
053 SPEECH PATHOLOGY					3,853		3,853
054 ELECTROCARDIOLOGY							
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED					37,338		37,338
057 DRUGS CHARGED TO PATIENTS					39,781		39,781
058 RENAL DIALYSIS							
059 ASC (NON-DISTINCT PART)							
059 01 PSYCHIATRIC/PSYCHOLOGICAL					42,097		42,097
059 STAFF							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC					152,714		152,714
062 EMERGENCY					105,552		105,552
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS					1,878,685		1,878,685
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	(GROSS SALARIES)	
	1	2	3	4	5	6a. 00
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD						
003 OLD CAP REL COSTS-MVB		95,445				
004 NEW CAP REL COSTS-BLD			95,445			
005 NEW CAP REL COSTS-MVB				95,445		
006 EMPLOYEE BENEFITS		646	646	646	21,271,064	
007 ADMINISTRATION & GENERAL MAINTENANCE & REPAIRS		11,743	11,743	11,743	5,858,121	-13,698,016
008 OPERATION OF PLANT		14,382	14,382	14,382	414,631	
009 LAUNDRY & LINEN SERVICE		221	221	221	35,894	
010 HOUSEKEEPING		540	540	540	593,964	
011 DIETARY		3,393	3,393	3,393	345,891	
012 CAFETERIA					384,396	
013 MAINTENANCE OF PERSONNEL						
014 NURSING ADMINISTRATION		3,365	3,365	3,365	593,082	
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY						
017 MEDICAL RECORDS & LIBRARY		871	871	871	323,805	
018 SOCIAL SERVICE		6,374	6,374	6,374	457,944	
020 NONPHYSICIAN ANESTHESIOLOGISTS						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY & BENEFITS		223	223	223	297,258	
023 I&R SERVICES-OTHER PERSONNEL					107,939	
024 PARAMEDICAL PROGRAM						
025 INPATIENT ROUTINE SERVICES - ADULTS & PEDIATRICS		32,864	32,864	32,864	3,697,282	
026 INTENSIVE CARE UNIT						
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE UNIT						
029 SURGICAL INTENSIVE CARE UNIT						
031 SUBPROVIDER						
033 NURSERY						
034 SKILLED NURSING FACILITY						
035 NURSING FACILITY						
036 01 ICF/MR						
037 OTHER LONG TERM CARE						
038 ANCILLARY SERVICE COST CENTER						
039 OPERATING ROOM						
040 RECOVERY ROOM						
041 DELIVERY ROOM & LABOR						
042 ANESTHESIOLOGY						
043 RADIOLOGY-DIAGNOSTIC		577	577	577	165,453	
044 RADIOLOGY-THERAPEUTIC						
045 RADIOISOTOPE						
046 LABORATORY		1,200	1,200	1,200	553,207	
047 PBP CLINICAL LAB SERVICE						
048 WHOLE BLOOD & PACKED BLOOD STORAGE, PROCESSING						
049 INTRAVENOUS THERAPY						
050 RESPIRATORY THERAPY		777	777	777	633,841	
051 PHYSICAL THERAPY		6,410	6,410	6,410	782,681	
052 OCCUPATIONAL THERAPY					310,561	
053 SPEECH PATHOLOGY					301,999	
054 ELECTROCARDIOLOGY						
055 ELECTROENCEPHALOGRAPHY						
056 MEDICAL SUPPLIES CHARITABLE		1,102	1,102	1,102	99,370	
057 DRUGS CHARGED TO PATIENTS		450	450	450	638,038	
058 RENAL DIALYSIS						
059 ASC (NON-DISTINCT) PARAPSYCHIATRIC/PSYCHOLOGICAL		1,606	1,606	1,606	96,619	
060 01 STAFF						
061 OUTPAT SERVICE COST CENTER						
062 CLINIC		5,131	5,131	5,131	721,069	
063 EMERGENCY		3,570	3,570	3,570	480,011	
064 OBSERVATION BEDS (NON-REIMBURSABLE) COST CENTER						
065 HOME PROGRAM DIALYSIS						
066 AMBULANCE SERVICES						
067 DURABLE MEDICAL EQUIPMENT						
069 DURABLE MEDICAL EQUIPMENT CORP						
070 I&R SERVICES-NOT APPROPRIATE						
071 HOME HEALTH AGENCY						
082 LUNG ACQUISITION						
083 SPECIFIC PURPOSE COST CENTER						
084 KIDNEY ACQUISITION						
086 LIVER ACQUISITION						
092 OTHER ORGAN ACQUISITION						
093 AMBULATORY SURGICAL CENTER						
095 HOSPICE						
095 SUBTOTALS		95,445	95,445	95,445	17,893,056	-13,698,016

