

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		14-0029		FROM 7/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 11/23/2010 TIME 17:08

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:  
 COPLEY MEMORIAL HOSPITAL 14-0029  
 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2009 AND ENDING 6/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

\_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	8,381	-74,634		0
2	SUBPROVIDER	0	68,968	-36		0
100	TOTAL	0	77,349	-74,670		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: 2000 OGDEN AVENUE      P.O. BOX:  
 1.01 CITY: AURORA      STATE: IL      ZIP CODE: 60504-      COUNTY: KANE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVIII	XIX
02.00 HOSPITAL	COPLEY MEMORIAL HOSPITAL	14-0029	2.01	3	4	5	6
03.00 SUBPROVIDER	COPLEY MEMORIAL HOSPITAL REHAB	14-T029		1/ 1/1991	N	P	0

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2009 TO: 6/30/2010

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1  
 20 SUBPROVIDER 5

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? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y
- 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 N 16974
- 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 MIPPA \$147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA \$147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS). IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.
- 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). / /







COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	144	52,560			12,933		6,910
2 HMO					1,171		1,192
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	144	52,560			12,933		6,910
6 INTENSIVE CARE UNIT	22	8,030			1,621		259
6 01 NICU	9	3,285					1,475
11 NURSERY							2,183
12 TOTAL	175	63,875			14,554		10,827
13 RPCH VISITS							
14 SUBPROVIDER	18	6,570			2,207		178
18 HOME HEALTH AGENCY							
24 RHC							
24 10 FQHC							
25 TOTAL	193						
26 OBSERVATION BED DAYS							814
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			37,711				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			37,711				
6 INTENSIVE CARE UNIT			3,555				
6 01 NICU			2,151				
11 NURSERY			8,604				
12 TOTAL			52,021			11.08	
13 RPCH VISITS							
14 SUBPROVIDER			3,739			1.83	
18 HOME HEALTH AGENCY							
24 RHC							
24 10 FQHC							
25 TOTAL						12.91	
26 OBSERVATION BED DAYS	6	808	3,541	43	3,498		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					3,434	3,642	12,626
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
6 01 NICU							
11 NURSERY							
12 TOTAL	11.08	1,188.60			3,434	3,642	12,626
13 RPCH VISITS							
14 SUBPROVIDER	1.83	17.62			177	97	337
18 HOME HEALTH AGENCY							
24 RHC							
24 10 FQHC							
25 TOTAL	12.91	1,206.22					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0029  
 PERIOD: FROM 7/1/2009 TO 6/30/2010  
 PREPARED 11/23/2010  
 WORKSHEET S-3  
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	82,273,010		82,273,010	2,508,934.00	32.79	
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)	561,501		561,501	23,525.00	23.87	
6.01 CONTRACT SERVICES, I&R	133,221		133,221	4,160.00	32.02	
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	1,950,183	63,643	2,013,826	44,901.00	44.85	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	342,874		342,874	5,284.00	64.89	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	1,766,431		1,766,431	2,431.00	726.63	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
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)	21,634,451		21,634,451			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	463,212		463,212			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)	180,018		180,018			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	767,166	101,985	869,151	26,603.00	32.67	
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	15,280,286	-165,628	15,114,658	414,565.00	36.46	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,992,418		1,992,418	69,368.00	28.72	
25 LAUNDRY & LINEN SERVICE	88,585		88,585	6,386.00	13.87	
26 HOUSEKEEPING	1,136,449		1,136,449	80,184.00	14.17	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,153,065	-740,037	413,028	27,575.00	14.98	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		740,037	740,037	49,406.00	14.98	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	2,114,575		2,114,575	44,574.00	47.44	
31 CENTRAL SERVICE AND SUPPLY	372,975		372,975	19,302.00	19.32	
32 PHARMACY	1,774,222		1,774,222	51,064.00	34.75	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	767,335		767,335	35,235.00	21.78	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	81,578,288		81,578,288	2,481,249.00	32.88	
2 EXCLUDED AREA SALARIES	1,950,183	63,643	2,013,826	44,901.00	44.85	
3 SUBTOTAL SALARIES	79,628,105	-63,643	79,564,462	2,436,348.00	32.66	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	2,109,305		2,109,305	7,715.00	273.40	
5 SUBTOTAL WAGE-RELATED COSTS	21,634,451		21,634,451		27.19	
6 TOTAL	103,371,861	-63,643	103,308,218	2,444,063.00	42.27	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	25,447,076	-63,643	25,383,433	824,262.00	30.80	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0029	FROM 7/1/2009	11/23/2010
	TO 6/30/2010	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	30,700,960
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	30,700,960
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.196131
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED 11/23/2010
14-0029	FROM 7/1/2009	WORKSHEET S-10
	TO 6/30/2010	

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	181,035,143
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	35,506,604
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	47,664,312
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	9,348,449
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	35,506,604

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0029

PERIOD: FROM 7/1/2009 TO 6/30/2010

PREPARED 11/23/2010  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		6,108,346	6,108,346	5,055,958	11,164,304
3.01	0301 POB NEW CRC				561,093	561,093
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				10,973,086	10,973,086
5	0500 EMPLOYEE BENEFITS	767,166	7,626,485	8,393,651	15,157,980	23,551,631
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	2,086,928	26,137,486	28,224,414	-370,568	27,853,846
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	13,193,358	30,799,316	43,992,674	-5,513,315	38,479,359
8	0800 OPERATION OF PLANT	1,992,418	4,418,451	6,410,869	-690,979	5,719,890
9	0900 LAUNDRY & LINEN SERVICE	88,585	770,794	859,379	-14,507	844,872
10	1000 HOUSEKEEPING	1,136,449	1,204,046	2,340,495	-190,496	2,149,999
11	1100 DIETARY	1,153,065	2,263,039	3,416,104	-2,270,576	1,145,528
12	1200 CAFETERIA				2,052,483	2,052,483
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	2,114,575	506,373	2,620,948	-483,018	2,137,930
15	1500 CENTRAL SERVICES & SUPPLY	372,975	669,780	1,042,755	-190,348	940,407
16	1600 PHARMACY	1,774,222	11,017,104	12,791,326	-824,913	11,966,413
17	1700 MEDICAL RECORDS & LIBRARY	767,335	971,259	1,738,594	-163,533	1,575,061
18	1800 SOCIAL SERVICE					
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	561,501	89,840	651,341	-89,840	561,501
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	626,696	428,835	1,055,531	-101,170	954,361
24	2400 PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	14,952,326	3,851,476	18,803,802	-3,339,003	15,464,799
26	2600 INTENSIVE CARE UNIT	2,632,826	965,508	3,598,334	-785,416	2,812,918
26.01	2601 NICU	3,120,831	1,057,991	4,178,822	-724,009	3,454,813
31	3100 SUBPROVIDER	1,199,190	389,512	1,588,702	-223,370	1,365,332
33	3300 NURSERY ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM		19,088,199	22,040,991	-1,202,338	20,838,653
37.01	3955 SAME DAY SURGERY	1,248,980	443,707	1,692,687	-220,003	1,472,684
37.02	3340 G. I. LAB	780,929	1,359,527	2,140,456	-288,643	1,851,813
38	3800 RECOVERY ROOM	666,467	183,333	849,800	-140,363	709,437
39	3900 DELIVERY ROOM & LABOR ROOM	4,014,093	2,120,375	6,134,468	-684,106	5,450,362
40	4000 ANESTHESIOLOGY	92,587	870,694	963,281	-94,103	869,178
41	4100 RADIOLOGY-DIAGNOSTIC	4,726,279	5,968,332	10,694,611	-2,401,873	8,292,738
42	4200 RADIOLOGY-THERAPEUTIC	1,352,575	1,043,688	2,396,263	-568,007	1,828,256
44	4400 LABORATORY	2,571,408	4,943,263	7,514,671	-538,778	6,975,893
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS					
49	4900 RESPIRATORY THERAPY	1,343,103	617,771	1,960,874	-303,638	1,657,236
53	5300 ELECTROCARDIOLOGY	516,311	438,222	954,533	-336,691	617,842
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				467,953	467,953
56	5600 DRUGS CHARGED TO PATIENTS					
57	5700 RENAL DIALYSIS		718,317	718,317		718,317
58	5800 ASC (NON-DISTINCT PART)					
58.01	3140 CARDIAC REHAB	212,457	179,698	392,155	-39,776	352,379
58.02	3950 HEART SURGERY	408,578	855,238	1,263,816	-1,226,752	37,064
58.03	3951 REHAB SERVICES	1,920,454	865,158	2,785,612	-341,913	2,443,699
58.04	3952 CV SURGERY	547,605	914,405	1,462,010	946,471	2,408,481
58.05	3953 VASCULAR SERVICES	1,396,741	5,616,558	7,013,299	-331,041	6,682,258
58.06	5801 YORKVILLE	1,650,336	2,456,223	4,106,559	-1,057,196	3,049,363
59	3954 DIABETIC CENTER OUTPAT SERVICE COST CNTRS	207,810	98,962	306,772	-33,250	273,522
60	6000 CLINIC	1,202,986	920,377	2,123,363	-277,836	1,845,527
61	6100 EMERGENCY	5,169,080	2,882,660	8,051,740	-1,272,570	6,779,170
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310 RHC					
63.60	6320 FQHC OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS					
85.01	8510 PANCREAS ACQUISITION					
88	8800 INTEREST EXPENSE		7,041,272	7,041,272	-7,021,314	19,958
95	SUBTOTALS	81,522,017	158,901,620	240,423,637	947,772	241,371,409
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		132,331	132,331	-709	131,622
98	9800 PHYSICIANS' PRIVATE OFFICES					
100	7950 PHYSICIAN SERVICES	417,464	444,933	862,397	-75,579	786,818
100.01	7951 ADVERTISING				291,500	291,500
100.02	7952 HOME HEALTH SERVICES PRIVATE		366	366		366
100.03	7953 HHA HME					
100.04	7954 OTHER NON REIMBURSABLE	333,529	826,238	1,159,767	-1,162,984	-3,217
101	TOTAL	82,273,010	160,305,488	242,578,498	-0-	242,578,498

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0029  
PERIOD: FROM 7/ 1/2009 TO 6/30/2010  
PREPARED 11/23/2010  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 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	-3,523,326	7,640,978
3.01 0301	POB NEW CRC		561,093
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	-29,032	10,944,054
5 0500	EMPLOYEE BENEFITS	-108,503	23,443,128
6.05 0650	CASHIERING/ACCOUNTS RECEIVABLE	-24,479,902	3,373,944
6.06 0660	OTHER ADMINISTRATIVE AND GENERAL	-606,332	37,873,027
8 0800	OPERATION OF PLANT	-181,901	5,537,989
9 0900	LAUNDRY & LINEN SERVICE		844,872
10 1000	HOUSEKEEPING		2,149,999
11 1100	DIETARY	-100	1,145,428
12 1200	CAFETERIA	-678,832	1,373,651
13 1300	MAINTENANCE OF PERSONNEL		
14 1400	NURSING ADMINISTRATION	-3,084	2,134,846
15 1500	CENTRAL SERVICES & SUPPLY		940,407
16 1600	PHARMACY	-2,138	11,964,275
17 1700	MEDICAL RECORDS & LIBRARY	-6,063	1,568,998
18 1800	SOCIAL SERVICE		
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		561,501
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		954,361
24 2400	PARAMED ED PRGM-(SPECIFY)		
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-169,218	15,295,581
26 2600	INTENSIVE CARE UNIT	-63,541	2,749,377
26.01 2601	NICU	-183,749	3,271,064
31 3100	SUBPROVIDER	-123,612	1,241,720
33 3300	NURSERY		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-233,258	20,605,395
37.01 3955	SAME DAY SURGERY	-600	1,472,084
37.02 3340	G. I. LAB	7,531	1,859,344
38 3800	RECOVERY ROOM		709,437
39 3900	DELIVERY ROOM & LABOR ROOM	-973,496	4,476,866
40 4000	ANESTHESIOLOGY	-18,518	850,660
41 4100	RADIOLOGY-DIAGNOSTIC	-151,097	8,141,641
42 4200	RADIOLOGY-THERAPEUTIC	-155,651	1,672,605
44 4400	LABORATORY	-70,242	6,905,651
46.30 4650	BLOOD CLOTTING FACTORS ADMIN COSTS		
49 4900	RESPIRATORY THERAPY		1,657,236
53 5300	ELECTROCARDIOLOGY		617,842
54 5400	ELECTROENCEPHALOGRAPHY		
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		467,953
56 5600	DRUGS CHARGED TO PATIENTS		
57 5700	RENAL DIALYSIS		718,317
58 5800	ASC (NON-DISTINCT PART)		
58.01 3140	CARDIAC REHAB		352,379
58.02 3950	HEART SURGERY	-22,496	14,568
58.03 3951	REHAB SERVICES		2,443,699
58.04 3952	CV SURGERY		2,408,481
58.05 3953	VASCULAR SERVICES	-27,300	6,654,958
58.06 5801	YORKVILLE	-85,984	2,963,379
59 3954	DIABETIC CENTER	-4,476	269,046
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC	-7,041	1,838,486
61 6100	EMERGENCY	-470,007	6,309,163
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63.50 6310	RHC		
63.60 6320	FQHC		
	OTHER REIMBURS COST CNTRS		
71 7100	HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
85.01 8510	PANCREAS ACQUISITION		
88 8800	INTEREST EXPENSE	-19,958	-0-
95 9500	SUBTOTALS	-32,391,926	208,979,483
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		131,622
98 9800	PHYSICIANS' PRIVATE OFFICES		
100 7950	PHYSICIAN SERVICES	-110,207	676,611
100.01 7951	ADVERTISING		291,500
100.02 7952	HOME HEALTH SERVICES PRIVATE		366
100.03 7953	HHA HME		
100.04 7954	OTHER NON REIMBURSABLE		-3,217
101	TOTAL	-32,502,133	210,076,365

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0029  
 PERIOD: FROM 7/1/2009 TO 6/30/2010  
 PREPARED 11/23/2010  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	POB NEW CRC	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
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-(SPECIFY)	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
26.01	NICU	2601	INTENSIVE CARE UNIT
31	SUBPROVIDER	3100	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	SAME DAY SURGERY	3955	OTHER ANCILLARY SERVICE COST CENTERS
37.02	G. I. LAB	3340	GASTRO INTESTINAL SERVICES
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
44	LABORATORY	4400	
46.30	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	BLOOD CLOTTING FOR HEMOPHILIACS
49	RESPIRATORY THERAPY	4900	
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	
58.01	CARDIAC REHAB	3140	CARDIOLOGY
58.02	HEART SURGERY	3950	OTHER ANCILLARY SERVICE COST CENTERS
58.03	REHAB SERVICES	3951	OTHER ANCILLARY SERVICE COST CENTERS
58.04	CV SURGERY	3952	OTHER ANCILLARY SERVICE COST CENTERS
58.05	VASCULAR SERVICES	3953	OTHER ANCILLARY SERVICE COST CENTERS
58.06	YORKVILLE	5801	ASC (NON-DISTINCT PART)
59	DIABETIC CENTER	3954	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.60	FQHC	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
85.01	PANCREAS ACQUISITION	8510	
88	INTEREST EXPENSE	8800	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	PHYSICIAN SERVICES	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	ADVERTISING	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	HOME HEALTH SERVICES PRIVATE	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	HHA HME	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	OTHER NON REIMBURSABLE	7954	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:  
140029

PERIOD:  
FROM 7/1/2009  
TO 6/30/2010

PREPARED 11/23/2010  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 INTEREST EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3		5,617,051
2		NEW CAP REL COSTS-MVBLE EQUIP	4		1,404,263
3 MEDICAL SUPPLIES	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		467,953
4 WORKMENS COMP INS	C	EMPLOYEE BENEFITS	5	101,985	853,316
5 CAFETERIA COSTS	D	CAFETERIA	12	740,037	1,312,446
6 EMPLOYEE BENEFITS	E	EMPLOYEE BENEFITS	5		14,332,198
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1 EMPLOYEE BENEFITS	E				
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3					
4					
5					
6					
7					
8					
9					
10 DEPRECIATION EXP	F	POB NEW CRC	3.01		561,093
11		NEW CAP REL COSTS-MVBLE EQUIP	4		9,568,823
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RECLASSIFICATIONS

PROVIDER NO:  
140029

PERIOD:  
FROM 7/1/2009  
TO 6/30/2010

PREPARED 11/23/2010  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
1 DEPRECIATION EXP	F	2	3	4	5
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15 ADVERTISING	H	ADVERTISING	100.01	63,643	227,857
16 HEART SURGERY	I	CV SURGERY	58.04	408,578	663,074
36 TOTAL RECLASSIFICATIONS				1,314,243	35,008,074

