

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).

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		14-0063		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: 11/22/2010 TIME 16:52

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:
 OAK PARK HOSPITAL 14-0063
 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	5	
1	HOSPITAL	0	-36,044	63,826	0	
2	SUBPROVIDER	0	41,982	0	0	
5	HOSPITAL-BASED SNF	0	2,243	0	0	
100	TOTAL	0	8,181	63,826	0	

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 14-0063
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/22/2010 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 520 SOUTH MAPLE
 1.01 CITY: OAK PARK P.O. BOX: STATE: IL ZIP CODE: 60603- COUNTY: COOK

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	OAK PARK HOSPITAL	14-0063	2.01	3	4	5	6
03.00 SUBPROVIDER	OAK PARK HOSPITAL REHABILITATION UNI	14-T063		1/1/1992	N	P	0
06.00 HOSPITAL-BASED SNF	SKILLED NURSING UNIT OF OPH	14-5583		12/7/1987	N	P	N

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 0
- 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 PRECEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

PROVIDER NO: 14-0063
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/22/2010
WORKSHEET S-2

- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILBLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. Y
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y"FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). 0

MULTI CAMPUS

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
-----	-----	-----	-----	-----	-----
62.00					0.00

SETTLEMENT DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0063
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/22/2010
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	90	32,850				9,650	1,615
2 HMO						96	234
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	90	32,850				9,650	1,615
6 INTENSIVE CARE UNIT	14	5,110				1,968	139
12 TOTAL	104	37,960				11,618	1,754
13 RPCH VISITS							
14 SUBPROVIDER	25	9,125				1,871	155
15 SKILLED NURSING FACILITY	47	17,155				6,498	
25 TOTAL	176						
26 OBSERVATION BED DAYS							80
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	TRIPS / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. / TOTAL 7	FTES / LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			15,381				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			15,381				
6 INTENSIVE CARE UNIT			2,716				
12 TOTAL			18,097			4.74	
13 RPCH VISITS							
14 SUBPROVIDER			2,693				
15 SKILLED NURSING FACILITY			7,770				
25 TOTAL						4.74	
26 OBSERVATION BED DAYS		80	681	16	665		
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 XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					2,165	333	3,760
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							
12 TOTAL	4.74	681.01			2,165	333	3,760
13 RPCH VISITS							
14 SUBPROVIDER			14.00		162	11	232
15 SKILLED NURSING FACILITY			29.47				
25 TOTAL	4.74	724.48					
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

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	43,079,299		43,079,299	1,468,230.00	29.34	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	214,564		214,564	1,683.00	127.49	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	2,085,415		2,085,415	17,879.00	116.64	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R	174,662		174,662	9,942.00	17.57	
7 HOME OFFICE PERSONNEL						
8 SNF	1,445,660		1,445,660	61,221.00	23.61	
8.01 EXCLUDED AREA SALARIES	5,584,803		5,584,803	162,099.00	34.45	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,401,562		1,401,562	35,289.00	39.72	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	143,300		143,300	1,574.00	91.04	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	544,609		544,609	3,120.00	174.55	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	8,115,016		8,115,016			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,523,932		1,523,932			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	21,647		21,647			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	234,353		234,353			CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	467,879		467,879	14,444.00	32.39	
22 ADMINISTRATIVE & GENERAL	5,321,914		5,321,914	192,826.00	27.60	
22.01 A & G UNDER CONTRACT	55,700		55,700	186.00	299.46	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,039,591		1,039,591	46,261.00	22.47	
25 LAUNDRY & LINEN SERVICE	58,373		58,373	4,223.00	13.82	
26 HOUSEKEEPING	645,115		645,115	50,898.00	12.67	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	780,804	-458,607	322,197	24,582.00	13.11	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		458,607	458,607	35,373.00	12.96	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,077,183		1,077,183	30,433.00	35.40	
31 CENTRAL SERVICE AND SUPPLY	253,583		253,583	17,677.00	14.35	
32 PHARMACY	1,186,510		1,186,510	29,756.00	39.87	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	580,675		580,675	27,983.00	20.75	
34 SOCIAL SERVICE	396,315		396,315	10,064.00	39.38	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	40,874,922		40,874,922	1,440,595.00	28.37	
2 EXCLUDED AREA SALARIES	7,030,463		7,030,463	223,320.00	31.48	
3 SUBTOTAL SALARIES	33,844,459		33,844,459	1,217,275.00	27.80	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	2,089,471		2,089,471	39,983.00	52.26	
5 SUBTOTAL WAGE-RELATED COSTS	8,136,663		8,136,663		24.04	
6 TOTAL	44,070,593		44,070,593	1,257,258.00	35.05	
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	11,863,642		11,863,642	484,706.00	24.48	

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0063 PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/22/2010
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC		145				
2	RUB		816				
3	RUA		410				
3.01	RUX		266				
3.02	RUL		1,313				
4	RVC		37				
5	RVB		390				
6	RVA		349				
6.01	RVX		168				
6.02	RVL		1,500				
7	RHC		2				
8	RHB		84				
9	RHA		143				
9.01	RHX						
9.02	RHL						
10	RMC						
11	RMB						
12	RMA		16				
12.01	RMX		148				
12.02	RML		513				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		8				
16	SE2		60				
17	SE1						
18	SSC						
19	SSB						
20	SSA		130				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	AAA						
45.01	ES3						
45.02	ES2						
45.03	ES1						
45.04	HE2						
45.05	HE1						
45.06	HD2						
45.07	HD1						
45.08	HC2						
45.09	HC1						
45.10	HB2						
45.11	HB1						
45.12	LE2						
45.13	LE1						
45.14	LD2						
45.15	LD1						
45.16	LC2						
45.17	LC1						
45.18	LB2						
45.19	LB1						
45.20	CE2						
45.21	CE1						
45.22	CD1						
45.23	CD1						
46	TOTAL		6,498				

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0063
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/22/2010
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	DAYS
1	2	3	3.01	4	4.01	4.02	4.03

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 1.0399
 Wage Index Factor (after 10/01): 1.0471
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 1600
 SNF CBSA Code : 16974

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGs	SWING BED SNF DAYS	TOTAL
1	2	4.05	4.06	5
1	RUC			
2	RUB			
3	RUA			
3.01	RUX			
3.02	RUL			
4	RVC			
5	RVB			
6	RVA			
6.01	RVX			
6.02	RVL			
7	RHC			
8	RHB			
9	RHA			
9.01	RHX			
9.02	RHL			
10	RMC			
11	RMB			
12	RMA			
12.01	RMX			
12.02	RML			
13	RLB			
14	RLA			
14.01	RLX			
15	SE3			
16	SE2			
17	SE1			
18	SSC			
19	SSB			
20	SSA			
21	CC2			
22	CC1			
23	CB2			
24	CB1			
25	CA2			
26	CA1			
27	IB2			
28	IB1			
29	IA2			
30	IA1			
31	BB2			
32	BB1			
33	BA2			
34	BA1			
35	PE2			
36	PE1			
37	PD2			
38	PD1			
39	PC2			
40	PC1			
41	PB2			
42	PB1			
43	PA2			
44	PA1			
45	AAA			
45.01	ES3			
45.02	ES2			
45.03	ES1			
45.04	HE2			
45.05	HE1			
45.06	HD2			
45.07	HD1			
45.08	HC2			
45.09	HC1			
45.10	HB2			
45.11	HB1			
45.12	LE2			
45.13	LE1			
45.14	LD2			
45.15	LD1			
45.16	LC2			
45.17	LC1			

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED 11/22/2010
14-0063	FROM 7/ 1/2009	WORKSHEET S-7
	TO 6/30/2010	

	GROUP(1) 1	M3PI REVENUE CODE 2	HIGH COST(2)	SWING BED SNF	TOTAL 5
			RUGs DAYS 4.05	DAYS 4.06	
45 .18	LB2				
45 .19	LB1				
45 .20	CE2				
45 .21	CE1				
45 .22	CD1				
45 .23	CD1				
46	TOTAL				

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

(4) Additional Rugs were published in the "Federal Register", Vol. 74 No. 153 August 11, 2009, page 40286. FY 2010 SNF Final Rule These RUGs are effective for services on or after 10/01/2010.

NOTE: The default line code designation has been changed to "AAA".

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 1.0399
 Wage Index Factor (after 10/01) : 1.0471
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 1600
 SNF CBSA Code : 16974

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0063	FROM 7/1/2009	11/22/2010
	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	6,428,529
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	6,428,529
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)	.269835
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)		PREPARED 11/22/2010
PROVIDER NO:	PERIOD:	WORKSHEET S-10
14-0063	FROM 7/ 1/2009	
	TO 6/30/2010	

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	28,490,535
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	7,687,744
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	9,033,023
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	2,437,426
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	7,687,744

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:	I PERIOD:	I PREPARED 11/22/2010
I 14-0063	I FROM 7/ 1/2009	I WORKSHEET A
I	I TO 6/30/2010	I

	COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		3,123,834	3,123,834	-1,427,558	1,696,276
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				1,985,451	1,985,451
5	0500	EMPLOYEE BENEFITS	467,879	10,205,119	10,672,998	-3,916	10,669,082
6.01	0611	NONPATIENT TELEPHONES		119,869	119,869		119,869
6.02	0612	DATA PROCESSING	546,443	409,271	955,714		955,714
6.03	0613	PURCHASING	258,662	49,761	308,423	40,945	349,368
6.04	0614	ADMINISTRATIVE	798,491	105,760	904,251	-7,833	896,418
6.05	0615	CASHIERING	834,022	1,441,061	2,275,083	-4,502	2,270,581
6.06	0660	OTHER ADMINISTRATIVE AND GENERAL	2,884,296	9,342,034	12,226,330	-92,297	12,134,033
7	0700	MAINTENANCE & REPAIRS					
8	0800	OPERATION OF PLANT	1,039,591	3,770,054	4,809,645	-749	4,808,896
9	0900	LAUNDRY & LINEN SERVICE	58,373	21,827	80,200		80,200
10	1000	HOUSEKEEPING	645,115	477,443	1,122,558		1,122,558
11	1100	DIETARY	780,804	989,968	1,770,772	-1,049,167	721,605
12	1200	CAFETERIA				1,040,067	1,040,067
14	1400	NURSING ADMINISTRATION	1,077,183	76,094	1,153,277	-6,330	1,146,947
15	1500	CENTRAL SERVICES & SUPPLY	1,926,583	1,134,355	3,060,938	-1,090,051	2,970,887
16	1600	PHARMACY	1,186,510	2,689,674	3,876,184	-2,190,753	1,685,431
17	1700	MEDICAL RECORDS & LIBRARY	580,675	337,740	918,415	-4,803	913,612
18	1800	SOCIAL SERVICE	396,315	141,142	537,457		537,457
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		183,073	183,073		183,073
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	5,213,513	761,395	5,974,908	-4,056	5,970,852
26	2600	INTENSIVE CARE UNIT	1,926,583	458,573	2,385,156	-1,260	2,383,896
31	3100	SUBPROVIDER	716,518	678,152	1,394,670	-1,220	1,393,450
34	3400	SKILLED NURSING FACILITY	1,445,660	235,902	1,681,562	-1,627	1,679,935
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	2,312,045	7,987,415	10,299,460	-26,252	10,273,208
37.01	3340	ENDOSCOPY	571,886	392,876	964,762	-128,986	835,776
38	3800	RECOVERY ROOM	732,080	36,165	768,245		768,245
40	4000	ANESTHESIOLOGY	182,831	346,505	529,336		529,336
41	4100	RADIOLOGY-DIAGNOSTIC	1,863,533	1,391,951	3,255,484	-1,728	3,253,756
42	4200	RADIOLOGY-THERAPEUTIC					
43	4300	RADIO SOTOP	429,280	384,988	814,268	-1,074	813,194
43.01	3230	CT SCAN	387,728	251,674	639,402	-98	639,304
43.02	3630	ULTRASOUND/VASC LAB	403,888	55,243	459,131		459,131
44	4400	LABORATORY	1,544,637	1,549,412	3,094,049	-1,886	3,092,163
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS	148,740	587,029	735,769		735,769
49	4900	RESPIRATORY THERAPY	608,858	163,169	772,027	-7,920	764,107
50	5000	PHYSICAL THERAPY	1,389,686	291,714	1,681,400	-1,365	1,680,035
51	5100	OCCUPATIONAL THERAPY	560,372	56,693	617,065	-166	616,899
52	5200	SPEECH PATHOLOGY	182,023	38,528	220,551		220,551
53	5300	ELECTROCARDIOLOGY	316,342	125,801	442,143	-187	441,956
54	5400	ELECTROENCEPHALOGRAPHY	59,559	13,217	72,776		72,776
54.01	3950	SLEEP LAB					
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				831,078	831,078
56	5600	DRUGS CHARGED TO PATIENTS				2,188,533	2,188,533
57	5700	RENAL DIALYSIS		468,704	468,704		468,704
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	747,930	517,870	1,265,800	-3,254	1,262,546
60.01	4950	WOUND CARE	413,572	548,503	962,075	-1,700	960,375
60.02	4951	PULMONARY REHAB	67,309	3,610	70,919		70,919
60.03	4952	SPINE CENTER					
60.04	4953	RUSH HEART CENTER		192,561	192,561	-1,317	191,244
61	6100	EMERGENCY	4,178,499	815,253	4,993,752	-6,613	4,987,139
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		SPEC PURPOSE COST CENTERS					
95		SUBTOTALS	38,211,014	52,970,982	91,181,996	17,406	91,199,402
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		1,028	1,028		1,028
96.01	9601	ADC					
98	9800	PHYSICIANS' PRIVATE OFFICES	4,868,285	1,962,876	6,831,161	-17,406	6,813,755
101		TOTAL	43,079,299	54,934,886	98,014,185	-0-	98,014,185

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2010
I 14-0063 I FROM 7/ 1/2009 I WORKSHEET A
I I TO 6/30/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	-33,789	1,662,487
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	-397	1,985,054
5 0500	EMPLOYEE BENEFITS	-350	10,668,732
6.01 0611	NONPATIENT TELEPHONES	-118,938	931
6.02 0612	DATA PROCESSING		955,714
6.03 0613	PURCHASING	-83,520	265,848
6.04 0614	ADMINISTRATIVE		896,418
6.05 0615	CASHIERING		2,270,581
6.06 0660	OTHER ADMINISTRATIVE AND GENERAL	-493,326	11,640,707
7 0700	MAINTENANCE & REPAIRS		
8 0800	OPERATION OF PLANT		4,808,896
9 0900	LAUNDRY & LINEN SERVICE		80,200
10 1000	HOUSEKEEPING		1,122,558
11 1100	DIETARY		721,605
12 1200	CAFETERIA	-317,991	722,076
14 1400	NURSING ADMINISTRATION		1,146,947
15 1500	CENTRAL SERVICES & SUPPLY		297,887
16 1600	PHARMACY		1,685,431
17 1700	MEDICAL RECORDS & LIBRARY		913,612
18 1800	SOCIAL SERVICE		537,457
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		183,073
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS		5,970,852
26 2600	INTENSIVE CARE UNIT	-1,202	2,382,694
31 3100	SUBPROVIDER	-59,021	1,334,429
34 3400	SKILLED NURSING FACILITY	-8,653	1,671,282
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM		10,273,208
37.01 3340	ENDOSCOPY	-70,000	765,776
38 3800	RECOVERY ROOM		768,245
40 4000	ANESTHESIOLOGY	-50,000	479,336
41 4100	RADIOLOGY-DIAGNOSTIC	-776	3,252,980
42 4200	RADIOLOGY-THERAPEUTIC		
43 4300	RADIOISOTOPE		813,194
43.01 3230	CT SCAN		639,304
43.02 3630	ULTRASOUND/VASC LAB		459,131
44 4400	LABORATORY	-53,042	3,039,121
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		735,769
49 4900	RESPIRATORY THERAPY	-1,202	762,905
50 5000	PHYSICAL THERAPY	-310	1,679,725
51 5100	OCCUPATIONAL THERAPY		616,899
52 5200	SPEECH PATHOLOGY		220,551
53 5300	ELECTROCARDIOLOGY	-46,620	395,336
54 5400	ELECTROENCEPHALOGRAPHY	-11,520	61,256
54.01 3950	SLEEP LAB		
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		831,078
56 5600	DRUGS CHARGED TO PATIENTS		2,188,533
57 5700	RENAL DIALYSIS		468,704
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC	-624,165	638,381
60.01 4950	WOUND CARE	-24,000	936,375
60.02 4951	PULMONARY REHAB	-5,847	65,072
60.03 4952	SPINE CENTER		
60.04 4953	RUSH HEART CENTER	-191,244	
61 6100	EMERGENCY	-1,966,836	3,020,303
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-4,162,749	87,036,653
	NONREIMBURS COST CENTERS		
96 9600	GI FT, FLOWER, COFFEE SHOP & CANTEEN		1,028
96.01 9601	ADC		
98 9800	PHYSICIANS' PRIVATE OFFICES	-67,968	6,745,787
101	TOTAL	-4,230,717	93,783,468

PROVIDER NO: 14-0063
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/22/2010
 NOT A CMS WORKSHEET

