

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		14-0208		FROM 1/1/2010		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/26/2011 TIME 8:43

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:
 ADVOCATE CHRIST HOSPITAL 14-0208
 FOR THE COST REPORTING PERIOD BEGINNING 1/1/2010 AND ENDING 12/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	3,555,034	827,145		0
2	SUBPROVIDER	0	-29,825	0		0
2.01	SUBPROVIDER II	0	99,585	0		0
100	TOTAL	0	3,624,794	827,145		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: 4440 WEST 95TH STREET P.O. BOX:
 1.01 CITY: OAK LAWN STATE: IL ZIP CODE: 60453- COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVIII	XIX
02.00	HOSPITAL	14-0208	2.01	7/1/1966	4	5	6
03.00	SUBPROVIDER	14-S208		1/1/1984	N	P	0
03.01	SUBPROVIDER 2	14-T208		1/1/1984	N	P	0

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/1/2010 TO: 12/31/2010

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1
20	SUBPROVIDER	4
20.01	SUBPROVIDER 11	5

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.105 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	29404
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 (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105, MIPPA §147, ACA §3121 OR MMEA §108? "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 IN COL 1 "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 PRECEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.				3	N		
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?				N			
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.				N			
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.				/	/	/	/
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.				/	/	/	/
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.				/	/	/	/
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.				/	/	/	/
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.				/	/	/	/
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.				/	/	/	/
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.				/	/	/	/
24	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY)						/	/
24.01	IF THIS IS A MEDICARE TRANSPLANT CENTER: ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy).						/	/

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0208
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	I/P DAYS / O/P VISITS / TRIPS		TOTAL TITLE XIX 5
				TITLE V 3	TITLE XVIII 4	
1 ADULTS & PEDIATRICS	475	173,375				27,245
2 HMO					58,635	5,746
2 01 HMO - (IRF PPS SUBPROVIDER)					9,690	
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS	475	173,375			58,635	27,245
6 INTENSIVE CARE UNIT	88	32,120			13,645	5,835
6 01 NEONATAL INTENSIVE CARE UNIT	28	10,220				8,945
7 CORONARY CARE UNIT						
8 BURN INTENSIVE CARE UNIT						
9 SURGICAL INTENSIVE CARE UNIT						
11 NURSERY						2,974
12 TOTAL	591	215,715			72,280	44,999
13 RPCH VISITS						
14 SUBPROVIDER	46	16,790			3,878	1,160
14 01 SUBPROVIDER II	37	13,505			7,603	737
25 TOTAL	674					
26 OBSERVATION BED DAYS						1,016
26 01 OBSERVATION BED DAYS-SUB I						
26 02 OBSERVATION BED DAYS-SUB II						
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						
29 LABOR & DELIVERY DAYS						910

COMPONENT	I/P DAYS / O/P VISITS / TRIPS		INTERNS & RES. FTES	
	TITLE XIX ADMITTED 5.01	OBSERVATION BEDS NOT ADMITTED 5.02	TOTAL ALL PATS 6	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			144,383	
2 HMO				
2 01 HMO - (IRF PPS SUBPROVIDER)				
3 ADULTS & PED-SB SNF				
4 ADULTS & PED-SB NF				
5 TOTAL ADULTS AND PEDS			144,383	
6 INTENSIVE CARE UNIT			29,512	
6 01 NEONATAL INTENSIVE CARE UNIT			11,037	
7 CORONARY CARE UNIT				
8 BURN INTENSIVE CARE UNIT				
9 SURGICAL INTENSIVE CARE UNIT				
11 NURSERY			12,334	
12 TOTAL			197,266	216.59
13 RPCH VISITS				
14 SUBPROVIDER			9,450	
14 01 SUBPROVIDER II			12,402	
25 TOTAL				216.59
26 OBSERVATION BED DAYS			4,296	
26 01 OBSERVATION BED DAYS-SUB I				
26 02 OBSERVATION BED DAYS-SUB II				
27 AMBULANCE TRIPS				
28 EMPLOYEE DISCOUNT DAYS				
28 01 EMP DISCOUNT DAYS -IRF				
29 LABOR & DELIVERY DAYS			2,012	

COMPONENT	I & R FTES		FULL TIME EQUIV		DISCHARGES		
	NET 9	EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	TITLE XIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS							
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
6 01 NEONATAL INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	216.59	4,386.00			13,186	7,801	38,167
13 RPCH VISITS							
14 SUBPROVIDER		61.00			514	219	1,633
14 01 SUBPROVIDER II		77.00			563	18	904
25 TOTAL	216.59	4,524.00					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							

COMPONENT	I & R FTES	--- FULL TIME	EQUIV ---	DISCHARGES			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	
28 01 EMP DISCOUNT DAYS -IRF	9	10	11	12	13	14	15
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0208
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	301,118,460		301,118,460	9,409,920.00	32.00	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)	14,053,228		14,053,228	305,760.00	45.96	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	11,582,094	850,128	12,432,222	380,640.00	32.66	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	6,837,895		6,837,895	137,720.00	49.65	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	16,295,222		16,295,222	84,388.00	193.10	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	26,654,461		26,654,461	399,175.00	66.77	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	68,464,511		68,464,511			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	3,139,213		3,139,213			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	3,239,190		3,239,190			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	3,538,234		3,538,234	29,120.00	121.51	
22 ADMINISTRATIVE & GENERAL	30,413,114	-168,621	30,244,493	952,640.00	31.75	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS	3,540,961		3,540,961	126,880.00	27.91	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	6,211,202		6,211,202	411,840.00	15.08	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	4,764,140		4,764,140	287,040.00	16.60	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	2,250,207		2,250,207	52,000.00	43.27	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY	8,763,652	-172,142	8,591,510	208,000.00	41.31	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	3,072,252		3,072,252	133,120.00	23.08	
34 SOCIAL SERVICE	1,642,307		1,642,307	56,160.00	29.24	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	287,065,232		287,065,232	9,104,160.00	31.53	
2 EXCLUDED AREA SALARIES	11,582,094	850,128	12,432,222	380,640.00	32.66	
3 SUBTOTAL SALARIES	275,483,138	-850,128	274,633,010	8,723,520.00	31.48	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	49,787,578		49,787,578	621,283.00	80.14	
5 SUBTOTAL WAGE-RELATED COSTS	68,464,511		68,464,511		24.93	
6 TOTAL	393,735,227	-850,128	392,885,099	9,344,803.00	42.04	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	64,196,069	-340,763	63,855,306	2,256,800.00	28.29	

HOSPITAL RENAL DIALYSIS DEPARTMENT
 STATISTICAL DATA

PROVIDER NO: 14-0208
 SATELLITE NO:
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 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						
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS						
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP						
4 CAPD EXCHANGES PER DAY						
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED						
6 NUMBER OF STATIONS						
7 TREATMENT CAPACITY PER DAY PER STATION						
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 [X] 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						

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0208	FROM 1/1/2010	5/26/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
2.01	IS IT AT THE TIME OF ADMISSION?
2.02	IS IT AT THE TIME OF FIRST BILLING?
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
2.04	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE 94,242,874
17.01	GROSS MEDICAID REVENUES 122,429,482
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
20	RESTRICTED GRANTS
21	NON-RESTRICTED GRANTS
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES 216,672,356
UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .290086
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 432,465,569

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0208	FROM 1/ 1/2010	5/26/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	125,452,207
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	125,452,207

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0208
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT				2,805,291	2,805,291
2	0200 OLD CAP REL COSTS-MVBLE EQUIP				439,626	439,626
3	0300 NEW CAP REL COSTS-BLDG & FIXT				10,612,703	10,612,703
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				8,098,901	8,098,901
5	0500 EMPLOYEE BENEFITS	3,538,234	55,038,764	58,576,998	-77,497	58,499,501
6.01	0610 NONPATIENT TELEPHONES	586,565	1,528,640	2,115,205	-31,501	2,083,704
6.02	0620 DATA PROCESSING		25,855,117	25,855,117	-2,813	25,852,304
6.03	0630 PURCHASING RECEIVING AND STORES	1,473,332	3,181,100	4,654,432	-234,969	4,419,463
6.04	0640 ADMINITTING	1,175,418	295,130	1,470,548	-12,509	1,458,039
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	5,704,324	8,277,666	13,981,990	-436,913	13,545,077
6.06	0660 OTHER ADMINISTRATION AND GENERAL	21,473,475	147,478,604	168,952,079	-12,479,442	156,472,637
7	0700 MAINTENANCE & REPAIRS	3,540,961	21,024,036	24,564,997	-279,596	24,285,401
8	0800 OPERATION OF PLANT					
9	0900 LAUNDRY & LINEN SERVICE		3,459,055	3,459,055	-176	3,458,879
10	1000 HOUSEKEEPING	6,211,202	2,727,500	8,938,702	-25,664	8,913,038
11	1100 DIETARY	4,764,140	4,609,722	9,373,862	-43,724	9,330,138
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	2,250,207	938,967	3,189,174	-288,006	2,901,168
16	1600 PHARMACY	8,763,652	33,124,246	41,887,898	-31,844,321	10,043,577
17	1700 MEDICAL RECORDS & LIBRARY	3,072,252	3,085,485	6,157,737	-7,882	6,149,855
18	1800 SOCIAL SERVICE	1,642,307	279,197	1,921,504		1,921,504
20	2000 NONPHYSICIAN ANESTHETISTS					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	14,053,228		14,053,228	-73	14,053,155
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		11,502,126	11,502,126	-887	11,501,239
24	2400 PARAMEDIC				850,278	850,278
24.01	2401 PASTORAL CARE				200,224	200,224
24.02	2402 PHARMACY RESIDENCY				184,583	184,583
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	80,917,539	19,146,203	100,063,742	-8,553,038	91,510,704
26	2600 INTENSIVE CARE UNIT	26,185,065	9,165,094	35,350,159	-3,871,915	31,478,244
26.01	2060 NEONATAL INTENSIVE CARE UNIT	9,629,286	2,788,421	12,417,707	-4,450,132	7,967,575
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER	4,383,653	457,502	4,841,155	-44,631	4,796,524
31.01	3101 SUBPROVIDER II	5,150,644	1,285,102	6,435,746	-227,443	6,208,303
33	3300 NURSERY				4,991,530	4,991,530
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	23,465,810	64,410,574	87,876,384	-54,236,063	33,640,321
38	3800 RECOVERY ROOM	1,993,098	228,990	2,222,088	-19,025	2,203,063
39	3900 DELIVERY ROOM & LABOR ROOM	6,430,267	2,418,505	8,848,772	-1,328,559	7,520,213
40	4000 ANESTHESIOLOGY	638,308	1,786,193	2,424,501	-1,281,648	1,142,853
41	4100 RADIOLOGY-DIAGNOSTIC	19,039,629	28,098,963	47,138,592	-18,687,881	28,450,711
44	4400 LABORATORY	235,787	31,967,845	32,203,632	-115,435	32,088,197
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		4,883,431	4,883,431	-16,054	4,867,377
49	4900 RESPIRATORY THERAPY	11,286,007	6,637,557	17,923,564	-5,159,332	12,764,232
50	5000 PHYSICAL THERAPY	4,552,907	12,370,154	16,923,061	-11,350,288	5,572,773
51	5100 OCCUPATIONAL THERAPY	4,014,922	560,714	4,575,636	-137,524	4,438,112
52	5200 SPEECH PATHOLOGY					
53	5300 ELECTROCARDIOLOGY	3,120,725	975,406	4,096,131	-451,370	3,644,761
54	5400 ELECTROENCEPHALOGRAPHY	335,149	90,928	426,077	-48,573	377,504
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				57,595,600	57,595,600
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				42,989,074	42,989,074
56	5600 DRUGS CHARGED TO PATIENTS				31,427,039	31,427,039
57	5700 RENAL DIALYSIS	1,312,011	784,145	2,096,156	-555,818	1,540,338
59	3950 DEV EVALUATION	1,035,225	163,287	1,198,512	-33,778	1,164,734
59.01	3951 OTHER					
59.97	3997 CARDIAC REHABILITATION	977,955	109,662	1,087,617	-11,010	1,076,607
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
60.01	6040 FAMILY PRACTICES					
60.02	6001 WOMEN'S HEALTH CENTER					
60.03	6002 AMBULATORY CARE	1,327,504	274,046	1,601,550	-75,576	1,525,974
60.04	6003 OTHER					
61	6100 EMERGENCY	14,789,875	6,102,438	20,892,313	-3,456,439	17,435,874
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	299,070,663	517,110,515	816,181,178	317,344	816,498,522
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		375	375		375
96.01	9601 OTHER NONREIMB	2,047,797	2,157,651	4,205,448	-317,344	3,888,104
96.02	9602 OTHER					
101	TOTAL	301,118,460	519,268,541	820,387,001	-0-	820,387,001