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET	(SQUARE FEET	(SQUARE FEET	(SQUARE FEET	(GROSS SALARIES	
	1	2	3	4	5	6a.00
096 SPEC PURPOSE COST CEN						
097 NONREIMBURS COST CENT						
098 GIFT, FLOWER, COFFEE						
099 RESEARCH						
101 PHYSICIANS' PRIVATE O						
102 NONPAID WORKERS					3,378,008	
103 CROSS FOOT ADJUSTMENT						
104 NEGATIVE COST CENTER						
105 COST TO BE ALLOCATED			1,340,074	610,848	-160,936	
(WRKSHT B, PART I)						
106 UNIT COST MULTIPLIER			14.040275	6.400000		
(WRKSHT B, PT I)						
107 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
108 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
109 COST TO BE ALLOCATED					13,204	
(WRKSHT B, PART III)						
110 UNIT COST MULTIPLIER						
(WRKSHT B, PT III)						

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTES SERVED)
		6	7	8	9	10	11	12
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL	28,701,540						
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	1,445,647		68,674				
009	LAUNDRY & LINEN SERVICE	4,517		221	88,622			
010	HOUSEKEEPING	1,047,834		540	1,442	67,913		
011	DIETARY	598,024		3,393		3,393	29,274	
012	CAFETERIA	461,798						467,391
013	MAINTENANCE OF PERSON							
014	NURSING ADMINISTRATIVE	195,707		3,365		3,365		2,080
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY	507,238		871		871		2,331
018	SOCIAL SERVICE	966,592		6,374		6,374		22,595
020	NONPHYSICIAN ANESTHESIA							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & BENEFITS	485,708		223		223		
023	I&R SERVICES-OTHER PERSONNEL	227,967						
024	PARAMEDICAL PROGRAM							
025	INPATIENT ROUTINE SERVICES							
026	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	6,181,251		32,864	23,251	32,864	29,274	152,894
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE							
031	SUBPROVIDER							
033	NURSERY							
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
036	ICF/MR							
037	OTHER LONG TERM CARE							
038	ANCILLARY SERVICE COST CENTER							
039	OPERATING ROOM							
040	RECOVERY ROOM							
041	DELIVERY ROOM & LABOR							
042	ANESTHESIOLOGY							
043	RADIOLOGY-DIAGNOSTIC	296,867		577	452	577		4,812
044	RADIOLOGY-THERAPEUTIC							
045	RADIOISOTOPE LABORATORY	1,796,151		1,200		1,200		20,313
046	PBP CLINICAL LAB SERVICE							
047	WHOLE BLOOD & PACKED BLOOD STORAGE, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	926,505		777		777		24,334
050	PHYSICAL THERAPY	1,202,675		6,410	2,416	6,410		28,084
051	OCCUPATIONAL THERAPY	408,770						9,337
052	SPEECH PATHOLOGY	425,764						9,700
053	ELECTROCARDIOLOGY							
054	ELECTROENCEPHALOGRAPHY							
055	MEDICAL SUPPLIES CHARGED TO PATIENT	589,373		1,102	55,191	1,102		6,991
056	DRUGS CHARGED TO PATIENT	3,159,826		450		450		16,708
057	RENAL DIALYSIS							
058	ASC (NON-DIAGNOSTIC) PARAPROFESSORIAL/PSYCHOLOGICAL							
059	PSYCHIATRIC/PSYCHOLOGICAL	153,601		1,606		1,606		396
060	STAFF							
061	OUTPATIENT SERVICE COST CENTER							
062	CLINIC	1,073,929		5,131	1,744	5,131		28,420
063	EMERGENCY	997,499		3,570	4,126	3,570		12,560
064	OBSERVATION BEDS (NON-REIMBURSABLE) COST CENTER							
065	HOME PROGRAM DIALYSIS							
066	AMBULANCE SERVICES							
067	DURABLE MEDICAL EQUIPMENT							
068	DURABLE MEDICAL EQUIPMENT							
069	CORP							
070	I&R SERVICES-NOT APPROPRIATE							
071	HOME HEALTH AGENCY							
072	LUNG ACQUISITION							
073	SPECIAL PURPOSE COST CENTER							
074	KIDNEY ACQUISITION							
075	LIVER ACQUISITION							
076	OTHER ORGAN ACQUISITION							
077	AMBULATORY SURGICAL CENTER							
078	HOSPICE							
079	SUBTOTALS	23,153,243		68,674	88,622	67,913	29,274	341,555