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0611	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0612	NONPATIENT TELEPHONES
6.03	PURCHASING	0613	NONPATIENT TELEPHONES
6.04	ADMINISTRATIVE	0614	NONPATIENT TELEPHONES
6.05	CASHIERING	0615	NONPATIENT TELEPHONES
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	ENDOSCOPY	3340	GASTRO INTESTINAL SERVICES
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
43.01	CT SCAN	3230	CAT SCAN
43.02	ULTRASOUND/VASC LAB	3630	ULTRASOUND
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
54.01	SLEEP LAB	3950	OTHER ANCILLARY SERVICE COST CENTERS
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	WOUND CARE	4950	OTHER OUTPATIENT SERVICE COST CENTER
60.02	PULMONARY REHAB	4951	OTHER OUTPATIENT SERVICE COST CENTER
60.03	SPINE CENTER	4952	OTHER OUTPATIENT SERVICE COST CENTER
60.04	RUSH HEART CENTER	4953	OTHER OUTPATIENT SERVICE COST CENTER
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	ADC	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
98	PHYSICIANS' PRIVATE OFFICES	9800	
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO: 140063	PERIOD: FROM 7/1/2009 TO 6/30/2010	PREPARED 11/22/2010 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 POSTAGE	A	PURCHASING	6.03		44,241
2 CAPITAL RELATED INSURANCE	B	NEW CAP REL COSTS-BLDG & FIXT	3		10,482
3 CLINITRON BEDS	D	NEW CAP REL COSTS-MVBLE EQUIP	4		258,973
4 CHARGEABLE MED SUPPLIES	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		831,078
5 CAFETERIA	F	CAFETERIA	12	458,607	581,460
6 RENTALS	G	NEW CAP REL COSTS-MVBLE EQUIP	4		288,438
7					
8					
9					
10					
11					
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30					
31					
32					
33					
34 EQUIPMENT DEPRECIATION	H	NEW CAP REL COSTS-MVBLE EQUIP	4		1,438,040
35 HEART CENTER RECLASS	I	ELECTROCARDIOLOGY	53		1,317
1 DRUGS SOLD	J	DRUGS CHARGED TO PATIENTS	56		2,188,533
36 TOTAL RECLASSIFICATIONS				458,607	5,642,562

(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:
140063

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

PREPARED 11/22/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 POSTAGE	A	OTHER ADMINISTRATIVE AND GENERAL	6.06			44,241	
2 CAPITAL RELATED INSURANCE	B	OTHER ADMINISTRATIVE AND GENERAL	6.06			10,482	9
3 CLINIC TRON BEDS	D	CENTRAL SERVICES & SUPPLY	15			258,973	9
4 CHARGEABLE MED SUPPLIES	E	CENTRAL SERVICES & SUPPLY	15			831,078	
5 CAFETERIA	F	DIETARY	11		458,607	581,460	
6 RENTALS	G	EMPLOYEE BENEFITS	5			3,916	9
7		PURCHASING	6.03			3,296	
8		ADMITTING	6.04			7,833	
9		CASHIERING	6.05			4,502	
10		OTHER ADMINISTRATIVE AND GENERAL	6.06			37,574	
11		OPERATION OF PLANT	8			749	
12		RADIOISOTOPE	43			1,074	
13		DIETARY	11			9,100	
14		NURSING ADMINISTRATION	14			6,330	
15		CT SCAN	43.01			98	
16		PHARMACY	16			2,220	
17		MEDICAL RECORDS & LIBRARY	17			4,803	
18		ADULTS & PEDIATRICS	25			4,056	
19		INTENSIVE CARE UNIT	26			1,260	
20		SUBPROVIDER	31			1,220	
21		SKILLED NURSING FACILITY	34			1,627	
22		OPERATING ROOM	37			26,252	
23		ENDOSCOPY	37.01			128,986	
24		RADIOLOGY-DIAGNOSTIC	41			1,728	
25		LABORATORY	44			1,886	
26		RESPIRATORY THERAPY	49			7,920	
27		PHYSICAL THERAPY	50			1,365	
28		CLINIC	60			3,254	
29		ELECTROCARDIOLOGY	53			1,504	
30		WOUND CARE	60.01			1,700	
31		PHYSICIANS' PRIVATE OFFICES	98			17,406	
32		EMERGENCY	61			6,613	
33		OCCUPATIONAL THERAPY	51			166	
34 EQUIPMENT DEPRECIATION	H	NEW CAP REL COSTS-BLDG & FIXT	3			1,438,040	9
35 HEART CENTER RECLASS	I	RUSH HEART CENTER	60.04			1,317	
1 DRUGS SOLD	J	PHARMACY	16			2,188,533	
36 TOTAL RECLASSIFICATIONS					458,607	5,642,562	

(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: 140063	PERIOD: FROM 7/1/2009 TO 6/30/2010	PREPARED 11/22/2010 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: A
EXPLANATION: POSTAGE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PURCHASING	6.03	44,241
TOTAL RECLASSIFICATIONS FOR CODE A			44,241

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	44,241	
		44,241	

RECLASS CODE: B
EXPLANATION: CAPITAL RELATED INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	10,482
TOTAL RECLASSIFICATIONS FOR CODE B			10,482

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	10,482	
		10,482	

RECLASS CODE: D
EXPLANATION: CLINITRON BEDS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	258,973
TOTAL RECLASSIFICATIONS FOR CODE D			258,973

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	258,973	
		258,973	

RECLASS CODE: E
EXPLANATION: CHARGEABLE MED SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	831,078
TOTAL RECLASSIFICATIONS FOR CODE E			831,078

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	831,078	
		831,078	

RECLASS CODE: F
EXPLANATION: CAFETERIA

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,040,067
TOTAL RECLASSIFICATIONS FOR CODE F			1,040,067

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	1,040,067	
		1,040,067	

RECLASS CODE: G
EXPLANATION: RENTALS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	288,438
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
TOTAL RECLASSIFICATIONS FOR CODE G			288,438

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	3,916	
PURCHASING	6.03	3,296	
ADMINISTRATIVE	6.04	7,833	
CASHIERING	6.05	4,502	
OTHER ADMINISTRATIVE AND GENER	6.06	37,574	
OPERATION OF PLANT	8	749	
RADIOISOTOPE	43	1,074	
DIETARY	11	9,100	
NURSING ADMINISTRATION	14	6,330	
CT SCAN	43.01	98	
PHARMACY	16	2,220	
MEDICAL RECORDS & LIBRARY	17	4,803	
ADULTS & PEDIATRICS	25	4,056	
INTENSIVE CARE UNIT	26	1,260	
SUBPROVIDER	31	1,220	
SKILLED NURSING FACILITY	34	1,627	
OPERATING ROOM	37	26,252	
ENDOSCOPY	37.01	128,986	
RADIOLOGY-DIAGNOSTIC	41	1,728	
LABORATORY	44	1,886	
RESPIRATORY THERAPY	49	7,920	
PHYSICAL THERAPY	50	1,365	
CLINIC	60	3,254	
ELECTROCARDIOLOGY	53	1,504	
WOUND CARE	60.01	1,700	
PHYSICIANS' PRIVATE OFFICES	98	17,406	
EMERGENCY	61	6,613	
OCCUPATIONAL THERAPY	51	166	
		288,438	

RECLASSIFICATIONS

PROVIDER NO: 140063	PERIOD: FROM 7/1/2009 TO 6/30/2010	PREPARED 11/22/2010 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: H
EXPLANATION : EQUIPMENT DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,438,040	NEW CAP REL COSTS-BLDG & FIXT	3	1,438,040	
TOTAL RECLASSIFICATIONS FOR CODE H			1,438,040	1,438,040			

RECLASS CODE: I
EXPLANATION : HEART CENTER RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ELECTROCARDIOLOGY	53	1,317	RUSH HEART CENTER	60.04	1,317	
TOTAL RECLASSIFICATIONS FOR CODE I			1,317	1,317			

RECLASS CODE: J
EXPLANATION : DRUGS SOLD

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	2,188,533	PHARMACY	16	2,188,533	
TOTAL RECLASSIFICATIONS FOR CODE J			2,188,533	2,188,533			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	2,554,045					2,554,045	
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE	69,241,896	1,970,688		1,970,688		71,212,584	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT	8,023,346				62,185	7,961,161	
6 MOVABLE EQUIPMENT	42,456,881	2,622,724		2,622,724		45,079,605	
7 SUBTOTAL	122,276,168	4,593,412		4,593,412	62,185	126,807,395	
8 RECONCILING ITEMS							
9 TOTAL	122,276,168	4,593,412		4,593,412	62,185	126,807,395	

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	81,727,790		81,727,790	.644503			
4	NEW CAP REL COSTS-MV	45,079,605		45,079,605	.355497			
5	TOTAL	126,807,395		126,807,395	1.000000			

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	1,662,487						1,662,487
4	NEW CAP REL COSTS-MV	1,985,054						1,985,054
5	TOTAL	3,647,541						3,647,541

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	3,123,834						3,123,834
4	NEW CAP REL COSTS-MV							
5	TOTAL	3,123,834						3,123,834

* All lines numbers except line 5 are to be consistent with Workshheet 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 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES	B	-83,520	PURCHASING		6.03	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES	A	-118,938	NONPATIENT TELEPHONES		6.01	
10 TELEVISION AND RADIO SERVICE	A	-9,062	OTHER ADMINISTRATIVE AND		6.06	
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-3,103,855				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1					
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-317,991	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						
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	-33,789	NEW CAP REL COSTS-BLDG &		3	9
32 DEPRECIATION-NEW MOVABLE EQUIP	A	-397	NEW CAP REL COSTS-MVBLE E		4	9
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 OTHER ADJUSTMENTS (SPECIFY)						
37.01 OTHER MISC	B	-58,037	OTHER ADMINISTRATIVE AND		6.06	
37.02 MISC REV PT	B	-310	PHYSICAL THERAPY		50	
37.04 SALE OF SILVER	B	-776	RADIOLOGY-DIAGNOSTIC		41	
37.05 HOUSE PHYSICIANS	A	-338,523	OTHER ADMINISTRATIVE AND		6.06	
38 OTHER ADJUSTMENTS (SPECIFY)						
38.01 NON OP OTHER EXP	A	-67,968	PHYSICIANS' PRIVATE OFFIC		98	
39 LAB MISC REV	B	-3,050	LABORATORY		44	
40 PHYSICIAN RECRUITING	B	-82,550	OTHER ADMINISTRATIVE AND		6.06	
41 MISC REV	B	-5,847	PULMONARY REHAB		60.02	
42 MISC REV	B	-600	CLINIC		60	
43 JURY DUTY	B	-550	OTHER ADMINISTRATIVE AND		6.06	
44 INFO CENTER	B	-4,604	OTHER ADMINISTRATIVE AND		6.06	
45 EMPLOYEE IDS	B	-350	EMPLOYEE BENEFITS		5	
46 OTHER ADJUSTMENTS (SPECIFY)						
47 OTHER ADJUSTMENTS (SPECIFY)						
48 PHYSICIAN PRACTICE AMORT						
49 OTHER ADJUSTMENTS (SPECIFY)						
50 TOTAL (SUM OF LINES 1 THRU 49)		-4,230,717				

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6 6	OTHER ADMINISTRATIVE AND ADMINISTRATIVE SALARY	544,609	544,609		
2						
3						
4						
5		TOTALS	544,609	544,609		

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	G	0.00	RUSH UNIVERSITY MED CTR	100.00	HOSPITAL
2		0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0063
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/22/2010
 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 26	ICU	22,500		22,500	177,200	250	21,298	1,065
2 31	REHAB UNIT	236,221		236,221	177,200	2,080	177,200	8,860
3 34	SNF	8,653	8,653					
4 37	1 ENDOSCOPY	70,000	70,000					
5 40	ANESTHESIOLOGY	50,000	50,000					
6 37	OPERATING ROOM							
7 43	RADIOLOGY THERAPUTIC							
8								
9 44	LAB	49,992	49,992					
10 49	RESP THERAPY	22,500		22,500	177,200	250	21,298	1,065
11 53	EKG	46,620	46,620					
12 54	EEG	11,520	11,520					
13 60	CLINIC	659,565	623,565	36,000	177,200	435	37,059	1,853
14 60	1 WOUND CARE	24,000	24,000					
15 60	4 RUSH HEART CENTER	191,244	191,244					
16 61	ER	2,073,156	1,894,592	178,564	177,200	1,248	106,320	5,316
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	3,465,971	2,970,186	495,785		4,263	363,175	18,159

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0063
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/22/2010
 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 26	ICU					21,298	1,202	1,202
2 31	REHAB UNIT					177,200	59,021	59,021
3 34	SNF							8,653
4 37	1 ENDOSCOPY							70,000
5 40	ANESTHESIOLOGY							50,000
6 37	OPERATING ROOM							
7 43	RADIOLOGY THERAPUTIC							
8								
9 44	LAB							49,992
10 49	RESP THERAPY					21,298	1,202	1,202
11 53	EKG							46,620
12 54	EEG							11,520
13 60	CLINIC					37,059		623,565
14 60	1 WOUND CARE							24,000
15 60	4 RUSH HEART CENTER							191,244
16 61	ER					106,320	72,244	1,966,836
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					363,175	133,669	3,103,855

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0063
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/22/2010
 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	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	4	GROSS SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	5	NBR OF PHONES	ENTERED
6.02	DATA PROCESSING	6	# OF TERM	ENTERED
6.03	PURCHASING	7	SUPPLIES EXPENSE	ENTERED
6.04	ADMINISTRATIVE	8	GROSS CHARGES	ENTERED
6.05	CASHIERING	8	GROSS CHARGES	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	-9	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	10	SQUARE FEET	NOT ENTERED
8	OPERATION OF PLANT	11	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	12	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	13	HOURS OF SERVICE	ENTERED
11	DIETARY	14	MEALS SERVED	ENTERED
12	CAFETERIA	15	PROD FTE'S	ENTERED
14	NURSING ADMINISTRATION	16	FTE	ENTERED
15	CENTRAL SERVICES & SUPPLY	17	COSTED REQUIS.	ENTERED
16	PHARMACY	18	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	8	GROSS CHARGES	ENTERED
18	SOCIAL SERVICE	19	TIME SPENT	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	20	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT TELEPHONES
	0	1	2	3	4	5	6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	1,662,487			1,662,487			
005 NEW CAP REL COSTS-MVBLE E	1,985,054				1,985,054		
006 EMPLOYEE BENEFITS	10,668,732			21,349	2,850	10,692,931	
006 01 NONPATIENT TELEPHONES	931			1,842	1,597		4,370
006 02 DATA PROCESSING	955,714			17,000	148,880	137,149	87
006 03 PURCHASING	265,848			50,268	7,888	64,920	116
006 04 ADMINISTRATION	896,418			12,827	8,356	200,409	94
006 05 CASHIERING	2,270,581			19,018	38,651	209,327	174
006 06 OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS	11,640,707			73,478	58,177	723,915	524
008 OPERATION OF PLANT	4,808,896			613,849	48,276	260,922	232
009 LAUNDRY & LINEN SERVICE	80,200			7,164	358	14,651	
010 HOUSEKEEPING	1,122,558			13,246	7,300	161,914	29
011 DIETARY	721,605			63,205	12,444	90,503	181
012 CAFETERIA	722,076					105,467	
014 NURSING ADMINISTRATION	1,146,947			15,041	33,758	270,357	94
015 CENTRAL SERVICES & SUPPLY	297,887			32,173	30,940	63,646	51
016 PHARMACY	1,685,431			9,413	11,740	297,796	72
017 MEDICAL RECORDS & LIBRARY	913,612			25,416	45,166	145,741	261
018 SOCIAL SERVICE	537,457			2,479	205	99,469	22
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	183,073						
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	5,970,852			106,450	73,701	1,308,497	370
026 INTENSIVE CARE UNIT	2,382,694			29,283	85,916	483,543	138
031 SUBPROVIDER	1,334,429			44,285	11,955	179,835	232
034 SKILLED NURSING FACILITY	1,671,282			61,437	12,493	362,839	130
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	10,273,208			77,749	158,707	580,289	217
038 ENDOSCOPY	765,776			15,917	59,170	143,535	130
040 RECOVERY ROOM	768,245			6,316	6,948	183,741	
041 ANESTHESIOLOGY	479,336			1,498	35,640	45,888	
042 RADIOLOGY-DIAGNOSTIC	3,252,980			56,463	337,722	465,838	217
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	813,194			54,985	278,670	107,743	174
043 01 CT SCAN	639,304			1,944	141,466	97,314	22
043 02 ULTRASOUND/VASC LAB	459,131			2,331	61,557	101,370	29
044 LABORATORY	3,039,121			37,996	56,875	387,681	268
046 WHOLE BLOOD & PACKED RED	735,769			2,135	57	37,332	
049 RESPIRATORY THERAPY	762,905			6,531	52,837	152,814	72
050 PHYSICAL THERAPY	1,679,725			38,356	8,981	348,790	58
051 OCCUPATIONAL THERAPY	616,899			5,045	1,243	140,645	14
052 SPEECH PATHOLOGY	220,551			915	145	45,685	22
053 ELECTROCARDIOLOGY	395,336			4,705	35,874	79,397	
054 ELECTROENCEPHALOGRAPHY	61,256			950	1,692	14,948	7
054 01 SLEEP LAB							
055 MEDICAL SUPPLIES CHARGED	831,078						
056 DRUGS CHARGED TO PATIENTS	2,188,533						
057 RENAL DIALYSIS	468,704				102		
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	638,381			71,390	20,098	187,719	167
060 02 WOUND CARE	936,375			16,468	6,111	103,800	14
060 03 PULMONARY REHAB	65,072				4,890	16,894	
060 04 SPINE CENTER							
061 RUSH HEART CENTER							
062 EMERGENCY	3,020,303			36,201	38,218	1,048,741	138
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)							
095 SUBTOTALS	87,036,653			1,657,118	1,947,654	9,471,064	4,356
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	1,028			4,118	51		14
098 ADC					8,183		
101 PHYSICIANS' PRIVATE OFFICE	6,745,787			1,251	29,166	1,221,867	
102 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	93,783,468			1,662,487	1,985,054	10,692,931	4,370