(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:  
140029

PERIOD:  
FROM 7/ 1/2009  
TO 6/30/2010

PREPARED 11/23/2010  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION		CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	INTEREST EXPENSE	A	INTEREST EXPENSE	88		7,021,314	11
2							9
3	MEDICAL SUPPLIES	B	OTHER ADMINISTRATIVE AND GENERAL	6.06		467,953	
4	WORKMENS COMP INS	C	OTHER ADMINISTRATIVE AND GENERAL	6.06	101,985	853,316	
5	CAFETERIA COSTS	D	DIETARY	11	740,037	1,312,446	
6	EMPLOYEE BENEFITS	E	CASHIERING/ACCOUNTS RECEIVABLE	6.05		354,931	
7			OTHER ADMINISTRATIVE AND GENERAL	6.06		1,985,742	
8			OPERATION OF PLANT	8		318,787	
9			LAUNDRY & LINEN SERVICE	9		14,174	
10			HOUSEKEEPING	10		181,832	
11			DIETARY	11		184,490	
12			NURSING ADMINISTRATION	14		338,332	
13			CENTRAL SERVICES & SUPPLY	15		59,676	
14			PHARMACY	16		283,876	
15			MEDICAL RECORDS & LIBRARY	17		122,774	
16			I&R SERVICES-OTHER PRGM COSTS APPRVD	23		100,271	
17			ADULTS & PEDIATRICS	25		2,392,372	
18			INTENSIVE CARE UNIT	26		421,252	
19			NICU	26.01		499,333	
20			SUBPROVIDER	31		191,870	
21			OPERATING ROOM	37		472,447	
22			SAME DAY SURGERY	37.01		199,837	
23			G. I. LAB	37.02		124,949	
24			RECOVERY ROOM	38		106,635	
25			RADIOLOGY-DIAGNOSTIC	41		756,205	
26			RADIOLOGY-THERAPEUTIC	42		324,951	
27			LABORATORY	44		411,425	
28			RESPIRATORY THERAPY	49		214,897	
29			ELECTROCARDIOLOGY	53		82,610	
30			CARDIAC REHAB	58.01		33,993	
31			HEART SURGERY	58.02		111,162	
32			REHAB SERVICES	58.03		307,272	
33			CLINIC	60		204,434	
34			EMERGENCY	61		827,053	
35			DELIVERY ROOM & LABOR ROOM	39		642,255	
1	EMPLOYEE BENEFITS	E	PHYSICIAN SERVICES	100		66,794	
2			OTHER NON REIMBURSABLE	100.04		1,159,767	
3			ANESTHESIOLOGY	40		14,814	
4			CV SURGERY	58.04		87,617	
5			VASCULAR SERVICES	58.05		223,479	
6			EMPLOYEE BENEFITS	5		122,747	
7			YORKVILLE	58.06		264,053	
8			I&R SERVICES-SALARY & FRINGES APPRVD	22		89,840	
9			DIABETIC CENTER	59		33,250	
10	DEPRECIATION EXP	F	EMPLOYEE BENEFITS	5		6,772	9
11							9
12			CASHIERING/ACCOUNTS RECEIVABLE	6.05		15,637	
13			OTHER ADMINISTRATIVE AND GENERAL	6.06		1,812,819	
14			OPERATION OF PLANT	8		372,192	
15			LAUNDRY & LINEN SERVICE	9		333	
16			HOUSEKEEPING	10		8,664	
17			DIETARY	11		33,603	
18			NURSING ADMINISTRATION	14		144,686	
19			CENTRAL SERVICES & SUPPLY	15		42,672	
20			PHARMACY	16		541,037	
21			MEDICAL RECORDS & LIBRARY	17		40,759	
22			I&R SERVICES-OTHER PRGM COSTS APPRVD	23		899	
23			ADULTS & PEDIATRICS	25		946,631	
24			INTENSIVE CARE UNIT	26		364,164	
25			NICU	26.01		224,676	
26			SUBPROVIDER	31		31,500	
27			OPERATING ROOM	37		729,891	
28			SAME DAY SURGERY	37.01		20,166	
29			G. I. LAB	37.02		163,694	
30			RECOVERY ROOM	38		33,728	
31			ANESTHESIOLOGY	40		79,289	
32			RADIOLOGY-DIAGNOSTIC	41		1,645,668	
33			RADIOLOGY-THERAPEUTIC	42		243,056	
34			LABORATORY	44		127,353	
35			RESPIRATORY THERAPY	49		88,741	

RECLASSIFICATIONS

PROVIDER NO:  
140029

PERIOD:  
FROM 7/ 1/2009  
TO 6/30/2010

PREPARED 11/23/2010  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----					A-7 REF 10
	CODE (1) 1	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 DEPRECIATION EXP	F	ELECTROCARDIOLOGY	53		254,081	
2		CARDIAC REHAB	58.01		5,783	
3		HEART SURGERY	58.02		43,938	
4		REHAB SERVICES	58.03		34,641	
5		CLINIC	60		73,402	
6		EMERGENCY	61		445,517	
7		PHYSICIAN SERVICES	100		8,785	
8		VASCULAR SERVICES	58.05		107,562	
9		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96		709	
10		CV SURGERY	58.04		37,564	
11		NEW CAP REL COSTS-BLDG & FIXT	3		561,093	9
12		YORKVILLE	58.06		793,143	
13		DELIVERY ROOM & LABOR ROOM	39		41,851	
14		OTHER NON REIMBURSABLE	100.04		3,217	
15 ADVERTISING	H	OTHER ADMINISTRATIVE AND GENERAL	6.06	63,643	227,857	
16 HEART SURGERY	I	HEART SURGERY	58.02	408,578	663,074	
36 TOTAL RECLASSIFICATIONS				1,314,243	35,008,074	

(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:  
140029

PERIOD:  
FROM 7/1/2009  
TO 6/30/2010

PREPARED 11/23/2010  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION: INTEREST EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	5,617,051
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,404,263
TOTAL RECLASSIFICATIONS FOR CODE A			7,021,314

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	7,021,314	
			0
		7,021,314	

RECLASS CODE: B  
EXPLANATION: MEDICAL SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	467,953
TOTAL RECLASSIFICATIONS FOR CODE B			467,953

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	467,953	
		467,953	

RECLASS CODE: C  
EXPLANATION: WORKMENS COMP INS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	955,301
TOTAL RECLASSIFICATIONS FOR CODE C			955,301

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	955,301	
		955,301	

RECLASS CODE: D  
EXPLANATION: CAFETERIA COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	2,052,483
TOTAL RECLASSIFICATIONS FOR CODE D			2,052,483

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	2,052,483	
		2,052,483	

RECLASS CODE: E  
EXPLANATION: EMPLOYEE BENEFITS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	14,332,198
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
26.00			0
27.00			0
28.00			0
29.00			0
30.00			0
31.00			0
32.00			0
33.00			0
34.00			0
35.00			0
36.00			0
37.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CASHIERING/ACCOUNTS RECEIVABLE	6.05	354,931	
OTHER ADMINISTRATIVE AND GENER	6.06	1,985,742	
OPERATION OF PLANT	8	318,787	
LAUNDRY & LINEN SERVICE	9	14,174	
HOUSEKEEPING	10	181,832	
DIETARY	11	184,490	
NURSING ADMINISTRATION	14	338,332	
CENTRAL SERVICES & SUPPLY	15	59,676	
PHARMACY	16	283,876	
MEDICAL RECORDS & LIBRARY	17	122,774	
I&R SERVICES-OTHER PRGM COSTS	23	100,271	
ADULTS & PEDIATRICS	25	2,392,372	
INTENSIVE CARE UNIT	26	421,252	
NI CU	26.01	499,333	
SUBPROVIDER	31	191,870	
OPERATING ROOM	37	472,447	
SAME DAY SURGERY	37.01	199,837	
G. I. LAB	37.02	124,949	
RECOVERY ROOM	38	106,635	
RADIOLOGY-DIAGNOSTIC	41	756,205	
RADIOLOGY-THERAPEUTIC	42	324,951	
LABORATORY	44	411,425	
RESPIRATORY THERAPY	49	214,897	
ELECTROCARDIOLOGY	53	82,610	
CARDIAC REHAB	58.01	33,993	
HEART SURGERY	58.02	111,162	
REHAB SERVICES	58.03	307,272	
CLINIC	60	204,434	
EMERGENCY	61	827,053	
DELIVERY ROOM & LABOR ROOM	39	642,255	
PHYSICIAN SERVICES	100	66,794	
OTHER NON REIMBURSABLE	100.04	1,159,767	
ANESTHESIOLOGY	40	14,814	
CV SURGERY	58.04	87,617	
VASCULAR SERVICES	58.05	223,479	
EMPLOYEE BENEFITS	5	122,747	
YORKVILLE	58.06	264,053	

RECLASSIFICATIONS

PROVIDER NO:  
140029

PERIOD:  
FROM 7/ 1/2009  
TO 6/30/2010

PREPARED 11/23/2010  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: E  
EXPLANATION : EMPLOYEE BENEFITS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
38.00			0
39.00			0
TOTAL RECLASSIFICATIONS FOR CODE E			14,332,198

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
I&R SERVICES-SALARY & FRINGES	22	89,840	
DIABETIC CENTER	59	33,250	
			14,332,198

RECLASS CODE: F  
EXPLANATION : DEPRECIATION EXP

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	POB NEW CRC	3.01	561,093
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	9,568,823
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
26.00			0
27.00			0
28.00			0
29.00			0
30.00			0
31.00			0
32.00			0
33.00			0
34.00			0
35.00			0
36.00			0
37.00			0
38.00			0
39.00			0
40.00			0
TOTAL RECLASSIFICATIONS FOR CODE F			10,129,916

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	6,772	
			0
CASHIERING/ACCOUNTS RECEIVABLE	6.05	15,637	
OTHER ADMINISTRATIVE AND GENER	6.06	1,812,819	
OPERATION OF PLANT	8	372,192	
LAUNDRY & LINEN SERVICE	9	333	
HOUSEKEEPING	10	8,664	
DIETARY	11	33,603	
NURSING ADMINISTRATION	14	144,686	
CENTRAL SERVICES & SUPPLY	15	42,672	
PHARMACY	16	541,037	
MEDICAL RECORDS & LIBRARY	17	40,759	
I&R SERVICES-OTHER PRGM COSTS	23	899	
ADULTS & PEDIATRICS	25	946,631	
INTENSIVE CARE UNIT	26	364,164	
NICU	26.01	224,676	
SUBPROVIDER	31	31,500	
OPERATING ROOM	37	729,891	
SAME DAY SURGERY	37.01	20,166	
G. I. LAB	37.02	163,694	
RECOVERY ROOM	38	33,728	
ANESTHESIOLOGY	40	79,289	
RADIOLOGY-DIAGNOSTIC	41	1,645,668	
RADIOLOGY-THERAPEUTIC	42	243,056	
LABORATORY	44	127,353	
RESPIRATORY THERAPY	49	88,741	
ELECTROCARDIOLOGY	53	254,081	
CARDIAC REHAB	58.01	5,783	
HEART SURGERY	58.02	43,938	
REHAB SERVICES	58.03	34,641	
CLINIC	60	73,402	
EMERGENCY	61	445,517	
PHYSICIAN SERVICES	100	8,785	
VASCULAR SERVICES	58.05	107,562	
GI FT, FLOWER, COFFEE SHOP & CA	96	709	
CV SURGERY	58.04	37,564	
NEW CAP REL COSTS-BLDG & FIXT	3	561,093	
YORKVILLE	58.06	793,143	
DELIVERY ROOM & LABOR ROOM	39	41,851	
OTHER NON REIMBURSABLE	100.04	3,217	
			10,129,916

RECLASS CODE: H  
EXPLANATION : ADVERTISING

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADVERTISING	100.01	291,500
TOTAL RECLASSIFICATIONS FOR CODE H			291,500

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	291,500	
			291,500

RECLASS CODE: I  
EXPLANATION : HEART SURGERY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CV SURGERY	58.04	1,071,652
TOTAL RECLASSIFICATIONS FOR CODE I			1,071,652

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
HEART SURGERY	58.02	1,071,652	
			1,071,652

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			DONATION 3					
1 LAND								
2 LAND IMPROVEMENTS								
3 BUILDINGS & FIXTURE								
4 BUILDING IMPROVEMEN								
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		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			DONATION 3					
1 LAND	2,441,298						2,441,298	
2 LAND IMPROVEMENTS	12,169,900	704,656			704,656		12,874,556	
3 BUILDINGS & FIXTURE	105,127,416	4,696,925			4,696,925		109,824,341	
4 BUILDING IMPROVEMEN	3,048,841						3,048,841	
5 FIXED EQUIPMENT	57,319,725	3,191,761			3,191,761		60,511,486	
6 MOVABLE EQUIPMENT	82,143,696	13,189,580			13,189,580		95,333,276	
7 SUBTOTAL	262,250,876	21,782,922			21,782,922		284,033,798	
8 RECONCILING ITEMS								
9 TOTAL	262,250,876	21,782,922			21,782,922		284,033,798	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS
		1	2	3	4	5	6	7
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	185,651,680		185,651,680	.660718			
3 01	POB NEW CRC							
4	NEW CAP REL COSTS-MV	95,333,276		95,333,276	.339282			
5	TOTAL	280,984,956		280,984,956	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	5,547,253		2,093,725				7,640,978
3 01	POB NEW CRC	561,093						561,093
4	NEW CAP REL COSTS-MV	10,944,054						10,944,054
5	TOTAL	17,052,400		2,093,725				19,146,125

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	6,108,346						6,108,346
3 01	POB NEW CRC							
4	NEW CAP REL COSTS-MV							
5	TOTAL	6,108,346						6,108,346

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-3,431,854	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-122,423	OPERATION OF PLANT	8	
10 TELEVISION AND RADIO SERVICE	A	-59,478	OPERATION OF PLANT	8	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,368,862			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-668,573	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-6,063	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-10,259	CAFETERIA	12	
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		**COST CENTER DELETED**	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	-73,139	NEW CAP REL COSTS-BLDG &	3	11
32 DEPRECIATION-NEW MOVABLE EQUIP	A	-27,490	NEW CAP REL COSTS-MVBLE E	4	9
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 OTHER ADJUSTMENTS (SPECIFY)					
38 MISC REV	B	-350	LABORATORY	44	
39 MISC REV	B	-6,380	YORKVILLE	58.06	
40 OFFSET POB INTEREST EXPENSE	A	-19,958	INTEREST EXPENSE	88	
41 PATIENT TELEPHONE	A	-1,542	NEW CAP REL COSTS-MVBLE E	4	9
42					
42.02 MISC REVENUE	B	-4,224	OTHER ADMINISTRATIVE AND	6.06	
42.07 MISC REVENUE	B	-3,084	NURSING ADMINISTRATION	14	
42.15 PHYSICIAN COMPENSATION	A	-110,207	PHYSICIAN SERVICES	100	
43 BAD DEBTS	A	-24,422,203	CASHIERING/ACCOUNTS RECEI	6.05	
44					
45 MISC REV	B	-100	DIETARY	11	
46					
47 MISC REV	B	-263,612	OTHER ADMINISTRATIVE AND	6.06	
48					
49					
49.01 MISC REV	B	-169,218	ADULTS & PEDIATRICS	25	
49.02 MISC REV	B	-57,699	CASHIERING/ACCOUNTS RECEI	6.05	
49.03 MISC REV	B	-17,831	RADIOLOGY-DIAGNOSTIC	41	
49.04 MISC REV	B	-155,278	RADIOLOGY-THERAPEUTIC	42	
49.05 MISC REV	B	7,531	G. I. LAB	37.02	
49.06					
49.07 MISC REV	B	-19,069	EMERGENCY	61	
49.08					
49.09 MISC REV	B	-2,138	PHARMACY	16	
49.10 MISC REV	B	-4,476	DIABETIC CENTER	59	
49.11 MISC REV	B	-7,041	CLINIC	60	
49.12 MISC REV	B	-600	SAME DAY SURGERY	37.01	
49.13 MISC REV	B	-18,503	EMPLOYEE BENEFITS	5	
49.14 MISC REV	B	-11,181	HEART SURGERY	58.02	
49.26 AHA/HA LOBBYING FEES	A	-37,253	OTHER ADMINISTRATIVE AND	6.06	
49.27 MEMBERSHIP DUES	A	-165,804	OTHER ADMINISTRATIVE AND	6.06	
49.31 PHYSICIAN REFERRAL	A	-74,394	OTHER ADMINISTRATIVE AND	6.06	
49.32 AMORTZ OF ARCHITECT FEE REFUND	A	-18,333	NEW CAP REL COSTS-BLDG &	3	11
49.33 UNFUNDED DEFERRED COMP	A	-90,000	EMPLOYEE BENEFITS	5	
49.34 OTHER N/A COSTS	A	-61,045	OTHER ADMINISTRATIVE AND	6.06	
50 TOTAL (SUM OF LINES 1 THRU 49)		-32,502,133			