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTES SERVED)
		6	7	8	9	10	11	12
096	SPEC PURPOSE COST CEN							
097	NONREIMBURS COST CEN							
098	GIFT, FLOWER, COFFEE							
099	RESEARCH							
101	PHYSICIANS' PRIVATE O							
102	NONPAID WORKERS	5,548,297						125,836
103	CROSS FOOT ADJUSTMENT							
104	NEGATIVE COST CENTER							
105	COST TO BE ALLOCATED	13,698,016		2,135,592	13,546	1,564,933	1,067,135	682,194
106	(WRKSHT B, PART I)							
107	UNIT COST MULTIPLIER	.477257		31.097533	.152851	23.043202	36.453337	1.459579
108	(WRKSHT B, PT I)							
109	COST TO BE ALLOCATED							
110	(WRKSHT B, PART II)							
111	UNIT COST MULTIPLIER							
112	(WRKSHT B, PT II)							
113	COST TO BE ALLOCATED	240,030		306,062	5,540	22,298	90,591	3,862
114	(WRKSHT B, PART III)							
115	UNIT COST MULTIPLIER	.008363		4.456738	.062513	.328332	3.094589	.008263
116	(WRKSHT B, PT III)							

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL (FTES SERVED)	NURSING ADMINISTRATION (FTES SUPERVISED)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)
	13	14	15	16	17	18	20
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		193,874					
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY					619		
019 SOCIAL SERVICE							100
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PROGRAM							
025 INPATIENT ROUTINE SERVICE CENTER							
026 ADULTS & PEDIATRICS		152,894			211		100
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE							
031 SUBPROVIDER							
032 NURSERY							
033 SKILLED NURSING FACILITY							
034 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SERVICE COST CENTER							
038 OPERATING ROOM							
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC						14	
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE LABORATORY						63	
045 PBP CLINICAL LAB SERVICE							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORAGE, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY						147	
050 PHYSICAL THERAPY						29	
051 OCCUPATIONAL THERAPY						15	
052 SPEECH PATHOLOGY						5	
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARACTERIZATION						26	
056 DRUGS CHARGED TO PATIENT						44	
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT) PAR							
059 PSYCHIATRIC/PSYCHOLOGICAL						7	
059 01 STAFF							
060 OUTPAT SERVICE COST CENTER							
061 CLINIC		28,420				30	
062 EMERGENCY		12,560				28	
063 OBSERVATION BEDS (NON-REIMBURSABLE) COST CENTER							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIPMENT							
067 DURABLE MEDICAL EQUIPMENT							
068 CORP							
070 I&R SERVICES-NOT APPROPRIATE							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPECIFIC PURPOSE COST CENTER							
084 KIDNEY ACQUISITION							
085 LIVER ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE							
095 SUBTOTALS		193,874			619	100	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MAINTENANCE	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVI C	NONPHYSICI AN
	F PERSONNEL	ISTRATION	CES & SUPPLY		DS & LIBRARY	E	ANESTHETISTS
	(FTES SERVED	(FTES)SUPERVISED	(COSTED)REQUIS.	(COSTED)REQUIS.	(TIME)SPENT	(TIME)SPENT	(ASSIGNED)TIME
	13	14	15	16	17	18	20
096 SPEC PURPOSE COST CEN							
097 NONREIMBURS COST CEN							
098 GIFT, FLOWER, COFFEE							
099 RESEARCH							
101 PHYSICIANS' PRIVATE O							
102 NONPAID WORKERS							
103 CROSS FOOT ADJUSTMENT							
104 NEGATIVE COST CENTER							
105 COST TO BE ALLOCATED		474,329			799,880	1,805,977	
(WRKSHT B, PART I)							
106 UNIT COST MULTIPLIER		2.446584			1,292.213247	18,059.770000	
(WRKSHT B, PT I)							
107 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
108 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
109 COST TO BE ALLOCATED		86,538			26,232	169,058	
(WRKSHT B, PART III)							
110 UNIT COST MULTIPLIER		.446362			42.378029	1,690.580000	
(WRKSHT B, PT III)							

