

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

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0124		FROM 12/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 11/30/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						OO - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT      DATE: 4/28/2011      TIME 12:28

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:  
 J. H. STROGER, JR. HOSP. OF COOK CTY      14-0124

FOR THE COST REPORTING PERIOD BEGINNING 12/ 1/2009 AND ENDING 11/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	A	TITLE XVII	B	TITLE XIX	
		1	2	3	4		
1	HOSPITAL	0	995,152	3,982,600	0		
100	TOTAL	0	995,152	3,982,600	0		

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1901 W HARRISON ST. P. O. BOX:  
 1.01 CITY: CHICAGO, IL. STATE: IL ZIP CODE: 60612- COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
0	1	2	2.01	3	V	XVIII	XIX
4	5	6			N	P	N
02.00	HOSPITAL	J. H. STROGER, JR. HOSP. OF COOK CTY	14-0124	7/ 1/1966			
16.00	RENAL DIALYSIS	JOHN H. STROGER HOSPITAL DIALYSIS	14-2313	1/ 5/2004			

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 12/ 1/2009 TO: 11/30/2010

18 TYPE OF CONTROL 1 2 9

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1  
 20 SUBPROVIDER 9

OTHER INFORMATION

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

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

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

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 16974

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

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

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

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS). IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 or MMEA §108? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N

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

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

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

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

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

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

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

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

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

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

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

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



MI SCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. Y B  
 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 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)? N  
 35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N  
 35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

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

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y  
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N  
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N  
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N  
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N  
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). Y  
 40.01 NAME: COOK COUNTY CORPORATE FI /CONTRACTOR NAME FI /CONTRACTOR #  
 40.02 STREET: 118 N. CLARK ST. P.O. BOX:  
 40.03 CITY: CHICAGO STATE: IL ZIP CODE: 60602-  
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y  
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N  
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000  
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?  
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?  
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?  
 46 IF YOU ARE PARTICIPATING IN THE 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		

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  
 MDH PERIOD: BEGINNING: / / ENDING: / /  
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
 PREMIUMS: 3,143,818  
 PAID LOSSES: 25,443,500  
 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



COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	322	117,530				9,703	27,359
2 HMO						1,050	4,400
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	322	117,530				9,703	27,359
6 INTENSIVE CARE UNIT	32	11,680				842	3,684
8 BURN INTENSIVE CARE UNIT	8	2,920				147	371
9 SURGICAL INTENSIVE CARE UNIT	14	5,110				282	946
10 PEDS INTENSIVE CARE UNIT	10	3,650					981
10 01 TRAUMA INTENSIVE CARE UNIT	12	4,380				303	872
10 02 NEURO INTENSIVE CARE UNIT	10	3,650				273	167
10 03 NEONATAL INTENSIVE CARE UNIT	52	18,980					8,741
11 NURSERY							1,879
12 TOTAL	460	167,900				11,550	45,000
13 RPCH VISITS							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (							
21 HOSPICE							
23 CORF							
25 TOTAL	460						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX OBSERVATION BEDS ADMITTED 5.01	I/P DAYS / NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	6.02	INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			81,402				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			81,402				
6 INTENSIVE CARE UNIT			8,127				
8 BURN INTENSIVE CARE UNIT			1,421				
9 SURGICAL INTENSIVE CARE UNIT			2,727				
10 PEDS INTENSIVE CARE UNIT			1,403				
10 01 TRAUMA INTENSIVE CARE UNIT			2,925				
10 02 NEURO INTENSIVE CARE UNIT			2,634				
10 03 NEONATAL INTENSIVE CARE UNIT			9,055				
11 NURSERY			1,937				
12 TOTAL			111,631			459.87	
13 RPCH VISITS							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (							
21 HOSPICE							
23 CORF							
25 TOTAL						459.87	
26 OBSERVATION BED DAYS			1,634				
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	DISCHARGES TITLE V 12	13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					2,158	7,404	23,763
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							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
10 PEDS INTENSIVE CARE UNIT							
10 01 TRAUMA INTENSIVE CARE UNIT							
10 02 NEURO INTENSIVE CARE UNIT							
10 03 NEONATAL INTENSIVE CARE UNIT							

COMPONENT	I & R FTES		--- FULL TIME EQUIV ---		DISCHARGES		
	NET 9	EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
11 NURSERY							
12 TOTAL	459.87	4,656.73			2,158	7,404	23,763
13 RPCH VISITS							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (							
21 HOSPI CE							
23 CORF							
25 TOTAL	459.87	4,656.73					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	341,658,374		341,658,374	8,565,442.00	39.89	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	23,144,992		23,144,992	212,164.00	109.09	See Wage Index Wkst.
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	13,580,866		13,580,866	109,977.00	123.49	See Wage Index Wkst.
5 PHYSICIAN - PART B	52,920,569		52,920,569	464,598.00	113.91	See Wage Index Wkst.
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)	20,998,401	-4,635,889	16,362,512	776,081.00	21.08	NO MOONLIGHTING HRS. REF
6.01 CONTRACT SERVICES, I&R	4,819,031		4,819,031	254,576.00	18.93	See Wage Index Wkst.
7 HOME OFFICE PERSONNEL SNF						
8.01 EXCLUDED AREA SALARIES	18,884,346	1,704,665	20,589,011	522,526.00	39.40	See Wage Index Wkst.
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	14,703,372		14,703,372	426,586.00	34.47	Rad, Lab, Thrpy & Nrsg C
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						See attached Contract La
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	25,323,918		25,323,918	594,234.00	42.62	In-hse Pharm, IT, Fac Mn
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	42,653,536		42,653,536			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	5,003,157		5,003,157			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	7,395,348		7,395,348			CMS 339
18.01 PART A TEACHING PHYSICIANS	4,339,394		4,339,394			CMS 339
19 PHYSICIAN PART B	16,909,318		16,909,318			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						
20 INTERNS & RESIDENTS (APPRVD)	9,747,380		9,747,380			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	2,455,760		2,455,760	54,770.00	44.84	
22 ADMINISTRATIVE & GENERAL	18,446,660	-166,558	18,280,102	835,496.00	21.88	
22.01 A & G UNDER CONTRACT	5,735,800		5,735,800	94,592.00	60.64	
23 MAINTENANCE & REPAIRS	4,668,786		4,668,786	99,260.00	47.04	
24 OPERATION OF PLANT	5,934,477		5,934,477	188,136.00	31.54	
25 LAUNDRY & LINEN SERVICE	208,075		208,075	9,577.00	21.73	
26 HOUSEKEEPING	6,802,606		6,802,606	349,589.00	19.46	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	2,809,929	-14,217	2,795,712	129,818.00	21.54	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	822,425		822,425	40,743.00	20.19	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	3,858,197		3,858,197	99,284.00	38.86	
31 CENTRAL SERVICE AND SUPPLY	1,546,423		1,546,423	71,185.00	21.72	
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	3,203,225		3,203,225	143,997.00	22.25	
34 SOCIAL SERVICE	1,251,239		1,251,239	40,535.00	30.87	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	255,075,307	4,635,889	259,711,196	7,054,802.00	36.81	
2 EXCLUDED AREA SALARIES	18,884,346	1,704,665	20,589,011	522,526.00	39.40	
3 SUBTOTAL SALARIES	236,190,961	2,931,224	239,122,185	6,532,276.00	36.61	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	40,027,290		40,027,290	1,020,820.00	39.21	
5 SUBTOTAL WAGE-RELATED COSTS	50,048,884		50,048,884		20.93	
6 TOTAL	326,267,135	2,931,224	329,198,359	7,553,096.00	43.58	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES &						

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
11						
12						
13						
RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	57,743,602	-180,775	57,562,827	2,156,982.00	26.69	

HOSPITAL RENAL DIALYSIS DEPARTMENT  
STATISTICAL DATA

PROVIDER NO: 14-0124  
SATELLITE NO:  
PERIOD: FROM 12/1/2009 TO 11/30/2010  
PREPARED 4/28/2011  
WORKSHEET S-5

DESCRIPTION	----- OUTPATIENT -----		----- TRAINING -----		----- HOME -----	
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD	84					
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.50					
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	5.00					
4 CAPD EXCHANGES PER DAY						
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	312					
6 NUMBER OF STATIONS	8					
7 TREATMENT CAPACITY PER DAY PER STATION	4					
8 UTILIZATION (SEE INSTRUCTIONS)						
9 AVERAGE TIMES DIALYZERS RE-USED						
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS						
TRANSPLANT INFORMATION						
11 NUMBER OF PATIENTS ON TRANSPLANT LIST						
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD						
EPOIETIN						
13 NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
13 . 1 EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
14 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT						
14 . 1 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						
PHYSICIAN PAYMENT METHOD (ENTER "X" IF METHOD(S) IS APPLICABLE)						
15 MCP [ ] INITIAL METHOD [X]						
ARANESP						
16 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
17 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
18 NUMBER OF ARANESP UNITS FURNISHED RELATING TO RENAL DIALYSIS DEPARTMENT						
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO HOME DIALYSIS DEPARTMENT						

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0124  
PERIOD: FROM 12/1/2009 TO 11/30/2010  
PREPARED 4/28/2011  
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	9/30/01 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC						
5	RVB						
6	RVA						
6 .01	RVX						
6 .02	RVL						
7	RHC						
8	RHB						
9	RHA						
9 .01	RHX						
9 .02	RHL						
10	RMC						
11	RMB						
12	RMA						
12 .01	RMX						
12 .02	RML						
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3						
16	SE2						
17	SE1						
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	AAA						
45 .01	ES3						
45 .02	ES2						
45 .03	ES1						
45 .04	HE2						
45 .05	HE1						
45 .06	HD2						
45 .07	HD1						
45 .08	HC2						
45 .09	HC1						
45 .10	HB2						
45 .11	HB1						
45 .12	LE2						
45 .13	LE1						
45 .14	LD2						
45 .15	LD1						
45 .16	LC2						
45 .17	LC1						
45 .18	LB2						
45 .19	LB1						
45 .20	CE2						
45 .21	CE1						
45 .22	CD2						
45 .23	CD1						
46	TOTAL						

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0124  
PERIOD: FROM 12/1/2009 TO 11/30/2010  
PREPARED 4/28/2011  
WORKSHEET S-7

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

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

Worksheet S-2 reference data:  
 Transition Period : 0  
 Wage Index Factor (before 10/01): 0.0000  
 Wage Index Factor (after 10/01): 0.0000  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : NOT SPECIFIED  
 SNF MSA Code : NOT SPECIFIED  
 SNF CBSA Code : NOT SPECIFIED

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

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0124  
PERIOD: FROM 12/1/2009 TO 11/30/2010  
PREPARED 4/28/2011  
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2)		SWING BED SNF DAYS	TOTAL
		RUGs	DAYS		
1	2	4.05	4.06	5	
45 .11	HB1				
45 .12	LE2				
45 .13	LE1				
45 .14	LD2				
45 .15	LD1				
45 .16	LC2				
45 .17	LC1				
45 .18	LB2				
45 .19	LB1				
45 .20	CE2				
45 .21	CE1				
45 .22	CD2				
45 .23	CD1				
46	TOTAL				

- (2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.
- (3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.
- (4) Additional Rugs were published in the "Federal Register", Vol. 74 No. 153 August 11, 2009, page 40286. FY 2010 SNF Final Rule These RUGs are effective for services on or after 10/01/2010.

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

Worksheet S-2 reference data:  
 Transition Period : 0  
 Wage Index Factor (before 10/01): 0.0000  
 Wage Index Factor (after 10/01) : 0.0000  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : NOT SPECIFIED  
 SNF MSA Code : NOT SPECIFIED  
 SNF CBSA Code : NOT SPECIFIED

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	Other methods of write-offs (speci	
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	3,162,998
17.01	GROSS MEDICAID REVENUES	1009,689,395
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	2,496,863
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	8,029,203
20	RESTRICTED GRANTS	1,284,443
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	1024,662,902
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	3,339,052
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.946947

DESCRIPTION

25	TOTAL STATE AND LOCAL INDI GENT CARE PROGRAM COST (LINE 23 * LINE 24)	3,161,905
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	7,224,559
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	6,841,274
28	TOTAL GROSS MEDI CAID CHARGES FROM YOUR RECORDS	179,657,537
29	TOTAL GROSS MEDI CAID COST (LINE 24 * LINE 28)	170,126,166
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	119,524,413
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	113,183,284
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	180,129,345

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

COST CENTER		COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT				-281,990	-281,990
4	0400	NEW CAP REL COSTS-MVBLE EQUIP					
5	0500	EMPLOYEE BENEFITS	2,455,760	469,199	2,924,959	81,412,041	84,337,000
6	0600	ADMINISTRATIVE & GENERAL	18,446,660	122,083,428	140,530,088	-75,172,716	65,357,372
7	0700	MAINTENANCE & REPAIRS	4,668,786	109,857	4,778,643		4,778,643
8	0800	OPERATION OF PLANT	5,934,477	14,982,117	20,916,594	7,126,126	28,042,720
9	0900	LAUNDRY & LINEN SERVICE	208,075	1,683,108	1,891,183		1,891,183
10	1000	HOUSEKEEPING	6,802,606	746,105	7,548,711		7,548,711
11	1100	DIETARY	2,809,929	2,048,959	4,858,888	-14,217	4,844,671
12	1200	CAFETERIA	822,425		822,425		822,425
14	1400	NURSING ADMINISTRATION	3,858,197	537,547	4,395,744		4,395,744
15	1500	CENTRAL SERVICES & SUPPLY	1,546,423	101,196	1,647,619		1,647,619
17	1700	MEDICAL RECORDS & LIBRARY	3,203,225	982,725	4,185,950		4,185,950
18	1800	SOCIAL SERVICE	1,251,239	2,044,098	3,295,337	-331,100	2,964,237
20	2000	NONPHYSICIAN ANESTHETISTS				1,693,637	1,693,637
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD	20,998,401	4,424,564	25,422,965	-5,585,732	19,837,233
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,564,168	141,810	1,705,978	12,245,866	13,951,844
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	55,925,120	7,935,416	63,860,536	-3,943,844	59,916,692
26	2600	INTENSIVE CARE UNIT	8,201,470	62,726	8,264,196	79,671	8,343,867
28	2800	BURN INTENSIVE CARE UNIT	2,585,809	7,454	2,593,263	-31,441	2,561,822
29	2900	SURGICAL INTENSIVE CARE UNIT	3,861,728	16,601	3,878,329	2,409	3,880,738
30	2080	PEDS INTENSIVE CARE UNIT	2,334,438	2,044	2,336,482	-14,163	2,322,319
30.01	2180	TRAUMA INTENSIVE CARE UNIT	7,023,000	162,511	7,185,511	-75,643	7,109,868
30.02	2901	NEURO INTENSIVE CARE UNIT	3,763,352	18,452	3,781,804	-267,141	3,514,663
30.03	2060	NEONATAL INTENSIVE CARE UNIT	10,107,132	191,378	10,298,510	-222,497	10,076,013
33	3300	NURSERY	1,351,126	4,029	1,355,155		1,355,155
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	32,491,349	481,514	32,972,863	-1,144,304	31,828,559
38	3800	RECOVERY ROOM	2,535,141	833	2,535,974		2,535,974
39	3900	DELIVERY ROOM & LABOR ROOM	2,917,058	26,679	2,943,737	470	2,944,207
40	4000	ANESTHESIOLOGY	8,585,082	59,958	8,645,040	-2,851,612	5,793,428
41	4100	RADIOLOGY-DIAGNOSTIC	15,263,841	5,765,883	21,029,724	-1,124,046	19,905,678
44	4400	LABORATORY	16,333,740	2,725,854	19,059,594	-490,854	18,568,740
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,603,313	3,390,498	4,993,811		4,993,811
48	4800	INTRAVENOUS THERAPY	827,874		827,874		827,874
49	4900	RESPIRATORY THERAPY	6,106,079	302,425	6,408,504	-64,282	6,344,222
50	5000	PHYSICAL THERAPY	792,620	13,130	805,750		805,750
51	5100	OCCUPATIONAL THERAPY	257,997	5,383	263,380		263,380
52	5200	SPEECH PATHOLOGY	358,283	103,020	461,303		461,303
53	5300	ELECTROCARDIOLOGY	4,915,512	31,253	4,946,765	-90,483	4,856,282
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		27,787,790	27,787,790		27,787,790
55.30	5530	IMPL. DEV. CHARGED TO PATIENT					
56	5600	DRUGS CHARGED TO PATIENTS		16,869,128	16,869,128	-9,745	16,859,383
57	5700	RENAL DIALYSIS	3,216,767	153,777	3,370,544		3,370,544
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	29,198,609	22,192,319	51,390,928	-13,415,424	37,975,504
61	6100	EMERGENCY	27,647,217	167,871	27,815,088	569,567	28,384,655
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		OTHER REIMBURS COST CNTRS					
64	6400	HOME PROGRAM DIALYSIS					
65	6500	AMBULANCE SERVICES					
66	6600	DURABLE MEDICAL EQUIP-RENTED					
67	6700	DURABLE MEDICAL EQUIP-SOLD					
69	6900	CORF					
70	7000	I&R SERVICES-NOT APPRVD PRGM					
71	7100	HOME HEALTH AGENCY					
		SPEC PURPOSE COST CENTERS					
82	8200	LUNG ACQUISITION					
83	8300	KIDNEY ACQUISITION					
84	8400	LIVER ACQUISITION					
85	8500	HEART ACQUISITION					
88	8800	INTEREST EXPENSE					
89	8900	UTILIZATION REVIEW-SNF					
90	9000	OTHER CAPITAL RELATED COSTS					
92	9200	AMBULATORY SURGICAL CENTER (D. P.)					
93	9300	HOSPICE					
95		SUBTOTALS	322,774,028	238,832,639	561,606,667	-2,001,447	559,605,220
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700	RESEARCH					
98	9800	PHYSICIANS' PRIVATE OFFICES					
99	9900	NONPAID WORKERS					
100	7950	OTHER NONREIMBURSABLE (SPECIFY)					
100.01	7951	DENISTRY	1,156,807	45,557	1,202,364		1,202,364
100.02	7952	CHP BUREAU	17,727,539	9,637,130	27,364,669	406,395	27,771,064
100.03	7953	SPECIAL FUNDS/RESEARCH				1,595,052	1,595,052
101		TOTAL	341,658,374	248,515,326	590,173,700	-0-	590,173,700