(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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:  
14-0029

PERIOD:  
FROM 7/ 1/2009  
TO 6/30/2010

PREPARED 11/23/2010  
WORKSHEET A-8-2  
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 39	DELIVERY ROOM & LABOR ROO	1,008,425	533,350	475,075	177,200	410	34,929	1,746
2 26 1	NICU	211,266		211,266	177,200	323	27,517	1,376
3 26	INTENSIVE CARE UNIT	102,900		102,900	177,200	462	39,359	1,968
4 37	OPERATING ROOM	251,258		251,258	208,000	180	18,000	900
5 40	ANESTHESIOLOGY	45,000		45,000	200,300	275	26,482	1,324
6 41	RADIOLOGY-DIAGNOSTIC	133,374		133,374	225,300	1	108	5
7 42	RADIOLOGY-THERAPEUTIC	28,644		28,644	225,300	261	28,271	1,414
8 44	LABORATORY	69,996		69,996	215,700	1	104	5
9 49	RESPIRATORY THERAPY							
10 58 6	YORKVILLE	99,113		99,113	177,200	229	19,509	975
11 58 2	HEART SURGERY	25,883		25,883	177,200	171	14,568	728
12 61	EMERGENCY	461,161	137,238	323,923	177,200	120	10,223	511
13 58 5	VASCULAR SERVICES	27,300	27,300					
14 60	CLINIC							
15 31	REHAB	123,612	123,612					
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,587,932	821,500	1,766,432		2,433	219,070	10,952

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0029  
 PERIOD: FROM 7/1/2009 TO 6/30/2010  
 PREPARED 11/23/2010  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 39	DELIVERY ROOM & LABOR ROO					34,929	440,146	973,496
2 26	1 NICU					27,517	183,749	183,749
3 26	INTENSIVE CARE UNIT					39,359	63,541	63,541
4 37	OPERATING ROOM					18,000	233,258	233,258
5 40	ANESTHESIOLOGY					26,482	18,518	18,518
6 41	RADIOLOGY-DIAGNOSTIC					108	133,266	133,266
7 42	RADIOLOGY-THERAPEUTIC					28,271	373	373
8 44	LABORATORY					104	69,892	69,892
9 49	RESPIRATORY THERAPY							
10 58	6 YORKVILLE					19,509	79,604	79,604
11 58	2 HEART SURGERY					14,568	11,315	11,315
12 61	EMERGENCY					10,223	313,700	450,938
13 58	5 VASCULAR SERVICES							27,300
14 60	CLINIC							
15 31	REHAB							123,612
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					219,070	1,547,362	2,368,862

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0029  
 PERIOD: FROM 7/1/2009 TO 6/30/2010  
 PREPARED 11/23/2010  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
3.01	POB NEW CRC	4	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	5	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	7	GROSS CHARGES	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	-8	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	9	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	10	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	11	SQUARE FEET	ENTERED
11	DIETARY	12	MEALS SERVED	ENTERED
12	CAFETERIA	13	NUMBER FTE'S	ENTERED
13	MAINTENANCE OF PERSONNEL	14	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	15	DIRECT NRSG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	16	COSTED REQUIS	ENTERED
16	PHARMACY	17	COSTED REQUIS	ENTERED
17	MEDICAL RECORDS & LIBRARY	7	GROSS CHARGES	ENTERED
18	SOCIAL SERVICE	18	TIME SPENT	NOT ENTERED
20	NONPHYSICIAN ANESTHETISTS	19	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	20	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	21	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED TIME	ENTERED
24	PARAMED ED PRGM-(SPECIFY)	22	ASSIGNED TIME	NOT ENTERED

Health Financial Systems		MCRIF32	FOR COPLEY MEMORIAL HOSPITAL		IN LIEU OF FORM CMS-2552-96(7/2009)		
COST ALLOCATION - GENERAL SERVICE COSTS			PROVIDER NO:	PERIOD:	PREPARED 11/23/2010		
			14-0029	FROM 7/ 1/2009	WORKSHEET B		
				TO 6/30/2010	PART I		
COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	POB NEW CRC	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS
	0	1	2	3	3.01	4	5
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
003	NEW CAP REL COSTS-BLDG &	7,640,978		7,640,978			
004	01 POB NEW CRC	561,093			561,093		
004	NEW CAP REL COSTS-MVBLE E	10,944,054				10,944,054	
005	EMPLOYEE BENEFITS	23,443,128		81,064		7,745	23,531,937
006	05 CASHIERING/ACCOUNTS RECEI	3,373,944				17,884	603,281
006	06 OTHER ADMINISTRATIVE AND	37,873,027		1,732,834	260,510	2,073,360	3,766,004
008	OPERATION OF PLANT	5,537,989		763,678		425,683	575,960
009	LAUNDRY & LINEN SERVICE	844,872				381	25,608
010	HOUSEKEEPING	2,149,999		74,554		9,909	328,520
011	DIETARY	1,145,428		137,528		38,432	119,396
012	CAFETERIA	1,373,651		133,188			213,927
013	MAINTENANCE OF PERSONNEL						
014	NURSING ADMINISTRATION	2,134,846				165,480	611,273
015	CENTRAL SERVICES & SUPPLY	940,407		213,308		48,805	107,818
016	PHARMACY	11,964,275		40,709		618,795	512,885
017	MEDICAL RECORDS & LIBRARY	1,568,998		72,313		46,617	221,818
018	SOCIAL SERVICE						
020	NONPHYSICIAN ANESTHETISTS						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY & FRI	561,501					162,316
023	I&R SERVICES-OTHER PRGM C	954,361				1,028	181,163
024	PARAMED ED PRGM-(SPECIFY)						
	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS	15,295,581		1,849,085		1,082,681	4,322,394
026	INTENSIVE CARE UNIT	2,749,377		331,519		416,502	761,087
026	01 NICU	3,271,064		37,548		256,966	902,157
031	SUBPROVIDER	1,241,720		93,163		36,027	346,657
033	NURSERY						
	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM	20,605,395		182,765		834,791	853,581
037	01 SAME DAY SURGERY	1,472,084		163,991		23,064	361,050
037	02 G. I. LAB	1,859,344		16,038		187,220	225,748
038	RECOVERY ROOM	709,437		42,313		38,575	192,660
039	DELIVERY ROOM & LABOR ROO	4,476,866		172,269		47,866	1,160,378
040	ANESTHESIOLOGY	850,660		12,241		90,684	26,765
041	RADIOLOGY-DIAGNOSTIC	8,141,641		522,374		1,882,183	1,366,254
042	RADIOLOGY-THERAPEUTIC	1,672,605		187,034		277,988	390,997
044	LABORATORY	6,905,651		157,788		145,656	743,332
046	BLOOD CLOTTING FACTORS AD						
049	RESPIRATORY THERAPY	1,657,236		31,558		101,495	388,259
053	ELECTROCARDIOLOGY	617,842		90,097		290,598	149,253
054	ELECTROENCEPHALOGRAPHY						
055	MEDICAL SUPPLIES CHARGED	467,953					
056	DRUGS CHARGED TO PATIENTS						
057	RENAL DIALYSIS	718,317					
058	ASC (NON-DISTINCT PART)						
058	01 CARDIAC REHAB	352,379				6,614	61,416
058	02 HEART SURGERY	14,568					
058	03 REHAB SERVICES	2,443,699		59,624		39,620	555,157
058	04 CV SURGERY	2,408,481		58,327		93,215	276,410
058	05 VASCULAR SERVICES	6,654,958				123,021	403,764
058	06 YORKVILLE	2,963,379				907,134	477,073
059	DIABETIC CENTER	269,046					60,073
	OUTPAT SERVICE COST CNTRS						
060	CLINIC	1,838,486				83,951	347,754
061	EMERGENCY	6,309,163		358,454		509,547	1,494,257
062	OBSERVATION BEDS (NON-DIS						
063	50 RHC						
063	60 FOHC						
	OTHER REIMBURS COST CNTRS						
071	HOME HEALTH AGENCY						
	SPEC PURPOSE COST CENTERS						
085	01 PANCREAS ACQUISITION			118			
095	SUBTOTALS	208,979,483		7,615,482	260,510	10,929,517	23,296,445
	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP	131,622		5,165		811	
098	PHYSICIANS' PRIVATE OFFIC				300,583		
100	PHYSICIAN SERVICES	676,611		20,331		10,048	120,679
100	01 ADVERTISING	291,500					18,398
100	02 HOME HEALTH SERVICES PRIV	366					
100	03 HHA HME						
100	04 OTHER NON REIMBURSABLE	-3,217				3,678	96,415
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	TOTAL	210,076,365		7,640,978	561,093	10,944,054	23,531,937

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
	6.05	6a.05	6.06	8	9	10	11
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 01 POB NEW CRC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 05 CASHIERING/ACCOUNTS RECEI	3,995,109						
006 06 OTHER ADMINIS TRATIVE AND		45,705,735	45,705,735				
008 OPERATION OF PLANT		7,303,310	2,030,795	9,334,105			
009 LAUNDRY & LINEN SERVICE		870,861	242,156		1,113,017		
010 HOUSEKEEPING		2,562,982	712,676	140,837		3,416,495	
011 DIETARY		1,440,784	400,632	259,798		96,549	2,197,763
012 CAFETERIA		1,720,766	478,485	251,600		93,502	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		2,911,599	809,614				
015 CENTRAL SERVICES & SUPPLY		1,310,338	364,359	402,952		149,749	
016 PHARMACY		13,136,664	3,652,846	76,901		28,579	
017 MEDICAL RECORDS & LIBRARY		1,909,746	531,034	136,604		50,766	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI		723,817	201,268				
023 I&R SERVICES-OTHER PRGM C		1,136,552	316,035				
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	215,540	22,765,281	6,330,228	3,493,039	466,564	1,298,118	1,917,287
026 INTENSIVE CARE UNIT	40,919	4,299,404	1,195,514	626,260	42,938	232,737	90,379
026 01 NICU	78,245	4,545,980	1,264,078	70,931		26,360	
031 SUBPROVIDER	14,951	1,732,518	481,753	175,991	72,728	65,403	190,097
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	549,189	23,025,721	6,402,660	345,254	136,912	128,307	
037 01 SAME DAY SURGERY	44,437	2,064,626	574,100	309,788	54,157	115,127	
037 02 G. I. LAB	64,521	2,352,871	654,251	30,297		11,259	
038 RECOVERY ROOM	49,257	1,032,242	287,030	79,931	39,353	29,705	
039 DELIVERY ROOM & LABOR ROO	133,142	5,990,521	1,665,754	325,427		120,938	
040 ANESTHESIOLOGY	62,384	1,042,734	289,948	23,124		8,594	
041 RADIOLOGY-DIAGNOSTIC	592,549	12,505,001	3,477,203	765,805	40,658	284,596	
042 RADIOLOGY-THERAPEUTIC	106,815	2,635,439	732,823	353,318	43,338	131,304	
044 LABORATORY	466,440	8,418,867	2,340,992	298,070		110,772	
046 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	86,591	2,265,139	629,856	59,614		22,154	
053 ELECTROCARDIOLOGY	66,716	1,214,506	337,712	170,199		63,251	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	133,122	601,075	167,138				
056 DRUGS CHARGED TO PATIENTS	487,478	487,478	135,551				
057 RENAL DIALYSIS	11,727	730,044	203,000				
058 ASC (NON-DI STINCT PART)							
058 01 CARDIAC REHAB	8,340	428,749	119,220				
058 02 HEART SURGERY		14,568	4,051				
058 03 REHAB SERVICES	96,971	3,195,071	888,437	112,634		41,858	
058 04 CV SURGERY	39,834	2,876,267	799,789	110,184		40,948	
058 05 VASCULAR SERVICES	157,554	7,339,297	2,040,802				
058 06 YORKVILLE	57,023	4,404,609	1,224,768				
059 DIABETIC CENTER	1,886	331,005	92,041				
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	40,702	2,310,893	642,578				
061 EMERGENCY	381,105	9,052,526	2,517,191	677,141	216,369	251,646	
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
071 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION		118	33				
095 SUBTOTALS	3,987,438	208,395,704	45,238,401	9,295,699	1,113,017	3,402,222	2,197,763
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		137,598	38,261				
098 PHYSICIANS' PRIVATE OFFIC		300,583	83,582				
100 PHYSICIAN SERVICES	7,671	835,340	232,279	38,406		14,273	
100 01 ADVERTISING		309,898	86,172				
100 02 HOME HEALTH SERVICES PRIV		366	102				
100 03 HHA HME							
100 04 OTHER NON REIMBURSABLE		96,876	26,938				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,995,109	210,076,365	45,705,735	9,334,105	1,113,017	3,416,495	2,197,763

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE OF PERSONNEL 13	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 01 POB NEW CRC							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 05 CASHIERING/ACCOUNTS RECEI							
008 06 OTHER ADMINISTRATIVE AND							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
012 CAFETERIA	2,544,353						
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	61,881		3,783,094				
015 CENTRAL SERVICES & SUPPLY	26,797			2,254,195			
016 PHARMACY	70,891			5,845	16,971,726		
017 MEDICAL RECORDS & LIBRARY	48,916					2,677,066	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	47,155						
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	659,527		1,357,965	679		144,445	
026 INTENSIVE CARE UNIT	96,302		198,284	5,246		27,422	
026 01 NICU	118,594		244,185	1,071		52,437	
031 SUBPROVIDER	50,880		104,762			10,020	
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	126,737		260,950	1,037,611		368,041	
037 01 SAME DAY SURGERY	52,728		108,566	4,303		29,780	
037 02 G. I. LAB	32,370		66,650	87,223		43,239	
038 RECOVERY ROOM	23,072		47,504	2,219		33,010	
039 DELIVERY ROOM & LABOR ROO	158,298			53,037		89,226	
040 ANESTHESIOLOGY	6,179		12,723	55,869		41,807	
041 RADIOLOGY-DIAGNOSTIC	192,690		396,745	155,633		396,825	
042 RADIOLOGY-THERAPEUTIC	49,118		101,134	4,795		71,582	
044 LABORATORY	127,459		262,436	6,580		312,587	
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	59,860			4,318		58,029	
053 ELECTROCARDIOLOGY	22,437		46,198	136		44,710	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED				100,691		89,212	
056 DRUGS CHARGED TO PATIENTS					16,971,726	326,686	
057 RENAL DIALYSIS						7,859	
058 ASC (NON-DISTINCT PART)							
058 01 CARDIAC REHAB	8,028		16,527			5,589	
058 02 HEART SURGERY							
058 03 REHAB SERVICES	85,617			961		64,985	
058 04 CV SURGERY	13,572		27,944	127,129		26,695	
058 05 VASCULAR SERVICES	51,342			571,997		105,585	
058 06 YORKVILLE	80,564			12,063		38,214	
059 DIABETIC CENTER	7,132					1,264	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	51,861		106,780	1,884		27,277	
061 EMERGENCY	205,799		423,741	14,802		255,399	
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
095 SUBTOTALS	2,535,806		3,783,094	2,254,092	16,971,726	2,671,925	
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
100 PHYSICIANS' PRIVATE OFFIC							
100 PHYSICIAN SERVICES	8,547			5		5,141	
100 01 ADVERTISING							
100 02 HOME HEALTH SERVICES PRIV							
100 03 HHA HME							
100 04 OTHER NON REIMBURSABLE				98			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,544,353		3,783,094	2,254,195	16,971,726	2,677,066	