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM	PARAMED ED PRGM
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
GENERAL SERVICE COST	21	22	23	24
001 OLD CAP REL COSTS-BLD				
002 OLD CAP REL COSTS-MVB				
003 NEW CAP REL COSTS-BLD				
004 NEW CAP REL COSTS-MVB				
005 EMPLOYEE BENEFITS				
006 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				
020 NONPHYSICIAN ANESTHESIA				
021 NURSING SCHOOL				
022 I&R SERVICES-SALARY & FRI		2,160		
023 I&R SERVICES-OTHER PRGM			2,160	
024 PARAMED ED PRGM				
025 INPAT ROUTINE SRVC CN				
026 ADULTS & PEDIATRICS		1,440	1,440	
027 INTENSIVE CARE UNIT				
028 CORONARY CARE UNIT				
029 BURN INTENSIVE CARE UNIT				
031 SURGICAL INTENSIVE CARE				
033 SUBPROVIDER				
034 NURSERY				
035 SKILLED NURSING FACILITY				
036 NURSING FACILITY				
01 ICF/MR				
037 OTHER LONG TERM CARE				
038 ANCILLARY SRVC COST CENTER				
039 OPERATING ROOM				
040 RECOVERY ROOM				
041 DELIVERY ROOM & LABOR				
042 ANESTHESIOLOGY				
043 RADIOLOGY-DIAGNOSTIC				
044 RADIOLOGY-THERAPEUTIC				
045 RADIOISOTOPE				
046 LABORATORY				
047 PBP CLINICAL LAB SERVICE				
048 WHOLE BLOOD & PACKED				
049 BLOOD STORAGE, PROCESSING				
050 INTRAVENOUS THERAPY				
051 RESPIRATORY THERAPY				
052 PHYSICAL THERAPY				
053 OCCUPATIONAL THERAPY				
054 SPEECH PATHOLOGY				
055 ELECTROCARDIOLOGY				
056 ELECTROENCEPHALOGRAPHY				
057 MEDICAL SUPPLIES CHAR				
058 DRUGS CHARGED TO PATIENT				
059 RENAL DIALYSIS				
01 ASC (NON-DISTINCT PART)				
060 PSYCHIATRIC/PSYCHOLOGIST				
061 STAFF				
062 OUTPAT SERVICE COST CENTER				
063 CLINIC		360	360	
064 EMERGENCY		360	360	
065 OBSERVATION BEDS (NON-REIMBURS COST CENTER)				
066 HOME PROGRAM DIALYSIS				
067 AMBULANCE SERVICES				
068 DURABLE MEDICAL EQUIPMENT				
069 DURABLE MEDICAL EQUIPMENT				
070 CORP				
071 I&R SERVICES-NOT APPROPRIATE				
072 HOME HEALTH AGENCY				
082 LUNG ACQUISITION				
083 SPEC PURPOSE COST CENTER				
084 KIDNEY ACQUISITION				
086 LIVER ACQUISITION				
092 OTHER ORGAN ACQUISITION				
093 AMBULATORY SURGICAL CENTER				
095 HOSPICE				
SUBTOTALS		2,160	2,160	

	COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM
		(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
		21	22	23	24
096	SPEC PURPOSE COST CEN				
097	NONREIMBURS COST CEN				
098	GIFT, FLOWER, COFFEE				
099	RESEARCH				
101	PHYSICIANS' PRIVATE O				
102	NONPAID WORKERS				
103	CROSS FOOT ADJUSTMENT				
104	NEGATIVE COST CENTER				
105	COST TO BE ALLOCATED		729,590	336,766	
106	(PER WRKSHT B, PART				
107	UNIT COST MULTIPLIER		337.773148	155.910185	
108	(WRKSHT B, PT I)				
109	COST TO BE ALLOCATED				
110	(PER WRKSHT B, PART				
111	UNIT COST MULTIPLIER				
112	(WRKSHT B, PT II)				
113	COST TO BE ALLOCATED		9,687	1,906	
114	(PER WRKSHT B, PART				
115	UNIT COST MULTIPLIER		4.484722	.882407	
116	(WRKSHT B, PT III)				

PROVIDER NO:
14-3301

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 12/1/2009
WORKSHEET C
PART I

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	14,657,136		14,657,136		
26	INTENSIVE CARE UNIT					
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	494,971		494,971		
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	2,829,403		2,829,403		
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	1,636,226		1,636,226		
50	PHYSICAL THERAPY	2,202,536		2,202,536		
51	OCCUPATIONAL THERAPY	636,869		636,869		
52	SPEECH PATHOLOGY	649,582		649,582		
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	982,556		982,556		
56	DRUGS CHARGED TO PATIENTS	4,773,482		4,773,482		
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	PSYCHIATRIC/PSYCHOLOGICAL	323,481		323,481		
59	01 STAFF					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	2,014,311		2,014,311		
61	EMERGENCY	1,752,718		1,752,718		
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	32,953,271		32,953,271		
102	LESS OBSERVATION BEDS					
103	TOTAL	32,953,271		32,953,271		