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING	ADMINISTRATIVE	CASHIERING	SUBTOTAL	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.02	6.03	6.04	6.05	6a.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	1,258,830						
006 03 PURCHASING	36,754	425,794					
006 04 ADMINISTRATIVE	45,943	1,479	1,165,526				
006 05 CASHIERING	142,422	1,907		2,682,080			
006 06 OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS	206,740	3,621			12,707,162	12,707,162	
008 OPERATION OF PLANT	27,566	546			5,760,287	902,816	
009 LAUNDRY & LINEN SERVICE		33			102,406	16,050	
010 HOUSEKEEPING	13,783	32			1,318,862	206,707	
011 DIETARY	27,566	1,144			916,648	143,667	
012 CAFETERIA					827,543	129,702	
014 NURSING ADMINISTRATION	45,943	528			1,512,668	237,082	
015 CENTRAL SERVICES & SUPPLY	13,783	35,588			474,068	74,301	
016 PHARMACY	55,131	10,736			2,070,319	324,483	
017 MEDICAL RECORDS & LIBRARY	133,234	1,084			1,264,514	198,189	
018 SOCIAL SERVICE	9,189	64			648,885	101,700	
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C		39			183,112	28,699	
025 ADULTS & PEDIATRICS	59,726	14,115	73,639	169,464	7,776,814	1,218,868	
026 INTENSIVE CARE UNIT	22,971	6,104	28,087	64,635	3,103,371	486,394	
031 SUBPROVIDER	9,189	2,125	10,863	24,998	1,617,911	253,577	
034 SKILLED NURSING FACILITY	22,971	2,126	17,178	39,531	2,189,987	343,239	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	22,971	176,628	210,105	483,511	11,983,385	1,878,159	
038 01 ENDOSCOPY	18,377	12,358	34,264	78,851	1,128,378	176,852	
038 01 RECOVERY ROOM	9,189	279	27,605	63,527	1,065,850	167,052	
040 01 ANESTHESIOLOGY		23,653	31,127	71,631	688,773	107,952	
041 01 RADIOLOGY-DIAGNOSTIC	105,668	59,246	70,701	162,703	4,511,538	707,098	
042 01 RADIOLOGY-THERAPEUTIC							
043 01 RADIOISOTOPE	32,160	3,121	15,945	36,693	1,342,685	210,440	
043 01 CT SCAN	4,594	2,587	82,413	189,655	1,159,299	181,698	
043 02 ULTRASOUND/VASC LAB	4,594	1,342	21,052	48,447	699,853	109,689	
044 02 LABORATORY	73,508	16,736	210,273	483,774	4,306,232	674,920	
046 02 WHOLE BLOOD & PACKED RED		682	9,781	22,509	808,265	126,680	
049 02 RESPIRATORY THERAPY	32,160	6,454	22,322	51,370	1,087,465	170,439	
050 02 PHYSICAL THERAPY	9,189	2,670	48,429	111,450	2,247,648	352,276	
051 02 OCCUPATIONAL THERAPY		1,922	22,112	50,886	838,766	131,461	
052 02 SPEECH PATHOLOGY		98	4,792	11,027	283,235	44,392	
053 02 ELECTROCARDIOLOGY		1,845	18,759	43,169	579,085	90,761	
054 02 ELECTROENCEPHALOGRAPHY		129	481	1,107	80,570	12,628	
054 01 SLEEP LAB							
055 01 MEDICAL SUPPLIES CHARGED			9,084	20,906	861,068	134,956	
056 01 DRUGS CHARGED TO PATIENTS			99,388	228,719	2,516,640	394,436	
057 01 RENAL DIALYSIS			10,979	25,266	505,051	79,157	
060 01 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	13,783	2,409	12,738	29,315	976,000	152,969	
060 01 WOUND CARE		5,834	12,766	29,378	1,110,746	174,088	
060 02 PULMONARY REHAB		76	1,931	4,444	93,307	14,624	
060 03 SPINE CENTER							
060 04 RUSH HEART CENTER							
061 04 EMERGENCY	59,726	18,816	58,712	135,114	4,415,969	692,119	
062 04 OBSERVATION BEDS (NON-DIS							
062 04 SPEC PURPOSE COST CENTERS							
095 04 SUBTOTALS	1,258,830	418,156	1,165,526	2,682,080	85,764,365	11,450,320	
096 04 NONREIMBURS COST CENTERS							
096 04 GIFT, FLOWER, COFFEE SHOP		2			5,213	817	
096 01 ADC		373			8,556	1,341	
098 01 PHYSICIANS' PRIVATE OFFIC		7,263			8,005,334	1,254,684	
101 01 CROSS FOOT ADJUSTMENT							
102 01 NEGATIVE COST CENTER							
103 01 TOTAL	1,258,830	425,794	1,165,526	2,682,080	93,783,468	12,707,162	

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COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 ADMINISTRATION							
006 05 CASHIERING							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	6,663,103						
009 LAUNDRY & LINEN SERVICE	55,973	174,429					
010 HOUSEKEEPING	103,484		1,629,053				
011 DIETARY	493,801		50,552	1,604,668			
012 CAFETERIA					957,245		
014 NURSING ADMINISTRATION	117,508		14,724		25,551	1,907,533	
015 CENTRAL SERVICES & SUPPLY	251,361		24,540		15,189		839,459
016 PHARMACY	73,542		12,836		25,417		
017 MEDICAL RECORDS & LIBRARY	198,565		34,544		23,629		
018 SOCIAL SERVICE	19,371		3,473		8,383		
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	831,657	47,493	331,700	864,194	163,863	548,108	23,503
026 INTENSIVE CARE UNIT	228,782	15,277	82,680	152,601	49,738	168,873	11,528
031 SUBPROVIDER	345,984	11,720	87,021	151,309	24,302	83,218	3,616
034 SKILLED NURSING FACILITY	479,991	17,607	117,790	436,564	51,872	175,174	3,497
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	607,428	20,549	198,280		61,562	208,283	376,073
038 01 ENDOSCOPY	124,352	5,999	14,724		15,823	53,557	25,827
038 01 RECOVERY ROOM	49,343	3,022	9,816		16,534	55,399	551
040 01 ANESTHESIOLOGY	11,702		24,540		3,403		49,971
041 01 RADIOLOGY-DIAGNOSTIC	441,127	19,575	117,186		77,000		122,390
042 01 RADIOLOGY-THERAPEUTIC							
043 01 RADIOISOTOPE	429,578		37,376		11,670		4,939
043 01 CT SCAN	15,185		9,816		10,017		5,118
043 02 ULTRASOUND/VASC LAB	18,210		4,908		8,344		2,751
044 02 LABORATORY	296,855	7	98,158		54,890		29,947
046 02 WHOLE BLOOD & PACKED RED	16,682		4,908		4,422		1,469
049 02 RESPIRATORY THERAPY	51,024		13,289		16,784	57,658	13,530
050 02 PHYSICAL THERAPY	299,666	2,680	58,895		37,414	126,729	4,812
051 02 OCCUPATIONAL THERAPY	39,414	2,672	16,045		13,900	46,127	3,900
052 02 SPEECH PATHOLOGY	7,149		3,473		4,095	13,255	150
053 02 ELECTROCARDIOLOGY	36,755	1,358	58,895		9,921		3,442
054 02 ELECTROENCEPHALOGRAPHY	7,424				961		201
054 01 SLEEP LAB							
055 01 MEDICAL SUPPLIES CHARGED							76,065
056 01 DRUGS CHARGED TO PATIENTS							20,710
057 01 RENAL DIALYSIS							
060 01 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	557,749	1,410	65,842		20,783	70,676	2,444
060 01 WOUND CARE	128,660	1,226	58,895		11,497	39,053	11,767
060 02 PULMONARY REHAB					1,961	6,836	149
060 03 SPINE CENTER							
060 04 RUSH HEART CENTER							
061 04 EMERGENCY	282,831	23,834	69,239		75,578	254,587	34,453
062 04 OBSERVATION BEDS (NON-DIS							
095 04 SPEC PURPOSE COST CENTERS							
095 04 SUBTOTALS	6,621,153	174,429	1,624,145	1,604,668	844,503	1,907,533	832,803
096 04 NONREIMBURS COST CENTERS							
096 04 GIFT, FLOWER, COFFEE SHOP	32,173		4,908		981		
096 01 ADC							70
098 01 PHYSICIANS' PRIVATE OFFIC	9,777				111,761		6,586
101 01 CROSS FOOT ADJUSTMENT							
102 01 NEGATIVE COST CENTER							
103 01 TOTAL	6,663,103	174,429	1,629,053	1,604,668	957,245	1,907,533	839,459

COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SERVICES- SALARY & FRI 22	I&R SERVICES- OTHER PRGM C 23	SUBTOTAL 25	I&R COST POST STEP- DOWN ADJ 26
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 ADMINISTRATION							
006 05 CASHIERING							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	2,506,597						
017 MEDICAL RECORDS & LIBRARY		1,719,441					
018 SOCIAL SERVICE			781,812				
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C					211,811		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		108,649	586,126		211,811	12,712,786	-211,811
031 INTENSIVE CARE UNIT		41,440				4,340,684	
034 SUBPROVIDER		16,027	195,686			2,790,371	
037 SKILLED NURSING FACILITY		25,345				3,841,066	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		309,995				15,643,714	
038 01 ENDOSCOPY		50,554				1,596,066	
040 01 RECOVERY ROOM		40,729				1,408,296	
041 01 ANESTHESIOLOGY		45,925				932,266	
042 01 RADIOLOGY-DIAGNOSTIC		104,314				6,100,228	
043 01 RADIOLOGY-THERAPEUTIC							
043 01 RADIOISOTOPE		23,525				2,060,213	
043 01 CT SCAN		121,594				1,502,727	
043 02 ULTRASOUND/VASC LAB		31,061				874,816	
044 02 LABORATORY		310,035				5,771,044	
046 02 WHOLE BLOOD & PACKED RED		14,431				976,857	
049 02 RESPIRATORY THERAPY		32,935				1,443,124	
050 02 PHYSICAL THERAPY		71,454				3,201,574	
051 02 OCCUPATIONAL THERAPY		32,625				1,124,910	
052 02 SPEECH PATHOLOGY		7,070				362,819	
053 02 ELECTROCARDIOLOGY		27,677				807,894	
054 02 ELECTROENCEPHALOGRAPHY		710				102,494	
054 01 SLEEP LAB							
055 01 MEDICAL SUPPLIES CHARGED		13,403				1,085,492	
056 01 DRUGS CHARGED TO PATIENTS	2,506,597	146,639				5,585,022	
057 01 RENAL DIALYSIS		16,199				600,407	
060 01 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC		18,795				1,866,668	
060 01 WOUND CARE		18,835				1,554,767	
060 02 PULMONARY REHAB		2,849				119,726	
060 03 SPINE CENTER							
060 04 RUSH HEART CENTER							
061 04 EMERGENCY		86,626				5,935,236	
062 04 OBSERVATION BEDS (NON-DIS							
095 04 SPEC PURPOSE COST CENTERS							
095 04 SUBTOTALS	2,506,597	1,719,441	781,812		211,811	84,341,267	-211,811
096 04 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP						44,092	
098 01 ADC						9,967	
101 01 PHYSICIANS' PRIVATE OFFICE						9,388,142	
102 01 CROSS FOOT ADJUSTMENT							
103 01 NEGATIVE COST CENTER							
103 01 TOTAL	2,506,597	1,719,441	781,812		211,811	93,783,468	-211,811

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 PART I

COST CENTER DESCRIPTION	TOTAL
	27
001 GENERAL SERVICE COST CNTR	
002 OLD CAP REL COSTS-BLDG &	
003 OLD CAP REL COSTS-MVBLE E	
004 NEW CAP REL COSTS-BLDG &	
005 NEW CAP REL COSTS-MVBLE E	
006 EMPLOYEE BENEFITS	
006 01 NONPATIENT TELEPHONES	
006 02 DATA PROCESSING	
006 03 PURCHASING	
006 04 ADMINISTRATION	
006 05 CASHIERING	
006 06 OTHER ADMINISTRATIVE AND	
007 MAINTENANCE & REPAIRS	
008 OPERATION OF PLANT	
009 LAUNDRY & LINEN SERVICE	
010 HOUSEKEEPING	
011 DIETARY	
012 CAFETERIA	
014 NURSING ADMINISTRATION	
015 CENTRAL SERVICES & SUPPLY	
016 PHARMACY	
017 MEDICAL RECORDS & LIBRARY	
018 SOCIAL SERVICE	
022 I&R SERVICES-SALARY & FRI	
023 I&R SERVICES-OTHER PRGM C	
INPAT ROUTINE SRVC CNTRS	
025 ADULTS & PEDIATRICS	12,500,975
026 INTENSIVE CARE UNIT	4,340,684
031 SUBPROVIDER	2,790,371
034 SKILLED NURSING FACILITY	3,841,066
ANCILLARY SRVC COST CNTRS	
037 OPERATING ROOM	15,643,714
037 01 ENDOSCOPY	1,596,066
038 RECOVERY ROOM	1,408,296
040 ANESTHESIOLOGY	932,266
041 RADIOLOGY-DIAGNOSTIC	6,100,228
042 RADIOLOGY-THERAPEUTIC	
043 RADIOISOTOPE	2,060,213
043 01 CT SCAN	1,502,727
043 02 ULTRASOUND/VASC LAB	874,816
044 LABORATORY	5,771,044
046 WHOLE BLOOD & PACKED RED	976,857
049 RESPIRATORY THERAPY	1,443,124
050 PHYSICAL THERAPY	3,201,574
051 OCCUPATIONAL THERAPY	1,124,910
052 SPEECH PATHOLOGY	362,819
053 ELECTROCARDIOLOGY	807,894
054 ELECTROENCEPHALOGRAPHY	102,494
054 01 SLEEP LAB	
055 MEDICAL SUPPLIES CHARGED	1,085,492
056 DRUGS CHARGED TO PATIENTS	5,585,022
057 RENAL DIALYSIS	600,407
OUTPAT SERVICE COST CNTRS	
060 CLINIC	1,866,668
060 01 WOUND CARE	1,554,767
060 02 PULMONARY REHAB	119,726
060 03 SPINE CENTER	
060 04 RUSH HEART CENTER	
061 EMERGENCY	5,935,236
062 OBSERVATION BEDS (NON-DIS	
SPEC PURPOSE COST CENTERS	
095 SUBTOTALS	84,129,456
NONREIMBURS COST CENTERS	
096 GIFT, FLOWER, COFFEE SHOP	44,092
096 01 ADC	9,967
098 PHYSICIANS' PRIVATE OFFICE	9,388,142
101 CROSS FOOT ADJUSTMENT	
102 NEGATIVE COST CENTER	
103 TOTAL	93,571,657

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENEFITS
	NEW CAPITAL REL COSTS	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				21,349	2,850	24,199	24,199
006 01 NONPATIENT TELEPHONES				1,842	1,597	3,439	
006 02 DATA PROCESSING				17,000	148,880	165,880	310
006 03 PURCHASING				50,268	7,888	58,156	147
006 04 ADMINISTRATION				12,827	8,356	21,183	454
006 05 CASHIERING				19,018	38,651	57,669	474
006 06 OTHER ADMINISTRATIVE AND				73,478	58,177	131,655	1,638
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT				613,849	48,276	662,125	590
009 LAUNDRY & LINEN SERVICE				7,164	358	7,522	33
010 HOUSEKEEPING				13,246	7,300	20,546	366
011 DIETARY				63,205	12,444	75,649	205
012 CAFETERIA							239
014 NURSING ADMINISTRATION				15,041	33,758	48,799	612
015 CENTRAL SERVICES & SUPPLY				32,173	30,940	63,113	144
016 PHARMACY				9,413	11,740	21,153	674
017 MEDICAL RECORDS & LIBRARY				25,416	45,166	70,582	330
018 SOCIAL SERVICE				2,479	205	2,684	225
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				106,450	73,701	180,151	2,964
026 INTENSIVE CARE UNIT				29,283	85,916	115,199	1,094
031 SUBPROVIDER				44,285	11,955	56,240	407
034 SKILLED NURSING FACILITY				61,437	12,493	73,930	821
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM				77,749	158,707	236,456	1,313
037 01 ENDOSCOPY				15,917	59,170	75,087	325
038 RECOVERY ROOM				6,316	6,948	13,264	416
040 ANESTHESIOLOGY				1,498	35,640	37,138	104
041 RADIOLOGY-DIAGNOSTIC				56,463	337,722	394,185	1,054
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE				54,985	278,670	333,655	244
043 01 CT SCAN				1,944	141,466	143,410	220
043 02 ULTRASOUND/VASC LAB				2,331	61,557	63,888	229
044 LABORATORY				37,996	56,875	94,871	877
046 WHOLE BLOOD & PACKED RED				2,135	57	2,192	84
049 RESPIRATORY THERAPY				6,531	52,837	59,368	346
050 PHYSICAL THERAPY				38,356	8,981	47,337	789
051 OCCUPATIONAL THERAPY				5,045	1,243	6,288	318
052 SPEECH PATHOLOGY				915	145	1,060	103
053 ELECTROCARDIOLOGY				4,705	35,874	40,579	180
054 ELECTROENCEPHALOGRAPHY				950	1,692	2,642	34
054 01 SLEEP LAB							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS					102	102	
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC				71,390	20,098	91,488	425
060 01 WOUND CARE				16,468	6,111	22,579	235
060 02 PULMONARY REHAB					4,890	4,890	38
060 03 SPINE CENTER							
060 04 RUSH HEART CENTER							
061 EMERGENCY				36,201	38,218	74,419	2,373
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS				1,657,118	1,947,654	3,604,772	21,434
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP				4,118	51	4,169	
096 01 ADC					8,183	8,183	
098 PHYSICIANS' PRIVATE OFFIC				1,251	29,166	30,417	2,765
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				1,662,487	1,985,054	3,647,541	24,199