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

COST CENTER		COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
		GENERAL SERVICE COST CNTR		
1	0100	OLD CAP REL COSTS-BLDG & FIXT		
2	0200	OLD CAP REL COSTS-MVBLE EQUIP		
3	0300	NEW CAP REL COSTS-BLDG & FIXT	46,102,068	45,820,078
4	0400	NEW CAP REL COSTS-MVBLE EQUIP	11,410,770	11,410,770
5	0500	EMPLOYEE BENEFITS	960,825	85,297,825
6	0600	ADMINISTRATIVE & GENERAL	87,078,278	152,435,650
7	0700	MAINTENANCE & REPAIRS		4,778,643
8	0800	OPERATION OF PLANT	-1,914,115	26,128,605
9	0900	LAUNDRY & LINEN SERVICE		1,891,183
10	1000	HOUSEKEEPING		7,548,711
11	1100	DIETARY		4,844,671
12	1200	CAFETERIA	-621,069	201,356
14	1400	NURSING ADMINISTRATION		4,395,744
15	1500	CENTRAL SERVICES & SUPPLY		1,647,619
17	1700	MEDICAL RECORDS & LIBRARY	-40,831	4,145,119
18	1800	SOCIAL SERVICE		2,964,237
20	2000	NONPHYSICIAN ANESTHETISTS	-1,693,637	
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD		19,837,233
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	-9,010,558	4,941,286
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS	-22,626,723	37,289,969
26	2600	INTENSIVE CARE UNIT	-392,109	7,951,758
28	2800	BURN INTENSIVE CARE UNIT	-917,547	1,644,275
29	2900	SURGICAL INTENSIVE CARE UNIT	-294,216	3,586,522
30	2080	PEDS INTENSIVE CARE UNIT	-672,626	1,649,693
30.01	2180	TRAUMA INTENSIVE CARE UNIT	-1,967,328	5,142,540
30.02	2901	NEURO INTENSIVE CARE UNIT	-1,113,956	2,400,707
30.03	2060	NEONATAL INTENSIVE CARE UNIT	-3,177,594	6,898,419
33	3300	NURSERY		1,355,155
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM	-9,642,596	22,185,963
38	3800	RECOVERY ROOM		2,535,974
39	3900	DELIVERY ROOM & LABOR ROOM		2,944,207
40	4000	ANESTHESIOLOGY	-4,254,379	1,539,049
41	4100	RADIOLOGY-DIAGNOSTIC	-7,373,041	12,532,637
44	4400	LABORATORY	-4,115,421	14,453,319
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		4,993,811
48	4800	INTRAVENOUS THERAPY		827,874
49	4900	RESPIRATORY THERAPY	-2,210,746	4,133,476
50	5000	PHYSICAL THERAPY		805,750
51	5100	OCCUPATIONAL THERAPY		263,380
52	5200	SPEECH PATHOLOGY		461,303
53	5300	ELECTROCARDIOLOGY	-1,755,186	3,101,096
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		27,787,790
55.30	5530	IMPL. DEV. CHARGED TO PATIENT		
56	5600	DRUGS CHARGED TO PATIENTS	43,241,496	60,100,879
57	5700	RENAL DIALYSIS		3,370,544
		OUTPAT SERVICE COST CNTRS		
60	6000	CLINIC	-6,228,024	31,747,480
61	6100	EMERGENCY	-4,421,938	23,962,717
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
		OTHER REIMBURS COST CNTRS		
64	6400	HOME PROGRAM DIALYSIS		
65	6500	AMBULANCE SERVICES		
66	6600	DURABLE MEDICAL EQUIP-RENTED		
67	6700	DURABLE MEDICAL EQUIP-SOLD		
69	6900	CORF		
70	7000	I&R SERVICES-NOT APPRVD PRGM		
71	7100	HOME HEALTH AGENCY		
		SPEC PURPOSE COST CENTERS		
82	8200	LUNG ACQUISITION		
83	8300	KIDNEY ACQUISITION		
84	8400	LIVER ACQUISITION		
85	8500	HEART ACQUISITION		
88	8800	INTEREST EXPENSE		-0-
89	8900	UTILIZATION REVIEW-SNF		-0-
90	9000	OTHER CAPITAL RELATED COSTS		-0-
92	9200	AMBULATORY SURGICAL CENTER (D. P.)		
93	9300	HOSPICE		
95		SUBTOTALS	104,349,797	663,955,017
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700	RESEARCH		
98	9800	PHYSICIANS' PRIVATE OFFICES		
99	9900	NONPAID WORKERS		
100	7950	OTHER NONREIMBURSABLE (SPECIFY)		
100.01	7951	DENISTRY		1,202,364
100.02	7952	CHP BUREAU		27,771,064
100.03	7953	SPECIAL FUNDS/RESEARCH		1,595,052
101		TOTAL	104,349,797	694,523,497

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
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	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
30	PEDS INTENSIVE CARE UNIT	2080	PEDIATRIC INTENSIVE CARE UNIT
30.01	TRAUMA INTENSIVE CARE UNIT	2180	TRAUMA INTENSIVE CARE UNIT
30.02	NEURO INTENSIVE CARE UNIT	2901	SURGICAL INTENSIVE CARE UNIT
30.03	NEONATAL INTENSIVE CARE UNIT	2060	NEONATAL INTENSIVE CARE UNIT
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D. P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE (SPECIFY)	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	DENISTRY	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	CHP BUREAU	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	SPECIAL FUNDS/RESEARCH	7953	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			NO 3	LINE		
1 TO RECLASS FRINGE BENEFITS TO EHW	A	EMPLOYEE BENEFITS	5			81,412,041
2						
3 RECLASS PAYMENTS FOR SERVICE MASTER	B	OPERATION OF PLANT	8			7,126,126
4						
5						
6						
7 TO ADJUST INT & RES SALARIES PAID EL	C	I&R SERVICES-SALARY & FRINGES APPRVD	22		100,258	
8 TO RECLASS PHY SAL. INTO PROPR DEPT	D	CHP BUREAU	100.02		424,741	
9		RESPIRATORY THERAPY	49		6,811	
10 TO RECLASS I & R'S TO PROPER GROUPS	E	I&R SERVICES-OTHER PRGM COSTS APPRVD	23		383,835	
11		ADULTS & PEDIATRICS	25		2,530,142	
12 TRANSFER OF MOONLIGHTING TO E/R	F	EMERGENCY	61		1,822,170	
13 TO RCLASS ROTATING RES. TO I/R OTHER	G	I&R SERVICES-OTHER PRGM COSTS APPRVD	23			4,513,098
14						
15						
16 TO TRANSFER PEDS ALLERGY & PSYCH TO	H	ADULTS & PEDIATRICS	25		168,975	1,233
17 TO TRANSFER DIETARY SALARY TO CLINIC	I	CLINIC	60		14,217	
18 TO ADJUST REGISTRY & IN-HOUSE NRSG.	J	INTENSIVE CARE UNIT	26			97,041
19		BURN INTENSIVE CARE UNIT	28			46,554
20		SURGICAL INTENSIVE CARE UNIT	29			36,681
21		PEDS INTENSIVE CARE UNIT	30			2,068
22		TRAUMA INTENSIVE CARE UNIT	30.01			125,413
23		NEURO INTENSIVE CARE UNIT	30.02			40,603
24		DELIVERY ROOM & LABOR ROOM	39		470	
25		EMERGENCY	61			491,296
26 TO RECLASS BUILD DEP TO CL COST CNTR	K	CLINIC	60			263,995
27		CHP BUREAU	100.02			17,995
28 TO RECLASSIFY CRNAS TO PROPER GRP.	L	NONPHYSICIAN ANESTHETISTS	20		1,693,637	
29 TO RECLASSIFY HBP TEACHING	M	I&R SERVICES-OTHER PRGM COSTS APPRVD	23		7,348,933	
30						
31						
32						
33						
34						
35						
1 TO RECLASSIFY HBP TEACHING	M					
2						
3						
4						
5						
6						
7						
8						
9						
10 TO RECLASS HEKTOEN COST	N	SPECIAL FUNDS/RESEARCH	100.03		1,279,924	315,128
11						
12						
13						
14						
15						
16						
36 TOTAL RECLASSIFICATIONS					15,774,113	94,489,272

(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

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 TO RECLASS FRINGE BENEFITS TO EHW	A	ADMINISTRATIVE & GENERAL	6			69,272,432	
2		CLINIC	60			12,139,609	
3 RECLASS PAYMENTS FOR SERVICE MASTER	B	ADMINISTRATIVE & GENERAL	6			5,692,718	
4		RADIOLOGY-DIAGNOSTIC	41			812,592	
5		CLINIC	60			584,475	
6		CHP BUREAU	100.02			36,341	
7 TO ADJUST INT & RES SALARIES PAID EL	C	CLINIC	60		100,258		
8 TO RECLASS PHY SAL. INTO PROPR DEPT	D	CLINIC	60		431,552		
9							
10 TO RECLASS I & R'S TO PROPER GROUPS	E	I&R SERVICES-SALARY & FRINGES APPRVD	22		2,913,977		
11							
12 TRANSFER OF MOONLIGHTING TO E/R	F	I&R SERVICES-SALARY & FRINGES APPRVD	22		1,822,170		
13 TO RCLASS ROTATING RES. TO I/R OTHER	G	SOCIAL SERVICE	18			331,100	
14		I&R SERVICES-SALARY & FRINGES APPRVD	22			949,843	
15		ADULTS & PEDIATRICS	25			3,232,155	
16 TO TRANSFER PEDS ALLERGY & PSYCH TO	H	CLINIC	60		168,975	1,233	
17 TO TRANSFER DIETARY SALARY TO CLINIC	I	DIETARY	11		14,217		
18 TO ADJUST REGISTRY & IN-HOUSE NRSG.	J	ADULTS & PEDIATRICS	25		470	839,656	
19							
20							
21							
22							
23							
24							
25							
26 TO RECLASS BUILD DEP TO CL COST CNTR	K	NEW CAP REL COSTS-BLDG & FIXT	3			281,990	9
27							
28 TO RECLASSIFY CRNAS TO PROPER GRP.	L	ANESTHESIOLOGY	40		1,693,637		
29 TO RECLASSIFY HBP TEACHING	M	ADULTS & PEDIATRICS	25		1,526,771		
30		INTENSIVE CARE UNIT	26		17,370		
31		BURN INTENSIVE CARE UNIT	28		77,995		
32		SURGICAL INTENSIVE CARE UNIT	29		34,272		
33		PEDS INTENSIVE CARE UNIT	30		16,231		
34		TRAUMA INTENSIVE CARE UNIT	30.01		201,056		
35		NEURO INTENSIVE CARE UNIT	30.02		307,744		
1 TO RECLASSIFY HBP TEACHING	M	NEONATAL INTENSIVE CARE UNIT	30.03		209,583		
2		OPERATING ROOM	37		1,144,304		
3		ANESTHESIOLOGY	40		1,138,203		
4		RADIOLOGY-DIAGNOSTIC	41		311,454		
5		LABORATORY	44		243,608		
6		RESPIRATORY THERAPY	49		71,093		
7		ELECTROCARDIOLOGY	53		90,483		
8		CLINIC	60		214,867		
9		EMERGENCY	61		1,743,899		
10 TO RECLASS HEKTOEN COST	N	ADMINISTRATIVE & GENERAL	6		166,558	41,008	10
11		ADULTS & PEDIATRICS	25		838,657	206,485	10
12		NEONATAL INTENSIVE CARE UNIT	30.03		10,363	2,551	10
13		ANESTHESIOLOGY	40		15,866	3,906	
14		LABORATORY	44		198,398	48,848	
15		DRUGS CHARGED TO PATIENTS	56		7,820	1,925	
16		CLINIC	60		42,262	10,405	
36 TOTAL RECLASSIFICATIONS					15,774,113	94,489,272	

(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: 140124 PERIOD: FROM 12/1/2009 TO 11/30/2010 PREPARED 4/28/2011 WORKSHEET A-6 NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : TO RECLASS FRINGE BENEFITS TO EHW

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT, DECREASE, LINE, AMOUNT. Rows include EMPLOYEE BENEFITS (5, 81,412,041) and ADMINISTRATIVE & GENERAL (6, 69,272,432).

RECLASS CODE: B
EXPLANATION : RECLASS PAYMENTS FOR SERVICE MASTER

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT, DECREASE, LINE, AMOUNT. Rows include OPERATION OF PLANT (8, 7,126,126) and ADMINISTRATIVE & GENERAL (6, 5,692,718).

RECLASS CODE: C
EXPLANATION : TO ADJUST INT & RES SALARIES PAID EL

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT, DECREASE, LINE, AMOUNT. Rows include I&R SERVICES-SALARY & FRINGES (22, 100,258) and CLINIC (60, 100,258).

RECLASS CODE: D
EXPLANATION : TO RECLASS PHY SAL. INTO PROPR DEPT

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT, DECREASE, LINE, AMOUNT. Rows include CHP BUREAU (100.02, 424,741) and CLINIC (60, 431,552).

RECLASS CODE: E
EXPLANATION : TO RECLASS I & R'S TO PROPER GROUPS

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT, DECREASE, LINE, AMOUNT. Rows include I&R SERVICES-OTHER PRGM COSTS (23, 383,835) and I&R SERVICES-SALARY & FRINGES (22, 2,913,977).

RECLASS CODE: F
EXPLANATION : TRANSFER OF MOONLIGHTING TO E/R

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT, DECREASE, LINE, AMOUNT. Rows include EMERGENCY (61, 1,822,170) and I&R SERVICES-SALARY & FRINGES (22, 1,822,170).

RECLASS CODE: G
EXPLANATION : TO RCLASS ROTATING RES. TO I/R OTHER

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT, DECREASE, LINE, AMOUNT. Rows include I&R SERVICES-OTHER PRGM COSTS (23, 4,513,098) and SOCIAL SERVICE (18, 331,100).

RECLASS CODE: H
EXPLANATION : TO TRANSFER PEDS ALLERGY & PSYCH TO

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT, DECREASE, LINE, AMOUNT. Rows include ADULTS & PEDIATRICS (25, 170,208) and CLINIC (60, 170,208).

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140124	FROM 12/ 1/2009	4/28/2011
	TO 11/30/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: I  
EXPLANATION : TO TRANSFER DIETARY SALARY TO CLINIC

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CLINIC	60	14,217	DIETARY	11	14,217	
TOTAL RECLASSIFICATIONS FOR CODE I			14,217				14,217

RECLASS CODE: J  
EXPLANATION : TO ADJUST REGISTRY & IN-HOUSE NRSG.

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	INTENSIVE CARE UNIT	26	97,041	ADULTS & PEDIATRICS	25	840,126	
2.00	BURN INTENSIVE CARE UNIT	28	46,554			0	
3.00	SURGICAL INTENSIVE CARE UNIT	29	36,681			0	
4.00	PEDS INTENSIVE CARE UNIT	30	2,068			0	
5.00	TRAUMA INTENSIVE CARE UNIT	30.01	125,413			0	
6.00	NEURO INTENSIVE CARE UNIT	30.02	40,603			0	
7.00	DELIVERY ROOM & LABOR ROOM	39	470			0	
8.00	EMERGENCY	61	491,296			0	
TOTAL RECLASSIFICATIONS FOR CODE J			840,126				840,126

RECLASS CODE: K  
EXPLANATION : TO RECLASS BUILD DEP TO CL COST CNTR

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CLINIC	60	263,995	NEW CAP REL COSTS-BLDG & FIXT	3	281,990	
2.00	CHP BUREAU	100.02	17,995			0	
TOTAL RECLASSIFICATIONS FOR CODE K			281,990				281,990

RECLASS CODE: L  
EXPLANATION : TO RECLASSIFY CRNAS TO PROPER GRP.