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	I&R COST POST STEP-DOWN ADJ
	20	21	22	23	24	25	26
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 01 POB NEW CRC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI			925,085				
023 I&R SERVICES-OTHER PRGM C				1,499,742			
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			514,659	834,363		39,782,155	-1,349,022
026 INTENSIVE CARE UNIT			26,059	42,246		6,882,791	-68,305
026 01 NICU						6,323,636	
031 SUBPROVIDER			84,691	137,300		3,106,143	-221,991
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM			84,691	137,300		32,054,184	-221,991
037 02 SAME DAY SURGERY						3,313,175	
037 02 G. I. LAB			6,515	10,562		3,295,237	-17,077
038 RECOVERY ROOM						1,574,066	
039 DELIVERY ROOM & LABOR ROO			52,117	84,493		8,539,811	-136,610
040 ANESTHESIOLOGY			6,515	10,562		1,498,055	-17,077
041 RADIOLOGY-DIAGNOSTIC			19,544	31,685		18,266,385	-51,229
042 RADIOLOGY-THERAPEUTIC						4,122,851	
044 LABORATORY						11,877,763	
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY						3,098,970	
053 ELECTROCARDIOLOGY						1,899,149	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED						958,116	
056 DRUGS CHARGED TO PATIENTS						17,921,441	
057 RENAL DIALYSIS			6,515	10,562		957,980	-17,077
058 ASC (NON-DISTINCT PART)							
058 01 CARDIAC REHAB						578,113	
058 02 HEART SURGERY						18,619	
058 03 REHAB SERVICES						4,389,563	
058 04 CV SURGERY			84,691	137,300		4,244,519	-221,991
058 05 VASCULAR SERVICES						10,109,023	
058 06 YORKVILLE						5,760,218	
059 DIABETIC CENTER						431,442	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC						3,141,273	
061 EMERGENCY			39,088	63,369		13,717,071	-102,457
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
085 01 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION						151	
095 SUBTOTALS			925,085	1,499,742		207,861,900	-2,424,827
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						175,859	
098 PHYSICIANS' PRIVATE OFFIC						384,165	
100 PHYSICIAN SERVICES						1,133,991	
100 01 ADVERTISING						396,070	
100 02 HOME HEALTH SERVICES PRIV						468	
100 03 HHA HME							
100 04 OTHER NON REIMBURSABLE						123,912	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL			925,085	1,499,742		210,076,365	-2,424,827

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0029  
 PERIOD: FROM 7/1/2009 TO 6/30/2010  
 PREPARED 11/23/2010  
 WORKSHEET B  
 PART I

TOTAL

COST CENTER DESCRIPTION	TOTAL
	27
001 GENERAL SERVICE COST CNTR	
002 OLD CAP REL COSTS-BLDG &	
003 OLD CAP REL COSTS-MVBLE E	
003 01 NEW CAP REL COSTS-BLDG &	
004 POB NEW CRC	
005 NEW CAP REL COSTS-MVBLE E	
006 EMPLOYEE BENEFITS	
006 05 CASHIERING/ACCOUNTS RECEI	
008 06 OTHER ADMINISTRATIVE AND	
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	
024 I&R SERVICES-OTHER PRGM C	
025 PARAMED ED PRGM-(SPECIFY)	
026 INPAT ROUTINE SRVC CNTRS	
026 ADULTS & PEDIATRICS	38,433,133
026 01 INTENSIVE CARE UNIT	6,814,486
031 NICU	6,323,636
033 SUBPROVIDER	2,884,152
037 NURSERY	
037 ANCILLARY SRVC COST CNTRS	
037 01 OPERATING ROOM	31,832,193
037 02 SAME DAY SURGERY	3,313,175
038 G. I. LAB	3,278,160
039 RECOVERY ROOM	1,574,066
040 DELIVERY ROOM & LABOR ROO	8,403,201
041 ANESTHESIOLOGY	1,480,978
042 RADIOLOGY-DIAGNOSTIC	18,215,156
044 RADIOLOGY-THERAPEUTIC	4,122,851
046 LABORATORY	11,877,763
049 BLOOD CLOTTING FACTORS AD	
053 RESPIRATORY THERAPY	3,098,970
054 ELECTROCARDIOLOGY	1,899,149
055 ELECTROENCEPHALOGRAPHY	
056 MEDICAL SUPPLIES CHARGED	958,116
057 DRUGS CHARGED TO PATIENTS	17,921,441
058 RENAL DIALYSIS	940,903
058 ASC (NON-DI STINCT PART)	
058 01 CARDIAC REHAB	578,113
058 02 HEART SURGERY	18,619
058 03 REHAB SERVICES	4,389,563
058 04 CV SURGERY	4,022,528
058 05 VASCULAR SERVICES	10,109,023
058 06 YORKVILLE	5,760,218
059 DIABETIC CENTER	431,442
060 OUTPAT SERVICE COST CNTRS	
061 CLINIC	3,141,273
062 EMERGENCY	13,614,614
063 OBSERVATION BEDS (NON-DI S	
063 50 RHC	
063 60 FOHC	
071 OTHER REIMBURS COST CNTRS	
085 HOME HEALTH AGENCY	
095 SPEC PURPOSE COST CENTERS	
095 01 PANCREAS ACQUISITION	151
095 SUBTOTALS	205,437,073
096 NONREIMBURS COST CENTERS	
098 GIFT, FLOWER, COFFEE SHOP	175,859
100 PHYSICIANS' PRIVATE OFFIC	384,165
100 PHYSICIAN SERVICES	1,133,991
100 01 ADVERTISING	396,070
100 02 HOME HEALTH SERVICES PRIV	468
100 03 HHA HME	
100 04 OTHER NON REIMBURSABLE	123,912
101 CROSS FOOT ADJUSTMENT	
102 NEGATIVE COST CENTER	
103 TOTAL	207,651,538

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0029  
 PERIOD: FROM 7/1/2009 TO 6/30/2010  
 PREPARED 11/23/2010  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	POB NEW CRC 3.01	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 01 POB NEW CRC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	5,288			81,064		7,745	94,097
006 05 CASHIERING/ACCOUNTS RECEI	50,699					17,884	68,583
006 06 OTHER ADMINISTRATIVE AND	1,268,533			1,732,834	260,510	2,073,360	5,335,237
008 OPERATION OF PLANT	8,128			763,678		425,683	1,197,489
009 LAUNDRY & LINEN SERVICE						381	381
010 HOUSEKEEPING	628			74,554		9,909	85,091
011 DIETARY	3,949			137,528		38,432	179,909
012 CAFETERIA				133,188			133,188
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,469					165,480	166,949
015 CENTRAL SERVICES & SUPPLY	3,363			213,308		48,805	265,476
016 PHARMACY	341,686			40,709		618,795	1,001,190
017 MEDICAL RECORDS & LIBRARY	5,148			72,313		46,617	124,078
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	3,073					1,028	4,101
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	41,709			1,849,085		1,082,681	2,973,475
026 INTENSIVE CARE UNIT	2,784			331,519		416,502	750,805
026 01 NICU	1,469			37,548		256,966	295,983
031 SUBPROVIDER	8,996			93,163		36,027	138,186
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	223,090			182,765		834,791	1,240,646
037 01 SAME DAY SURGERY	2,470			163,991		23,064	189,525
037 02 G. I. LAB	504,981			16,038		187,220	708,239
038 RECOVERY ROOM	568			42,313		38,575	81,456
039 DELIVERY ROOM & LABOR ROO	6,156			172,269		47,866	226,291
040 ANESTHESIOLOGY	72			12,241		90,684	102,997
041 RADIOLOGY-DIAGNOSTIC	1,016,861			522,374		1,882,183	3,421,418
042 RADIOLOGY-THERAPEUTIC	9,773			187,034		277,988	474,795
044 LABORATORY	44,397			157,788		145,656	347,841
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	61,391			31,558		101,495	194,444
053 ELECTROCARDIOLOGY	7,570			90,097		290,598	388,265
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 CARDIAC REHAB	129,032					6,614	135,646
058 02 HEART SURGERY	648,167						648,167
058 03 REHAB SERVICES	161,137			59,624		39,620	260,381
058 04 CV SURGERY	435			58,327		93,215	151,977
058 05 VASCULAR SERVICES	71,304					123,021	194,325
058 06 YORKVILLE	15,457					907,134	922,591
059 DIABETIC CENTER	55,114						55,114
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	209,129					83,951	293,080
061 EMERGENCY	18,580			358,454		509,547	886,581
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
071 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION				118			118
095 SUBTOTALS	4,932,606			7,615,482	260,510	10,929,517	23,738,115
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				5,165		811	5,976
098 PHYSICIANS' PRIVATE OFFIC					300,583		300,583
100 PHYSICIAN SERVICES	3,597			20,331		10,048	33,976
100 01 ADVERTISING							
100 02 HOME HEALTH SERVICES PRIV							
100 03 HHA HME							
100 04 OTHER NON REIMBURSABLE	37,762					3,678	41,440
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	4,973,965			7,640,978	561,093	10,944,054	24,120,090

ALLOCATION OF NEW CAPITAL RELATED COSTS

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14-0029

PERIOD:  
FROM 7/ 1/2009  
TO 6/30/2010

PREPARED 11/23/2010  
WORKSHEET B  
PART III

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	5	6.05	6.06	8	9	10	11
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 01 POB NEW CRC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	94,097						
006 05 CASHIERING/ACCOUNTS RECEI	2,412	70,995					
006 06 OTHER ADMINISTRATIVE AND	15,060		5,350,297				
008 OPERATION OF PLANT	2,303		237,723	1,437,515			
009 LAUNDRY & LINEN SERVICE	102		28,347		28,830		
010 HOUSEKEEPING	1,314		83,425	21,690		191,520	
011 DIETARY	477		46,898	40,011		5,412	272,707
012 CAFETERIA	855		56,011	38,748		5,241	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	2,444		94,773				
015 CENTRAL SERVICES & SUPPLY	431		42,652	62,057		8,395	
016 PHARMACY	2,051		427,598	11,843		1,602	
017 MEDICAL RECORDS & LIBRARY	887		62,162	21,038		2,846	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	649		23,560				
023 I&R SERVICES-OTHER PRGM C	724		36,995				
024 PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	17,279	3,834	741,010	537,953	12,085	72,768	237,904
026 INTENSIVE CARE UNIT	3,044	728	139,946	96,448	1,112	13,047	11,215
026 01 NICU	3,608	1,392	147,972	10,924		1,478	
031 SUBPROVIDER	1,386	266	56,393	27,104	1,884	3,666	23,588
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3,413	9,768	749,519	53,171	3,546	7,193	
037 01 SAME DAY SURGERY	1,444	790	67,204	47,709	1,403	6,454	
037 02 G. I. LAB	903	1,148	76,586	4,666		631	
038 RECOVERY ROOM	770	876	33,599	12,310	1,019	1,665	
039 DELIVERY ROOM & LABOR ROO	4,640	2,368	194,991	50,118		6,779	
040 ANESTHESIOLOGY	107	1,110	33,941	3,561		482	
041 RADIOLOGY-DIAGNOSTIC	5,464	10,472	407,038	117,939	1,053	15,954	
042 RADIOLOGY-THERAPEUTIC	1,564	1,900	85,784	54,413	1,123	7,361	
044 LABORATORY	2,973	8,297	274,034	45,905		6,210	
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	1,553	1,540	73,730	9,181		1,242	
053 ELECTROCARDIOLOGY	597	1,187	39,532	26,212		3,546	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED		2,368	19,565				
056 DRUGS CHARGED TO PATIENTS		8,671	15,867				
057 RENAL DIALYSIS		209	23,763				
058 ASC (NON-DISTINCT PART)							
058 01 CARDIAC REHAB	246	148	13,956				
058 02 HEART SURGERY			474				
058 03 REHAB SERVICES	2,220	1,725	104,000	17,346		2,346	
058 04 CV SURGERY	1,105	709	93,622	16,969		2,295	
058 05 VASCULAR SERVICES	1,615	2,802	238,894				
058 06 YORKVILLE	1,908	1,014	143,370				
059 DIABETIC CENTER	240	34	10,774				
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	1,391	724	75,220				
061 EMERGENCY	5,975	6,779	294,660	104,284	5,605	14,107	
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
071 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION			4				
095 SUBTOTALS	93,154	70,859	5,295,592	1,431,600	28,830	190,720	272,707
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			4,479				
098 PHYSICIANS' PRIVATE OFFIC			9,784				
100 PHYSICIAN SERVICES	483	136	27,190	5,915		800	
100 01 ADVERTISING	74		10,087				
100 02 HOME HEALTH SERVICES PRIV			12				
100 03 HHA HME							
100 04 OTHER NON REIMBURSABLE	386		3,153				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	94,097	70,995	5,350,297	1,437,515	28,830	191,520	272,707

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE OF PERSONNEL 13	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 POB NEW CRC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	234,043						
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	5,692		269,858				
015 CENTRAL SERVICES & SUPPLY	2,465			381,476			
016 PHARMACY	6,521			989	1,451,794		
017 MEDICAL RECORDS & LIBRARY	4,500					215,511	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	4,338						
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	60,667		96,868	115		11,614	
026 INTENSIVE CARE UNIT	8,858		14,144	888		2,205	
026 01 NICU	10,909		17,418	181		4,216	
031 SUBPROVIDER	4,680		7,473			806	
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	11,658		18,614	175,592		29,593	
037 01 SAME DAY SURGERY	4,850		7,744	728		2,394	
037 02 G. I. LAB	2,978		4,754	14,761		3,477	
038 RECOVERY ROOM	2,122		3,389	375		2,654	
039 DELIVERY ROOM & LABOR ROO	14,561			8,975		7,174	
040 ANESTHESIOLOGY	568		908	9,455		3,362	
041 RADIOLOGY-DIAGNOSTIC	17,725		28,301	26,338		32,166	
042 RADIOLOGY-THERAPEUTIC	4,518		7,214	811		5,756	
044 LABORATORY	11,724		18,720	1,114		25,134	
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	5,506			731		4,666	
053 ELECTROCARDIOLOGY	2,064		3,295	23		3,595	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED				17,040		7,173	
056 DRUGS CHARGED TO PATIENTS					1,451,794	26,267	
057 RENAL DIALYSIS						632	
058 ASC (NON-DISTINCT PART)							
058 01 CARDIAC REHAB	738		1,179			449	
058 02 HEART SURGERY							
058 03 REHAB SERVICES	7,876			163		5,225	
058 04 CV SURGERY	1,248		1,993	21,514		2,146	
058 05 VASCULAR SERVICES	4,723			96,800		8,490	
058 06 YORKVILLE	7,411			2,041		3,073	
059 DIABETIC CENTER	656					102	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	4,770		7,617	319		2,193	
061 EMERGENCY	18,931		30,227	2,505		20,536	
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
071 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
095 SUBTOTALS	233,257		269,858	381,458	1,451,794	215,098	
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
100 PHYSICIANS' PRIVATE OFFIC							
100 PHYSICIAN SERVICES	786			1		413	
100 01 ADVERTISING							
100 02 HOME HEALTH SERVICES PRIV							
100 03 HHA HME							
100 04 OTHER NON REIMBURSABLE				17			
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	234,043		269,858	381,476	1,451,794	215,511	

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COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	20	21	22	23	24	25	26
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 01 POB NEW CRC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI			24,209				
023 I&R SERVICES-OTHER PRGM C				46,158			
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS						4,765,572	
025 ADULTS & PEDIATRICS						1,042,440	
026 INTENSIVE CARE UNIT						494,081	
026 01 NICU						265,432	
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS						2,302,713	
037 01 OPERATING ROOM						330,245	
037 02 SAME DAY SURGERY						818,143	
037 02 G. I. LAB						140,235	
038 RECOVERY ROOM						515,897	
039 DELIVERY ROOM & LABOR ROO						156,491	
040 ANESTHESIOLOGY						4,083,868	
041 RADIOLOGY-DIAGNOSTIC						645,239	
042 RADIOLOGY-THERAPEUTIC						741,952	
044 LABORATORY							
046 30 BLOOD CLOTTING FACTORS AD						292,593	
049 RESPIRATORY THERAPY						468,316	
053 ELECTROCARDIOLOGY						46,146	
054 ELECTROENCEPHALOGRAPHY						1,502,599	
055 MEDICAL SUPPLIES CHARGED						24,604	
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 CARDIAC REHAB						152,362	
058 02 HEART SURGERY						648,641	
058 03 REHAB SERVICES						401,282	
058 04 CV SURGERY						293,578	
058 05 VASCULAR SERVICES						547,649	
058 06 YORKVILLE						1,081,408	
059 DIABETIC CENTER						66,920	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC						385,314	
061 EMERGENCY						1,390,190	
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
085 01 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION						122	
095 SUBTOTALS						23,604,032	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						10,455	
098 PHYSICIANS' PRIVATE OFFIC						310,367	
100 PHYSICIAN SERVICES						69,700	
100 01 ADVERTISING						10,161	
100 02 HOME HEALTH SERVICES PRIV						12	
100 03 HHA HME							
100 04 OTHER NON REIMBURSABLE						44,996	
101 CROSS FOOT ADJUSTMENTS			24,209	46,158		70,367	
102 NEGATIVE COST CENTER							
103 TOTAL			24,209	46,158		24,120,090	