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING	ADMINISTRATIVE	CASHIERING	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	3,439						
006 02 DATA PROCESSING	68	166,258					
006 03 PURCHASING	91	4,854	63,248				
006 04 ADMINISTRATIVE	74	6,068	220	27,999			
006 05 CASHIERING	137	18,810	283		77,373		
006 06 OTHER ADMINISTRATIVE AND	411	27,305	538			161,547	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	183	3,641	81			11,480	
009 LAUNDRY & LINEN SERVICE			5			204	
010 HOUSEKEEPING	23	1,820	5			2,628	
011 DIETARY	143	3,641	170			1,827	
012 CAFETERIA						1,649	
014 NURSING ADMINISTRATION	74	6,068	78			3,015	
015 CENTRAL SERVICES & SUPPLY	40	1,820	5,286			945	
016 PHARMACY	57	7,281	1,595			4,126	
017 MEDICAL RECORDS & LIBRARY	205	17,597	161			2,520	
018 SOCIAL SERVICE	17	1,214	9			1,293	
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C			6			365	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	291	7,888	2,097	1,770	4,897	15,499	
026 INTENSIVE CARE UNIT	108	3,034	907	675	1,868	6,185	
031 SUBPROVIDER	183	1,214	316	261	722	3,224	
034 SKILLED NURSING FACILITY	103	3,034	316	413	1,142	4,365	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	171	3,034	26,237	5,051	13,973	23,846	
037 02 ENDOSCOPY	103	2,427	1,836	824	2,279	2,249	
038 RECOVERY ROOM		1,214	41	664	1,836	2,124	
040 ANESTHESIOLOGY			3,513	748	2,070	1,373	
041 RADIOLOGY-DIAGNOSTIC	171	13,956	8,800	1,700	4,702	8,991	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	137	4,247	464	383	1,060	2,676	
043 01 CT SCAN	17	607	384	1,981	5,481	2,310	
043 02 ULTRASOUND/VASC LAB	23	607	199	506	1,400	1,395	
044 LABORATORY	211	9,708	2,486	5,036	13,843	8,582	
046 WHOLE BLOOD & PACKED RED			101	235	651	1,611	
049 RESPIRATORY THERAPY	57	4,247	959	537	1,485	2,167	
050 PHYSICAL THERAPY	46	1,214	397	1,164	3,221	4,480	
051 OCCUPATIONAL THERAPY	11		285	532	1,471	1,672	
052 SPEECH PATHOLOGY	17		15	115	319	564	
053 ELECTROCARDIOLOGY			274	451	1,248	1,154	
054 ELECTROENCEPHALOGRAPHY	6		19	12	32	161	
054 01 SLEEP LAB							
055 MEDICAL SUPPLIES CHARGED				218	604	1,716	
056 DRUGS CHARGED TO PATIENTS				2,389	6,610	5,016	
057 RENAL DIALYSIS				264	730	1,007	
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	131	1,820	358	306	847	1,945	
060 02 WOUND CARE	11		867	307	849	2,214	
060 03 PULMONARY REHAB			11	46	128	186	
060 04 SPINE CENTER							
061 RUSH HEART CENTER							
061 EMERGENCY	108	7,888	2,795	1,411	3,905	8,801	
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	3,428	166,258	62,114	27,999	77,373	145,565	
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	11					10	
096 01 ADC			55			17	
098 PHYSICIANS' PRIVATE OFFIC			1,079			15,955	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	3,439	166,258	63,248	27,999	77,373	161,547	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 ADMINISTRATION							
006 05 CASHIERING							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	678,100						
009 LAUNDRY & LINEN SERVICE	5,696	13,460					
010 HOUSEKEEPING	10,531		35,919				
011 DIETARY	50,254		1,115	133,004			
012 CAFETERIA					1,888		
014 NURSING ADMINISTRATION	11,959		325		50	70,980	
015 CENTRAL SERVICES & SUPPLY	25,581		541		30		97,500
016 PHARMACY	7,484		283		50		
017 MEDICAL RECORDS & LIBRARY	20,208		762		47		
018 SOCIAL SERVICE	1,971		77		17		
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	84,635	3,663	7,311	71,630	323	20,397	2,730
026 INTENSIVE CARE UNIT	23,283	1,179	1,823	12,648	98	6,284	1,339
031 SUBPROVIDER	35,211	904	1,919	12,541	48	3,097	420
034 SKILLED NURSING FACILITY	48,848	1,359	2,597	36,185	102	6,518	406
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	61,818	1,586	4,372		121	7,750	43,681
037 01 ENDOSCOPY	12,655	463	325		31	1,993	3,000
038 01 RECOVERY ROOM	5,022	233	216		33	2,061	64
040 01 ANESTHESIOLOGY	1,191		541		7		5,804
041 01 RADIOLOGY-DIAGNOSTIC	44,893	1,511	2,584		152		14,215
042 01 RADIOLOGY-THERAPEUTIC							
043 01 RADIOISOTOPE	43,718		824		23		574
043 01 CT SCAN	1,545		216		20		594
043 02 ULTRASOUND/VASC LAB	1,853		108		16		319
044 01 LABORATORY	30,211	1	2,164		108		3,478
046 01 WHOLE BLOOD & PACKED RED	1,698		108		9		171
049 01 RESPIRATORY THERAPY	5,193		293		33	2,145	1,571
050 01 PHYSICAL THERAPY	30,497	207	1,299		74	4,716	559
051 01 OCCUPATIONAL THERAPY	4,011	206	354		27	1,716	453
052 01 SPEECH PATHOLOGY	728		77		8	493	17
053 01 ELECTROCARDIOLOGY	3,741	105	1,299		20		400
054 01 ELECTROENCEPHALOGRAPHY	756				2		23
055 01 SLEEP LAB							
055 MEDICAL SUPPLIES CHARGED							8,834
056 DRUGS CHARGED TO PATIENTS							2,405
057 RENAL DIALYSIS							
060 01 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	56,762	109	1,452		41	2,630	284
060 01 WOUND CARE	13,094	95	1,299		23	1,453	1,367
060 02 PULMONARY REHAB					4	254	17
060 03 SPINE CENTER							
060 04 RUSH HEART CENTER							
061 01 EMERGENCY	28,784	1,839	1,527		149	9,473	4,002
062 01 OBSERVATION BEDS (NON-DIS							
062 01 SPEC PURPOSE COST CENTERS							
095 01 SUBTOTALS	673,831	13,460	35,811	133,004	1,666	70,980	96,727
096 01 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	3,274		108		2		
098 01 ADC							8
098 01 PHYSICIANS' PRIVATE OFFIC	995				220		765
101 01 CROSS FOOT ADJUSTMENTS							
102 01 NEGATIVE COST CENTER							
103 01 TOTAL	678,100	13,460	35,919	133,004	1,888	70,980	97,500

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0063
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/22/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SERVICES-SALARY & FRI 22	I&R SERVICES-OTHER PRGM C 23	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 ADMINISTRATION							
006 05 CASHIERING							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	42,703						
017 MEDICAL RECORDS & LIBRARY		112,412					
018 SOCIAL SERVICE			7,507				
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C					371		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		7,100	5,628			418,974	
031 INTENSIVE CARE UNIT		2,708				178,432	
034 SUBPROVIDER		1,047	1,879			119,633	
037 SKILLED NURSING FACILITY		1,656				181,795	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		20,259				449,668	
038 01 ENDOSCOPY		3,304				106,901	
040 RECOVERY ROOM		2,662				29,850	
041 ANESTHESIOLOGY		3,001				55,490	
042 RADIOLOGY-DIAGNOSTIC		6,817				503,731	
043 RADIOLOGY-THERAPEUTIC							
043 01 RADIOISOTOPE		1,537				389,542	
043 02 CT SCAN		7,946				164,731	
044 02 ULTRASOUND/VASC LAB		2,030				72,573	
046 LABORATORY		20,307				191,883	
049 WHOLE BLOOD & PACKED RED		943				7,803	
050 RESPIRATORY THERAPY		2,152				80,553	
051 PHYSICAL THERAPY		4,670				100,670	
052 OCCUPATIONAL THERAPY		2,132				19,476	
053 SPEECH PATHOLOGY		462				3,978	
054 ELECTROCARDIOLOGY		1,809				51,260	
054 01 ELECTROENCEPHALOGRAPHY		46				3,733	
055 SLEEP LAB							
056 MEDICAL SUPPLIES CHARGED		876				12,248	
057 DRUGS CHARGED TO PATIENTS	42,703	9,583				68,706	
060 RENAL DIALYSIS		1,059				3,162	
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC		1,228				159,826	
060 02 WOUND CARE		1,231				45,624	
060 03 PULMONARY REHAB		186				5,760	
060 04 SPINE CENTER							
061 RUSH HEART CENTER							
062 EMERGENCY		5,661				153,135	
095 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS	42,703	112,412	7,507			3,579,137	
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP						7,574	
098 ADC						8,263	
101 PHYSICIANS' PRIVATE OFFICE						52,196	
102 CROSS FOOT ADJUSTMENTS					371	371	
103 NEGATIVE COST CENTER							
TOTAL	42,703	112,412	7,507		371	3,647,541	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0063
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/22/2010
 WORKSHEET B
 PART III

TOTAL

27

001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
006 01	NONPATIENT TELEPHONES	
006 02	DATA PROCESSING	
006 03	PURCHASING	
006 04	ADMINISTRATIVE	
006 05	CASHIERING	
006 06	OTHER ADMINISTRATIVE AND	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	418,974
026	INTENSIVE CARE UNIT	178,432
031	SUBPROVIDER	119,633
034	SKILLED NURSING FACILITY	181,795
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	449,668
037 01	ENDOSCOPY	106,901
038	RECOVERY ROOM	29,850
040	ANESTHESIOLOGY	55,490
041	RADIOLOGY-DIAGNOSTIC	503,731
042	RADIOLOGY-THERAPEUTIC	
043	RADIOISOTOPE	389,542
043 01	CT SCAN	164,731
043 02	ULTRASOUND/VASC LAB	72,573
044	LABORATORY	191,883
046	WHOLE BLOOD & PACKED RED	7,803
049	RESPIRATORY THERAPY	80,553
050	PHYSICAL THERAPY	100,670
051	OCCUPATIONAL THERAPY	19,476
052	SPEECH PATHOLOGY	3,978
053	ELECTROCARDIOLOGY	51,260
054	ELECTROENCEPHALOGRAPHY	3,733
054 01	SLEEP LAB	
055	MEDICAL SUPPLIES CHARGED	12,248
056	DRUGS CHARGED TO PATIENTS	68,706
057	RENAL DIALYSIS	3,162
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	159,826
060 01	WOUND CARE	45,624
060 02	PULMONARY REHAB	5,760
060 03	SPINE CENTER	
060 04	RUSH HEART CENTER	
061	EMERGENCY	153,135
062	OBSERVATION BEDS (NON-DIS	
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	3,579,137
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	7,574
096 01	ADC	8,263
098	PHYSICIANS' PRIVATE OFFIC	52,196
101	CROSS FOOT ADJUSTMENTS	371
102	NEGATIVE COST CENTER	
103	TOTAL	3,647,541

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0063
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/22/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TELEPHONES
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE (DOLLAR VALUE)	FITS (GROSS SALARIES)	(NBR OF PHONES)
	1	2	3	4	5	6.01
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	425,111					
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			425,111			
004 NEW CAP REL COSTS-MVB				1,902,083		
005 EMPLOYEE BENEFITS	5,459		5,459	2,731	42,603,927	
006 01 NONPATIENT TELEPHONES	471		471	1,530		603
006 02 DATA PROCESSING	4,347		4,347	142,657	546,443	12
006 03 PURCHASING	12,854		12,854	7,558	258,662	16
006 04 ADMITTING	3,280		3,280	8,007	798,491	13
006 05 CASHIERING	4,863		4,863	37,035	834,022	24
006 06 OTHER ADMINISTRATIVE	18,789		18,789	55,745	2,884,296	72
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT	156,966		156,966	46,258	1,039,591	32
009 LAUNDRY & LINEN SERVICE	1,832		1,832	343	58,373	
010 HOUSEKEEPING	3,387		3,387	6,995	645,115	4
011 DIETARY	16,162		16,162	11,924	360,590	25
012 CAFETERIA					420,214	
014 NURSING ADMINISTRATION	3,846		3,846	32,347	1,077,183	13
015 CENTRAL SERVICES & SUPPLIES	8,227		8,227	29,647	253,583	7
016 PHARMACY	2,407		2,407	11,249	1,186,510	10
017 MEDICAL RECORDS & LIBRARY	6,499		6,499	43,278	580,675	36
018 SOCIAL SERVICE	634		634	196	396,315	3
022 I&R SERVICES-SALARY & BENEFITS						
023 I&R SERVICES-OTHER PERSONNEL						
025 ADULTS & PEDIATRICS	27,220		27,220	70,620	5,213,513	51
026 INTENSIVE CARE UNIT	7,488		7,488	82,325	1,926,583	19
031 SUBPROVIDER	11,324		11,324	11,455	716,518	32
034 SKILLED NURSING FACILITY	15,710		15,710	11,971	1,445,660	18
ANCILLARY SERVICE COST CENTER						
037 OPERATING ROOM	19,881		19,881	152,073	2,312,045	30
037 01 ENDOSCOPY	4,070		4,070	56,697	571,886	18
038 RECOVERY ROOM	1,615		1,615	6,658	732,080	
040 ANESTHESIOLOGY	383		383	34,150	182,831	
041 RADIOLOGY-DIAGNOSTIC	14,438		14,438	323,605	1,856,040	30
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE	14,060		14,060	267,022	429,280	24
043 01 CT SCAN	497		497	135,553	387,728	3
043 02 ULTRASOUND/VASC LAB	596		596	58,984	403,888	4
044 LABORATORY	9,716		9,716	54,498	1,544,637	37
046 WHOLE BLOOD & PACKED	546		546	55	148,740	
049 RESPIRATORY THERAPY	1,670		1,670	50,629	608,858	10
050 PHYSICAL THERAPY	9,808		9,808	8,606	1,389,686	8
051 OCCUPATIONAL THERAPY	1,290		1,290	1,191	560,372	2
052 SPEECH PATHOLOGY	234		234	139	182,023	3
053 ELECTROCARDIOLOGY	1,203		1,203	34,375	316,342	
054 ELECTROENCEPHALOGRAPH	243		243	1,621	59,559	1
054 01 SLEEP LAB						
055 MEDICAL SUPPLIES CHARGED TO PATIENTS						
056 DRUGS CHARGED TO PATIENTS						
057 RENAL DIALYSIS				98		
OUTPATIENT SERVICE COST CENTER						
060 CLINIC	18,255		18,255	19,258	747,930	23
060 01 WOUND CARE	4,211		4,211	5,856	413,572	2
060 02 PULMONARY REHAB				4,686	67,309	
060 03 SPINE CENTER						
060 04 RUSH HEART CENTER						
061 EMERGENCY	9,257		9,257	36,621	4,178,499	19
062 OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER)						
095 SUBTOTALS	423,738		423,738	1,866,246	37,735,642	601
NONREIMBURSABLE COST CENTER						
096 GIFT, FLOWER, COFFEE	1,053		1,053	49		2
096 01 ADC				7,841		
098 PHYSICIANS' PRIVATE OFFICE	320		320	27,947	4,868,285	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)			1,662,487	1,985,054	10,692,931	4,370
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)			3.910713		.250985	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)				1.043621		7.247098
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)					24,199	3,439
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.000568	5.703151