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONPHYSICIAN ANESTHETISTS	20	1,693,637	ANESTHESIOLOGY	40	1,693,637	
TOTAL RECLASSIFICATIONS FOR CODE L			1,693,637				1,693,637

RECLASS CODE: M  
EXPLANATION : TO RECLASSIFY HBP TEACHING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	7,348,933	ADULTS & PEDIATRICS	25	1,526,771	
2.00			0	INTENSIVE CARE UNIT	26	17,370	
3.00			0	BURN INTENSIVE CARE UNIT	28	77,995	
4.00			0	SURGICAL INTENSIVE CARE UNIT	29	34,272	
5.00			0	PEDS INTENSIVE CARE UNIT	30	16,231	
6.00			0	TRAUMA INTENSIVE CARE UNIT	30.01	201,056	
7.00			0	NEURO INTENSIVE CARE UNIT	30.02	307,744	
8.00			0	NEONATAL INTENSIVE CARE UNIT	30.03	209,583	
9.00			0	OPERATING ROOM	37	1,144,304	
10.00			0	ANESTHESIOLOGY	40	1,138,203	
11.00			0	RADIOLOGY-DIAGNOSTIC	41	311,454	
12.00			0	LABORATORY	44	243,608	
13.00			0	RESPIRATORY THERAPY	49	71,093	
14.00			0	ELECTROCARDIOLOGY	53	90,483	
15.00			0	CLINIC	60	214,867	
16.00			0	EMERGENCY	61	1,743,899	
TOTAL RECLASSIFICATIONS FOR CODE M			7,348,933				7,348,933

RECLASS CODE: N  
EXPLANATION : TO RECLASS HEKTOEN COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SPECIAL FUNDS/RESEARCH	100.03	1,595,052	ADMINISTRATIVE & GENERAL	6	207,566	
2.00			0	ADULTS & PEDIATRICS	25	1,045,142	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140124	FROM 12/ 1/2009	4/28/2011
	TO 11/30/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: N  
 EXPLANATION : TO RECLASS HEKTOEN COST

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
3.00		0	NEONATAL INTENSIVE CARE UNIT	30.03	12,914
4.00		0	ANESTHESIOLOGY	40	19,772
5.00		0	LABORATORY	44	247,246
6.00		0	DRUGS CHARGED TO PATIENTS	56	9,745
7.00		0	CLINIC	60	52,667
TOTAL RECLASSIFICATIONS FOR CODE N		1,595,052			1,595,052

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCR IPTION	BEG I N N I N G BALANCES 1	PURCHASES 2	ACQUI S I T I O N S		TOTAL 4	DI SPOSALS AND RETI REMENTS 5	END I N G BALANCE 6	FULLY DEPRECI ATED ASSETS 7
				DONATI ON 3					
1	LAND								
2	LAND I MPROVEMENTS								
3	BUI LD I N G S & FI XTURE								
4	BUI LD I N G I MPROVEMEN								
5	FI XED EQUI PMENT								
6	MOVABLE EQUI PMENT								
7	SUBTOTAL								
8	RECONCI L I N G I T E M S								
9	TOTAL								

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCR IPTION	BEG I N N I N G BALANCES 1	PURCHASES 2	ACQUI S I T I O N S		TOTAL 4	DI SPOSALS AND RETI REMENTS 5	END I N G BALANCE 6	FULLY DEPRECI ATED ASSETS 7
				DONATI ON 3					
1	LAND								
2	LAND I MPROVEMENTS								
3	BUI LD I N G S & FI XTURE	502, 201, 386						502, 201, 386	
4	BUI LD I N G I MPROVEMEN	26, 328, 147	1, 822, 638		1, 822, 638			28, 150, 785	
5	FI XED EQUI PMENT	119, 303, 736	1, 727, 149		1, 727, 149			121, 030, 885	
6	MOVABLE EQUI PMENT	9, 298, 949	325, 879		325, 879			9, 624, 828	
7	SUBTOTAL	657, 132, 218	3, 875, 666		3, 875, 666			661, 007, 884	
8	RECONCI L I N G I T E M S								
9	TOTAL	657, 132, 218	3, 875, 666		3, 875, 666			661, 007, 884	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	14,964,978		30,855,100				45,820,078
4	NEW CAP REL COSTS-MV	11,410,770						11,410,770
5	TOTAL	26,375,748		30,855,100				57,230,848

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

SUMMARY OF OLD AND NEW CAPITAL

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

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	
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	-1,990,043	OPERATION OF PLANT	8	
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-76,105,453			
13 SALE OF SCRAP, WASTE, ETC.	B	-32,088	ADMINISTRATIVE & GENERAL	6	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	2,558,398			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-621,069	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES	B	-200,550	LABORATORY	44	
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-147	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-40,831	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3		HOME HEALTH AGENCY	71	
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	15,246,968	NEW CAP REL COSTS-BLDG &	3	9
32 DEPRECIATION-NEW MOVABLE EQUIP	A	11,410,770	NEW CAP REL COSTS-MVBLE E	4	9
33 NON-PHYSICIAN ANESTHETIST	A	-1,693,637	NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 MISC INCOME	B	-9,015	ADMINISTRATIVE & GENERAL	6	
37.01 OTHER INCOME	B	-12,088	ADMINISTRATIVE & GENERAL	6	
37.02 COUNTY COST ADJ. FOR HOSP. BOND INT.	A	30,855,100	NEW CAP REL COSTS-BLDG &	3	11
37.03					
37.04 SYSTEM HLTH & HOSP ADM	A	67,307,122	ADMINISTRATIVE & GENERAL	6	
37.06 STSTEM HLTH & HOSP FACILITY OPERATI N	A	75,928	OPERATION OF PLANT	8	
37.08 BUREAU OF HLTH & HOSP PHARMACY	A	43,241,643	DRUGS CHARGED TO PATIENTS	56	
37.09					
37.10 TO OFFSET PHYSICIAN PART C TIME	A	-139,682	I&R SERVICES-OTHER PRGM C	23	
37.11 TO OFFSET PHYSICIAN PART C TIME	A	-812,535	ADULTS & PEDIATRICS	25	
37.12 TO OFFSET PHYSICIAN PART C TIME	A	-7,949	BURN INTENSIVE CARE UNIT	28	
37.13 TO OFFSET PHYSICIAN PART C TIME	A	-106,865	SURGICAL INTENSIVE CARE U	29	
37.14 TO OFFSET PHYSICIAN PART C TIME	A	-13,583	PEDS INTENSIVE CARE UNIT	30	
37.15 TO OFFSET PHYSICIAN PART C TIME	A	-5,520	TRAUMA INTENSIVE CARE UNI	30.01	
37.17 TO OFFSET PHYSICIAN PART C TIME	A	-1,033	NEURO INTENSIVE CARE UNIT	30.02	
37.18 TO OFFSET PHYSICIAN PART C TIME	A	-123,605	NEONATAL INTENSIVE CARE U	30.03	
37.19 TO OFFSET PHYSICIAN PART C TIME	A	-303,330	OPERATING ROOM	37	
38 TO OFFSET PHYSICIAN PART C TIME	A	-40,261	ANESTHESIOLOGY	40	
39 TO OFFSET PHYSICIAN PART C TIME	A	-47,107	RADIOLOGY-DIAGNOSTIC	41	
40 TO OFFSET PHYSICIAN PART C TIME	A	-37,451	LABORATORY	44	
41 TO OFFSET PHYSICIAN PART C TIME	A	-73,619	RESPIRATORY THERAPY	49	
42 TO OFFSET PHYSICIAN PART C TIME	A	-43,702	ELECTROCARDIOLOGY	53	
43 TO OFFSET PHYSICIAN PART C TIME	A	-550,917	CLINIC	60	
44 TO OFFSET PHYSICIAN PART C TIME	A	-219,228	EMERGENCY	61	
45					
46 PHYSICIANS MALPRACTICE COSTS	A	18,226,774	ADMINISTRATIVE & GENERAL	6	
47 RESIDENCY PROGRAM REIMBURSEMENT	B	-1,341,598	I&R SERVICES-OTHER PRGM C	23	
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		104,349,797			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	6	ADMINISTRATIVE & GENERAL	STOREROOM	1,878,087	1,924,032	-45,945	
2	6	ADMINISTRATIVE & GENERAL	PAYROLL	334,544	353,704	-19,160	
3	6	ADMINISTRATIVE & GENERAL	GENERAL ACCOUNTING	466,633	490,387	-23,754	
4	6	ADMINISTRATIVE & GENERAL	COUNTY COSTS	1,686,432		1,686,432	
4.01	5	EMPLOYEE BENEFITS	EHW COUNTY COSTS	960,825		960,825	
5		TOTALS		5,326,521	2,768,123	2,558,398	

\* 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 XVII.

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	G	0.00		0.00	
2	G	0.00	CLINICS IN REAL C. H. P.	0.00	OR A. C. H. N.
3	G	0.00		0.00	
4	G	0.00	COMPTROLLERS, TREASURERS	0.00	GOVERNMENTAL OWNED
5		0.00		0.00	
5.01		0.00		0.00	
5.02		0.00		0.00	
5.03		0.00		0.00	
5.04		0.00		0.00	
5.05		0.00		0.00	

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

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 23	I&R SERVICES-OTHER PRGM C	20,407,490	616,915	19,790,575	177,200	137,156	11,684,636	584,232
2 25	ADULTS & PEDIATRICS	27,404,084	20,037,502	7,366,582	177,200	60,400	5,145,615	257,281
3 26	INTENSIVE CARE UNIT	562,635	331,447	231,188	177,200	1,838	156,583	7,829
4 28	BURN INTENSIVE CARE UNIT	1,001,657	843,156	158,501	208,000	825	82,500	4,125
5 29	SURGICAL INTENSIVE CARE U	426,529	90,296	336,233	208,000	2,189	218,900	10,945
6 30	PEDS INTENSIVE CARE UNIT	779,917	630,431	149,486	177,200	1,313	111,858	5,593
7 30 1	TRAUMA INTENSIVE CARE UNI	2,020,677	1,929,990	90,687	208,000	534	53,400	2,670
8 30 2	NEURO INTENSIVE CARE UNIT	1,230,942	1,028,336	202,606	208,000	1,058	105,800	5,290
9 30 3	NEONATAL INTENSIVE CARE U	3,664,829	2,969,650	695,179	177,200	6,678	568,914	28,446
10 37	OPERATING ROOM	10,228,564	9,008,242	1,220,322	208,000	8,157	815,700	40,785
11 40	ANESTHESIOLOGY	4,700,479	3,945,908	754,571	200,300	4,578	440,853	22,043
12 41	RADIOLOGY-DIAGNOSTIC	7,851,596	7,064,986	786,610	225,300	4,415	478,221	23,911
13 44	LABORATORY	5,033,843	3,812,305	1,221,538	215,700	10,441	1,082,752	54,138
14 46	WHOLE BLOOD & PACKED RED				215,700			
15 49	RESPIRATORY THERAPY	2,735,870	2,056,297	679,573	200,300	5,792	557,758	27,888
16 51	OCCUPATIONAL THERAPY				177,200			
17 53	ELECTROCARDIOLOGY	1,957,056	1,553,791	403,265	165,600	2,779	221,251	11,063
18 60	CLINIC	6,865,273	5,444,417	1,420,856	177,200	12,941	1,102,474	55,124
19 61	EMERGENCY	5,882,152	3,464,490	2,417,662	177,200	18,002	1,533,632	76,682
20								
21								
22								
23								
24								
25								
101	TOTAL	102,753,593	64,828,159	37,925,434		279,096	24,360,847	1,218,045

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 DI S- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 23	I&R SERVICES-OTHER PRGM C			1,230,782	1,193,576	12,878,212	6,912,363	7,529,278
2 25	ADULTS & PEDIATRICS			1,652,749	444,281	5,589,896	1,776,686	21,814,188
3 26	INTENSIVE CARE UNIT			33,933	13,943	170,526	60,662	392,109
4 28	BURN INTENSIVE CARE UNIT			60,410	9,559	92,059	66,442	909,598
5 29	SURGICAL INTENSIVE CARE U			25,724	20,278	239,178	97,055	187,351
6 30	PEDS INTENSIVE CARE UNIT			47,037	9,016	120,874	28,612	659,043
7 30 1	TRAUMA INTENSIVE CARE UNI			121,868	5,469	58,869	31,818	1,961,808
8 30 2	NEURO INTENSIVE CARE UNIT			74,239	12,219	118,019	84,587	1,112,923
9 30 3	NEONATAL INTENSIVE CARE U			221,027	41,926	610,840	84,339	3,053,989
10 37	OPERATING ROOM			616,888	73,598	889,298	331,024	9,339,266
11 40	ANESTHESIOLOGY			283,487	45,508	486,361	268,210	4,214,118
12 41	RADIOLOGY-DIAGNOSTIC			473,532	47,441	525,662	260,948	7,325,934
13 44	LABORATORY			303,593	73,671	1,156,423	65,115	3,877,420
14 46	WHOLE BLOOD & PACKED RED							
15 49	RESPIRATORY THERAPY			165,001	40,985	598,743	80,830	2,137,127
16 51	OCCUPATIONAL THERAPY							
17 53	ELECTROCARDIOLOGY			118,031	24,321	245,572	157,693	1,711,484
18 60	CLINIC			414,047	85,692	1,188,166	232,690	5,677,107
19 61	EMERGENCY			354,755	145,810	1,679,442	738,220	4,202,710
20								
21								
22								
23								
24								
25								
101	TOTAL			6,197,103	2,287,293	26,648,140	11,277,294	76,105,453

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	1	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	6	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE FEET	ENTERED
11	DIETARY	8	MEALS SERVED	ENTERED
12	CAFETERIA	9	EQUIVALENT FTE'S	ENTERED
14	NURSING ADMINISTRATION	11	HOURS OF SERVICE	ENTERED
15	CENTRAL SERVICES & SUPPLY	12	COSTED REQUISITIONS	ENTERED
17	MEDICAL RECORDS & LIBRARY	14	TIME SPENT	ENTERED
18	SOCIAL SERVICE	15	TIME SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	20	TIME SPENT	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	18	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	18	ASSIGNED TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & OSTS-MVBLE E	OLD CAP REL C OSTS-BLDG & OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG & OSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG & OSTS-MVBLE E	45,820,078			45,820,078			
004 NEW CAP REL COSTS-MVBLE E	11,410,770				11,410,770		
005 EMPLOYEE BENEFITS	85,297,825			396,057	3,900	85,697,782	
006 ADMINISTRATIVE & GENERAL	152,435,650			7,154,241	239,273	6,430,322	166,259,486
007 MAINTENANCE & REPAIRS	4,778,643			954,978	18,292	1,110,461	6,862,374
008 OPERATION OF PLANT	26,128,605			15,354,652	45,493	1,429,563	42,958,313
009 LAUNDRY & LINEN SERVICE	1,891,183			368,674	473	49,490	2,309,820
010 HOUSEKEEPING	7,548,711			316,286	373	1,617,986	9,483,356
011 DIETARY	4,844,671			21,178	1,552	664,955	5,532,356
012 CAFETERIA	201,356			884,861		195,612	1,281,829
014 NURSING ADMINISTRATION	4,395,744			197,166	78,403	917,664	5,588,977
015 CENTRAL SERVICES & SUPPLY	1,647,619			774,700	124,293	367,814	2,914,426
017 MEDICAL RECORDS & LIBRARY	4,145,119			564,999	1,364	761,881	5,473,363
018 SOCIAL SERVICE	2,964,237			76,090	390	297,605	3,338,322
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI	19,837,233					3,891,791	23,729,024
023 I&R SERVICES-OTHER PRGM C	4,941,286			21,851		2,211,258	7,174,395
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	37,289,969			5,654,769	7,543,831	13,380,916	63,869,485
028 INTENSIVE CARE UNIT	7,951,758			589,942	4,600	1,946,572	10,492,872
029 BURN INTENSIVE CARE UNIT	1,644,275			125,934	3,215	596,479	2,369,903
030 SURGICAL INTENSIVE CARE U	3,586,522			198,428		910,353	4,695,303
030 PEDS INTENSIVE CARE UNIT	1,649,693			139,793	4,880	551,381	2,345,747
030 01 TRAUMA INTENSIVE CARE UNI	5,142,540			477,069	8,842	1,622,586	7,251,037
030 02 NEURO INTENSIVE CARE UNIT	2,400,707			99,687		821,909	3,322,303
030 03 NEONATAL INTENSIVE CARE U	6,898,419			253,004	29,910	2,351,647	9,532,980
033 NURSERY	1,355,155			181,856		321,363	1,858,374
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	22,185,963			1,455,581	695,346	7,455,832	31,792,722
039 RECOVERY ROOM	2,535,974			280,870	373	602,978	3,420,195
040 DELIVERY ROOM & LABOR ROO	2,944,207			278,283		693,928	3,916,418
041 ANESTHESIOLOGY	1,539,049			98,909	71,739	1,364,623	3,074,320
044 RADIOLOGY-DIAGNOSTIC	12,532,637			1,543,869	616,800	3,556,395	18,249,701
046 LABORATORY	14,453,319			1,607,867	41,255	3,779,817	19,882,258
048 WHOLE BLOOD & PACKED RED	4,993,811			58,004	1,262	381,345	5,434,422
049 INTRAVENOUS THERAPY	827,874			208,313		196,908	1,233,095
050 RESPIRATORY THERAPY	4,133,476			115,839	220,958	1,437,029	5,907,302
051 PHYSICAL THERAPY	805,750			93,609	465	188,523	1,088,347
052 OCCUPATIONAL THERAPY	263,380			93,252		61,364	417,996
053 SPEECH PATHOLOGY	461,303			41,957	1,750	85,217	590,227
055 ELECTROCARDIOLOGY	3,101,096			439,255	132,555	1,147,623	4,820,529
055 30 MEDICAL SUPPLIES CHARGED	27,787,790						27,787,790
056 IMPL. DEV. CHARGED TO PAT							
057 DRUGS CHARGED TO PATIENTS	60,100,879			242,131	659,939	3,319,609	64,322,558
060 RENAL DIALYSIS	3,370,544			48,918	6,264	765,102	4,190,828
062 OUTPAT SERVICE COST CNTRS							
061 CLINIC	31,747,480			2,512,350	554,093	6,729,978	41,543,901
062 EMERGENCY	23,962,717			1,303,505	20,817	6,594,452	31,881,491
064 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 HOME PROGRAM DIALYSIS							
067 AMBULANCE SERVICES							
069 DURABLE MEDICAL EQUIP-REN							
070 DURABLE MEDICAL EQUIP-SOL							
071 CORF							
072 I&R SERVICES-NOT APPRVD P							
073 HOME HEALTH AGENCY							
074 LUNG ACQUISITION							
075 SPEC PURPOSE COST CENTERS							
076 KIDNEY ACQUISITION							
077 LIVER ACQUISITION							
078 HEART ACQUISITION							
079 AMBULATORY SURGICAL CENTE							
080 HOSPICE							
081 SUBTOTALS	663,955,017			45,228,727	11,132,700	80,810,331	658,198,145
082 NONREIMBURS COST CENTERS							
083 GIFT, FLOWER, COFFEE SHOP							
084 RESEARCH							
085 PHYSICIANS' PRIVATE OFFIC							
086 NONPAID WORKERS							
087 OTHER NONREIMBURSABLE (SP							
088 01 DENISTRY	1,202,364			95,565	353	275,144	1,573,426
089 02 CHP BUREAU	27,771,064			145,661	277,717	4,317,483	32,511,925
090 03 SPECIAL FUNDS/RESEARCH	1,595,052			350,125		294,824	2,240,001
091 CROSS FOOT ADJUSTMENT							
092 NEGATIVE COST CENTER							
093 TOTAL	694,523,497			45,820,078	11,410,770	85,697,782	694,523,497

