

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)). FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS (42 USC 1395g).

FORM APPROVED OMB NO. 0938-0050

WORKSHEET S PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY I PROVIDER NO: I PERIOD I INTERMEDIARY USE ONLY I DATE RECEIVED: I 14-0082 I FROM 6/ 1/2009 I --AUDITED --DESK REVIEW I / / I I TO 5/31/2010 I --INITIAL --REOPENED I INTERMEDIARY NO: I I I --FINAL 1-MCR CODE I I I 00 - # OF REOPENINGS I

ELECTRONICALLY FILED COST REPORT DATE: 10/19/2010 TIME 17:28

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:

LOUIS A. WEISS MEMORIAL HOSPITAL 14-0082

FOR THE COST REPORTING PERIOD BEGINNING 6/ 1/2009 AND ENDING 5/31/2010 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.

ECR ENCRYPTION INFORMATION DATE: 10/19/2010 TIME 17:28

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PI ENCRYPTION INFORMATION DATE: 10/19/2010 TIME 17:28

UW65CwcFYEI9H3s3nnY.yXNCFpZPC0 adxTU0uUrZQNMZcr0H1iN5Ev7R.ke oyfb7H0a240ou44u

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

Table with columns: TITLE V, A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z, TOTAL. Rows include HOSPITAL, SUBPROVIDER, and SUBPROVIDER II.

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS  
 1 STREET: 4646 NORTH MARINE DRIVE P.O. BOX:  
 1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60640- COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)		
					V XVIII	XIX	
02.00	HOSPITAL	LOUIS A. WEISS MEMORIAL HOSPITAL	14-0082	7/ 1/1966	N	P	O
03.00	SUBPROVIDER	REHABILITATION UNIT	14-T082	7/ 1/1996	N	P	N
03.01	SUBPROVIDER 2	PSYCH UNIT	14-S082	6/ 1/2003	N	P	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 6/ 1/2009 TO: 5/31/2010

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1  
 20 SUBPROVIDER 5  
 20.01 SUBPROVIDER II 4

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? Y
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 16974
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /
- 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? Y
- 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? Y
- 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. Y
- 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
- 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
- 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) Y Y

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N  
 26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0  
 26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /  
 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /  
 27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /  
 28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02  
 28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4  
 28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0 0.0000 0.0000  
 0.00 0

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

28.03 STAFFING % Y/N 0.00%  
 28.04 RECRUITMENT 0.00%  
 28.05 RETENTION 0.00%  
 28.06 TRAINING 0.00%  
 28.07 0.00%  
 28.08 0.00%  
 28.09 0.00%  
 28.10 0.00%  
 28.11 0.00%  
 28.12 0.00%  
 28.13 0.00%  
 28.14 0.00%  
 28.15 0.00%  
 28.16 0.00%  
 28.17 0.00%  
 28.18 0.00%  
 28.19 0.00%  
 28.20 0.00%

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N  
 30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N  
 30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70  
 30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N  
 30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N  
 30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N  
 31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N  
 31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N  
 31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N  
 31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N  
 31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N  
 31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N  
 33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N  
 34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N  
 35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N  
 35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N  
 35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?  
 35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?  
 35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)  
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE

V XVIII XIX  
 1 2 3  
 N Y N

WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N  
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N  
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y  
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y  
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? Y  
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N  
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N  
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? Y 44H108  
 IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE NUMBER. (SEE INSTRUCTIONS).  
 40.01 NAME: RIVERBEND FI/CONTRACTOR NAME FI/CONTRACTOR # 0039  
 40.02 STREET: 730 CHESTNUT STREET P.O. BOX:  
 40.03 CITY: CHATTANOOGA STATE: TN ZIP CODE: 37402-  
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y  
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y  
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000  
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.  
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?  
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?  
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?  
 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

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

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N  
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N  
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0  
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
 PREMIUMS: 1,288,647  
 PAID LOSSES: 0  
 AND/OR SELF INSURANCE: 0

54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N  
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

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

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N  
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. Y 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). 0

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) Y 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

MULTICAMPUS

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
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 9/21/2010

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / NOT LTCH N/A	TRIPS TOTAL TITLE XIX
	1	2	2.01	3	4	4.01	5
1 ADULTS & PEDIATRICS	148	54,020			17,075		8,930
2 HMO					1,141		
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	148	54,020			17,075		8,930
6 INTENSIVE CARE UNIT	16	5,840			2,479		
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	164	59,860			19,554		8,930
13 RPCH VISITS							
14 SUBPROVIDER	26	9,490			2,922		695
14 01 SUBPROVIDER II	10	3,650			2,342		246
25 TOTAL	200						
26 OBSERVATION BED DAYS							158
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX OBSERVATION ADMITTED	I/P DAYS / NOT ADMITTED	O/P VISITS / ALL PATS	TRIPS / TOTAL OBSERVATION ADMITTED	O/P VISITS / NOT ADMITTED	INTERNS & RES. / TOTAL	FTES / LESS I&R REPL NON-PHYS ANES
	5.01	5.02	6	6.01	6.02	7	8
1 ADULTS & PEDIATRICS			30,884				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			30,884				
6 INTENSIVE CARE UNIT			4,870				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL			35,754			66.91	
13 RPCH VISITS							
14 SUBPROVIDER			4,262				
14 01 SUBPROVIDER II			2,821				
25 TOTAL						66.91	
26 OBSERVATION BED DAYS	11	147	538	44	494		
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET	--- FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
	9	10	11	12	13	14	15
1 ADULTS & PEDIATRICS					3,810	1,891	7,427
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	66.91	855.14			3,810	1,891	7,427
13 RPCH VISITS							
14 SUBPROVIDER		20.43			258	55	367
14 01 SUBPROVIDER II		14.24			252	24	310
25 TOTAL	66.91	889.81					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

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
1 SALARIES						
2 TOTAL SALARY	53,884,857		53,884,857	1,850,810.00	29.11	
3 NON-PHYSICIAN ANESTHETIST PART A						
4 NON-PHYSICIAN ANESTHETIST PART B						
5 PHYSICIAN - PART A						
6 4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
7 5 PHYSICIAN - PART B						
8 5.01 NON-PHYSICIAN - PART B						
9 6 INTERNS & RESIDENTS (APPRVD)	3,061,050		3,061,050	124,879.00	24.51	
10 6.01 CONTRACT SERVICES, I&R						
11 7 HOME OFFICE PERSONNEL						
12 8 SNF						
13 8.01 EXCLUDED AREA SALARIES	3,748,851		3,748,851	118,672.00	31.59	
14 OTHER WAGES & RELATED COSTS						
15 9 CONTRACT LABOR:	1,077,025		1,077,025	18,358.00	58.67	
16 9.01 PHARMACY SERVICES UNDER CONTRACT						
17 9.02 LABORATORY SERVICES UNDER CONTRACT						
18 9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
19 10 CONTRACT LABOR: PHYS PART A	1,905,135		1,905,135	14,881.00	128.02	
20 10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)	788,350		788,350	8,427.00	93.55	
21 11 HOME OFFICE SALARIES & WAGE RELATED COSTS	2,784,522		2,784,522	24,042.00	115.82	
22 12 HOME OFFICE: PHYS PART A						
23 12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
24 WAGE RELATED COSTS						
25 13 WAGE-RELATED COSTS (CORE)	7,744,266		7,744,266			CMS 339
26 14 WAGE-RELATED COSTS (OTHER)						CMS 339
27 15 EXCLUDED AREAS	356,069		356,069			CMS 339
28 16 NON-PHYS ANESTHETIST PART A						CMS 339
29 17 NON-PHYS ANESTHETIST PART B						CMS 339
30 18 PHYSICIAN PART A						CMS 339
31 18.01 PART A TEACHING PHYSICIANS						CMS 339
32 19 PHYSICIAN PART B						CMS 339
33 19.01 WAGE-RELATED COSTS (RHC/FQHC)						CMS 339
34 20 INTERNS & RESIDENTS (APPRVD)	179,875		179,875			CMS 339
35 OVERHEAD COSTS - DIRECT SALARIES						
36 21 EMPLOYEE BENEFITS	615,465		615,465	18,483.00	33.30	
37 22 ADMINISTRATIVE & GENERAL	8,198,360		8,198,360	245,379.00	33.41	
38 22.01 A & G UNDER CONTRACT						
39 23 MAINTENANCE & REPAIRS						
40 24 OPERATION OF PLANT	1,364,802		1,364,802	59,526.00	22.93	
41 25 LAUNDRY & LINEN SERVICE						
42 26 HOUSEKEEPING	1,022,329		1,022,329	75,412.00	13.56	
43 26.01 HOUSEKEEPING UNDER CONTRACT						
44 27 DIETARY	999,575		999,575	61,292.00	16.31	
45 27.01 DIETARY UNDER CONTRACT						
46 28 CAFETERIA						
47 29 MAINTENANCE OF PERSONNEL						
48 30 NURSING ADMINISTRATION	864,966		864,966	21,704.00	39.85	
49 31 CENTRAL SERVICE AND SUPPLY	806,352		806,352	35,553.00	22.68	
50 32 PHARMACY	1,385,657		1,385,657	42,009.00	32.98	
51 33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,109,225		1,109,225	46,733.00	23.74	
52 34 SOCIAL SERVICE	184,993		184,993	6,608.00	28.00	
53 35 OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1 NET SALARIES	50,823,807		50,823,807	1,725,931.00	29.45	
2 EXCLUDED AREA SALARIES	3,748,851		3,748,851	118,672.00	31.59	
3 SUBTOTAL SALARIES	47,074,956		47,074,956	1,607,259.00	29.29	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	6,555,032		6,555,032	65,708.00	99.76	
5 SUBTOTAL WAGE-RELATED COSTS	7,744,266		7,744,266		16.45	
6 TOTAL	61,374,254		61,374,254	1,672,967.00	36.69	
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	16,551,724		16,551,724	612,699.00	27.01	

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	127,829,536
17.01	GROSS MEDICAID REVENUES	30,610,001
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	153,968
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	158,593,505
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)	.229256
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	104,266,204



RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO:  
I 14-0082  
II PERIOD:  
I FROM 6/ 1/2009  
I TO 5/31/2010  
II PREPARED 10/19/2010  
I WORKSHEET A  
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				1,695,729	1,695,729
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				649,728	649,728
5	0500 EMPLOYEE BENEFITS	615,465	4,444,411	5,059,876	-12,976	5,046,900
6	0600 ADMINISTRATIVE & GENERAL	8,198,360	38,774,670	46,973,030	-1,135,534	45,837,496
7	0700 MAINTENANCE & REPAIRS					
7.01	0701 BIOMEDICAL ENGINEERING		874,865	874,865	-130	874,735
8	0800 OPERATION OF PLANT	1,364,802	3,350,694	4,715,496	3,912	4,719,408
9	0900 LAUNDRY & LINEN SERVICE		465,510	465,510	11,596	477,106
10	1000 HOUSEKEEPING	1,022,329	605,728	1,628,057	-13,380	1,614,677
11	1100 DIETARY	999,575	1,181,849	2,181,424	-4,212	2,177,212
12	1200 CAFETERIA					
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	864,966	146,608	1,011,574	-185	1,011,389
15	1500 CENTRAL SERVICES & SUPPLY	806,352	1,455,462	2,261,814	-68,702	2,193,112
16	1600 PHARMACY	1,385,657	2,880,694	4,266,351	-1,196,435	3,069,916
17	1700 MEDICAL RECORDS & LIBRARY	1,109,225	192,619	1,301,844	-2,052	1,299,792
18	1800 SOCIAL SERVICE	184,993	14,930	199,923	-3	199,920
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	3,061,050		3,061,050		3,061,050
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		2,559,325	2,559,325	-4,127	2,555,198
25	2500 ADULTS & PEDIATRICS	9,870,680	2,431,659	12,302,339	-617,779	11,684,560
26	2600 INTENSIVE CARE UNIT	2,930,130	1,047,316	3,977,446	-425,015	3,552,431
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER	1,196,190	660,282	1,856,472	-47,159	1,809,313
31.01	3101 SUBPROVIDER II	930,819	179,698	1,110,517	-13,120	1,097,397
33	3300 NURSERY					
37	3700 ANCILLARY SRVC COST CNTRS					
	OPERATING ROOM	4,269,358	13,487,661	17,757,019	-2,574,108	15,182,911
37.01	3701 G.I. LAB	498,001	412,071	910,072	-136,205	773,867
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY	169,490	464,356	633,846	-359,288	274,558
41	4100 RADIOLOGY-DIAGNOSTIC	1,758,823	1,614,929	3,373,752	-265,767	3,107,985
41.02	3630 ULTRASOUND	218,028	38,878	256,906	-5,985	250,921
41.03	3230 CT SCANS	454,057	339,704	793,761	-72,529	721,232
42	4200 RADIOLOGY-THERAPEUTIC	242,556	306,428	548,984	-4,466	544,518
43	4300 RADIOISOTOPE	307,437	225,326	532,763	-9,790	522,973
43.01	3480 STRAUSS ONCOLOGY	505,644	3,872,560	4,378,204	-582,188	3,796,016
44	4400 LABORATORY	1,319,730	1,893,073	3,212,803	-61,311	3,151,492
47	4700 BLOOD STORING, PROCESSING & TRANS.		1,180,737	1,180,737		1,180,737
49	4900 RESPIRATORY THERAPY	1,115,457	439,225	1,554,682	-220,310	1,334,372
50	5000 PHYSICAL THERAPY	1,976,528	204,962	2,181,490	-10,387	2,171,103
50.01	3040 AUDIOLOGY	35,327	26,544	61,871	-23,748	38,123
50.02	5001 SCHWAB PHYSICAL THERAPY					
53	5300 ELECTROCARDIOLOGY	972,743	1,528,252	2,500,995	-198,204	2,302,791
54	5400 ELECTROENCEPHALOGRAPHY	52,119	6,291	58,410	-1,398	57,012
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				4,928,573	4,928,573
56	5600 DRUGS CHARGED TO PATIENTS				1,931,463	1,931,463
58.01	3950 RENAL		444,357	444,357	-5,518	438,839
59	3951 WOUND CARE	288,950	239,123	528,073	-169,773	358,300
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	1,215,303	450,107	1,665,410	-129,988	1,535,422
60.01	6001 PROSTATE CENTER					
60.02	6002 SPINE CENTER					
61	6100 EMERGENCY	2,322,871	1,616,511	3,939,382	-401,094	3,538,288
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CENTERS					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	52,263,015	90,057,415	142,320,430	448,135	142,768,565
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	1,158,540	1,677,519	2,836,059	-417,325	2,418,734
100	7950 PHYSICIAN ASSISTANTS	2,773	2,923	5,696		5,696
100.01	7951 DEVELOPMENT					
100.02	7952 HOSPICE		27,890	27,890	-18,340	9,550
100.03	7960 MARKETING	459,535	1,162,727	1,622,262	-12,470	1,609,792
100.04	7961 OUTREACH	994	807	1,801		1,801
100.05	7953 VACANT SPACE					
101	TOTAL	53,884,857	92,929,281	146,814,138	-0-	146,814,138

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO:  
I 14-0082  
II PERIOD:  
I FROM 6/ 1/2009 I  
I TO 5/31/2010 I  
I PREPARED 10/19/2010  
I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	2,226,579	3,922,308
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	7,759,609	8,409,337
5	0500 EMPLOYEE BENEFITS	587,773	5,634,673
6	0600 ADMINISTRATIVE & GENERAL	-29,756,011	16,081,485
7	0700 MAINTENANCE & REPAIRS		
7.01	0701 BIOMEDICAL ENGINEERING		874,735
8	0800 OPERATION OF PLANT	-105,960	4,613,448
9	0900 LAUNDRY & LINEN SERVICE		477,106
10	1000 HOUSEKEEPING		1,614,677
11	1100 DIETARY	-357,361	1,819,851
12	1200 CAFETERIA		
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION	-50	1,011,339
15	1500 CENTRAL SERVICES & SUPPLY	-13,535	2,179,577
16	1600 PHARMACY	-410,401	2,659,515
17	1700 MEDICAL RECORDS & LIBRARY	-5,449	1,294,343
18	1800 SOCIAL SERVICE		199,920
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		3,061,050
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	-100,774	2,454,424
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-115,092	11,569,468
26	2600 INTENSIVE CARE UNIT	-1,504	3,550,927
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER	-65,636	1,743,677
31.01	3101 SUBPROVIDER II	-18,257	1,079,140
33	3300 NURSERY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-523,317	14,659,594
37.01	3701 G.I. LAB		773,867
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY	-60,000	214,558
41	4100 RADIOLOGY-DIAGNOSTIC	-800,686	2,307,299
41.02	3630 ULTRASOUND	-1,569	249,352
41.03	3230 CT SCANS	-13,045	708,187
42	4200 RADIOLOGY-THERAPEUTIC		544,518
43	4300 RADIOISOTOPE	-40,232	482,741
43.01	3480 STRAUSS ONCOLOGY	-54,656	3,741,360
44	4400 LABORATORY	-22,781	3,128,711
47	4700 BLOOD STORING, PROCESSING & TRANS.	-8,251	1,172,486
49	4900 RESPIRATORY THERAPY	-157,366	1,177,006
50	5000 PHYSICAL THERAPY	-7,141	2,163,962
50.01	3040 AUDIOLOGY		38,123
50.02	5001 SCHWAB PHYSICAL THERAPY		
53	5300 ELECTROCARDIOLOGY	-98,939	2,203,852
54	5400 ELECTROENCEPHALOGRAPHY		57,012
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		4,928,573
56	5600 DRUGS CHARGED TO PATIENTS		1,931,463
58.01	3950 RENAL		438,839
59	3951 WOUND CARE	-12,962	345,338
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-85,334	1,450,088
60.01	6001 PROSTATE CENTER		
60.02	6002 SPINE CENTER		
61	6100 EMERGENCY	-740,409	2,797,879
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-23,002,757	119,765,808
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES	-19,201	2,399,533
100	7950 PHYSICIAN ASSISTANTS	-2,938	2,758
100.01	7951 DEVELOPMENT		
100.02	7952 HOSPICE		9,550
100.03	7960 MARKETING		1,609,792
100.04	7961 OUTREACH		1,801
100.05	7953 VACANT SPACE		
101	TOTAL	-23,024,896	123,789,242

## COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 10/19/2010  
 I 14-0082 I FROM 6/ 1/2009 I NOT A CMS WORKSHEET  
 I I TO 5/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
7.01	BIOMEDICAL ENGINEERING	0701	MAINTENANCE & REPAIRS
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
INPAT ROUTINE SRVC C			
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER II	3101	SUBPROVIDER #####
33	NURSERY	3300	
ANCILLARY SRVC COST			
37	OPERATING ROOM	3700	
37.01	G.I. LAB	3701	OPERATING ROOM
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.02	ULTRASOUND	3630	ULTRA SOUND
41.03	CT SCANS	3230	CAT SCAN
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
43.01	STRAUSS ONCOLOGY	3480	ONCOLOGY
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
50.01	AUDIOLOGY	3040	AUDIOLOGY
50.02	SCHWAB PHYSICAL THERAPY	5001	PHYSICAL THERAPY
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
58.01	RENAL	3950	OTHER ANCILLARY SERVICE COST CENTERS
59	WOUND CARE	3951	OTHER ANCILLARY SERVICE COST CENTERS
OUTPAT SERVICE COST			
60	CLINIC	6000	
60.01	PROSTATE CENTER	6001	CLINIC
60.02	SPINE CENTER	6002	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
SPEC PURPOSE COST CE			
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
NONREIMBURS COST CEN			
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	PHYSICIAN ASSISTANTS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	DEVELOPMENT	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	HOSPICE	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	MARKETING	7960	OTHER NONREIMBURSABLE COST CENTERS
100.04	OUTREACH	7961	OTHER NONREIMBURSABLE COST CENTERS
100.05	VACANT SPACE	7953	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140082	FROM 6/ 1/2009	10/19/2010
	TO 5/31/2010	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 RENTS & LEASES	A	NEW CAP REL COSTS-BLDG & FIXT	3		570,684
2		NEW CAP REL COSTS-MVBLE EQUIP	4		649,728
3		OPERATION OF PLANT	8		3,912
4		RADIOLOGY-DIAGNOSTIC	41		7,784
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27 PROPERTY TAXES	B	NEW CAP REL COSTS-BLDG & FIXT	3		1,125,045
28 CHARGEABLE DRUGS	C	DRUGS CHARGED TO PATIENTS	56		1,931,463
29		PHYSICAL THERAPY	50		2
30					
31					
32					
33					
34					
35					
1 CHARGEABLE DRUGS	C				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18 LAUNDRY & LINEN	D	LAUNDRY & LINEN SERVICE	9		22,923
19		LABORATORY	44		1,973
20 YELLOW PAGES	E	ADMINISTRATIVE & GENERAL	6		11,919
21 MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		4,928,573
22		CENTRAL SERVICES & SUPPLY	15		294,022
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED 10/19/2010
140082	FROM 6/ 1/2009	WORKSHEET A-6
	TO 5/31/2010	CONTD

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 MEDICAL SUPPLIES	F				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
36 TOTAL RECLASSIFICATIONS					9,548,028