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING	ADMINING	CASHIERING	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	
	(# OF TERM)	(SUPPLIES)EXPENSE	(GROSS)CHARGES	(GROSS)CHARGES	RECONCILIATION	(ACCUM. COST)	(SQUARE)FEET
	6.02	6.03	6.04	6.05	6a.06	6.06	7
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	274						
006 03 PURCHASING	8	4,351,639					
006 04 ADMINING	10	15,115	311,279,492				
006 05 CASHIERING	31	19,491		311,279,492			
006 06 OTHER ADMINIS TRATIVE	45	37,006			-12,707,162	81,076,306	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	6	5,579				5,760,287	
009 LAUNDRY & LINEN SERVI		338				102,406	
010 HOUSEKEEPING	3	330				1,318,862	
011 DIETARY	6	11,690				916,648	
012 CAFETERIA						827,543	
014 NURSING ADMINIS TRATIO	10	5,396				1,512,668	
015 CENTRAL SERVICES & SU	3	363,706				474,068	
016 PHARMACY	12	109,723				2,070,319	
017 MEDICAL RECORDS & LIB	29	11,080				1,264,514	
018 SOCIAL SERVICE	2	652				648,885	
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR		402				183,112	
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICALS	13	144,260	19,668,526	19,668,526		7,776,814	
026 INTENSIVE CARE UNIT	5	62,380	7,501,762	7,501,762		3,103,371	
031 SUBPROVIDER	2	21,717	2,901,364	2,901,364		1,617,911	
034 SKILLED NURSING FACIL	5	21,726	4,588,074	4,588,074		2,189,987	
037 ANCILLARY SRVC COST C							
037 01 OPERATING ROOM	5	1,805,163	56,117,847	56,117,847		11,983,385	
037 01 ENDOSCOPY	4	126,302	9,151,666	9,151,666		1,128,378	
038 RECOVERY ROOM	2	2,852	7,373,177	7,373,177		1,065,850	
040 ANESTHESIOLOGY		241,735	8,313,743	8,313,743		688,773	
041 RADIOLOGY-DIAGNOSTIC	23	605,493	18,883,788	18,883,788		4,511,538	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	7	31,892	4,258,739	4,258,739		1,342,685	
043 01 CT SCAN	1	26,435	22,011,996	22,011,996		1,159,299	
043 02 ULTRASOUND/VASC LAB	1	13,715	5,622,854	5,622,854		699,853	
044 LABORATORY	16	171,045	56,137,138	56,137,138		4,306,232	
046 WHOLE BLOOD & PACKED		6,973	2,612,471	2,612,471		808,265	
049 RESPIRATORY THERAPY	7	65,959	5,962,186	5,962,186		1,087,465	
050 PHYSICAL THERAPY	2	27,292	12,935,223	12,935,223		2,247,648	
051 OCCUPATIONAL THERAPY		19,641	5,905,964	5,905,964		838,766	
052 SPEECH PATHOLOGY		999	1,279,876	1,279,876		283,235	
053 ELECTROCARDIOLOGY		18,854	5,010,294	5,010,294		579,085	
054 ELECTROENCEPHALOGRAPH		1,322	128,506	128,506		80,570	
054 01 SLEEP LAB							
055 MEDICAL SUPPLIES CHAR			2,426,388	2,426,388		861,068	
056 DRUGS CHARGED TO PATI			26,545,883	26,545,883		2,516,640	
057 RENAL DIALYSIS			2,932,439	2,932,439		505,051	
060 OUTPAT SERVICE COST C							
060 01 CLINIC	3	24,619	3,402,345	3,402,345		976,000	
060 01 WOUND CARE		59,627	3,409,734	3,409,734		1,110,746	
060 02 PULMONARY REHAB		774	515,764	515,764		93,307	
060 03 SPINE CENTER							
060 04 RUSH HEART CENTER							
061 EMERGENCY	13	192,301	15,681,745	15,681,745		4,415,969	
062 OBSERVATION BEDS (NON							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	274	4,273,584	311,279,492	311,279,492	-12,707,162	73,057,203	
096 NONREIMBURS COST CENT							
096 01 GIFT, FLOWER, COFFEE		18				5,213	
098 ADC		3,813				8,556	
101 PHYSICIANS' PRIVATE O		74,224				8,005,334	
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
COST TO BE ALLOCATED	1,258,830	425,794	1,165,526	2,682,080		12,707,162	
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.097847		.008616		.156731	
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED	4,594.270073		.003744				
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	166,258	63,248	27,999	77,373		161,547	
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.014534		.000249		.001993	
(WRKSHT B, PT III)	606.781022		.000090				

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(PROD FTE'S)	(FTE)	(COSTED REQUIS.)
	8	9	10	11	12	14	15
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 ADMINISTRATION							
006 05 CASHIERING							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	218,082						
009 LAUNDRY & LINEN SERVICE	1,832	610,448					
010 HOUSEKEEPING	3,387		43,150				
011 DIETARY	16,162		1,339	85,680			
012 CAFETERIA					49,789		
014 NURSING ADMINISTRATION	3,846		390		1,329	32,091	
015 CENTRAL SERVICES & SUPPLY	8,227		650		790		3,983,910
016 PHARMACY	2,407		340		1,322		
017 MEDICAL RECORDS & LIBRARY	6,499		915		1,229		
018 SOCIAL SERVICE	634		92		436		
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
025 ADULTS & PEDIATRICS	27,220	166,204	8,786	46,143	8,523	9,221	111,539
026 INTENSIVE CARE UNIT	7,488	53,464	2,190	8,148	2,587	2,841	54,708
031 SUBPROVIDER	11,324	41,016	2,305	8,079	1,264	1,400	17,162
034 SKILLED NURSING FACILITY	15,710	61,620	3,120	23,310	2,698	2,947	16,595
ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	19,881	71,916	5,252		3,202	3,504	1,784,777
037 01 ENDOSCOPY	4,070	20,996	390		823	901	122,569
038 RECOVERY ROOM	1,615	10,576	260		860	932	2,614
040 ANESTHESIOLOGY	383		650		177		237,153
041 RADIOLOGY-DIAGNOSTIC	14,438	68,508	3,104		4,005		580,838
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	14,060		990		607		23,441
043 01 CT SCAN	497		260		521		24,288
043 02 ULTRASOUND/VASC LAB	596		130		434		13,054
044 LABORATORY	9,716	24	2,600		2,855		142,121
046 WHOLE BLOOD & PACKED	546		130		230		6,973
049 RESPIRATORY THERAPY	1,670		352		873	970	64,211
050 PHYSICAL THERAPY	9,808	9,380	1,560		1,946	2,132	22,835
051 OCCUPATIONAL THERAPY	1,290	9,352	425		723	776	18,511
052 SPEECH PATHOLOGY	234		92		213	223	710
053 ELECTROCARDIOLOGY	1,203	4,752	1,560		516		16,337
054 ELECTROENCEPHALOGRAPH	243				50		952
054 01 SLEEP LAB							
055 MEDICAL SUPPLIES CHARGED TO PATIENTS							360,988
056 DRUGS CHARGED TO PATIENTS							98,288
057 RENAL DIALYSIS							
OUTPATIENT SERVICE COST CENTER							
060 CLINIC	18,255	4,936	1,744		1,081	1,189	11,599
060 01 WOUND CARE	4,211	4,292	1,560		598	657	55,844
060 02 PULMONARY REHAB					102	115	708
060 03 SPINE CENTER							
060 04 RUSH HEART CENTER							
061 EMERGENCY	9,257	83,412	1,834		3,931	4,283	163,507
062 OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER)							
095 SUBTOTALS	216,709	610,448	43,020	85,680	43,925	32,091	3,952,322
NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE	1,053		130		51		
096 01 ADC							330
098 PHYSICIANS' PRIVATE OFFICE	320				5,813		31,258
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	6,663,103	174,429	1,629,053	1,604,668	957,245	1,907,533	839,459
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.285739		18.728618		59.441370	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	30,553,200		37,753,256		19,226,034		.210712
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	678,100	13,460	35,919	133,004	1,888	70,980	97,500
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		.022049	.832422	1.552334	.037920	2.211835	.024473

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	(COSTED REQUIS.)	(GROSS CHARGES)	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)
	16	17	18	22	23
GENERAL SERVICE COST					
001 OLD CAP REL COSTS-BLD					
002 OLD CAP REL COSTS-MVB					
003 NEW CAP REL COSTS-BLD					
004 NEW CAP REL COSTS-MVB					
005 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 DATA PROCESSING					
006 03 PURCHASING					
006 04 ADMINISTRATION					
006 05 CASHIERING					
006 06 OTHER ADMINISTRATIVE					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPORT					
016 PHARMACY	100				
017 MEDICAL RECORDS & LIBRARY		311,279,492			
018 SOCIAL SERVICE			11,738		
022 I&R SERVICES-SALARY & FRI				100	
023 I&R SERVICES-OTHER PROGRAMS					100
025 ADULTS & PEDIATRICS		19,668,526	8,800	100	100
026 INTENSIVE CARE UNIT		7,501,762			
031 SUBPROVIDER		2,901,364	2,938		
034 SKILLED NURSING FACILITY		4,588,074			
037 OPERATING ROOM		56,117,847			
037 01 ENDOSCOPY		9,151,666			
038 RECOVERY ROOM		7,373,177			
040 ANESTHESIOLOGY		8,313,743			
041 RADIOLOGY-DIAGNOSTIC		18,883,788			
042 RADIOLOGY-THERAPEUTIC					
043 RADIOISOTOPE		4,258,739			
043 01 CT SCAN		22,011,996			
043 02 ULTRASOUND/VASC LAB		5,622,854			
044 LABORATORY		56,137,138			
046 WHOLE BLOOD & PACKED		2,612,471			
049 RESPIRATORY THERAPY		5,962,186			
050 PHYSICAL THERAPY		12,935,223			
051 OCCUPATIONAL THERAPY		5,905,964			
052 SPEECH PATHOLOGY		1,279,876			
053 ELECTROCARDIOLOGY		5,010,294			
054 ELECTROENCEPHALOGRAPH		128,506			
054 01 SLEEP LAB					
055 MEDICAL SUPPLIES CHARGE		2,426,388			
056 DRUGS CHARGED TO PATIENT	100	26,545,883			
057 RENAL DIALYSIS		2,932,439			
060 OUTPAT SERVICE COST CENTER					
060 01 CLINIC		3,402,345			
060 01 WOUND CARE		3,409,734			
060 02 PULMONARY REHAB		515,764			
060 03 SPINE CENTER					
060 04 RUSH HEART CENTER					
061 EMERGENCY		15,681,745			
062 OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER)					
095 SUBTOTALS	100	311,279,492	11,738	100	100
096 NONREIMBURS COST CENTER					
096 01 GIFT, FLOWER, COFFEE					
098 PHYSICIANS' PRIVATE OFFICE					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED (PER WRKSHT B, PART I)	2,506,597	1,719,441	781,812		211,811
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.005524			
105 COST TO BE ALLOCATED (PER WRKSHT B, PART I)	25,065.970000		66.605214		2,118.110000
106 UNIT COST MULTIPLIER (WRKSHT B, PT I)					
107 COST TO BE ALLOCATED (PER WRKSHT B, PART I)	42,703	112,412	7,507		371
108 UNIT COST MULTIPLIER (WRKSHT B, PT I)	427.030000	.000361	.639547		3.710000

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	12,500,975		12,500,975		12,500,975
26	INTENSIVE CARE UNIT	4,340,684		4,340,684	1,202	4,341,886
31	SUBPROVIDER	2,790,371		2,790,371	59,021	2,849,392
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	3,841,066		3,841,066		3,841,066
37	OPERATING ROOM	15,643,714		15,643,714		15,643,714
37 01	ENDOSCOPY	1,596,066		1,596,066		1,596,066
38	RECOVERY ROOM	1,408,296		1,408,296		1,408,296
40	ANESTHESIOLOGY	932,266		932,266		932,266
41	RADIOLOGY-DIAGNOSTIC	6,100,228		6,100,228		6,100,228
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	2,060,213		2,060,213		2,060,213
43 01	CT SCAN	1,502,727		1,502,727		1,502,727
43 02	ULTRASOUND/VASC LAB	874,816		874,816		874,816
44	LABORATORY	5,771,044		5,771,044		5,771,044
46	WHOLE BLOOD & PACKED RED	976,857		976,857		976,857
49	RESPIRATORY THERAPY	1,443,124		1,443,124	1,202	1,444,326
50	PHYSICAL THERAPY	3,201,574		3,201,574		3,201,574
51	OCCUPATIONAL THERAPY	1,124,910		1,124,910		1,124,910
52	SPEECH PATHOLOGY	362,819		362,819		362,819
53	ELECTROCARDIOLOGY	807,894		807,894		807,894
54	ELECTROENCEPHALOGRAPHY	102,494		102,494		102,494
54 01	SLEEP LAB					
55	MEDICAL SUPPLIES CHARGED	1,085,492		1,085,492		1,085,492
56	DRUGS CHARGED TO PATIENTS	5,585,022		5,585,022		5,585,022
57	RENAL DIALYSIS	600,407		600,407		600,407
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,866,668		1,866,668		1,866,668
60 01	WOUND CARE	1,554,767		1,554,767		1,554,767
60 02	PULMONARY REHAB	119,726		119,726		119,726
60 03	SPINE CENTER					
60 04	RUSH HEART CENTER					
61	EMERGENCY	5,935,236		5,935,236	72,244	6,007,480
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	530,022		530,022		530,022
101	SUBTOTAL	84,659,478		84,659,478	133,669	84,793,147
102	LESS OBSERVATION BEDS	530,022		530,022		530,022
103	TOTAL	84,129,456		84,129,456	133,669	84,263,125

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	19,299,041		19,299,041			
26	INTENSIVE CARE UNIT	7,501,762		7,501,762			
31	SUBPROVIDER	2,901,364		2,901,364			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	4,588,074		4,588,074			
37	OPERATING ROOM	19,868,652	36,249,195	56,117,847	.278765	.278765	.278765
37	01 ENDOSCOPY	1,763,250	7,388,416	9,151,666	.174402	.174402	.174402
38	RECOVERY ROOM	2,190,444	5,182,733	7,373,177	.191003	.191003	.191003
40	ANESTHESIOLOGY	2,829,954	5,483,789	8,313,743	.112136	.112136	.112136
41	RADIOLOGY-DIAGNOSTIC	8,672,904	10,210,884	18,883,788	.323040	.323040	.323040
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	980,728	3,278,011	4,258,739	.483761	.483761	.483761
43	01 CT SCAN	6,953,688	15,058,308	22,011,996	.068269	.068269	.068269
43	02 ULTRASOUND/VASC LAB	1,832,322	3,790,532	5,622,854	.155582	.155582	.155582
44	LABORATORY	20,678,119	35,459,019	56,137,138	.102803	.102803	.102803
46	WHOLE BLOOD & PACKED RED	2,190,973	421,498	2,612,471	.373921	.373921	.373921
49	RESPIRATORY THERAPY	5,304,688	657,498	5,962,186	.242046	.242046	.242248
50	PHYSICAL THERAPY	7,350,330	5,584,893	12,935,223	.247508	.247508	.247508
51	OCCUPATIONAL THERAPY	5,074,661	831,303	5,905,964	.190470	.190470	.190470
52	SPEECH PATHOLOGY	1,091,251	188,625	1,279,876	.283480	.283480	.283480
53	ELECTROCARDIOLOGY	2,301,632	2,708,662	5,010,294	.161247	.161247	.161247
54	ELECTROENCEPHALOGRAPHY	97,204	31,302	128,506	.797581	.797581	.797581
54	01 SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED	1,769,082	657,306	2,426,388	.447370	.447370	.447370
56	DRUGS CHARGED TO PATIENTS	21,233,714	5,312,169	26,545,883	.210391	.210391	.210391
57	RENAL DIALYSIS	2,877,737	54,702	2,932,439	.204747	.204747	.204747
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,523	3,399,822	3,402,345	.548642	.548642	.548642
60	01 WOUND CARE	17,606	3,392,128	3,409,734	.455979	.455979	.455979
60	02 PULMONARY REHAB	119	515,645	515,764	.232133	.232133	.232133
60	03 SPINE CENTER						
60	04 RUSH HEART CENTER						
61	EMERGENCY	3,710,212	11,971,533	15,681,745	.378481	.378481	.383087
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	25,367	846,188	871,555	.608134	.608134	.608134
101	SUBTOTAL	153,107,401	158,674,161	311,781,562			
102	LESS OBSERVATION BEDS						
103	TOTAL	153,107,401	158,674,161	311,781,562			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0063
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/22/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	12,712,786		12,712,786		12,712,786
26	INTENSIVE CARE UNIT	4,340,684		4,340,684	1,202	4,341,886
31	SUBPROVIDER	2,790,371		2,790,371	59,021	2,849,392
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	3,841,066		3,841,066		3,841,066
37	OPERATING ROOM	15,643,714		15,643,714		15,643,714
37 01	ENDOSCOPY	1,596,066		1,596,066		1,596,066
38	RECOVERY ROOM	1,408,296		1,408,296		1,408,296
40	ANESTHESIOLOGY	932,266		932,266		932,266
41	RADIOLOGY-DIAGNOSTIC	6,100,228		6,100,228		6,100,228
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	2,060,213		2,060,213		2,060,213
43 01	CT SCAN	1,502,727		1,502,727		1,502,727
43 02	ULTRASOUND/VASC LAB	874,816		874,816		874,816
44	LABORATORY	5,771,044		5,771,044		5,771,044
46	WHOLE BLOOD & PACKED RED	976,857		976,857		976,857
49	RESPIRATORY THERAPY	1,443,124		1,443,124	1,202	1,444,326
50	PHYSICAL THERAPY	3,201,574		3,201,574		3,201,574
51	OCCUPATIONAL THERAPY	1,124,910		1,124,910		1,124,910
52	SPEECH PATHOLOGY	362,819		362,819		362,819
53	ELECTROCARDIOLOGY	807,894		807,894		807,894
54	ELECTROENCEPHALOGRAPHY	102,494		102,494		102,494
54 01	SLEEP LAB					
55	MEDICAL SUPPLIES CHARGED	1,085,492		1,085,492		1,085,492
56	DRUGS CHARGED TO PATIENTS	5,585,022		5,585,022		5,585,022
57	RENAL DIALYSIS	600,407		600,407		600,407
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,866,668		1,866,668		1,866,668
60 01	WOUND CARE	1,554,767		1,554,767		1,554,767
60 02	PULMONARY REHAB	119,726		119,726		119,726
60 03	SPINE CENTER					
60 04	RUSH HEART CENTER					
61	EMERGENCY	5,935,236		5,935,236	72,244	6,007,480
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	530,022		530,022		530,022
101	SUBTOTAL	84,871,289		84,871,289	133,669	85,004,958
102	LESS OBSERVATION BEDS	530,022		530,022		530,022
103	TOTAL	84,341,267		84,341,267	133,669	84,474,936