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0208
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT	461,531	3,266,822
2 0200	OLD CAP REL COSTS-MVBLE EQUIP	-7,885	431,741
3 0300	NEW CAP REL COSTS-BLDG & FIXT	477,568	11,090,271
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	3,545,362	11,644,263
5 0500	EMPLOYEE BENEFITS	10,015,049	68,514,550
6.01 0610	NONPATIENT TELEPHONES		2,083,704
6.02 0620	DATA PROCESSING	-13,738,015	12,114,289
6.03 0630	PURCHASING RECEIVING AND STORES	-1,787	4,417,676
6.04 0640	ADMINISTRATIVE		1,458,039
6.05 0650	CASHIERING/ACCOUNTS RECEIVABLE	-62,442	13,482,635
6.06 0660	OTHER ADMINISTRATIVE AND GENERAL	-108,289,028	48,183,609
7 0700	MAINTENANCE & REPAIRS		24,285,401
8 0800	OPERATION OF PLANT		
9 0900	LAUNDRY & LINEN SERVICE		3,458,879
10 1000	HOUSEKEEPING		8,913,038
11 1100	DIETARY	-2,750,747	6,579,391
12 1200	CAFETERIA		
14 1400	NURSING ADMINISTRATION	-59,083	2,842,085
16 1600	PHARMACY	-345,254	9,698,323
17 1700	MEDICAL RECORDS & LIBRARY	-12,134	6,137,721
18 1800	SOCIAL SERVICE		1,921,504
20 2000	NONPHYSICIAN ANESTHETISTS		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		14,053,155
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	-2,374,286	9,126,953
24 2400	PARAMEDIC	-560,206	290,072
24.01 2401	PASTORAL CARE	-71,410	128,814
24.02 2402	PHARMACY RESIDENCY		184,583
25 2500	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-2,041,894	89,468,810
26 2600	INTENSIVE CARE UNIT	-325,323	31,152,921
26.01 2060	NEONATAL INTENSIVE CARE UNIT	-413,859	7,553,716
27 2700	CORONARY CARE UNIT		
28 2800	BURN INTENSIVE CARE UNIT		
29 2900	SURGICAL INTENSIVE CARE UNIT		
31 3100	SUBPROVIDER	-175,707	4,620,817
31.01 3101	SUBPROVIDER II	-410,744	5,797,559
33 3300	NURSERY		4,991,530
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-202,187	33,438,134
38 3800	RECOVERY ROOM		2,203,063
39 3900	DELIVERY ROOM & LABOR ROOM	-102,141	7,418,072
40 4000	ANESTHESIOLOGY		1,142,853
41 4100	RADIOLOGY-DIAGNOSTIC	-197,422	28,253,289
44 4400	LABORATORY	-562,654	31,525,543
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		4,867,377
49 4900	RESPIRATORY THERAPY	-151,731	12,612,501
50 5000	PHYSICAL THERAPY	-330,155	5,242,618
51 5100	OCCUPATIONAL THERAPY	-4,625	4,433,487
52 5200	SPEECH PATHOLOGY		
53 5300	ELECTROCARDIOLOGY	-8,418	3,636,343
54 5400	ELECTROENCEPHALOGRAPHY	-500	377,004
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		57,595,600
55.30 5530	IMPL. DEV. CHARGED TO PATIENT		42,989,074
56 5600	DRUGS CHARGED TO PATIENTS		31,427,039
57 5700	RENAL DIALYSIS		1,540,338
59 3950	DEV EVALUATION	-6,813	1,157,921
59.01 3951	OTHER		
59.97 3997	CARDIAC REHABILITATION		1,076,607
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		
60.01 4040	FAMILY PRACTICES		
60.02 6001	WOMEN'S HEALTH CENTER		
60.03 6002	AMBULATORY CARE	-9,561	1,516,413
60.04 6003	OTHER		
61 6100	EMERGENCY	-955,150	16,480,724
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
90 9000	OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-119,671,651	696,826,871
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		375
96.01 9601	OTHER NONREIMB	-500	3,887,604
96.02 9602	OTHER		
101	TOTAL	-119,672,151	700,714,850

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0208
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMINISTRATIVE	0640	ADMINISTRATIVE
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
16	PHARMACY	1600	
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	
24	PARAMEDIC	2400	
24.01	PASTORAL CARE	2401	PARAMED ED PRGM
24.02	PHARMACY RESIDENCY	2402	PARAMED ED PRGM
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
26.01	NEONATAL INTENSIVE CARE UNIT	2060	NEONATAL INTENSIVE CARE UNIT
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER II	3101	SUBPROVIDER #####
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
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	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	DEV EVALUATION	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.01	OTHER	3951	OTHER ANCILLARY SERVICE COST CENTERS
59.97	CARDIAC REHABILITATION	3997	CARDIAC REHABILITATION
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	FAMILY PRACTICES	4040	FAMILY PRACTICE
60.02	WOMEN'S HEALTH CENTER	6001	CLINIC
60.03	AMBULATORY CARE	6002	CLINIC
60.04	OTHER	6003	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	OTHER NONREIMB	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.02	OTHER	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140208

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/26/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RECLASS IMPLANT COSTS	A	IMPL. DEV. CHARGED TO PATIENT	55.30		42,989,074
2 CHARGEABLE DRUGS	C	DRUGS CHARGED TO PATIENTS	56		31,427,039
3 RECLASS HOMEBOUND NURSERY	D	NURSERY	33	2,351,935	681,067
4 RECLASS NURSERY	E	NURSERY	33	1,644,745	313,783
5 RECLASS PARAMEDIC	F	PARAMEDIC	24	509,365	340,913
6 RECLASS PASTORAL CARE	G	PASTORAL CARE	24.01	168,621	31,603
7 RECLASS BLDG DEPRECIATION	I	OLD CAP REL COSTS-BLDG & FIXT	1		10,808,179
8 RECLASS EQUIP DEPRECIATION	J	OLD CAP REL COSTS-MVBLE EQUIP	2		8,080,468
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1 RECLASS EQUIP DEPRECIATION	J				
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3					
4					
5					
6					
7					
8					
9 RECLASS LAND IMPROVEMENTS	K	OLD CAP REL COSTS-BLDG & FIXT	1		375,308
10 RECLASS LEASE IMPROVEMENTS	L	OLD CAP REL COSTS-MVBLE EQUIP	2		421,155
11 RECLASS CAPITAL INTEREST	M	OLD CAP REL COSTS-BLDG & FIXT	1		35,854
12 RECLASS REMEDIATION	N	OLD CAP REL COSTS-BLDG & FIXT	1		44,121
13 RECLASS DEPR VEHICLES	O	OLD CAP REL COSTS-MVBLE EQUIP	2		36,904
14					
15					
16					
17 RECLASS BLDG RENT	P	OLD CAP REL COSTS-BLDG & FIXT	1		2,154,532
18					
19					
20					
21					
22					
23					
24					
25					
26					
27 RECLASS NEW DEPRECIATION	Q	NEW CAP REL COSTS-BLDG & FIXT	3		10,612,703
28		NEW CAP REL COSTS-MVBLE EQUIP	4		8,098,901
29 RECLASS PHARMACY RESIDENCY	R	PHARMACY RESIDENCY	24.02	172,142	12,441
30 RECLASS MEDICAL SUPPLIES COST	T	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		100,584,674
31					
32					
33					
34					
35					

RECLASSIFICATIONS

PROVIDER NO:
140208

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/26/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
1 RECLASS MEDICAL SUPPLIES COST	T				
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31					
36 TOTAL RECLASSIFICATIONS				4,846,808	217,048,719

(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:
140208

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/26/2011
WORKSHEET A-6

----- DECREASE -----						A-7
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	REF 10
1 RECLASS IMPLANT COSTS	A	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		42,989,074	
2 CHARGEABLE DRUGS	C	PHARMACY	16		31,427,039	
3 RECLASS HOMEBOUND NURSERY	D	NEONATAL INTENSIVE CARE UNIT	26.01	2,351,935	681,067	
4 RECLASS NURSERY	E	ADULTS & PEDIATRICS	25	1,644,745	313,783	
5 RECLASS PARAMEDIC	F	EMERGENCY	61	509,365	340,913	
6 RECLASS PASTORAL CARE	G	OTHER ADMINISTRATIVE AND GENERAL	6.06	168,621	31,603	
7 RECLASS BLDG DEPRECIATION	I	OTHER ADMINISTRATIVE AND GENERAL	6.06		10,808,179	9
8 RECLASS EQUIP DEPRECIATION	J	EMPLOYEE BENEFITS	5		124	9
9		NONPATIENT TELEPHONES	6.01		31,309	
10		DATA PROCESSING	6.02		2,807	
11		PURCHASING RECEIVING AND STORES	6.03		227,240	
12		ADMINISTRATIVE	6.04		11,189	
13		CASHIERING/ACCOUNTS RECEIVABLE	6.05		77,348	
14		OTHER ADMINISTRATIVE AND GENERAL	6.06		430,283	
15		MAINTENANCE & REPAIRS	7		269,452	
16		HOUSEKEEPING	10		21,468	
17		DIETARY	11		41,498	
18		NURSING ADMINISTRATION	14		81,943	
19		PHARMACY	16		81,656	
20		MEDICAL RECORDS & LIBRARY	17		7,775	
21		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		887	
22		ADULTS & PEDIATRICS	25		500,986	
23		INTENSIVE CARE UNIT	26		361,088	
24		NEONATAL INTENSIVE CARE UNIT	26.01		362,492	
25		SUBPROVIDER	31		6,031	
26		SUBPROVIDER II	31.01		5,666	
27		OPERATING ROOM	37		2,095,799	
28		RECOVERY ROOM	38		690	
29		DELIVERY ROOM & LABOR ROOM	39		149,529	
30		ANESTHESIOLOGY	40		150,821	
31		RADIOLOGY-DIAGNOSTIC	41		1,847,948	
32		LABORATORY	44		6,718	
33		RESPIRATORY THERAPY	49		252,703	
34		PHYSICAL THERAPY	50		28,667	
35		OCCUPATIONAL THERAPY	51		4,721	
1 RECLASS EQUIP DEPRECIATION	J	ELECTROCARDIOLOGY	53		315,538	
2		ELECTROENCEPHALOGRAPHY	54		41,587	
3		RENAL DIALYSIS	57		73,678	
4		DEV EVALUATION	59		7,546	
5		CARDIAC REHABILITATION	59.97		3,760	
6		EMERGENCY	61		326,268	
7		AMBULATORY CARE	60.03		1,649	
8		OTHER NONREIMB	96.01		251,604	
9 RECLASS LAND IMPROVEMENTS	K	OTHER ADMINISTRATIVE AND GENERAL	6.06		375,308	9
10 RECLASS LEASE IMPROVEMENTS	L	OTHER ADMINISTRATIVE AND GENERAL	6.06		421,155	11
11 RECLASS CAPITAL INTEREST	M	OTHER ADMINISTRATIVE AND GENERAL	6.06		35,854	11
12 RECLASS REMEDIATION	N	OTHER ADMINISTRATIVE AND GENERAL	6.06		44,121	11
13 RECLASS DEPR VEHICLES	O	DIETARY	11		400	9
14		OTHER ADMINISTRATIVE AND GENERAL	6.06		20,361	
15		EMERGENCY	61		831	
16		OCCUPATIONAL THERAPY	51		15,312	
17 RECLASS BLDG RENT	P	EMPLOYEE BENEFITS	5		77,373	10
18		CASHIERING/ACCOUNTS RECEIVABLE	6.05		359,157	
19		OTHER ADMINISTRATIVE AND GENERAL	6.06		131,453	
20		PHARMACY	16		57,525	
21		ADULTS & PEDIATRICS	25		223,107	
22		OPERATING ROOM	37		324,122	
23		DELIVERY ROOM & LABOR ROOM	39		172,203	
24		RADIOLOGY-DIAGNOSTIC	41		563,302	
25		PHYSICAL THERAPY	50		236,250	
26		MAINTENANCE & REPAIRS	7		10,040	
27 RECLASS NEW DEPRECIATION	Q	OLD CAP REL COSTS-BLDG & FIXT	1		10,612,703	9
28		OLD CAP REL COSTS-MVBLE EQUIP	2		8,098,901	9
29 RECLASS PHARMACY RESIDENCY	R	PHARMACY	16	172,142	12,441	10
30 RECLASS MEDICAL SUPPLIES COST	T	NONPATIENT TELEPHONES	6.01		192	9
31		DATA PROCESSING	6.02		6	
32		PURCHASING RECEIVING AND STORES	6.03		7,729	
33		ADMINISTRATIVE	6.04		1,320	
34		CASHIERING/ACCOUNTS RECEIVABLE	6.05		408	
35		OTHER ADMINISTRATIVE AND GENERAL	6.06		12,504	

RECLASSIFICATIONS

PROVIDER NO:
140208

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/26/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 RECLASS MEDICAL SUPPLIES COST	T			7		104	
2				9		176	
3				10		4,196	
4				11		1,826	
5				14		206,063	
6				16		93,518	
7				17		107	
8				22		73	
9				25		5,870,417	
10				26		3,510,827	
11				26.01		1,054,638	
12				31		38,600	
13				31.01		221,777	
14				37		51,816,142	
15				38		18,335	
16				39		1,006,827	
17				40		1,130,827	
18				41		16,276,631	
19				44		108,717	
20				49		4,906,629	
21				50		11,085,371	
22				51		117,491	
23				53		135,832	
24				54		6,986	
25				57		482,140	
26				59		26,232	
27				61		2,279,062	
28				60.03		73,927	
29				96.01		65,740	
30				46		16,054	
31				59.97		7,250	
36 TOTAL RECLASSIFICATIONS						4,846,808	217,048,719

(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:
140208

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/26/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : RECLASS IMPLANT COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	42,989,074
TOTAL RECLASSIFICATIONS FOR CODE A			42,989,074

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MEDICAL SUPPLIES CHARGED TO PA	55	42,989,074	
			42,989,074

RECLASS CODE: C
EXPLANATION : CHARGEABLE DRUGS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	31,427,039
TOTAL RECLASSIFICATIONS FOR CODE C			31,427,039

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	31,427,039	
			31,427,039

RECLASS CODE: D
EXPLANATION : RECLASS HOMEBOUND NURSERY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	3,033,002
TOTAL RECLASSIFICATIONS FOR CODE D			3,033,002

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEONATAL INTENSIVE CARE UNIT	26.01	3,033,002	
			3,033,002

RECLASS CODE: E
EXPLANATION : RECLASS NURSERY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	1,958,528
TOTAL RECLASSIFICATIONS FOR CODE E			1,958,528

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	1,958,528	
			1,958,528

RECLASS CODE: F
EXPLANATION : RECLASS PARAMEDIC

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PARAMEDIC	24	850,278
TOTAL RECLASSIFICATIONS FOR CODE F			850,278

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMERGENCY	61	850,278	
			850,278

RECLASS CODE: G
EXPLANATION : RECLASS PASTORAL CARE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PASTORAL CARE	24.01	200,224
TOTAL RECLASSIFICATIONS FOR CODE G			200,224