(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:	PERIOD:	PREPARED
140082	6/ 1/2009	10/19/2010
	TO	WORKSHEET A-6
	5/31/2010	

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO	7			
1 RENTS & LEASES	A	EMPLOYEE BENEFITS	5			7,878	10
2		ADMINISTRATIVE & GENERAL	6			20,735	10
3		BIOMEDICAL ENGINEERING	7.01			130	
4		DIETARY	11			1,199	
5		CENTRAL SERVICES & SUPPLY	15			362,012	
6		PHARMACY	16			424	
7		MEDICAL RECORDS & LIBRARY	17			1,808	
8		I&R SERVICES-OTHER PRGM COSTS APPRVD	23			3,986	
9		ADULTS & PEDIATRICS	25			2,790	
10		INTENSIVE CARE UNIT	26			18,054	
11		SUBPROVIDER	31			1,910	
12		SUBPROVIDER II	31.01			674	
13		OPERATING ROOM	37			119,140	
14		G.I. LAB	37.01			434	
15		RADIOLOGY-THERAPEUTIC	42			412	
16		RADIOISOTOPE	43			3,503	
17		STRAUSS ONCOLOGY	43.01			142,541	
18		LABORATORY	44			1,010	
19		RESPIRATORY THERAPY	49			117,541	
20		PHYSICAL THERAPY	50			1,196	
21		ELECTROCARDIOLOGY	53			2,676	
22		ELECTROENCEPHALOGRAPHY	54			130	
23		WOUND CARE	59			8,710	
24		CLINIC	60			5,306	
25		EMERGENCY	61			6,452	
26		PHYSICIANS' PRIVATE OFFICES	98			401,457	
27 PROPERTY TAXES	B	ADMINISTRATIVE & GENERAL	6			1,125,045	13
28 CHARGEABLE DRUGS	C	EMPLOYEE BENEFITS	5			1,823	
29		CENTRAL SERVICES & SUPPLY	15			712	
30		PHARMACY	16			1,189,504	
31		ADULTS & PEDIATRICS	25			6,105	
32		INTENSIVE CARE UNIT	26			1,445	
33		SUBPROVIDER	31			110	
34		SUBPROVIDER II	31.01			1	
35		OPERATING ROOM	37			72,191	
1 CHARGEABLE DRUGS	C	G.I. LAB	37.01			4,013	
2		ANESTHESIOLOGY	40			137,799	
3		RADIOLOGY-DIAGNOSTIC	41			2,220	
4		ULTRASOUND	41.02			4	
5		CT SCANS	41.03			7	
6		RADIOLOGY-THERAPEUTIC	42			227	
7		RADIOISOTOPE	43			9	
8		STRAUSS ONCOLOGY	43.01			369,930	
9		LABORATORY	44			211	
10		RESPIRATORY THERAPY	49			31	
11		ELECTROCARDIOLOGY	53			13,621	
12		RENAL	58.01			886	
13		WOUND CARE	59			15,230	
14		CLINIC	60			107,303	
15		EMERGENCY	61			4,498	
16		PHYSICIANS' PRIVATE OFFICES	98			3,499	
17		HOSPICE	100.02			86	
18 LAUNDRY & LINEN	D	OPERATING ROOM	37			22,905	
19		WOUND CARE	59			1,991	
20 YELLOW PAGES	E	MARKETING	100.03			11,919	
21 MEDICAL SUPPLIES	F	EMPLOYEE BENEFITS	5			3,275	
22		ADMINISTRATIVE & GENERAL	6			1,673	
23		LAUNDRY & LINEN SERVICE	9			11,327	
24		HOUSEKEEPING	10			13,380	
25		DIETARY	11			3,013	
26		NURSING ADMINISTRATION	14			185	
27		PHARMACY	16			6,507	
28		MEDICAL RECORDS & LIBRARY	17			244	
29		SOCIAL SERVICE	18			3	
30		I&R SERVICES-OTHER PRGM COSTS APPRVD	23			141	
31		ADULTS & PEDIATRICS	25			608,884	
32		INTENSIVE CARE UNIT	26			405,516	
33		SUBPROVIDER	31			45,139	
34		SUBPROVIDER II	31.01			12,445	
35		OPERATING ROOM	37			2,359,872	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140082	FROM 6/ 1/2009	10/19/2010
	TO 5/31/2010	WORKSHEET A-6
		CONTD

EXPLANATION OF RECLASSIFICATION	DECREASE					A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	
	1	6	7	8	9	
1 MEDICAL SUPPLIES	F	G.I. LAB	37.01		131,758	
2		ANESTHESIOLOGY	40		221,489	
3		RADIOLOGY-DIAGNOSTIC	41		271,331	
4		ULTRASOUND	41.02		5,981	
5		CT SCANS	41.03		72,522	
6		RADIOLOGY-THERAPEUTIC	42		3,827	
7		RADIOISOTOPE	43		6,278	
8		STRAUSS ONCOLOGY	43.01		69,717	
9		LABORATORY	44		62,063	
10		RESPIRATORY THERAPY	49		102,738	
11		PHYSICAL THERAPY	50		9,193	
12		AUDIOLOGY	50.01		23,748	
13		ELECTROCARDIOLOGY	53		181,907	
14		ELECTROENCEPHALOGRAPHY	54		1,268	
15		RENAL	58.01		4,632	
16		WOUND CARE	59		143,842	
17		CLINIC	60		17,379	
18		EMERGENCY	61		390,144	
19		PHYSICIANS' PRIVATE OFFICES	98		12,369	
20		HOSPICE	100.02		18,254	
21		MARKETING	100.03		551	
36 TOTAL RECLASSIFICATIONS					9,548,028	

(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:	PERIOD:	PREPARED
140082	6/ 1/2009	10/19/2010
	TO 5/31/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : RENTS & LEASES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	570,684	EMPLOYEE BENEFITS	5	7,878	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	649,728	ADMINISTRATIVE & GENERAL	6	20,735	
3.00	OPERATION OF PLANT	8	3,912	BIOMEDICAL ENGINEERING	7.01	130	
4.00	RADIOLOGY-DIAGNOSTIC	41	7,784	DIETARY	11	1,199	
5.00			0	CENTRAL SERVICES & SUPPLY	15	362,012	
6.00			0	PHARMACY	16	424	
7.00			0	MEDICAL RECORDS & LIBRARY	17	1,808	
8.00			0	I&R SERVICES-OTHER PRGM COSTS	23	3,986	
9.00			0	ADULTS & PEDIATRICS	25	2,790	
10.00			0	INTENSIVE CARE UNIT	26	18,054	
11.00			0	SUBPROVIDER	31	1,910	
12.00			0	SUBPROVIDER II	31.01	674	
13.00			0	OPERATING ROOM	37	119,140	
14.00			0	G.I. LAB	37.01	434	
15.00			0	RADIOLOGY-THERAPEUTIC	42	412	
16.00			0	RADIOISOTOPE	43	3,503	
17.00			0	STRAUSS ONCOLOGY	43.01	142,541	
18.00			0	LABORATORY	44	1,010	
19.00			0	RESPIRATORY THERAPY	49	117,541	
20.00			0	PHYSICAL THERAPY	50	1,196	
21.00			0	ELECTROCARDIOLOGY	53	2,676	
22.00			0	ELECTROENCEPHALOGRAPHY	54	130	
23.00			0	WOUND CARE	59	8,710	
24.00			0	CLINIC	60	5,306	
25.00			0	EMERGENCY	61	6,452	
26.00			0	PHYSICIANS' PRIVATE OFFICES	98	401,457	
TOTAL RECLASSIFICATIONS FOR CODE A			1,232,108				1,232,108

RECLASS CODE: B  
EXPLANATION : PROPERTY TAXES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,125,045	ADMINISTRATIVE & GENERAL	6	1,125,045	
TOTAL RECLASSIFICATIONS FOR CODE B			1,125,045				1,125,045

RECLASS CODE: C  
EXPLANATION : CHARGEABLE DRUGS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	1,931,463	EMPLOYEE BENEFITS	5	1,823	
2.00	PHYSICAL THERAPY	50	2	CENTRAL SERVICES & SUPPLY	15	712	
3.00			0	PHARMACY	16	1,189,504	
4.00			0	ADULTS & PEDIATRICS	25	6,105	
5.00			0	INTENSIVE CARE UNIT	26	1,445	
6.00			0	SUBPROVIDER	31	110	
7.00			0	SUBPROVIDER II	31.01	1	
8.00			0	OPERATING ROOM	37	72,191	
9.00			0	G.I. LAB	37.01	4,013	
10.00			0	ANESTHESIOLOGY	40	137,799	
11.00			0	RADIOLOGY-DIAGNOSTIC	41	2,220	
12.00			0	ULTRASOUND	41.02	4	
13.00			0	CT SCANS	41.03	7	
14.00			0	RADIOLOGY-THERAPEUTIC	42	227	
15.00			0	RADIOISOTOPE	43	9	
16.00			0	STRAUSS ONCOLOGY	43.01	369,930	
17.00			0	LABORATORY	44	211	
18.00			0	RESPIRATORY THERAPY	49	31	
19.00			0	ELECTROCARDIOLOGY	53	13,621	
20.00			0	RENAL	58.01	886	
21.00			0	WOUND CARE	59	15,230	
22.00			0	CLINIC	60	107,303	
23.00			0	EMERGENCY	61	4,498	
24.00			0	PHYSICIANS' PRIVATE OFFICES	98	3,499	
25.00			0	HOSPICE	100.02	86	
TOTAL RECLASSIFICATIONS FOR CODE C			1,931,465				1,931,465

RECLASS CODE: D  
EXPLANATION : LAUNDRY & LINEN

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	22,923	OPERATING ROOM	37	22,905	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140082	FROM 6/ 1/2009	10/19/2010
	TO 5/31/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: D  
EXPLANATION : LAUNDRY & LINEN

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
2.00	LABORATORY	1,973	WOUND CARE	59	1,991
TOTAL RECLASSIFICATIONS FOR CODE D		24,896	24,896		

RECLASS CODE: E  
EXPLANATION : YELLOW PAGES

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	11,919	MARKETING	100.03	11,919
TOTAL RECLASSIFICATIONS FOR CODE E		11,919	11,919		

RECLASS CODE: F  
EXPLANATION : MEDICAL SUPPLIES

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	4,928,573	EMPLOYEE BENEFITS	5	3,275
2.00	CENTRAL SERVICES & SUPPLY	294,022	ADMINISTRATIVE & GENERAL	6	1,673
3.00		0	LAUNDRY & LINEN SERVICE	9	11,327
4.00		0	HOUSEKEEPING	10	13,380
5.00		0	DIETARY	11	3,013
6.00		0	NURSING ADMINISTRATION	14	185
7.00		0	PHARMACY	16	6,507
8.00		0	MEDICAL RECORDS & LIBRARY	17	244
9.00		0	SOCIAL SERVICE	18	3
10.00		0	I&R SERVICES-OTHER PRGM COSTS	23	141
11.00		0	ADULTS & PEDIATRICS	25	608,884
12.00		0	INTENSIVE CARE UNIT	26	405,516
13.00		0	SUBPROVIDER	31	45,139
14.00		0	SUBPROVIDER II	31.01	12,445
15.00		0	OPERATING ROOM	37	2,359,872
16.00		0	G.I. LAB	37.01	131,758
17.00		0	ANESTHESIOLOGY	40	221,489
18.00		0	RADIOLOGY-DIAGNOSTIC	41	271,331
19.00		0	ULTRASOUND	41.02	5,981
20.00		0	CT SCANS	41.03	72,522
21.00		0	RADIOLOGY-THERAPEUTIC	42	3,827
22.00		0	RADIOISOTOPE	43	6,278
23.00		0	STRAUSS ONCOLOGY	43.01	69,717
24.00		0	LABORATORY	44	62,063
25.00		0	RESPIRATORY THERAPY	49	102,738
26.00		0	PHYSICAL THERAPY	50	9,193
27.00		0	AUDIOLOGY	50.01	23,748
28.00		0	ELECTROCARDIOLOGY	53	181,907
29.00		0	ELECTROENCEPHALOGRAPHY	54	1,268
30.00		0	RENAL	58.01	4,632
31.00		0	WOUND CARE	59	143,842
32.00		0	CLINIC	60	17,379
33.00		0	EMERGENCY	61	390,144
34.00		0	PHYSICIANS' PRIVATE OFFICES	98	12,369
35.00		0	HOSPICE	100.02	18,254
36.00		0	MARKETING	100.03	551
TOTAL RECLASSIFICATIONS FOR CODE F		5,222,595	5,222,595		

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS	TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES		DONATION		AND		BALANCE
		1	2	3	4	5	6	7
1	LAND	2,829,328					2,829,328	
2	LAND IMPROVEMENTS	606,139					606,139	
3	BUILDINGS & FIXTURE	55,035,709	2,270,303		2,270,303		57,306,012	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT	236,794					236,794	
6	MOVABLE EQUIPMENT	133,304,913	3,096,345		3,096,345	1,275,306	135,125,952	
7	SUBTOTAL	192,012,883	5,366,648		5,366,648	1,275,306	196,104,225	
8	RECONCILING ITEMS							
9	TOTAL	192,012,883	5,366,648		5,366,648	1,275,306	196,104,225	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
			CAPITIALIZED LEASES 2	GROSS ASSETS FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	57,912,151		57,912,151	.299636				
4	NEW CAP REL COSTS-MV	135,362,747		135,362,747	.700364				
5	TOTAL	193,274,898		193,274,898	1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	227,019	570,684	1,559,654	31,850	1,533,101		3,922,308
4	NEW CAP REL COSTS-MV	6,127,204	649,728	1,619,465	12,940			8,409,337
5	TOTAL	6,354,223	1,220,412	3,179,119	44,790	1,533,101		12,331,645

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

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

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

I PROVIDER NO: I 14-0082 I

I PERIOD: I FROM 6/ 1/2009 I TO 5/31/2010 I  
I PREPARED 10/19/2010 I WORKSHEET A-8 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT	B	-124,999	ADMINISTRATIVE & GENERAL	6	
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,468,575			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-2,894,337			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-352,271	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-5,441	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES	B	-5,574	ADMINISTRATIVE & GENERAL	6	
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	227,019	NEW CAP REL COSTS-BLDG &	3	9
32 DEPRECIATION-NEW MOVABLE EQUIP	A	6,137,903	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		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 DEPRECIATION	A	-6,907,971	ADMINISTRATIVE & GENERAL	6	
37.01 TELEPHONE SERVICES - DIRECT PHONE CO	A	-71,141	ADMINISTRATIVE & GENERAL	6	
37.02 TELEPHONE SERVICES - PBX SALARY	A	-48,833	ADMINISTRATIVE & GENERAL	6	
37.03 TELEPHONE SERVICES - PBX BENEFITS	A	-4,028	EMPLOYEE BENEFITS	5	
37.04 TELEPHONE SERVICES - DEPRECIATION	A	-1,245	NEW CAP REL COSTS-MVBLE E	4	9
37.05 TELEVISION SERVICES	A	-9,454	NEW CAP REL COSTS-MVBLE E	4	9
37.06 SATELITE TV	A	-4,787	DIETARY	11	
37.07 WATER TOWER RENT	B	-96,410	OPERATION OF PLANT	8	
37.08 HOSPICE REVENUE	B	-38	DIETARY	11	
37.09 MEDICAL STAFF APPLICATION	B	-10,250	ADMINISTRATIVE & GENERAL	6	
37.10 TRANSPORT REVENUE	B	-11,051	ADMINISTRATIVE & GENERAL	6	
37.12 HOSPICE REVENUE	B	-13,535	CENTRAL SERVICES & SUPPLY	15	
37.13 HOSPICE REVENUE	B	-410,401	PHARMACY	16	
37.14 HOSPICE REVENUE	B	-31,923	RADIOLOGY-DIAGNOSTIC	41	
37.15 HOSPICE REVENUE	B	-1,569	ULTRASOUND	41.02	
37.16 HOSPICE REVENUE	B	-13,045	CT SCANS	41.03	
37.17 HOSPICE REVENUE	B	-29,782	RADIOISOTOPE	43	
37.18 GRANTS/CONTRIBUTIONS	B	-35,524	STRAUSS ONCOLOGY	43.01	
37.19 HOSPICE REVENUE	B	-22,781	LABORATORY	44	
37.20 HOSPICE REVENUE	B	-8,251	BLOOD STORING, PROCESSING	47	
37.21 HOSPICE REVENUE	B	-157,366	RESPIRATORY THERAPY	49	
37.22 HOSPICE REVENUE	B	-6,834	PHYSICAL THERAPY	50	
37.23 HOSPICE REVENUE	B	-2,302	ELECTROCARDIOLOGY	53	
37.24 INV. SALE OF SPECIALTY MED SVCS	B	-1,435	CLINIC	60	
37.25 MISC RENTAL INCOME	B	-18,652	CLINIC	60	
37.26 RUSH UNIV. VASCULAR SITE FEES & SEAS	B	-1,807	CLINIC	60	
37.27 HOSPICE REVENUE	B	-9,071	EMERGENCY	61	
37.28 INTEREST INCOME	B	-804	ADMINISTRATIVE & GENERAL	6	
37.29 ADVERTISING	A	-1,185	ADMINISTRATIVE & GENERAL	6	
37.30 OTHER EXPENSE	A	-20,000	EMPLOYEE BENEFITS	5	
37.31 OTHER EXPENSE	A	-10,245	ADMINISTRATIVE & GENERAL	6	
37.32 PURCHASED SVCS	A	-1,245	EMPLOYEE BENEFITS	5	
37.33 PURCHASED SVCS	A	-4,439	ADMINISTRATIVE & GENERAL	6	
37.34 PURCHASED SVCS	A	-9,550	OPERATION OF PLANT	8	
37.35 PURCHASED SVCS	A	-50	NURSING ADMINISTRATION	14	
37.36 PURCHASED SVCS	A	-35	ADULTS & PEDIATRICS	25	
37.37 PURCHASED SVCS	A	-818	OPERATING ROOM	37	
37.38 PURCHASED SVCS	A	-50	RADIOLOGY-DIAGNOSTIC	41	
37.39 PURCHASED SVCS	A	-880	CLINIC	60	
37.40 PHYSICIAN GUARANTEE	A	-710,584	ADMINISTRATIVE & GENERAL	6	
37.41 PHYSICIAN INTERVIEW	A	-1,756	ADMINISTRATIVE & GENERAL	6	
37.42 PHYSICIAN INCENTIVES	A	-2,531	ADMINISTRATIVE & GENERAL	6	
37.43 PHYSICIAN RECRUITMENT	A	-559	ADMINISTRATIVE & GENERAL	6	
37.44 PHYSICIAN RELOCATION	A	-2,513	ADMINISTRATIVE & GENERAL	6	
37.45 PHYSICIAN INCENTIVES	A	-20,994	EMERGENCY	61	
37.46 TRAVEL	A	-5,611	ADMINISTRATIVE & GENERAL	6	
37.47 TRAVEL	A	-1,376	INTENSIVE CARE UNIT	26	
37.48 TRAVEL	A	-329	OPERATING ROOM	37	
37.49 TRAVEL	A	-813	STRAUSS ONCOLOGY	43.01	