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TOTAL

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001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
003	NEW CAP REL COSTS-BLDG &	
004	01 POB NEW CRC	
005	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	05 CASHIERING/ACCOUNTS RECEI	
006	06 OTHER ADMINISTRATIVE AND	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
013	MAINTENANCE OF PERSONNEL	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
020	NONPHYSICIAN ANESTHETISTS	
021	NURSING SCHOOL	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
024	PARAMED ED PRGM-(SPECIFY)	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	4,765,572
026	INTENSIVE CARE UNIT	1,042,440
026	01 NICU	494,081
031	SUBPROVIDER	265,432
033	NURSERY	
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	2,302,713
037	01 SAME DAY SURGERY	330,245
037	02 G. I. LAB	818,143
038	RECOVERY ROOM	140,235
039	DELIVERY ROOM & LABOR ROO	515,897
040	ANESTHESIOLOGY	156,491
041	RADIOLOGY-DIAGNOSTIC	4,083,868
042	RADIOLOGY-THERAPEUTIC	645,239
044	LABORATORY	741,952
046	30 BLOOD CLOTTING FACTORS AD	
049	RESPIRATORY THERAPY	292,593
053	ELECTROCARDIOLOGY	468,316
054	ELECTROENCEPHALOGRAPHY	
055	MEDICAL SUPPLIES CHARGED	46,146
056	DRUGS CHARGED TO PATIENTS	1,502,599
057	RENAL DIALYSIS	24,604
058	ASC (NON-DISTINCT PART)	
058	01 CARDIAC REHAB	152,362
058	02 HEART SURGERY	648,641
058	03 REHAB SERVICES	401,282
058	04 CV SURGERY	293,578
058	05 VASCULAR SERVICES	547,649
058	06 YORKVILLE	1,081,408
059	DIABETIC CENTER	66,920
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	385,314
061	EMERGENCY	1,390,190
062	OBSERVATION BEDS (NON-DIS	
063	50 RHC	
063	60 FOHC	
	OTHER REIMBURS COST CNTRS	
071	HOME HEALTH AGENCY	
	SPEC PURPOSE COST CENTERS	
085	01 PANCREAS ACQUISITION	122
095	SUBTOTALS	23,604,032
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	10,455
098	PHYSICIANS' PRIVATE OFFIC	310,367
100	PHYSICIAN SERVICES	69,700
100	01 ADVERTISING	10,161
100	02 HOME HEALTH SERVICES PRIV	12
100	03 HHA HME	
100	04 OTHER NON REIMBURSABLE	44,996
101	CROSS FOOT ADJUSTMENTS	70,367
102	NEGATIVE COST CENTER	
103	TOTAL	24,120,090

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	POB NEW CRC (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENE FITS (GROSS SALARIES)
	1	2	3	3.01	4	5
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD						
003 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			323,968			
003 01 POB NEW CRC				100,000		
004 NEW CAP REL COSTS-MVB					9,568,822	
005 EMPLOYEE BENEFITS			3,437		6,772	81,403,859
006 05 CASHIERING/ACCOUNTS R					15,637	2,086,928
006 06 OTHER ADMINISTRATIVE			73,470	46,429	1,812,819	13,027,730
008 OPERATION OF PLANT			32,379		372,192	1,992,418
009 LAUNDRY & LINEN SERVI					333	88,585
010 HOUSEKEEPING			3,161		8,664	1,136,449
011 DIETARY			5,831		33,603	413,028
012 CAFETERIA			5,647			740,037
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO					144,686	2,114,575
015 CENTRAL SERVICES & SU			9,044		42,672	372,975
016 PHARMACY			1,726		541,037	1,774,222
017 MEDICAL RECORDS & LIB			3,066		40,759	767,335
018 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						561,501
023 I&R SERVICES-OTHER PR					899	626,696
024 PARAMED ED PRGM-(SPEC						
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS			78,399		946,631	14,952,326
026 INTENSIVE CARE UNIT			14,056		364,164	2,632,826
026 01 NICU			1,592		224,676	3,120,831
031 SUBPROVIDER			3,950		31,500	1,199,190
033 NURSERY						
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM			7,749		729,891	2,952,792
037 01 SAME DAY SURGERY			6,953		20,166	1,248,980
037 02 G. I. LAB			680		163,694	780,929
038 RECOVERY ROOM			1,794		33,728	666,467
039 DELIVERY ROOM & LABOR			7,304		41,851	4,014,093
040 ANESTHESIOLOGY			519		79,289	92,587
041 RADIOLOGY-DIAGNOSTIC			22,148		1,645,668	4,726,279
042 RADIOLOGY-THERAPEUTIC			7,930		243,056	1,352,575
044 LABORATORY			6,690		127,353	2,571,408
046 30 BLOOD CLOTTING FACTOR						
049 RESPIRATORY THERAPY			1,338		88,741	1,343,103
053 ELECTROCARDIOLOGY			3,820		254,081	516,311
054 ELECTROENCEPHALOGRAPH						
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS						
058 ASC (NON-DISTINCT PAR						
058 01 CARDIAC REHAB					5,783	212,457
058 02 HEART SURGERY						
058 03 REHAB SERVICES			2,528		34,641	1,920,454
058 04 CV SURGERY			2,473		81,502	956,183
058 05 VASCULAR SERVICES					107,562	1,396,741
058 06 YORKVILLE					793,143	1,650,336
059 DIABETIC CENTER						207,810
060 OUTPAT SERVICE COST C						
061 CLINIC					73,402	1,202,986
061 EMERGENCY			15,198		445,517	5,169,080
062 OBSERVATION BEDS (NON						
063 50 RHC						
063 60 FQHC						
071 OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY						
085 SPEC PURPOSE COST CEN			5			
095 PANCREAS ACQUISITION						
095 SUBTOTALS			322,887	46,429	9,556,112	80,589,223
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE			219		709	
098 PHYSICIANS' PRIVATE O				53,571		
100 PHYSICIAN SERVICES			862		8,785	417,464
100 01 ADVERTISING						63,643
100 02 HOME HEALTH SERVICES						
100 03 HHA HME						
100 04 OTHER NON REIMBURSABL					3,216	333,529
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			7,640,978	561,093	10,944,054	23,531,937
(WRKSH B, PART I)						
104 UNIT COST MULTIPLIER			23.585595		1.143720	
(WRKSH B, PT I)				5.610930		.289076



COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI		OTHER ADMINIS	OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING	DIETARY
	(GROSS CHARGES)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)
	6.05	6a.06	6.06	8	9	10	11
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 POB NEW CRC							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 05 CASHIERING/ACCOUNTS R	1045,055,044						
006 06 OTHER ADMINISTRATIVE		-45,705,735	164,370,630				
008 OPERATION OF PLANT			7,303,310	209,498			
009 LAUNDRY & LINEN SERVI			870,861		1,220,218		
010 HOUSEKEEPING			2,562,982	3,161		206,337	
011 DIETARY			1,440,784	5,831		5,831	129,683
012 CAFETERIA			1,720,766	5,647		5,647	
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION			2,911,599				
015 CENTRAL SERVICES & SU			1,310,338	9,044		9,044	
016 PHARMACY			13,136,664	1,726		1,726	
017 MEDICAL RECORDS & LIB			1,909,746	3,066		3,066	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &			723,817				
023 I&R SERVICES-OTHER PR			1,136,552				
024 PARAMEDICAL PRGM-(SPEC							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	56,379,776		22,765,281	78,399	511,501	78,399	113,133
026 INTENSIVE CARE UNIT	10,703,277		4,299,404	14,056	47,074	14,056	5,333
026 01 NICU	20,467,041		4,545,980	1,592		1,592	
031 SUBPROVIDER	3,910,924		1,732,518	3,950	79,733	3,950	11,217
033 NURSERY							
037 ANCILLARY SRVC COST C							
037 01 OPERATING ROOM	143,653,939		23,025,721	7,749	150,099	7,749	
037 01 SAME DAY SURGERY	11,623,550		2,064,626	6,953	59,373	6,953	
037 02 G. I. LAB	16,877,112		2,352,871	680		680	
038 RECOVERY ROOM	12,884,386		1,032,242	1,794	43,143	1,794	
039 DELIVERY ROOM & LABOR	34,826,627		5,990,521	7,304		7,304	
040 ANESTHESIOLOGY	16,318,165		1,042,734	519		519	
041 RADIOLOGY-DIAGNOSTIC	155,030,979		12,505,001	17,188	44,574	17,188	
042 RADIOLOGY-THERAPEUTIC	27,939,995		2,635,439	7,930	47,512	7,930	
044 LABORATORY	122,009,023		8,418,867	6,690		6,690	
046 30 BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY	22,649,917		2,265,139	1,338		1,338	
053 ELECTROCARDIOLOGY	17,451,228		1,214,506	3,820		3,820	
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHAR	34,821,370		601,075				
056 DRUGS CHARGED TO PATI	127,511,922		487,478				
057 RENAL DIALYSIS	3,067,532		730,044				
058 ASC (NON-DISTINCT PAR							
058 01 CARDIAC REHAB	2,181,605		428,749				
058 02 HEART SURGERY			14,568				
058 03 REHAB SERVICES	25,365,144		3,195,071	2,528		2,528	
058 04 CV SURGERY	10,419,534		2,876,267	2,473		2,473	
058 05 VASCULAR SERVICES	41,212,008		7,339,297				
058 06 YORKVILLE	14,915,823		4,404,609				
059 DIABETIC CENTER	493,414		331,005				
060 OUTPAT SERVICE COST C							
060 CLINIC	10,646,668		2,310,893				
061 EMERGENCY	99,687,538		9,052,526	15,198	237,209	15,198	
062 OBSERVATION BEDS (NON							
063 50 RHC							
063 60 FOHC							
071 OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY							
085 01 SPEC PURPOSE COST CEN			118				
095 SUBTOTALS	1043,048,497	-45,705,735	162,689,969	208,636	1,220,218	205,475	129,683
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE			137,598				
098 PHYSICIANS' PRIVATE O			300,583				
100 PHYSICIAN SERVICES	2,006,547		835,340	862		862	
100 01 ADVERTISING			309,898				
100 02 HOME HEALTH SERVICES			366				
100 03 HHA HME							
100 04 OTHER NON REIMBURSABL			96,876				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	3,995,109		45,705,735	9,334,105	1,113,017	3,416,495	2,197,763
(WRKSH B, PART I)							
104 UNIT COST MULTIPLIER				44.554626		16.557840	
(WRKSH B, PT I)	.003823		.278065		.912146		16.947194

	COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI		OTHER ADMINIS	OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING	DIETARY
		(GROSS CHARGES )	RECONCILIATION	( ACCUM. COST )	(SQUARE )FEET	(POUNDS OF )LAUNDRY	(SQUARE )FEET	(MEALS )SERVED
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	6.05	6a.06	6.06	8	9	10	11
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	70,995		5,350,297	1,437,515	28,830	191,520	272,707
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000068		.032550	6.861712	.023627	.928190	2.102874

COST CENTER DESCRIPTION	CAFETERIA (NUMBER FTE'S)	MAINTENANCE PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICES (TIME SPENT)
	12	13	14	15	16	17	18
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 POB NEW CRC							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	88,113						
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION	2,143		1,323,483				
015 CENTRAL SERVICES & SU				9,136,583			
016 PHARMACY	2,455			23,690	10,000		
017 MEDICAL RECORDS & LIB	1,694					1045,055,044	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR	1,633						
024 PARAMED ED PRGM-(SPEC							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	22,840		475,072	2,754		56,379,776	
026 INTENSIVE CARE UNIT	3,335		69,368	21,261		10,703,277	
026 01 NICU	4,107		85,426	4,342		20,467,041	
031 SUBPROVIDER	1,762		36,650			3,910,924	
033 NURSERY							
037 ANCILLARY SRVC COST C							
037 01 OPERATING ROOM	4,389		91,291	4,205,590		143,653,939	
037 01 SAME DAY SURGERY	1,826		37,981	17,442		11,623,550	
037 02 G. I. LAB	1,121		23,317	353,526		16,877,112	
038 RECOVERY ROOM	799		16,619	8,993		12,884,386	
039 DELIVERY ROOM & LABOR	5,482			214,965		34,826,627	
040 ANESTHESIOLOGY	214		4,451	226,444		16,318,165	
041 RADIOLOGY-DIAGNOSTIC	6,673		138,798	630,803		155,030,979	
042 RADIOLOGY-THERAPEUTIC	1,701		35,381	19,434		27,939,995	
044 LABORATORY	4,414		91,811	26,671		122,009,023	
046 30 BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY	2,073			17,502		22,649,917	
053 ELECTROCARDIOLOGY	777		16,162	552		17,451,228	
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHAR				408,117		34,821,370	
056 DRUGS CHARGED TO PATI					10,000	127,511,922	
057 RENAL DIALYSIS						3,067,532	
058 ASC (NON-DISTINCT PAR							
058 01 CARDIAC REHAB	278		5,782			2,181,605	
058 02 HEART SURGERY							
058 03 REHAB SERVICES	2,965			3,894		25,365,144	
058 04 CV SURGERY	470		9,776	515,273		10,419,534	
058 05 VASCULAR SERVICES	1,778			2,318,386		41,212,008	
058 06 YORKVILLE	2,790			48,893		14,915,823	
059 DIABETIC CENTER	247					493,414	
060 OUTPAT SERVICE COST C							
060 CLINIC	1,796		37,356	7,637		10,646,668	
061 EMERGENCY	7,127		148,242	59,996		99,687,538	
062 OBSERVATION BEDS (NON							
063 50 RHC							
063 60 FOHC							
071 OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY							
085 01 SPEC PURPOSE COST CEN							
085 01 PANCREAS ACQUISITION							
095 SUBTOTALS	87,817		1,323,483	9,136,165	10,000	1043,048,497	
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE O							
100 PHYSICIAN SERVICES	296			19		2,006,547	
100 01 ADVERTISING							
100 02 HOME HEALTH SERVICES							
100 03 HHA HME							
100 04 OTHER NON REIMBURSABL				399			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	2,544,353		3,783,094	2,254,195	16,971,726	2,677,066	
(WRKSH B, PART I)							
104 UNIT COST MULTIPLIER				.246722		.002562	
(WRKSH B, PT I)	28.876023		2.858438		1,697.172600		



COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	20	21	22	23	24
001 GENERAL SERVICE COST					
002 OLD CAP REL COSTS-BLD					
003 OLD CAP REL COSTS-MVB					
003 NEW CAP REL COSTS-BLD					
003 01 POB NEW CRC					
004 NEW CAP REL COSTS-MVB					
005 EMPLOYEE BENEFITS					
006 05 CASHIERING/ACCOUNTS R					
006 06 OTHER ADMINISTRATIVE					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVI					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
013 MAINTENANCE OF PERSON					
014 NURSING ADMINISTRATIO					
015 CENTRAL SERVICES & SU					
016 PHARMACY					
017 MEDICAL RECORDS & LIB					
018 SOCIAL SERVICE					
020 NONPHYSICIAN ANESTHET					
021 NURSING SCHOOL					
022 I&R SERVICES-SALARY &			142		
023 I&R SERVICES-OTHER PR				142	
024 PARAMED ED PRGM-(SPEC					
025 INPAT ROUTINE SRVC CN					
025 ADULTS & PEDIATRICS			79	79	
026 INTENSIVE CARE UNIT			4	4	
026 01 NICU					
031 SUBPROVIDER			13	13	
033 NURSERY					
037 ANCILLARY SRVC COST C					
037 OPERATING ROOM			13	13	
037 01 SAME DAY SURGERY					
037 02 G. I. LAB			1	1	
038 RECOVERY ROOM					
039 DELIVERY ROOM & LABOR			8	8	
040 ANESTHESIOLOGY			1	1	
041 RADIOLOGY-DIAGNOSTIC			3	3	
042 RADIOLOGY-THERAPEUTIC					
044 LABORATORY					
046 30 BLOOD CLOTTING FACTOR					
049 RESPIRATORY THERAPY					
053 ELECTROCARDIOLOGY					
054 ELECTROENCEPHALOGRAPH					
055 MEDICAL SUPPLIES CHAR					
056 DRUGS CHARGED TO PATI					
057 RENAL DIALYSIS			1	1	
058 ASC (NON-DISTINCT PAR					
058 01 CARDIAC REHAB					
058 02 HEART SURGERY					
058 03 REHAB SERVICES					
058 04 CV SURGERY			13	13	
058 05 VASCULAR SERVICES					
058 06 YORKVILLE					
059 DIABETIC CENTER					
060 OUTPAT SERVICE COST C					
061 CLINIC					
061 EMERGENCY			6	6	
062 OBSERVATION BEDS (NON					
063 50 RHC					
063 60 FOHC					
071 OTHER REIMBURS COST C					
071 HOME HEALTH AGENCY					
085 SPEC PURPOSE COST CEN					
085 01 PANCREAS ACQUISITION					
095 SUBTOTALS			142	142	
096 NONREIMBURS COST CENT					
096 GIFT, FLOWER, COFFEE					
098 PHYSICIANS' PRIVATE O					
100 PHYSICIAN SERVICES					
100 01 ADVERTISING					
100 02 HOME HEALTH SERVICES					
100 03 HHA HME					
100 04 OTHER NON REIMBURSABL					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED			925,085	1,499,742	
103 (PER WRKSHT B, PART					
104 UNIT COST MULTIPLIER				10,561,563380	
104 (WRKSHT B, PT I)			6,514,683099		