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	200,224	
			200,224

RECLASS CODE: I
EXPLANATION : RECLASS BLDG DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	10,808,179
TOTAL RECLASSIFICATIONS FOR CODE I			10,808,179

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	10,808,179	
			10,808,179

RECLASS CODE: J
EXPLANATION : RECLASS EQUIP DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-MVBLE EQUIP	2	8,080,468
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
13.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	124	
NONPATIENT TELEPHONES	6.01	31,309	
DATA PROCESSING	6.02	2,807	
PURCHASING RECEIVING AND STORE	6.03	227,240	
ADMINISTRATIVE	6.04	11,189	
CASHIERING/ACCOUNTS RECEIVABLE	6.05	77,348	
OTHER ADMINISTRATIVE AND GENER	6.06	430,283	
MAINTENANCE & REPAIRS	7	269,452	
HOUSEKEEPING	10	21,468	
DIETARY	11	41,498	
NURSING ADMINISTRATION	14	81,943	
PHARMACY	16	81,656	

RECLASSIFICATIONS

PROVIDER NO:
140208

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/26/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: J
EXPLANATION : RECLASS EQUIP DEPRECIATION

----- INCREASE -----				----- DECREASE -----				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
14.00			0	MEDICAL RECORDS & LIBRARY	17	7,775		
15.00			0	I&R SERVICES-OTHER PRGM COSTS	23	887		
16.00			0	ADULTS & PEDIATRICS	25	500,986		
17.00			0	INTENSIVE CARE UNIT	26	361,088		
18.00			0	NEONATAL INTENSIVE CARE UNIT	26.01	362,492		
19.00			0	SUBPROVIDER	31	6,031		
20.00			0	SUBPROVIDER II	31.01	5,666		
21.00			0	OPERATING ROOM	37	2,095,799		
22.00			0	RECOVERY ROOM	38	690		
23.00			0	DELIVERY ROOM & LABOR ROOM	39	149,529		
24.00			0	ANESTHESIOLOGY	40	150,821		
25.00			0	RADIOLOGY-DIAGNOSTIC	41	1,847,948		
26.00			0	LABORATORY	44	6,718		
27.00			0	RESPIRATORY THERAPY	49	252,703		
28.00			0	PHYSICAL THERAPY	50	28,667		
29.00			0	OCCUPATIONAL THERAPY	51	4,721		
31.00			0	ELECTROCARDIOLOGY	53	315,538		
32.00			0	ELECTROENCEPHALOGRAPHY	54	41,587		
33.00			0	RENAL DIALYSIS	57	73,678		
34.00			0	DEVELOPMENT	59	7,546		
35.00			0	CARDIAC REHABILITATION	59.97	3,760		
36.00			0	EMERGENCY	61	326,268		
37.00			0	AMBULATORY CARE	60.03	1,649		
39.00			0	OTHER NONREIMB	96.01	251,604		
TOTAL RECLASSIFICATIONS FOR CODE J			8,080,468					8,080,468

RECLASS CODE: K
EXPLANATION : RECLASS LAND IMPROVEMENTS

----- INCREASE -----				----- DECREASE -----				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	375,308	OTHER ADMINISTRATIVE AND GENER	6.06	375,308		
TOTAL RECLASSIFICATIONS FOR CODE K			375,308					375,308

RECLASS CODE: L
EXPLANATION : RECLASS LEASE IMPROVEMENTS

----- INCREASE -----				----- DECREASE -----				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	OLD CAP REL COSTS-MVBLE EQUIP	2	421,155	OTHER ADMINISTRATIVE AND GENER	6.06	421,155		
TOTAL RECLASSIFICATIONS FOR CODE L			421,155					421,155

RECLASS CODE: M
EXPLANATION : RECLASS CAPITAL INTEREST

----- INCREASE -----				----- DECREASE -----				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	35,854	OTHER ADMINISTRATIVE AND GENER	6.06	35,854		
TOTAL RECLASSIFICATIONS FOR CODE M			35,854					35,854

RECLASS CODE: N
EXPLANATION : RECLASS REMEDIATION

----- INCREASE -----				----- DECREASE -----				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	44,121	OTHER ADMINISTRATIVE AND GENER	6.06	44,121		
TOTAL RECLASSIFICATIONS FOR CODE N			44,121					44,121

RECLASS CODE: O
EXPLANATION : RECLASS DEPR VEHICLES

----- INCREASE -----				----- DECREASE -----				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	OLD CAP REL COSTS-MVBLE EQUIP	2	36,904	DIETARY	11	400		
2.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	20,361		
3.00			0	EMERGENCY	61	831		
4.00			0	OCCUPATIONAL THERAPY	51	15,312		
TOTAL RECLASSIFICATIONS FOR CODE O			36,904					36,904

RECLASS CODE: P
EXPLANATION : RECLASS BLDG RENT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	2,154,532	EMPLOYEE BENEFITS	5	77,373	

RECLASSIFICATIONS

PROVIDER NO:
140208

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/26/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: P
EXPLANATION : RECLASS BLDG RENT

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
TOTAL RECLASSIFICATIONS FOR CODE P			2,154,532

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CASHERING/ACCOUNTS RECEIVABLE	6.05	359,157	
OTHER ADMINISTRATIVE AND GENER	6.06	131,453	
PHARMACY	16	57,525	
ADULTS & PEDIATRICS	25	223,107	
OPERATING ROOM	37	324,122	
DELIVERY ROOM & LABOR ROOM	39	172,203	
RADIOLOGY-DIAGNOSTIC	41	563,302	
PHYSICAL THERAPY	50	236,250	
MAINTENANCE & REPAIRS	7	10,040	
		2,154,532	

RECLASS CODE: Q
EXPLANATION : RECLASS NEW DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	10,612,703
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	8,098,901
TOTAL RECLASSIFICATIONS FOR CODE Q			18,711,604

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OLD CAP REL COSTS-BLDG & FIXT	1	10,612,703	
OLD CAP REL COSTS-MVBLE EQUIP	2	8,098,901	
		18,711,604	

RECLASS CODE: R
EXPLANATION : RECLASS PHARMACY RESIDENCY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHARMACY RESIDENCY	24.02	184,583
TOTAL RECLASSIFICATIONS FOR CODE R			184,583

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	184,583	
		184,583	

RECLASS CODE: T
EXPLANATION : RECLASS MEDICAL SUPPLIES COST

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	100,584,674
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
26.00			0
27.00			0
28.00			0
29.00			0
30.00			0
31.00			0
32.00			0
33.00			0
34.00			0
35.00			0
36.00			0
37.00			0
TOTAL RECLASSIFICATIONS FOR CODE T			100,584,674

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NONPATIENT TELEPHONES	6.01	192	
DATA PROCESSING	6.02	6	
PURCHASING RECEIVING AND STORE	6.03	7,729	
ADMINISTRATIVE	6.04	1,320	
CASHERING/ACCOUNTS RECEIVABLE	6.05	408	
OTHER ADMINISTRATIVE AND GENER	6.06	12,504	
MAINTENANCE & REPAIRS	7	104	
LAUNDRY & LINEN SERVICE	9	176	
HOUSEKEEPING	10	4,196	
DIETARY	11	1,826	
NURSING ADMINISTRATION	14	206,063	
PHARMACY	16	93,518	
MEDICAL RECORDS & LIBRARY	17	107	
I&R SERVICES-SALARY & FRINGES	22	73	
ADULTS & PEDIATRICS	25	5,870,417	
INTENSIVE CARE UNIT	26	3,510,827	
NEONATAL INTENSIVE CARE UNIT	26.01	1,054,638	
SUBPROVIDER	31	38,600	
SUBPROVIDER II	31.01	221,777	
OPERATING ROOM	37	51,816,142	
RECOVERY ROOM	38	18,335	
DELIVERY ROOM & LABOR ROOM	39	1,006,827	
ANESTHESIOLOGY	40	1,130,827	
RADIOLOGY-DIAGNOSTIC	41	16,276,631	
LABORATORY	44	108,717	
RESPIRATORY THERAPY	49	4,906,629	
PHYSICAL THERAPY	50	11,085,371	
OCCUPATIONAL THERAPY	51	117,491	
ELECTROCARDIOLOGY	53	135,832	
ELECTROENCEPHALOGRAPHY	54	6,986	
RENAL DIALYSIS	57	482,140	
DEVELOPMENTAL EVALUATION	59	26,232	
EMERGENCY	61	2,279,062	
AMBULATORY CARE	60.03	73,927	
OTHER NONREIMB	96.01	65,740	
WHOLE BLOOD & PACKED RED BLOOD	46	16,054	
CARDIAC REHABILITATION	59.97	7,250	
		100,584,674	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			DONATION 3					
1 LAND	3,616,626						3,616,626	
2 LAND IMPROVEMENTS	3,638,666						3,638,666	2,239,288
3 BUILDINGS & FIXTURE	92,742,966						92,742,966	42,296,479
4 BUILDING IMPROVEMENT	64,318						64,318	64,318
5 FIXED EQUIPMENT	26,785,931					10,408	26,775,523	17,255,466
6 MOVABLE EQUIPMENT	27,548						27,548	27,548
7 SUBTOTAL	126,876,055					10,408	126,865,647	61,883,099
8 RECONCILING ITEMS								
9 TOTAL	126,876,055					10,408	126,865,647	61,883,099

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			DONATION 3					
1 LAND	481,258						481,258	
2 LAND IMPROVEMENTS	7,925,124	86,920			86,920	86,921	7,925,123	1,141,702
3 BUILDINGS & FIXTURE	183,905,498	1,432,031			1,432,031	-1,133,989	186,471,518	16,644,160
4 BUILDING IMPROVEMENT	3,992,805	62,490			62,490	62,490	3,992,805	106,091
5 FIXED EQUIPMENT	128,451,299	9,099,363			9,099,363	9,088,956	128,461,706	77,129,102
6 MOVABLE EQUIPMENT	482,415	147,134			147,134	147,134	482,415	248,987
7 SUBTOTAL	325,238,399	10,827,938			10,827,938	8,251,512	327,814,825	95,270,042
8 RECONCILING ITEMS	-2,314,764	-2,006,453			-2,006,453		-4,321,217	
9 TOTAL	327,553,163	12,834,391			12,834,391	8,251,512	332,136,042	95,270,042

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL				
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
		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	1,021,761	2,154,532	79,975			10,554	3,266,822
2	OLD CAP REL COSTS-MV	7,275		421,155			3,311	431,741
3	NEW CAP REL COSTS-BL	10,612,703					477,568	11,090,271
4	NEW CAP REL COSTS-MV	8,098,901					3,545,362	11,644,263
5	TOTAL	19,740,640	2,154,532	501,130			4,036,795	26,433,097

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

SUMMARY OF OLD AND NEW CAPITAL

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

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			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					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-4,899,609			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-7,297,348			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	A	-12,134	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES	A	450,977	OLD CAP REL COSTS-BLDG &	1	9
30 DEPRECIATION-OLD MOVABLE EQUIP	A	-11,196	OLD CAP REL COSTS-MVBLE E	2	9
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 REAL ESTATE TAX	A	-183,239	OTHER ADMINISTRATIVE AND	6.06	
38 BAD DEBTS	A	-44,799,000	OTHER ADMINISTRATIVE AND	6.06	
39 BAD DEBTS	A	-50,874	CASHERING/ACCOUNTS RECEIV	6.05	
40					
41					
42 MI SC REV	B	-2,180	EMPLOYEE BENEFITS	5	
43 MI SC REV	B	-80	DATA PROCESSING	6.02	
44					
45 MI SC REV	B	-10,050	CASHERING/ACCOUNTS RECEIV	6.05	
46 MI SC REV	B	-2,744,435	OTHER ADMINISTRATIVE AND	6.06	
47 MI SC REV	B	-2,749,448	DIETARY	11	
48 MI SC REV	B	-51,858	NURSING ADMINISTRATION	14	
49 MI SC REV	B	-342,452	PHARMACY	16	
49.02 MI SC REV	B	-380,936	I&R SERVICES-OTHER PRGM C	23	
49.03 MI SC REV	B	-554,126	PARAMEDIC	24	
49.04 MI SC REV	B	-71,410	PASTORAL CARE	24.01	
49.05 MI SC REV	B	-643,076	ADULTS & PEDIATRICS	25	
49.07 MI SC REV	B	-8,575	INTENSIVE CARE UNIT	26	
49.08 MI SC REV	B	-138,509	NEONATAL INTENSIVE CARE U	26.01	
49.09 MI SC REV	B	10	SUBPROVIDER	31	
49.10 MI SC REV	B	-6,000	SUBPROVIDER II	31.01	
49.11 MI SC REV	B	-80,635	OPERATING ROOM	37	
49.12 MI SC REV	B	-101,144	DELIVERY ROOM & LABOR ROO	39	
49.13 MI SC REV	B	-182,659	RADIOLOGY-DIAGNOSTIC	41	
49.14 MI SC REV	B	-544,116	LABORATORY	44	
49.15 MI SC REV	B	-880	RESPIRATORY THERAPY	49	
49.16 MI SC REV	B	-178,023	PHYSICAL THERAPY	50	
49.17 MI SC REV	B	-8,094	ELECTROCARDIOLOGY	53	
49.18 MI SC REV	B	-6,313	DEV EVALUATION	59	
49.21 MI SC REV	B	-954,557	EMERGENCY	61	
49.22 MI SC REV	B	-8,888	AMBULATORY CARE	60.03	
49.24 NONALLOWABLE COSTS	A	-312	EMPLOYEE BENEFITS	5	
49.26 NONALLOWABLE COSTS	A	-1,787	PURCHASING RECEIVING AND	6.03	
49.27					
49.28 NONALLOWABLE COSTS	A	-4,462,854	OTHER ADMINISTRATIVE AND	6.06	
49.31					
49.32 NONALLOWABLE COSTS	A	-1,299	DIETARY	11	
49.33 NONALLOWABLE COSTS	A	-7,225	NURSING ADMINISTRATION	14	
49.36 NONALLOWABLE COSTS	A	-2,802	PHARMACY	16	
49.37 NONALLOWABLE COSTS	A	-48,716	I&R SERVICES-OTHER PRGM C	23	
49.38 NONALLOWABLE COSTS	A	-6,080	PARAMEDIC	24	
49.39 NONALLOWABLE COSTS	A	-19,453	ADULTS & PEDIATRICS	25	
49.40 NONALLOWABLE COSTS	A	-1,980	INTENSIVE CARE UNIT	26	
49.41 NONALLOWABLE COSTS	A	-350	NEONATAL INTENSIVE CARE U	26.01	
49.43 NONALLOWABLE COSTS	A	-270	SUBPROVIDER	31	
49.44 NONALLOWABLE COSTS	A	-9,712	SUBPROVIDER II	31.01	
49.45 NONALLOWABLE COSTS	A	-6,189	OPERATING ROOM	37	
49.46 NONALLOWABLE COSTS	A	-997	DELIVERY ROOM & LABOR ROO	39	
49.49 NONALLOWABLE COSTS	A	-14,763	RADIOLOGY-DIAGNOSTIC	41	