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:  
I 14-0082  
I

I PERIOD:  
I FROM 6/ 1/2009 I  
I TO 5/31/2010 I  
I PREPARED 10/19/2010  
I WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
37.50 TRAVEL	A	-1,525	CLINIC	60	
37.51 TRAVEL	A	-514	EMERGENCY	61	
37.52 ALCOHOL	A	-169	EMPLOYEE BENEFITS	5	
37.53 ALCOHOL	A	-1,017	ADMINISTRATIVE & GENERAL	6	
37.54 ALCOHOL	A	-230	DIETARY	11	
37.55 MEALS	A	-1,816	ADMINISTRATIVE & GENERAL	6	
37.56 MEALS	A	-81	INTENSIVE CARE UNIT	26	
37.57 MEALS	A	-21	EMERGENCY	61	
37.58 PROPERTY TAX	A	408,056	NEW CAP REL COSTS-BLDG &	3	13
37.59 START UP COSTS	A	-134,747	ADMINISTRATIVE & GENERAL	6	
37.60 DONATION & CONTRIBUTION	A	-104,137	ADMINISTRATIVE & GENERAL	6	
37.61 LOBBYING DUES	A	-38,597	ADMINISTRATIVE & GENERAL	6	
37.62 LOBBYING DUES	A	-35	DIETARY	11	
37.63 LOBBYING DUES	A	-8	MEDICAL RECORDS & LIBRARY	17	
37.64 LOBBYING DUES	A	-20	OPERATING ROOM	37	
37.65 DUES & SUBSCRIPTION	A	-15,724	ADMINISTRATIVE & GENERAL	6	
37.66 PATIENT TRANSPORTATION	A	-4,326	ADMINISTRATIVE & GENERAL	6	
37.67 PATIENT TRANSPORTATION	A	-1,736	ADULTS & PEDIATRICS	25	
37.68 PATIENT TRANSPORTATION	A	-38	SUBPROVIDER II	31.01	
37.69 PATIENT TRANSPORTATION	A	-194	OPERATING ROOM	37	
37.70 PATIENT TRANSPORTATION	A	-10	RADIOISOTOPE	43	
37.71 PATIENT TRANSPORTATION	A	-307	PHYSICAL THERAPY	50	
37.72 PATIENT TRANSPORTATION	A	-40	ELECTROCARDIOLOGY	53	
37.73 PATIENT TRANSPORTATION	A	-797	EMERGENCY	61	
37.74 PENALTIES & FINES	A	-17,937	ADMINISTRATIVE & GENERAL	6	
37.75 BAD DEBTS	A	-6,515,129	ADMINISTRATIVE & GENERAL	6	
37.76 BAD DEBTS	A	848	STRAUSS ONCOLOGY	43.01	
37.77 BAD DEBTS	A	4,055	CLINIC	60	
37.78 LEGAL	A	-48,707	ADMINISTRATIVE & GENERAL	6	
37.79 SENIOR SERVICES	A	-86,759	ADULTS & PEDIATRICS	25	
37.80 IDPA TAX ASSESSMENT	A	-8,251,106	ADMINISTRATIVE & GENERAL	6	
37.81					
38 OTHER ADJUSTMENTS (SPECIFY)					
39 OTHER ADJUSTMENTS (SPECIFY)					
40 OTHER ADJUSTMENTS (SPECIFY)					
41 OTHER ADJUSTMENTS (SPECIFY)					
42 OTHER ADJUSTMENTS (SPECIFY)					
43 OTHER ADJUSTMENTS (SPECIFY)					
44 OTHER ADJUSTMENTS (SPECIFY)					
45 OTHER ADJUSTMENTS (SPECIFY)					
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-23,024,896			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	ADMINISTRATIVE & GENERAL	AUTO INSURANCE	13,068	-13,068	
2	6	ADMINISTRATIVE & GENERAL	PROPERTY INSURANCE	35,160	-35,160	
3	6	ADMINISTRATIVE & GENERAL	PROPERTY INSURANCE	10,495	-10,495	
4	6	ADMINISTRATIVE & GENERAL	MALPRACTICE INSURANCE	1,855,114	-1,855,114	
4.01	23	I&R SERVICES-OTHER PRGM C	MALPRACTICE INSURANCE	30,340	-30,340	
4.02	98	PHYSICIANS' PRIVATE OFFIC	MALPRACTICE INSURANCE	18,348	-18,348	
4.03	100	PHYSICIAN ASSISTANTS	MALPRACTICE INSURANCE	2,085	-2,085	
4.04	5	EMPLOYEE BENEFITS	WORKERS COMP	221,857	-221,857	
4.05	60	CLINIC	WORKERS COMP	11,538	-11,538	
4.06	98	PHYSICIANS' PRIVATE OFFIC	WORKERS COMP	853	-853	
4.07	100	PHYSICIAN ASSISTANTS	WORKERS COMP	853	-853	
4.08	6	ADMINISTRATIVE & GENERAL	INTEREST EXPENSE	5,837,216	-5,837,216	
4.09	6	ADMINISTRATIVE & GENERAL	MANAGEMENT FEE	2,729,062	-2,729,062	
4.10	3	NEW CAP REL COSTS-BLDG &	DIRECT ALLOC.-INSURANCE	31,850	31,850	12
4.11	4	NEW CAP REL COSTS-MVBLE E	DIRECT ALLOC.-INSURANCE	12,940	12,940	12
4.12	6	ADMINISTRATIVE & GENERAL	DIRECT ALLOC.-PROF. LIABI	1,288,647	1,288,647	
4.13	5	EMPLOYEE BENEFITS	DIRECT ALLOC.-WORKERS COM	835,072	835,072	
4.14	3	NEW CAP REL COSTS-BLDG &	DIRECT ALLOC.-INTEREST EX	1,559,654	1,559,654	11
4.15	4	NEW CAP REL COSTS-MVBLE E	DIRECT ALLOC.-INTEREST EX	1,619,465	1,619,465	11
4.16	6	ADMINISTRATIVE & GENERAL	DIRECT ALLOC.-INTEREST EX	224,641	224,641	
4.17	6	ADMINISTRATIVE & GENERAL	FUNCTIONAL ALLOCATION	219,809	219,809	
4.18	6	ADMINISTRATIVE & GENERAL	POOLED ALLOC.-MGMT FEES	2,079,574	2,079,574	
4.19	44	LABORATORY	GENESIS LAB	1,156,037	1,156,037	
4.20						
5		TOTALS		9,027,689	11,922,026	-2,894,337

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	C	0.00	VANGUARD HLTH SYSTEMS	100.00	HEALTHCARE
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:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:  
I 14-0082  
I

I PERIOD:  
I FROM 6/ 1/2009 I PREPARED 10/19/2010  
I TO 5/31/2010 I WORKSHEET A-8-2  
I 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	6	76,170		76,170	177,200	480	40,892	2,045
2	23	788,350		788,350	177,200	8,427	717,916	35,896
3	25	54,675		54,675	177,200	330	28,113	1,406
4	26	61,300		61,300	177,200	719	61,253	3,063
5	31	184,032	65,636	118,396	177,200	1,508	128,470	6,424
6	31 1	36,000		36,000	154,100	240	17,781	889
7	37	728,456	244,175	484,281	208,000	2,065	206,500	10,325
8	40	60,000	60,000					
9	41	804,891	754,887	50,004	225,300	334	36,178	1,809
10	43	21,600		21,600	177,200	131	11,160	558
11	43 1	19,167	19,167					
12	53	115,425		115,425	177,200	221	18,828	941
13	59	30,000		30,000	177,200	200	17,038	852
14	60	72,891	3,957	68,934	177,200	227	19,339	967
15	61	709,012	709,012					
16								
17								
101	TOTAL	3,761,969	1,856,834	1,905,135		14,882	1,303,468	65,175

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	6					40,892	35,278	35,278
2	23					717,916	70,434	70,434
3	25					28,113	26,562	26,562
4	26					61,253	47	47
5	31					128,470		65,636
6	31 1					17,781	18,219	18,219
7	37					206,500	277,781	521,956
8	40							60,000
9	41					36,178	13,826	768,713
10	43					11,160	10,440	10,440
11	43 1							19,167
12	53					18,828	96,597	96,597
13	59					17,038	12,962	12,962
14	60					19,339	49,595	53,552
15	61							709,012
16								
17								
101	TOTAL					1,303,468	611,741	2,468,575

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 10/19/2010  
 I 14-0082 I FROM 6/ 1/2009 I NOT A CMS WORKSHEET  
 I I TO 5/31/2010 I

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	1	SQUARE FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	2	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-3	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	4	SQUARE FEET	NOT ENTERED
7.01	BIOMEDICAL ENGINEERING	1	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	1	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	5	POUNDS	ENTERED
10	HOUSEKEEPING	1	SQUARE FEET	ENTERED
11	DIETARY	7	MEALS SERVED	ENTERED
12	CAFETERIA	8	FTES	ENTERED
13	MAINTENANCE OF PERSONNEL	4	SQUARE FEET	NOT ENTERED
14	NURSING ADMINISTRATION	10	DIRECT NURSING HO	ENTERED
15	CENTRAL SERVICES & SUPPLY	11	COSTED REQUISITIO	ENTERED
16	PHARMACY	12	COSTED REQUISITIO	ENTERED
17	MEDICAL RECORDS & LIBRARY	13	GROSS REVE NUE	ENTERED
18	SOCIAL SERVICE	18	PATIENT DAYS	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	22	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	22	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/19/2010  
 I 14-0082 I FROM 6/ 1/2009 I WORKSHEET B  
 I I TO 5/31/2010 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &	3,922,308			3,922,308			
004 NEW CAP REL COSTS-MVBLE E	8,409,337				8,409,337		
005 EMPLOYEE BENEFITS	5,634,673			31,757	68,087	5,734,517	
006 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	16,081,485			435,762	934,264	882,562	18,334,073
007 01 BIOMEDICAL ENGINEERING	874,735			15,559	33,357		923,651
008 OPERATION OF PLANT	4,613,448			526,372	1,128,530	146,922	6,415,272
009 LAUNDRY & LINEN SERVICE	477,106			31,645	67,846		576,597
010 HOUSEKEEPING	1,614,677			34,049	73,000	110,055	1,831,781
011 DIETARY	1,819,851			71,985	154,334	107,605	2,153,775
012 CAFETERIA				36,240	77,697		113,937
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,011,339			3,932	8,430	93,114	1,116,815
015 CENTRAL SERVICES & SUPPLY	2,179,577			37,958	81,382	86,805	2,385,722
016 PHARMACY	2,659,515			13,649	29,263	149,167	2,851,594
017 MEDICAL RECORDS & LIBRARY	1,294,343			29,859	64,017	119,409	1,507,628
018 SOCIAL SERVICE	199,920					19,915	219,835
022 I&R SERVICES-SALARY & FRI	3,061,050					329,525	3,390,575
023 I&R SERVICES-OTHER PRGM C	2,454,424			113,852	244,097		2,812,373
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	11,569,468			625,308	1,340,643	1,062,602	14,598,021
027 INTENSIVE CARE UNIT	3,550,927			131,938	282,873	315,431	4,281,169
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
031 01 SUBPROVIDER	1,743,677			110,269	236,414	128,771	2,219,131
031 01 SUBPROVIDER II	1,079,140			56,909	122,012	100,204	1,358,265
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	14,659,594			348,073	746,260	459,601	16,213,528
037 01 G.I. LAB	773,867			40,295	86,391	53,610	954,163
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	214,558			4,437	9,513	18,246	246,754
041 RADIOLOGY-DIAGNOSTIC	2,307,299			144,722	310,281	189,339	2,951,641
041 02 ULTRASOUND	249,352			1,921	4,118	23,471	278,862
041 03 CT SCANS	708,187			10,099	21,652	48,880	788,818
042 RADIOLOGY-THERAPEUTIC	544,518			33,442	71,700	26,111	675,771
043 RADIOISOTOPE	482,741					33,096	515,837
043 01 STRAUSS ONCOLOGY	3,741,360			41,351	88,655	54,433	3,925,799
044 LABORATORY	3,128,711			51,472	110,355	142,070	3,432,608
047 BLOOD STORING, PROCESSING	1,172,486			2,460	5,275		1,180,221
049 RESPIRATORY THERAPY	1,177,006			11,728	25,144	120,080	1,333,958
050 PHYSICAL THERAPY	2,163,962			37,981	81,430	212,775	2,496,148
050 01 AUDIOLOGY	38,123			2,247	4,817	3,803	48,990
050 02 SCHWAB PHYSICAL THERAPY							
053 ELECTROCARDIOLOGY	2,203,852			97,867	209,825	104,717	2,616,261
054 ELECTROENCEPHALOGRAPHY	57,012			1,123	2,408	5,611	66,154
055 MEDICAL SUPPLIES CHARGED	4,928,573						4,928,573
056 DRUGS CHARGED TO PATIENTS	1,931,463						1,931,463
058 01 RENAL	438,839						438,839
059 WOUND CARE	345,338			29,814	63,920	31,106	470,178
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,450,088			76,793	164,642	130,829	1,822,352
060 01 PROSTATE CENTER							
060 02 SPINE CENTER							
061 EMERGENCY	2,797,879			133,129	285,426	250,059	3,466,493
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	119,765,808			3,375,997	7,238,058	5,559,924	117,873,625
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	2,399,533			406,611	871,764	124,718	3,802,626
100 PHYSICIAN ASSISTANTS	2,758					299	3,057
100 01 DEVELOPMENT							
100 02 HOSPICE	9,550			23,523	50,433		83,506
100 03 MARKETING	1,609,792			3,482	7,466	49,469	1,670,209
100 04 OUTREACH	1,801			20,883	44,773	107	67,564
100 05 VACANT SPACE				91,812	196,843		288,655
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	123,789,242			3,922,308	8,409,337	5,734,517	123,789,242

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL		MAINTENANCE & REPAIRS		BIOMEDICAL ENGINEERING		OPERATION OF PLANT		LAUNDRY & LINEN SERVICE		HOUSEKEEPING		DIETARY	
	6	7	7.01	8	9	10	11							
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														
006 ADMINISTRATIVE & GENERAL	18,334,073													
007 MAINTENANCE & REPAIRS														
007 01 BIOMEDICAL ENGINEERING			1,084,234											
008 OPERATION OF PLANT	1,115,340		165,941	7,696,553										
009 LAUNDRY & LINEN SERVICE	100,245		9,976	83,615	770,433									
010 HOUSEKEEPING	318,468		10,734	89,967		2,250,950								
011 DIETARY	374,449		22,694	190,203		56,911							2,798,032	
012 CAFETERIA	19,809		11,425	95,755		28,651							1,253,226	
013 MAINTENANCE OF PERSONNEL														
014 NURSING ADMINISTRATION	194,166		1,240	10,389		3,108								
015 CENTRAL SERVICES & SUPPLY	414,774		11,967	100,296		30,010								
016 PHARMACY	495,770		4,303	36,064		10,791								
017 MEDICAL RECORDS & LIBRARY	262,112		9,413	78,895		23,606								
018 SOCIAL SERVICE	38,220													
022 I&R SERVICES-SALARY & FRI	589,475													
023 I&R SERVICES-OTHER PRGM C	488,951		35,893	300,829		90,011								
025 INPAT ROUTINE SRVC CNTRS														
025 ADULTS & PEDIATRICS	2,537,968		197,128	1,652,229	309,859	494,363							826,992	
026 INTENSIVE CARE UNIT	744,311		41,594	348,617	101,224	104,310							130,405	
027 CORONARY CARE UNIT														
028 BURN INTENSIVE CARE UNIT														
029 SURGICAL INTENSIVE CARE U														
031 SUBPROVIDER	385,811		34,763	291,360	67,731	87,178							114,127	
031 01 SUBPROVIDER II	236,144		17,941	150,370	22,677	44,992							75,541	
033 NURSERY														
037 ANCILLARY SRVC COST CNTRS														
037 OPERATING ROOM	2,818,789		109,732	919,702	85,633	275,184								
037 01 G.I. LAB	165,888		12,703	106,470	12,158	31,857								
039 DELIVERY ROOM & LABOR ROO														
040 ANESTHESIOLOGY	42,900		1,399	11,724		3,508								
041 RADIOLOGY-DIAGNOSTIC	513,163		45,624	382,395	61,018	114,417								
041 02 ULTRASOUND	48,482		606	5,076		1,519								
041 03 CT SCANS	137,142		3,184	26,684		7,984								
042 RADIOLOGY-THERAPEUTIC	117,488		10,543	88,364	6,117	26,439								
043 RADIOISOTOPE	89,682				6,117									
043 01 STRAUSS ONCOLOGY	682,528		13,036	109,260	6,117	32,692								
044 LABORATORY	596,783		16,227	136,004		40,694								
047 BLOOD STORING, PROCESSING	205,190		776	6,500		1,945								
049 RESPIRATORY THERAPY	231,918		3,697	30,988		9,272								
050 PHYSICAL THERAPY	433,973		11,974	100,355		30,027								
050 01 AUDIOLOGY	8,517		708	5,936		1,776								
050 02 SCHWAB PHYSICAL THERAPY														
053 ELECTROCARDIOLOGY	454,855		30,853	258,591	6,117	77,373								
054 ELECTROENCEPHALOGRAPHY	11,501		354	2,968	6,117	888								
055 MEDICAL SUPPLIES CHARGED	856,867													
056 DRUGS CHARGED TO PATIENTS	335,798													
058 01 RENAL	76,295													
059 WOUND CARE	81,744		9,399	78,776		23,571								
060 OUTPAT SERVICE COST CNTRS														
060 CLINIC	316,829		24,209	202,907	12,383	60,712								
060 01 PROSTATE CENTER														
060 02 SPINE CENTER														
061 EMERGENCY	602,674		41,970	351,763	39,683	105,251								
062 OBSERVATION BEDS (NON-DIS														
062 SPEC PURPOSE COST CENTERS														
095 SUBTOTALS	17,305,602		912,006	6,253,052	742,951	1,819,040							2,400,291	
096 NONREIMBURS COST CENTERS														
098 GIFT, FLOWER, COFFEE SHOP														
100 PHYSICIANS' PRIVATE OFFIC	661,113		128,186	1,074,375	2,984	321,464							332,838	
100 PHYSICIAN ASSISTANTS	531													
100 01 DEVELOPMENT														
100 02 HOSPICE	14,518		7,416	62,154	24,498	18,597							54,913	
100 03 MARKETING	290,378		1,098	9,201		2,753							9,990	
100 04 OUTREACH	11,746		6,584	55,179		16,510								
100 05 VACANT SPACE	50,185		28,944	242,592		72,586								
101 CROSS FOOT ADJUSTMENT														
102 NEGATIVE COST CENTER														
103 TOTAL	18,334,073		1,084,234	7,696,553	770,433	2,250,950							2,798,032	

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/19/2010  
 I 14-0082 I FROM 6/ 1/2009 I WORKSHEET B  
 I I TO 5/31/2010 I PART I

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE O F PERSONNEL 13	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 BIOMEDICAL ENGINEERING							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	1,522,803						
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	23,420		1,349,138				
015 CENTRAL SERVICES & SUPPLY	38,375			2,981,144			
016 PHARMACY	45,359				3,443,881		
017 MEDICAL RECORDS & LIBRARY	50,501					1,932,155	
018 SOCIAL SERVICE	7,141						265,196
022 I&R SERVICES-SALARY & FRI	134,819						
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	397,766		556,710			234,752	191,198
026 INTENSIVE CARE UNIT	91,886		128,602			59,655	30,149
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	46,437		64,980			20,751	26,385
031 01 SUBPROVIDER II	33,009		46,204			16,800	17,464
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	128,487		179,844			311,723	
037 01 G.I. LAB	17,919		25,070			23,388	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	8,466		11,861			38,154	
041 RADIOLOGY-DIAGNOSTIC	60,089					87,026	
041 02 ULTRASOUND	5,097					13,355	
041 03 CT SCANS	12,754					97,018	
042 RADIOLOGY-THERAPEUTIC	7,253					21,861	
043 RADIOISOTOPE	9,431		13,203			16,819	
043 01 STRAUSS ONCOLOGY	16,976		23,763			95,774	
044 LABORATORY	59,236					200,413	
047 BLOOD STORING, PROCESSING						18,954	
049 RESPIRATORY THERAPY	41,497		58,080			39,820	
050 PHYSICAL THERAPY	63,817					49,119	
050 01 AUDIOLOGY	1,123					711	
050 02 SCHWAB PHYSICAL THERAPY							
053 ELECTROCARDIOLOGY	30,696		42,952			93,150	
054 ELECTROENCEPHALOGRAPHY	2,223		3,123			1,641	
055 MEDICAL SUPPLIES CHARGED				2,981,144		171,108	
056 DRUGS CHARGED TO PATIENTS			63,474		3,443,881	166,024	
058 01 RENAL						4,875	
059 WOUND CARE	10,486		14,679			9,534	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	44,977					15,891	
060 01 PROSTATE CENTER							
060 02 SPINE CENTER							
061 EMERGENCY	83,308		116,593			123,839	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,472,548		1,349,138	2,981,144	3,443,881	1,932,155	265,196
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	37,208						
100 PHYSICIAN ASSISTANTS	90						
100 01 DEVELOPMENT							
100 02 HOSPICE							
100 03 MARKETING	12,912						
100 04 OUTREACH	45						
100 05 VACANT SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,522,803		1,349,138	2,981,144	3,443,881	1,932,155	265,196