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
		(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
105	COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I I))	20	21	22	23	24
107	COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I I I))			24,209	46,158	
108	UNIT COST MULTIPLIER (WRKSHT B, PT I I I)			170.485915	325.056338	

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:  
14-0029

PERIOD:  
FROM 7/1/2009  
TO 6/30/2010

PREPARED 11/23/2010  
WORKSHEET C  
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	38,433,133		38,433,133		38,433,133
26	INTENSIVE CARE UNIT	6,814,486		6,814,486	63,541	6,878,027
26	01 NICU	6,323,636		6,323,636	183,749	6,507,385
31	SUBPROVIDER	2,884,152		2,884,152		2,884,152
33	NURSERY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	31,832,193		31,832,193	233,258	32,065,451
37	01 SAME DAY SURGERY	3,313,175		3,313,175		3,313,175
37	02 G. I. LAB	3,278,160		3,278,160		3,278,160
38	RECOVERY ROOM	1,574,066		1,574,066		1,574,066
39	DELIVERY ROOM & LABOR ROO	8,403,201		8,403,201	440,146	8,843,347
40	ANESTHESIOLOGY	1,480,978		1,480,978	18,518	1,499,496
41	RADIOLOGY-DIAGNOSTIC	18,215,156		18,215,156	133,266	18,348,422
42	RADIOLOGY-THERAPEUTIC	4,122,851		4,122,851	373	4,123,224
44	LABORATORY	11,877,763		11,877,763	69,892	11,947,655
46	30 BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	3,098,970		3,098,970		3,098,970
53	ELECTROCARDIOLOGY	1,899,149		1,899,149		1,899,149
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	958,116		958,116		958,116
56	DRUGS CHARGED TO PATIENTS	17,921,441		17,921,441		17,921,441
57	RENAL DIALYSIS	940,903		940,903		940,903
58	ASC (NON-DISTINCT PART)					
58	01 CARDIAC REHAB	578,113		578,113		578,113
58	02 HEART SURGERY	18,619		18,619	11,315	29,934
58	03 REHAB SERVICES	4,389,563		4,389,563		4,389,563
58	04 CV SURGERY	4,022,528		4,022,528		4,022,528
58	05 VASCULAR SERVICES	10,109,023		10,109,023		10,109,023
58	06 YORKVILLE	5,760,218		5,760,218	79,604	5,839,822
59	DIABETIC CENTER	431,442		431,442		431,442
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	3,141,273		3,141,273		3,141,273
61	EMERGENCY	13,614,614		13,614,614	313,700	13,928,314
62	OBSERVATION BEDS (NON-DIS	3,299,043		3,299,043		3,299,043
63	50 RHC					
63	60 FQHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	208,735,965		208,735,965	1,547,362	210,283,327
102	LESS OBSERVATION BEDS	3,299,043		3,299,043		3,299,043
103	TOTAL	205,436,922		205,436,922	1,547,362	206,984,284

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	56,379,776		56,379,776			
26	INTENSIVE CARE UNIT	10,703,277		10,703,277			
26	01 NICU	20,467,041		20,467,041			
31	SUBPROVIDER	3,910,924		3,910,924			
33	NURSERY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	84,879,726	58,774,213	143,653,939	.221589	.221589	.223213
37	01 SAME DAY SURGERY	1,931,449	9,692,101	11,623,550	.285040	.285040	.285040
37	02 G. I. LAB	2,625,673	14,251,439	16,877,112	.194237	.194237	.194237
38	RECOVERY ROOM	6,875,618	6,008,768	12,884,386	.122168	.122168	.122168
39	DELIVERY ROOM & LABOR ROO	29,441,951	5,384,676	34,826,627	.241287	.241287	.253925
40	ANESTHESIOLOGY	9,995,506	6,322,659	16,318,165	.090756	.090756	.091891
41	RADIOLOGY-DIAGNOSTIC	37,322,399	117,708,580	155,030,979	.117494	.117494	.118353
42	RADIOLOGY-THERAPEUTIC	779,656	27,160,339	27,939,995	.147561	.147561	.147574
44	LABORATORY	59,368,772	62,640,251	122,009,023	.097352	.097352	.097924
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	20,148,429	2,501,488	22,649,917	.136820	.136820	.136820
53	ELECTROCARDIOLOGY	7,320,175	10,131,053	17,451,228	.108826	.108826	.108826
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	30,767,747	4,053,623	34,821,370	.027515	.027515	.027515
56	DRUGS CHARGED TO PATIENTS	65,930,303	61,581,619	127,511,922	.140547	.140547	.140547
57	RENAL DIALYSIS	2,912,215	155,317	3,067,532	.306730	.306730	.306730
58	ASC (NON-DISTINCT PART)						
58	01 CARDIAC REHAB	1,665	2,179,940	2,181,605	.264994	.264994	.264994
58	02 HEART SURGERY						
58	03 REHAB SERVICES	17,179,488	8,185,656	25,365,144	.173055	.173055	.173055
58	04 CV SURGERY	10,379,650	39,884	10,419,534	.386056	.386056	.386056
58	05 VASCULAR SERVICES	24,977,929	16,234,079	41,212,008	.245293	.245293	.245293
58	06 YORKVILLE	100,000	14,815,823	14,915,823	.386182	.386182	.391519
59	DIABETIC CENTER	1,791	493,414	495,205	.871239	.871239	.871239
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	728,927	9,917,741	10,646,668	.295048	.295048	.295048
61	EMERGENCY	16,860,777	82,826,761	99,687,538	.136573	.136573	.139720
62	OBSERVATION BEDS (NON-DIS		4,395,403	4,395,403	.750567	.750567	.750567
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	521,990,864	525,454,827	1047,445,691			
102	LESS OBSERVATION BEDS						
103	TOTAL	521,990,864	525,454,827	1047,445,691			





WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	31,832,193	2,302,713	29,529,480			31,832,193
37 01	SAME DAY SURGERY	3,313,175	330,245	2,982,930			3,313,175
37 02	G. I. LAB	3,278,160	818,143	2,460,017			3,278,160
38	RECOVERY ROOM	1,574,066	140,235	1,433,831			1,574,066
39	DELIVERY ROOM & LABOR ROO	8,403,201	515,897	7,887,304			8,403,201
40	ANESTHESIOLOGY	1,480,978	156,491	1,324,487			1,480,978
41	RADIOLOGY-DIAGNOSTIC	18,215,156	4,083,868	14,131,288			18,215,156
42	RADIOLOGY-THERAPEUTIC	4,122,851	645,239	3,477,612			4,122,851
44	LABORATORY	11,877,763	741,952	11,135,811			11,877,763
46	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	3,098,970	292,593	2,806,377			3,098,970
53	ELECTROCARDIOLOGY	1,899,149	468,316	1,430,833			1,899,149
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	958,116	46,146	911,970			958,116
56	DRUGS CHARGED TO PATIENTS	17,921,441	1,502,599	16,418,842			17,921,441
57	RENAL DIALYSIS	940,903	24,604	916,299			940,903
58	ASC (NON-DI STINCT PART)						
58 01	CARDIAC REHAB	578,113	152,362	425,751			578,113
58 02	HEART SURGERY	18,619	648,641	-630,022			18,619
58 03	REHAB SERVICES	4,389,563	401,282	3,988,281			4,389,563
58 04	CV SURGERY	4,022,528	293,578	3,728,950			4,022,528
58 05	VASCULAR SERVICES	10,109,023	547,649	9,561,374			10,109,023
58 06	YORKVILLE	5,760,218	1,081,408	4,678,810			5,760,218
59	DIABETIC CENTER	431,442	66,920	364,522			431,442
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	3,141,273	385,314	2,755,959			3,141,273
61	EMERGENCY	13,614,614	1,390,190	12,224,424			13,614,614
62	OBSERVATION BEDS (NON-DIS	3,299,043	409,068	2,889,975			3,299,043
63	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	154,280,558	17,445,453	136,835,105			154,280,558
102	LESS OBSERVATION BEDS	3,299,043	409,068	2,889,975			3,299,043
103	TOTAL	150,981,515	17,036,385	133,945,130			150,981,515

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	143,653,939	.221589	.221589
37 01	SAME DAY SURGERY	11,623,550	.285040	.285040
37 02	G. I. LAB	16,877,112	.194237	.194237
38	RECOVERY ROOM	12,884,386	.122168	.122168
39	DELIVERY ROOM & LABOR ROO	34,826,627	.241287	.241287
40	ANESTHESIOLOGY	16,318,165	.090756	.090756
41	RADIOLOGY-DIAGNOSTIC	155,030,979	.117494	.117494
42	RADIOLOGY-THERAPEUTIC	27,939,995	.147561	.147561
44	LABORATORY	122,009,023	.097352	.097352
46 30	BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	22,649,917	.136820	.136820
53	ELECTROCARDIOLOGY	17,451,228	.108826	.108826
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	34,821,370	.027515	.027515
56	DRUGS CHARGED TO PATIENTS	127,511,922	.140547	.140547
57	RENAL DIALYSIS	3,067,532	.306730	.306730
58	ASC (NON-DI STINCT PART)			
58 01	CARDIAC REHAB	2,181,605	.264994	.264994
58 02	HEART SURGERY			
58 03	REHAB SERVICES	25,365,144	.173055	.173055
58 04	CV SURGERY	10,419,534	.386056	.386056
58 05	VASCULAR SERVICES	41,212,008	.245293	.245293
58 06	YORKVILLE	14,915,823	.386182	.386182
59	DIABETIC CENTER	495,205	.871239	.871239
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	10,646,668	.295048	.295048
61	EMERGENCY	99,687,538	.136573	.136573
62	OBSERVATION BEDS (NON-DIS	4,395,403	.750567	.750567
63 50	RHC			
63 60	FQHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	955,984,673		
102	LESS OBSERVATION BEDS	4,395,403		
103	TOTAL	951,589,270		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	32,054,184	2,302,713	29,751,471	230,271	1,725,585	30,098,328
37 01	SAME DAY SURGERY	3,313,175	330,245	2,982,930	33,025	173,010	3,107,140
37 02	G. I. LAB	3,295,237	818,143	2,477,094	81,814	143,671	3,069,752
38	RECOVERY ROOM	1,574,066	140,235	1,433,831	14,024	83,162	1,476,880
39	DELIVERY ROOM & LABOR ROO	8,539,811	515,897	8,023,914	51,590	465,387	8,022,834
40	ANESTHESIOLOGY	1,498,055	156,491	1,341,564	15,649	77,811	1,404,595
41	RADIOLOGY-DIAGNOSTIC	18,266,385	4,083,868	14,182,517	408,387	822,586	17,035,412
42	RADIOLOGY-THERAPEUTIC	4,122,851	645,239	3,477,612	64,524	201,701	3,856,626
44	LABORATORY	11,877,763	741,952	11,135,811	74,195	645,877	11,157,691
46	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	3,098,970	292,593	2,806,377	29,259	162,770	2,906,941
53	ELECTROCARDIOLOGY	1,899,149	468,316	1,430,833	46,832	82,988	1,769,329
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	958,116	46,146	911,970	4,615	52,894	900,607
56	DRUGS CHARGED TO PATIENTS	17,921,441	1,502,599	16,418,842	150,260	952,293	16,818,888
57	RENAL DIALYSIS	957,980	24,604	933,376	2,460	54,136	901,384
58	ASC (NON-DISTINCT PART)						
58 01	CARDIAC REHAB	578,113	152,362	425,751	15,236	24,694	538,183
58 02	HEART SURGERY	18,619	648,641	-630,022	64,864	-36,541	-9,704
58 03	REHAB SERVICES	4,389,563	401,282	3,988,281	40,128	231,320	4,118,115
58 04	CV SURGERY	4,244,519	293,578	3,950,941	29,358	229,155	3,986,006
58 05	VASCULAR SERVICES	10,109,023	547,649	9,561,374	54,765	554,560	9,499,698
58 06	YORKVILLE	5,760,218	1,081,408	4,678,810	108,141	271,371	5,380,706
59	DIABETIC CENTER	431,442	66,920	364,522	6,692	21,142	403,608
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	3,141,273	385,314	2,755,959	38,531	159,846	2,942,896
61	EMERGENCY	13,717,071	1,390,190	12,326,881	139,019	714,959	12,863,093
62	OBSERVATION BEDS (NON-DIS	3,299,043	409,068	2,889,975	40,907	167,619	3,090,517
63	RHC						
63	FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	155,066,067	17,445,453	137,620,614	1,744,546	7,981,996	145,339,525
102	LESS OBSERVATION BEDS	3,299,043	409,068	2,889,975	40,907	167,619	3,090,517
103	TOTAL	151,767,024	17,036,385	134,730,639	1,703,639	7,814,377	142,249,008

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	143,653,939	.209520	.221532
37 01	SAME DAY SURGERY	11,623,550	.267314	.282199
37 02	G. I. LAB	16,877,112	.181888	.190401
38	RECOVERY ROOM	12,884,386	.114626	.121080
39	DELIVERY ROOM & LABOR ROO	34,826,627	.230365	.243728
40	ANESTHESIOLOGY	16,318,165	.086076	.090844
41	RADIOLOGY-DIAGNOSTIC	155,030,979	.109884	.115190
42	RADIOLOGY-THERAPEUTIC	27,939,995	.138032	.145252
44	LABORATORY	122,009,023	.091450	.096743
46 30	BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	22,649,917	.128342	.135529
53	ELECTROCARDIOLOGY	17,451,228	.101387	.106143
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	34,821,370	.025864	.027383
56	DRUGS CHARGED TO PATIENTS	127,511,922	.131901	.139369
57	RENAL DIALYSIS	3,067,532	.293847	.311495
58	ASC (NON-DI STINCT PART)			
58 01	CARDIAC REHAB	2,181,605	.246691	.258011
58 02	HEART SURGERY			
58 03	REHAB SERVICES	25,365,144	.162353	.171473
58 04	CV SURGERY	10,419,534	.382551	.404544
58 05	VASCULAR SERVICES	41,212,008	.230508	.243964
58 06	YORKVILLE	14,915,823	.360738	.378932
59	DIABETIC CENTER	495,205	.815032	.857726
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	10,646,668	.276415	.291428
61	EMERGENCY	99,687,538	.129034	.136206
62	OBSERVATION BEDS (NON-DIS	4,395,403	.703125	.741260
63 50	RHC			
63 60	FQHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	955,984,673		
102	LESS OBSERVATION BEDS	4,395,403		
103	TOTAL	951,589,270		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				4,765,572		4,765,572
26	INTENSIVE CARE UNIT				1,042,440		1,042,440
26 01	NICU				494,081		494,081
31	SUBPROVIDER				265,432		265,432
33	NURSERY						
101	TOTAL				6,567,525		6,567,525

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0029  
 PERIOD: FROM 7/1/2009 TO 6/30/2010  
 PREPARED 11/23/2010  
 WORKSHEET D  
 PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	41,252	12,933			115.52	1,494,020
26	INTENSIVE CARE UNIT	3,555	1,621			293.23	475,326
26 01	NI CU	2,151				229.70	
31	SUBPROVIDER	3,739	2,207			70.99	156,675
33	NURSERY	8,604					
101	TOTAL	59,301	16,761				2,126,021