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF LAUNDRY & LINEN HOUSEKEEPING DIETARY CAFETERIA						
	E & GENERAL	REPAIRS	PLANT	EN SERVICE			
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMIN STRATIVE & GENERAL	166,259,486						
008 MAINTENANCE & REPAIRS	2,159,781	9,022,155					
009 OPERATION OF PLANT	13,520,184	3,712,521	60,191,018				
010 LAUNDRY & LINEN SERVICE	726,965	89,140	1,010,507	4,136,432			
011 HOUSEKEEPING	2,984,678	76,473	866,915	156,549	13,567,971		
012 DIETARY	1,741,187	5,121	58,048	26,240	13,506	7,376,458	
014 CAFETERIA	403,427	213,946	2,425,333		564,308		4,888,843
015 NURSING ADMINISTRATION	1,759,008	47,672	540,417		125,740		65,820
017 CENTRAL SERVICES & SUPPLY	917,251	187,311	2,123,391	44,199	494,055		47,202
018 MEDICAL RECORDS & LIBRARY	1,722,621	136,608	1,548,618		360,321		95,465
020 SOCIAL SERVICE	1,050,663	18,398	208,558		48,526		26,879
022 NONPHYSICIAN ANESTHETISTS							
023 I&R SERVICES-SALARY & FRI	7,468,188						496,498
I&R SERVICES-OTHER PRGM C	2,257,983	5,283	59,893		13,935		58,683
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	20,101,515	1,367,238	15,499,268	932,331	3,606,254	5,908,735	851,362
026 INTENSIVE CARE UNIT	3,302,401	142,639	1,616,985	267,272	376,228	410,541	126,481
028 BURN INTENSIVE CARE UNIT	745,875	30,449	345,175	135,502	80,313	75,470	29,788
029 SURGICAL INTENSIVE CARE U	1,477,743	47,977	543,875		126,545	139,240	56,265
030 PEDS INTENSIVE CARE UNIT	738,272	33,800	383,163	37,213	89,151	75,118	31,998
030 01 TRAUMA INTENSIVE CARE UNI	2,282,104	115,348	1,307,607	329,344	304,244	148,329	89,272
030 02 NEURO INTENSIVE CARE UNIT	1,045,622	24,103	273,235	23,417	63,574	132,462	42,639
030 03 NEONATAL INTENSIVE CARE U	3,000,296	61,172	693,463	170,946	161,350		123,675
033 NURSERY	584,882	43,970	498,452		115,976		24,913
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	10,006,060	351,937	3,989,631	995,754	928,277		282,025
038 RECOVERY ROOM	1,076,431	67,910	769,842		179,121		39,200
039 DELIVERY ROOM & LABOR ROO	1,232,606	67,285	762,751	147,492	177,471		50,680
040 ANESTHESIOLOGY	967,575	23,915	271,102		63,078		62,510
041 RADIOLOGY-DIAGNOSTIC	5,743,692	373,284	4,231,622	275,861	984,582		204,182
044 LABORATORY	6,257,503	388,758	4,407,034		1,025,396		301,702
046 WHOLE BLOOD & PACKED RED	1,710,365	14,024	158,983		36,991		35,890
048 INTRAVENOUS THERAPY	388,090	50,367	570,968		132,849		10,912
049 RESPIRATORY THERAPY	1,859,193	28,008	317,506		73,875		95,478
050 PHYSICAL THERAPY	342,533	22,633	256,575	40,732	59,698		15,372
051 OCCUPATIONAL THERAPY	131,555	22,547	255,596		59,470		4,771
052 SPEECH PATHOLOGY	185,761	10,145	115,001		26,758		7,020
053 ELECTROCARDIOLOGY	1,517,155	106,205	1,203,962	110,992	280,129		76,486
055 MEDICAL SUPPLIES CHARGED	8,745,596						
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS	20,244,122	58,544	663,661		154,416		237,253
057 RENAL DIALYSIS	1,318,971	11,828	134,081		31,197		40,531
OUTPAT SERVICE COST CNTRS							
060 CLINIC	13,075,029	607,448	6,886,149		1,602,218	276,020	538,891
061 EMERGENCY	10,033,998	315,168	3,572,804	442,588	831,293	210,543	372,564
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	154,826,881	8,879,175	58,570,171	4,136,432	13,190,845	7,376,458	4,542,407
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE (SP							
100 01 DENISTRY	495,201	23,106	261,936		60,945		15,049
100 02 CHP BUREAU	10,232,413	35,219	399,246		92,893		321,949
100 03 SPECIAL FUNDS/RESEARCH	704,991	84,655	959,665		223,288		9,438
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	166,259,486	9,022,155	60,191,018	4,136,432	13,567,971	7,376,458	4,888,843

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C
	14	15	17	18	20	22	23
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMIN STRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION	8,127,634						
017 CENTRAL SERVICES & SUPPLY		6,727,835					
018 MEDICAL RECORDS & LIBRARY			9,336,996				
020 SOCIAL SERVICE				4,691,346			
022 NONPHYSICIAN ANESTHETISTS							
023 I&R SERVICES-SALARY & FRI		9,361				31,703,071	
025 I&R SERVICES-OTHER PRGM C	167,258	30,447					9,767,877
026 INPAT ROUTINE SRVC CNTRS							
028 ADULTS & PEDIATRICS	843,851	331,155	2,261,890	1,419,600		9,703,594	2,989,725
029 INTENSIVE CARE UNIT	317,148	173,153	225,787	115,780		875,775	269,831
030 BURN INTENSIVE CARE UNIT		98,172	39,462	57,639		58,385	17,989
030 SURGICAL INTENSIVE CARE U	171,279	105,747	75,776	86,877		58,385	17,989
030 PEDS INTENSIVE CARE UNIT	6,433	1,250	38,993	57,639		186,832	57,564
030 01 TRAUMA INTENSIVE CARE UNI	170,475	221,835	81,270	86,877		718,136	221,261
030 02 NEURO INTENSIVE CARE UNIT		71,093	73,163	86,877		58,385	17,989
030 03 NEONATAL INTENSIVE CARE U	503,705	28,525	251,582	86,877		817,390	251,842
033 NURSERY		16,051	17,956			700,620	215,865
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	852,214	3,031,047				3,619,872	1,115,301
039 RECOVERY ROOM	167,258	1,554					
040 DELIVERY ROOM & LABOR ROO	168,867	37,710				291,925	89,944
041 ANESTHESIOLOGY	167,902	145,046				1,167,701	359,774
044 RADIOLOGY-DIAGNOSTIC		806,450				817,390	251,842
046 LABORATORY		77,639				525,465	161,899
048 WHOLE BLOOD & PACKED RED		17,073					
049 INTRAVENOUS THERAPY	39,081						
050 RESPIRATORY THERAPY		198,579				175,155	53,966
051 PHYSICAL THERAPY		68,931					
052 OCCUPATIONAL THERAPY						116,770	35,977
053 SPEECH PATHOLOGY							
055 ELECTROCARDIOLOGY	50,821	190				233,540	71,955
055 MEDICAL SUPPLIES CHARGED		591,864					
056 30 IMPL. DEV. CHARGED TO PAT							
057 DRUGS CHARGED TO PATIENTS							
060 RENAL DIALYSIS		76,505	104,184	173,754		233,540	71,955
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC	1,520,846	181,740	3,379,770	1,650,658		6,480,738	1,996,748
064 EMERGENCY	1,805,184	350,041	2,787,163	868,768		2,995,152	922,822
066 OBSERVATION BEDS (NON-DIS							
067 OTHER REIMBURS COST CNTRS							
068 HOME PROGRAM DIALYSIS							
069 AMBULANCE SERVICES							
070 DURABLE MEDICAL EQUIP-REN							
071 DURABLE MEDICAL EQUIP-SOL							
072 CORF							
073 I&R SERVICES-NOT APPRVD P							
074 HOME HEALTH AGENCY							
075 LUNG ACQUISITION							
076 SPEC PURPOSE COST CENTERS							
077 KIDNEY ACQUISITION							
078 LIVER ACQUISITION							
079 HEART ACQUISITION							
080 AMBULATORY SURGICAL CENTE							
081 HOSPICE							
082 SUBTOTALS	6,952,322	6,671,158	9,336,996	4,691,346		29,834,750	9,192,238
083 NONREIMBURS COST CENTERS							
084 GIFT, FLOWER, COFFEE SHOP							
085 RESEARCH							
086 PHYSICIANS' PRIVATE OFFIC							
087 NONPAID WORKERS							
088 OTHER NONREIMBURSABLE (SP							
089 01 DENISTRY							
090 02 CHP BUREAU	1,175,312	56,677				1,868,321	575,639
091 03 SPECIAL FUNDS/RESEARCH							
092 CROSS FOOT ADJUSTMENT							
093 NEGATIVE COST CENTER							
094 TOTAL	8,127,634	6,727,835	9,336,996	4,691,346		31,703,071	9,767,877

COST CENTER DESCRIPTION	SUBTOTAL	I & R COST POST STEP-DOWN ADJ	TOTAL
	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 ADMIN STRATIVE & GENERAL			
008 MAINTENANCE & REPAIRS			
009 OPERATION OF PLANT			
010 LAUNDRY & LINEN SERVICE			
011 HOUSEKEEPING			
012 DIETARY			
014 CAFETERIA			
015 NURSING ADMINISTRATION			
017 CENTRAL SERVICES & SUPPLY			
018 MEDICAL RECORDS & LIBRARY			
020 SOCIAL SERVICE			
022 NONPHYSICIAN ANESTHETISTS			
023 I&R SERVICES-SALARY & FRI			
025 I&R SERVICES-OTHER PRGM C			
026 INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	129,686,003	-12,693,319	116,992,684
026 INTENSIVE CARE UNIT	18,712,893	-1,145,606	17,567,287
028 BURN INTENSIVE CARE UNIT	4,084,122	-76,374	4,007,748
029 SURGICAL INTENSIVE CARE U	7,603,001	-76,374	7,526,627
030 PEDS INTENSIVE CARE UNIT	4,083,173	-244,396	3,838,777
030 01 TRAUMA INTENSIVE CARE UNI	13,327,139	-939,397	12,387,742
030 02 NEURO INTENSIVE CARE UNIT	5,234,862	-76,374	5,158,488
030 03 NEONATAL INTENSIVE CARE U	15,683,803	-1,069,232	14,614,571
033 NURSERY	4,077,059	-916,485	3,160,574
037 ANCILLARY SRVC COST CNTRS			
038 OPERATING ROOM	56,964,840	-4,735,173	52,229,667
039 RECOVERY ROOM	5,721,511		5,721,511
040 DELIVERY ROOM & LABOR ROO	6,943,149	-381,869	6,561,280
041 ANESTHESIOLOGY	6,302,923	-1,527,475	4,775,448
044 RADIOLOGY-DIAGNOSTIC	31,938,606	-1,069,232	30,869,374
046 LABORATORY	33,027,654	-687,364	32,340,290
048 WHOLE BLOOD & PACKED RED	7,407,748		7,407,748
049 INTRAVENOUS THERAPY	2,425,362		2,425,362
050 RESPIRATORY THERAPY	8,709,062	-229,121	8,479,941
051 PHYSICAL THERAPY	1,894,821		1,894,821
052 OCCUPATIONAL THERAPY	1,044,682	-152,747	891,935
053 SPEECH PATHOLOGY	934,912		934,912
055 ELECTROCARDIOLOGY	8,471,964	-305,495	8,166,469
055 MEDICAL SUPPLIES CHARGED	37,125,250		37,125,250
055 30 IMPL. DEV. CHARGED TO PAT			
056 DRUGS CHARGED TO PATIENTS	85,680,554		85,680,554
057 RENAL DIALYSIS	6,387,374	-305,495	6,081,879
060 OUTPAT SERVICE COST CNTRS			
061 CLINIC	79,740,156	-8,477,486	71,262,670
062 EMERGENCY	57,389,579	-3,917,974	53,471,605
064 OBSERVATION BEDS (NON-DIS			
065 OTHER REIMBURS COST CNTRS			
066 HOME PROGRAM DIALYSIS			
066 AMBULANCE SERVICES			
067 DURABLE MEDICAL EQUIP-REN			
069 DURABLE MEDICAL EQUIP-SOL			
070 CORF			
071 I&R SERVICES-NOT APPRVD P			
071 HOME HEALTH AGENCY			
082 LUNG ACQUISITION			
083 SPEC PURPOSE COST CENTERS			
083 KIDNEY ACQUISITION			
084 LIVER ACQUISITION			
085 HEART ACQUISITION			
092 AMBULATORY SURGICAL CENTE			
093 HOSPICE			
095 SUBTOTALS	640,602,202	-39,026,988	601,575,214
096 NONREIMBURS COST CENTERS			
097 GIFT, FLOWER, COFFEE SHOP			
097 RESEARCH			
098 PHYSICIANS' PRIVATE OFFIC			
099 NONPAID WORKERS			
100 OTHER NONREIMBURSABLE (SP			
100 01 DENISTRY	2,429,663		2,429,663
100 02 CHP BUREAU	47,269,594	-2,443,960	44,825,634
100 03 SPECIAL FUNDS/RESEARCH	4,222,038		4,222,038
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 TOTAL	694,523,497	-41,470,948	653,052,549

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS
	0	1	2	3	4	4a	5
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
005	EMPLOYEE BENEFITS			396,057	3,900	399,957	399,957
006	ADMINISTRATIVE & GENERAL			7,154,241	239,273	7,393,514	30,009
007	MAINTENANCE & REPAIRS			954,978	18,292	973,270	5,182
008	OPERATION OF PLANT			15,354,652	45,493	15,400,145	6,672
009	LAUNDRY & LINEN SERVICE			368,674	473	369,147	231
010	HOUSEKEEPING			316,286	373	316,659	7,551
011	DIETARY			21,178	1,552	22,730	3,103
012	CAFETERIA			884,861		884,861	913
014	NURSING ADMINISTRATION			197,166	78,403	275,569	4,283
015	CENTRAL SERVICES & SUPPLY			774,700	124,293	898,993	1,717
017	MEDICAL RECORDS & LIBRARY			564,999	1,364	566,363	3,556
018	SOCIAL SERVICE			76,090	390	76,480	1,389
020	NONPHYSICIAN ANESTHETISTS						
022	I&R SERVICES-SALARY & FRI						18,162
023	I&R SERVICES-OTHER PRGM C			21,851		21,851	10,320
	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS			5,654,769	7,543,831	13,198,600	62,465
026	INTENSIVE CARE UNIT			589,942	4,600	594,542	9,084
028	BURN INTENSIVE CARE UNIT			125,934	3,215	129,149	2,784
029	SURGICAL INTENSIVE CARE U			198,428		198,428	4,248
030	PEDS INTENSIVE CARE UNIT			139,793	4,880	144,673	2,573
030	01 TRAUMA INTENSIVE CARE UNI			477,069	8,842	485,911	7,572
030	02 NEURO INTENSIVE CARE UNIT			99,687		99,687	3,836
030	03 NEONATAL INTENSIVE CARE U			253,004	29,910	282,914	10,975
033	NURSERY			181,856		181,856	1,500
	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM			1,455,581	695,346	2,150,927	34,795
038	RECOVERY ROOM			280,870	373	281,243	2,814
039	DELIVERY ROOM & LABOR ROO			278,283		278,283	3,238
040	ANESTHESIOLOGY			98,909	71,739	170,648	6,368
041	RADIOLOGY-DIAGNOSTIC			1,543,869	616,800	2,160,669	16,597
044	LABORATORY			1,607,867	41,255	1,649,122	17,640
046	WHOLE BLOOD & PACKED RED			58,004	1,262	59,266	1,780
048	INTRAVENOUS THERAPY			208,313		208,313	919
049	RESPIRATORY THERAPY			115,839	220,958	336,797	6,706
050	PHYSICAL THERAPY			93,609	465	94,074	880
051	OCCUPATIONAL THERAPY			93,252		93,252	286
052	SPEECH PATHOLOGY			41,957	1,750	43,707	398
053	ELECTROCARDIOLOGY			439,255	132,555	571,810	5,356
055	MEDICAL SUPPLIES CHARGED						
055	30 IMPL. DEV. CHARGED TO PAT						
056	DRUGS CHARGED TO PATIENTS			242,131	659,939	902,070	15,492
057	RENAL DIALYSIS			48,918	6,264	55,182	3,571
	OUTPAT SERVICE COST CNTRS						
060	CLINIC			2,512,350	554,093	3,066,443	31,408
061	EMERGENCY			1,303,505	20,817	1,324,322	30,775
062	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
064	HOME PROGRAM DIALYSIS						
065	AMBULANCE SERVICES						
066	DURABLE MEDICAL EQUIP-REN						
067	DURABLE MEDICAL EQUIP-SOL						
069	CORF						
070	I&R SERVICES-NOT APPRVD P						
071	HOME HEALTH AGENCY						
082	LUNG ACQUISITION						
	SPEC PURPOSE COST CENTERS						
083	KIDNEY ACQUISITION						
084	LIVER ACQUISITION						
085	HEART ACQUISITION						
092	AMBULATORY SURGICAL CENTE						
093	HOSPICE						
095	SUBTOTALS			45,228,727	11,132,700	56,361,427	377,148
	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP						
097	RESEARCH						
098	PHYSICIANS' PRIVATE OFFIC						
099	NONPAID WORKERS						
100	OTHER NONREIMBURSABLE (SP						
100	01 DENISTRY			95,565	353	95,918	1,284
100	02 CHP BUREAU			145,661	277,717	423,378	20,149
100	03 SPECIAL FUNDS/RESEARCH			350,125		350,125	1,376
101	CROSS FOOT ADJUSTMENTS						
102	NEGATIVE COST CENTER						
103	TOTAL			45,820,078	11,410,770	57,230,848	399,957