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	22	23	25	26	27
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
007 ADMINISTRATIVE & GENERAL					
007 01 MAINTENANCE & REPAIRS					
008 BIOMEDICAL ENGINEERING					
009 OPERATION OF PLANT					
010 LAUNDRY & LINEN SERVICE					
011 HOUSEKEEPING					
012 DIETARY					
013 CAFETERIA					
014 MAINTENANCE OF PERSONNEL					
015 NURSING ADMINISTRATION					
016 CENTRAL SERVICES & SUPPLY					
017 PHARMACY					
018 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE					
022 I&R SERVICES-SALARY & FRI	4,114,869				
023 I&R SERVICES-OTHER PRGM C		3,728,057			
025 INPUT ROUTINE SRVC CNTRS			27,440,581	-5,443,595	21,996,986
026 ADULTS & PEDIATRICS	2,856,036	2,587,559	6,061,922		6,061,922
027 INTENSIVE CARE UNIT					
028 CORONARY CARE UNIT					
029 BURN INTENSIVE CARE UNIT					
031 SURGICAL INTENSIVE CARE U			3,358,654		3,358,654
031 01 SUBPROVIDER II			2,019,407		2,019,407
033 NURSERY					
037 ANCILLARY SRVC COST CNTRS					
037 01 OPERATING ROOM	868,988	787,300	22,698,910	-1,656,288	21,042,622
039 G.I. LAB			1,349,616		1,349,616
040 DELIVERY ROOM & LABOR ROO					
041 ANESTHESIOLOGY	17,527	15,880	398,173	-33,407	364,766
041 02 RADIOLOGY-DIAGNOSTIC			4,215,373		4,215,373
041 03 ULTRASOUND			352,997		352,997
042 CT SCANS			1,073,584		1,073,584
042 RADIOLOGY-THERAPEUTIC			953,836		953,836
043 RADIOISOTOPE			651,089		651,089
043 01 STRAUSS ONCOLOGY			4,905,945		4,905,945
044 LABORATORY			4,481,965		4,481,965
047 BLOOD STORING, PROCESSING			1,413,586		1,413,586
049 RESPIRATORY THERAPY			1,749,230		1,749,230
050 PHYSICAL THERAPY	49,692	45,020	3,280,125	-94,712	3,185,413
050 01 AUDIOLOGY			67,761		67,761
050 02 SCHWAB PHYSICAL THERAPY					
053 ELECTROCARDIOLOGY			3,610,848		3,610,848
054 ELECTROENCEPHALOGRAPHY			94,969		94,969
055 MEDICAL SUPPLIES CHARGED			8,937,692		8,937,692
056 DRUGS CHARGED TO PATIENTS			5,940,640		5,940,640
058 01 RENAL			520,009		520,009
059 WOUND CARE			698,367		698,367
060 OUTPAT SERVICE COST CNTRS					
060 01 CLINIC			2,500,260		2,500,260
060 02 PROSTATE CENTER					
061 SPINE CENTER					
061 EMERGENCY	322,626	292,298	5,546,498	-614,924	4,931,574
062 OBSERVATION BEDS (NON-DIS					
062 SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	4,114,869	3,728,057	114,322,037	-7,842,926	106,479,111
096 NONREIMBURS COST CENTERS					
098 GIFT, FLOWER, COFFEE SHOP			6,360,794		6,360,794
100 PHYSICIANS' PRIVATE OFFIC			3,678		3,678
100 01 PHYSICIAN ASSISTANTS					
100 02 DEVELOPMENT					
100 03 HOSPICE			265,602		265,602
100 04 MARKETING			1,996,541		1,996,541
100 05 OUTREACH			157,628		157,628
101 VACANT SPACE			682,962		682,962
102 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	4,114,869	3,728,057	123,789,242	-7,842,926	115,946,316

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/19/2010  
 I 14-0082 I FROM 6/ 1/2009 I WORKSHEET B  
 I I TO 5/31/2010 I PART III

COST CENTER DESCRIPTION	DIR ASSIGNED	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENE FITS
	NEW CAPITAL REL COSTS 0	OSTS-BLDG & 1	OSTS-MVBLE E 2	OSTS-BLDG & 3	OSTS-MVBLE E 4		
						4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				31,757	68,087	99,844	99,844
007 ADMINISTRATIVE & GENERAL				435,762	934,264	1,370,026	15,364
007 MAINTENANCE & REPAIRS							
007 01 BIOMEDICAL ENGINEERING				15,559	33,357	48,916	
008 OPERATION OF PLANT				526,372	1,128,530	1,654,902	2,558
009 LAUNDRY & LINEN SERVICE				31,645	67,846	99,491	
010 HOUSEKEEPING				34,049	73,000	107,049	1,916
011 DIETARY				71,985	154,334	226,319	1,873
012 CAFETERIA				36,240	77,697	113,937	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION				3,932	8,430	12,362	1,621
015 CENTRAL SERVICES & SUPPLY				37,958	81,382	119,340	1,511
016 PHARMACY				13,649	29,263	42,912	2,597
017 MEDICAL RECORDS & LIBRARY				29,859	64,017	93,876	2,079
018 SOCIAL SERVICE							347
022 I&R SERVICES-SALARY & FRI							5,736
023 I&R SERVICES-OTHER PRGM C				113,852	244,097	357,949	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS				625,308	1,340,643	1,965,951	18,514
026 INTENSIVE CARE UNIT				131,938	282,873	414,811	5,491
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER				110,269	236,414	346,683	2,242
031 01 SUBPROVIDER II				56,909	122,012	178,921	1,744
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				348,073	746,260	1,094,333	8,001
037 01 G.I. LAB				40,295	86,391	126,686	933
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY				4,437	9,513	13,950	318
041 RADIOLOGY-DIAGNOSTIC				144,722	310,281	455,003	3,296
041 02 ULTRASOUND				1,921	4,118	6,039	409
041 03 CT SCANS				10,099	21,652	31,751	851
042 RADIOLOGY-THERAPEUTIC				33,442	71,700	105,142	455
043 RADIOISOTOPE							576
043 01 STRAUSS ONCOLOGY				41,351	88,655	130,006	948
044 LABORATORY				51,472	110,355	161,827	2,473
047 BLOOD STORING, PROCESSING				2,460	5,275	7,735	
049 RESPIRATORY THERAPY				11,728	25,144	36,872	2,090
050 PHYSICAL THERAPY				37,981	81,430	119,411	3,704
050 01 AUDIOLOGY				2,247	4,817	7,064	66
050 02 SCHWAB PHYSICAL THERAPY							
053 ELECTROCARDIOLOGY				97,867	209,825	307,692	1,823
054 ELECTROENCEPHALOGRAPHY				1,123	2,408	3,531	98
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
058 01 RENAL							
059 WOUND CARE				29,814	63,920	93,734	541
060 OUTPUT SERVICE COST CNTRS							
060 CLINIC				76,793	164,642	241,435	2,277
060 01 PROSTATE CENTER							
060 02 SPINE CENTER							
061 EMERGENCY				133,129	285,426	418,555	4,353
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS				3,375,997	7,238,058	10,614,055	96,805
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP				406,611	871,764	1,278,375	2,171
100 PHYSICIANS' PRIVATE OFFIC							5
100 PHYSICIAN ASSISTANTS							
100 01 DEVELOPMENT							
100 02 HOSPICE				23,523	50,433	73,956	
100 03 MARKETING				3,482	7,466	10,948	861
100 04 OUTREACH				20,883	44,773	65,656	2
100 05 VACANT SPACE				91,812	196,843	288,655	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				3,922,308	8,409,337	12,331,645	99,844

## ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/19/2010  
 I 14-0082 I FROM 6/ 1/2009 I WORKSHEET B  
 I I TO 5/31/2010 I PART III

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	BIOMEDICAL ENGINEERING	EN OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	6	7	7.01	8	9	10	11
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	1,385,390						
007 MAINTENANCE & REPAIRS							
007 01 BIOMEDICAL ENGINEERING	12,134		61,050				
008 OPERATION OF PLANT	84,277		9,344	1,751,081			
009 LAUNDRY & LINEN SERVICE	7,575		562	19,024	126,652		
010 HOUSEKEEPING	24,064		604	20,469		154,102	
011 DIETARY	28,294		1,278	43,274		3,896	304,934
012 CAFETERIA	1,497		643	21,786		1,961	136,577
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	14,672		70	2,364		213	
015 CENTRAL SERVICES & SUPPLY	31,341		674	22,819		2,054	
016 PHARMACY	37,461		242	8,205		739	
017 MEDICAL RECORDS & LIBRARY	19,806		530	17,950		1,616	
018 SOCIAL SERVICE	2,888						
022 I&R SERVICES-SALARY & FRI	44,542						
023 I&R SERVICES-OTHER PRGM C	36,946		2,021	68,443		6,162	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	191,774		11,099	375,908	50,935	33,846	90,127
026 INTENSIVE CARE UNIT	56,242		2,342	79,316	16,640	7,141	14,212
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	29,153		1,957	66,289	11,134	5,968	12,438
031 01 SUBPROVIDER II	17,844		1,010	34,211	3,728	3,080	8,233
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	213,019		6,179	209,246	14,077	18,839	
037 01 G.I. LAB	12,535		715	24,223	1,999	2,181	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	3,242		79	2,667		240	
041 RADIOLOGY-DIAGNOSTIC	38,776		2,569	87,001	10,031	7,833	
041 02 ULTRASOUND	3,663		34	1,155		104	
041 03 CT SCANS	10,363		179	6,071		547	
042 RADIOLOGY-THERAPEUTIC	8,878		594	20,104	1,006	1,810	
043 RADIOISOTOPE	6,777				1,006		
043 01 STRAUSS ONCOLOGY	51,573		734	24,858	1,006	2,238	
044 LABORATORY	45,094		914	30,943		2,786	
047 BLOOD STORING, PROCESSING	15,505		44	1,479		133	
049 RESPIRATORY THERAPY	17,524		208	7,050		635	
050 PHYSICAL THERAPY	32,792		674	22,832		2,056	
050 01 AUDIOLOGY	644		40	1,351		122	
050 02 SCHWAB PHYSICAL THERAPY							
053 ELECTROCARDIOLOGY	34,370		1,737	58,833	1,006	5,297	
054 ELECTROENCEPHALOGRAPHY	869		20	675	1,006	61	
055 MEDICAL SUPPLIES CHARGED	64,747						
056 DRUGS CHARGED TO PATIENTS	25,374						
058 01 RENAL	5,765						
059 WOUND CARE	6,177						
060 OUTPUT SERVICE COST CNTRS							
060 CLINIC	23,940		1,363	46,164	2,036	4,156	
060 01 PROSTATE CENTER							
060 02 SPINE CENTER							
061 EMERGENCY	45,539		2,363	80,031	6,524	7,206	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,307,676		51,351	1,422,664	122,134	124,534	261,587
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	49,955		7,218	244,436	491	22,008	36,273
100 PHYSICIAN ASSISTANTS	40						
100 01 DEVELOPMENT							
100 02 HOSPICE	1,097		418	14,141	4,027	1,273	5,985
100 03 MARKETING	21,942		62	2,093		188	1,089
100 04 OUTREACH	888		371	12,554		1,130	
100 05 VACANT SPACE	3,792		1,630	55,193		4,969	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,385,390		61,050	1,751,081	126,652	154,102	304,934

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE O F PERSONNEL 13	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18
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							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 BIOMEDICAL ENGINEERING							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	276,401						
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	4,251		35,553				
015 CENTRAL SERVICES & SUPPLY	6,965			184,704			
016 PHARMACY	8,233				100,389		
017 MEDICAL RECORDS & LIBRARY	9,166					145,023	
018 SOCIAL SERVICE	1,296						4,531
022 I&R SERVICES-SALARY & FRI	24,471						
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	72,199		14,670			17,642	3,267
026 INTENSIVE CARE UNIT	16,678		3,389			4,483	515
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	8,429		1,712			1,559	451
031 01 SUBPROVIDER II	5,991		1,218			1,262	298
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	23,321		4,739			23,249	
039 G.I. LAB	3,252		661			1,758	
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY	1,537		313			2,867	
041 02 RADIOLOGY-DIAGNOSTIC	10,907					6,540	
041 03 ULTRASOUND	925					1,004	
042 CT SCANS	2,315					7,291	
042 RADIOLOGY-THERAPEUTIC	1,316					1,643	
043 RADIOISOTOPE	1,712		348			1,264	
043 01 STRAUSS ONCOLOGY	3,081		626			7,197	
044 LABORATORY	10,752					15,061	
047 BLOOD STORING, PROCESSING						1,424	
049 RESPIRATORY THERAPY	7,532		1,531			2,992	
050 PHYSICAL THERAPY	11,583					3,691	
050 01 AUDIOLOGY	204					53	
050 02 SCHWAB PHYSICAL THERAPY							
053 ELECTROCARDIOLOGY	5,572		1,132			7,000	
054 ELECTROENCEPHALOGRAPHY	403		82			123	
055 MEDICAL SUPPLIES CHARGED				184,704		12,859	
056 DRUGS CHARGED TO PATIENTS			1,673		100,389	12,477	
058 01 RENAL						366	
059 WOUND CARE	1,903		387			717	
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	8,164					1,194	
060 02 PROSTATE CENTER							
060 02 SPINE CENTER							
061 EMERGENCY	15,121		3,072			9,307	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	267,279		35,553	184,704	100,389	145,023	4,531
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	6,754						
100 PHYSICIANS' PRIVATE OFFIC	16						
100 01 PHYSICIAN ASSISTANTS							
100 01 DEVELOPMENT							
100 02 HOSPICE							
100 03 MARKETING	2,344						
100 04 OUTREACH	8						
100 05 VACANT SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	276,401		35,553	184,704	100,389	145,023	4,531

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	22	23	25	26	27
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
007 ADMINISTRATIVE & GENERAL					
007 MAINTENANCE & REPAIRS					
007 01 BIOMEDICAL ENGINEERING					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
013 MAINTENANCE OF PERSONNEL					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE					
022 I&R SERVICES-SALARY & FRI	74,749				
023 I&R SERVICES-OTHER PRGM C		471,521			
025 INPAT ROUTINE SRVC CNTRS					
026 ADULTS & PEDIATRICS			2,845,932		2,845,932
027 INTENSIVE CARE UNIT			621,260		621,260
028 CORONARY CARE UNIT					
029 BURN INTENSIVE CARE UNIT					
031 SURGICAL INTENSIVE CARE U					
031 SUBPROVIDER			488,015		488,015
031 01 SUBPROVIDER II			257,540		257,540
033 NURSERY					
037 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM			1,615,003		1,615,003
037 01 G.I. LAB			174,943		174,943
039 DELIVERY ROOM & LABOR ROO					
040 ANESTHESIOLOGY			25,213		25,213
041 RADIOLOGY-DIAGNOSTIC			621,956		621,956
041 02 ULTRASOUND			13,333		13,333
041 03 CT SCANS			59,368		59,368
042 RADIOLOGY-THERAPEUTIC			140,948		140,948
043 RADIOISOTOPE			11,683		11,683
043 01 STRAUSS ONCOLOGY			222,267		222,267
044 LABORATORY			269,850		269,850
047 BLOOD STORING, PROCESSING			26,320		26,320
049 RESPIRATORY THERAPY			76,434		76,434
050 PHYSICAL THERAPY			196,743		196,743
050 01 AUDIOLOGY			9,544		9,544
050 02 SCHWAB PHYSICAL THERAPY					
053 ELECTROCARDIOLOGY			424,462		424,462
054 ELECTROENCEPHALOGRAPHY			6,868		6,868
055 MEDICAL SUPPLIES CHARGED			262,310		262,310
056 DRUGS CHARGED TO PATIENTS			139,913		139,913
058 01 RENAL			6,131		6,131
059 WOUND CARE			123,525		123,525
060 OUTPAT SERVICE COST CNTRS					
060 CLINIC			330,729		330,729
060 01 PROSTATE CENTER					
060 02 SPINE CENTER					
061 EMERGENCY			592,071		592,071
062 OBSERVATION BEDS (NON-DIS					
062 SPEC PURPOSE COST CENTERS					
095 SUBTOTALS			9,562,361		9,562,361
096 NONREIMBURS COST CENTERS					
098 GIFT, FLOWER, COFFEE SHOP					
100 PHYSICIANS' PRIVATE OFFIC			1,647,681		1,647,681
100 PHYSICIAN ASSISTANTS			61		61
100 01 DEVELOPMENT					
100 02 HOSPICE			100,897		100,897
100 03 MARKETING			39,527		39,527
100 04 OUTREACH			80,609		80,609
100 05 VACANT SPACE			354,239		354,239
101 CROSS FOOT ADJUSTMENTS	74,749	471,521	546,270		546,270
102 NEGATIVE COST CENTER					
103 TOTAL	74,749	471,521	12,331,645		12,331,645

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET	(SQUARE FEET	(SQUARE FEET	(SQUARE FEET	(GROSS SALARIES	
	1	2	3	4	5	6a.00
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	349,159					
002 OLD CAP REL COSTS-MVB		349,159				
003 NEW CAP REL COSTS-BLD			349,159			
004 NEW CAP REL COSTS-MVB				349,159		
005 EMPLOYEE BENEFITS	2,827	2,827	2,827	2,827	53,269,392	
006 ADMINISTRATIVE & GENE	38,791	38,791	38,791	38,791	8,198,360	-18,334,073
007 MAINTENANCE & REPAIRS						
007 01 BIOMEDICAL ENGINEERIN	1,385	1,385	1,385	1,385		
008 OPERATION OF PLANT	46,857	46,857	46,857	46,857	1,364,802	
009 LAUNDRY & LINEN SERVI	2,817	2,817	2,817	2,817		
010 HOUSEKEEPING	3,031	3,031	3,031	3,031	1,022,329	
011 DIETARY	6,408	6,408	6,408	6,408	999,575	
012 CAFETERIA	3,226	3,226	3,226	3,226		
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO	350	350	350	350	864,966	
015 CENTRAL SERVICES & SU	3,379	3,379	3,379	3,379	806,352	
016 PHARMACY	1,215	1,215	1,215	1,215	1,385,657	
017 MEDICAL RECORDS & LIB	2,658	2,658	2,658	2,658	1,109,225	
018 SOCIAL SERVICE					184,993	
022 I&R SERVICES-SALARY &					3,061,050	
023 I&R SERVICES-OTHER PR	10,135	10,135	10,135	10,135		
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	55,664	55,664	55,664	55,664	9,870,680	
026 INTENSIVE CARE UNIT	11,745	11,745	11,745	11,745	2,930,130	
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
031 SUBPROVIDER	9,816	9,816	9,816	9,816	1,196,190	
031 01 SUBPROVIDER II	5,066	5,066	5,066	5,066	930,819	
033 NURSERY						
ANCILLARY SRVC COST C						
037 OPERATING ROOM	30,985	30,985	30,985	30,985	4,269,358	
037 01 G.I. LAB	3,587	3,587	3,587	3,587	498,001	
039 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY	395	395	395	395	169,490	
041 RADIOLOGY-DIAGNOSTIC	12,883	12,883	12,883	12,883	1,758,823	
041 02 ULTRASOUND	171	171	171	171	218,028	
041 03 CT SCANS	899	899	899	899	454,057	
042 RADIOLOGY-THERAPEUTIC	2,977	2,977	2,977	2,977	242,556	
043 RADIOISOTOPE					307,437	
043 01 STRAUSS ONCOLOGY	3,681	3,681	3,681	3,681	505,644	
044 LABORATORY	4,582	4,582	4,582	4,582	1,319,730	
047 BLOOD STORING, PROCES	219	219	219	219		
049 RESPIRATORY THERAPY	1,044	1,044	1,044	1,044	1,115,457	
050 PHYSICAL THERAPY	3,381	3,381	3,381	3,381	1,976,528	
050 01 AUDIOLOGY	200	200	200	200	35,327	
050 02 SCHWAB PHYSICAL THERA						
053 ELECTROCARDIOLOGY	8,712	8,712	8,712	8,712	972,743	
054 ELECTROENCEPHALOGRAPH	100	100	100	100	52,119	
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
058 01 RENAL						
059 WOUND CARE	2,654	2,654	2,654	2,654	288,950	
OUTPAT SERVICE COST C						
060 CLINIC	6,836	6,836	6,836	6,836	1,215,303	
060 01 PROSTATE CENTER						
060 02 SPINE CENTER						
061 EMERGENCY	11,851	11,851	11,851	11,851	2,322,871	
062 OBSERVATION BEDS (NON						
SPEC PURPOSE COST CEN						
095 SUBTOTALS	300,527	300,527	300,527	300,527	51,647,550	-18,334,073
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
098 PHYSICIANS' PRIVATE O	36,196	36,196	36,196	36,196	1,158,540	
100 PHYSICIAN ASSISTANTS					2,773	
100 01 DEVELOPMENT						
100 02 HOSPICE	2,094	2,094	2,094	2,094		
100 03 MARKETING	310	310	310	310	459,535	
100 04 OUTREACH	1,859	1,859	1,859	1,859	994	
100 05 VACANT SPACE	8,173	8,173	8,173	8,173		
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			3,922,308	8,409,337	5,734,517	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			11.233587		.107651	
(WRKSHT B, PT I)				24.084549		
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
		OSTS-BLDG & (SQUARE FEET	OSTS-MVBLE E (SQUARE )FEET	OSTS-BLDG & (SQUARE )FEET	OSTS-MVBLE E (SQUARE )FEET	FITS (GROSS )SALARIES	
		1	2	3	4	5	
107	COST TO BE ALLOCATED (WRKSHT B, PART III)					99,844	6a.00
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)					.001874	