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	14,588,499		14,588,499			
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	321,046	296,662	617,708	.801303	.801303	
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	1,329,985	1,935,200	3,265,185	.866537	.866537	
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	6,365,099	401,871	6,766,970	.241796	.241796	
50	PHYSICAL THERAPY	876,733	977,232	1,853,965	1.188014	1.188014	
51	OCCUPATIONAL THERAPY	432,505	430,789	863,294	.737720	.737720	
52	SPEECH PATHOLOGY	231,381	400,312	631,693	1.028319	1.028319	
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	130,818	24,022	154,840	6.345621	6.345621	
56	DRUGS CHARGED TO PATIENTS	2,651,133	3,876,585	6,527,718	.731264	.731264	
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL	60,861	1,001,233	1,062,094	.304569	.304569	
01	STAFF	1,290,936		1,290,936			
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	222,640	4,144,448	4,367,088	.461248	.461248	
61	EMERGENCY	142,868	2,951,840	3,094,708	.566360	.566360	
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	28,644,504	16,440,194	45,084,698			
102	LESS OBSERVATION BEDS						
103	TOTAL	28,644,504	16,440,194	45,084,698			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
14-3301

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 12/1/2009
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	14,588,499		14,588,499			
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	321,046	296,662	617,708	.801303	.801303	
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	1,329,985	1,935,200	3,265,185	.866537	.866537	
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	6,365,099	401,871	6,766,970	.241796	.241796	
50	PHYSICAL THERAPY	876,733	977,232	1,853,965	1.188014	1.188014	
51	OCCUPATIONAL THERAPY	432,505	430,789	863,294	.737720	.737720	
52	SPEECH PATHOLOGY	231,381	400,312	631,693	1.028319	1.028319	
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	130,818	24,022	154,840	6.345621	6.345621	
56	DRUGS CHARGED TO PATIENTS	2,651,133	3,876,585	6,527,718	.731264	.731264	
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL	60,861	1,001,233	1,062,094	.304569	.304569	
01	STAFF	1,290,936		1,290,936			
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	222,640	4,144,448	4,367,088	.501945	.501945	
61	EMERGENCY	142,868	2,951,840	3,094,708	.623789	.623789	
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	28,644,504	16,440,194	45,084,698			
102	LESS OBSERVATION BEDS						
103	TOTAL	28,644,504	16,440,194	45,084,698			

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						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	494,971	17,699	477,272			494,971
43	RADIOISOTOPE						
44	LABORATORY	2,829,403	48,129	2,781,274			2,829,403
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,636,226	33,779	1,602,447			1,636,226
50	PHYSICAL THERAPY	2,202,536	173,365	2,029,171			2,202,536
51	OCCUPATIONAL THERAPY	636,869	4,132	632,737			636,869
52	SPEECH PATHOLOGY	649,582	3,853	645,729			649,582
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	982,556	37,338	945,218			982,556
56	DRUGS CHARGED TO PATIENTS	4,773,482	39,781	4,733,701			4,773,482
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL	323,481	42,097	281,384			323,481
01	STAFF						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC	2,014,311	152,714	1,861,597			2,014,311
62	EMERGENCY	1,752,718	105,552	1,647,166			1,752,718
64	OBSERVATION BEDS (NON-DIS						
65	OTHER REIMBURS COST CNTRS						
66	HOME PROGRAM DIALYSIS						
67	AMBULANCE SERVICES						
101	DURABLE MEDICAL EQUIP-REN						
102	DURABLE MEDICAL EQUIP-SOL						
103	SUBTOTAL	18,296,135	658,439	17,637,696			18,296,135
	LESS OBSERVATION BEDS						
	TOTAL	18,296,135	658,439	17,637,696			18,296,135