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0124

FROM 12/ 1/2009

WORKSHEET B

TO 11/30/2010

TO 11/30/2010

PART III

COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	E & GENERAL	REPAIRS	PLANT				
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMIN STRATIVE & GENERAL	7,423,523						
008 MAINTENANCE & REPAIRS	96,437	1,074,889					
009 OPERATION OF PLANT	603,693	442,303	16,452,813				
010 LAUNDRY & LINEN SERVICE	32,460	10,620	276,215	688,673			
011 HOUSEKEEPING	133,270	9,111	236,965	26,064	729,620		
012 DIETARY	77,746	610	15,867	4,369	726	125,151	
014 CAFETERIA	18,014	25,489	662,949		30,346		1,622,572
015 NURSING ADMINISTRATION	78,542	5,680	147,719		6,762		21,845
017 CENTRAL SERVICES & SUPPLY	40,956	22,316	580,415	7,359	26,568		15,666
018 MEDICAL RECORDS & LIBRARY	76,917	16,275	423,304		19,376		31,684
020 SOCIAL SERVICE	46,913	2,192	57,008		2,609		8,921
022 NONPHYSICIAN ANESTHETISTS							
023 I&R SERVICES-SALARY & FRI	333,464						164,784
I&R SERVICES-OTHER PRGM C	100,822	629	16,371		749		19,476
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	897,558	162,891	4,236,624	155,224	193,926	100,251	282,563
026 INTENSIVE CARE UNIT	147,456	16,994	441,992	44,498	20,232	6,965	41,978
028 BURN INTENSIVE CARE UNIT	33,304	3,628	94,351	22,560	4,319	1,280	9,886
029 SURGICAL INTENSIVE CARE U	65,983	5,716	148,665		6,805	2,362	18,674
030 PEDS INTENSIVE CARE UNIT	32,965	4,027	104,735	6,196	4,794	1,274	10,620
030 01 TRAUMA INTENSIVE CARE UNI	101,899	13,742	357,426	54,832	16,361	2,517	29,629
030 02 NEURO INTENSIVE CARE UNIT	46,688	2,872	74,687	3,899	3,419	2,247	14,151
030 03 NEONATAL INTENSIVE CARE U	133,967	7,288	189,553	28,461	8,677		41,047
033 NURSERY	26,116	5,239	136,248		6,237		8,269
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	446,783	41,929	1,090,539	165,780	49,918		93,602
038 RECOVERY ROOM	48,064	8,091	210,431		9,632		13,010
039 DELIVERY ROOM & LABOR ROO	55,037	8,016	208,493	24,556	9,544		16,820
040 ANESTHESIOLOGY	43,203	2,849	74,104		3,392		20,747
041 RADIOLOGY-DIAGNOSTIC	256,463	44,473	1,156,686	45,928	52,946		67,766
044 LABORATORY	279,405	46,316	1,204,633		55,141		100,133
046 WHOLE BLOOD & PACKED RED	76,370	1,671	43,457		1,989		11,912
048 INTRAVENOUS THERAPY	17,329	6,001	156,070		7,144		3,622
049 RESPIRATORY THERAPY	83,015	3,337	86,788		3,973		31,688
050 PHYSICAL THERAPY	15,295	2,697	70,133	6,782	3,210		5,102
051 OCCUPATIONAL THERAPY	5,874	2,686	69,865		3,198		1,583
052 SPEECH PATHOLOGY	8,294	1,209	31,435		1,439		2,330
053 ELECTROCARDIOLOGY	67,743	12,653	329,095	18,479	15,064		25,385
055 MEDICAL SUPPLIES CHARGED	390,502						
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS	903,755	6,975	181,407		8,304		78,743
057 RENAL DIALYSIS	58,894	1,409	36,650		1,678		13,452
OUTPAT SERVICE COST CNTRS							
060 CLINIC	583,816	72,371	1,882,283		86,160	4,683	178,854
061 EMERGENCY	448,031	37,549	976,602	73,686	44,703	3,572	123,651
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	6,913,043	1,057,854	16,009,765	688,673	709,341	125,151	1,507,593
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE (SP							
100 01 DENISTRY	22,111	2,753	71,599		3,277		4,995
100 02 CHP BUREAU	456,890	4,196	109,131		4,995		106,852
100 03 SPECIAL FUNDS/RESEARCH	31,479	10,086	262,318		12,007		3,132
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	7,423,523	1,074,889	16,452,813	688,673	729,620	125,151	1,622,572

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	14	15	17	18	20	22	23
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINSTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION	540,400						
017 CENTRAL SERVICES & SUPPLY		1,593,990					
018 MEDICAL RECORDS & LIBRARY			1,137,475				
020 SOCIAL SERVICE				195,512			
022 NONPHYSICIAN ANESTHETISTS							
023 I&R SERVICES-SALARY & FRI		2,218				518,628	
025 I&R SERVICES-OTHER PRGM C	11,121	7,214					188,553
026 INPAT ROUTINE SRVC CNTRS							
028 ADULTS & PEDIATRICS	56,107	78,459	275,554		59,162		
029 INTENSIVE CARE UNIT	21,087	41,024	27,506		4,825		
030 BURN INTENSIVE CARE UNIT		23,259	4,807		2,402		
031 SURGICAL INTENSIVE CARE U	11,388	25,054	9,231		3,621		
032 PEDS INTENSIVE CARE UNIT	428	296	4,750		2,402		
033 01 TRAUMA INTENSIVE CARE UNI	11,335	52,558	9,901		3,621		
034 02 NEURO INTENSIVE CARE UNIT		16,844	8,913		3,621		
035 03 NEONATAL INTENSIVE CARE U	33,491	6,758	30,649		3,621		
036 NURSERY		3,803	2,187				
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	56,663	718,130					
039 RECOVERY ROOM	11,121	368					
040 DELIVERY ROOM & LABOR ROO	11,228	8,935					
041 ANESTHESIOLOGY	11,164	34,365					
044 RADIOLOGY-DIAGNOSTIC		191,068					
046 LABORATORY		18,395					
048 WHOLE BLOOD & PACKED RED		4,045					
049 INTRAVENOUS THERAPY	2,598						
050 RESPIRATORY THERAPY		47,048					
051 PHYSICAL THERAPY		16,331					
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
055 ELECTROCARDIOLOGY	3,379	45					
056 MEDICAL SUPPLIES CHARGED		140,227					
057 30 IMPL. DEV. CHARGED TO PAT							
060 DRUGS CHARGED TO PATIENTS							
061 RENAL DIALYSIS		18,126	12,692		7,241		
062 OUTPAT SERVICE COST CNTRS							
064 CLINIC	101,120	43,059	411,740		68,790		
065 EMERGENCY	120,024	82,933	339,545		36,206		
066 OBSERVATION BEDS (NON-DIS							
067 OTHER REIMBURS COST CNTRS							
068 HOME PROGRAM DIALYSIS							
069 AMBULANCE SERVICES							
070 DURABLE MEDICAL EQUIP-REN							
071 DURABLE MEDICAL EQUIP-SOL							
072 CORF							
073 I&R SERVICES-NOT APPRVD P							
074 HOME HEALTH AGENCY							
075 LUNG ACQUISITION							
076 SPEC PURPOSE COST CENTERS							
077 KIDNEY ACQUISITION							
078 LIVER ACQUISITION							
079 HEART ACQUISITION							
080 AMBULATORY SURGICAL CENTE							
081 HOSPICE							
082 SUBTOTALS	462,254	1,580,562	1,137,475		195,512		
083 NONREIMBURS COST CENTERS							
084 GIFT, FLOWER, COFFEE SHOP							
085 RESEARCH							
086 PHYSICIANS' PRIVATE OFFIC							
087 NONPAID WORKERS							
088 OTHER NONREIMBURSABLE (SP							
089 01 DENISTRY							
090 02 CHP BUREAU	78,146	13,428					
091 03 SPECIAL FUNDS/RESEARCH							
092 CROSS FOOT ADJUSTMENTS						518,628	188,553
093 NEGATIVE COST CENTER							
094 TOTAL	540,400	1,593,990	1,137,475		195,512	518,628	188,553

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0124

FROM 12/ 1/2009

WORKSHEET B

TO 11/30/2010

PART III

COST CENTER DESCRIPTION	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
001 GENERAL SERVICE COST CNTR			
002 OLD CAP REL COSTS-BLDG &			
003 OLD CAP REL COSTS-MVBLE E			
004 NEW CAP REL COSTS-BLDG &			
005 NEW CAP REL COSTS-MVBLE E			
006 EMPLOYEE BENEFITS			
007 ADMIN STRATIVE & GENERAL			
008 MAINTENANCE & REPAIRS			
009 OPERATION OF PLANT			
010 LAUNDRY & LINEN SERVICE			
011 HOUSEKEEPING			
012 DIETARY			
014 CAFETERIA			
015 NURSING ADMINISTRATION			
017 CENTRAL SERVICES & SUPPLY			
018 MEDICAL RECORDS & LIBRARY			
020 SOCIAL SERVICE			
022 NONPHYSICIAN ANESTHETISTS			
023 I&R SERVICES-SALARY & FRI			
025 I&R SERVICES-OTHER PRGM C			
026 INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	19,759,384		19,759,384
026 INTENSIVE CARE UNIT	1,418,183		1,418,183
028 BURN INTENSIVE CARE UNIT	331,729		331,729
029 SURGICAL INTENSIVE CARE U	500,175		500,175
030 PEDS INTENSIVE CARE UNIT	319,733		319,733
030 01 TRAUMA INTENSIVE CARE UNI	1,147,304		1,147,304
030 02 NEURO INTENSIVE CARE UNIT	280,864		280,864
030 03 NEONATAL INTENSIVE CARE U	777,401		777,401
033 NURSERY	371,455		371,455
037 ANCILLARY SRVC COST CNTRS			
038 OPERATING ROOM	4,849,066		4,849,066
039 RECOVERY ROOM	584,774		584,774
040 DELIVERY ROOM & LABOR ROO	624,150		624,150
041 ANESTHESIOLOGY	366,840		366,840
044 RADIOLOGY-DIAGNOSTIC	3,992,596		3,992,596
046 LABORATORY	3,370,785		3,370,785
048 WHOLE BLOOD & PACKED RED	200,490		200,490
049 INTRAVENOUS THERAPY	401,996		401,996
050 RESPIRATORY THERAPY	599,352		599,352
051 PHYSICAL THERAPY	214,504		214,504
052 OCCUPATIONAL THERAPY	176,744		176,744
053 SPEECH PATHOLOGY	88,812		88,812
055 ELECTROCARDIOLOGY	1,049,009		1,049,009
055 30 MEDICAL SUPPLIES CHARGED	530,729		530,729
056 IMPL. DEV. CHARGED TO PAT			
057 DRUGS CHARGED TO PATIENTS	2,096,746		2,096,746
060 RENAL DIALYSIS	208,895		208,895
061 OUTPAT SERVICE COST CNTRS			
062 CLINIC	6,530,727		6,530,727
064 EMERGENCY	3,641,599		3,641,599
065 OBSERVATION BEDS (NON-DIS			
066 OTHER REIMBURS COST CNTRS			
067 HOME PROGRAM DIALYSIS			
068 AMBULANCE SERVICES			
069 DURABLE MEDICAL EQUIP-REN			
070 DURABLE MEDICAL EQUIP-SOL			
071 CORF			
072 I&R SERVICES-NOT APPRVD P			
073 HOME HEALTH AGENCY			
074 LUNG ACQUISITION			
075 SPEC PURPOSE COST CENTERS			
076 KIDNEY ACQUISITION			
077 LIVER ACQUISITION			
078 HEART ACQUISITION			
079 AMBULATORY SURGICAL CENTE			
080 HOSPICE			
081 SUBTOTALS	54,434,042		54,434,042
082 NONREIMBURS COST CENTERS			
083 GIFT, FLOWER, COFFEE SHOP			
084 RESEARCH			
085 PHYSICIANS' PRIVATE OFFIC			
086 NONPAID WORKERS			
087 OTHER NONREIMBURSABLE (SP			
088 01 DENISTRY	201,937		201,937
089 02 CHP BUREAU	1,217,165		1,217,165
090 03 SPECIAL FUNDS/RESEARCH	670,523		670,523
091 CROSS FOOT ADJUSTMENTS	707,181		707,181
092 NEGATIVE COST CENTER			
093 TOTAL	57,230,848		57,230,848

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION
	1	2	3	4	5	6a.00
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	2,178,686					
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			2,178,686			
004 NEW CAP REL COSTS-MVB				11,410,770		
005 EMPLOYEE BENEFITS	18,832		18,832	3,900	360,304,900	
006 ADMIN STRATIVE & GENE	340,175		340,175	239,273	27,035,427	-166,259,486
007 MAINTENANCE & REPAIRS	45,408		45,408	18,292	4,668,786	
008 OPERATION OF PLANT	730,094		730,094	45,493	6,010,405	
009 LAUNDRY & LINEN SERVI	17,530		17,530	473	208,075	
010 HOUSEKEEPING	15,039		15,039	373	6,802,606	
011 DIETARY	1,007		1,007	1,552	2,795,712	
012 CAFETERIA	42,074		42,074		822,425	
014 NURSING ADMIN STRATIO	9,375		9,375	78,403	3,858,197	
015 CENTRAL SERVICES & SU	36,836		36,836	124,293	1,546,423	
017 MEDICAL RECORDS & LIB	26,865		26,865	1,364	3,203,225	
018 SOCIAL SERVICE	3,618		3,618	390	1,251,239	
020 NONPHYSICIAN ANESTHET						
022 I&R SERVICES-SALARY &					16,362,512	
023 I&R SERVICES-OTHER PR	1,039		1,039		9,296,936	
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	268,877		268,877	7,543,831	56,258,339	
026 INTENSIVE CARE UNIT	28,051		28,051	4,600	8,184,100	
028 BURN INTENSIVE CARE U	5,988		5,988	3,215	2,507,814	
029 SURGICAL INTENSIVE CA	9,435		9,435		3,827,456	
030 PEDS INTENSIVE CARE U	6,647		6,647	4,880	2,318,207	
030 01 TRAUMA INTENSIVE CARE	22,684		22,684	8,842	6,821,944	
030 02 NEURO INTENSIVE CARE	4,740		4,740		3,455,608	
030 03 NEONATAL INTENSIVE CA	12,030		12,030	29,910	9,887,186	
033 NURSERY	8,647		8,647		1,351,126	
ANCILLARY SRVC COST C						
037 OPERATING ROOM	69,211		69,211	695,346	31,347,045	
038 RECOVERY ROOM	13,355		13,355	373	2,535,141	
039 DELIVERY ROOM & LABOR	13,232		13,232		2,917,528	
040 ANESTHESIOLOGY	4,703		4,703	71,739	5,737,376	
041 RADIOLOGY-DIAGNOSTIC	73,409		73,409	616,800	14,952,387	
044 LABORATORY	76,452		76,452	41,255	15,891,734	
046 WHOLE BLOOD & PACKED	2,758		2,758	1,262	1,603,313	
048 INTRAVENOUS THERAPY	9,905		9,905		827,874	
049 RESPIRATORY THERAPY	5,508		5,508	220,958	6,041,797	
050 PHYSICAL THERAPY	4,451		4,451	465	792,620	
051 OCCUPATIONAL THERAPY	4,434		4,434		257,997	
052 SPEECH PATHOLOGY	1,995		1,995	1,750	358,283	
053 ELECTROCARDIOLOGY	20,886		20,886	132,555	4,825,029	
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI	11,513		11,513	659,939	13,956,850	
057 RENAL DIALYSIS	2,326		2,326	6,264	3,216,767	
OUTPAT SERVICE COST C						
060 CLINIC	119,459		119,459	554,093	28,295,289	
061 EMERGENCY	61,980		61,980	20,817	27,725,488	
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
064 HOME PROGRAM DIALYSIS						
065 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIP						
067 DURABLE MEDICAL EQUIP						
069 CORF						
070 I&R SERVICES-NOT APPR						
071 HOME HEALTH AGENCY						
082 LUNG ACQUISITION						
SPEC PURPOSE COST CEN						
083 KIDNEY ACQUISITION						
084 LIVER ACQUISITION						
085 HEART ACQUISITION						
092 AMBULATORY SURGICAL C						
093 HOSPICE						
095 SUBTOTALS	2,150,568		2,150,568	11,132,700	339,756,266	-166,259,486
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
097 RESEARCH						
098 PHYSICIANS' PRIVATE O						
099 NONPAID WORKERS						
100 OTHER NONREIMBURSABLE						
100 01 DENISTRY	4,544		4,544	353	1,156,807	
100 02 CHP BUREAU	6,926		6,926	277,717	18,152,280	
100 03 SPECIAL FUNDS/RESEARC	16,648		16,648		1,239,547	