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		2,302,713	143,653,939	33,952,842		
37 01	SAME DAY SURGERY		330,245	11,623,550	848,359		
37 02	G. I. LAB		818,143	16,877,112	1,376,734		
38	RECOVERY ROOM		140,235	12,884,386	2,667,129		
39	DELIVERY ROOM & LABOR ROO		515,897	34,826,627	133,966		
40	ANESTHESIOLOGY		156,491	16,318,165	3,191,168		
41	RADIOLOGY-DIAGNOSTIC		4,083,868	155,030,979	18,098,250		
42	RADIOLOGY-THERAPEUTIC		645,239	27,939,995	479,478		
44	LABORATORY		741,952	122,009,023	28,939,464		
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY		292,593	22,649,917	9,707,819		
53	ELECTROCARDIOLOGY		468,316	17,451,228	4,434,080		
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		46,146	34,821,370	11,662,508		
56	DRUGS CHARGED TO PATIENTS		1,502,599	127,511,922	28,574,422		
57	RENAL DIALYSIS		24,604	3,067,532	2,462,100		
58	ASC (NON-DISTINCT PART)						
58 01	CARDIAC REHAB		152,362	2,181,605			
58 02	HEART SURGERY		648,641				
58 03	REHAB SERVICES		401,282	25,365,144	6,033,331		
58 04	CV SURGERY		293,578	10,419,534	7,010,733		
58 05	VASCULAR SERVICES		547,649	41,212,008	14,814,532		
58 06	YORKVILLE		1,081,408	14,915,823	87,251		
59	DIABETIC CENTER		66,920	495,205	950		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		385,314	10,646,668	319,560		
61	EMERGENCY		1,390,190	99,687,538	8,596,254		
62	OBSERVATION BEDS (NON-DIS		409,068	4,395,403			
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		17,445,453	955,984,673	183,390,930		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0029  
 COMPONENT NO: 14-0029  
 PERIOD: FROM 7/1/2009 TO 6/30/2010  
 PREPARED 11/23/2010  
 WORKSHEET D  
 PART II  
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.016030	544,264
37 01	SAME DAY SURGERY	.028412	24,104
37 02	G. I. LAB	.048476	66,739
38	RECOVERY ROOM	.010884	29,029
39	DELIVERY ROOM & LABOR ROO	.014813	1,984
40	ANESTHESIOLOGY	.009590	30,603
41	RADIOLOGY-DIAGNOSTIC	.026342	476,744
42	RADIOLOGY-THERAPEUTIC	.023094	11,073
44	LABORATORY	.006081	175,981
46 30	BLOOD CLOTTING FACTORS AD		
49	RESPIRATORY THERAPY	.012918	125,406
53	ELECTROCARDIOLOGY	.026836	118,993
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.001325	15,453
56	DRUGS CHARGED TO PATIENTS	.011784	336,721
57	RENAL DIALYSIS	.008021	19,749
58	ASC (NON-DI STINCT PART)		
58 01	CARDIAC REHAB	.069839	
58 02	HEART SURGERY		
58 03	REHAB SERVICES	.015820	95,447
58 04	CV SURGERY	.028176	197,534
58 05	VASCULAR SERVICES	.013289	196,870
58 06	YORKVILLE	.072501	6,326
59	DIABETIC CENTER	.135136	128
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.036191	11,565
61	EMERGENCY	.013945	119,875
62	OBSERVATION BEDS (NON-DIS	.093067	
63 50	RHC		
63 60	FQHC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		2,604,588

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					41,252	
26	INTENSIVE CARE UNIT					3,555	
26 01	NI CU					2,151	
31	SUBPROVIDER					3,739	
33	NURSERY					8,604	
101	TOTAL					59,301	

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

PROVIDER NO: 14-0029      PERIOD: FROM 7/1/2009 TO 6/30/2010  
 PREPARED 11/23/2010      WORKSHEET D      PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	12,933	
26	INTENSIVE CARE UNIT	1,621	
26 01	NICU		
31	SUBPROVIDER	2,207	
33	NURSERY		
101	TOTAL	16,761	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37 01	SAME DAY SURGERY						
37 02	G. I. LAB						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58 01	CARDIAC REHAB						
58 02	HEART SURGERY						
58 03	REHAB SERVICES						
58 04	CV SURGERY						
58 05	VASCULAR SERVICES						
58 06	YORKVILLE						
59	DIABETIC CENTER						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			143,653,939			33,952,842	
37	OPERATING ROOM			11,623,550			848,359	
37	01 SAME DAY SURGERY			16,877,112			1,376,734	
37	02 G. I. LAB			12,884,386			2,667,129	
38	RECOVERY ROOM			34,826,627			133,966	
39	DELIVERY ROOM & LABOR ROO			16,318,165			3,191,168	
40	ANESTHESIOLOGY			155,030,979			18,098,250	
41	RADIOLOGY-DIAGNOSTIC			27,939,995			479,478	
42	RADIOLOGY-THERAPEUTIC			122,009,023			28,939,464	
44	LABORATORY							
46	30 BLOOD CLOTTING FACTORS AD							
49	RESPIRATORY THERAPY			22,649,917			9,707,819	
53	ELECTROCARDIOLOGY			17,451,228			4,434,080	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			34,821,370			11,662,508	
56	DRUGS CHARGED TO PATIENTS			127,511,922			28,574,422	
57	RENAL DIALYSIS			3,067,532			2,462,100	
58	ASC (NON-DI STINCT PART)							
58	01 CARDIAC REHAB			2,181,605				
58	02 HEART SURGERY							
58	03 REHAB SERVICES			25,365,144			6,033,331	
58	04 CV SURGERY			10,419,534			7,010,733	
58	05 VASCULAR SERVICES			41,212,008			14,814,532	
58	06 YORKVILLE			14,915,823			87,251	
59	DIABETIC CENTER			495,205			950	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			10,646,668			319,560	
61	EMERGENCY			99,687,538			8,596,254	
62	OBSERVATION BEDS (NON-DIS			4,395,403				
63	50 RHC							
63	60 FQHC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			955,984,673			183,390,930	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,745,997					
37 01	SAME DAY SURGERY	1,836,291					
37 02	G. I. LAB	3,389,931					
38	RECOVERY ROOM	728,861					
39	DELIVERY ROOM & LABOR ROO	55,647					
40	ANESTHESIOLOGY	823,657					
41	RADIOLOGY-DIAGNOSTIC	19,513,015					
42	RADIOLOGY-THERAPEUTIC	8,565,782					
44	LABORATORY	5,530,691					
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	644,686					
53	ELECTROCARDIOLOGY	2,438,909					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,105,879					
56	DRUGS CHARGED TO PATIENTS	16,274,919					
57	RENAL DIALYSIS	99,371					
58	ASC (NON-DISTINCT PART)						
58 01	CARDIAC REHAB	794,251					
58 02	HEART SURGERY						
58 03	REHAB SERVICES	280,035					
58 04	CV SURGERY	13,161					
58 05	VASCULAR SERVICES	6,063,830					
58 06	YORKVILLE	3,052,978					
59	DIABETIC CENTER	76,599					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	738,476					
61	EMERGENCY	8,334,907					
62	OBSERVATION BEDS (NON-DIS	1,544,008					
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	89,651,881					





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				1,716,428	
37 01 SAME DAY SURGERY				523,416	
37 02 G. I. LAB				658,450	
38 RECOVERY ROOM				89,043	
39 DELIVERY ROOM & LABOR ROOM				13,427	
40 ANESTHESIOLOGY				74,752	
41 RADIOLOGY-DIAGNOSTIC				2,292,662	22
42 RADIOLOGY-THERAPEUTIC				1,263,975	
44 LABORATORY				538,424	
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY				88,206	
53 ELECTROCARDIOLOGY				265,417	
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				30,428	359
56 DRUGS CHARGED TO PATIENTS				2,287,391	
57 RENAL DIALYSIS				30,480	
58 ASC (NON-DISTINCT PART)					
58 01 CARDIAC REHAB				210,472	
58 02 HEART SURGERY					
58 03 REHAB SERVICES				48,461	
58 04 CV SURGERY				5,081	
58 05 VASCULAR SERVICES				1,487,415	
58 06 YORKVILLE				1,179,005	
59 DIABETIC CENTER				66,736	
OUTPAT SERVICE COST CNTRS					
60 CLINIC				217,886	
61 EMERGENCY				1,138,323	
62 OBSERVATION BEDS (NON-DISTINCT PART)				1,158,881	
63 50 RHC					
63 60 FOHC					
101 SUBTOTAL				15,384,759	381
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				15,384,759	381

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



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO: 14-0029  
COMPONENT NO: 14-0029  
PERIOD: FROM 7/1/2009 TO 6/30/2010  
PREPARED 11/23/2010  
WORKSHEET D  
PART VI

TITLE XVIII, PART B      HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.140547
2	PROGRAM VACCINE CHARGES		104,453
3	PROGRAM COSTS		14,681

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		2,302,713	143,653,939			
37	01 SAME DAY SURGERY		330,245	11,623,550			
37	02 G. I. LAB		818,143	16,877,112	2,954		
38	RECOVERY ROOM		140,235	12,884,386			
39	DELIVERY ROOM & LABOR ROO		515,897	34,826,627			
40	ANESTHESIOLOGY		156,491	16,318,165			
41	RADIOLOGY-DIAGNOSTIC		4,083,868	155,030,979	176,259		
42	RADIOLOGY-THERAPEUTIC		645,239	27,939,995			
44	LABORATORY		741,952	122,009,023	970,432		
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY		292,593	22,649,917	124,654		
53	ELECTROCARDIOLOGY		468,316	17,451,228	21,057		
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		46,146	34,821,370	871,525		
56	DRUGS CHARGED TO PATIENTS		1,502,599	127,511,922	1,371,195		
57	RENAL DIALYSIS		24,604	3,067,532	78,697		
58	ASC (NON-DI STINCT PART)						
58	01 CARDIAC REHAB		152,362	2,181,605			
58	02 HEART SURGERY		648,641				
58	03 REHAB SERVICES		401,282	25,365,144	5,036,751		
58	04 CV SURGERY		293,578	10,419,534			
58	05 VASCULAR SERVICES		547,649	41,212,008	12,678		
58	06 YORKVILLE		1,081,408	14,915,823	3,255		
59	DIABETIC CENTER		66,920	495,205	212		
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC		385,314	10,646,668	1,478		
61	EMERGENCY		1,390,190	99,687,538	14,638		
62	OBSERVATION BEDS (NON-DIS		409,068	4,395,403			
63	50 RHC						
63	60 FOHC						
101	OTHER REIMBURS COST CNTRS						
	TOTAL		17,445,453	955,984,673	8,685,785		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0029  
 PERIOD: FROM 7/1/2009 TO 6/30/2010  
 COMPONENT NO: 14-T029  
 PREPARED 11/23/2010  
 WORKSHEET D  
 PART II  
 PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.016030	
37 01	SAME DAY SURGERY	.028412	
37 02	G. I. LAB	.048476	143
38	RECOVERY ROOM	.010884	
39	DELIVERY ROOM & LABOR ROO	.014813	
40	ANESTHESIOLOGY	.009590	
41	RADIOLOGY-DIAGNOSTIC	.026342	4,643
42	RADIOLOGY-THERAPEUTIC	.023094	
44	LABORATORY	.006081	5,901
46 30	BLOOD CLOTTING FACTORS AD		
49	RESPIRATORY THERAPY	.012918	1,610
53	ELECTROCARDIOLOGY	.026836	565
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.001325	1,155
56	DRUGS CHARGED TO PATIENTS	.011784	16,158
57	RENAL DIALYSIS	.008021	631
58	ASC (NON-DISTINCT PART)		
58 01	CARDIAC REHAB	.069839	
58 02	HEART SURGERY		
58 03	REHAB SERVICES	.015820	79,681
58 04	CV SURGERY	.028176	
58 05	VASCULAR SERVICES	.013289	168
58 06	YORKVILLE	.072501	236
59	DIABETIC CENTER	.135136	29
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.036191	53
61	EMERGENCY	.013945	204
62	OBSERVATION BEDS (NON-DIS	.093067	
63 50	RHC		
63 60	FQHC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		111,177



TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF COST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			143,653,939				
37	OPERATING ROOM			11,623,550				
37	01 SAME DAY SURGERY			16,877,112				
37	02 G. I. LAB			12,884,386			2,954	
38	RECOVERY ROOM			34,826,627				
39	DELIVERY ROOM & LABOR ROO			16,318,165				
40	ANESTHESIOLOGY			155,030,979			176,259	
41	RADIOLOGY-DIAGNOSTIC			27,939,995				
42	RADIOLOGY-THERAPEUTIC			122,009,023			970,432	
44	LABORATORY							
46	30 BLOOD CLOTTING FACTORS AD			22,649,917			124,654	
49	RESPIRATORY THERAPY			17,451,228			21,057	
53	ELECTROCARDIOLOGY							
54	ELECTROENCEPHALOGRAPHY			34,821,370			871,525	
55	MEDICAL SUPPLIES CHARGED			127,511,922			1,371,195	
56	DRUGS CHARGED TO PATIENTS			3,067,532			78,697	
57	RENAL DIALYSIS							
58	ASC (NON-DI STINCT PART)			2,181,605				
58	01 CARDIAC REHAB							
58	02 HEART SURGERY			25,365,144			5,036,751	
58	03 REHAB SERVICES			10,419,534				
58	04 CV SURGERY			41,212,008			12,678	
58	05 VASCULAR SERVICES			14,915,823			3,255	
58	06 YORKVILLE			495,205			212	
59	DIABETIC CENTER							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			10,646,668			1,478	
61	EMERGENCY			99,687,538			14,638	
62	OBSERVATION BEDS (NON-DIS			4,395,403				
63	50 RHC							
63	60 FQHC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			955,984,673			8,685,785	

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37 01	SAME DAY SURGERY						
37 02	G. I. LAB						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	663					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58 01	CARDIAC REHAB						
58 02	HEART SURGERY						
58 03	REHAB SERVICES						
58 04	CV SURGERY						
58 05	VASCULAR SERVICES						
58 06	YORKVILLE						
59	DIABETIC CENTER						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	663					



TITLE XVIII, PART B

SUBPROVIDER 1

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
37 01 SAME DAY SURGERY					
37 02 G. I. LAB					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
42 RADIOLOGY-THERAPEUTIC					
44 LABORATORY					
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS		663			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
58 01 CARDIAC REHAB					
58 02 HEART SURGERY					
58 03 REHAB SERVICES					
58 04 CV SURGERY					
58 05 VASCULAR SERVICES					
58 06 YORKVILLE					
59 DIABETIC CENTER					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 50 RHC					
63 60 FOHC					
101 SUBTOTAL		663			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		663			































PART I - NOT IN APPROVED TEACHING PROGRAM

COST CENTERS	PERCENT OF ASSIGNED TIME	EXPENSE ALLOCATION	TOTAL INPATIENT DAYS-ALL PATIENTS
	1	2	3
1 TOTAL COST OF SERVICES RENDERED	100.00		
HOSPITAL INPATIENT ROUTINE SERVICES:			
2 ADULTS & PEDIATRICS			41,252
3 INTENSIVE CARE UNIT			3,555
3.01 NICU			2,151
8 NURSERY			8,604
9 SUBTOTAL			
10 SUBPROVIDER			3,739
15 HOME HEALTH AGENCY			
17 ASC (NON-DISTINCT PART)			
17.01 CARDIAC REHAB			
17.02 HEART SURGERY			
17.03 REHAB SERVICES			
17.04 CV SURGERY			
17.05 VASCULAR SERVICES			
17.06 YORKVILLE			
19 SUBTOTAL			
TOTAL CHARGES			
HOSPITAL OUTPATIENT SERVICES:			
20 CLINIC			10,646,668
21 EMERGENCY			99,687,538
22 OBSERVATION BEDS (NON-DISTINCT PART)			4,395,403
23.50 RHC			
23.60 FOHC			
24 SUBTOTAL			
25 TOTAL			

PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)

COST CENTER	EXPENSES ALLOC TO COST CENTRS ON W/S B, PT 1 COLS 22 & 23	SWING BED AMOUNT	NET COST
	1	2	3
HOSPITAL INPATIENT ROUTINE SERVICES:			
26 ADULTS & PEDIATRICS			
27 SWING BED - SNF			
28 SWING BED - NF			
29 INTENSIVE CARE UNIT			
29.01 NICU			
34 SUBTOTAL			
35 SUBPROVIDER			
38 TOTAL			

PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)