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

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	19,299,041		19,299,041			
26	INTENSIVE CARE UNIT	7,501,762		7,501,762			
31	SUBPROVIDER	2,901,364		2,901,364			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	4,588,074		4,588,074			
37	OPERATING ROOM	19,868,652	36,249,195	56,117,847	.278765	.278765	.278765
37 01	ENDOSCOPY	1,763,250	7,388,416	9,151,666	.174402	.174402	.174402
38	RECOVERY ROOM	2,190,444	5,182,733	7,373,177	.191003	.191003	.191003
40	ANESTHESIOLOGY	2,829,954	5,483,789	8,313,743	.112136	.112136	.112136
41	RADIOLOGY-DIAGNOSTIC	8,672,904	10,210,884	18,883,788	.323040	.323040	.323040
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	980,728	3,278,011	4,258,739	.483761	.483761	.483761
43 01	CT SCAN	6,953,688	15,058,308	22,011,996	.068269	.068269	.068269
43 02	ULTRASOUND/VASC LAB	1,832,322	3,790,532	5,622,854	.155582	.155582	.155582
44	LABORATORY	20,678,119	35,459,019	56,137,138	.102803	.102803	.102803
46	WHOLE BLOOD & PACKED RED	2,190,973	421,498	2,612,471	.373921	.373921	.373921
49	RESPIRATORY THERAPY	5,304,688	657,498	5,962,186	.242046	.242046	.242248
50	PHYSICAL THERAPY	7,350,330	5,584,893	12,935,223	.247508	.247508	.247508
51	OCCUPATIONAL THERAPY	5,074,661	831,303	5,905,964	.190470	.190470	.190470
52	SPEECH PATHOLOGY	1,091,251	188,625	1,279,876	.283480	.283480	.283480
53	ELECTROCARDIOLOGY	2,301,632	2,708,662	5,010,294	.161247	.161247	.161247
54	ELECTROENCEPHALOGRAPHY	97,204	31,302	128,506	.797581	.797581	.797581
54 01	SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED	1,769,082	657,306	2,426,388	.447370	.447370	.447370
56	DRUGS CHARGED TO PATIENTS	21,233,714	5,312,169	26,545,883	.210391	.210391	.210391
57	RENAL DIALYSIS	2,877,737	54,702	2,932,439	.204747	.204747	.204747
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,523	3,399,822	3,402,345	.548642	.548642	.548642
60 01	WOUND CARE	17,606	3,392,128	3,409,734	.455979	.455979	.455979
60 02	PULMONARY REHAB	119	515,645	515,764	.232133	.232133	.232133
60 03	SPINE CENTER						
60 04	RUSH HEART CENTER						
61	EMERGENCY	3,710,212	11,971,533	15,681,745	.378481	.378481	.383087
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	25,367	846,188	871,555	.608134	.608134	.608134
101	SUBTOTAL	153,107,401	158,674,161	311,781,562			
102	LESS OBSERVATION BEDS						
103	TOTAL	153,107,401	158,674,161	311,781,562			

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	15,643,714	449,668	15,194,046			15,643,714
37	01 ENDOSCOPY	1,596,066	106,901	1,489,165			1,596,066
38	RECOVERY ROOM	1,408,296	29,850	1,378,446			1,408,296
40	ANESTHESIOLOGY	932,266	55,490	876,776			932,266
41	RADIOLOGY-DIAGNOSTIC	6,100,228	503,731	5,596,497			6,100,228
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	2,060,213	389,542	1,670,671			2,060,213
43	01 CT SCAN	1,502,727	164,731	1,337,996			1,502,727
43	02 ULTRASOUND/VASC LAB	874,816	72,573	802,243			874,816
44	LABORATORY	5,771,044	191,883	5,579,161			5,771,044
46	WHOLE BLOOD & PACKED RED	976,857	7,803	969,054			976,857
49	RESPIRATORY THERAPY	1,443,124	80,553	1,362,571			1,443,124
50	PHYSICAL THERAPY	3,201,574	100,670	3,100,904			3,201,574
51	OCCUPATIONAL THERAPY	1,124,910	19,476	1,105,434			1,124,910
52	SPEECH PATHOLOGY	362,819	3,978	358,841			362,819
53	ELECTROCARDIOLOGY	807,894	51,260	756,634			807,894
54	ELECTROENCEPHALOGRAPHY	102,494	3,733	98,761			102,494
54	01 SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED	1,085,492	12,248	1,073,244			1,085,492
56	DRUGS CHARGED TO PATIENTS	5,585,022	68,706	5,516,316			5,585,022
57	RENAL DIALYSIS	600,407	3,162	597,245			600,407
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,866,668	159,826	1,706,842			1,866,668
60	01 WOUND CARE	1,554,767	45,624	1,509,143			1,554,767
60	02 PULMONARY REHAB	119,726	5,760	113,966			119,726
60	03 SPINE CENTER						
60	04 RUSH HEART CENTER						
61	EMERGENCY	5,935,236	153,135	5,782,101			5,935,236
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	530,022	17,764	512,258			530,022
101	SUBTOTAL	61,186,382	2,698,067	58,488,315			61,186,382
102	LESS OBSERVATION BEDS	530,022	17,764	512,258			530,022
103	TOTAL	60,656,360	2,680,303	57,976,057			60,656,360

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	56,117,847	.278765	.278765
37	01 ENDOSCOPY	9,151,666	.174402	.174402
38	RECOVERY ROOM	7,373,177	.191003	.191003
40	ANESTHESIOLOGY	8,313,743	.112136	.112136
41	RADIOLOGY-DIAGNOSTIC	18,883,788	.323040	.323040
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	4,258,739	.483761	.483761
43	01 CT SCAN	22,011,996	.068269	.068269
43	02 ULTRASOUND/VASC LAB	5,622,854	.155582	.155582
44	LABORATORY	56,137,138	.102803	.102803
46	WHOLE BLOOD & PACKED RED	2,612,471	.373921	.373921
49	RESPIRATORY THERAPY	5,962,186	.242046	.242046
50	PHYSICAL THERAPY	12,935,223	.247508	.247508
51	OCCUPATIONAL THERAPY	5,905,964	.190470	.190470
52	SPEECH PATHOLOGY	1,279,876	.283480	.283480
53	ELECTROCARDIOLOGY	5,010,294	.161247	.161247
54	ELECTROENCEPHALOGRAPHY	128,506	.797581	.797581
54	01 SLEEP LAB			
55	MEDICAL SUPPLIES CHARGED	2,426,388	.447370	.447370
56	DRUGS CHARGED TO PATIENTS	26,545,883	.210391	.210391
57	RENAL DIALYSIS	2,932,439	.204747	.204747
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	3,402,345	.548642	.548642
60	01 WOUND CARE	3,409,734	.455979	.455979
60	02 PULMONARY REHAB	515,764	.232133	.232133
60	03 SPINE CENTER			
60	04 RUSH HEART CENTER			
61	EMERGENCY	15,681,745	.378481	.378481
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)	871,555	.608134	.608134
101	SUBTOTAL	277,491,321		
102	LESS OBSERVATION BEDS	871,555		
103	TOTAL	276,619,766		

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	15,643,714	449,668	15,194,046	44,967	881,255	14,717,492
37	01 ENDOSCOPY	1,596,066	106,901	1,489,165	10,690	86,372	1,499,004
38	RECOVERY ROOM	1,408,296	29,850	1,378,446	2,985	79,950	1,325,361
40	ANESTHESIOLOGY	932,266	55,490	876,776	5,549	50,853	875,864
41	RADIOLOGY-DIAGNOSTIC	6,100,228	503,731	5,596,497	50,373	324,597	5,725,258
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	2,060,213	389,542	1,670,671	38,954	96,899	1,924,360
43	01 CT SCAN	1,502,727	164,731	1,337,996	16,473	77,604	1,408,650
43	02 ULTRASOUND/VASC LAB	874,816	72,573	802,243	7,257	46,530	821,029
44	LABORATORY	5,771,044	191,883	5,579,161	19,188	323,591	5,428,265
46	WHOLE BLOOD & PACKED RED	976,857	7,803	969,054	780	56,205	919,872
49	RESPIRATORY THERAPY	1,443,124	80,553	1,362,571	8,055	79,029	1,356,040
50	PHYSICAL THERAPY	3,201,574	100,670	3,100,904	10,067	179,852	3,011,655
51	OCCUPATIONAL THERAPY	1,124,910	19,476	1,105,434	1,948	64,115	1,058,847
52	SPEECH PATHOLOGY	362,819	3,978	358,841	398	20,813	341,608
53	ELECTROCARDIOLOGY	807,894	51,260	756,634	5,126	43,885	758,883
54	ELECTROENCEPHALOGRAPHY	102,494	3,733	98,761	373	5,728	96,393
54	01 SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED	1,085,492	12,248	1,073,244	1,225	62,248	1,022,019
56	DRUGS CHARGED TO PATIENTS	5,585,022	68,706	5,516,316	6,871	319,946	5,258,205
57	RENAL DIALYSIS	600,407	3,162	597,245	316	34,640	565,451
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,866,668	159,826	1,706,842	15,983	98,997	1,751,688
60	01 WOUND CARE	1,554,767	45,624	1,509,143	4,562	87,530	1,462,675
60	02 PULMONARY REHAB	119,726	5,760	113,966	576	6,610	112,540
60	03 SPINE CENTER						
60	04 RUSH HEART CENTER						
61	EMERGENCY	5,935,236	153,135	5,782,101	15,314	335,362	5,584,560
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)	530,022	17,764	512,258	1,776	29,711	498,535
101	SUBTOTAL	61,186,382	2,698,067	58,488,315	269,806	3,392,322	57,524,254
102	LESS OBSERVATION BEDS	530,022	17,764	512,258	1,776	29,711	498,535
103	TOTAL	60,656,360	2,680,303	57,976,057	268,030	3,362,611	57,025,719

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	56,117,847	.262260	.277964
37	01 ENDOSCOPY	9,151,666	.163796	.173234
38	RECOVERY ROOM	7,373,177	.179754	.190598
40	ANESTHESIOLOGY	8,313,743	.105351	.111468
41	RADIOLOGY-DIAGNOSTIC	18,883,788	.303184	.320373
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	4,258,739	.451861	.474614
43	01 CT SCAN	22,011,996	.063995	.067520
43	02 ULTRASOUND/VASC LAB	5,622,854	.146016	.154292
44	LABORATORY	56,137,138	.096697	.102461
46	WHOLE BLOOD & PACKED RED	2,612,471	.352108	.373622
49	RESPIRATORY THERAPY	5,962,186	.227440	.240695
50	PHYSICAL THERAPY	12,935,223	.232826	.246730
51	OCCUPATIONAL THERAPY	5,905,964	.179284	.190140
52	SPEECH PATHOLOGY	1,279,876	.266907	.283169
53	ELECTROCARDIOLOGY	5,010,294	.151465	.160224
54	ELECTROENCEPHALOGRAPHY	128,506	.750105	.794679
54	01 SLEEP LAB			
55	MEDICAL SUPPLIES CHARGED	2,426,388	.421210	.446865
56	DRUGS CHARGED TO PATIENTS	26,545,883	.198080	.210132
57	RENAL DIALYSIS	2,932,439	.192826	.204639
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	3,402,345	.514847	.543944
60	01 WOUND CARE	3,409,734	.428970	.454641
60	02 PULMONARY REHAB	515,764	.218201	.231017
60	03 SPINE CENTER			
60	04 RUSH HEART CENTER			
61	EMERGENCY	15,681,745	.356119	.377504
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)	871,555	.572006	.606096
101	SUBTOTAL	277,491,321		
102	LESS OBSERVATION BEDS	871,555		
103	TOTAL	276,619,766		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0063 PERIOD: FROM 7/1/2009 TO 6/30/2010 PREPARED 11/22/2010 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				418,974		418,974
26	INTENSIVE CARE UNIT				178,432		178,432
31	SUBPROVIDER				119,633		119,633
101	TOTAL				717,039		717,039

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0063
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/22/2010
 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	16,062	9,650			26.08	251,672
26	INTENSIVE CARE UNIT	2,716	1,968			65.70	129,298
31	SUBPROVIDER	2,693	1,871			44.42	83,110
101	TOTAL	21,471	13,489				464,080

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0063
 COMPONENT NO: 14-0063
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/22/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		449,668	56,117,847	9,016,556		
37	01 ENDOSCOPY		106,901	9,151,666	934,124		
38	RECOVERY ROOM		29,850	7,373,177	1,005,532		
40	ANESTHESIOLOGY		55,490	8,313,743	1,289,928		
41	RADIOLOGY-DIAGNOSTIC		503,731	18,883,788	5,038,180		
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE		389,542	4,258,739	532,184		
43	01 CT SCAN		164,731	22,011,996	3,384,136		
43	02 ULTRASOUND/VASC LAB		72,573	5,622,854	916,716		
44	LABORATORY		191,883	56,137,138	10,601,094		
46	WHOLE BLOOD & PACKED RED		7,803	2,612,471	1,251,165		
49	RESPIRATORY THERAPY		80,553	5,962,186	2,953,672		
50	PHYSICAL THERAPY		100,670	12,935,223	1,166,243		
51	OCCUPATIONAL THERAPY		19,476	5,905,964	238,621		
52	SPEECH PATHOLOGY		3,978	1,279,876	214,926		
53	ELECTROCARDIOLOGY		51,260	5,010,294	1,321,474		
54	ELECTROENCEPHALOGRAPHY		3,733	128,506	47,210		
54	01 SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED		12,248	2,426,388	708,539		
56	DRUGS CHARGED TO PATIENTS		68,706	26,545,883	9,714,622		
57	RENAL DIALYSIS		3,162	2,932,439	2,036,934		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		159,826	3,402,345	2,026		
60	01 WOUND CARE		45,624	3,409,734	13,495		
60	02 PULMONARY REHAB		5,760	515,764	119		
60	03 SPINE CENTER						
60	04 RUSH HEART CENTER						
61	EMERGENCY		153,135	15,681,745	1,815,523		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		17,764	871,555			
101	TOTAL		2,698,067	277,491,321	54,203,019		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 11/22/2010
14-0063	FROM 7/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 6/30/2010	PART II
14-0063		

PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.008013	72,250
37 01	ENDOSCOPY	.011681	10,912
38	RECOVERY ROOM	.004048	4,070
40	ANESTHESIOLOGY	.006674	8,609
41	RADIOLOGY-DIAGNOSTIC	.026675	134,393
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE	.091469	48,678
43 01	CT SCAN	.007484	25,327
43 02	ULTRASOUND/VASC LAB	.012907	11,832
44	LABORATORY	.003418	36,235
46	WHOLE BLOOD & PACKED RED	.002987	3,737
49	RESPIRATORY THERAPY	.013511	39,907
50	PHYSICAL THERAPY	.007783	9,077
51	OCCUPATIONAL THERAPY	.003298	787
52	SPEECH PATHOLOGY	.003108	668
53	ELECTROCARDIOLOGY	.010231	13,520
54	ELECTROENCEPHALOGRAPHY	.029049	1,371
54 01	SLEEP LAB		
55	MEDICAL SUPPLIES CHARGED	.005048	3,577
56	DRUGS CHARGED TO PATIENTS	.002588	25,141
57	RENAL DIALYSIS	.001078	2,196
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.046975	95
60 01	WOUND CARE	.013381	181
60 02	PULMONARY REHAB	.011168	1
60 03	SPINE CENTER		
60 04	RUSH HEART CENTER		
61	EMERGENCY	.009765	17,729
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	.020382	
101	TOTAL		470,293

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

PROVIDER NO: 14-0063
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/22/2010
 WORKSHEET D
 PART III
 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					16,062	
26	INTENSIVE CARE UNIT					2,716	
31	SUBPROVIDER					2,693	
34	SKILLED NURSING FACILITY					7,770	
101	TOTAL					29,241	

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

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2010
 I 14-0063 I FROM 7/ 1/2009 I WORKSHEET D
 I I TO 6/30/2010 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		9,650
26	INTENSIVE CARE UNIT		1,968
31	SUBPROVIDER		1,871
34	SKILLED NURSING FACILITY		6,498
101	TOTAL		19,987