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	BIOMEDICAL ENGINEERING	EN OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		( ACCUM. COST )	(SQUARE FEET )	(SQUARE FEET )	(SQUARE FEET )	(POUNDS )	(SQUARE FEET )	(MEALS SERVED )
		6	7	7.01	8	9	10	11
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENE	105,455,169						
007	MAINTENANCE & REPAIRS							
007	01 BIOMEDICAL ENGINEERIN	923,651		306,156				
008	OPERATION OF PLANT	6,415,272		46,857	259,299			
009	LAUNDRY & LINEN SERVI	576,597		2,817	2,817	769,590		
010	HOUSEKEEPING	1,831,781		3,031	3,031		253,451	
011	DIETARY	2,153,775		6,408	6,408		6,408	401,364
012	CAFETERIA	113,937		3,226	3,226		3,226	179,769
013	MAINTENANCE OF PERSON							
014	NURSING ADMINISTRATIO	1,116,815		350	350		350	
015	CENTRAL SERVICES & SU	2,385,722		3,379	3,379		3,379	
016	PHARMACY	2,851,594		1,215	1,215		1,215	
017	MEDICAL RECORDS & LIB	1,507,628		2,658	2,658		2,658	
018	SOCIAL SERVICE	219,835						
022	I&R SERVICES-SALARY &	3,390,575						
023	I&R SERVICES-OTHER PR	2,812,373		10,135	10,135		10,135	
025	ADULTS & PEDIATRICS	14,598,021		55,664	55,664	309,522	55,664	118,628
026	INTENSIVE CARE UNIT	4,281,169		11,745	11,745	101,113	11,745	18,706
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE U							
029	SURGICAL INTENSIVE CA							
031	SUBPROVIDER	2,219,131		9,816	9,816	67,657	9,816	16,371
031	01 SUBPROVIDER II	1,358,265		5,066	5,066	22,652	5,066	10,836
033	NURSERY							
037	ANCILLARY SRVC COST C							
037	OPERATING ROOM	16,213,528		30,985	30,985	85,539	30,985	
037	01 G.I. LAB	954,163		3,587	3,587	12,145	3,587	
039	DELIVERY ROOM & LABOR							
040	ANESTHESIOLOGY	246,754		395	395		395	
041	RADIOLOGY-DIAGNOSTIC	2,951,641		12,883	12,883	60,951	12,883	
041	02 ULTRASOUND	278,862		171	171		171	
041	03 CT SCANS	788,818		899	899		899	
042	RADIOLOGY-THERAPEUTIC	675,771		2,977	2,977	6,110	2,977	
043	RADIOISOTOPE	515,837				6,110		
043	01 STRAUSS ONCOLOGY	3,925,799		3,681	3,681	6,110	3,681	
044	LABORATORY	3,432,608		4,582	4,582		4,582	
047	BLOOD STORING, PROCES	1,180,221		219	219		219	
049	RESPIRATORY THERAPY	1,333,958		1,044	1,044		1,044	
050	PHYSICAL THERAPY	2,496,148		3,381	3,381		3,381	
050	01 AUDIOLOGY	48,990		200	200		200	
050	02 SCHWAB PHYSICAL THERA							
053	ELECTROCARDIOLOGY	2,616,261		8,712	8,712	6,110	8,712	
054	ELECTROENCEPHALOGRAPH	66,154		100	100	6,110	100	
055	MEDICAL SUPPLIES CHAR	4,928,573						
056	DRUGS CHARGED TO PATI	1,931,463						
058	01 RENAL	438,839						
059	WOUND CARE	470,178		2,654	2,654		2,654	
060	OUTPAT SERVICE COST C							
060	CLINIC	1,822,352		6,836	6,836	12,369	6,836	
060	01 PROSTATE CENTER							
060	02 SPINE CENTER							
061	EMERGENCY	3,466,493		11,851	11,851	39,640	11,851	
062	OBSERVATION BEDS (NON							
062	SPEC PURPOSE COST CEN							
095	SUBTOTALS	99,539,552		257,524	210,667	742,138	204,819	344,310
096	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE							
098	PHYSICIANS' PRIVATE O	3,802,626		36,196	36,196	2,981	36,196	47,744
100	PHYSICIAN ASSISTANTS	3,057						
100	01 DEVELOPMENT							
100	02 HOSPICE	83,506		2,094	2,094	24,471	2,094	7,877
100	03 MARKETING	1,670,209		310	310		310	1,433
100	04 OUTREACH	67,564		1,859	1,859		1,859	
100	05 VACANT SPACE	288,655		8,173	8,173		8,173	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	18,334,073		1,084,234	7,696,553	770,433	2,250,950	2,798,032
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER				29.682155		8.881204	
	(WRKSHT B, PT I)	.173857		3.541443		1.001095		6.971308
105	COST TO BE ALLOCATED							
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
	(WRKSHT B, PT II)							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	BIOMEDICAL ENGINEERING	EN OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	( ACCUM. COST )	( SQUARE FEET )	( SQUARE FEET )	( SQUARE FEET )	( POUNDS )	( SQUARE FEET )	( MEALS SERVED )
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	6 1,385,390	7	7.01 61,050	8 1,751,081	9 126,652	10 154,102	11 304,934
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.013137		.199408	6.753134	.164571	.608015	.759744

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (SQUARE FEET)	NURSING ADMINISTRATION (DIRECT NURSING HO)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIO)	PHARMACY (COSTED REQUISITIO)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICES (PATIENT DAYS)
	12	13	14	15	16	17	18
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 BIOMEDICAL ENGINEERING							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICES							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	67,816						
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,043		892,901				
015 CENTRAL SERVICES & SUPPLY	1,709			4,928,570			
016 PHARMACY	2,020				1,931,464		
017 MEDICAL RECORDS & LIBRARY	2,249					463,899,747	
018 SOCIAL SERVICE	318						42,837
022 I&R SERVICES-SALARY & BENEFITS	6,004						
023 I&R SERVICES-OTHER PERSONNEL							
INPAT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRICS	17,714		368,448			56,363,084	30,884
026 INTENSIVE CARE UNIT	4,092		85,113			14,322,872	4,870
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE UNIT							
031 SUBPROVIDER	2,068		43,006			4,982,250	4,262
031 01 SUBPROVIDER II	1,470		30,579			4,033,525	2,821
033 NURSERY							
ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	5,722		119,026			74,840,500	
037 01 G.I. LAB	798		16,592			5,615,447	
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY	377		7,850			9,160,671	
041 RADIOLOGY-DIAGNOSTIC	2,676					20,894,563	
041 02 ULTRASOUND	227					3,206,545	
041 03 CT SCANS	568					23,293,567	
042 RADIOLOGY-THERAPEUTIC	323					5,248,790	
043 RADIOISOTOPE	420		8,738			4,038,152	
043 01 STRAUSS ONCOLOGY	756		15,727			22,995,051	
044 LABORATORY	2,638					48,118,426	
047 BLOOD STORING, PROCESSING						4,550,714	
049 RESPIRATORY THERAPY	1,848		38,439			9,560,586	
050 PHYSICAL THERAPY	2,842					11,793,189	
050 01 AUDIOLOGY	50					170,783	
050 02 SCHWAB PHYSICAL THERAPY							
053 ELECTROCARDIOLOGY	1,367		28,427			22,365,008	
054 ELECTROENCEPHALOGRAPHY	99		2,067			393,899	
055 MEDICAL SUPPLIES CHARACTERIZED				4,928,570		41,082,313	
056 DRUGS CHARGED TO PATIENTS			42,009		1,931,464	39,861,676	
058 01 RENAL						1,170,385	
059 WOUND CARE	467		9,715			2,289,162	
OUTPAT SERVICE COST CENTER							
060 CLINIC	2,003					3,815,327	
060 01 PROSTATE CENTER							
060 02 SPINE CENTER							
061 EMERGENCY	3,710		77,165			29,733,262	
062 OBSERVATION BEDS (NON-SPECIFIC PURPOSE COST CENTER)							
095 SUBTOTALS	65,578		892,901	4,928,570	1,931,464	463,899,747	42,837
NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE OFFICES	1,657						
100 PHYSICIAN ASSISTANTS	4						
100 01 DEVELOPMENT							
100 02 HOSPICE							
100 03 MARKETING	575						
100 04 OUTREACH	2						
100 05 VACANT SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WORKSHEET B, PART I)	1,522,803		1,349,138	2,981,144	3,443,881	1,932,155	265,196
104 UNIT COST MULTIPLIER (WORKSHEET B, PART I)	22.454922		1.510960	.604870	1.783042	.004165	6.190816
105 COST TO BE ALLOCATED (WORKSHEET B, PART II)							
106 UNIT COST MULTIPLIER (WORKSHEET B, PART II)							

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E
		(FTES	(SQUARE )FEET	(DIRECT )NURSING HO	(COSTED )REQUISITIO	(COSTED )REQUISITIO	(GROSS REVE )NUE	(PATIENT )DAYS
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	12 276,401	13	14 35,553	15 184,704	16 100,389	17 145,023	18 4,531
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	4.075749		.039817	.037476	.051976	.000313	.105773

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C
		(ASSIGNED TIME	(ASSIGNED TIME )
		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	ADMINISTRATIVE & GENE		
007	MAINTENANCE & REPAIRS		
007	01 BIOMEDICAL ENGINEERIN		
008	OPERATION OF PLANT		
009	LAUNDRY & LINEN SERVI		
010	HOUSEKEEPING		
011	DIETARY		
012	CAFETERIA		
013	MAINTENANCE OF PERSON		
014	NURSING ADMINISTRATIO		
015	CENTRAL SERVICES & SU		
016	PHARMACY		
017	MEDICAL RECORDS & LTB		
018	SOCIAL SERVICE		
022	I&R SERVICES-SALARY &	66,909	
023	I&R SERVICES-OTHER PR		66,909
	INPAT ROUTINE SRVC CN		
025	ADULTS & PEDIATRICS	46,440	46,440
026	INTENSIVE CARE UNIT		
027	CORONARY CARE UNIT		
028	BURN INTENSIVE CARE U		
029	SURGICAL INTENSIVE CA		
031	SUBPROVIDER		
031	01 SUBPROVIDER II		
033	NURSERY		
	ANCILLARY SRVC COST C		
037	OPERATING ROOM	14,130	14,130
037	01 G.I. LAB		
039	DELIVERY ROOM & LABOR		
040	ANESTHESIOLOGY	285	285
041	RADIOLOGY-DIAGNOSTIC		
041	02 ULTRASOUND		
041	03 CT SCANS		
042	RADIOLOGY-THERAPEUTIC		
043	RADIOISOTOPE		
043	01 STRAUSS ONCOLOGY		
044	LABORATORY		
047	BLOOD STORING, PROCES		
049	RESPIRATORY THERAPY		
050	PHYSICAL THERAPY	808	808
050	01 AUDIOLOGY		
050	02 SCHWAB PHYSICAL THERA		
053	ELECTROCARDIOLOGY		
054	ELECTROENCEPHALOGRAPH		
055	MEDICAL SUPPLIES CHAR		
056	DRUGS CHARGED TO PATI		
058	01 RENAL		
059	WOUND CARE		
	OUTPAT SERVICE COST C		
060	CLINIC		
060	01 PROSTATE CENTER		
060	02 SPINE CENTER		
061	EMERGENCY	5,246	5,246
062	OBSERVATION BEDS (NON		
	SPEC PURPOSE COST CEN		
095	SUBTOTALS	66,909	66,909
	NONREIMBURS COST CENT		
096	GIFT, FLOWER, COFFEE		
098	PHYSICIANS' PRIVATE O		
100	PHYSICIAN ASSISTANTS		
100	01 DEVELOPMENT		
100	02 HOSPICE		
100	03 MARKETING		
100	04 OUTREACH		
100	05 VACANT SPACE		
101	CROSS FOOT ADJUSTMENT		
102	NEGATIVE COST CENTER		
103	COST TO BE ALLOCATED	4,114,869	3,728,057
	(PER WRKSHT B, PART		
104	UNIT COST MULTIPLIER		55.718319
	(WRKSHT B, PT I)	61.499484	
105	COST TO BE ALLOCATED		
	(PER WRKSHT B, PART		
106	UNIT COST MULTIPLIER		
	(WRKSHT B, PT II)		

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	I&R SERVICES-	I&R SERVICES-
		SALARY & FRI	OTHER PRGM C
		(ASSIGNED TIME	(ASSIGNED TIME )
107	COST TO BE ALLOCATED	22 74,749	23 471,521
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	1.117174	7.047198

## COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 10/19/2010  
 I 14-0082 I FROM 6/ 1/2009 I WORKSHEET C  
 I I TO 5/31/2010 I 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	21,996,986		21,996,986	26,562	22,023,548
26	INTENSIVE CARE UNIT	6,061,922		6,061,922	47	6,061,969
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	3,358,654		3,358,654		3,358,654
31	01 SUBPROVIDER II	2,019,407		2,019,407	18,219	2,037,626
33	NURSERY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	21,042,622		21,042,622	277,781	21,320,403
37	01 G.I. LAB	1,349,616		1,349,616		1,349,616
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	364,766		364,766		364,766
41	RADIOLOGY-DIAGNOSTIC	4,215,373		4,215,373	13,826	4,229,199
41	02 ULTRASOUND	352,997		352,997		352,997
41	03 CT SCANS	1,073,584		1,073,584		1,073,584
42	RADIOLOGY-THERAPEUTIC	953,836		953,836		953,836
43	RADIOISOTOPE	651,089		651,089	10,440	661,529
43	01 STRAUSS ONCOLOGY	4,905,945		4,905,945		4,905,945
44	LABORATORY	4,481,965		4,481,965		4,481,965
47	BLOOD STORING, PROCESSING	1,413,586		1,413,586		1,413,586
49	RESPIRATORY THERAPY	1,749,230		1,749,230		1,749,230
50	PHYSICAL THERAPY	3,185,413		3,185,413		3,185,413
50	01 AUDIOLOGY	67,761		67,761		67,761
50	02 SCHWAB PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY	3,610,848		3,610,848	96,597	3,707,445
54	ELECTROENCEPHALOGRAPHY	94,969		94,969		94,969
55	MEDICAL SUPPLIES CHARGED	8,937,692		8,937,692		8,937,692
56	DRUGS CHARGED TO PATIENTS	5,940,640		5,940,640		5,940,640
58	01 RENAL	520,009		520,009		520,009
59	WOUND CARE	698,367		698,367	12,962	711,329
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	2,500,260		2,500,260	49,595	2,549,855
60	01 PROSTATE CENTER					
60	02 SPINE CENTER					
61	EMERGENCY	4,931,574		4,931,574		4,931,574
62	OBSERVATION BEDS (NON-DIS	377,084		377,084		377,084
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	106,856,195		106,856,195	506,029	107,362,224
102	LESS OBSERVATION BEDS	377,084		377,084		377,084
103	TOTAL	106,479,111		106,479,111	506,029	106,985,140

## COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 10/19/2010  
 I 14-0082 I FROM 6/ 1/2009 I WORKSHEET C  
 I I TO 5/31/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	56,363,084		56,363,084			
26	INTENSIVE CARE UNIT	14,322,872		14,322,872			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	4,982,250		4,982,250			
31	01 SUBPROVIDER II	4,033,525		4,033,525			
33	NURSERY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	34,515,948	40,324,552	74,840,500	.281166	.281166	.284878
37	01 G.I. LAB	1,832,290	3,783,157	5,615,447	.240340	.240340	.240340
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	4,426,291	4,734,380	9,160,671	.039819	.039819	.039819
41	RADIOLOGY-DIAGNOSTIC	8,037,145	12,857,418	20,894,563	.201745	.201745	.202407
41	02 ULTRASOUND	1,102,663	2,103,882	3,206,545	.110086	.110086	.110086
41	03 CT SCANS	11,207,508	12,086,059	23,293,567	.046089	.046089	.046089
42	RADIOLOGY-THERAPEUTIC	2,061,839	3,186,951	5,248,790	.181725	.181725	.181725
43	RADIOISOTOPE	532,223	3,505,929	4,038,152	.161234	.161234	.163820
43	01 STRAUSS ONCOLOGY	879,459	22,115,592	22,995,051	.213348	.213348	.213348
44	LABORATORY	34,495,296	13,623,130	48,118,426	.093144	.093144	.093144
47	BLOOD STORING, PROCESSING	4,208,563	342,151	4,550,714	.310629	.310629	.310629
49	RESPIRATORY THERAPY	9,121,581	439,005	9,560,586	.182963	.182963	.182963
50	PHYSICAL THERAPY	9,019,143	2,774,046	11,793,189	.270106	.270106	.270106
50	01 AUDIOLOGY	742	170,041	170,783	.396767	.396767	.396767
50	02 SCHWAB PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY	15,370,383	6,994,625	22,365,008	.161451	.161451	.165770
54	ELECTROENCEPHALOGRAPHY	268,128	125,771	393,899	.241100	.241100	.241100
55	MEDICAL SUPPLIES CHARGED	28,583,881	12,498,432	41,082,313	.217556	.217556	.217556
56	DRUGS CHARGED TO PATIENTS	32,325,869	7,535,807	39,861,676	.149031	.149031	.149031
58	01 RENAL	1,161,238	9,147	1,170,385	.444306	.444306	.444306
59	WOUND CARE	14,202	2,274,960	2,289,162	.305075	.305075	.310738
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,063,264	1,752,063	3,815,327	.655320	.655320	.668319
60	01 PROSTATE CENTER						
60	02 SPINE CENTER						
61	EMERGENCY	11,895,733	17,837,529	29,733,262	.165861	.165861	.165861
62	OBSERVATION BEDS (NON-DIS	45,580	509,980	555,560	.678746	.678746	.678746
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	292,870,700	171,584,607	464,455,307			
102	LESS OBSERVATION BEDS						
103	TOTAL	292,870,700	171,584,607	464,455,307			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 10/19/2010  
I 14-0082 I FROM 6/ 1/2009 I WORKSHEET C  
I I TO 5/31/2010 I 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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	27,440,581		27,440,581	26,562	27,467,143
26	INTENSIVE CARE UNIT	6,061,922		6,061,922	47	6,061,969
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	3,358,654		3,358,654		3,358,654
31	01 SUBPROVIDER II	2,019,407		2,019,407	18,219	2,037,626
33	NURSERY ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	22,698,910		22,698,910	277,781	22,976,691
37	01 G.I. LAB	1,349,616		1,349,616		1,349,616
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	398,173		398,173		398,173
41	RADIOLOGY-DIAGNOSTIC	4,215,373		4,215,373	13,826	4,229,199
41	02 ULTRASOUND	352,997		352,997		352,997
41	03 CT SCANS	1,073,584		1,073,584		1,073,584
42	RADIOLOGY-THERAPEUTIC	953,836		953,836		953,836
43	RADIOISOTOPE	651,089		651,089	10,440	661,529
43	01 STRAUSS ONCOLOGY	4,905,945		4,905,945		4,905,945
44	LABORATORY	4,481,965		4,481,965		4,481,965
47	BLOOD STORING, PROCESSING	1,413,586		1,413,586		1,413,586
49	RESPIRATORY THERAPY	1,749,230		1,749,230		1,749,230
50	PHYSICAL THERAPY	3,280,125		3,280,125		3,280,125
50	01 AUDIOLOGY	67,761		67,761		67,761
50	02 SCHWAB PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY	3,610,848		3,610,848	96,597	3,707,445
54	ELECTROENCEPHALOGRAPHY	94,969		94,969		94,969
55	MEDICAL SUPPLIES CHARGED	8,937,692		8,937,692		8,937,692
56	DRUGS CHARGED TO PATIENTS	5,940,640		5,940,640		5,940,640
58	01 RENAL	520,009		520,009		520,009
59	WOUND CARE OUTPAT SERVICE COST CNTRS	698,367		698,367	12,962	711,329
60	CLINIC	2,500,260		2,500,260	49,595	2,549,855
60	01 PROSTATE CENTER					
60	02 SPINE CENTER					
61	EMERGENCY	5,546,498		5,546,498		5,546,498
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	377,084		377,084		377,084
101	SUBTOTAL	114,699,121		114,699,121	506,029	115,205,150
102	LESS OBSERVATION BEDS	377,084		377,084		377,084
103	TOTAL	114,322,037		114,322,037	506,029	114,828,066

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO:  
I 14-0082  
I

I PERIOD: I PREPARED 10/19/2010  
I FROM 6/ 1/2009 I WORKSHEET C  
I TO 5/31/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	56,363,084		56,363,084			
26	INTENSIVE CARE UNIT	14,322,872		14,322,872			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	4,982,250		4,982,250			
31	01 SUBPROVIDER II	4,033,525		4,033,525			
33	NURSERY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	34,515,948	40,324,552	74,840,500	.303297	.303297	.307009
37	01 G.I. LAB	1,832,290	3,783,157	5,615,447	.240340	.240340	.240340
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	4,426,291	4,734,380	9,160,671	.043465	.043465	.043465
41	RADIOLOGY-DIAGNOSTIC	8,037,145	12,857,418	20,894,563	.201745	.201745	.202407
41	02 ULTRASOUND	1,102,663	2,103,882	3,206,545	.110086	.110086	.110086
41	03 CT SCANS	11,207,508	12,086,059	23,293,567	.046089	.046089	.046089
42	RADIOLOGY-THERAPEUTIC	2,061,839	3,186,951	5,248,790	.181725	.181725	.181725
43	RADIOISOTOPE	532,223	3,505,929	4,038,152	.161234	.161234	.163820
43	01 STRAUSS ONCOLOGY	879,459	22,115,592	22,995,051	.213348	.213348	.213348
44	LABORATORY	34,495,296	13,623,130	48,118,426	.093144	.093144	.093144
47	BLOOD STORING, PROCESSING	4,208,563	342,151	4,550,714	.310629	.310629	.310629
49	RESPIRATORY THERAPY	9,121,581	439,005	9,560,586	.182963	.182963	.182963
50	PHYSICAL THERAPY	9,019,143	2,774,046	11,793,189	.278137	.278137	.278137
50	01 AUDIOLOGY	742	170,041	170,783	.396767	.396767	.396767
50	02 SCHWAB PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY	15,370,383	6,994,625	22,365,008	.161451	.161451	.165770
54	ELECTROENCEPHALOGRAPHY	268,128	125,771	393,899	.241100	.241100	.241100
55	MEDICAL SUPPLIES CHARGED	28,583,881	12,498,432	41,082,313	.217556	.217556	.217556
56	DRUGS CHARGED TO PATIENTS	32,325,869	7,535,807	39,861,676	.149031	.149031	.149031
58	01 RENAL	1,161,238	9,147	1,170,385	.444306	.444306	.444306
59	WOUND CARE	14,202	2,274,960	2,289,162	.305075	.305075	.310738
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,063,264	1,752,063	3,815,327	.655320	.655320	.668319
60	01 PROSTATE CENTER						
60	02 SPINE CENTER						
61	EMERGENCY	11,895,733	17,837,529	29,733,262	.186542	.186542	.186542
62	OBSERVATION BEDS (NON-DIS	45,580	509,980	555,560	.678746	.678746	.678746
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	292,870,700	171,584,607	464,455,307			
102	LESS OBSERVATION BEDS						
103	TOTAL	292,870,700	171,584,607	464,455,307			