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 14-0208

PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET A-8

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	COST CENTER 3	LINE NO 4	
49.50 NONALLOWABLE COSTS	A	-18,538	LABORATORY	44	
49.51 NONALLOWABLE COSTS	A	-851	RESPIRATORY THERAPY	49	
49.52 NONALLOWABLE COSTS	A	-2,132	PHYSICAL THERAPY	50	
49.53 NONALLOWABLE COSTS	A	-4,625	OCCUPATIONAL THERAPY	51	
49.54 NONALLOWABLE COSTS	A	-324	ELECTROCARDIOLOGY	53	
49.57 NONALLOWABLE COSTS	A	-500	ELECTROENCEPHALOGRAPHY	54	
49.58 NONALLOWABLE COSTS	A	-500	DEV EVALUATION	59	
49.59 NONALLOWABLE COSTS	A	-593	EMERGENCY	61	
49.60 NONALLOWABLE COSTS	A	-673	AMBULATORY CARE	60.03	
49.61					
49.62 NONREIMB PHYSICIAN FEES	A	-1,518	CASHIERING/ACCOUNTS RECEIV	6.05	
49.63 NONREIMB PHYSICIAN FEES	A	-15,205,425	OTHER ADMINISTRATIVE AND	6.06	
49.64 NONREIMB PHYSICIAN FEES	A	-500	OTHER NONREIMB	96.01	
49.65 ELIMINATE P/R AND MARKETING	A	-3,181,808	OTHER ADMINISTRATIVE AND	6.06	
49.66 INTEREST OFFSET	A	-4,727,410	OTHER ADMINISTRATIVE AND	6.06	
49.67 ELIMINATE MEDI CAID ASSESSMENT	A	-25,322,469	OTHER ADMINISTRATIVE AND	6.06	
49.68					
49.69					
49.70					
49.71 NONALLOWABLE AHA/IHA	A	-48,639	OTHER ADMINISTRATIVE AND	6.06	
49.72					
50 TOTAL (SUM OF LINES 1 THRU 49)		-119,672,151			

(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	5	EMPLOYEE BENEFITS PERSONNEL	10,017,541		10,017,541	
2	6 2	DATA PROCESSING DATA PROCESSING	8,063,034	21,800,969	-13,737,935	
3	6 6	OTHER ADMINISTRATIVE AND A&G	15,691,999	23,305,748	-7,613,749	
4	1	OLD CAP REL COSTS-BLDG & OLD CAP. -B&F	10,554		10,554	14
4.01	3	NEW CAP REL COSTS-BLDG & NEW CAP. -B&F	477,568		477,568	14
4.02	2	OLD CAP REL COSTS-MVBLE E OLD CAP. -M. E.	3,311		3,311	14
4.03	4	NEW CAP REL COSTS-MVBLE E NEW CAP. -M. E.	3,545,362		3,545,362	14
5		TOTALS	37,809,369	45,106,717	-7,297,348	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	0.00	ADVOCATE	100.00	HEALTHCARE
2		0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- 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.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0208
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 5/26/2011
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	23	AGGREGATE	1,944,634	1,944,634	177,200			
2	25	AGGREGATE	1,379,365	1,379,365	177,200			
3	26	AGGREGATE	314,768	314,768	177,200			
4	26	1 AGGREGATE	275,000	275,000	177,200			
5	31	AGGREGATE	175,447	175,447	154,100			
6	31	1 AGGREGATE	395,032	395,032	208,000			
7	37	AGGREGATE	115,363	115,363	208,000			
9	49	AGGREGATE	150,000	150,000	225,300			
14	50	AGGREGATE	150,000	150,000	177,200			
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL	4,899,609	4,899,609				

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	23	AGGREGATE						1,944,634
2	25	AGGREGATE						1,379,365
3	26	AGGREGATE						314,768
4	26	1 AGGREGATE						275,000
5	31	AGGREGATE						175,447
6	31	1 AGGREGATE						395,032
7	37	AGGREGATE						115,363
9	49	AGGREGATE						150,000
14	50	AGGREGATE						150,000
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL						4,899,609

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0208
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET OLD	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	EQUIP DEPR OLD	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	ACTUAL DEPR	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	EQUIP DEPR NEW	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	7	PHONES	ENTERED
6.02	DATA PROCESSING	8	GROSS REVENUE	ENTERED
6.03	PURCHASING RECEIVING AND STORES	9	SUPPLIES EXPENSE	ENTERED
6.04	ADMITTING	10	IP REVENUE	ENTERED
6.05	CASHERING/ACCOUNTS RECEIVABLE	8	GROSS REVENUE	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM. COST	ENTERED
7	MAINTENANCE & REPAIRS	12	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	12	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	13	POUNDS	ENTERED
10	HOUSEKEEPING	14	HSK HOURS	ENTERED
11	DIETARY	15	MEALS	ENTERED
12	CAFETERIA	16	FTE'S	ENTERED
14	NURSING ADMINISTRATION	18	NURSING HOURS	ENTERED
16	PHARMACY	20	DRUGS	ENTERED
17	MEDICAL RECORDS & LIBRARY	21	MR TIME	ENTERED
18	SOCIAL SERVICE	22	SS TIME	ENTERED
20	NONPHYSICIAN ANESTHETISTS	-24	ACCUM. COST	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	26	IR TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	26	IR TIME	ENTERED
24	PARAMEDIC	#	ACCUM. COST	ENTERED
24.01	PASTORAL CARE	27	DAYS	ENTERED
24.02	PHARMACY RESIDENCY	#	ACCUM. COST	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	NONPATIENT TELEPHONES 6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	3,266,822	3,266,822					
003 OLD CAP REL COSTS-MVBLE E	431,741		431,741				
004 NEW CAP REL COSTS-BLDG &	11,090,271			11,090,271			
005 NEW CAP REL COSTS-MVBLE E	11,644,263				11,644,263		
006 EMPLOYEE BENEFITS	68,514,550	47,614	45	7,499	3,906	68,573,614	
006 01 NONPATIENT TELEPHONES	2,083,704	11,271	80	18,252	147,522	135,166	2,395,995
006 02 DATA PROCESSING	12,114,289	12,133	330,749	91,706	5,836		26,069
006 03 PURCHASING RECEIVING AND	4,417,676	63,544	336	15,559	16,175	339,510	26,069
006 04 ADMINITTING	1,458,039	19,208				270,860	20,144
006 05 CASHIERING/ACCOUNTS RECEIV	13,482,635	60,260	803	26,256	132,606	1,314,487	132,716
006 06 OTHER ADMINISTRATIVE AND	48,183,609	211,814	4,173	3,084,745	950,301	4,909,427	213,293
007 MAINTENANCE & REPAIRS	24,285,401	191,838	35,414	3,792,385	350,245	815,968	120,866
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	3,458,879			4,835			
010 HOUSEKEEPING	8,913,038	15,811	268	265	31,291	1,431,291	15,405
011 DIETARY	6,579,391	124,147	2,931	12,751	47,842	1,097,834	52,138
012 CAFETERIA							
014 NURSING ADMINISTRATION	2,842,085	10,803	603	214,876	207,080	518,531	31,994
016 PHARMACY	9,698,323	22,911	51	49,765	20,741	1,979,802	39,104
017 MEDICAL RECORDS & LIBRARY	6,137,721	30,430	60	56,010	28,599	707,961	61,618
018 SOCIAL SERVICE	1,921,504	9,598				378,448	21,329
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI	14,053,155					3,238,384	
023 I&R SERVICES-OTHER PRGM C	9,126,953	18,240	538	910	3,918		67,543
024 PARAMEDIC	290,072	1,137	550	791	84,910	117,377	14,220
024 01 PASTORAL CARE	128,814	4,702	39	171	468	38,857	5,925
024 02 PHARMACY RESIDENCY	184,583			220		39,668	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	89,468,810	952,037	5,765	952,495	726,510	18,267,501	409,997
026 INTENSIVE CARE UNIT	31,152,921	124,447	1,703	157,117	600,564	6,034,008	45,029
026 01 NEONATAL INTENSIVE CARE U	7,553,716	13,738	105	8,905	134,013	1,676,971	42,659
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	4,620,817	229,642	815	66,836	46,819	1,010,156	87,687
031 01 SUBPROVIDER II	5,797,559	46,565	1,948	72,275	19,135	1,186,899	27,254
033 NURSERY	4,991,530	25,203	44	124,268	172,516	920,983	39,104
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	33,438,134	188,834	28,361	67,289	1,324,970	5,407,391	158,785
038 RECOVERY ROOM	2,203,063	23,180				459,284	9,480
039 DELIVERY ROOM & LABOR ROO	7,418,072	145,347	49	58,925	274,698	1,481,771	29,624
040 ANESTHESIOLOGY	1,142,853	781	348		61,600	147,090	
041 RADIOLOGY-DIAGNOSTIC	28,253,289	226,507	2,228	1,887,682	5,211,273	4,387,435	186,039
044 LABORATORY	31,525,543	100,886		112,309	1,873	54,334	107,832
046 WHOLE BLOOD & PACKED RED	4,867,377	8,705		1,823			9,480
049 RESPIRATORY THERAPY	12,612,501	17,603	413	7,029	296,838	2,600,714	30,809
050 PHYSICAL THERAPY	5,242,618	44,455	676	74,340	29,510	1,049,158	24,884
051 OCCUPATIONAL THERAPY	4,433,487	31,697	31	183	3,507	925,187	56,878
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	3,636,343	27,813	68	15,867	297,348	719,131	43,844
054 ELECTROENCEPHALOGRAPHY	377,004	3,734			20,953	77,231	5,925
055 MEDICAL SUPPLIES CHARGED	57,595,600			5,724			
055 30 IMPL. DEV. CHARGED TO PAT	42,989,074						
056 DRUGS CHARGED TO PATIENTS	31,427,039						
057 RENAL DIALYSIS	1,540,338	443		3,238	40,739	302,336	
059 DEV EVALUATION	1,157,921	27,551		1,649	1,435	238,554	28,439
059 01 OTHER							
059 97 CARDIAC REHABILITATION	1,076,607		18		14,734	225,357	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 FAMILY PRACTICES							
060 02 WOMEN'S HEALTH CENTER							
060 03 AMBULATORY CARE	1,516,413	79,056	28	2,339	47,069	305,906	58,063
060 04 OTHER							
061 EMERGENCY	16,480,724	40,895	11,953	73,392	279,276	3,290,758	118,496
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	696,826,871	3,214,580	431,193	11,070,681	11,636,820	68,101,726	2,368,741
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	375	13,251		137	79		
096 01 OTHER NONREIMB	3,887,604	38,991	548	19,453	7,364	471,888	27,254
096 02 OTHER							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	700,714,850	3,266,822	431,741	11,090,271	11,644,263	68,573,614	2,395,995