COST CENTERS	NOT IN APPROVED TEACHING PROGRAM (FROM PART I)	AMOUNT
	1	2
HOSPITAL		
39 INPATIENT	CL 9, LN 9	
40 OUTPATIENT	CL 9, LN 24	
41 TOTAL HOSPITAL		
42 SUBPROVIDER	CL 9, LN 10	

PART I - NOT IN APPROVED TEACHING PROGRAM

COST CENTERS		AVERAGE COST PER DAY	HEALTH CARE PROGRAM TITLE V	INPATIENT DAYS TITLE XVIII PART B	TITLE XIX	TITLE V
		4	5	6	7	8
1	TOTAL COST OF SERVICES RENDERED					
HOSPITAL INPATIENT ROUTINE SERVICES:						
2	ADULTS & PEDIATRICS					
3	INTENSIVE CARE UNIT					
3.01	NICU					
8	NURSERY					
9	SUBTOTAL					
10	SUBPROVIDER					
15	HOME HEALTH AGENCY					
17	ASC (NON-DISTINCT PART)					
17.01	CARDIAC REHAB					
17.02	HEART SURGERY					
17.03	REHAB SERVICES					
17.04	CV SURGERY					
17.05	VASCULAR SERVICES					
17.06	YORKVILLE					
19	SUBTOTAL					

COST CENTERS		RATIO OF COST TO CHARGES	OUTPATIENT CHARGES TITLE V	TITLE XIX	OUTPUT COST TITLE V
HOSPITAL OUTPATIENT SERVICES:					
20	CLINIC				
21	EMERGENCY			1,865	
22	OBSERVATION BEDS (NON-DISTINCT PART)				
23.50	RHC				
23.60	FOHC				
24	SUBTOTAL				
25	TOTAL				

PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)

COST CENTERS		TOTAL INPATIENT DAYS ALL PATIENTS	AVERAGE COST PER DAY	TITLE XVIII PART B INPATIENT DAYS	EXPENSES APPLICABLE TO TITLE XVIII
		4	5	6	7
HOSPITAL INPATIENT ROUTINE SERVICES:					
26	ADULTS & PEDIATRICS				
27	SWING BED - SNF				
28	SWING BED - NF				
29	INTENSIVE CARE UNIT				
29.01	NICU				
34	SUBTOTAL				
35	SUBPROVIDER				
38	TOTAL				

PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)

		IN APPROVED TEACH PROG (PT III, COL. 7)	AMOUNT	TITLE XVIII COSTS (W/S E, PT B) (COLS 2 + 4)
		3	4	5
39	HOSPITAL INPATIENT	LINE 34		LINE 2
40	OUTPATIENT			LINE 2
41	TOTAL HOSPITAL			
42	SUBPROVIDER	LINE 35		

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS	PROVIDER NO: 14-0029	PERIOD: FROM 7/1/2009 TO 6/30/2010	PREPARED 11/23/2010 WORKSHEET D-2
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PART I - NOT IN APPROVED TEACHING PROGRAM

COST CENTERS

TITLE XVIII

TITLE XIX

9

10

- 1 TOTAL COST OF SERVICES RENDERED
- HOSPITAL INPATIENT ROUTINE SERVICES:
- 2 ADULTS & PEDIATRICS
- 3 INTENSIVE CARE UNIT
- 3.01 NICU
- 8 NURSERY
- 9 SUBTOTAL
- 10 SUBPROVIDER
- 15 HOME HEALTH AGENCY
- 17 ASC (NON-DISTINCT PART)
- 17.01 CARDIAC REHAB
- 17.02 HEART SURGERY
- 17.03 REHAB SERVICES
- 17.04 CV SURGERY
- 17.05 VASCULAR SERVICES
- 17.06 YORKVILLE
- 19 SUBTOTAL

OUTPATIENT COST  
TITLE XVIII TITLE XIX  
PART B

- HOSPITAL OUTPATIENT SERVICES:
- 20 CLINIC
- 21 EMERGENCY
- 22 OBSERVATION BEDS (NON-DISTINCT PART)
- 23.50 RHC
- 23.60 FQHC
- 24 SUBTOTAL
- 25 TOTAL

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		15,558,697	
26	INTENSIVE CARE UNIT		3,038,789	
26	01 NICU		5,792	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.221589	12,611,311	2,794,528
37	01 SAME DAY SURGERY	.285040		
37	02 G. I. LAB	.194237		
38	RECOVERY ROOM	.122168		
39	DELIVERY ROOM & LABOR ROOM	.241287		
40	ANESTHESIOLOGY	.090756		
41	RADIOLOGY-DIAGNOSTIC	.117494		
42	RADIOLOGY-THERAPEUTIC	.147561		
44	LABORATORY	.097352		
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.136820		
53	ELECTROCARDIOLOGY	.108826		
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.027515		
56	DRUGS CHARGED TO PATIENTS	.140547		
57	RENAL DIALYSIS	.306730		
58	ASC (NON-DISTINCT PART)			
58	01 CARDIAC REHAB	.264994		
58	02 HEART SURGERY			
58	03 REHAB SERVICES	.173055		
58	04 CV SURGERY	.386056		
58	05 VASCULAR SERVICES	.245293		
58	06 YORKVILLE	.386182		
59	DIABETIC CENTER OUTPAT SERVICE COST CNTRS	.871239		
60	CLINIC	.295048		
61	EMERGENCY	.136573		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.750567		
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		12,611,311	2,794,528
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		12,611,311	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		16,984,056	
26	INTENSIVE CARE UNIT		3,251,726	
26	01 NICU			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.223213	33,952,842	7,578,716
37	01 SAME DAY SURGERY	.285040	848,359	241,816
37	02 G. I. LAB	.194237	1,376,734	267,413
38	RECOVERY ROOM	.122168	2,667,129	325,838
39	DELIVERY ROOM & LABOR ROOM	.253925	133,966	34,017
40	ANESTHESIOLOGY	.091891	3,191,168	293,240
41	RADIOLOGY-DIAGNOSTIC	.118353	18,098,250	2,141,982
42	RADIOLOGY-THERAPEUTIC	.147574	479,478	70,758
44	LABORATORY	.097924	28,939,464	2,833,868
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.136820	9,707,819	1,328,224
53	ELECTROCARDIOLOGY	.108826	4,434,080	482,543
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.027515	11,662,508	320,894
56	DRUGS CHARGED TO PATIENTS	.140547	28,574,422	4,016,049
57	RENAL DIALYSIS	.306730	2,462,100	755,200
58	ASC (NON-DISTINCT PART)			
58	01 CARDIAC REHAB	.264994		
58	02 HEART SURGERY			
58	03 REHAB SERVICES	.173055	6,033,331	1,044,098
58	04 CV SURGERY	.386056	7,010,733	2,706,536
58	05 VASCULAR SERVICES	.245293	14,814,532	3,633,901
58	06 YORKVILLE	.391519	87,251	34,160
59	DIABETIC CENTER OUTPAT SERVICE COST CNTRS	.871239	950	828
60	CLINIC	.295048	319,560	94,286
61	EMERGENCY	.139720	8,596,254	1,201,069
62	OBSERVATION BEDS (NON-DISTINCT PART)	.750567		
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		183,390,930	29,405,436
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		183,390,930	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26	01 NICU			
31	SUBPROVIDER		2,248,933	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.223213		
37	01 SAME DAY SURGERY	.285040		
37	02 G. I. LAB	.194237	2,954	574
38	RECOVERY ROOM	.122168		
39	DELIVERY ROOM & LABOR ROOM	.253925		
40	ANESTHESIOLOGY	.091891		
41	RADIOLOGY-DIAGNOSTIC	.118353	176,259	20,861
42	RADIOLOGY-THERAPEUTIC	.147574		
44	LABORATORY	.097924	970,432	95,029
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.136820	124,654	17,055
53	ELECTROCARDIOLOGY	.108826	21,057	2,292
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.027515	871,525	23,980
56	DRUGS CHARGED TO PATIENTS	.140547	1,371,195	192,717
57	RENAL DIALYSIS	.306730	78,697	24,139
58	ASC (NON-DISTINCT PART)			
58	01 CARDIAC REHAB	.264994		
58	02 HEART SURGERY			
58	03 REHAB SERVICES	.173055	5,036,751	871,635
58	04 CV SURGERY	.386056		
58	05 VASCULAR SERVICES	.245293	12,678	3,110
58	06 YORKVILLE	.391519	3,255	1,274
59	DIABETIC CENTER	.871239	212	185
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.295048	1,478	436
61	EMERGENCY	.139720	14,638	2,045
62	OBSERVATION BEDS (NON-DISTINCT PART)	.750567		
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		8,685,785	1,255,332
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		8,685,785	



PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	34,733,642	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	34,733,642	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	2,756,365	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	296,402	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	37,786,409	
17 PRIMARY PAYER PAYMENTS	14,353	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	37,772,056	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,515,116	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	54,227	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	691,638	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	484,147	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	518,473	
22 SUBTOTAL	35,686,860	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.97 HCERA PAYMENTS		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	35,686,860	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	35,678,479	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	8,381	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		





TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		34,947,937		9,476,931
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		661,936		618,994
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	1/24/2010	68,606		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50			1/24/2010	27,298
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		68,606		-27,298
4 TOTAL INTERIM PAYMENTS		35,678,479		10,068,627
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		8,381		74,634
7 TOTAL MEDICARE PROGRAM LIABILITY		35,686,860		9,993,993

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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



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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	2,554,970	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0155	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	99,271	
1.05	OUTLIER PAYMENTS	82,535	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	2,960,502	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
INPATIENT PSYCHIATRIC FACILITY (IPF)			
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		
1.09	NET IPF PPS OUTLIER PAYMENTS		
1.10	NET IPF PPS ECT PAYMENTS		
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$ .		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		
INPATIENT REHABILITATION FACILITY (IRF)			
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	1.00	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	1.82	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	1.00	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	10.243836	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$ .	.087565	.066141
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	223,726	
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)	2,960,502	
5	PRIMARY PAYER PAYMENTS	3,881	
6	SUBTOTAL	2,956,621	
7	DEDUCTIBLES	21,616	
8	SUBTOTAL	2,935,005	
9	COINSURANCE	21,864	
10	SUBTOTAL	2,913,141	
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL	2,913,141	
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,913,141
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	2,844,173
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	68,968
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		12.00
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	11.73	11.73
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		11.91
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		11.73
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.		11.08
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.		.83
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		11.91
3.10	SEE INSTRUCTIONS		11.73
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		.82
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		1.92
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		1.42
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	1.39
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)		1.39
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		82,340.04
3.18	SEE INSTRUCTIONS		114,453
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		12.00
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		10.24
3.21	SEE INSTRUCTIONS	RES INIT YEARS	11.05
3.22	SEE INSTRUCTIONS	.21	11.26
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		82,340.04
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		927,149
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		1,041,602

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		16,761
5	TOTAL INPATIENT DAYS		47,156
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.355437
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	370,224	370,224
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		1,171
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		47,156
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.		22,210
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		3,067,532

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)	47,548,700
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	18,234
16	TOTAL PART A REASONABLE COST	47,530,466

PART B REASONABLE COST

17	REASONABLE COST	15,400,093
18	PRIMARY PAYER PAYMENTS	542
19	TOTAL PART B REASONABLE COST	15,399,551
20	TOTAL REASONABLE COST	62,930,017
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.755291
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.244709

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)	392,434
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	296,402
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	96,032

TITLE XIX

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
- 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)
- 3.05 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS
- 3.06 ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.
- 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.
- 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.
- 3.09 ENTER THE SUM OF LINES 3.07 AND 3.08.
- 3.10 SEE INSTRUCTIONS
- 3.11 WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.
- 3.12 SEE INSTRUCTIONS
- 3.13 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.
- 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)
- 3.20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)
- 3.21 SEE INSTRUCTIONS RES INIT YEARS
- 3.22 SEE INSTRUCTIONS
- 3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001
- 3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001
- 3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001

COMPUTATION OF PROGRAM PATIENT LOAD

- 4 PROGRAM PART A INPATIENT DAYS 8,822
- 5 TOTAL INPATIENT DAYS 47,156
- 6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. LN 6 \* LN 3.25 + E-3, 6 L 11 .187081
- 6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS
- 6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS) 1,200
- 6.03 ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE. 47,156
- 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 XIX

- 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

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	11.73	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	12.00	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	11.73	

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

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

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

13 REDUCED IIME FTE CAP (SEE INSTRUCTIONS)	11.73
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	12.00
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP	11.73

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

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

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	10,318,000			
2 TEMPORARY INVESTMENTS	15,090,000			
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	34,910,000			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY				
8 PREPAID EXPENSES				
9 OTHER CURRENT ASSETS	7,019,000			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	67,337,000			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION BUILDINGS	188,701,000			
14.01 LESS ACCUMULATED DEPRECIATION LEASEHOLD IMPROVEMENTS	-150,641,000			
15.01 LESS ACCUMULATED DEPRECIATION FIXED EQUIPMENT	95,499,000			
16.01 LESS ACCUMULATED DEPRECIATION AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION MAJOR MOVABLE EQUIPMENT				
18.01 LESS ACCUMULATED DEPRECIATION MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION MINOR EQUIPMENT-NONDEPRECIABLE				
20.01 TOTAL FIXED ASSETS	133,559,000			
OTHER ASSETS				
22 INVESTMENTS	69,493,000			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	5,339,000			
26 TOTAL OTHER ASSETS	74,832,000			
27 TOTAL ASSETS	275,728,000			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	9,639,000			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	28,804,000			
35 OTHER CURRENT LIABILITIES	15,062,000			
36 TOTAL CURRENT LIABILITIES	53,505,000			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	91,923,000			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	17,279,000			
42 TOTAL LONG-TERM LIABILITIES	109,202,000			
43 TOTAL LIABILITIES	162,707,000			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	113,021,000			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	113,021,000			
52 TOTAL LIABILITIES AND FUND BALANCES	275,728,000			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		99,762,000		
2 NET INCOME (LOSS)		22,310,000		
3 TOTAL		122,072,000		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 NET ASSETS RELEASED FROM		103,000		
6 CHANGE IN INTEREST NET AS		717,000		
7				
8				
9				
10 TOTAL ADDITIONS		820,000		
11 SUBTOTAL		122,892,000		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 RECONCILING				
14 ASSET TRANSFER		9,871,000		
15				
16				
17				
18 TOTAL DEDUCTIONS		9,871,000		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		113,021,000		

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD				
2 NET INCOME (LOSS)				
3 TOTAL				
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 NET ASSETS RELEASED FROM				
6 CHANGE IN INTEREST NET AS				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 RECONCILING				
14 ASSET TRANSFER				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	53,513,772		53,513,772
2 00 SUBPROVIDER	3,910,924		3,910,924
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	57,424,696		57,424,696
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	10,703,277		10,703,277
10 01 NICU	20,467,041		20,467,041
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	31,170,318		31,170,318
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	88,595,014		88,595,014
17 00 ANCILLARY SERVICES	435,520,415	442,821,281	878,341,696
18 00 OUTPATIENT SERVICES		82,826,761	82,826,761
18 50 RHC			
18 60 FQHC			
19 00 HOME HEALTH AGENCY			
24 00 RECONCILING ITEM			
25 00 TOTAL PATIENT REVENUES	524,115,429	525,648,042	1049,763,471

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		242,578,498	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00 RECONCILE	1,502		
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		1,502	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		242,580,000	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0029 PERIOD: FROM 7/1/2009 TO 6/30/2010 PREPARED 11/23/2010 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	1049,763,471
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	786,189,471
3	NET PATIENT REVENUES	263,574,000
4	LESS: TOTAL OPERATING EXPENSES	242,580,000
5	NET INCOME FROM SERVICE TO PATIENTS	20,994,000
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	3,100,000
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	8,000
25	TOTAL OTHER INCOME	3,108,000
26	TOTAL	24,102,000
	OTHER EXPENSES	
27	LOSS ON EARLY EXTINGUISHMENT OF DEBT	
28	CHANGE IN FAIR MARKET VALUE OF INTER	1,792,000
29	OTHER	
30	TOTAL OTHER EXPENSES	1,792,000
31	NET INCOME (OR LOSS) FOR THE PERIOD	22,310,000

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 11/23/2010
14-0029	FROM 7/1/2009	WORKSHEET L
COMPONENT NO:	TO 6/30/2010	PARTS I-IV
14-0029		

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	2,401,603
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	151,587
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	118.95
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	11.51
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	2.77
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	66,524
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	4.25
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	23.10
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	27.35
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	5.69
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	136,651
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2,756,365
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	