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0124  
 PERIOD: FROM 12/1/2009 TO 11/30/2010  
 PREPARED 4/28/2011  
 WORKSHEET B-1

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 (DOLLAR VALUE )	OSTS-BLDG & (SQUARE FEET )	OSTS-MVBLE E (DOLLAR VALUE )S	FITS (GROSS SALARIE )	
	1	2	3	4	5	6a.00
NONREIMBURS COST CENT						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)			45,820,078	11,410,770	85,697,782	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)			21.031061	1.000000	.237848	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)					399,957	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.001110	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF E & GENERAL REPAIRS PLANT			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	( ACCUM. COST )	( SQUARE FEET )	( SQUARE FEET )	( POUNDS OF LAUNDRY )	( SQUARE FEET )	( MEALS SERVED )	( EQUIVALENT FT )
	6	7	8	9	10	11	12
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	528,264,011						
007 MAINTENANCE & REPAIRS	6,862,374	1,774,271					
008 OPERATION OF PLANT	42,958,313	730,094	1,044,177				
009 LAUNDRY & LINEN SERVICE	2,309,820	17,530	17,530	874,562			
010 HOUSEKEEPING	9,483,356	15,039	15,039	33,099	1,011,608		
011 DIETARY	5,532,356	1,007	1,007	5,548		440,711	
012 CAFETERIA	1,281,829	42,074	42,074				378,141
014 NURSING ADMINISTRATIVE	5,588,977	9,375	9,375				5,091
015 CENTRAL SERVICES & SUPPLY	2,914,426	36,836	36,836	9,345	36,836		3,651
017 MEDICAL RECORDS & LIBRARY	5,473,363	26,865	26,865		26,865		7,384
018 SOCIAL SERVICE	3,338,322	3,618	3,618		3,618		2,079
020 NONPHYSICIAN ANESTHETIC							
022 I&R SERVICES-SALARY & BENEFITS	23,729,024						38,403
023 I&R SERVICES-OTHER PERSONNEL	7,174,395	1,039	1,039		1,039		4,539
025 ADULTS & PEDIATRICS	63,869,485	268,877	268,877	197,122	268,877	353,021	65,851
026 INTENSIVE CARE UNIT	10,492,872	28,051	28,051	56,509	28,051	24,528	9,783
028 BURN INTENSIVE CARE UNIT	2,369,903	5,988	5,988	28,649	5,988	4,509	2,304
029 SURGICAL INTENSIVE CARE UNIT	4,695,303	9,435	9,435		9,435	8,319	4,352
030 PEDIATRIC INTENSIVE CARE UNIT	2,345,747	6,647	6,647	7,868	6,647	4,488	2,475
030 01 TRAUMA INTENSIVE CARE UNIT	7,251,037	22,684	22,684	69,633	22,684	8,862	6,905
030 02 NEURO INTENSIVE CARE UNIT	3,322,303	4,740	4,740	4,951	4,740	7,914	3,298
030 03 NEONATAL INTENSIVE CARE UNIT	9,532,980	12,030	12,030	36,143	12,030		9,566
033 NURSERY	1,858,374	8,647	8,647		8,647		1,927
037 ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	31,792,722	69,211	69,211	210,531	69,211		21,814
038 RECOVERY ROOM	3,420,195	13,355	13,355		13,355		3,032
039 DELIVERY ROOM & LABOR	3,916,418	13,232	13,232	31,184	13,232		3,920
040 ANESTHESIOLOGY	3,074,320	4,703	4,703		4,703		4,835
041 RADIOLOGY-DIAGNOSTIC	18,249,701	73,409	73,409	58,325	73,409		15,793
044 LABORATORY	19,882,258	76,452	76,452		76,452		23,336
046 WHOLE BLOOD & PACKED	5,434,422	2,758	2,758		2,758		2,776
048 INTRAVENOUS THERAPY	1,233,095	9,905	9,905		9,905		844
049 RESPIRATORY THERAPY	5,907,302	5,508	5,508		5,508		7,385
050 PHYSICAL THERAPY	1,088,347	4,451	4,451	8,612	4,451		1,189
051 OCCUPATIONAL THERAPY	417,996	4,434	4,434		4,434		369
052 SPEECH PATHOLOGY	590,227	1,995	1,995		1,995		543
053 ELECTROCARDIOLOGY	4,820,529	20,886	20,886	23,467	20,886		5,916
055 MEDICAL SUPPLIES CHARITABLE	27,787,790						
056 30 IMPL. DEV. CHARGED TO PATIENT	64,322,558	11,513	11,513		11,513		18,351
057 RENAL DIALYSIS	4,190,828	2,326	2,326		2,326		3,135
060 OUTPAT SERVICE COST CENTER							
060 CLINIC	41,543,901	119,459	119,459		119,459	16,491	41,682
061 EMERGENCY	31,881,491	61,980	61,980	93,576	61,980	12,579	28,817
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
064 OTHER REIMBURSABLE COST CENTER							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIPMENT							
067 DURABLE MEDICAL EQUIPMENT							
069 CORP							
070 I&R SERVICES-NOT APPROPRIATE							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION SPECIFIC PURPOSE COST CENTER							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE							
095 SUBTOTALS	491,938,659	1,746,153	1,016,059	874,562	983,490	440,711	351,345
096 NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE							
100 01 DENISTRY	1,573,426	4,544	4,544		4,544		1,164
100 02 CHP BUREAU	32,511,925	6,926	6,926		6,926		24,902
100 03 SPECIAL FUNDS/RESEARCH	2,240,001	16,648	16,648		16,648		730

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		( ACCUM. COST )	( SQUARE FEET )	( SQUARE FEET )	( POUNDS OF LAUNDRY )	( SQUARE FEET )	( MEALS SERVED )	( EQUIVALENT FT )
		6	7	8	9	10	11	12
101	NONREIMBURS COST CENT							
102	CROSS FOOT ADJUSTMENT							
103	NEGATIVE COST CENTER							
	COST TO BE ALLOCATED	166,259,486	9,022,155	60,191,018	4,136,432	13,567,971	7,376,458	4,888,843
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		5.084993		4.729718		16.737631	
	(WRKSHT B, PT I)	.314728		57.644459		13.412281		12.928625
105	COST TO BE ALLOCATED							
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	7,423,523	1,074,889	16,452,813	688,673	729,620	125,151	1,622,572
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		.605820		.787449		.283975	
	(WRKSHT B, PT III)	.014053		15.756728		.721248		4.290918

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLIES	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	(HOURS OF SERVICE)	(COSTED REQUISITIONS)	(TIME SPENT)	(TIME SPENT)	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)
	14	15	17	18	20	22	23
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION	101,074						
017 CENTRAL SERVICES & SUPPLIES		23,477,616					
018 MEDICAL RECORDS & LIBRARY			139,360				
020 SOCIAL SERVICE				56,160			
022 NONPHYSICIAN ANESTHETISTS							
023 I&R SERVICES-SALARY & FRI		32,668				5,430	
025 I&R SERVICES-OTHER PRGM C	2,080	106,250					5,430
026 INPAT ROUTINE SRVC CN							
028 ADULTS & PEDIATRICS	10,494	1,155,605	33,760	16,994		1,662	1,662
029 INTENSIVE CARE UNIT	3,944	604,237	3,370	1,386		150	150
030 BURN INTENSIVE CARE U		342,584	589	690		10	10
030 SURGICAL INTENSIVE CARE	2,130	369,017	1,131	1,040		10	10
030 PEDIATRIC INTENSIVE CARE	80	4,362	582	690		32	32
030 01 TRAUMA INTENSIVE CARE	2,120	774,120	1,213	1,040		123	123
030 02 NEURO INTENSIVE CARE		248,086	1,092	1,040		10	10
030 03 NEONATAL INTENSIVE CARE	6,264	99,542	3,755	1,040		140	140
033 NURSERY		56,011	268			120	120
037 ANCILLARY SRVC COST C							
038 OPERATING ROOM	10,598	10,577,221				620	620
039 RECOVERY ROOM	2,080	5,423					
040 DELIVERY ROOM & LABOR	2,100	131,595				50	50
041 ANESTHESIOLOGY	2,088	506,156				200	200
044 RADIOLOGY-DIAGNOSTIC		2,814,207				140	140
046 LABORATORY		270,932				90	90
048 WHOLE BLOOD & PACKED		59,577					
049 INTRAVENOUS THERAPY	486						
050 RESPIRATORY THERAPY		692,966				30	30
051 PHYSICAL THERAPY		240,544					
052 OCCUPATIONAL THERAPY						20	20
053 SPEECH PATHOLOGY							
055 ELECTROCARDIOLOGY	632	663				40	40
055 MEDICAL SUPPLIES CHAR		2,065,380					
056 30 IMPL. DEV. CHARGED TO							
056 DRUGS CHARGED TO PATIENT							
057 RENAL DIALYSIS		266,973	1,555	2,080		40	40
060 OUTPAT SERVICE COST C							
061 CLINIC	18,913	634,205	50,445	19,760		1,110	1,110
062 EMERGENCY	22,449	1,221,511	41,600	10,400		513	513
064 OBSERVATION BEDS (NON							
065 OTHER REIMBURS COST C							
066 HOME PROGRAM DIALYSIS							
067 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP							
069 DURABLE MEDICAL EQUIP							
070 CORF							
071 I&R SERVICES-NOT APPR							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CEN							
085 KIDNEY ACQUISITION							
092 LIVER ACQUISITION							
093 HEART ACQUISITION							
095 AMBULATORY SURGICAL C							
096 HOSPICE							
095 SUBTOTALS	86,458	23,279,835	139,360	56,160		5,110	5,110
096 NONREIMBURS COST CENT							
097 GIFT, FLOWER, COFFEE							
098 RESEARCH							
099 PHYSICIANS' PRIVATE O							
100 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE							
100 01 DENISTRY							
100 02 CHP BUREAU	14,616	197,781				320	320
100 03 SPECIAL FUNDS/RESEARC							

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLIES	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	(HOURS OF SERVICE)	(COSTED REQUISITIONS)	(TIME SPENT)	(TIME SPENT)	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)
	14	15	17	18	20	22	23
101 NONREIMBURS COST CENT							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
104 COST TO BE ALLOCATED (WRKSHT B, PART I)	8,127,634	6,727,835	9,336,996	4,691,346		31,703,071	9,767,877
105 UNIT COST MULTIPLIER (WRKSHT B, PT I)	80.412708	.286564	66.999110	83.535363		5,838.502947	1,798.872376
106 COST TO BE ALLOCATED (WRKSHT B, PART II)							
107 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
108 COST TO BE ALLOCATED (WRKSHT B, PART III)	540,400	1,593,990	1,137,475	195,512		518,628	188,553
109 UNIT COST MULTIPLIER (WRKSHT B, PT III)	5.346578	.067894	8.162134	3.481339		95.511602	34.724309

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS
		1	2	3	4	5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	116,992,684		116,992,684	1,776,686	118,769,370
26	INTENSIVE CARE UNIT	17,567,287		17,567,287	60,662	17,627,949
28	BURN INTENSIVE CARE UNIT	4,007,748		4,007,748	66,442	4,074,190
29	SURGICAL INTENSIVE CARE U	7,526,627		7,526,627	97,055	7,623,682
30	PEDS INTENSIVE CARE UNIT	3,838,777		3,838,777	28,612	3,867,389
30	01 TRAUMA INTENSIVE CARE UNI	12,387,742		12,387,742	31,818	12,419,560
30	02 NEURO INTENSIVE CARE UNIT	5,158,488		5,158,488	84,587	5,243,075
30	03 NEONATAL INTENSIVE CARE U	14,614,571		14,614,571	84,339	14,698,910
33	NURSERY	3,160,574		3,160,574		3,160,574
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	52,229,667		52,229,667	331,024	52,560,691
38	RECOVERY ROOM	5,721,511		5,721,511		5,721,511
39	DELIVERY ROOM & LABOR ROO	6,561,280		6,561,280		6,561,280
40	ANESTHESIOLOGY	4,775,448		4,775,448	268,210	5,043,658
41	RADIOLOGY-DIAGNOSTIC	30,869,374		30,869,374	260,948	31,130,322
44	LABORATORY	32,340,290		32,340,290	65,115	32,405,405
46	WHOLE BLOOD & PACKED RED	7,407,748		7,407,748		7,407,748
48	INTRAVENOUS THERAPY	2,425,362		2,425,362		2,425,362
49	RESPIRATORY THERAPY	8,479,941		8,479,941	80,830	8,560,771
50	PHYSICAL THERAPY	1,894,821		1,894,821		1,894,821
51	OCCUPATIONAL THERAPY	891,935		891,935		891,935
52	SPEECH PATHOLOGY	934,912		934,912		934,912
53	ELECTROCARDIOLOGY	8,166,469		8,166,469	157,693	8,324,162
55	MEDICAL SUPPLIES CHARGED	37,125,250		37,125,250		37,125,250
55	30 IMPL. DEV. CHARGED TO PAT					
56	DRUGS CHARGED TO PATIENTS	85,680,554		85,680,554		85,680,554
57	RENAL DIALYSIS	6,081,879		6,081,879		6,081,879
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	71,262,670		71,262,670	232,690	71,495,360
61	EMERGENCY	53,471,605		53,471,605	738,220	54,209,825
62	OBSERVATION BEDS (NON-DIS	2,337,176		2,337,176		2,337,176
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	603,912,390		603,912,390	4,364,931	608,277,321
102	LESS OBSERVATION BEDS	2,337,176		2,337,176		2,337,176
103	TOTAL	601,575,214		601,575,214	4,364,931	605,940,145

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	148,951,950		148,951,950			
26	INTENSIVE CARE UNIT	18,053,442		18,053,442			
28	BURN INTENSIVE CARE UNIT	3,123,252		3,123,252			
29	SURGICAL INTENSIVE CARE U	6,009,102		6,009,102			
30	PEDS INTENSIVE CARE UNIT	2,851,002		2,851,002			
30	01 TRAUMA INTENSIVE CARE UNI	6,449,058		6,449,058			
30	02 NEURO INTENSIVE CARE UNIT	5,743,386		5,743,386			
30	03 NEONATAL INTENSIVE CARE U	19,924,344		19,924,344			
33	NURSERY	748,416		748,416			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	34,830,474	17,730,217	52,560,691	.993702	.993702	1.000000
38	RECOVERY ROOM	3,791,483	1,930,028	5,721,511	1.000000	1.000000	1.000000
39	DELIVERY ROOM & LABOR ROO	6,561,280		6,561,280	1.000000	1.000000	1.000000
40	ANESTHESIOLOGY	3,342,290	1,701,368	5,043,658	.946822	.946822	1.000000
41	RADIOLOGY-DIAGNOSTIC	13,019,147	18,111,175	31,130,322	.991618	.991618	1.000000
44	LABORATORY	12,771,798	19,633,607	32,405,405	.997991	.997991	1.000000
46	WHOLE BLOOD & PACKED RED	6,454,444	953,304	7,407,748	1.000000	1.000000	1.000000
48	INTRAVENOUS THERAPY	1,294,820	1,130,542	2,425,362	1.000000	1.000000	1.000000
49	RESPIRATORY THERAPY	8,560,771		8,560,771	.990558	.990558	1.000000
50	PHYSICAL THERAPY	1,541,500	353,321	1,894,821	1.000000	1.000000	1.000000
51	OCCUPATIONAL THERAPY	489,869	402,066	891,935	1.000000	1.000000	1.000000
52	SPEECH PATHOLOGY	406,533	528,379	934,912	1.000000	1.000000	1.000000
53	ELECTROCARDIOLOGY	1,816,244	6,507,918	8,324,162	.981056	.981056	1.000000
55	MEDICAL SUPPLIES CHARGED	23,845,847	13,279,403	37,125,250	1.000000	1.000000	1.000000
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	28,945,714	56,734,840	85,680,554	1.000000	1.000000	1.000000
57	RENAL DIALYSIS	2,076,402	4,005,477	6,081,879	1.000000	1.000000	1.000000
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		71,495,360	71,495,360	.996745	.996745	1.000000
61	EMERGENCY	5,208,561	49,001,264	54,209,825	.986382	.986382	1.000000
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	10,943	4,958,128	4,969,071	.470345	.470345	.470345
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	366,822,072	268,456,397	635,278,469			
102	LESS OBSERVATION BEDS						
103	TOTAL	366,822,072	268,456,397	635,278,469			