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		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 ENDOSCOPY						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43	01 CT SCAN						
43	02 ULTRASOUND/VASC LAB						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54	01 SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WOUND CARE						
60	02 PULMONARY REHAB						
60	03 SPINE CENTER						
60	04 RUSH HEART CENTER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF COST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			56,117,847			9,016,556	
37	01 OPERATING ROOM			9,151,666			934,124	
38	RECOVERY ROOM			7,373,177			1,005,532	
40	ANESTHESIOLOGY			8,313,743			1,289,928	
41	RADIOLOGY-DIAGNOSTIC			18,883,788			5,038,180	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			4,258,739			532,184	
43	01 CT SCAN			22,011,996			3,384,136	
43	02 ULTRASOUND/VASC LAB			5,622,854			916,716	
44	LABORATORY			56,137,138			10,601,094	
46	WHOLE BLOOD & PACKED RED			2,612,471			1,251,165	
49	RESPIRATORY THERAPY			5,962,186			2,953,672	
50	PHYSICAL THERAPY			12,935,223			1,166,243	
51	OCCUPATIONAL THERAPY			5,905,964			238,621	
52	SPEECH PATHOLOGY			1,279,876			214,926	
53	ELECTROCARDIOLOGY			5,010,294			1,321,474	
54	ELECTROENCEPHALOGRAPHY			128,506			47,210	
54	01 SLEEP LAB							
55	MEDICAL SUPPLIES CHARGED			2,426,388			708,539	
56	DRUGS CHARGED TO PATIENTS			26,545,883			9,714,622	
57	RENAL DIALYSIS			2,932,439			2,036,934	
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			3,402,345			2,026	
60	01 WOUND CARE			3,409,734			13,495	
60	02 PULMONARY REHAB			515,764			119	
60	03 SPINE CENTER							
60	04 RUSH HEART CENTER							
61	EMERGENCY			15,681,745			1,815,523	
62	OBSERVATION BEDS (NON-DIS			871,555				
62	OTHER REIMBURS COST CNTRS							
101	TOTAL			277,491,321			54,203,019	

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	8,243,720					
37 01	ENDOSCOPY	1,841,129					
38	RECOVERY ROOM	1,197,615					
40	ANESTHESIOLOGY	1,120,488					
41	RADIOLOGY-DIAGNOSTIC	3,961,861					
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	1,304,710					
43 01	CT SCAN	4,561,977					
43 02	ULTRASOUND/VASC LAB	998,503					
44	LABORATORY	354,401					
46	WHOLE BLOOD & PACKED RED	183,062					
49	RESPIRATORY THERAPY	233,734					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,089,338					
54	ELECTROENCEPHALOGRAPHY	6,162					
54 01	SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED	112,742					
56	DRUGS CHARGED TO PATIENTS	1,473,298					
57	RENAL DIALYSIS	48,762					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	626,875					
60 01	WOUND CARE	2,209,280					
60 02	PULMONARY REHAB	359,788					
60 03	SPINE CENTER						
60 04	RUSH HEART CENTER						
61	EMERGENCY	1,224,776					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	206,494					
101	TOTAL	31,358,715					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 11/22/2010
 | 14-0063 | FROM 7/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 6/30/2010 | PART V
 | 14-0063 | |

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.278765	.278765			
37 01 ENDOSCOPY	.174402	.174402			
38 RECOVERY ROOM	.191003	.191003			
40 ANESTHESIOLOGY	.112136	.112136			
41 RADIOLOGY-DIAGNOSTIC	.323040	.323040			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE	.483761	.483761			
43 01 CT SCAN	.068269	.068269			
43 02 ULTRASOUND/VASC LAB	.155582	.155582			
44 LABORATORY	.102803	.102803			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.373921	.373921			
49 RESPIRATORY THERAPY	.242046	.242046			
50 PHYSICAL THERAPY	.247508	.247508			
51 OCCUPATIONAL THERAPY	.190470	.190470			
52 SPEECH PATHOLOGY	.283480	.283480			
53 ELECTROCARDIOLOGY	.161247	.161247			
54 ELECTROENCEPHALOGRAPHY	.797581	.797581			
54 01 SLEEP LAB					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.447370	.447370			
56 DRUGS CHARGED TO PATIENTS	.210391	.210391			
57 RENAL DIALYSIS	.204747	.204747			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.548642	.548642			
60 01 WOUND CARE	.455979	.455979			
60 02 PULMONARY REHAB	.232133	.232133			
60 03 SPINE CENTER					
60 04 RUSH HEART CENTER					
61 EMERGENCY	.378481	.378481			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.608134	.608134			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				2,298,061	
37 01 ENDOSCOPY				321,097	
38 RECOVERY ROOM				228,748	
40 ANESTHESIOLOGY				125,647	
41 RADIOLOGY-DIAGNOSTIC				1,279,840	
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE				631,168	
43 01 CT SCAN				311,442	
43 02 ULTRASOUND/VASC LAB				155,349	
44 LABORATORY				36,433	
46 WHOLE BLOOD & PACKED RED BLOOD CELLS				68,451	
49 RESPIRATORY THERAPY				56,574	
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				175,652	
54 ELECTROENCEPHALOGRAPHY				4,915	
54 01 SLEEP LAB					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				50,437	2,992
56 DRUGS CHARGED TO PATIENTS				309,969	154
57 RENAL DIALYSIS				9,984	
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC				343,930	
60 01 WOUND CARE				1,007,385	
60 02 PULMONARY REHAB				83,519	
60 03 SPINE CENTER					
60 04 RUSH HEART CENTER					
61 EMERGENCY				463,554	
62 OBSERVATION BEDS (NON-DISTINCT PART)				125,576	
101 SUBTOTAL				8,087,731	3,146
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				8,087,731	3,146

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED 11/22/2010
14-0063	FROM 7/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 6/30/2010	PART VI
14-0063		

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES
2	PROGRAM VACCINE CHARGES
3	PROGRAM COSTS

1
.210391
16,663
3,506

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0063
 COMPONENT NO: 14-T063
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/22/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		449,668	56,117,847	12,253		
37 01	ENDOSCOPY		106,901	9,151,666	5,100		
38	RECOVERY ROOM		29,850	7,373,177	2,698		
40	ANESTHESIOLOGY		55,490	8,313,743	932		
41	RADIOLOGY-DIAGNOSTIC		503,731	18,883,788	58,740		
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE		389,542	4,258,739	2,192		
43 01	CT SCAN		164,731	22,011,996	56,147		
43 02	ULTRASOUND/VASC LAB		72,573	5,622,854	42,778		
44	LABORATORY		191,883	56,137,138	355,565		
46	WHOLE BLOOD & PACKED RED		7,803	2,612,471	19,722		
49	RESPIRATORY THERAPY		80,553	5,962,186	108,546		
50	PHYSICAL THERAPY		100,670	12,935,223	1,193,087		
51	OCCUPATIONAL THERAPY		19,476	5,905,964	1,117,604		
52	SPEECH PATHOLOGY		3,978	1,279,876	337,916		
53	ELECTROCARDIOLOGY		51,260	5,010,294	22,445		
54	ELECTROENCEPHALOGRAPHY		3,733	128,506	1,275		
54 01	SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED		12,248	2,426,388	89,838		
56	DRUGS CHARGED TO PATIENTS		68,706	26,545,883	707,003		
57	RENAL DIALYSIS		3,162	2,932,439	175,728		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		159,826	3,402,345			
60 01	WOUND CARE		45,624	3,409,734			
60 02	PULMONARY REHAB		5,760	515,764			
60 03	SPINE CENTER						
60 04	RUSH HEART CENTER						
61	EMERGENCY		153,135	15,681,745	1,864		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		17,764	871,555			
101	TOTAL		2,698,067	277,491,321	4,311,433		

PROVIDER NO: 14-0063
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 COMPONENT NO: 14-T063
 PREPARED 11/22/2010
 WORKSHEET D
 PART II
 PPS

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.008013	98
37 01	ENDOSCOPY	.011681	60
38	RECOVERY ROOM	.004048	11
40	ANESTHESIOLOGY	.006674	6
41	RADIOLOGY-DIAGNOSTIC	.026675	1,567
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE	.091469	201
43 01	CT SCAN	.007484	420
43 02	ULTRASOUND/VASC LAB	.012907	552
44	LABORATORY	.003418	1,215
46	WHOLE BLOOD & PACKED RED	.002987	59
49	RESPIRATORY THERAPY	.013511	1,467
50	PHYSICAL THERAPY	.007783	9,286
51	OCCUPATIONAL THERAPY	.003298	3,686
52	SPEECH PATHOLOGY	.003108	1,050
53	ELECTROCARDIOLOGY	.010231	230
54	ELECTROENCEPHALOGRAPHY	.029049	37
54 01	SLEEP LAB		
55	MEDICAL SUPPLIES CHARGED	.005048	454
56	DRUGS CHARGED TO PATIENTS	.002588	1,830
57	RENAL DIALYSIS	.001078	189
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.046975	
60 01	WOUND CARE	.013381	
60 02	PULMONARY REHAB	.011168	
60 03	SPINE CENTER		
60 04	RUSH HEART CENTER		
61	EMERGENCY	.009765	18
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	.020382	
101	TOTAL		22,436

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37 01	ENDOSCOPY						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43 01	CT SCAN						
43 02	ULTRASOUND/VASC LAB						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54 01	SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	WOUND CARE						
60 02	PULMONARY REHAB						
60 03	SPINE CENTER						
60 04	RUSH HEART CENTER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF COST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			56,117,847			12,253	
37	01 ENDOSCOPY			9,151,666			5,100	
38	RECOVERY ROOM			7,373,177			2,698	
40	ANESTHESIOLOGY			8,313,743			932	
41	RADIOLOGY-DIAGNOSTIC			18,883,788			58,740	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			4,258,739			2,192	
43	01 CT SCAN			22,011,996			56,147	
43	02 ULTRASOUND/VASC LAB			5,622,854			42,778	
44	LABORATORY			56,137,138			355,565	
46	WHOLE BLOOD & PACKED RED			2,612,471			19,722	
49	RESPIRATORY THERAPY			5,962,186			108,546	
50	PHYSICAL THERAPY			12,935,223			1,193,087	
51	OCCUPATIONAL THERAPY			5,905,964			1,117,604	
52	SPEECH PATHOLOGY			1,279,876			337,916	
53	ELECTROCARDIOLOGY			5,010,294			22,445	
54	ELECTROENCEPHALOGRAPHY			128,506			1,275	
54	01 SLEEP LAB							
55	MEDICAL SUPPLIES CHARGED			2,426,388			89,838	
56	DRUGS CHARGED TO PATIENTS			26,545,883			707,003	
57	RENAL DIALYSIS			2,932,439			175,728	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			3,402,345				
60	01 WOUND CARE			3,409,734				
60	02 PULMONARY REHAB			515,764				
60	03 SPINE CENTER							
60	04 RUSH HEART CENTER							
61	EMERGENCY			15,681,745			1,864	
62	OBSERVATION BEDS (NON-DIS)			871,555				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			277,491,321			4,311,433	

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37	01 ENDOSCOPY						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	776					
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43	01 CT SCAN						
43	02 ULTRASOUND/VASC LAB	602					
44	LABORATORY	52					
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54	01 SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WOUND CARE						
60	02 PULMONARY REHAB						
60	03 SPINE CENTER						
60	04 RUSH HEART CENTER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	TOTAL		1,430				

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 11/22/2010
 | 14-0063 | FROM 7/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 6/30/2010 | PART V
 | 14-T063 | |

TITLE XVIII, PART B SUBPROVIDER 1

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.278765	.278765			
37 01 ENDOSCOPY	.174402	.174402			
38 RECOVERY ROOM	.191003	.191003			
40 ANESTHESIOLOGY	.112136	.112136			
41 RADIOLOGY-DIAGNOSTIC	.323040	.323040			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE	.483761	.483761			
43 01 CT SCAN	.068269	.068269			
43 02 ULTRASOUND/VASC LAB	.155582	.155582			
44 LABORATORY	.102803	.102803			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.373921	.373921			
49 RESPIRATORY THERAPY	.242046	.242046			
50 PHYSICAL THERAPY	.247508	.247508			
51 OCCUPATIONAL THERAPY	.190470	.190470			
52 SPEECH PATHOLOGY	.283480	.283480			
53 ELECTROCARDIOLOGY	.161247	.161247			
54 ELECTROENCEPHALOGRAPHY	.797581	.797581			
54 01 SLEEP LAB					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.447370	.447370			
56 DRUGS CHARGED TO PATIENTS	.210391	.210391			
57 RENAL DIALYSIS	.204747	.204747			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.548642	.548642			
60 01 WOUND CARE	.455979	.455979			
60 02 PULMONARY REHAB	.232133	.232133			
60 03 SPINE CENTER					
60 04 RUSH HEART CENTER					
61 EMERGENCY	.378481	.378481			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.608134	.608134			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0063
 COMPONENT NO: 14-5583
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/22/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 ENDOSCOPY						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43	01 CT SCAN						
43	02 ULTRASOUND/VASC LAB						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54	01 SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WOUND CARE						
60	02 PULMONARY REHAB						
60	03 SPINE CENTER						
60	04 RUSH HEART CENTER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0063
 COMPONENT NO: 14-5583
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/22/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
37 01	ENDOSCOPY		
38	RECOVERY ROOM		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE		
43 01	CT SCAN		
43 02	ULTRASOUND/VASC LAB		
44	LABORATORY		
46	WHOLE BLOOD & PACKED RED		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
54 01	SLEEP LAB		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
57	RENAL DIALYSIS		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	WOUND CARE		
60 02	PULMONARY REHAB		
60 03	SPINE CENTER		
60 04	RUSH HEART CENTER		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
37	01 ENDOSCOPY					
38	RECOVERY ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
43	01 CT SCAN					
43	02 ULTRASOUND/VASC LAB					
44	LABORATORY					
46	WHOLE BLOOD & PACKED RED					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
54	01 SLEEP LAB					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 WOUND CARE					
60	02 PULMONARY REHAB					
60	03 SPINE CENTER					
60	04 RUSH HEART CENTER					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS					
101	TOTAL					

TITLE XVIII, PART A SKILLED NURSING FACILITY 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							
	OPERATING ROOM			56,117,847			28,344	
37 01	ENDOSCOPY			9,151,666			27,396	
38	RECOVERY ROOM			7,373,177				
40	ANESTHESIOLOGY			8,313,743			1,812	
41	RADIOLOGY-DIAGNOSTIC			18,883,788			148,128	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			4,258,739			15,996	
43 01	CT SCAN			22,011,996			135,717	
43 02	ULTRASOUND/VASC LAB			5,622,854			94,623	
44	LABORATORY			56,137,138			1,173,999	
46	WHOLE BLOOD & PACKED RED			2,612,471			39,670	
49	RESPIRATORY THERAPY			5,962,186			446,244	
50	PHYSICAL THERAPY			12,935,223			3,081,652	
51	OCCUPATIONAL THERAPY			5,905,964			2,582,636	
52	SPEECH PATHOLOGY			1,279,876			271,654	
53	ELECTROCARDIOLOGY			5,010,294			51,327	
54	ELECTROENCEPHALOGRAPHY			128,506			1,969	
54 01	SLEEP LAB							
55	MEDICAL SUPPLIES CHARGED			2,426,388			200,775	
56	DRUGS CHARGED TO PATIENTS			26,545,883			2,622,846	
57	RENAL DIALYSIS			2,932,439				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			3,402,345				
60 01	WOUND CARE			3,409,734				
60 02	PULMONARY REHAB			515,764				
60 03	SPINE CENTER							
60 04	RUSH HEART CENTER							
61	EMERGENCY			15,681,745				
62	OBSERVATION BEDS (NON-DIS)			871,555				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			277,491,321			10,924,788	

TITLE XVIII, PART A SKILLED NURSING FACILITY 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						
37 01	ENDOSCOPY						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43 01	CT SCAN						
43 02	ULTRASOUND/VASC LAB						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54 01	SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	WOUND CARE						
60 02	PULMONARY REHAB						
60 03	SPINE CENTER						
60 04	RUSH HEART CENTER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	TOTAL						

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/22/2010
14-0063	FROM 7/ 1/2009	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2010	PART I
14-0063		

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	16,062
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	16,062
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	16,062
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	9,650
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	12,500,975
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	12,500,975

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	19,299,041
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	19,299,041
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.647751
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,201.53
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	12,500,975

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/22/2010
14-0063	FROM 7/ 1/2009	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2010	PART III
14-0063		

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	681
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	778.30
85	OBSERVATION BED COST	530,022

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	12,500,975		530,022	
87	NEW CAPITAL-RELATED COST	418,974	.033515	530,022	17,764
88	NON PHYSICIAN ANESTHETIST	12,500,975		530,022	
89	MEDICAL EDUCATION	12,500,975		530,022	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/22/2010
14-0063	FROM 7/1/2009	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2010	PART I
14-T063		

TITLE XVIII PART A

SUBPROVIDER I

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	2,693
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,693
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,693
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,871
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,849,392
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,849,392

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,901,364
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,901,364
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.982087
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,077.37
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,849,392

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: 14-0063
 COMPONENT NO: 14-T063
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/22/2010
 WORKSHEET D-1
 PART II

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1,058.07
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,979,649
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,979,649

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				
					939,899
					2,919,548

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	83,110
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	22,436
52	TOTAL PROGRAM EXCLUDABLE COST	105,546
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	2,814,002

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/22/2010
14-0063	FROM 7/ 1/2009	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2010	PART III
14-T063		

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,058.07
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	2,849,392			
87	NEW CAPITAL-RELATED COST	119,633	.041985		
88	NON PHYSICIAN ANESTHETIST	2,849,392			
89	MEDICAL EDUCATION	2,849,392			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/22/2010
14-0063	FROM 7/ 1/2009	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2010	PART I
14-5583		

TITLE XVIII PART A

SNF

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	7,770
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	7,770
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7,770
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	6,498
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,841,066
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,841,066