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			
38	OPERATING ROOM			
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY			
42	RADIOLOGY-DIAGNOSTIC	617,708	.801303	.801303
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	3,265,185	.866537	.866537
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING			
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY	6,766,970	.241796	.241796
51	PHYSICAL THERAPY	1,853,965	1.188014	1.188014
52	OCCUPATIONAL THERAPY	863,294	.737720	.737720
53	SPEECH PATHOLOGY	631,693	1.028319	1.028319
54	ELECTROCARDIOLOGY			
55	ELECTROENCEPHALOGRAPHY			
56	MEDICAL SUPPLIES CHARGED	154,840	6.345621	6.345621
57	DRUGS CHARGED TO PATIENTS	6,527,718	.731264	.731264
58	RENAL DIALYSIS			
59	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL	1,062,094	.304569	.304569
60	STAFF	1,290,936		
61	OUTPAT SERVICE COST CNTRS			
62	CLINIC	4,367,088	.461248	.461248
63	EMERGENCY	3,094,708	.566360	.566360
64	OBSERVATION BEDS (NON-DIS			
65	OTHER REIMBURS COST CNTRS			
66	HOME PROGRAM DIALYSIS			
67	AMBULANCE SERVICES			
101	DURABLE MEDICAL EQUIP-REN			
102	DURABLE MEDICAL EQUIP-SOL			
103	SUBTOTAL	30,496,199		
	LESS OBSERVATION BEDS			
	TOTAL	30,496,199		

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						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	494,971	17,699	477,272	1,770	27,682	465,519
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	2,829,403	48,129	2,781,274	4,813	161,314	2,663,276
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	1,636,226	33,779	1,602,447	3,378	92,942	1,539,906
51	PHYSICAL THERAPY	2,202,536	173,365	2,029,171	17,337	117,692	2,067,507
52	OCCUPATIONAL THERAPY	636,869	4,132	632,737	413	36,699	599,757
53	SPEECH PATHOLOGY	649,582	3,853	645,729	385	37,452	611,745
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	982,556	37,338	945,218	3,734	54,823	923,999
57	DRUGS CHARGED TO PATIENTS	4,773,482	39,781	4,733,701	3,978	274,555	4,494,949
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
60	PSYCHIATRIC/PSYCHOLOGICAL	323,481	42,097	281,384	4,210	16,320	302,951
61	STAFF						
62	OUTPAT SERVICE COST CNTRS						
63	CLINIC	2,192,037	152,714	2,039,323	15,271	118,281	2,058,485
64	EMERGENCY	1,930,444	105,552	1,824,892	10,555	105,844	1,814,045
65	OBSERVATION BEDS (NON-DIS						
66	OTHER REIMBURS COST CNTRS						
67	HOME PROGRAM DIALYSIS						
68	AMBULANCE SERVICES						
69	DURABLE MEDICAL EQUIP-REN						
70	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	18,651,587	658,439	17,993,148	65,844	1,043,604	17,542,139
102	LESS OBSERVATION BEDS						
103	TOTAL	18,651,587	658,439	17,993,148	65,844	1,043,604	17,542,139

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			
38	OPERATING ROOM			
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY			
42	RADIOLOGY-DIAGNOSTIC	617,708	.753623	.798437
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	3,265,185	.815659	.865063
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING			
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY	6,766,970	.227562	.241297
51	PHYSICAL THERAPY	1,853,965	1.115181	1.178662
52	OCCUPATIONAL THERAPY	863,294	.694731	.737241
53	SPEECH PATHOLOGY	631,693	.968421	1.027710
54	ELECTROCARDIOLOGY			
55	ELECTROENCEPHALOGRAPHY			
56	MEDICAL SUPPLIES CHARGED	154,840	5.967444	6.321506
57	DRUGS CHARGED TO PATIENTS	6,527,718	.688594	.730654
58	RENAL DIALYSIS			
59	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL	1,062,094	.285239	.300605
60	STAFF	1,290,936		
61	OUTPAT SERVICE COST CNTRS			
62	CLINIC	4,367,088	.471363	.498448
63	EMERGENCY	3,094,708	.586176	.620378
64	OBSERVATION BEDS (NON-DIS			
65	OTHER REIMBURS COST CNTRS			
66	HOME PROGRAM DIALYSIS			
67	AMBULANCE SERVICES			
101	DURABLE MEDICAL EQUIP-REN			
102	DURABLE MEDICAL EQUIP-SOL			
103	SUBTOTAL	30,496,199		
	LESS OBSERVATION BEDS			
	TOTAL	30,496,199		

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						
26	ADULTS & PEDIATRICS				1,220,246		1,220,246
27	INTENSIVE CARE UNIT						
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
31	SURGICAL INTENSIVE CARE U						
33	SUBPROVIDER						
101	NURSERY						
	TOTAL				1,220,246		1,220,246

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	9,758				125.05	
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL	9,758					

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

PROVIDER NO:	PERIOD:	PREPARED 12/ 1/2009
14-3301	FROM 7/ 1/2008	WORKSHEET D
	TO 6/30/2009	PART III

TEFRA

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					9,758	
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL					9,758	