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	21,042,622	1,615,003	19,427,619			21,042,622
37 01	G.I. LAB	1,349,616	174,943	1,174,673			1,349,616
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	364,766	25,213	339,553			364,766
41	RADIOLOGY-DIAGNOSTIC	4,215,373	621,956	3,593,417			4,215,373
41 02	ULTRASOUND	352,997	13,333	339,664			352,997
41 03	CT SCANS	1,073,584	59,368	1,014,216			1,073,584
42	RADIOLOGY-THERAPEUTIC	953,836	140,948	812,888			953,836
43	RADIOISOTOPE	651,089	11,683	639,406			651,089
43 01	STRAUSS ONCOLOGY	4,905,945	222,267	4,683,678			4,905,945
44	LABORATORY	4,481,965	269,850	4,212,115			4,481,965
47	BLOOD STORING, PROCESSING	1,413,586	26,320	1,387,266			1,413,586
49	RESPIRATORY THERAPY	1,749,230	76,434	1,672,796			1,749,230
50	PHYSICAL THERAPY	3,185,413	196,743	2,988,670			3,185,413
50 01	AUDIOLOGY	67,761	9,544	58,217			67,761
50 02	SCHWAB PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY	3,610,848	424,462	3,186,386			3,610,848
54	ELECTROENCEPHALOGRAPHY	94,969	6,868	88,101			94,969
55	MEDICAL SUPPLIES CHARGED	8,937,692	262,310	8,675,382			8,937,692
56	DRUGS CHARGED TO PATIENTS	5,940,640	139,913	5,800,727			5,940,640
58 01	RENAL	520,009	6,131	513,878			520,009
59	WOUND CARE	698,367	123,525	574,842			698,367
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,500,260	330,729	2,169,531			2,500,260
60 01	PROSTATE CENTER						
60 02	SPINE CENTER						
61	EMERGENCY	4,931,574	592,071	4,339,503			4,931,574
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	377,084	48,728	328,356			377,084
101	SUBTOTAL	73,419,226	5,398,342	68,020,884			73,419,226
102	LESS OBSERVATION BEDS	377,084	48,728	328,356			377,084
103	TOTAL	73,042,142	5,349,614	67,692,528			73,042,142

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	74,840,500	.281166	.281166
37 01	G.I. LAB	5,615,447	.240340	.240340
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	9,160,671	.039819	.039819
41	RADIOLOGY-DIAGNOSTIC	20,894,563	.201745	.201745
41 02	ULTRASOUND	3,206,545	.110086	.110086
41 03	CT SCANS	23,293,567	.046089	.046089
42	RADIOLOGY-THERAPEUTIC	5,248,790	.181725	.181725
43	RADIOISOTOPE	4,038,152	.161234	.161234
43 01	STRAUSS ONCOLOGY	22,995,051	.213348	.213348
44	LABORATORY	48,118,426	.093144	.093144
47	BLOOD STORING, PROCESSING	4,550,714	.310629	.310629
49	RESPIRATORY THERAPY	9,560,586	.182963	.182963
50	PHYSICAL THERAPY	11,793,189	.270106	.270106
50 01	AUDIOLOGY	170,783	.396767	.396767
50 02	SCHWAB PHYSICAL THERAPY			
53	ELECTROCARDIOLOGY	22,365,008	.161451	.161451
54	ELECTROENCEPHALOGRAPHY	393,899	.241100	.241100
55	MEDICAL SUPPLIES CHARGED	41,082,313	.217556	.217556
56	DRUGS CHARGED TO PATIENTS	39,861,676	.149031	.149031
58 01	RENAL	1,170,385	.444306	.444306
59	WOUND CARE	2,289,162	.305075	.305075
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	3,815,327	.655320	.655320
60 01	PROSTATE CENTER			
60 02	SPINE CENTER			
61	EMERGENCY	29,733,262	.165861	.165861
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	555,560	.678746	.678746
101	SUBTOTAL	384,753,576		
102	LESS OBSERVATION BEDS	555,560		
103	TOTAL	384,198,016		

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						
37	01 OPERATING ROOM	22,698,910	1,615,003	21,083,907			22,698,910
37	01 G.I. LAB	1,349,616	174,943	1,174,673			1,349,616
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	398,173	25,213	372,960			398,173
41	RADIOLOGY-DIAGNOSTIC	4,215,373	621,956	3,593,417			4,215,373
41	02 ULTRASOUND	352,997	13,333	339,664			352,997
41	03 CT SCANS	1,073,584	59,368	1,014,216			1,073,584
42	RADIOLOGY-THERAPEUTIC	953,836	140,948	812,888			953,836
43	RADIOISOTOPE	651,089	11,683	639,406			651,089
43	01 STRAUSS ONCOLOGY	4,905,945	222,267	4,683,678			4,905,945
44	LABORATORY	4,481,965	269,850	4,212,115			4,481,965
47	BLOOD STORING, PROCESSING	1,413,586	26,320	1,387,266			1,413,586
49	RESPIRATORY THERAPY	1,749,230	76,434	1,672,796			1,749,230
50	PHYSICAL THERAPY	3,280,125	196,743	3,083,382			3,280,125
50	01 AUDIOLOGY	67,761	9,544	58,217			67,761
50	02 SCHWAB PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY	3,610,848	424,462	3,186,386			3,610,848
54	ELECTROENCEPHALOGRAPHY	94,969	6,868	88,101			94,969
55	MEDICAL SUPPLIES CHARGED	8,937,692	262,310	8,675,382			8,937,692
56	DRUGS CHARGED TO PATIENTS	5,940,640	139,913	5,800,727			5,940,640
58	01 RENAL	520,009	6,131	513,878			520,009
59	WOUND CARE	698,367	123,525	574,842			698,367
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,500,260	330,729	2,169,531			2,500,260
60	01 PROSTATE CENTER						
60	02 SPINE CENTER						
61	EMERGENCY	5,546,498	592,071	4,954,427			5,546,498
62	OBSERVATION BEDS (NON-DIS	377,084	48,728	328,356			377,084
62	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	75,818,557	5,398,342	70,420,215			75,818,557
102	LESS OBSERVATION BEDS	377,084	48,728	328,356			377,084
103	TOTAL	75,441,473	5,349,614	70,091,859			75,441,473

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	74,840,500	.303297	.303297
37 01	G.I. LAB	5,615,447	.240340	.240340
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	9,160,671	.043465	.043465
41	RADIOLOGY-DIAGNOSTIC	20,894,563	.201745	.201745
41 02	ULTRASOUND	3,206,545	.110086	.110086
41 03	CT SCANS	23,293,567	.046089	.046089
42	RADIOLOGY-THERAPEUTIC	5,248,790	.181725	.181725
43	RADIOISOTOPE	4,038,152	.161234	.161234
43 01	STRAUSS ONCOLOGY	22,995,051	.213348	.213348
44	LABORATORY	48,118,426	.093144	.093144
47	BLOOD STORING, PROCESSING	4,550,714	.310629	.310629
49	RESPIRATORY THERAPY	9,560,586	.182963	.182963
50	PHYSICAL THERAPY	11,793,189	.278137	.278137
50 01	AUDIOLOGY	170,783	.396767	.396767
50 02	SCHWAB PHYSICAL THERAPY			
53	ELECTROCARDIOLOGY	22,365,008	.161451	.161451
54	ELECTROENCEPHALOGRAPHY	393,899	.241100	.241100
55	MEDICAL SUPPLIES CHARGED	41,082,313	.217556	.217556
56	DRUGS CHARGED TO PATIENTS	39,861,676	.149031	.149031
58 01	RENAL	1,170,385	.444306	.444306
59	WOUND CARE	2,289,162	.305075	.305075
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	3,815,327	.655320	.655320
60 01	PROSTATE CENTER			
60 02	SPINE CENTER			
61	EMERGENCY	29,733,262	.186542	.186542
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	555,560	.678746	.678746
101	SUBTOTAL	384,753,576		
102	LESS OBSERVATION BEDS	555,560		
103	TOTAL	384,198,016		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/19/2010  
 I 14-0082 I FROM 6/ 1/2009 I WORKSHEET D  
 I I TO 5/31/2010 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				2,845,932		2,845,932
26	INTENSIVE CARE UNIT				621,260		621,260
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER				488,015		488,015
31 01	SUBPROVIDER II				257,540		257,540
33	NURSERY						
101	TOTAL				4,212,747		4,212,747

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	31,422	17,075			90.57	1,546,483
26	INTENSIVE CARE UNIT	4,870	2,479			127.57	316,246
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	4,262	2,922			114.50	334,569
31 01	SUBPROVIDER II	2,821	2,342			91.29	213,801
33	NURSERY						
101	TOTAL	43,375	24,818				2,411,099

APPORIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/19/2010  
 I 14-0082 I FROM 6/ 1/2009 I WORKSHEET D  
 I COMPONENT NO: I TO 5/31/2010 I PART II  
 I 14-0082 I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,615,003	74,840,500	17,775,274		
37 01	G.I. LAB		174,943	5,615,447	629,473		
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY		25,213	9,160,671	2,145,525		
41	RADIOLOGY-DIAGNOSTIC		621,956	20,894,563	5,157,872		
41 02	ULTRASOUND		13,333	3,206,545	721,872		
41 03	CT SCANS		59,368	23,293,567	5,650,326		
42	RADIOLOGY-THERAPEUTIC		140,948	5,248,790	1,137,702		
43	RADIOISOTOPE		11,683	4,038,152			
43 01	STRAUSS ONCOLOGY		222,267	22,995,051	3,044		
44	LABORATORY		269,850	48,118,426	19,207,599		
47	BLOOD STORING, PROCESSING		26,320	4,550,714	1,341,961		
49	RESPIRATORY THERAPY		76,434	9,560,586	4,048,605		
50	PHYSICAL THERAPY		196,743	11,793,189	2,611,519		
50 01	AUDIOLOGY		9,544	170,783			
50 02	SCHWAB PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY		424,462	22,365,008	8,103,630		
54	ELECTROENCEPHALOGRAPHY		6,868	393,899	175,480		
55	MEDICAL SUPPLIES CHARGED		262,310	41,082,313	13,550,913		
56	DRUGS CHARGED TO PATIENTS		139,913	39,861,676	16,683,309		
58 01	RENAL		6,131	1,170,385	642,375		
59	WOUND CARE		123,525	2,289,162			
	OUTPAT SERVICE COST CNTRS						
	CLINIC		330,729	3,815,327	7,328		
60 01	PROSTATE CENTER						
60 02	SPINE CENTER						
61	EMERGENCY		592,071	29,733,262	4,334,441		
62	OBSERVATION BEDS (NON-DIS		48,728	555,560	27,864		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		5,398,342	384,753,576	103,956,112		

I PROVIDER NO: I PERIOD: I PREPARED 10/19/2010  
 I 14-0082 I FROM 6/ 1/2009 I WORKSHEET D  
 I COMPONENT NO: I TO 5/31/2010 I PART II  
 I 14-0082 I PPS

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.021579	383,573
37 01	G.I. LAB	.031154	19,611
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY	.002752	5,904
41	RADIOLOGY-DIAGNOSTIC	.029766	153,529
41 02	ULTRASOUND	.004158	3,002
41 03	CT SCANS	.002549	14,403
42	RADIOLOGY-THERAPEUTIC	.026853	30,551
43	RADIOISOTOPE	.002893	
43 01	STRAUSS ONCOLOGY	.009666	29
44	LABORATORY	.005608	107,716
47	BLOOD STORING, PROCESSING	.005784	7,762
49	RESPIRATORY THERAPY	.007995	32,369
50	PHYSICAL THERAPY	.016683	43,568
50 01	AUDIOLOGY	.055884	
50 02	SCHWAB PHYSICAL THERAPY		
53	ELECTROCARDIOLOGY	.018979	153,799
54	ELECTROENCEPHALOGRAPHY	.017436	3,060
55	MEDICAL SUPPLIES CHARGED	.006385	86,523
56	DRUGS CHARGED TO PATIENTS	.003510	58,558
58 01	RENAL	.005238	3,365
59	WOUND CARE	.053961	
60	OUTPAT SERVICE COST CNTRS		
60 01	CLINIC	.086684	635
60 01	PROSTATE CENTER		
60 02	SPINE CENTER		
61	EMERGENCY	.019913	86,312
62	OBSERVATION BEDS (NON-DIS	.087710	2,444
62	OTHER REIMBURS COST CNTRS		
101	TOTAL		1,196,713

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

I PROVIDER NO: I PERIOD: I PREPARED 10/19/2010  
 I 14-0082 I FROM 6/ 1/2009 I WORKSHEET D  
 I I TO 5/31/2010 I 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					31,422	
26	INTENSIVE CARE UNIT					4,870	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER					4,262	
31 01	SUBPROVIDER II					2,821	
33	NURSERY						
101	TOTAL					43,375	

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

I PROVIDER NO: I PERIOD: I PREPARED 10/19/2010  
 I 14-0082 I FROM 6/ 1/2009 I WORKSHEET D  
 I I TO 5/31/2010 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		17,075
26	INTENSIVE CARE UNIT		2,479
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER		2,922
31 01	SUBPROVIDER II		2,342
33	NURSERY		
101	TOTAL		24,818

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	G.I. LAB						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 02	ULTRASOUND						
41 03	CT SCANS						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43 01	STRAUSS ONCOLOGY						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
50 01	AUDIOLOGY						
50 02	SCHWAB PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58 01	RENAL						
59	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	PROSTATE CENTER						
60 02	SPINE 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 CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			74,840,500			17,775,274	
37 01	G.I. LAB			5,615,447			629,473	
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY			9,160,671			2,145,525	
41	RADIOLOGY-DIAGNOSTIC			20,894,563			5,157,872	
41 02	ULTRASOUND			3,206,545			721,872	
41 03	CT SCANS			23,293,567			5,650,326	
42	RADIOLOGY-THERAPEUTIC			5,248,790			1,137,702	
43	RADIOISOTOPE			4,038,152				
43 01	STRAUSS ONCOLOGY			22,995,051			3,044	
44	LABORATORY			48,118,426			19,207,599	
47	BLOOD STORING, PROCESSING			4,550,714			1,341,961	
49	RESPIRATORY THERAPY			9,560,586			4,048,605	
50	PHYSICAL THERAPY			11,793,189			2,611,519	
50 01	AUDIOLOGY			170,783				
50 02	SCHWAB PHYSICAL THERAPY							
53	ELECTROCARDIOLOGY			22,365,008			8,103,630	
54	ELECTROENCEPHALOGRAPHY			393,899			175,480	
55	MEDICAL SUPPLIES CHARGED			41,082,313			13,550,913	
56	DRUGS CHARGED TO PATIENTS			39,861,676			16,683,309	
58 01	RENAL			1,170,385			642,375	
59	WOUND CARE			2,289,162				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			3,815,327			7,328	
60 01	PROSTATE CENTER							
60 02	SPINE CENTER							
61	EMERGENCY			29,733,262			4,334,441	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			555,560			27,864	
101	TOTAL			384,753,576			103,956,112	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	13,034,022					
37 01	G.I. LAB	1,047,638					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,417,547					
41	RADIOLOGY-DIAGNOSTIC	9,418,592					
41 02	ULTRASOUND	580,366					
41 03	CT SCANS	5,850,998					
42	RADIOLOGY-THERAPEUTIC	1,416,860					
43	RADIOISOTOPE						
43 01	STRAUSS ONCOLOGY	12,130,708					
44	LABORATORY	888,157					
47	BLOOD STORING, PROCESSING	97,550					
49	RESPIRATORY THERAPY	27,782					
50	PHYSICAL THERAPY						
50 01	AUDIOLOGY	47,602					
50 02	SCHWAB PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY	4,239,339					
54	ELECTROENCEPHALOGRAPHY	40,686					
55	MEDICAL SUPPLIES CHARGED	4,815,378					
56	DRUGS CHARGED TO PATIENTS	2,236,129					
58 01	RENAL	3,822					
59	WOUND CARE	353,478					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	243,427					
60 01	PROSTATE CENTER						
60 02	SPINE CENTER						
61	EMERGENCY	4,314,901					
62	OBSERVATION BEDS (NON-DIS	128,365					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	62,333,347					

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	.281166	.281166			
37 01 G.I. LAB	.240340	.240340			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.039819	.039819			
41 RADIOLOGY-DIAGNOSTIC	.201745	.201745			
41 02 ULTRASOUND	.110086	.110086			
41 03 CT SCANS	.046089	.046089			
42 RADIOLOGY-THERAPEUTIC	.181725	.181725			
43 RADIOISOTOPE	.161234	.161234			
43 01 STRAUSS ONCOLOGY	.213348	.213348			
44 LABORATORY	.093144	.093144			
47 BLOOD STORING, PROCESSING & TRANS.	.310629	.310629			
49 RESPIRATORY THERAPY	.182963	.182963			
50 PHYSICAL THERAPY	.270106	.270106			
50 01 AUDIOLOGY	.396767	.396767			
50 02 SCHWAB PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY	.161451	.161451			
54 ELECTROENCEPHALOGRAPHY	.241100	.241100			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.217556	.217556			
56 DRUGS CHARGED TO PATIENTS	.149031	.149031			
58 01 RENAL	.444306	.444306			
59 WOUND CARE	.305075	.305075			
OUTPUT SERVICE COST CNTRS					
60 CLINIC	.655320	.655320			
60 01 PROSTATE CENTER					
60 02 SPINE CENTER					
61 EMERGENCY	.165861	.165861			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.678746	.678746			
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

		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	Cost Center Description	5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		13,034,022			
37 01	G.I. LAB		1,047,638			
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY		1,417,547			
41	RADIOLOGY-DIAGNOSTIC		9,418,592			
41 02	ULTRASOUND		580,366			
41 03	CT SCANS		5,850,998			
42	RADIOLOGY-THERAPEUTIC		1,416,860			
43	RADIOISOTOPE					
43 01	STRAUSS ONCOLOGY		12,130,708			
44	LABORATORY		888,157			
47	BLOOD STORING, PROCESSING & TRANS.		97,550			
49	RESPIRATORY THERAPY		27,782			
50	PHYSICAL THERAPY					
50 01	AUDIOLOGY		47,602			
50 02	SCHWAB PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY		4,239,339			
54	ELECTROENCEPHALOGRAPHY		40,686			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		4,815,378			
56	DRUGS CHARGED TO PATIENTS		2,236,129			
58 01	RENAL		3,822			
59	WOUND CARE		353,478			
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC		243,427			
60 01	PROSTATE CENTER					
60 02	SPINE CENTER					
61	EMERGENCY		4,314,901			
62	OBSERVATION BEDS (NON-DISTINCT PART)		128,365			
101	SUBTOTAL		62,333,347			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		62,333,347			

(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				3,664,724	
37 01 G.I. LAB				251,789	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				56,445	
41 RADIOLOGY-DIAGNOSTIC				1,900,154	
41 02 ULTRASOUND				63,890	
41 03 CT SCANS				269,667	
42 RADIOLOGY-THERAPEUTIC				257,479	
43 RADIOISOTOPE					
43 01 STRAUSS ONCOLOGY				2,588,062	
44 LABORATORY				82,726	
47 BLOOD STORING, PROCESSING & TRANS.				30,302	
49 RESPIRATORY THERAPY				5,083	
50 PHYSICAL THERAPY					
50 01 AUDIOLOGY				18,887	
50 02 SCHWAB PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY				684,446	
54 ELECTROENCEPHALOGRAPHY				9,809	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,047,614	
56 DRUGS CHARGED TO PATIENTS				333,253	
58 01 RENAL				1,698	
59 WOUND CARE				107,837	
OUTPUT SERVICE COST CNTRS					
60 CLINIC				159,523	
60 01 PROSTATE CENTER					
60 02 SPINE CENTER					
61 EMERGENCY				715,674	
62 OBSERVATION BEDS (NON-DISTINCT PART)				87,127	
101 SUBTOTAL				12,336,189	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				12,336,189	