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,588,074
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,588,074
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.837185
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	590.49
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,841,066

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/22/2010
14-0063	FROM 7/ 1/2009	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2010	PART III
14-5583		

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1	3,841,066
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		494.35
68	PROGRAM ROUTINE SERVICE COST		3,212,286
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		3,212,286
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS		181,795
72	PER DIEM CAPITAL-RELATED COSTS		23.40
73	PROGRAM CAPITAL-RELATED COSTS		152,053
74	INPATIENT ROUTINE SERVICE COST		3,060,233
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION		3,060,233
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS		3,212,286
80	PROGRAM INPATIENT ANCILLARY SERVICES		2,319,141
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS		5,531,427

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/22/2010
14-0063	FROM 7/ 1/2009	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2010	PART I
14-0063		

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	16,062
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	16,062
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	16,062
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,615
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	12,712,786
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	12,712,786

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	19,299,041
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	19,299,041
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.658726
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,201.53
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	12,712,786

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/22/2010
14-0063	FROM 7/1/2009	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2010	PART II
14-0063		

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	791.48
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,278,240
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,278,240

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	4,340,684	2,716	1,598.19	139	222,148
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				

1

48	PROGRAM INPATIENT ANCILLARY SERVICE COST	
49	TOTAL PROGRAM INPATIENT COSTS	1,500,388

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/22/2010
14-0063	FROM 7/ 1/2009	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2010	PART III
14-0063		

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	681
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	791.48
85	OBSERVATION BED COST	538,998

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0063
 COMPONENT NO: 14-0063
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/22/2010
 WORKSHEET D-4

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		11,794,684	
26	INTENSIVE CARE UNIT		4,621,132	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.278765	9,016,556	2,513,500
37 01	ENDOSCOPY	.174402	934,124	162,913
38	RECOVERY ROOM	.191003	1,005,532	192,060
40	ANESTHESIOLOGY	.112136	1,289,928	144,647
41	RADIOLOGY-DIAGNOSTIC	.323040	5,038,180	1,627,534
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	.483761	532,184	257,450
43 01	CT SCAN	.068269	3,384,136	231,032
43 02	ULTRASOUND/VASC LAB	.155582	916,716	142,625
44	LABORATORY	.102803	10,601,094	1,089,824
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.373921	1,251,165	467,837
49	RESPIRATORY THERAPY	.242248	2,953,672	715,521
50	PHYSICAL THERAPY	.247508	1,166,243	288,654
51	OCCUPATIONAL THERAPY	.190470	238,621	45,450
52	SPEECH PATHOLOGY	.283480	214,926	60,927
53	ELECTROCARDIOLOGY	.161247	1,321,474	213,084
54	ELECTROENCEPHALOGRAPHY	.797581	47,210	37,654
54 01	SLEEP LAB			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.447370	708,539	316,979
56	DRUGS CHARGED TO PATIENTS	.210391	9,714,622	2,043,869
57	RENAL DIALYSIS	.204747	2,036,934	417,056
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.548642	2,026	1,112
60 01	WOUND CARE	.455979	13,495	6,153
60 02	PULMONARY REHAB	.232133	119	28
60 03	SPINE CENTER			
60 04	RUSH HEART CENTER			
61	EMERGENCY	.383087	1,815,523	695,503
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.608134		
101	TOTAL		54,203,019	11,671,412
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		54,203,019	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0063
 COMPONENT NO: 14-T063
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/22/2010
 WORKSHEET D-4

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS		1,999,431	
37	OPERATING ROOM	.278765	12,253	3,416
37 01	ENDOSCOPY	.174402	5,100	889
38	RECOVERY ROOM	.191003	2,698	515
40	ANESTHESIOLOGY	.112136	932	105
41	RADIOLOGY-DIAGNOSTIC	.323040	58,740	18,975
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	.483761	2,192	1,060
43 01	CT SCAN	.068269	56,147	3,833
43 02	ULTRASOUND/VASC LAB	.155582	42,778	6,655
44	LABORATORY	.102803	355,565	36,553
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.373921	19,722	7,374
49	RESPIRATORY THERAPY	.242248	108,546	26,295
50	PHYSICAL THERAPY	.247508	1,193,087	295,299
51	OCCUPATIONAL THERAPY	.190470	1,117,604	212,870
52	SPEECH PATHOLOGY	.283480	337,916	95,792
53	ELECTROCARDIOLOGY	.161247	22,445	3,619
54	ELECTROENCEPHALOGRAPHY	.797581	1,275	1,017
54 01	SLEEP LAB			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.447370	89,838	40,191
56	DRUGS CHARGED TO PATIENTS	.210391	707,003	148,747
57	RENAL DIALYSIS	.204747	175,728	35,980
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.548642		
60 01	WOUND CARE	.455979		
60 02	PULMONARY REHAB	.232133		
60 03	SPINE CENTER			
60 04	RUSH HEART CENTER			
61	EMERGENCY	.383087	1,864	714
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.608134		
101	TOTAL		4,311,433	939,899
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,311,433	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0063
 COMPONENT NO: 14-5583
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/22/2010
 WORKSHEET D-4

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.278765	28,344	7,901
37 01	ENDOSCOPY	.174402	27,396	4,778
38	RECOVERY ROOM	.191003		
40	ANESTHESIOLOGY	.112136	1,812	203
41	RADIOLOGY-DIAGNOSTIC	.323040	148,128	47,851
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	.483761	15,996	7,738
43 01	CT SCAN	.068269	135,717	9,265
43 02	ULTRASOUND/VASC LAB	.155582	94,623	14,722
44	LABORATORY	.102803	1,173,999	120,691
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.373921	39,670	14,833
49	RESPIRATORY THERAPY	.242046	446,244	108,012
50	PHYSICAL THERAPY	.247508	3,081,652	762,734
51	OCCUPATIONAL THERAPY	.190470	2,582,636	491,915
52	SPEECH PATHOLOGY	.283480	271,654	77,008
53	ELECTROCARDIOLOGY	.161247	51,327	8,276
54	ELECTROENCEPHALOGRAPHY	.797581	1,969	1,570
54 01	SLEEP LAB			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.447370	200,775	89,821
56	DRUGS CHARGED TO PATIENTS	.210391	2,622,846	551,823
57	RENAL DIALYSIS	.204747		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.548642		
60 01	WOUND CARE	.455979		
60 02	PULMONARY REHAB	.232133		
60 03	SPINE CENTER			
60 04	RUSH HEART CENTER			
61	EMERGENCY	.378481		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.608134		
101	TOTAL		10,924,788	2,319,141
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		10,924,788	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	3,783,451	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	4,289,490	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	8,824,741	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	32,449	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	32,449	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1	65,898	
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	439,298	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	102.18	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	1.23	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005
		E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	1.23	
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	2.74	
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.	2.00	
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	3.23	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	2.04	
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	2.23	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	2.50	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.024467	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.019814	
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)	.019814	
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	41,097	
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	46,547	
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1	95,752	
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	183,396	183,396
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	6.67	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	10.98	
4.02 SUM OF LINES 4 AND 4.01	17.65	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	4.22	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	713,082	
5 ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0063
 COMPONENT NO: 14-0063
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/22/2010
 WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	18,233,458	
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)	18,233,458	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,468,761	
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)	83,107	
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	19,785,326	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	19,785,326	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,508,372	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	102,596	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	429,641	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	300,749	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	410,791	
22 SUBTOTAL	18,475,107	
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	18,475,107	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	18,511,151	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-36,044	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0063	FROM 7/1/2009	11/22/2010
COMPONENT NO:	TO 6/30/2010	WORKSHEET E
14-0063		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	6,652
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	8,087,731
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	5,699,276
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.768
1.04	LINE 1.01 TIMES LINE 1.03.	6,211,377
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	91.76
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	6,652
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	24,083
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	24,083
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	24,083
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	17,431
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	6,652
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	5,699,276
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	79,322
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,279,595
19	SUBTOTAL (SEE INSTRUCTIONS)	4,347,011
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	23,637
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	4,370,648
24	PRIMARY PAYER PAYMENTS	181
25	SUBTOTAL	4,370,467
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	368,655
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	258,059
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	362,293
28	SUBTOTAL	4,628,526
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	4,628,526
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	4,564,700
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	63,826
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/22/2010
14-0063	FROM 7/1/2009	WORKSHEET E
COMPONENT NO:	TO 6/30/2010	PART B
14-T063		

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	350
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	154
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.937
1.04	LINE 1.01 TIMES LINE 1.03.	328
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	46.95
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	154

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	41
19	SUBTOTAL (SEE INSTRUCTIONS)	113
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	113
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	113

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	113
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	113
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	113
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/22/2010
14-0063	FROM 7/1/2009	WORKSHEET E
COMPONENT NO:	TO 6/30/2010	PART B
14-5583		

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF

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

COMPUTATION OF LESSER OF COST OR CHARGES

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

COMPUTATION OF REIMBURSEMENT SETTLEMENT

- 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
- 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
- 19 SUBTOTAL (SEE INSTRUCTIONS)
- 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
- 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 22 ESRD DIRECT MEDICAL EDUCATION COSTS
- 23 SUBTOTAL
- 24 PRIMARY PAYER PAYMENTS
- 25 SUBTOTAL
- REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
- 26 COMPOSITE RATE ESRD
- 27 BAD DEBTS (SEE INSTRUCTIONS)
- 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 28 SUBTOTAL
- 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
- 30
- 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
- 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
- 32 SUBTOTAL
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM
- 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2
- TO BE COMPLETED BY CONTRACTOR
- 50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)
- 51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
- 52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
- 53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)
- 54 TOTAL (SUM OF LINES 51 AND 53)

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0063
 COMPONENT NO: 14-0063
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/22/2010
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		18,244,272		4,344,596
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.		227,253		213,814
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	1/25/2010	39,626	1/25/2010	6,290
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		39,626		6,290
4 TOTAL INTERIM PAYMENTS		18,511,151		4,564,700
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)		36,044		63,826
7 TOTAL MEDICARE PROGRAM LIABILITY		18,475,107		4,628,526

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0063
 COMPONENT NO: 14-T063
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/22/2010
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,495,165		113
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM	1/8/2010	28,525		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		-28,525		NONE
4 TOTAL INTERIM PAYMENTS		2,466,640		113
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)		41,982		
7 TOTAL MEDICARE PROGRAM LIABILITY		2,508,622		113

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0063
 COMPONENT NO: 14-5583
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/22/2010
 WORKSHEET E-1

TITLE XVIII SNF

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		2,828,941		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		2,828,941		
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		2,243		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		2,831,184		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0063 COMPONENT NO: 14-T063
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/22/2010 WORKSHEET E-3 PART I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	2,310,400
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0452
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	145,144
1.05	OUTLIER PAYMENTS	57,991
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	2,513,535
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	7.378082
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	2,513,535
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	2,513,535
7	DEDUCTIBLES	6,440
8	SUBTOTAL	2,507,095
9	COINSURANCE	1,909
10	SUBTOTAL	2,505,186
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	4,908
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	3,436
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	4,908
12	SUBTOTAL	2,508,622
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	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/22/2010
14-0063	FROM 7/ 1/2009	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2010	PART I
14-T063		

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)	2,508,622
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	2,466,640
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	41,982
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.	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0063
 COMPONENT NO: 14-5583
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/22/2010
 WORKSHEET E-3
 PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
18	PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
20	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
21	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
22	RATIO OF LINE 17 TO LINE 18			
23	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
26	COST OF COVERED SERVICES			
27	PROSPECTIVE PAYMENT AMOUNT			
28	OTHER THAN OUTLIER PAYMENTS			
29	OUTLIER PAYMENTS			
30	PROGRAM CAPITAL PAYMENTS			
31	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
32	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
33	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
34	SUBTOTAL			
35	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
36	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
37	XVIII ENTER AMOUNT FROM LINE 30			
38	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
39	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
40	EXCESS OF REASONABLE COST			
41	SUBTOTAL			
42	COINSURANCE			
43	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
44	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
45	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
46	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
47	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
48	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
49	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
50	UTILIZATION REVIEW			
51	SUBTOTAL (SEE INSTRUCTIONS)			
52	INPATIENT ROUTINE SERVICE COST			
53	MEDICARE INPATIENT ROUTINE CHARGES			
54	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
55	PAYMENT FOR SERVICES ON A CHARGE BASIS			
56	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
57	FOR PAYMENT OF PART A SERVICES			
58	RATIO OF LINE 43 TO 44			
59	TOTAL CUSTOMARY CHARGES			
60	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
61	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
62	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
63	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
64	OTHER ADJUSTMENTS (SPECIFY)			
65	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
66	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
67	SUBTOTAL			
68	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
69	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
70	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
71	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
72	INTERIM PAYMENTS			
73	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
74	BALANCE DUE PROVIDER/PROGRAM			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)				
	PROVIDER NO:		PERIOD:		PREPARED 11/22/2010
	14-0063		FROM 7/ 1/2009		WORKSHEET E-3
	COMPONENT NO:		TO 6/30/2010		PART III
	14-5583				

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

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		1.42
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)	1.06	1.06
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		2.74
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		1.06
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.		.07
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.		1.34
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		1.41
3.10	SEE INSTRUCTIONS		.55
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.		2.00
3.12	SEE INSTRUCTIONS		2.52
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		1.00
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		1.18
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	1.57
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)		1.57
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		103,494.00
3.18	SEE INSTRUCTIONS		162,486
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	.01
3.22	SEE INSTRUCTIONS		.01
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		103,494.00
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		1,035
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		163,521

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		13,489
5	TOTAL INPATIENT DAYS		20,790
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.648822
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	106,096	106,096
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		96
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		20,790
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.		648
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		2,932,439

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) 28,459,945
- 13 ORGAN ACQUISITION COSTS
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS
- 16 TOTAL PART A REASONABLE COST 28,459,945

PART B REASONABLE COST

- 17 REASONABLE COST 8,094,733
- 18 PRIMARY PAYER PAYMENTS 181
- 19 TOTAL PART B REASONABLE COST 8,094,552
- 20 TOTAL REASONABLE COST 36,554,497
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST .778562
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST .221438

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 10/1/97 106,744
 (SUM OF LINES 6.01, 6.05, & 6.08)
- 24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY 83,107
- 25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY 23,637

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)	1.06	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	1.42	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	1.06	

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

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

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

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

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

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

BALANCE SHEET

		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	3,783,000			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	11,894,000			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	1,946,000			
8	PREPAID EXPENSES	1,646,000			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS	12,000,000			
11	TOTAL CURRENT ASSETS	31,269,000			
FIXED ASSETS					
12	LAND	2,554,000			
12.01	LAND IMPROVEMENTS				
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	53,489,000			
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	70,764,000			
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION	-103,208,000			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	23,599,000			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	704,000			
26	TOTAL OTHER ASSETS	704,000			
27	TOTAL ASSETS	55,572,000			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	7,304,000			
29 SALARIES, WAGES & FEES PAYABLE	4,940,000			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	9,646,000			
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	21,890,000			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	4,183,000			
42 TOTAL LONG-TERM LIABILITIES	4,183,000			
43 TOTAL LIABILITIES	26,073,000			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	29,499,000			
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	29,499,000			
52 TOTAL LIABILITIES AND FUND BALANCES	55,572,000			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		27,959,000		
2	NET INCOME (LOSS)		382,000		
3	TOTAL		28,341,000		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTMENT INCREASE/DECREASE IN REST	1,158,000			
6					
7					
8					
9					
10	TOTAL ADDITIONS		1,158,000		
11	SUBTOTAL		29,499,000		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	PRIOR PERIOD ADJUSTMENT				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		29,499,000		

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 14-0063
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/22/2010
 WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	19,299,041		19,299,041
2 00 SUBPROVIDER	2,901,364		2,901,364
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	4,588,074		4,588,074
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	26,788,479		26,788,479
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	7,501,762		7,501,762
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	7,501,762		7,501,762
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	34,290,241		34,290,241
17 00 ANCILLARY SERVICES	118,817,041	155,274,458	274,091,499
18 00 OUTPATIENT SERVICES		3,399,822	3,399,822
24 00 NON-REIM		11,042,985	11,042,985
24 01 PROFESSIONAL FEES		9,161,925	9,161,925
25 00 TOTAL PATIENT REVENUES	153,107,282	178,879,190	331,986,472

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		98,014,185	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00 GAAP BAD DEBT EXPENSE	5,892,000		
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		5,892,000	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		103,906,185	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0063
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/22/2010
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	331,986,472
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	228,075,472
3	NET PATIENT REVENUES	103,911,000
4	LESS: TOTAL OPERATING EXPENSES	103,906,185
5	NET INCOME FROM SERVICE TO PATIENTS	4,815
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
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	MISC INCOME	600,185
25	TOTAL OTHER INCOME	600,185
26	TOTAL	605,000
	OTHER EXPENSES	
27	NON OPERATING EXPENSE	223,000
28		
29		
30	TOTAL OTHER EXPENSES	223,000
31	NET INCOME (OR LOSS) FOR THE PERIOD	382,000

PROVIDER NO:	PERIOD:	PREPARED 11/22/2010
14-0063	FROM 7/1/2009	WORKSHEET L
COMPONENT NO:	TO 6/30/2010	PARTS I-IV
14-0063		

FULLY PROSPECTIVE METHOD

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,390,910
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	7,332
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	49.58
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	2.50
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	1.43
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	19,890
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	6.67
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	10.98
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	17.65
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	3.64
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	50,629
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,468,761
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)	