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

PROVIDER NO:	PERIOD:	PREPARED 12/ 1/2009
14-3301	FROM 7/ 1/2008	WORKSHEET D
	TO 6/30/2009	PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	7	8
26	INTENSIVE CARE UNIT		
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER		
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
01	ICF/MR		
101	TOTAL		

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					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY					
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES					
59 01 STAFF					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XVIII PART A HOSPITAL TEFRA

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	1,502.06
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	14,657,136			
87	NEW CAPITAL-RELATED COST	1,220,246	14,657,136		
88	NON PHYSICIAN ANESTHETIST		14,657,136	.083253	
89	MEDICAL EDUCATION		14,657,136		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

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

- 1 INPATIENT HOSPI TAL SERVI CES (SEE IN STRU CTI ONS)
- 1.01 HOSPI TAL SPECI FIC AMOUNT (SEE IN STRU CTI ONS)
- 1.02 ENTER FROM THE PS&R, THE IRF PPS PAYMENT
- 1.03 MEDI CARE SSI RATIO (IRF PPS ONLY) (SEE IN STR.)
- 1.04 INPATIENT REHABI LI TATI O N FACI LI TY LI P PAYMENTS (SEE IN STRU CTI ONS)
- 1.05 OUTLI ER PAYMENTS
- 1.06 TOTAL PPS PAYMENTS (SUM OF LI NES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)
- 1.07 NURSING AND ALLI ED HEALTH MANAGED CARE PAYMENT (SEE IN STRU CTI ONS)

- INPATIENT PSYCHI ATRI C FACI LI TY (IPF)
- 1.08 NET FEDERAL IPF PPS PAYMENTS (EXCLU DI NG OUTLI ER, ECT, STOP-LOSS, AND MEDI CAL EDUCATI O N PAYMENTS)
- 1.09 NET IPF PPS OUTLI ER PAYMENTS
- 1.10 NET IPF PPS ECT PAYMENTS
- 1.11 UNWEI GHTED INTERN AND RESI DENT FTE COUNT FOR LATEST COST REPORT FI LED PRI OR TO NOVEMBER 15, 2004 (SEE IN STRU CTI ONS)
- 1.12 NEW TEACHI NG PROGRAM ADJUSTMENT. (SEE IN STRU CTI ONS)
- 1.13 CURRENT YEARS UNWEI GHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FI RST 3 YEARS OF A "NEW TEACHI NG PROGRAM". (SEE IN ST.)
- 1.14 CURRENT YEARS UNWEI GHTED I&R FTE COUNT FOR RESI DENTS WITHI N THE FI RST 3 YEARS OF A "NEW TEACHI NG PROGRAM". (SEE IN ST.)
- 1.15 INTERN AND RESI DENT COUNT FOR IPF PPS MEDI CAL EDUCATI O N ADJUSTMENT (SEE IN STRU CTI ONS)
- 1.16 AVERAGE DAI LY CENSUS (SEE IN STRU CTI ONS)
- 1.17 MEDI CAL EDUCATI O N ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.
- 1.18 MEDI CAL EDUCATI O N ADJUSTMENT (LI NE 1.08 MULTI PLI ED BY LI NE 1.17).
- 1.19 ADJUSTED NET IPF PPS PAYMENTS (SUM OF LI NES 1.08, 1.09, 1.10 AND 1.18)
- 1.20 STOP LOSS PAYMENT FLOOR (LI NE 1 x 70%)
- 1.21 ADJUSTED NET PAYMENT FLOOR (LI NE 1.20 x THE APPROPRI ATE FEDERAL BLEND PERCENTAGE)
- 1.22 STOP LOSS ADJUSTMENT (IF LI NE 1.21 IS GREATER THAN LI NE 1.19 ENTER THE AMOUNT ON LI NE 1.21 LESS LI NE 1.19 OTHERWISE ENTER -0-)
- 1.23 TOTAL IPF PPS PAYMENTS (SUM OF LI NES 1.01, 1.19 AND 1.22)