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	52,229,667	4,849,066	47,380,601			52,229,667
38	OPERATING ROOM	5,721,511	584,774	5,136,737			5,721,511
39	RECOVERY ROOM	6,561,280	624,150	5,937,130			6,561,280
40	DELIVERY ROOM & LABOR ROO	4,775,448	366,840	4,408,608			4,775,448
41	ANESTHESIOLOGY	30,869,374	3,992,596	26,876,778			30,869,374
44	RADIOLOGY-DIAGNOSTIC	32,340,290	3,370,785	28,969,505			32,340,290
46	LABORATORY	7,407,748	200,490	7,207,258			7,407,748
48	WHOLE BLOOD & PACKED RED	2,425,362	401,996	2,023,366			2,425,362
49	INTRAVENOUS THERAPY	8,479,941	599,352	7,880,589			8,479,941
50	RESPIRATORY THERAPY	1,894,821	214,504	1,680,317			1,894,821
51	PHYSICAL THERAPY	891,935	176,744	715,191			891,935
52	OCCUPATIONAL THERAPY	934,912	88,812	846,100			934,912
53	SPEECH PATHOLOGY	8,166,469	1,049,009	7,117,460			8,166,469
55	ELECTROCARDIOLOGY	37,125,250	530,729	36,594,521			37,125,250
55	MEDICAL SUPPLIES CHARGED						
30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	85,680,554	2,096,746	83,583,808			85,680,554
57	RENAL DIALYSIS	6,081,879	208,895	5,872,984			6,081,879
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	71,262,670	6,530,727	64,731,943			71,262,670
61	EMERGENCY	53,471,605	3,641,599	49,830,006			53,471,605
62	OBSERVATION BEDS (NON-DIS	2,337,176	388,831	1,948,345			2,337,176
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	418,657,892	29,916,645	388,741,247			418,657,892
102	LESS OBSERVATION BEDS	2,337,176	388,831	1,948,345			2,337,176
103	TOTAL	416,320,716	29,527,814	386,792,902			416,320,716

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	52,560,691	.993702	.993702
38	OPERATING ROOM	5,721,511	1.000000	1.000000
39	RECOVERY ROOM	6,561,280	1.000000	1.000000
40	DELIVERY ROOM & LABOR ROO	5,043,658	.946822	.946822
41	ANESTHESIOLOGY	31,130,322	.991618	.991618
44	RADIOLOGY-DIAGNOSTIC	32,405,405	.997991	.997991
46	LABORATORY	7,407,748	1.000000	1.000000
48	WHOLE BLOOD & PACKED RED	2,425,362	1.000000	1.000000
49	INTRAVENOUS THERAPY	8,560,771	.990558	.990558
50	RESPIRATORY THERAPY	1,894,821	1.000000	1.000000
51	PHYSICAL THERAPY	891,935	1.000000	1.000000
52	OCCUPATIONAL THERAPY	934,912	1.000000	1.000000
53	SPEECH PATHOLOGY	8,324,162	.981056	.981056
55	ELECTROCARDIOLOGY	37,125,250	1.000000	1.000000
55	MEDICAL SUPPLIES CHARGED			
30	IMPL. DEV. CHARGED TO PAT			
56	DRUGS CHARGED TO PATIENTS	85,680,554	1.000000	1.000000
57	RENAL DIALYSIS	6,081,879	1.000000	1.000000
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	71,495,360	.996745	.996745
61	EMERGENCY	54,209,825	.986382	.986382
62	OBSERVATION BEDS (NON-DIS	4,969,071	.470345	.470345
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	423,424,517		
102	LESS OBSERVATION BEDS	4,969,071		
103	TOTAL	418,455,446		

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	56,964,840	4,849,066	52,115,774	484,907	3,022,715	53,457,218
38	OPERATING ROOM	5,721,511	584,774	5,136,737	58,477	297,931	5,365,103
39	RECOVERY ROOM	6,943,149	624,150	6,318,999	62,415	366,502	6,514,232
40	DELIVERY ROOM & LABOR ROO	6,302,923	366,840	5,936,083	36,684	344,293	5,921,946
41	ANESTHESIOLOGY	31,938,606	3,992,596	27,946,010	399,260	1,620,869	29,918,477
44	RADIOLOGY-DIAGNOSTIC	33,027,654	3,370,785	29,656,869	337,079	1,720,098	30,970,477
46	LABORATORY	7,407,748	200,490	7,207,258	20,049	418,021	6,969,678
48	WHOLE BLOOD & PACKED RED	2,425,362	401,996	2,023,366	40,200	117,355	2,267,807
49	INTRAVENOUS THERAPY	8,709,062	599,352	8,109,710	59,935	470,363	8,178,764
50	RESPIRATORY THERAPY	1,894,821	214,504	1,680,317	21,450	97,458	1,775,913
51	PHYSICAL THERAPY	1,044,682	176,744	867,938	17,674	50,340	976,668
52	OCCUPATIONAL THERAPY	934,912	88,812	846,100	8,881	49,074	876,957
53	SPEECH PATHOLOGY	8,471,964	1,049,009	7,422,955	104,901	430,531	7,936,532
55	ELECTROCARDIOLOGY	37,125,250	530,729	36,594,521	53,073	2,122,482	34,949,695
55	MEDICAL SUPPLIES CHARGED						
30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	85,680,554	2,096,746	83,583,808	209,675	4,847,861	80,623,018
57	RENAL DIALYSIS	6,387,374	208,895	6,178,479	20,890	358,352	6,008,132
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	79,740,156	6,530,727	73,209,429	653,073	4,246,147	74,840,936
61	EMERGENCY	57,389,579	3,641,599	53,747,980	364,160	3,117,383	53,908,036
62	OBSERVATION BEDS (NON-DIS	2,337,176	388,831	1,948,345	38,883	113,004	2,185,289
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	440,447,323	29,916,645	410,530,678	2,991,666	23,810,779	413,644,878
102	LESS OBSERVATION BEDS	2,337,176	388,831	1,948,345	38,883	113,004	2,185,289
103	TOTAL	438,110,147	29,527,814	408,582,333	2,952,783	23,697,775	411,459,589

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	52,560,691	1.017057	1.074566
38	OPERATING ROOM	5,721,511	.937707	.989779
39	RECOVERY ROOM	6,561,280	.992829	1.048688
40	DELIVERY ROOM & LABOR ROO	5,043,658	1.174137	1.242400
41	ANESTHESIOLOGY	31,130,322	.961072	1.013139
44	RADIOLOGY-DIAGNOSTIC	32,405,405	.955719	1.008800
46	LABORATORY	7,407,748	.940863	.997294
48	WHOLE BLOOD & PACKED RED	2,425,362	.935039	.983425
49	INTRAVENOUS THERAPY	8,560,771	.955377	1.010321
50	RESPIRATORY THERAPY	1,894,821	.937246	.988680
51	PHYSICAL THERAPY	891,935	1.094999	1.151438
52	OCCUPATIONAL THERAPY	934,912	.938010	.990501
53	SPEECH PATHOLOGY	8,324,162	.953433	1.005154
55	ELECTROCARDIOLOGY	37,125,250	.941400	.998570
55	MEDICAL SUPPLIES CHARGED			
30	IMPL. DEV. CHARGED TO PAT			
56	DRUGS CHARGED TO PATIENTS	85,680,554	.940972	.997553
57	RENAL DIALYSIS	6,081,879	.987874	1.046796
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	71,495,360	1.046794	1.106185
61	EMERGENCY	54,209,825	.994433	1.051939
62	OBSERVATION BEDS (NON-DIS	4,969,071	.439778	.462520
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	423,424,517		
102	LESS OBSERVATION BEDS	4,969,071		
103	TOTAL	418,455,446		

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				19,759,384		19,759,384
26	INTENSIVE CARE UNIT				1,418,183		1,418,183
28	BURN INTENSIVE CARE UNIT				331,729		331,729
29	SURGICAL INTENSIVE CARE U				500,175		500,175
30	PEDS INTENSIVE CARE UNIT				319,733		319,733
30	01 TRAUMA INTENSIVE CARE UNI				1,147,304		1,147,304
30	02 NEURO INTENSIVE CARE UNIT				280,864		280,864
30	03 NEONATAL INTENSIVE CARE U				777,401		777,401
33	NURSERY				371,455		371,455
101	TOTAL				24,906,228		24,906,228

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	83,036	9,703			237.96	2,308,926
26	INTENSIVE CARE UNIT	8,127	842			174.50	146,929
28	BURN INTENSIVE CARE UNIT	1,421	147			233.45	34,317
29	SURGICAL INTENSIVE CARE U	2,727	282			183.42	51,724
30	PEDS INTENSIVE CARE UNIT	1,403				227.89	
30	01 TRAUMA INTENSIVE CARE UNI	2,925	303			392.24	118,849
30	02 NEURO INTENSIVE CARE UNIT	2,634	273			106.63	29,110
30	03 NEONATAL INTENSIVE CARE U	9,055				85.85	
33	NURSERY	1,937				191.77	
101	TOTAL	113,265	11,550				2,689,855





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

PROVIDER NO: 14-0124  
 PERIOD: FROM 12/ 1/2009 TO 11/30/2010  
 PREPARED 4/28/2011  
 WORKSHEET D  
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					83,036	
26	INTENSIVE CARE UNIT					8,127	
28	BURN INTENSIVE CARE UNIT					1,421	
29	SURGICAL INTENSIVE CARE U					2,727	
30	PEDS INTENSIVE CARE UNIT					1,403	
30	01 TRAUMA INTENSIVE CARE UNI					2,925	
30	02 NEURO INTENSIVE CARE UNIT					2,634	
30	03 NEONATAL INTENSIVE CARE U					9,055	
33	NURSERY					1,937	
101	TOTAL					113,265	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		9,703
26	INTENSIVE CARE UNIT		842
28	BURN INTENSIVE CARE UNIT		147
29	SURGICAL INTENSIVE CARE U		282
30	PEDS INTENSIVE CARE UNIT		
30	01 TRAUMA INTENSIVE CARE UNI		303
30	02 NEURO INTENSIVE CARE UNIT		273
30	03 NEONATAL INTENSIVE CARE U		
33	NURSERY		
101	TOTAL		11,550

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			52,560,691			3,541,320	
	OPERATING ROOM			5,721,511			385,492	
38	RECOVERY ROOM			6,561,280			667,105	
39	DELIVERY ROOM & LABOR ROO			5,043,658			339,821	
40	ANESTHESIOLOGY			31,130,322			1,323,696	
41	RADIOLOGY-DIAGNOSTIC			32,405,405			1,298,547	
44	LABORATORY			7,407,748			656,243	
46	WHOLE BLOOD & PACKED RED			2,425,362			131,648	
48	INTRAVENOUS THERAPY			8,560,771			870,400	
49	RESPIRATORY THERAPY			1,894,821			156,729	
50	PHYSICAL THERAPY			891,935			49,807	
51	OCCUPATIONAL THERAPY			934,912			41,333	
52	SPEECH PATHOLOGY			8,324,162			184,663	
53	ELECTROCARDIOLOGY			37,125,250			2,424,480	
55	MEDICAL SUPPLIES CHARGED							
30	IMPL. DEV. CHARGED TO PAT			85,680,554			2,942,999	
56	DRUGS CHARGED TO PATIENTS			6,081,879			211,114	
57	RENAL DIALYSIS							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			71,495,360				
61	EMERGENCY			54,209,825			529,570	
62	OBSERVATION BEDS (NON-DIS			4,969,071				
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			423,424,517			15,754,967	

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						
38	OPERATING ROOM	23,524					
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	484,245					
42	RADIOLOGY-DIAGNOSTIC	3,211,687					
43	LABORATORY	215,580					
44	WHOLE BLOOD & PACKED RED						
45	INTRAVENOUS THERAPY	67,605					
46	RESPIRATORY THERAPY	117,003					
47	PHYSICAL THERAPY						
48	OCCUPATIONAL THERAPY	319					
49	SPEECH PATHOLOGY	40,471					
50	ELECTROCARDIOLOGY	137,074					
51	MEDICAL SUPPLIES CHARGED	73,415					
52	30 IMPL. DEV. CHARGED TO PAT						
53	DRUGS CHARGED TO PATIENTS	2,624,878					
54	RENAL DIALYSIS						
55	OUTPAT SERVICE COST CNTRS						
56	CLINIC	10,237,045					
57	EMERGENCY	881,163					
58	OBSERVATION BEDS (NON-DIS	69,909					
59	OTHER REIMBURS COST CNTRS						
60	HOME PROGRAM DIALYSIS						
61	AMBULANCE SERVICES						
62	DURABLE MEDICAL EQUIP-REN						
63	DURABLE MEDICAL EQUIP-SOL						
64	TOTAL	18,183,918					

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	.993702	.993702			
38 RECOVERY ROOM	1.000000	1.000000			
39 DELIVERY ROOM & LABOR ROOM	1.000000	1.000000			
40 ANESTHESIOLOGY	.946822	.946822			
41 RADIOLOGY-DIAGNOSTIC	.991618	.991618			
44 LABORATORY	.997991	.997991			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	1.000000	1.000000			
48 INTRAVENOUS THERAPY	1.000000	1.000000			
49 RESPIRATORY THERAPY	.990558	.990558			
50 PHYSICAL THERAPY	1.000000	1.000000			
51 OCCUPATIONAL THERAPY	1.000000	1.000000			
52 SPEECH PATHOLOGY	1.000000	1.000000			
53 ELECTROCARDIOLOGY	.981056	.981056			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.000000	1.000000			
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS	1.000000	1.000000			
57 RENAL DIALYSIS	1.000000	1.000000			
OUTPAT SERVICE COST CNTRS					
60 CLINIC	.996745	.996745			
61 EMERGENCY	.986382	.986382			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.470345	.470345			
OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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











TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 1,430.34  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 13,878,589  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 13,878,589

	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	17,627,949	8,127	2,169.06	842	1,826,349
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT	4,074,190	1,421	2,867.13	147	421,468
46 SURGICAL INTENSIVE CARE UNIT	7,623,682	2,727	2,795.63	282	788,368
47 PEDIATRIC INTENSIVE CARE UNIT	3,867,389	1,403	2,756.51		
47.01 TRAUMA INTENSIVE CARE UNIT	12,419,560	2,925	4,246.00	303	1,286,538
47.02 NEURO INTENSIVE CARE UNIT	5,243,075	2,634	1,990.54	273	543,417
47.03 NEONATAL INTENSIVE CARE UNIT	14,698,910	9,055	1,623.29		
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					15,754,967
49 TOTAL PROGRAM INPATIENT COSTS					34,499,696

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 2,689,855  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 1,063,965  
 52 TOTAL PROGRAM EXCLUDABLE COST 3,753,820  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 30,745,876

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 PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	83,036
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	83,036
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	83,036
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)	27,359
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)	1,937
16	NURSERY DAYS (TITLE V OR XIX ONLY)	1,879

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)	149,700,366
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	149,700,366
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,802.84
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 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  
 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
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS		1,937		1,879	
43 INTENSIVE CARE UNIT		8,127		3,684	
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT		1,421		371	
46 SURGICAL INTENSIVE CARE UNIT		2,727		946	
47 PEDS INTENSIVE CARE UNIT		1,403		981	
47.01 TRAUMA INTENSIVE CARE UNIT		2,925		872	
47.02 NEURO INTENSIVE CARE UNIT		2,634		167	
47.03 NEONATAL INTENSIVE CARE UNIT		9,055		8,741	

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 7,404  
 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





HOSPITAL STAFF

LINE NO.	SPECIALTY DESCRIPTION/ PHYSICIAN IDENTIFIER	TOTAL REMUNERATION	PROFESSIONAL COMPONENT	RCE AMOUNT	PHYSICIAN/ PROFESSIONAL COMPONENT HOURS	UNADJUSTED RCE LIMIT	5% OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8
1	GENERAL PRACTITIONER FAMILY PRACTICE			138,700			
2	INTERNAL MEDICINE	30,836,753	18,450,184	165,600	159,982	12,737,028	636,851
3	SURGERY	22,156,459	15,311,452	208,000	108,359	10,835,900	541,795
4	PEDIATRICS	2,370,051	1,352,838	140,600	11,578	782,628	39,131
5	OBSTETRICS-GYNECOLOGY	5,673,023	3,918,418	196,400	24,705	2,332,722	116,636
6	RADIOLOGY	12,189,685	9,051,234	225,300	55,741	6,037,715	301,886
7	PSYCHIATRY	241,025	137,622	154,100	1,279	94,757	4,738
8	ANESTHESIOLOGY	9,314,703	5,262,155	200,300	35,914	3,458,449	172,922
9	PATHOLOGY	5,612,645	3,812,305	215,700	32,585	3,379,127	168,956
10	ALL OTHER	19,845,335	9,404,586	177,200	75,496	6,431,678	321,584
11	TOTAL	108,239,679	66,700,794	1,821,900	505,639	46,090,004	2,304,499

LINE NO.	SPECIALTY DESCRIPTION/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTINUING EDUCATION	PROFESSIONAL COMPONENT SHARE OF COL 11	COST OF PHYSICIAN MALPRACTICE INSURANCE	PROFESSIONAL COMPONENT SHARE OF COL 13	ADJUSTED RCE LIMIT	ADJUST COST OF PHYSICIANS' S DIRECT MEDICAL & SURGICAL SRVS
9	10	11	12	13	14	15	16
1	GENERAL PRACTITIONER FAMILY PRACTICE						
2	INTERNAL MEDICINE			1,765,513	1,056,338	13,793,366	13,793,366
3	SURGERY			1,268,535	876,634	11,712,534	11,712,534
4	PEDIATRICS			135,694	77,455	860,083	860,083
5	OBSTETRICS-GYNECOLOGY			324,801	224,344	2,557,066	2,557,066
6	RADIOLOGY			697,902	518,215	6,555,930	6,555,930
7	PSYCHIATRY			13,800	7,880	102,637	102,637
8	ANESTHESIOLOGY			533,300	301,277	3,759,726	3,759,726
9	PATHOLOGY			321,344	218,268	3,597,395	3,597,395
10	ALL OTHER			1,136,214	538,445	6,970,123	6,970,123
11	TOTAL			6,197,103	3,818,856	49,908,860	49,908,860