(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

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

Cost Center Description	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
37 01 G.I. LAB			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
41 02 ULTRASOUND			
41 03 CT SCANS			
42 RADIOLOGY-THERAPEUTIC			
43 RADIOISOTOPE			
43 01 STRAUSS ONCOLOGY			
44 LABORATORY			
47 BLOOD STORING, PROCESSING & TRANS.			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
50 01 AUDIOLOGY			
50 02 SCHWAB PHYSICAL THERAPY			
53 ELECTROCARDIOLOGY			
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
58 01 RENAL			
59 WOUND CARE			
OUTPAT SERVICE COST CNTRS			
60 CLINIC			
60 01 PROSTATE CENTER			
60 02 SPINE CENTER			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

(A) WORKSHEET A LINE NUMBERS

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

I PROVIDER NO: I PERIOD: I PREPARED 10/19/2010  
 I 14-0082 I FROM 6/ 1/2009 I WORKSHEET D  
 I COMPONENT NO: I TO 5/31/2010 I PART II  
 I 14-T082 I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

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						
37	01 OPERATING ROOM		1,615,003	74,840,500	43,371		
37	01 G.I. LAB		174,943	5,615,447	5,343		
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY		25,213	9,160,671	3,341		
41	RADIOLOGY-DIAGNOSTIC		621,956	20,894,563	121,928		
41	02 ULTRASOUND		13,333	3,206,545	14,444		
41	03 CT SCANS		59,368	23,293,567	105,386		
42	RADIOLOGY-THERAPEUTIC		140,948	5,248,790	4,065		
43	RADIOISOTOPE		11,683	4,038,152	68,271		
43	01 STRAUSS ONCOLOGY		222,267	22,995,051			
44	LABORATORY		269,850	48,118,426	562,783		
47	BLOOD STORING, PROCESSING		26,320	4,550,714	18,385		
49	RESPIRATORY THERAPY		76,434	9,560,586	134,050		
50	PHYSICAL THERAPY		196,743	11,793,189	2,973,194		
50	01 AUDIOLOGY		9,544	170,783			
50	02 SCHWAB PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY		424,462	22,365,008	30,001		
54	ELECTROENCEPHALOGRAPHY		6,868	393,899			
55	MEDICAL SUPPLIES CHARGED		262,310	41,082,313	172,522		
56	DRUGS CHARGED TO PATIENTS		139,913	39,861,676	656,476		
58	01 RENAL		6,131	1,170,385	55,693		
59	WOUND CARE		123,525	2,289,162			
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		330,729	3,815,327			
60	01 PROSTATE CENTER						
60	02 SPINE CENTER						
61	EMERGENCY		592,071	29,733,262	1,023		
62	OBSERVATION BEDS (NON-DIS		48,728	555,560			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		5,398,342	384,753,576	4,970,276		

I PROVIDER NO: I PERIOD: I PREPARED 10/19/2010  
 I 14-0082 I FROM 6/ 1/2009 I WORKSHEET D  
 I COMPONENT NO: I TO 5/31/2010 I PART II  
 I 14-T082 I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG RATIO 7	COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.021579	936
37 01	G.I. LAB	.031154	166
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY	.002752	9
41	RADIOLOGY-DIAGNOSTIC	.029766	3,629
41 02	ULTRASOUND	.004158	60
41 03	CT SCANS	.002549	269
42	RADIOLOGY-THERAPEUTIC	.026853	109
43	RADIOISOTOPE	.002893	198
43 01	STRAUSS ONCOLOGY	.009666	
44	LABORATORY	.005608	3,156
47	BLOOD STORING, PROCESSING	.005784	106
49	RESPIRATORY THERAPY	.007995	1,072
50	PHYSICAL THERAPY	.016683	49,602
50 01	AUDIOLOGY	.055884	
50 02	SCHWAB PHYSICAL THERAPY		
53	ELECTROCARDIOLOGY	.018979	569
54	ELECTROENCEPHALOGRAPHY	.017436	
55	MEDICAL SUPPLIES CHARGED	.006385	1,102
56	DRUGS CHARGED TO PATIENTS	.003510	2,304
58 01	RENAL	.005238	292
59	WOUND CARE	.053961	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.086684	
60 01	PROSTATE CENTER		
60 02	SPINE CENTER		
61	EMERGENCY	.019913	20
62	OBSERVATION BEDS (NON-DIS	.087710	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		63,599

TITLE XVIII, PART A

SUBPROVIDER 1

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
	1.01					
37	ANCILLARY SRVC COST CNTRS					
	OPERATING ROOM					
37 01	G.I. LAB					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
41 02	ULTRASOUND					
41 03	CT SCANS					
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
43 01	STRAUSS ONCOLOGY					
44	LABORATORY					
47	BLOOD STORING, PROCESSING					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
50 01	AUDIOLOGY					
50 02	SCHWAB PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
58 01	RENAL					
59	WOUND CARE					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	PROSTATE CENTER					
60 02	SPINE 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 CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			74,840,500			43,371	
37 01	G.I. LAB			5,615,447			5,343	
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY			9,160,671			3,341	
41	RADIOLOGY-DIAGNOSTIC			20,894,563			121,928	
41 02	ULTRASOUND			3,206,545			14,444	
41 03	CT SCANS			23,293,567			105,386	
42	RADIOLOGY-THERAPEUTIC			5,248,790			4,065	
43	RADIOISOTOPE			4,038,152			68,271	
43 01	STRAUSS ONCOLOGY			22,995,051				
44	LABORATORY			48,118,426			562,783	
47	BLOOD STORING, PROCESSING			4,550,714			18,385	
49	RESPIRATORY THERAPY			9,560,586			134,050	
50	PHYSICAL THERAPY			11,793,189			2,973,194	
50 01	AUDIOLOGY			170,783				
50 02	SCHWAB PHYSICAL THERAPY							
53	ELECTROCARDIOLOGY			22,365,008			30,001	
54	ELECTROENCEPHALOGRAPHY			393,899				
55	MEDICAL SUPPLIES CHARGED			41,082,313			172,522	
56	DRUGS CHARGED TO PATIENTS			39,861,676			656,476	
58 01	RENAL			1,170,385			55,693	
59	WOUND CARE			2,289,162				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			3,815,327				
60 01	PROSTATE CENTER							
60 02	SPINE CENTER							
61	EMERGENCY			29,733,262			1,023	
62	OBSERVATION BEDS (NON-DIS			555,560				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			384,753,576			4,970,276	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPUT PROG CHARGES	OUTPUT PROG D,V COL 5.03	OUTPUT PROG D,V COL 5.04	OUTPUT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37 01	G.I. LAB						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	10,111					
41 02	ULTRASOUND	2,189					
41 03	CT SCANS	9,769					
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43 01	STRAUSS ONCOLOGY						
44	LABORATORY	900					
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
50 01	AUDIOLOGY						
50 02	SCHWAB PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY	2,862					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	3,721					
56	DRUGS CHARGED TO PATIENTS	297					
58 01	RENAL						
59	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	197					
60 01	PROSTATE CENTER						
60 02	SPINE CENTER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	30,046					

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	.281166	.281166			
37 01 G.I. LAB	.240340	.240340			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.039819	.039819			
41 RADIOLOGY-DIAGNOSTIC	.201745	.201745			
41 02 ULTRASOUND	.110086	.110086			
41 03 CT SCANS	.046089	.046089			
42 RADIOLOGY-THERAPEUTIC	.181725	.181725			
43 RADIOISOTOPE	.161234	.161234			
43 01 STRAUSS ONCOLOGY	.213348	.213348			
44 LABORATORY	.093144	.093144			
47 BLOOD STORING, PROCESSING & TRANS.	.310629	.310629			
49 RESPIRATORY THERAPY	.182963	.182963			
50 PHYSICAL THERAPY	.270106	.270106			
50 01 AUDIOLOGY	.396767	.396767			
50 02 SCHWAB PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY	.161451	.161451			
54 ELECTROENCEPHALOGRAPHY	.241100	.241100			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.217556	.217556			
56 DRUGS CHARGED TO PATIENTS	.149031	.149031			
58 01 RENAL	.444306	.444306			
59 WOUND CARE	.305075	.305075			
OUTPAT SERVICE COST CNTRS					
60 CLINIC	.655320	.655320			
60 01 PROSTATE CENTER					
60 02 SPINE CENTER					
61 EMERGENCY	.165861	.165861			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.678746	.678746			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XVIII, PART B

SUBPROVIDER 1

Cost Center Description	5	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
		5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
37 01 G.I. LAB					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		10,111			
41 02 ULTRASOUND		2,189			
41 03 CT SCANS		9,769			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
43 01 STRAUSS ONCOLOGY					
44 LABORATORY		900			
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
50 01 AUDIOLOGY					
50 02 SCHWAB PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY		2,862			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,721			
56 DRUGS CHARGED TO PATIENTS		297			
58 01 RENAL					
59 WOUND CARE					
OUTPAT SERVICE COST CNTRS					
60 CLINIC		197			
60 01 PROSTATE CENTER					
60 02 SPINE CENTER					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL		30,046			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		30,046			

TITLE XVIII, PART B SUBPROVIDER 1

Cost Center Description	7 Outpatient Radiology	8 Other Outpatient Diagnostic	9 All Other	9.01 PPS Services FYB to 12/31	9.02 Non-PPS Services
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
37 01 G.I. LAB					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC				2,040	
41 02 ULTRASOUND				241	
41 03 CT SCANS				450	
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
43 01 STRAUSS ONCOLOGY					
44 LABORATORY				84	
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
50 01 AUDIOLOGY					
50 02 SCHWAB PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY				462	
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				810	
56 DRUGS CHARGED TO PATIENTS				44	
58 01 RENAL					
59 WOUND CARE					
OUTPAT SERVICE COST CNTRS					
60 CLINIC				129	
60 01 PROSTATE CENTER					
60 02 SPINE CENTER					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL				4,260	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				4,260	

TITLE XVIII, PART B

SUBPROVIDER 1

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

Cost Center Description	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
37 01 G.I. LAB			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
41 02 ULTRASOUND			
41 03 CT SCANS			
42 RADIOLOGY-THERAPEUTIC			
43 RADIOISOTOPE			
43 01 STRAUSS ONCOLOGY			
44 LABORATORY			
47 BLOOD STORING, PROCESSING & TRANS.			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
50 01 AUDIOLOGY			
50 02 SCHWAB PHYSICAL THERAPY			
53 ELECTROCARDIOLOGY			
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
58 01 RENAL			
59 WOUND CARE			
OUTPAT SERVICE COST CNTRS			
60 CLINIC			
60 01 PROSTATE CENTER			
60 02 SPINE CENTER			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

(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

I PROVIDER NO: I PERIOD: I PREPARED 10/19/2010  
 I 14-0082 I FROM 6/ 1/2009 I WORKSHEET D  
 I COMPONENT NO: I TO 5/31/2010 I PART II  
 I 14-S082 I

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,615,003	74,840,500			
37 01	G.I. LAB		174,943	5,615,447			
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY		25,213	9,160,671			
41	RADIOLOGY-DIAGNOSTIC		621,956	20,894,563	47,576		
41 02	ULTRASOUND		13,333	3,206,545	10,302		
41 03	CT SCANS		59,368	23,293,567	66,325		
42	RADIOLOGY-THERAPEUTIC		140,948	5,248,790	2,948		
43	RADIOISOTOPE		11,683	4,038,152			
43 01	STRAUSS ONCOLOGY		222,267	22,995,051			
44	LABORATORY		269,850	48,118,426	409,189		
47	BLOOD STORING, PROCESSING		26,320	4,550,714			
49	RESPIRATORY THERAPY		76,434	9,560,586	26,972		
50	PHYSICAL THERAPY		196,743	11,793,189	180,016		
50 01	AUDIOLOGY		9,544	170,783			
50 02	SCHWAB PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY		424,462	22,365,008	79,895		
54	ELECTROENCEPHALOGRAPHY		6,868	393,899	5,300		
55	MEDICAL SUPPLIES CHARGED		262,310	41,082,313	27,062		
56	DRUGS CHARGED TO PATIENTS		139,913	39,861,676	358,647		
58 01	RENAL		6,131	1,170,385	9,282		
59	WOUND CARE		123,525	2,289,162			
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		330,729	3,815,327			
60 01	PROSTATE CENTER						
60 02	SPINE CENTER						
61	EMERGENCY		592,071	29,733,262	170,538		
62	OBSERVATION BEDS (NON-DIS		48,728	555,560			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		5,398,342	384,753,576	1,394,052		

TITLE XVIII, PART A SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.021579	
37 01	G.I. LAB	.031154	
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY	.002752	
41	RADIOLOGY-DIAGNOSTIC	.029766	1,416
41 02	ULTRASOUND	.004158	43
41 03	CT SCANS	.002549	169
42	RADIOLOGY-THERAPEUTIC	.026853	79
43	RADIOISOTOPE	.002893	
43 01	STRAUSS ONCOLOGY	.009666	
44	LABORATORY	.005608	2,295
47	BLOOD STORING, PROCESSING	.005784	
49	RESPIRATORY THERAPY	.007995	216
50	PHYSICAL THERAPY	.016683	3,003
50 01	AUDIOLOGY	.055884	
50 02	SCHWAB PHYSICAL THERAPY		
53	ELECTROCARDIOLOGY	.018979	1,516
54	ELECTROENCEPHALOGRAPHY	.017436	92
55	MEDICAL SUPPLIES CHARGED	.006385	173
56	DRUGS CHARGED TO PATIENTS	.003510	1,259
58 01	RENAL	.005238	49
59	WOUND CARE	.053961	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.086684	
60 01	PROSTATE CENTER		
60 02	SPINE CENTER		
61	EMERGENCY	.019913	3,396
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	.087710	
101	TOTAL		13,706



TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			74,840,500				
37	01 OPERATING ROOM			5,615,447				
39	G.I. LAB							
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY			9,160,671				
41	RADIOLOGY-DIAGNOSTIC			20,894,563			47,576	
41	02 ULTRASOUND			3,206,545			10,302	
41	03 CT SCANS			23,293,567			66,325	
42	RADIOLOGY-THERAPEUTIC			5,248,790			2,948	
43	RADIOISOTOPE			4,038,152				
43	01 STRAUSS ONCOLOGY			22,995,051				
44	LABORATORY			48,118,426			409,189	
47	BLOOD STORING, PROCESSING			4,550,714				
49	RESPIRATORY THERAPY			9,560,586			26,972	
50	PHYSICAL THERAPY			11,793,189			180,016	
50	01 AUDIOLOGY			170,783				
50	02 SCHWAB PHYSICAL THERAPY							
53	ELECTROCARDIOLOGY			22,365,008			79,895	
54	ELECTROENCEPHALOGRAPHY			393,899			5,300	
55	MEDICAL SUPPLIES CHARGED			41,082,313			27,062	
56	DRUGS CHARGED TO PATIENTS			39,861,676			358,647	
58	01 RENAL			1,170,385			9,282	
59	WOUND CARE			2,289,162				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			3,815,327				
60	01 PROSTATE CENTER							
60	02 SPINE CENTER							
61	EMERGENCY			29,733,262			170,538	
62	OBSERVATION BEDS (NON-DIS			555,560				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			384,753,576			1,394,052	

TITLE XVIII, PART A

SUBPROVIDER 2

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	8,777					
37 01	G.I. LAB						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,114					
41	RADIOLOGY-DIAGNOSTIC	2,146					
41 02	ULTRASOUND	774					
41 03	CT SCANS	1,813					
42	RADIOLOGY-THERAPEUTIC	4,171					
43	RADIOISOTOPE						
43 01	STRAUSS ONCOLOGY						
44	LABORATORY	253					
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
50 01	AUDIOLOGY						
50 02	SCHWAB PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY	5,718					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,846					
56	DRUGS CHARGED TO PATIENTS	1,289					
58 01	RENAL						
59	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	PROSTATE CENTER						
60 02	SPINE CENTER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	27,901					

TITLE XVIII, PART B SUBPROVIDER 2

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	.281166	.281166			
37 01 G.I. LAB	.240340	.240340			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.039819	.039819			
41 RADIOLOGY-DIAGNOSTIC	.201745	.201745			
41 02 ULTRASOUND	.110086	.110086			
41 03 CT SCANS	.046089	.046089			
42 RADIOLOGY-THERAPEUTIC	.181725	.181725			
43 RADIOISOTOPE	.161234	.161234			
43 01 STRAUSS ONCOLOGY	.213348	.213348			
44 LABORATORY	.093144	.093144			
47 BLOOD STORING, PROCESSING & TRANS.	.310629	.310629			
49 RESPIRATORY THERAPY	.182963	.182963			
50 PHYSICAL THERAPY	.270106	.270106			
50 01 AUDIOLOGY	.396767	.396767			
50 02 SCHWAB PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY	.161451	.161451			
54 ELECTROENCEPHALOGRAPHY	.241100	.241100			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.217556	.217556			
56 DRUGS CHARGED TO PATIENTS	.149031	.149031			
58 01 RENAL	.444306	.444306			
59 WOUND CARE	.305075	.305075			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.655320	.655320			
60 01 PROSTATE CENTER					
60 02 SPINE CENTER					
61 EMERGENCY	.165861	.165861			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.678746	.678746			
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

SUBPROVIDER 2

All Other (1)

Cost Center Description	5	PPS Services FYB to 12/31	5.01	Non-PPS Services	5.02	PPS Services 1/1 to FYE	5.03	Outpatient Ambulatory Surgical Ctr	6
(A) ANCILLARY SRVC COST CNTRS									
37 OPERATING ROOM			8,777						
37 01 G.I. LAB									
39 DELIVERY ROOM & LABOR ROOM									
40 ANESTHESIOLOGY			1,114						
41 RADIOLOGY-DIAGNOSTIC			2,146						
41 02 ULTRASOUND			774						
41 03 CT SCANS			1,813						
42 RADIOLOGY-THERAPEUTIC			4,171						
43 RADIOISOTOPE									
43 01 STRAUSS ONCOLOGY									
44 LABORATORY			253						
47 BLOOD STORING, PROCESSING & TRANS.									
49 RESPIRATORY THERAPY									
50 PHYSICAL THERAPY									
50 01 AUDIOLOGY									
50 02 SCHWAB PHYSICAL THERAPY									
53 ELECTROCARDIOLOGY			5,718						
54 ELECTROENCEPHALOGRAPHY									
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			1,846						
56 DRUGS CHARGED TO PATIENTS			1,289						
58 01 RENAL									
59 WOUND CARE									
OUTPAT SERVICE COST CNTRS									
60 CLINIC									
60 01 PROSTATE CENTER									
60 02 SPINE CENTER									
61 EMERGENCY									
62 OBSERVATION BEDS (NON-DISTINCT PART)									
101 SUBTOTAL			27,901						
102 CRNA CHARGES									
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES									
104 NET CHARGES			27,901						

TITLE XVIII, PART B SUBPROVIDER 2

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				2,468	
37 01 G.I. LAB					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				44	
41 RADIOLOGY-DIAGNOSTIC				433	
41 02 ULTRASOUND				85	
41 03 CT SCANS				84	
42 RADIOLOGY-THERAPEUTIC				758	
43 RADIOISOTOPE					
43 01 STRAUSS ONCOLOGY					
44 LABORATORY				24	
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
50 01 AUDIOLOGY					
50 02 SCHWAB PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY				923	
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				402	
56 DRUGS CHARGED TO PATIENTS				192	
58 01 RENAL					
59 WOUND CARE					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 PROSTATE CENTER					
60 02 SPINE CENTER					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL				5,413	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				5,413	

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

TITLE XVIII, PART B

SUBPROVIDER 2

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

Cost Center Description	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
37 01 G.I. LAB			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
41 02 ULTRASOUND			
41 03 CT SCANS			
42 RADIOLOGY-THERAPEUTIC			
43 RADIOISOTOPE			
43 01 STRAUSS ONCOLOGY			
44 LABORATORY			
47 BLOOD STORING, PROCESSING & TRANS.			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
50 01 AUDIOLOGY			
50 02 SCHWAB PHYSICAL THERAPY			
53 ELECTROCARDIOLOGY			
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
58 01 RENAL			
59 WOUND CARE			
OUTPAT SERVICE COST CNTRS			
60 CLINIC			
60 01 PROSTATE CENTER			
60 02 SPINE CENTER			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			



TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 700.90  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 11,967,868  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 11,967,868

	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	6,061,969	4,870	1,244.76	2,479	3,085,760
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					18,392,031
49 TOTAL PROGRAM INPATIENT COSTS					33,445,659

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 1,862,729  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 1,196,713  
 52 TOTAL PROGRAM EXCLUDABLE COST 3,059,442  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 30,386,217

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

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	538
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	700.90
85	OBSERVATION BED COST	377,084

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	22,023,548		377,084	
87	NEW CAPITAL-RELATED COST	2,845,932	.129222	377,084	48,728
88	NON PHYSICIAN ANESTHETIST	22,023,548		377,084	
89	MEDICAL EDUCATION	22,023,548		377,084	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

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)	4,262
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,262
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,262
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)	2,922
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	3,358,654
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	3,358,654

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,982,250
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,982,250
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.674124
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,168.99
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	3,358,654

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 788.05  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,302,682  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,302,682

	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					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1,107,812
49 TOTAL PROGRAM INPATIENT COSTS					3,410,494