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIV	SUBTOTAL	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS
	6.02	6.03	6.04	6.05	6a.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	12,580,782						
006 03 PURCHASING RECEIVING AND		4,878,869					
006 04 ADMINISTRATIVE		2,829	1,771,080				
006 05 CASHIERING/ACCOUNTS RECEIV		6,504		15,156,267			
006 06 OTHER ADMINISTRATIVE AND		48,241			57,605,603	57,605,603	
007 MAINTENANCE & REPAIRS		37,327			29,629,444	2,654,028	32,283,472
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE		189			3,463,903	310,276	88,884
010 HOUSEKEEPING		28,899			10,436,268	934,818	426,700
011 DIETARY		229,455			8,146,489	729,714	1,238,266
012 CAFETERIA							
014 NURSING ADMINISTRATION		14,859			3,840,831	344,039	214,901
016 PHARMACY		16,529			11,827,226	1,059,412	528,792
017 MEDICAL RECORDS & LIBRARY		4,740			7,027,139	629,449	236,946
018 SOCIAL SERVICE		181			2,331,060	208,802	55,323
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI					17,291,539	1,548,872	
023 I&R SERVICES-OTHER PRGM C		8,657			9,226,759	826,478	404,279
024 PARAMEDIC		2,405			511,462	45,814	61,951
024 01 PASTORAL CARE		137			179,113	16,044	24,959
024 02 PHARMACY RESIDENCY					224,471	20,107	2,350
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,410,748	318,337	263,445	1,699,724	114,475,369	10,253,750	10,728,504
026 INTENSIVE CARE UNIT	608,422	163,813	113,782	733,050	39,734,856	3,559,210	2,203,722
026 01 NEONATAL INTENSIVE CARE U	168,795	37,024	31,567	203,371	9,870,864	884,173	137,768
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	76,313	3,329	14,271	91,945	6,248,630	559,715	879,581
031 01 SUBPROVIDER II	79,944	13,851	14,950	96,319	7,356,699	658,969	716,901
033 NURSERY	74,350	17,783	13,904	89,580	6,469,265	579,478	274,502
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	1,461,404	2,251,485	180,993	1,760,757	46,268,403	4,144,446	3,376,653
038 RECOVERY ROOM	103,643	1,825	8,443	124,874	2,933,792	262,791	430,648
039 DELIVERY ROOM & LABOR ROO	187,818	52,622	26,742	226,290	9,901,958	886,958	1,221,768
040 ANESTHESIOLOGY	267,669	48,520	31,245	322,499	2,022,605	181,173	59,178
041 RADIOLOGY-DIAGNOSTIC	1,380,085	705,697	125,962	1,662,781	44,028,978	3,943,852	3,169,790
044 LABORATORY	1,081,625	4,700	142,768	1,303,184	34,435,054	3,084,486	996,714
046 WHOLE BLOOD & PACKED RED	167,001	677	26,675	201,210	5,282,948	473,215	103,831
049 RESPIRATORY THERAPY	699,136	209,902	126,680	842,346	17,443,971	1,562,526	150,318
050 PHYSICAL THERAPY	379,188	471,701	48,600	456,861	7,821,991	700,647	284,184
051 OCCUPATIONAL THERAPY	93,046	7,735	11,567	112,106	5,675,424	508,370	254,149
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	272,922	7,945	32,368	328,827	5,382,476	482,130	262,140
054 ELECTROENCEPHALOGRAPHY	16,413	440	1,759	19,775	523,234	46,868	20,259
055 MEDICAL SUPPLIES CHARGED	570,617		89,826	687,502	58,949,269	5,280,322	713,940
055 30 IMPL. DEV. CHARGED TO PAT	821,215		127,003	989,432	44,926,724	4,024,266	
056 DRUGS CHARGED TO PATIENTS	1,619,831		252,943	1,950,082	35,249,895	3,157,474	
057 RENAL DIALYSIS	46,034	20,805	8,592	55,463	2,017,988	180,759	4,277
059 DEV EVALUATION	17,368	2,439	1,272	20,926	1,497,554	134,142	232,527
059 01 OTHER							
059 97 CARDIAC REHABILITATION	17,664	1,279	1,505	21,282	1,358,446	121,681	69,660
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 FAMILY PRACTICES							
060 02 WOMEN'S HEALTH CENTER							
060 03 AMBULATORY CARE	36,868	3,765	91	44,420	2,094,018	187,570	437,088
060 04 OTHER							
061 EMERGENCY	922,663	123,661	74,127	1,111,661	22,527,606	2,017,888	1,621,064
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	12,580,782	4,870,287	1,771,080	15,156,267	696,239,324	57,204,712	31,632,517
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					13,842	1,240	97,580
096 01 OTHER NONREIMB		8,582			4,461,684	399,651	553,375
096 02 OTHER							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	12,580,782	4,878,869	1,771,080	15,156,267	700,714,850	57,605,603	32,283,472

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY
	8	9	10	11	12	14	16
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEIV							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE		3,863,063					
010 HOUSEKEEPING			11,797,786				
011 DIETARY			551,952	10,666,421			
012 CAFETERIA				5,704,717	5,704,717		
014 NURSING ADMINISTRATION			132,410			4,571,233	
016 PHARMACY			131,508				13,696,898
017 MEDICAL RECORDS & LIBRARY			95,673			915	
018 SOCIAL SERVICE			16,903			1,224	
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C			121,817		229,626	4,122	
024 PARAMEDIC		10,875	87,334		12,497	24	885
024 01 PASTORAL CARE			9,241		4,686		
024 02 PHARMACY RESIDENCY			338		6,248		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		1,969,927	2,025,030	3,672,996	1,932,297	2,107,097	268,824
026 INTENSIVE CARE UNIT		443,798	827,140	740,445	554,538	650,671	138,423
026 01 NEONATAL INTENSIVE CARE U		46,659	28,285		146,836	173,726	32,847
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		56,708	159,230	237,097	95,287	111,892	587
031 01 SUBPROVIDER II		75,978	125,649	311,166	120,280	124,074	4,391
033 NURSERY		31,503	90,828		87,476	106,156	11,448
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		111,380	447,151		540,480	398,819	202,233
038 RECOVERY ROOM					40,614	50,931	413
039 DELIVERY ROOM & LABOR ROO		86,832	29,187		156,208	190,163	32,149
040 ANESTHESIOLOGY			5,860		18,745	18,892	35,264
041 RADIOLOGY-DIAGNOSTIC		506,751	1,680,874		415,513	37,995	29,300
044 LABORATORY		26,948	411,992		3,124		
046 WHOLE BLOOD & PACKED RED			24,904				
049 RESPIRATORY THERAPY			133,199		281,174	6,234	381
050 PHYSICAL THERAPY		91,537	205,320		99,973	4,109	3,603
051 OCCUPATIONAL THERAPY			293,443		96,849	4,344	433
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		37,496	124,071		82,790	87,585	6,457
054 ELECTROENCEPHALOGRAPHY		29,540	28,961		7,810	7,354	
055 MEDICAL SUPPLIES CHARGED			725,043				
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							12,714,882
057 RENAL DIALYSIS			16,565		26,555	28,154	810
059 DEV EVALUATION			69,867		23,431		
059 01 OTHER							
059 97 CARDIAC REHABILITATION					18,745	20,499	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 FAMILY PRACTICES							
060 02 WOMEN'S HEALTH CENTER							
060 03 AMBULATORY CARE		28,354	224,026		28,117	26,656	20,198
060 04 OTHER							
061 EMERGENCY		256,343	1,437,916		296,795	409,597	192,759
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		3,810,629	10,261,717	10,666,421	5,657,855	4,571,233	13,696,287
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			45,076				
096 01 OTHER NONREIMB		52,434	1,490,993		46,862		611
096 02 OTHER							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL		3,863,063	11,797,786	10,666,421	5,704,717	4,571,233	13,696,898

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	NONPHYSICIAN ANESTHETISTS	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	SUBTOTAL
	17	18	19a.00	20	22	23	23a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEIV							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	8,090,095						
018 SOCIAL SERVICE	6,157	2,661,645					
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI			18,840,411		18,840,411		
023 I&R SERVICES-OTHER PRGM C			10,813,081			10,813,081	
024 PARAMEDIC			730,842				730,842
024 01 PASTORAL CARE			234,043				234,043
024 02 PHARMACY RESIDENCY			253,514				253,514
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	2,795,821	2,095,163	152,324,778		10,349,179	5,939,707	168,613,664
026 INTENSIVE CARE UNIT	11,815	412,301	49,276,919		2,037,130	1,169,171	52,483,220
026 01 NEONATAL INTENSIVE CARE U	516,198	154,181	11,991,537		761,967	437,316	13,190,820
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	382,073		8,730,800				8,730,800
031 01 SUBPROVIDER II	403,872		9,897,979				9,897,979
033 NURSERY	95,518		7,746,174				7,746,174
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	972,655		56,462,220		1,955,367	1,122,244	59,539,831
038 RECOVERY ROOM	40,604		3,759,793				3,759,793
039 DELIVERY ROOM & LABOR ROO	63,901		12,569,124				12,569,124
040 ANESTHESIOLOGY	26,792		2,368,509		323,575	185,709	2,877,793
041 RADIOLOGY-DIAGNOSTIC	837,033		54,650,086				54,650,086
044 LABORATORY	295,042		39,253,360				39,253,360
046 WHOLE BLOOD & PACKED RED	19,636		5,904,534				5,904,534
049 RESPIRATORY THERAPY	98,347		19,676,150				19,676,150
050 PHYSICAL THERAPY	70,890		9,282,254				9,282,254
051 OCCUPATIONAL THERAPY	45,263		6,878,275				6,878,275
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	487,742		6,952,887		335,752	192,698	7,481,337
054 ELECTROENCEPHALOGRAPHY	4,826		668,852				668,852
055 MEDICAL SUPPLIES CHARGED			65,668,574				65,668,574
055 30 IMPL. DEV. CHARGED TO PAT			48,950,990				48,950,990
056 DRUGS CHARGED TO PATIENTS	90,692		51,212,943				51,212,943
057 RENAL DIALYSIS	2,663		2,277,771				2,277,771
059 DEV EVALUATION			1,957,521				1,957,521
059 01 OTHER							
059 97 CARDIAC REHABILITATION			1,589,031				1,589,031
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 FAMILY PRACTICES							
060 02 WOMEN'S HEALTH CENTER							
060 03 AMBULATORY CARE	1,165		3,047,192				3,047,192
060 04 OTHER							
061 EMERGENCY	821,390		29,581,358		3,077,441	1,766,236	34,425,035
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	8,090,095	2,661,645	693,551,502		18,840,411	10,813,081	693,551,502
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			157,738				157,738
096 01 OTHER NONREIMB			7,005,610				7,005,610
096 02 OTHER							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	8,090,095	2,661,645	700,714,850		18,840,411	10,813,081	700,714,850

COST CENTER DESCRIPTION	PARAMEDIC	PASTORAL CARE	SUBTOTAL	PHARMACY RESIDENCY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	24	24.01	24a.01	24.02	25		27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEIV							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDIC	730,842						
024 01 PASTORAL CARE	244	234,287					
024 02 PHARMACY RESIDENCY	265		253,779	253,779			
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	176,091	156,363	168,946,118	61,371	169,007,489	-16,288,886	152,718,603
026 INTENSIVE CARE UNIT	54,792	30,772	52,568,784	19,030	52,587,814	-3,206,301	49,381,513
026 01 NEONATAL INTENSIVE CARE U	13,771	11,508	13,216,099	4,784	13,220,883	-1,199,283	12,021,600
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	9,115	9,853	8,749,768	3,167	8,752,935		8,752,935
031 01 SUBPROVIDER II	10,333	12,931	9,921,243	3,591	9,924,834		9,924,834
033 NURSERY	8,087	12,860	7,767,121	2,812	7,769,933		7,769,933
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	62,160		59,601,991	21,576	59,623,567	-3,077,611	56,545,956
038 RECOVERY ROOM	3,925		3,763,718	1,362	3,765,080		3,765,080
039 DELIVERY ROOM & LABOR ROO	13,122		12,582,246	4,555	12,586,801		12,586,801
040 ANESTHESIOLOGY	3,004		2,880,797	1,043	2,881,840	-509,284	2,372,556
041 RADIOLOGY-DIAGNOSTIC	57,055		54,707,141	19,804	54,726,945		54,726,945
044 LABORATORY	40,981		39,294,341	14,225	39,308,566		39,308,566
046 WHOLE BLOOD & PACKED RED	6,164		5,910,698	2,140	5,912,838		5,912,838
049 RESPIRATORY THERAPY	20,542		19,696,692	7,130	19,703,822		19,703,822
050 PHYSICAL THERAPY	9,691		9,291,945	3,364	9,295,309		9,295,309
051 OCCUPATIONAL THERAPY	7,181		6,885,456	2,493	6,887,949		6,887,949
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	7,811		7,489,148	2,711	7,491,859	-528,450	6,963,409
054 ELECTROENCEPHALOGRAPHY	698		669,550	242	669,792		669,792
055 MEDICAL SUPPLIES CHARGED	68,558		65,737,132	23,797	65,760,929		65,760,929
055 30 IMPL. DEV. CHARGED TO PAT	51,105		49,002,095	17,739	49,019,834		49,019,834
056 DRUGS CHARGED TO PATIENTS	53,466		51,266,409	18,558	51,284,967		51,284,967
057 RENAL DIALYSIS	2,378		2,280,149	825	2,280,974		2,280,974
059 DEV EVALUATION	2,044		1,959,565	709	1,960,274		1,960,274
059 01 OTHER							
059 97 CARDIAC REHABILITATION	1,659		1,590,690	576	1,591,266		1,591,266
060 OUTPAT SERVICE COST CNTRS							
060 01 FAMILY PRACTICES							
060 02 WOMEN'S HEALTH CENTER							
060 03 AMBULATORY CARE	3,181		3,050,373	1,104	3,051,477		3,051,477
060 04 OTHER							
061 EMERGENCY	35,940		34,460,975	12,475	34,473,450	-4,843,677	29,629,773
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS	723,363	234,287	693,544,023	251,183	693,541,427	-29,653,492	663,887,935
096 SUBTOTALS							
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	165		157,903	57	157,960		157,960
096 02 OTHER NONREIMB	7,314		7,012,924	2,539	7,015,463		7,015,463
101 OTHER							
102 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	730,842	234,287	700,714,850	253,779	700,714,850	-29,653,492	671,061,358