- INPATIENT REHABI LI TATI O N FACI LI TY (IRF)
- 1.35 UNWEI GHTED INTERN AND RESI DENT FTE COUNT FOR COST REPORT PERI ODS ENDI NG ON/OR PRI OR TO NOVEMBER 15, 2004. (SEE IN ST.)
- 1.36 NEW TEACHI NG PROGRAM ADJUSTMENT. (SEE IN STRU CTI ONS)
- 1.37 CURRENT YEAR' S UNWEI GHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FI RST 3 YEARS OF A "NEW TEACHI NG PROGRAM". (SEE IN ST.)
- 1.38 CURRENT YEAR' S UNWEI GHTED I&R FTE COUNT FOR RESI DENTS WITHI N THE FI RST 3 YEARS OF A "NEW TEACHI NG PROGRAM". (SEE IN ST.)
- 1.39 INTERN AND RESI DENT COUNT FOR IRF PPS MEDI CAL EDUCATI O N ADJUSTMENT (SEE IN STRU CTI ONS)
- 1.40 AVERAGE DAI LY CENSUS (SEE IN STRU CTI ONS)
- 1.41 MEDI CAL EDUCATI O N ADJUSTMENT FACTOR $\{((1 + (LI NE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.
- 1.42 MEDI CAL EDUCATI O N ADJUSTMENT (LI NE 1.02 MULTI PLI ED BY LI NE 1.41).

- 2 ORGAN ACQUI SI TI O N
- 3 COST OF TEACHI NG PHYSI CI ANS
- 4 SUBTOTAL (SEE IN STRU CTI ONS)
- 5 PRI MARY PAYER PAYMENTS
- 6 SUBTOTAL
- 7 DEDUCTI BLES
- 8 SUBTOTAL
- 9 COI NSURANCE
- 10 SUBTOTAL
- 11 REIMBURSABLE BAD DEBTS (EXCLU DE BAD DEBTS FOR PROF SERV S)
- 11.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE IN STRU CTI ONS)
- 11.02 REIMBURSABLE BAD DEBTS FOR DUAL ELI GI BLE BENEFICI ARI ES
- 12 SUBTOTAL
- 13 DI RECT GRADUATE MEDI CAL EDUCATI O N PAYMENTS
- 13.01 OTHER PASS THROUGH COSTS (SEE IN STRU CTI ONS)
- 14 RECOVERY OF EXCESS DEPRECI ATI O N RESULTI NG FROM PROVIDER TERMI NATI O N OR A DECREASE I N PROGRAM UTI LI ZATI O N
- 15 OTHER ADJUSTMENTS (SPECI FY)
- 15.99 OUTLI ER RECONCI LI ATI O N ADJUSTMENT

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

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

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

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)	
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY	
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)	
3	AGGREGATE APPROVED AMOUNT	
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96	5.99
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	5.99
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS	5.91
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.	5.91
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	5.78
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	.01
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.	5.79
3.10	SEE INSTRUCTIONS	5.79
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	
3.12	SEE INSTRUCTIONS	.01
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)	
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.	98,090.66
3.18	SEE INSTRUCTIONS	
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)	6.21
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)	6.21
3.21	SEE INSTRUCTIONS	RES INIT YEARS
3.22	SEE INSTRUCTIONS	6.07
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	102,619.96
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	622,903
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	622,903

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS	
5	TOTAL INPATIENT DAYS	9,758
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	
6.02	PROGRAM MANAGED CARE DAYS OCCURING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)	
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.	9,758
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)	100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.	
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)	
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD	PRIOR TO 422 E-3, 6 LN 12

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

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

TITLE XVIII

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

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

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

PART B REASONABLE COST

- 17 REASONABLE COST
- 18 PRIMARY PAYER PAYMENTS
- 19 TOTAL PART B REASONABLE COST
- 20 TOTAL REASONABLE COST
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST

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

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

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	924,583			
29 SALARIES, WAGES & FEES PAYABLE	4,816,063			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,830,819			
36 TOTAL CURRENT LIABILITIES	7,571,465			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	5,483,992			
42 TOTAL LONG-TERM LIABILITIES	5,483,992			
43 TOTAL LIABILITIES	13,055,457			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	95,400,025			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	95,400,025			
52 TOTAL LIABILITIES AND FUND BALANCES	108,455,482			

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	14,588,499		14,588,499
2 00 SUBPROVIDER			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
7 01 ICF/MR			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	14,588,499		14,588,499
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT			
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			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	14,588,499		14,588,499
17 00 ANCILLARY SERVICES	14,089,806		14,089,806
18 00 OUTPATIENT SERVICES		16,490,396	16,490,396
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE			
24 00 PROF FEES & OTHER	1,290,936		1,290,936
25 00 TOTAL PATIENT REVENUES	29,969,241	16,490,396	46,459,637

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		43,749,972	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00 RECONCILE	295		
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		295	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00 RECONCILIATION			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		43,750,267	