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 334,569  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 63,599  
 52 TOTAL PROGRAM EXCLUDABLE COST 398,168  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 3,012,326

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

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	788.05
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	3,358,654			
87	NEW CAPITAL-RELATED COST	488,015	.145301		
88	NON PHYSICIAN ANESTHETIST	3,358,654			
89	MEDICAL EDUCATION	3,358,654			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

## COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/19/2010
I	14-0082	I	FROM 6/ 1/2009	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 5/31/2010	I	PART I
I	14-S082	I		I	

TITLE XVIII PART A

SUBPROVIDER II

PPS

## PART I - ALL PROVIDER COMPONENTS

1

## INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	2,821
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,821
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,821
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)	2,342
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	2,037,626
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	2,037,626

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,033,525
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,033,525
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.505173
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,429.82
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	2,037,626

TITLE XVIII PART A SUBPROVIDER II 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 722.31  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,691,650  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,691,650

	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					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 212,299
49 TOTAL PROGRAM INPATIENT COSTS					1,903,949

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 213,801  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 13,706  
 52 TOTAL PROGRAM EXCLUDABLE COST 227,507  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 1,676,442

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

TITLE XVIII PART A SUBPROVIDER II PPS

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

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

1

PART IV - COMPUTATION OF OBSERVATION BED COST

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

722.31

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		2,037,626			
87 NEW CAPITAL-RELATED COST	257,540	2,037,626	.126392		
88 NON PHYSICIAN ANESTHETIST		2,037,626			
89 MEDICAL EDUCATION		2,037,626			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

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)	31,422
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	31,422
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	31,422
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)	8,930
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	27,440,581
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	27,440,581

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
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	27,440,581

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 873.29  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 7,798,480  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 7,798,480

	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)					
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44 INTENSIVE CARE UNIT	6,061,922	4,870	1,244.75		
45 CORONARY CARE UNIT					
46 BURN INTENSIVE CARE UNIT					
47 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49 TOTAL PROGRAM INPATIENT COSTS					7,798,480

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

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	538
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	873.29
85	OBSERVATION BED COST	469,830

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				

TITLE XIX - I/P SUBPROVIDER I OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,262
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,262
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,262
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)	695
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	
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	

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
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	

TITLE XIX - I/P SUBPROVIDER I 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
- 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST
- 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
- 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST

	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)					
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44 INTENSIVE CARE UNIT					
45 CORONARY CARE UNIT					
46 BURN INTENSIVE CARE UNIT					
47 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					

1

- 48 PROGRAM INPATIENT ANCILLARY SERVICE COST
- 49 TOTAL PROGRAM INPATIENT COSTS

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

- 54 PROGRAM DISCHARGES 55
- 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

TITLE XIX - I/P SUBPROVIDER I OTHER

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

1

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

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					

TITLE XIX - I/P SUBPROVIDER II OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	2,821
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,821
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,821
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)	246
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
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

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE
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

TITLE XIX - I/P SUBPROVIDER II 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  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST

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

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES 24  
 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

TITLE XIX - I/P SUBPROVIDER II OTHER

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

1

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

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					

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 10/19/2010  
 I 14-0082 I FROM 6/ 1/2009 I WORKSHEET D-4  
 I COMPONENT NO: I TO 5/31/2010 I  
 I 14-0082 I

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			
26	ADULTS & PEDIATRICS		31,237,750	
27	INTENSIVE CARE UNIT		7,293,218	
28	CORONARY CARE UNIT			
29	BURN INTENSIVE CARE UNIT			
30	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER II			
37	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.284878	17,775,274	5,063,785
37	01 G.I. LAB	.240340	629,473	151,288
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.039819	2,145,525	85,433
41	RADIOLOGY-DIAGNOSTIC	.202407	5,157,872	1,043,989
41	02 ULTRASOUND	.110086	721,872	79,468
41	03 CT SCANS	.046089	5,650,326	260,418
42	RADIOLOGY-THERAPEUTIC	.181725	1,137,702	206,749
43	RADIOISOTOPE	.163820		
43	01 STRAUSS ONCOLOGY	.213348	3,044	649
44	LABORATORY	.093144	19,207,599	1,789,073
47	BLOOD STORING, PROCESSING & TRANS.	.310629	1,341,961	416,852
49	RESPIRATORY THERAPY	.182963	4,048,605	740,745
50	PHYSICAL THERAPY	.270106	2,611,519	705,387
50	01 AUDIOLOGY	.396767		
50	02 SCHWAB PHYSICAL THERAPY			
53	ELECTROCARDIOLOGY	.165770	8,103,630	1,343,339
54	ELECTROENCEPHALOGRAPHY	.241100	175,480	42,308
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.217556	13,550,913	2,948,082
56	DRUGS CHARGED TO PATIENTS	.149031	16,683,309	2,486,330
58	01 RENAL	.444306	642,375	285,411
59	WOUND CARE	.310738		
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.668319	7,328	4,897
60	01 PROSTATE CENTER			
60	02 SPINE CENTER			
61	EMERGENCY	.165861	4,334,441	718,915
62	OBSERVATION BEDS (NON-DISTINCT PART)	.678746	27,864	18,913
	OTHER REIMBURS COST CNTRS			
101	TOTAL		103,956,112	18,392,031
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		103,956,112	

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			
26	ADULTS & PEDIATRICS			
27	INTENSIVE CARE UNIT			
28	CORONARY CARE UNIT			
29	BURN INTENSIVE CARE UNIT			
31	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		3,418,740	
31	01 SUBPROVIDER II			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.284878	43,371	12,355
37	01 G.I. LAB	.240340	5,343	1,284
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.039819	3,341	133
41	RADIOLOGY-DIAGNOSTIC	.202407	121,928	24,679
41	02 ULTRASOUND	.110086	14,444	1,590
41	03 CT SCANS	.046089	105,386	4,857
42	RADIOLOGY-THERAPEUTIC	.181725	4,065	739
43	RADIOISOTOPE	.163820	68,271	11,184
43	01 STRAUSS ONCOLOGY	.213348		
44	LABORATORY	.093144	562,783	52,420
47	BLOOD STORING, PROCESSING & TRANS.	.310629	18,385	5,711
49	RESPIRATORY THERAPY	.182963	134,050	24,526
50	PHYSICAL THERAPY	.270106	2,973,194	803,078
50	01 AUDIOLOGY	.396767		
50	02 SCHWAB PHYSICAL THERAPY			
53	ELECTROCARDIOLOGY	.165770	30,001	4,973
54	ELECTROENCEPHALOGRAPHY	.241100		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.217556	172,522	37,533
56	DRUGS CHARGED TO PATIENTS	.149031	656,476	97,835
58	01 RENAL	.444306	55,693	24,745
59	WOUND CARE	.310738		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.668319		
60	01 PROSTATE CENTER			
60	02 SPINE CENTER			
61	EMERGENCY	.165861	1,023	170
62	OBSERVATION BEDS (NON-DISTINCT PART)	.678746		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		4,970,276	1,107,812
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		4,970,276	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 10/19/2010  
 I 14-0082 I FROM 6/ 1/2009 I WORKSHEET D-4  
 I COMPONENT NO: I TO 5/31/2010 I  
 I 14-5082 I I

TITLE XVIII, PART A

SUBPROVIDER 2

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			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31 01	SUBPROVIDER II		3,350,995	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.284878		
37 01	G.I. LAB	.240340		
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.039819		
41	RADIOLOGY-DIAGNOSTIC	.202407	47,576	9,630
41 02	ULTRASOUND	.110086	10,302	1,134
41 03	CT SCANS	.046089	66,325	3,057
42	RADIOLOGY-THERAPEUTIC	.181725	2,948	536
43	RADIOISOTOPE	.163820		
43 01	STRAUSS ONCOLOGY	.213348		
44	LABORATORY	.093144	409,189	38,114
47	BLOOD STORING, PROCESSING & TRANS.	.310629		
49	RESPIRATORY THERAPY	.182963	26,972	4,935
50	PHYSICAL THERAPY	.270106	180,016	48,623
50 01	AUDIOLOGY	.396767		
50 02	SCHWAB PHYSICAL THERAPY			
53	ELECTROCARDIOLOGY	.165770	79,895	13,244
54	ELECTROENCEPHALOGRAPHY	.241100	5,300	1,278
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.217556	27,062	5,888
56	DRUGS CHARGED TO PATIENTS	.149031	358,647	53,450
58 01	RENAL	.444306	9,282	4,124
59	WOUND CARE	.310738		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.668319		
60 01	PROSTATE CENTER			
60 02	SPINE CENTER			
61	EMERGENCY	.165861	170,538	28,286
62	OBSERVATION BEDS (NON-DISTINCT PART)	.678746		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		1,394,052	212,299
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,394,052	



PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
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 INSTRU		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	43,424,945	
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)	43,424,945	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,275,428	
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)	2,887,713	
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	49,588,086	
17 PRIMARY PAYER PAYMENTS	56,694	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	49,531,392	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,245,404	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	496,029	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,711,899	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,198,329	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1,512,457	
22 SUBTOTAL	47,988,288	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	47,988,288	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	47,140,361	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	847,927	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, 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)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	12,336,189
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	10,819,245
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.792
1.04	LINE 1.01 TIMES LINE 1.03.	9,770,262
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

6	REASONABLE CHARGES	
7	ANCILLARY SERVICE CHARGES	
8	INTERNS AND RESIDENTS SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES	
10	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
11	TOTAL REASONABLE CHARGES	
12	CUSTOMARY CHARGES	
13	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
14	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).	
15	RATIO OF LINE 11 TO LINE 12	
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
19	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
20.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	10,819,245

COMPUTATION OF REIMBURSEMENT SETTLEMENT

21	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
22.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,630,754
23	SUBTOTAL (SEE INSTRUCTIONS)	8,188,491
24	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
25	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	921,106
26	ESRD DIRECT MEDICAL EDUCATION COSTS	
27	SUBTOTAL	9,109,597
28	PRIMARY PAYER PAYMENTS	473
29	SUBTOTAL	9,109,124

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

30	COMPOSITE RATE ESRD	
31	BAD DEBTS (SEE INSTRUCTIONS)	1,690,776
32.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,183,543
33.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1,553,948
34	SUBTOTAL	10,292,667
35	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
36	OTHER ADJUSTMENTS (SPECIFY)	
37.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
38	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
39	SUBTOTAL	10,292,667
40	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
41	INTERIM PAYMENTS	8,885,356
42.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
43	BALANCE DUE PROVIDER/PROGRAM	1,407,311
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, 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)	

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) 4,260  
 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS. 3,918  
 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO. .792  
 1.04 LINE 1.01 TIMES LINE 1.03. 3,374  
 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) 3,918

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)  
 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS) 920  
 19 SUBTOTAL (SEE INSTRUCTIONS) 2,998  
 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 2,998  
 24 PRIMARY PAYER PAYMENTS  
 25 SUBTOTAL 2,998

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 2,998  
 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 2,998  
 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)  
 34 INTERIM PAYMENTS 2,997  
 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)  
 35 BALANCE DUE PROVIDER/PROGRAM 1  
 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, 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)

PART B - MEDICAL AND OTHER HEALTH SERVICES  
 SUBPROVIDER 2

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	5,413
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	4,216
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.792
1.04	LINE 1.01 TIMES LINE 1.03.	4,287
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	98.34
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)	4,216
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	934
19	SUBTOTAL (SEE INSTRUCTIONS)	3,282
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	3,282
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	3,282
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	3,282
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	3,282
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	3,283
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-1
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, 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)	

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		47,254,985		8,188,017
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			5/31/2010	697,339
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	12/ 4/2009	114,624		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-114,624		697,339
4 TOTAL INTERIM PAYMENTS		47,140,361		8,885,356
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)		847,927		1,407,311
7 TOTAL MEDICARE PROGRAM LIABILITY		47,988,288		10,292,667

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	4,234,471	3	2,997
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	5/31/2010		105,089
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			105,089
4 TOTAL INTERIM PAYMENTS				4,339,560
TO BE COMPLETED BY INTERMEDIARY				NONE
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)				2,997
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
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				126,370
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY				4,465,930

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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

TITLE XVIII SUBPROVIDER 2

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,822,106		3,283
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		NONE		NONE
4 TOTAL INTERIM PAYMENTS		1,822,106		3,283
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)				1
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		1,822,106		3,282

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

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	3,928,114
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0983
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	611,289
1.05	OUTLIER PAYMENTS	4,682
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	4,544,085
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 $\{((1 + (LINE 1.15/L.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$ .	
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)	11.676712
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/L.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$ .	
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)	4,544,085
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	4,544,085
7	DEDUCTIBLES	23,656
8	SUBTOTAL	4,520,429
9	COINSURANCE	54,499
10	SUBTOTAL	4,465,930
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	4,465,930
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	



PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
 SUBPROVIDER 2

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
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)	1,944,214
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)	7.728767
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + ((1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$ .	
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)	1,944,214
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)	1,944,214
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + ((1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$ .	
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)	1,944,214
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	1,944,214
7	DEDUCTIBLES	96,396
8	SUBTOTAL	1,847,818
9	COINSURANCE	25,712
10	SUBTOTAL	1,822,106
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)S	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	1,822,106
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
SUBPROVIDER 2

	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,822,106
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,822,106
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, 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

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1				
2			7,798,480	
3				
4				
5				
6			7,798,480	
7				
8				
9			7,798,480	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10				
11				
12				
13				
14				
15				
16				
	CUSTOMARY CHARGES			
17				
18				
19				
20				
21				
22			7,798,480	
23			7,798,480	
	PROSPECTIVE PAYMENT AMOUNT			
24				
25				
26				
27				
28				
29				
30			7,798,480	
31				
32			7,798,480	
33				
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34			7,798,480	
35				
36				
37				
38				
38.01				
38.02				
38.03				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
51				
52				
53				
54				
55				
56				
57				
57.01				
58				
59				

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

TITLE XIX

HOSPITAL

OTHER  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	SUBPROVIDER 1	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1				
	INPATIENT HOSPITAL/SNF/NF SERVICES			
2				
	MEDICAL AND OTHER SERVICES			
3				
	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4				
	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5				
	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6				
	SUBTOTAL			
7				
	INPATIENT PRIMARY PAYER PAYMENTS			
8				
	OUTPATIENT PRIMARY PAYER PAYMENTS			
9				
	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 PAYMENT FOR SERVICES ON A CHARGE BASIS			
18				
	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)			
19				
	RATIO OF LINE 17 TO LINE 18			
20				
	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21				
	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22				
	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23				
	COST OF COVERED SERVICES			
	PROSPECTIVE PAYMENT AMOUNT			
24				
	OTHER THAN OUTLIER PAYMENTS			
25				
	OUTLIER PAYMENTS			
26				
	PROGRAM CAPITAL PAYMENTS			
27				
	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28				
	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29				
	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30				
	SUBTOTAL			
31				
	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32				
	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
33				
	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34				
	EXCESS OF REASONABLE COST			
35				
	SUBTOTAL			
36				
	COINSURANCE			
37				
	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38				
	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01				
	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02				
	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03				
	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39				
	UTILIZATION REVIEW			
40				
	SUBTOTAL (SEE INSTRUCTIONS)			
41				
	INPATIENT ROUTINE SERVICE COST			
42				
	MEDICARE INPATIENT ROUTINE CHARGES			
43				
	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44				
	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45				
	RATIO OF LINE 43 TO 44			
46				
	TOTAL CUSTOMARY CHARGES			
47				
	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48				
	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49				
	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50				
	OTHER ADJUSTMENTS (SPECIFY)			
51				
	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52				
	SUBTOTAL			
53				
	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54				
	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55				
	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56				
	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57				
	INTERIM PAYMENTS			
57.01				
	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58				
	BALANCE DUE PROVIDER/PROGRAM			
59				
	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

Health Financial Systems MCRIF32 FOR LOUIS A. WEISS MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)  
CALCULATION OF REIMBURSEMENT SETTLEMENT I PROVIDER NO: I PERIOD: I PREPARED 10/19/2010  
I 14-0082 I FROM 6/ 1/2009 I WORKSHEET E-3  
I COMPONENT NO: I TO 5/31/2010 I PART III  
I 14-T082 I I

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

TITLE XIX

SUBPROVIDER 1

OTHER  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

TITLE XIX

SUBPROVIDER 2

OTHER  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

IN ACCORDANCE WITH CMS PUB. 15-II, 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		60.66
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)	60.38	
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		61.91
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		60.38
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.		31.59
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.		28.25
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		59.84
3.10	SEE INSTRUCTIONS		58.36
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.		4.91
3.12	SEE INSTRUCTIONS		32.46
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		30.16
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		21.37
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	28.00
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)		28.00
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		108,328.01
3.18	SEE INSTRUCTIONS		3,033,184
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		27.81
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		27.68
3.21	SEE INSTRUCTIONS	RES INIT YEARS	28.77
3.22	SEE INSTRUCTIONS		28.77
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		114,401.35
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		3,291,327
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		6,324,511

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		24,818
5	TOTAL INPATIENT DAYS		42,837
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.579359
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	3,664,162	3,664,162
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		1,141
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		42,837
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.		144,657
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
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES

TITLE XVIII

- 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)	38,760,102
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	56,694
16	TOTAL PART A REASONABLE COST	38,703,408

PART B REASONABLE COST

17	REASONABLE COST	12,345,862
18	PRIMARY PAYER PAYMENTS	473
19	TOTAL PART B REASONABLE COST	12,345,389
20	TOTAL REASONABLE COST	51,048,797
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.758165
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.241835

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

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	3,808,819
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	2,887,713
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	921,106

TITLE XVIII

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)	60.38	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	60.66	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	60.38	

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 IME CAP UNDER SECTION 422 OF MMA

13 REDUCED IME FTE CAP (SEE INSTRUCTIONS)	61.43
14 UNADJUSTED IME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	62.84
15 PRORATED REDUCED ALLOWABLE IME FTE CAP	61.43

CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(c).
17 IME 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 IME 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 IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	-639,114			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	18,776,044			
5	OTHER RECEIVABLES	492,928			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-3,222,128			
7	INVENTORY	3,556,530			
8	PREPAID EXPENSES	677,241			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	19,641,501			
FIXED ASSETS					
12	LAND	13,168,721			
12.01	LAND IMPROVEMENTS	31,363			
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	43,451,843			
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS	1,374,511			
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	32,084,926			
18.01	LESS ACCUMULATED DEPRECIATION	-40,897,031			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE	6,746			
21	TOTAL FIXED ASSETS	49,221,079			
OTHER ASSETS					
22	INVESTMENTS	71,924			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	1,263,061			
26	TOTAL OTHER ASSETS	1,334,985			
27	TOTAL ASSETS	70,197,565			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	8,572,686			
29 SALARIES, WAGES & FEES PAYABLE	7,072,294			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	-1,032,423			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	14,612,557			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	83,579,683			
38 NOTES PAYABLE	29,500,000			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66	2,325,482			
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	-288,185			
42 TOTAL LONG-TERM LIABILITIES	115,116,980			
43 TOTAL LIABILITIES	129,729,537			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	-59,531,972			
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	-59,531,972			
52 TOTAL LIABILITIES AND FUND BALANCES	70,197,565			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING				
OF PERIOD		-56,097,414		
2 NET INCOME (LOSS)				
3 TOTAL		-6,288,852		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		-62,386,266		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF		-62,386,266		
PERIOD PER BALANCE SHEET				

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	56,363,084		56,363,084
2 00 SUBPROVIDER	4,982,250		4,982,250
2 01 SUBPROVIDER II	4,033,525		4,033,525
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	65,378,859		65,378,859
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	14,322,872		14,322,872
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	14,322,872		14,322,872
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	79,701,731		79,701,731
17 00 ANCILLARY SERVICES	199,164,392	151,485,035	350,649,427
18 00 OUTPATIENT SERVICES	14,004,577	20,099,572	34,104,149
24 00 OUTREACH		2,209	2,209
24 01 PHYSICIAN PRIVATE OFFICE		1,653,499	1,653,499
24 02 PHYSICIAN REVENUE		762,516	762,516
24 03 PHYSICIAN ASSISTANT		47,019	47,019
25 00 TOTAL PATIENT REVENUES	292,870,700	174,049,850	466,920,550

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	146,814,138
ADD (SPECIFY)	
27 00 ADD (SPECIFY)	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00 DEDUCT (SPECIFY)	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	146,814,138

DESCRIPTION		
1	TOTAL PATIENT REVENUES	466,920,550
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	328,020,106
3	NET PATIENT REVENUES	138,900,444
4	LESS: TOTAL OPERATING EXPENSES	146,814,138
5	NET INCOME FROM SERVICE TO PATIENTS	-7,913,694
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	352,271
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 OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	5,441
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	5,574
22	RENTAL OF HOSPITAL SPACE	115,062
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REVENUE	1,146,477
25	TOTAL OTHER INCOME	1,624,825
26	TOTAL	-6,288,869
OTHER EXPENSES		
27	ROUNDING	-17
28		
29		
30	TOTAL OTHER EXPENSES	-17
31	NET INCOME (OR LOSS) FOR THE PERIOD	-6,288,852