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0208
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS		47,614	45			47,659	47,659
006 01 NONPATIENT TELEPHONES		11,271	80			11,351	94
006 02 DATA PROCESSING		12,133	330,749			342,882	
006 03 PURCHASING RECEIVING AND		63,544	336			63,880	236
006 04 ADMINISTRATION		19,208				19,208	188
006 05 CASHIERING/ACCOUNTS RECEIV		60,260	803			61,063	913
006 06 OTHER ADMINISTRATIVE AND		211,814	4,173			215,987	3,409
007 MAINTENANCE & REPAIRS		191,838	35,414			227,252	567
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING		15,811	268			16,079	994
011 DIETARY		124,147	2,931			127,078	762
012 CAFETERIA							
014 NURSING ADMINISTRATION		10,803	603			11,406	360
016 PHARMACY		22,911	51			22,962	1,375
017 MEDICAL RECORDS & LIBRARY		30,430	60			30,490	492
018 SOCIAL SERVICE		9,598				9,598	263
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							2,249
023 I&R SERVICES-OTHER PRGM C		18,240	538			18,778	
024 PARAMEDIC		1,137	550			1,687	81
024 01 PASTORAL CARE		4,702	39			4,741	27
024 02 PHARMACY RESIDENCY							28
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		952,037	5,765			957,802	12,728
026 INTENSIVE CARE UNIT		124,447	1,703			126,150	4,190
026 01 NEONATAL INTENSIVE CARE U		13,738	105			13,843	1,164
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		229,642	815			230,457	701
031 01 SUBPROVIDER II		46,565	1,948			48,513	824
033 NURSERY		25,203	44			25,247	639
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM		188,834	28,361			217,195	3,755
038 RECOVERY ROOM		23,180				23,180	319
039 DELIVERY ROOM & LABOR ROO		145,347	49			145,396	1,029
040 ANESTHESIOLOGY		781	348			1,129	102
041 RADIOLOGY-DIAGNOSTIC		226,507	2,228			228,735	3,046
044 LABORATORY		100,886				100,886	38
046 WHOLE BLOOD & PACKED RED		8,705				8,705	
049 RESPIRATORY THERAPY		17,603	413			18,016	1,806
050 PHYSICAL THERAPY		44,455	676			45,131	728
051 OCCUPATIONAL THERAPY		31,697	31			31,728	642
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		27,813	68			27,881	499
054 ELECTROENCEPHALOGRAPHY		3,734				3,734	54
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS		443				443	210
059 DEV EVALUATION		27,551				27,551	166
059 01 OTHER							
059 97 CARDIAC REHABILITATION			18			18	156
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 FAMILY PRACTICES							
060 02 WOMEN'S HEALTH CENTER							
060 03 AMBULATORY CARE		79,056	28			79,084	212
060 04 OTHER							
061 EMERGENCY		40,895	11,953			52,848	2,285
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		3,214,580	431,193			3,645,773	47,331
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		13,251				13,251	
096 01 OTHER NONREIMB		38,991	548			39,539	328
096 02 OTHER							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		3,266,822	431,741			3,698,563	47,659

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COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	11,445						
006 02 DATA PROCESSING	125	343,007					
006 03 PURCHASING RECEIVING AND	125		64,241				
006 04 ADMINISTRATIVE	96		37	19,529			
006 05 CASHIERING/ACCOUNTS RECEIV	634		86		62,696		
006 06 OTHER ADMINISTRATIVE AND	1,019		635			221,050	
007 MAINTENANCE & REPAIRS	577		491			10,193	239,080
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE			2			1,192	658
010 HOUSEKEEPING	74		380			3,590	3,160
011 DIETARY	249		3,020			2,802	9,170
012 CAFETERIA							
014 NURSING ADMINISTRATION	153		196			1,321	1,591
016 PHARMACY	187		218			4,069	3,916
017 MEDICAL RECORDS & LIBRARY	294		62			2,417	1,755
018 SOCIAL SERVICE	102		2			802	410
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI						5,948	
023 I&R SERVICES-OTHER PRGM C	323		114			3,174	2,994
024 PARAMEDIC	68		32			176	459
024 01 PASTORAL CARE	28		2			62	185
024 02 PHARMACY RESIDENCY						77	17
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,958	38,496	4,190	3,395	6,929	39,199	79,453
026 INTENSIVE CARE UNIT	215	16,602	2,156	1,218	2,988	13,669	16,320
026 01 NEONATAL INTENSIVE CARE U	204	4,606	487	338	829	3,396	1,020
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	419	2,082	44	153	375	2,150	6,514
031 01 SUBPROVIDER II	130	2,181	182	160	393	2,531	5,309
033 NURSERY	187	2,029	234	149	365	2,225	2,033
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	758	39,878	29,656	1,937	7,178	15,916	25,006
038 RECOVERY ROOM	45	2,828	24	90	509	1,009	3,189
039 DELIVERY ROOM & LABOR ROO	142	5,125	693	286	923	3,406	9,048
040 ANESTHESIOLOGY		7,304	639	334	1,315	696	438
041 RADIOLOGY-DIAGNOSTIC	889	37,659	9,289	1,348	6,779	15,146	23,474
044 LABORATORY	515	29,515	62	1,528	5,313	11,846	7,381
046 WHOLE BLOOD & PACKED RED	45	4,557	9	285	820	1,817	769
049 RESPIRATORY THERAPY	147	19,078	2,763	1,356	3,434	6,001	1,113
050 PHYSICAL THERAPY	119	10,347	6,209	520	1,862	2,691	2,105
051 OCCUPATIONAL THERAPY	272	2,539	102	124	457	1,952	1,882
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	209	7,447	105	346	1,341	1,852	1,941
054 ELECTROENCEPHALOGRAPHY	28	448	6	19	81	180	150
055 MEDICAL SUPPLIES CHARGED		15,571		961	2,803	20,279	5,287
055 30 IMPL. DEV. CHARGED TO PAT		22,409		1,359	4,034	15,455	
056 DRUGS CHARGED TO PATIENTS		43,911		2,707	8,857	12,126	
057 RENAL DIALYSIS		1,256	274	92	226	694	32
059 DEV EVALUATION	136	474	32	14	85	515	1,722
059 01 OTHER							
059 97 CARDIAC REHABILITATION		482	17	16	87	467	516
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 FAMILY PRACTICES							
060 02 WOMEN'S HEALTH CENTER							
060 03 AMBULATORY CARE	277	1,006	50	1	181	720	3,237
060 04 OTHER							
061 EMERGENCY	566	25,177	1,628	793	4,532	7,749	12,005
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	11,315	343,007	64,128	19,529	62,696	219,510	234,259
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						5	723
096 01 OTHER NONREIMB	130		113			1,535	4,098
096 02 OTHER							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	11,445	343,007	64,241	19,529	62,696	221,050	239,080

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 PART II

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY
	8	9	10	11	12	14	16
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEIV							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE		1,852					
010 HOUSEKEEPING			24,277				
011 DIETARY			1,136	144,217			
012 CAFETERIA				77,132	77,132		
014 NURSING ADMINISTRATION			272			15,827	
016 PHARMACY			271		2,028		35,026
017 MEDICAL RECORDS & LIBRARY			197		1,352	3	
018 SOCIAL SERVICE			35		570	4	
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C			251		3,105	14	
024 PARAMEDIC		5	180		169		2
024 01 PASTORAL CARE			19		63		
024 02 PHARMACY RESIDENCY			1		84		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		945	4,165	49,661	26,127	7,300	688
026 INTENSIVE CARE UNIT		213	1,702	10,011	7,498	2,252	354
026 01 NEONATAL INTENSIVE CARE U		22	58		1,985	601	84
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		27	328	3,206	1,288	387	2
031 01 SUBPROVIDER II		36	259	4,207	1,626	430	11
033 NURSERY		15	187		1,183	367	29
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		53	920		7,308	1,381	517
038 RECOVERY ROOM					549	176	1
039 DELIVERY ROOM & LABOR ROO		42	60		2,112	658	82
040 ANESTHESIOLOGY			12		253	65	90
041 RADIOLOGY-DIAGNOSTIC		243	3,459		5,618	132	75
044 LABORATORY		13	848		42		
046 WHOLE BLOOD & PACKED RED			51				
049 RESPIRATORY THERAPY			274		3,802	22	1
050 PHYSICAL THERAPY		44	422		1,352	14	9
051 OCCUPATIONAL THERAPY			604		1,309	15	1
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		18	255		1,119	303	17
054 ELECTROENCEPHALOGRAPHY		14	60		106	25	
055 MEDICAL SUPPLIES CHARGED			1,492				
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							32,514
057 RENAL DIALYSIS			34		359	97	2
059 DEV EVALUATION			144		317		
059 01 OTHER							
059 97 CARDIAC REHABILITATION					253	71	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 FAMILY PRACTICES							
060 02 WOMEN'S HEALTH CENTER							
060 03 AMBULATORY CARE		14	461		380	92	52
060 04 OTHER							
061 EMERGENCY		123	2,959		4,013	1,418	493
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		1,827	21,116	144,217	76,498	15,827	35,024
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			93				
096 01 OTHER NONREIMB		25	3,068		634		2
096 02 OTHER							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		1,852	24,277	144,217	77,132	15,827	35,026

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COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMEDIC	PASTORAL CARE
	17	18	20	22	23	24	24.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEIV							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	37,062						
018 SOCIAL SERVICE	28	11,814					
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI				8,197			
023 I&R SERVICES-OTHER PRGM C					28,753		
024 PARAMEDIC						2,859	
024 01 PASTORAL CARE						1	5,128
024 02 PHARMACY RESIDENCY						1	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	12,808	9,300					
026 INTENSIVE CARE UNIT	54	1,830					
026 01 NEONATAL INTENSIVE CARE U	2,365	684					
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	1,750						
031 01 SUBPROVIDER II	1,850						
033 NURSERY	438						
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	4,456						
039 RECOVERY ROOM	186						
040 DELIVERY ROOM & LABOR ROO	293						
041 ANESTHESIOLOGY	123						
044 RADIOLOGY-DIAGNOSTIC	3,835						
046 LABORATORY	1,352						
049 WHOLE BLOOD & PACKED RED	90						
050 RESPIRATORY THERAPY	451						
051 PHYSICAL THERAPY	325						
052 OCCUPATIONAL THERAPY	207						
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY	2,234						
055 ELECTROENCEPHALOGRAPHY	22						
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS	415						
057 RENAL DIALYSIS	12						
059 DEV EVALUATION							
059 01 OTHER							
059 97 CARDIAC REHABILITATION							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 FAMILY PRACTICES							
060 02 WOMEN'S HEALTH CENTER							
060 03 AMBULATORY CARE	5						
060 04 OTHER							
061 EMERGENCY	3,763						
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	37,062	11,814				2	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 OTHER NONREIMB							
096 02 OTHER							
101 CROSS FOOT ADJUSTMENTS				8,197	28,753	2,857	5,128
102 NEGATIVE COST CENTER							
103 TOTAL	37,062	11,814		8,197	28,753	2,859	5,128

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	PHARMACY RESI DENCY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24.02	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			
006	01 NONPATIENT TELEPHONES			
006	02 DATA PROCESSING			
006	03 PURCHASING RECEIVING AND			
006	04 ADMINISTRATION			
006	05 CASHIERING/ACCOUNTS RECEIV			
006	06 OTHER ADMINISTRATIVE AND			
007	MAINTENANCE & REPAIRS			
008	OPERATION OF PLANT			
009	LAUNDRY & LINEN SERVICE			
010	HOUSEKEEPING			
011	DIETARY			
012	CAFETERIA			
014	NURSING ADMINISTRATION			
016	PHARMACY			
017	MEDICAL RECORDS & LIBRARY			
018	SOCIAL SERVICE			
020	NONPHYSICIAN ANESTHETISTS			
022	I&R SERVICES-SALARY & FRI			
023	I&R SERVICES-OTHER PRGM C			
024	PARAMEDIC			
024	01 PASTORAL CARE			
024	02 PHARMACY RESIDENCY	208		
	INPAT ROUTINE SRVC CNTRS			
025	ADULTS & PEDIATRICS	1,255,144		1,255,144
026	INTENSIVE CARE UNIT	207,422		207,422
026	01 NEONATAL INTENSIVE CARE U	31,686		31,686
027	CORONARY CARE UNIT			
028	BURN INTENSIVE CARE UNIT			
029	SURGICAL INTENSIVE CARE U			
031	SUBPROVIDER	249,883		249,883
031	01 SUBPROVIDER II	68,642		68,642
033	NURSERY	35,327		35,327
	ANCILLARY SRVC COST CNTRS			
037	OPERATING ROOM	355,914		355,914
038	RECOVERY ROOM	32,105		32,105
039	DELIVERY ROOM & LABOR ROO	169,295		169,295
040	ANESTHESIOLOGY	12,500		12,500
041	RADIOLOGY-DIAGNOSTIC	339,727		339,727
044	LABORATORY	159,339		159,339
046	WHOLE BLOOD & PACKED RED	17,148		17,148
049	RESPIRATORY THERAPY	58,264		58,264
050	PHYSICAL THERAPY	71,878		71,878
051	OCCUPATIONAL THERAPY	41,834		41,834
052	SPEECH PATHOLOGY			
053	ELECTROCARDIOLOGY	45,567		45,567
054	ELECTROENCEPHALOGRAPHY	4,927		4,927
055	MEDICAL SUPPLIES CHARGED	46,393		46,393
055	30 IMPL. DEV. CHARGED TO PAT	43,257		43,257
056	DRUGS CHARGED TO PATIENTS	100,530		100,530
057	RENAL DIALYSIS	3,731		3,731
059	DEV EVALUATION	31,156		31,156
059	01 OTHER			
059	97 CARDIAC REHABILITATION	2,083		2,083
	OUTPAT SERVICE COST CNTRS			
060	CLINIC			
060	01 FAMILY PRACTICES			
060	02 WOMEN'S HEALTH CENTER			
060	03 AMBULATORY CARE	85,772		85,772
060	04 OTHER			
061	EMERGENCY	120,352		120,352
062	OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS			
095	SUBTOTALS	3,589,876		3,589,876
	NONREIMBURS COST CENTERS			
096	GI FT, FLOWER, COFFEE SHOP	14,072		14,072
096	01 OTHER NONREIMB	49,472		49,472
096	02 OTHER			
101	CROSS FOOT ADJUSTMENTS	208	45,143	45,143
102	NEGATIVE COST CENTER			
103	TOTAL	208	3,698,563	3,698,563