HOSPITAL		HOSPITAL STAFF	MEDICAL SCHOOL FACULTY	TOTAL
		1	2	3
1	ADJUSTED COST OF PHYSICIAN'S DIRECT MEDICAL AND SURGICAL SERVICES	49,908,860		
2	TOTAL INPATIENT AND OUTPATIENT VISIT DAYS	744,048	744,048	
3	AVERAGE PER DIEM	67.08		
HEALTH CARE PROGRAM REIMBURSABLE DAYS				
4	TITLE V - INPATIENT			
5	TITLE V - OUTPATIENT			
6	TITLE XVIII - PART A			
7	TITLE XVIII - PART B	17,128	17,128	
8	TITLE XIX - INPATIENT	61,000	61,000	
9	TITLE XIX - OUTPATIENT			
10	INPATIENT AND OUTPATIENT KIDNEY ACQUISITION			
11	INPATIENT AND OUTPATIENT LIVER ACQUISITION			
12	INPATIENT AND OUTPATIENT HEART ACQUISITION			
13	INPATIENT AND OUTPATIENT LUNG ACQUISITION			
13.01	INPATIENT AND OUTPATIENT PANCREAS ACQUISITION			
13.02	INPATIENT AND OUTPATIENT INTESTINE ACQUISITION			
13.03	INPATIENT AND OUTPATIENT ISLET ACQUISITION			
HEALTH CARE PROGRAM REIMBURSABLE COST				
14	TITLE V - INPATIENT			
15	TITLE V - OUTPATIENT			
16	TITLE XVIII - PART A	1,148,946		1,148,946
17	TITLE XVIII - PART B	4,091,880		4,091,880
18	TITLE XIX - INPATIENT			
19	TITLE XIX - OUTPATIENT			
20	INPATIENT AND OUTPATIENT KIDNEY ACQUISITION			
21	INPATIENT AND OUTPATIENT LIVER ACQUISITION			
22	INPATIENT AND OUTPATIENT HEART ACQUISITION			
23	INPATIENT AND OUTPATIENT LUNG ACQUISITION			
23.01	INPATIENT AND OUTPATIENT PANCREAS ACQUISITION			
23.02	INPATIENT AND OUTPATIENT INTESTINE ACQUISITION			
23.03	INPATIENT AND OUTPATIENT ISLET ACQUISITION			





PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	2,576
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	18,044,614
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	8,262,164
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.882
1.04	LINE 1.01 TIMES LINE 1.03.	15,915,350
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	51.91
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	4,091,880
5	TOTAL COST (SEE INSTRUCTIONS)	4,094,456

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	2,576
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	4,091,880
10	TOTAL REASONABLE CHARGES	4,094,456

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)	4,094,456
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	4,091,880
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	4,094,456
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	8,262,164

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	346
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,667,740
19	SUBTOTAL (SEE INSTRUCTIONS)	9,688,534
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	1,445,165
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	11,133,699
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	11,133,699

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	192,613
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	134,829
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	11,268,528
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	11,268,528
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	7,285,928
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	3,982,600
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION ADJUSTMENT 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 XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B		
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		30,886,933		7,086,675	
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.		235,766		74,048	
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	5/21/2010	205,098	5/21/2010	30,558
ADJUSTMENTS TO PROVIDER	.02	11/19/2010	623,597	11/19/2010	94,647
ADJUSTMENTS TO PROVIDER	.03				
ADJUSTMENTS TO PROVIDER	.04				
ADJUSTMENTS TO PROVIDER	.05				
ADJUSTMENTS TO PROVIDER	.49				
ADJUSTMENTS TO PROGRAM	.50				
ADJUSTMENTS TO PROGRAM	.51				
ADJUSTMENTS TO PROGRAM	.52				
ADJUSTMENTS TO PROGRAM	.53				
ADJUSTMENTS TO PROGRAM	.54				
SUBTOTAL	.99		828,695		125,205
4 TOTAL INTERIM PAYMENTS			31,951,394		7,285,928
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)			995,152		3,982,600
7 TOTAL MEDICARE PROGRAM LIABILITY			32,946,546		11,268,528

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 XVII I

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		526.48
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)	460.65	-60.00
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		400.65
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		453.64
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.		400.65
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.		189.50
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		215.42
3.10	SEE INSTRUCTIONS		404.92
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.		357.62
3.12	SEE INSTRUCTIONS		10.51
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		200.77
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		215.59
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)		202.04
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)		206.13
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		206.13
3.18	SEE INSTRUCTIONS		86,316.90
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		17,792.503
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		181.07
3.21	SEE INSTRUCTIONS		183.62
3.22	SEE INSTRUCTIONS		177.35
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		177.35
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		87,053.96
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		15,439.020

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		
5	TOTAL INPATIENT DAYS		11,550
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	109,694
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	3,499,047	105293
6.02	PROGRAM MANAGED CARE DAYS OCCURING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		3,499,047
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		1,050
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		109,694
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		100.00
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORING YEAR (SEE INSTRUCTIONS)		273,146
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)		100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD	PRIOR TO 422 E-3, 6 LN 12	

TITLE XVIII

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	6,081,879
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES	
10	MEDICARE OUTPATIENT ESRD CHARGES	
11	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS	

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	34,499,696
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	1,148,946
15	PRIMARY PAYER PAYMENTS	
16	TOTAL PART A REASONABLE COST	35,648,642

PART B REASONABLE COST

17	REASONABLE COST	22,139,070
18	PRIMARY PAYER PAYMENTS	
19	TOTAL PART B REASONABLE COST	22,139,070
20	TOTAL REASONABLE COST	57,787,712
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.616890
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.383110

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)	3,772,193
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	2,327,028
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	1,445,165

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	460.65	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	526.48	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	460.65	

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

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

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

13 REDUCED IIME FTE CAP (SEE INSTRUCTIONS)	485.48	
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	522.08	
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP	485.48	

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

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

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	304,661,742			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	62,085,458			
5 OTHER RECEIVABLES	135,040,768			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY	4,027,338			
8 PREPAID EXPENSES				
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS	-106,129,931			
11 TOTAL CURRENT ASSETS	399,685,375			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUI LDINGS	530,352,171			
14.01 LESS ACCUMULATED DEPRECIATION	-148,505,934			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUI PMENT	130,655,713			
16.01 LESS ACCUMULATED DEPRECIATION	-105,805,438			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUI PMENT				
18.01 LESS ACCUMULATED DEPRECIATION				
19 MI NOR EQUI PMENT DEPRECI ABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MI NOR EQUI PMENT-NONDEPRECI ABLE				
21 TOTAL FIXED ASSETS	406,696,512			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS				
26 TOTAL OTHER ASSETS				
27 TOTAL ASSETS	806,381,887			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	37,014,988			
29 SALARIES, WAGES & FEES PAYABLE	37,208,002			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME	53,788,186			
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	21,405			
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	128,032,581			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	5,128,731			
42 TOTAL LONG-TERM LIABILITIES	5,128,731			
43 TOTAL LIABILITIES	133,161,312			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	673,220,575			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	673,220,575			
52 TOTAL LIABILITIES AND FUND BALANCES	806,381,887			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		170,137,999		
2 OF PERIOD				
3 NET INCOME (LOSS)		69,728,325		
4 TOTAL		239,866,324		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 INVESTMENTS IN CAPITAL AS	407,203,561			
7 BOND DEPRECIATION	26,150,690			
8				
9				
10 TOTAL ADDITIONS		433,354,251		
11 SUBTOTAL		673,220,575		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF		673,220,575		
PERIOD PER BALANCE SHEET				

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING				
2 OF PERIOD				
3 NET INCOME (LOSS)				
4 TOTAL				
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 INVESTMENTS IN CAPITAL AS				
7 BOND DEPRECIATION				
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	149,700,366		149,700,366
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	149,700,366		149,700,366
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	18,053,442		18,053,442
12 00 BURN INTENSIVE CARE UNIT	3,123,252		3,123,252
13 00 SURGICAL INTENSIVE CARE UNIT	6,009,102		6,009,102
14 00 PEDS INTENSIVE CARE UNIT	2,851,002		2,851,002
14 01 TRAUMA INTENSIVE CARE UNIT	6,449,058		6,449,058
14 02 NEURO INTENSIVE CARE UNIT	5,743,386		5,743,386
14 03 NEONATAL INTENSIVE CARE UNIT	19,924,344		19,924,344
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	62,153,586		62,153,586
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	211,853,952		211,853,952
17 00 ANCILLARY SERVICES	150,205,518	58,728,537	208,934,055
18 00 OUTPATIENT SERVICES		234,914,146	234,914,146
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE			
24 00			
25 00 TOTAL PATIENT REVENUES	362,059,470	293,642,683	655,702,153

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		590,173,700	
ADD (SPECIFY)			
27 00 DEPRECIATION	26,657,738		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		26,657,738	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		616,831,438	





ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

PROVIDER NO: 14-0124  
 PERIOD: FROM 12/1/2009 TO 11/30/2010  
 SATELLITE NO: PREPARED 4/28/2011 WORKSHEET 1-2

CHECK ONE:  XX RENAL DIALYSIS DEPARTMENT  HOME PROGRAM DIALYSIS

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS
		BUILDING	EQUIPMENT	RNs	OTHER	
		1	2	3	4	5
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	226,024	6,264	1,457,412	334,343	765,102
2	HEMODIALYSIS	226,018	4,900	891,661	204,555	468,098
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
12	CCDP					
13	OTHER BILLABLE SERVICES					
14	INPATIENT DIALYSIS	6	1,364	565,751	129,788	297,004
15	METHOD II HOME PATIENT					
16	EPO (INCLUDED IN RENAL DEPARTMENT)					
17	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
18	OTHER					
19	TOTAL (SUM OF LINES 2-15)	226,024	6,264	1,457,412	334,343	765,102
20	MEDICAL EDUCATION PROGRAM COSTS					
21	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6	7	8	9	10
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE		228,476		3,017,621	3,064,258
2	HEMODIALYSIS		139,784		1,935,016	1,964,921
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
12	CCDP					
13	OTHER BILLABLE SERVICES					
14	INPATIENT DIALYSIS		88,692		1,082,605	1,099,337
15	METHOD II HOME PATIENT					
16	EPO (INCLUDED IN RENAL DEPARTMENT)					
17	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
18	OTHER					
19	TOTAL (SUM OF LINES 2-15)		228,476		3,017,621	3,064,258
20	MEDICAL EDUCATION PROGRAM COSTS					
21	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		TOTAL (COL. 9 + COL. 10)
		11
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	6,081,879
2	HEMODIALYSIS	3,899,937
3	INTERMITTENT PERITONEAL TRAINING	
4	HEMODIALYSIS	
5	INTERMITTENT PERITONEAL	
6	CAPD	
7	CCDP	
8	HOME	
9	HEMODIALYSIS	
10	INTERMITTENT PERITONEAL	
11	CAPD	
12	CCDP	
13	OTHER BILLABLE SERVICES	
14	INPATIENT DIALYSIS	2,181,942
15	METHOD II HOME PATIENT	
16	EPO (INCLUDED IN RENAL DEPARTMENT)	
17	ARANESP (INCLUDED IN RENAL DEPARTMENT)	
18	OTHER	
19	TOTAL (SUM OF LINES 2-15)	6,081,879
20	MEDICAL EDUCATION PROGRAM COSTS	
21	TOTAL RENAL COSTS (LINE 16 + LINE 17)	6,081,879

CHECK ONE:  XX RENAL DIALYSIS DEPARTMENT  HOME PROGRAM DIALYSIS

COMPOSITE PAYMENT SERVICES		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS	
		BUILDING	EQUIPMENT	RNs	OTHER		
		1	2	3	4	5	
		(SQUARE FEET)	(% OF TIME)	(HOURS)	(HOURS)	(SALARY)	
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	226,024	6,264	1,457,412	334,343	765,102	
2	HEMODIALYSIS	17,801,819	78.22	19,117.70	7,098.80	1,968,053	
3	INTERMITTENT PERITONEAL TRAINING						
4	HEMODIALYSIS						
5	INTERMITTENT PERITONEAL						
6	CAPD						
7	CCDP						
8	HOME						
9	HEMODIALYSIS						
10	INTERMITTENT PERITONEAL						
11	CAPD						
11	CCDP						
12	OTHER BILLABLE SERVICES INPATIENT DIALYSIS TREATMENTS	2145	507	21.78	12,130.00	4,504.10	1,248,715
13	METHOD II HOME PATIENT						
14	EPO						
14.01	ARANESP						
15	OTHER						
16	TOTAL STATISTICAL BASIS	17,802,326	100.00	31,247.70	11,602.90	3,216,768	
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	.012696	62.640000	46.640617	28.815469	.237848	

COMPOSITE PAYMENT SERVICES		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6	7	8	9	10
		(REQUI ST.)	(REQUI ST.)	(CHARGES)		(ACCUMULATED COST)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE		228,476		3,017,621	3,064,258
2	HEMODIALYSIS		163,337			
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
12	OTHER BILLABLE SERVICES INPATIENT DIALYSIS TREATMENTS	2145	103,636			
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS		266,973			3,017,621
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)		.855802			1.015455

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS  
 PROVIDER NO: 14-0124 PERIOD: FROM 12/1/2009 TO 11/30/2010 PREPARED 4/28/2011  
 SATELLITE NO: WORKSHEET 1-4  
 RATE 0

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT — HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS 6	TOTAL COST (FROM WKST. 1-2, COL 11) 7	AVERAGE COST OF PROGRAM TREATMENTS 8	NUMBER OF PROGRAM TREATMENTS 9	NOT APPLIC 10
1 MAINTENANCE - HEMODIALYSIS	8,474	3,899,937	460.22	2	4.01
2 MAINTENANCE - PERITONEAL DIALYSIS					
3 TRAINING - HEMODIALYSIS					
4 TRAINING - PERITONEAL DIALYSIS					
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
7 HOME PROGRAM - HEMODIALYSIS					
8 HOME PROGRAM - PERITONEAL DIALYSIS					
		PATIENT WEEKS		PATIENT WEEKS	
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	8,474	3,899,937		2	

	TOTAL PROGRAM EXPENSES 6	PAYMENT RATE 7	NOT APPLIC 8	TOTAL PROGRAM PAYMENT 9	10
1 MAINTENANCE - HEMODIALYSIS	920	157.59	6.01	315	
2 MAINTENANCE - PERITONEAL DIALYSIS					
3 TRAINING - HEMODIALYSIS					
4 TRAINING - PERITONEAL DIALYSIS					
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
7 HOME PROGRAM - HEMODIALYSIS					
8 HOME PROGRAM - PERITONEAL DIALYSIS					
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	920			315	

CALCULATION OF REIMBURSABLE  
BAD DEBTS - TITLE XVIII - PART B

PROVIDER NO:	PERIOD:	PREPARED
14-0124	FROM 12/ 1/2009	4/28/2011
SATELLITE NO:	TO 11/30/2010	WORKSHEET I-5
		RATE 0

DESCRIPTION		
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	920
2	TOTAL PAYMENT (FROM WORKSHEET I-4, COLUMN 7, LINE 11)	315
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 & 4 LESS LINE 5)	
7	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80%)	252
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 6 AND 7. IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9.)	63
9	REIMBURSABLE BAD DEBTS (LESSER OF LINE 8 OR LINE 5)(TRANSFER TO WORKSHEET E, PART B, LINE 26)	

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS		
	CAPITAL FEDERAL AMOUNT		
2	CAPITAL DRG OTHER THAN OUTLIER		1,268,651
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997		
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997		158,521
	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS		300.53
	IN THE COST REPORTING PERIOD		
4 .01	NUMBER OF INTERNS AND RESIDENTS		418.98
	(SEE INSTRUCTIONS)		
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE		48.20
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT		611,490
	(SEE INSTRUCTIONS)		
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO		12.28
	MEDICARE PART A PATIENT DAYS		
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL		44.25
	DAYS REPORTED ON S-3, PART I		
5 .02	SUM OF 5 AND 5.01		56.53
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE		12.13
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT		153,887
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS		2,192,549
PART II - HOLD HARMLESS METHOD			
1	NEW CAPITAL		
2	OLD CAPITAL		
3	TOTAL CAPITAL		
4	RATIO OF NEW CAPITAL TO OLD CAPITAL		.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE		
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT		
7	REDUCED OLD CAPITAL AMOUNT		
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL		
9	SUBTOTAL		
10	PAYMENT UNDER HOLD HARMLESS		
PART III - PAYMENT UNDER REASONABLE COST			
1	PROGRAM INPATIENT ROUTINE CAPITAL COST		
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST		
3	TOTAL INPATIENT PROGRAM CAPITAL COST		
4	CAPITAL COST PAYMENT FACTOR		
5	TOTAL INPATIENT PROGRAM CAPITAL COST		
PART IV - COMPUTATION OF EXCEPTION PAYMENTS			
1	PROGRAM INPATIENT CAPITAL COSTS		
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY		
	CIRCUMSTANCES		
3	NET PROGRAM INPATIENT CAPITAL COSTS		
4	APPLICABLE EXCEPTION PERCENTAGE		.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS		
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY		.00
	CIRCUMSTANCES		
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL		
	FOR EXTRAORDINARY CIRCUMSTANCES		
8	CAPITAL MINIMUM PAYMENT LEVEL		
9	CURRENT YEAR CAPITAL PAYMENTS		
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT		
	LEVEL TO CAPITAL PAYMENTS		
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT		
	LEVEL OVER CAPITAL PAYMENT		
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL		
	TO CAPITAL PAYMENTS		
13	CURRENT YEAR EXCEPTION PAYMENT		
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT		
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD		
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT		
16	CURRENT YEAR OPERATING AND CAPITAL COSTS		
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT		
	(SEE INSTRUCTIONS)		