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COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENEFITS
	NEW CAPITAL REL COSTS	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				7,499	3,906	11,405	11,405
006 01 NONPATIENT TELEPHONES	700			18,252	147,522	166,474	22
006 02 DATA PROCESSING				91,706	5,836	97,542	
006 03 PURCHASING RECEIVING AND	1,361,795			15,559	16,175	1,393,529	56
006 04 ADMINISTRATION							45
006 05 CASHIERING/ACCOUNTS RECEIV	75			26,256	132,606	158,937	217
006 06 OTHER ADMINISTRATIVE AND	54,194			3,084,745	950,301	4,089,240	810
007 MAINTENANCE & REPAIRS	25,847			3,792,385	350,245	4,168,477	135
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE				4,835		4,835	
010 HOUSEKEEPING				265	31,291	31,556	236
011 DIETARY	6,096			12,751	47,842	66,689	181
012 CAFETERIA							
014 NURSING ADMINISTRATION				214,876	207,080	421,956	86
016 PHARMACY	348,594			49,765	20,741	419,100	326
017 MEDICAL RECORDS & LIBRARY				56,010	28,599	84,609	117
018 SOCIAL SERVICE							62
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							534
023 I&R SERVICES-OTHER PRGM C				910	3,918	4,828	
024 PARAMEDIC				791	84,910	85,701	19
024 01 PASTORAL CARE				171	468	639	6
024 02 PHARMACY RESIDENCY				220		220	7
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,470,637			952,495	726,510	3,149,642	3,106
026 INTENSIVE CARE UNIT	15,760			157,117	600,564	773,441	995
026 01 NEONATAL INTENSIVE CARE U	28,957			8,905	134,013	171,875	277
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER				66,836	46,819	113,655	167
031 01 SUBPROVIDER II	338			72,275	19,135	91,748	196
033 NURSERY				124,268	172,516	296,784	152
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	138,956			67,289	1,324,970	1,531,215	892
038 RECOVERY ROOM							76
039 DELIVERY ROOM & LABOR ROO	93,812			58,925	274,698	427,435	244
040 ANESTHESIOLOGY	30,878				61,600	92,478	24
041 RADIOLOGY-DIAGNOSTIC	4,485,672			1,887,682	5,211,273	11,584,627	724
044 LABORATORY				112,309	1,873	114,182	9
046 WHOLE BLOOD & PACKED RED				1,823		1,823	
049 RESPIRATORY THERAPY	179,484			7,029	296,838	483,351	429
050 PHYSICAL THERAPY	6,300			74,340	29,510	110,150	173
051 OCCUPATIONAL THERAPY	6,300			183	3,507	9,990	153
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY				15,867	297,348	313,215	119
054 ELECTROENCEPHALOGRAPHY					20,953	20,953	13
055 MEDICAL SUPPLIES CHARGED				5,724		5,724	
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	5,030			3,238	40,739	49,007	50
059 DEV EVALUATION	324			1,649	1,435	3,408	39
059 01 OTHER							
059 97 CARDIAC REHABILITATION					14,734	14,734	37
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 FAMILY PRACTICES							
060 02 WOMEN'S HEALTH CENTER							
060 03 AMBULATORY CARE				2,339	47,069	49,408	50
060 04 OTHER							
061 EMERGENCY	38,979			73,392	279,276	391,647	543
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	8,298,728			11,070,681	11,636,820	31,006,229	11,327
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				137	79	216	
096 01 OTHER NONREIMB	3,604			19,453	7,364	30,421	78
096 02 OTHER							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	8,302,332			11,090,271	11,644,263	31,036,866	11,405

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COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	166,496						
006 02 DATA PROCESSING	1,812	99,354					
006 03 PURCHASING RECEIVING AND	1,812		1,395,397				
006 04 ADMINISTRATION	1,400		809	2,254			
006 05 CASHIERING/ACCOUNTS RECEIV	9,222		1,860		170,236		
006 06 OTHER ADMINISTRATIVE AND	14,822		13,797			4,118,669	
007 MAINTENANCE & REPAIRS	8,399		10,676			189,747	4,377,434
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE			54			22,183	12,052
010 HOUSEKEEPING	1,070		8,265			66,834	57,858
011 DIETARY	3,623		65,626			52,170	167,901
012 CAFETERIA							
014 NURSING ADMINISTRATION	2,223		4,250			24,597	29,139
016 PHARMACY	2,717		4,728			75,742	71,701
017 MEDICAL RECORDS & LIBRARY	4,282		1,356			45,002	32,128
018 SOCIAL SERVICE	1,482		52			14,928	7,501
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI						110,735	
023 I&R SERVICES-OTHER PRGM C	4,694		2,476			59,088	54,818
024 PARAMEDIC	988		688			3,275	8,400
024 01 PASTORAL CARE	412		39			1,147	3,384
024 02 PHARMACY RESIDENCY						1,438	319
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	28,489	11,036	91,047	788	18,991	733,298	1,454,719
026 INTENSIVE CARE UNIT	3,129	4,759	46,852	111	8,191	254,462	298,811
026 01 NEONATAL INTENSIVE CARE U	2,964	1,320	10,589	31	2,272	63,213	18,680
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	6,093	597	952	14	1,027	40,016	119,266
031 01 SUBPROVIDER II	1,894	625	3,962	15	1,076	47,112	97,207
033 NURSERY	2,717	582	5,086	14	1,001	41,429	37,221
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	11,034	11,432	643,941	176	19,673	296,303	457,853
038 RECOVERY ROOM	659	811	522	8	1,395	18,788	58,393
039 DELIVERY ROOM & LABOR ROO	2,059	1,469	15,050	26	2,528	63,412	165,664
040 ANESTHESIOLOGY		2,094	13,877	30	3,603	12,953	8,024
041 RADIOLOGY-DIAGNOSTIC	12,928	10,796	201,836	123	18,579	281,962	429,803
044 LABORATORY	7,493	8,461	1,344	139	14,561	220,522	135,148
046 WHOLE BLOOD & PACKED RED	659	1,306	194	26	2,248	33,832	14,079
049 RESPIRATORY THERAPY	2,141	5,469	60,034	123	9,412	111,711	20,382
050 PHYSICAL THERAPY	1,729	2,966	134,911	47	5,105	50,092	38,534
051 OCCUPATIONAL THERAPY	3,952	728	2,212	11	1,253	36,345	34,461
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	3,047	2,135	2,272	31	3,674	34,469	35,544
054 ELECTROENCEPHALOGRAPHY	412	128	126	2	221	3,351	2,747
055 MEDICAL SUPPLIES CHARGED		4,464		87	7,682	377,511	96,806
055 30 IMPL. DEV. CHARGED TO PAT		6,424		124	11,055	287,711	
056 DRUGS CHARGED TO PATIENTS		13,613		246	22,680	225,740	
057 RENAL DIALYSIS		360	5,950	8	620	12,923	580
059 DEV EVALUATION	1,976	136	698	1	234	9,590	31,529
059 01 OTHER							
059 97 CARDIAC REHABILITATION		138	366	1	238	8,699	9,445
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 FAMILY PRACTICES							
060 02 WOMEN'S HEALTH CENTER							
060 03 AMBULATORY CARE	4,035	288	1,077		496	13,410	59,266
060 04 OTHER							
061 EMERGENCY	8,234	7,217	35,368	72	12,421	144,267	219,806
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	164,602	99,354	1,392,942	2,254	170,236	4,090,007	4,289,169
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						89	13,231
096 01 OTHER NONREIMB	1,894		2,455			28,573	75,034
096 02 OTHER							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	166,496	99,354	1,395,397	2,254	170,236	4,118,669	4,377,434

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0208
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY
	8	9	10	11	12	14	16
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEIV							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE		39,124					
010 HOUSEKEEPING			165,819				
011 DIETARY			7,758	363,948			
012 CAFETERIA				194,650	194,650		
014 NURSING ADMINISTRATION			1,861			1,332	485,444
016 PHARMACY			1,848			5,117	581,279
017 MEDICAL RECORDS & LIBRARY			1,345			3,411	97
018 SOCIAL SERVICE			238			1,439	130
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C			1,712		7,835		438
024 PARAMEDIC		110	1,227		426		3
024 01 PASTORAL CARE			130		160		
024 02 PHARMACY RESIDENCY			5		213		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		19,952	28,459	125,326	65,932	223,765	11,408
026 INTENSIVE CARE UNIT		4,495	11,626	25,265	18,921	69,098	5,874
026 01 NEONATAL INTENSIVE CARE U		473	398		5,010	18,449	1,394
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		574	2,238	8,090	3,251	11,882	25
031 01 SUBPROVIDER II		769	1,766	10,617	4,104	13,176	186
033 NURSERY		319	1,277		2,985	11,273	486
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		1,128	6,285		18,442	42,353	8,582
038 RECOVERY ROOM					1,386	5,409	18
039 DELIVERY ROOM & LABOR ROO		879	410		5,330	20,194	1,364
040 ANESTHESIOLOGY			82		640	2,006	1,497
041 RADIOLOGY-DIAGNOSTIC		5,132	23,625		14,178	4,035	1,243
044 LABORATORY		273	5,791		107		
046 WHOLE BLOOD & PACKED RED			350				
049 RESPIRATORY THERAPY			1,872		9,594	662	16
050 PHYSICAL THERAPY		927	2,886		3,411	436	153
051 OCCUPATIONAL THERAPY			4,124		3,305	461	18
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		380	1,744		2,825	9,301	274
054 ELECTROENCEPHALOGRAPHY		299	407		266	781	
055 MEDICAL SUPPLIES CHARGED			10,191				
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							539,606
057 RENAL DIALYSIS			233		906	2,990	34
059 DEV EVALUATION			982		799		
059 01 OTHER							
059 97 CARDIAC REHABILITATION					640	2,177	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 FAMILY PRACTICES							
060 02 WOMEN'S HEALTH CENTER							
060 03 AMBULATORY CARE		287	3,149		959	2,831	857
060 04 OTHER							
061 EMERGENCY		2,596	20,210		10,127	43,497	8,180
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		38,593	144,229	363,948	193,051	485,444	581,253
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			634				
096 01 OTHER NONREIMB		531	20,956		1,599		26
096 02 OTHER							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		39,124	165,819	363,948	194,650	485,444	581,279

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMEDIC	PASTORAL CARE
	17	18	20	22	23	24	24.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEIV							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	172,347						
018 SOCIAL SERVICE	131	25,963					
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI				111,269			
023 I&R SERVICES-OTHER PRGM C					135,889		
024 PARAMEDIC						100,875	
024 01 PASTORAL CARE						34	5,951
024 02 PHARMACY RESIDENCY						37	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	59,561	20,437					
026 INTENSIVE CARE UNIT	252	4,022					
026 01 NEONATAL INTENSIVE CARE U	10,997	1,504					
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	8,139						
031 01 SUBPROVIDER II	8,604						
033 NURSERY	2,035						
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	20,721						
039 RECOVERY ROOM	865						
040 DELIVERY ROOM & LABOR ROO	1,361						
041 ANESTHESIOLOGY	571						
044 RADIOLOGY-DIAGNOSTIC	17,832						
046 LABORATORY	6,285						
046 WHOLE BLOOD & PACKED RED	418						
049 RESPIRATORY THERAPY	2,095						
050 PHYSICAL THERAPY	1,510						
051 OCCUPATIONAL THERAPY	964						
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	10,391						
054 ELECTROENCEPHALOGRAPHY	103						
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS	1,932						
057 RENAL DIALYSIS	57						
059 DEV EVALUATION							
059 01 OTHER							
059 97 CARDIAC REHABILITATION							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 FAMILY PRACTICES							
060 02 WOMEN'S HEALTH CENTER							
060 03 AMBULATORY CARE	25						
060 04 OTHER							
061 EMERGENCY	17,498						
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	172,347	25,963				71	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 OTHER NONREIMB							
096 02 OTHER							
101 CROSS FOOT ADJUSTMENTS				111,269	135,889	100,804	5,951
102 NEGATIVE COST CENTER							
103 TOTAL	172,347	25,963		111,269	135,889	100,875	5,951

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0208
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART III

	PHARMACY RESI DENCY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24.02	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			
006	01 NONPATIENT TELEPHONES			
006	02 DATA PROCESSING			
006	03 PURCHASING RECEIVING AND			
006	04 ADMINISTRATION			
006	05 CASHIERING/ACCOUNTS RECEIV			
006	06 OTHER ADMINISTRATIVE AND			
007	MAINTENANCE & REPAIRS			
008	OPERATION OF PLANT			
009	LAUNDRY & LINEN SERVICE			
010	HOUSEKEEPING			
011	DIETARY			
012	CAFETERIA			
014	NURSING ADMINISTRATION			
016	PHARMACY			
017	MEDICAL RECORDS & LIBRARY			
018	SOCIAL SERVICE			
020	NONPHYSICIAN ANESTHETISTS			
022	I&R SERVICES-SALARY & FRI			
023	I&R SERVICES-OTHER PRGM C			
024	PARAMEDIC			
024	01 PASTORAL CARE			
024	02 PHARMACY RESIDENCY	2,239		
	INPAT ROUTINE SRVC CNTRS			
025	ADULTS & PEDIATRICS	6,045,956		6,045,956
026	INTENSIVE CARE UNIT	1,530,304		1,530,304
026	01 NEONATAL INTENSIVE CARE U	309,446		309,446
027	CORONARY CARE UNIT			
028	BURN INTENSIVE CARE UNIT			
029	SURGICAL INTENSIVE CARE U			
031	SUBPROVIDER	315,986		315,986
031	01 SUBPROVIDER II	283,057		283,057
033	NURSERY	403,361		403,361
	ANCILLARY SRVC COST CNTRS			
037	OPERATING ROOM	3,070,030		3,070,030
038	RECOVERY ROOM	88,330		88,330
039	DELIVERY ROOM & LABOR ROO	707,425		707,425
040	ANESTHESIOLOGY	137,879		137,879
041	RADIOLOGY-DIAGNOSTIC	12,607,423		12,607,423
044	LABORATORY	514,315		514,315
046	WHOLE BLOOD & PACKED RED	54,935		54,935
049	RESPIRATORY THERAPY	707,291		707,291
050	PHYSICAL THERAPY	353,030		353,030
051	OCCUPATIONAL THERAPY	97,977		97,977
052	SPEECH PATHOLOGY			
053	ELECTROCARDIOLOGY	419,421		419,421
054	ELECTROENCEPHALOGRAPHY	29,809		29,809
055	MEDICAL SUPPLIES CHARGED	502,465		502,465
055	30 IMPL. DEV. CHARGED TO PAT	305,314		305,314
056	DRUGS CHARGED TO PATIENTS	803,817		803,817
057	RENAL DIALYSIS	73,718		73,718
059	DEV EVALUATION	49,392		49,392
059	01 OTHER			
059	97 CARDIAC REHABILITATION	36,475		36,475
	OUTPAT SERVICE COST CNTRS			
060	CLINIC			
060	01 FAMILY PRACTICES			
060	02 WOMEN'S HEALTH CENTER			
060	03 AMBULATORY CARE	136,138		136,138
060	04 OTHER			
061	EMERGENCY	921,683		921,683
062	OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS			
095	SUBTOTALS	30,504,977		30,504,977
	NONREIMBURS COST CENTERS			
096	GI FT, FLOWER, COFFEE SHOP	14,170		14,170
096	01 OTHER NONREIMB	161,567		161,567
096	02 OTHER			
101	CROSS FOOT ADJUSTMENTS	2,239		356,152
102	NEGATIVE COST CENTER			
103	TOTAL	2,239	31,036,866	31,036,866

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 5/26/2011

14-0208

FROM 1/ 1/2010

WORKSHEET B-1

TO 12/31/2010

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET OLD)	OLD CAP REL COSTS-MVBLE (EQUIP) DEPR OLD	NEW CAP REL COSTS-BLDG & (ACTUAL) DEPR	NEW CAP REL COSTS-MVBLE (EQUIP) DEPR NEW	EMPLOYEE BENE FITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)
	1	2	3	4	5	6.01
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD	523,151					
003 OLD CAP REL COSTS-MVB		564,522				
004 NEW CAP REL COSTS-BLD			6,410,981			
005 NEW CAP REL COSTS-MVB				9,128,047		
006 EMPLOYEE BENEFITS	7,625	59	4,335	3,062	297,580,226	
006 01 NONPATIENT TELEPHONES	1,805	105	10,551	115,644	586,565	2,022
006 02 DATA PROCESSING	1,943	432,473	53,013	4,575		22
006 03 PURCHASING RECEIVING	10,176	439	8,994	12,680	1,473,332	22
006 04 ADMINISTRATION	3,076				1,175,418	17
006 05 CASHIERING/ACCOUNTS RE	9,650	1,050	15,178	103,951	5,704,324	112
006 06 OTHER ADMINISTRATION	33,920	5,457	1,783,206	744,950	21,304,854	180
007 MAINTENANCE & REPAIRS	30,721	46,306	2,192,274	274,560	3,540,961	102
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVI			2,795			
010 HOUSEKEEPING	2,532	350	153	24,529	6,211,202	13
011 DIETARY	19,881	3,832	7,371	37,504	4,764,140	44
012 CAFETERIA						
014 NURSING ADMINISTRATION	1,730	788	124,214	162,332	2,250,207	27
016 PHARMACY	3,669	67	28,768	16,259	8,591,510	33
017 MEDICAL RECORDS & LIB	4,873	78	32,378	22,419	3,072,252	52
018 SOCIAL SERVICE	1,537				1,642,307	18
020 NONPHYSICIAN ANESTHET						
022 I&R SERVICES-SALARY &					14,053,228	
023 I&R SERVICES-OTHER PR	2,921	703	526	3,071		57
024 PARAMEDIC	182	719	457	66,562	509,365	12
024 01 PASTORAL CARE	753	51	99	367	168,621	5
024 02 PHARMACY RESIDENCY			127		172,142	
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	152,460	7,538	550,611	569,518	79,272,794	346
026 INTENSIVE CARE UNIT	19,929	2,227	90,825	470,788	26,185,065	38
026 01 NEONATAL INTENSIVE CA	2,200	137	5,148	105,054	7,277,351	36
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
031 SUBPROVIDER	36,775	1,065	38,636	36,702	4,383,653	74
031 01 SUBPROVIDER II	7,457	2,547	41,780	15,000	5,150,644	23
033 NURSERY	4,036	58	71,836	135,237	3,996,680	33
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	30,240	37,084	38,898	1,038,656	23,465,810	134
038 RECOVERY ROOM	3,712				1,993,098	8
039 DELIVERY ROOM & LABOR	23,276	64	34,063	215,338	6,430,267	25
040 ANESTHESIOLOGY	125	455		48,289	638,308	
041 RADIOLOGY-DIAGNOSTIC	36,273	2,913	1,091,217	4,085,166	19,039,629	157
044 LABORATORY	16,156		64,923	1,468	235,787	91
046 WHOLE BLOOD & PACKED	1,394		1,054			8
049 RESPIRATORY THERAPY	2,819	540	4,063	232,694	11,286,007	26
050 PHYSICAL THERAPY	7,119	884	42,974	23,133	4,552,907	21
051 OCCUPATIONAL THERAPY	5,076	40	106	2,749	4,014,922	48
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY	4,454	89	9,172	233,094	3,120,725	37
054 ELECTROENCEPHALOGRAPH	598			16,425	335,149	5
055 MEDICAL SUPPLIES CHAR			3,309			
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS	71		1,872	31,936	1,312,011	
059 DEV EVALUATION	4,412		953	1,125	1,035,225	24
059 01 OTHER						
059 97 CARDIAC REHABILITATIO		23		11,550	977,955	
060 OUTPAT SERVICE COST C						
060 CLINIC						
060 01 FAMILY PRACTICES						
060 02 WOMEN'S HEALTH CENTER						
060 03 AMBULATORY CARE	12,660	36	1,352	36,898	1,327,504	49
060 04 OTHER						
061 EMERGENCY	6,549	15,629	42,426	218,927	14,280,510	100
062 OBSERVATION BEDS (NON						
062 SPEC PURPOSE COST CEN						
095 SUBTOTALS	514,785	563,806	6,399,657	9,122,212	295,532,429	1,999
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	2,122		79	62		
096 01 OTHER NONREIMB	6,244	716	11,245	5,773	2,047,797	23
096 02 OTHER						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	3,266,822	431,741	11,090,271	11,644,263	68,573,614	2,395,995
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	6.244511	.764790	1.729887	1.275658	.230437	1,184.962908
(WRKSHT B, PT I)						11,445
105 COST TO BE ALLOCATED					47,659	
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER					.000160	

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING RECEIVING AND	RE ADMITTING (IP) REVENUE	CASHERING/ACCOUNTS RECEIV	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	
	(GROSS REVENUE)	(SUPPLIES) EXPENSE	(IP) REVENUE	(GROSS) REVENUE	RECONCILIATION	(ACCUM. COST) (SQUARE FEET)	
	6.02	6.03	6.04	6.05	6a.06	6.06	7
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	2288,589,222						
006 03 PURCHASING RECEIVING		115,714,103					
006 04 ADMITTING		67,087	1723,211,430				
006 05 CASHIERING/ACCOUNTS RE		154,259		2288,589,222			
006 06 OTHER ADMINISTRATIVE		1,144,148			-57,605,603	643,109,247	
007 MAINTENANCE & REPAIRS		885,308				29,629,444	686,828
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI		4,474				3,463,903	1,891
010 HOUSEKEEPING		685,410				10,436,268	9,078
011 DIETARY		5,442,084				8,146,489	26,344
012 CAFETERIA							
014 NURSING ADMINISTRATIO		352,420				3,840,831	4,572
016 PHARMACY		392,031				11,827,226	11,250
017 MEDICAL RECORDS & LIB		112,417				7,027,139	5,041
018 SOCIAL SERVICE		4,294				2,331,060	1,177
020 NONPHYSICIAN ANESTHET							
022 I&R SERVICES-SALARY &						17,291,539	
023 I&R SERVICES-OTHER PR		205,315				9,226,759	8,601
024 PARAMEDIC		57,036				511,462	1,318
024 01 PASTORAL CARE		3,248				179,113	531
024 02 PHARMACY RESIDENCY						224,471	50
025 ADULTS & PEDIATRICS	256,639,634	7,550,139	256,639,634	256,639,634		114,475,369	228,248
026 INTENSIVE CARE UNIT	110,682,525	3,885,236	110,682,525	110,682,525		39,734,856	46,884
026 01 NEONATAL INTENSIVE CA	30,706,776	878,112	30,706,776	30,706,776		9,870,864	2,931
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER	13,882,651	78,958	13,882,651	13,882,651		6,248,630	18,713
031 01 SUBPROVIDER II	14,543,159	328,518	14,543,159	14,543,159		7,356,699	15,252
033 NURSERY	13,525,609	421,762	13,525,609	13,525,609		6,469,265	5,840
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	265,854,880	53,399,177	176,063,528	265,854,880		46,268,403	71,838
038 RECOVERY ROOM	18,854,529	43,294	8,212,989	18,854,529		2,933,792	9,162
039 DELIVERY ROOM & LABOR	34,167,329	1,248,053	26,013,302	34,167,329		9,901,958	25,993
040 ANESTHESIOLOGY	48,693,742	1,150,783	30,394,430	48,693,742		2,022,605	1,259
041 RADIOLOGY-DIAGNOSTIC	251,061,543	16,737,341	122,531,350	251,061,543		44,028,978	67,437
044 LABORATORY	196,766,466	111,467	138,878,983	196,766,466		34,435,054	21,205
046 WHOLE BLOOD & PACKED	30,380,434	16,054	25,948,296	30,380,434		5,282,948	2,209
049 RESPIRATORY THERAPY	127,184,944	4,978,354	123,229,454	127,184,944		17,443,971	3,198
050 PHYSICAL THERAPY	68,980,946	11,187,569	47,275,873	68,980,946		7,821,991	6,046
051 OCCUPATIONAL THERAPY	16,926,759	183,466	11,252,372	16,926,759		5,675,424	5,407
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	49,649,192	188,432	31,486,048	49,649,192		5,382,476	5,577
054 ELECTROENCEPHALOGRAPH	2,985,776	10,445	1,710,740	2,985,776		523,234	431
055 MEDICAL SUPPLIES CHAR	103,805,151		87,379,831	103,805,151		58,949,269	15,189
055 30 IMPL. DEV. CHARGED TO	149,393,365		123,543,693	149,393,365		44,926,724	
056 DRUGS CHARGED TO PATI	294,601,123		246,053,944	294,601,123		35,249,895	
057 RENAL DIALYSIS	8,374,358	493,439	8,358,030	8,374,358		2,017,988	91
059 DEV EVALUATION	3,159,627	57,846	1,237,581	3,159,627		1,497,554	4,947
059 01 OTHER							
059 97 CARDIAC REHABILITATIO	3,213,338	30,340	1,463,778	3,213,338		1,358,446	1,482
060 OUTPAT SERVICE COST C							
060 CLINIC							
060 01 FAMILY PRACTICES							
060 02 WOMEN'S HEALTH CENTER							
060 03 AMBULATORY CARE	6,706,865	89,304	88,922	6,706,865		2,094,018	9,299
060 04 OTHER							
061 EMERGENCY	167,848,501	2,932,934	72,107,932	167,848,501		22,527,606	34,488
062 OBSERVATION BEDS (NON							
062 SPEC PURPOSE COST CEN							
095 SUBTOTALS	2288,589,222	115,510,554	1723,211,430	2288,589,222	-57,605,603	638,633,721	672,979
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE						13,842	2,076
096 01 OTHER NONREIMB		203,549				4,461,684	11,773
096 02 OTHER							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	12,580,782	4,878,869	1,771,080	15,156,267		57,605,603	32,283,472
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.042163		.006623		.089574	
(WRKSHT B, PT I)			.001028				47.003721
105 COST TO BE ALLOCATED	343,007	64,241	19,529	62,696		221,050	239,080
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER		.000555		.000027		.000344	

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY
		(SQUARE FEET)	(POUNDS)	(HSK HOURS)	(MEALS)	(FTE'S)	(NURSING HOURS)	(DRUGS)
		8	9	10	11	12	14	16
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	02 DATA PROCESSING							
006	03 PURCHASING RECEIVING							
006	04 ADMINISTRATION							
006	05 CASHIERING/ACCOUNTS RE							
006	06 OTHER ADMINISTRATIVE							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	686,828						
009	LAUNDRY & LINEN SERVI	1,891	4,646,040					
010	HOUSEKEEPING	9,078		104,693				
011	DIETARY	26,344		4,898	1,262,664			
012	CAFETERIA				675,310	3,652		
014	NURSING ADMINISTRATION	4,572		1,175		25	6,247,112	
016	PHARMACY	11,250		1,167		96		34,480,258
017	MEDICAL RECORDS & LIB	5,041		849		64	1,251	
018	SOCIAL SERVICE	1,177		150		27	1,673	
020	NONPHYSICIAN ANESTHET							
022	I&R SERVICES-SALARY &							
023	I&R SERVICES-OTHER PR	8,601		1,081		147	5,633	
024	PARAMEDIC	1,318	13,079	775		8	33	2,227
024	01 PASTORAL CARE	531		82		3		
024	02 PHARMACY RESIDENCY	50		3		4		
025	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	228,248	2,369,199	17,970	434,800	1,237	2,879,583	676,731
026	INTENSIVE CARE UNIT	46,884	533,748	7,340	87,652	355	889,217	348,462
026	01 NEONATAL INTENSIVE CA	2,931	56,116	251		94	237,417	82,688
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE U							
029	SURGICAL INTENSIVE CA							
031	SUBPROVIDER	18,713	68,202	1,413	28,067	61	152,913	1,477
031	01 SUBPROVIDER II	15,252	91,377	1,115	36,835	77	169,562	11,054
033	NURSERY	5,840	37,888	806		56	145,074	28,819
037	ANCILLARY SRVC COST C							
037	OPERATING ROOM	71,838	133,955	3,968		346	545,032	509,096
038	RECOVERY ROOM	9,162				26	69,603	1,039
039	DELIVERY ROOM & LABOR	25,993	104,431	259		100	259,880	80,932
040	ANESTHESIOLOGY	1,259		52		12	25,818	88,773
041	RADIOLOGY-DIAGNOSTIC	67,437	609,461	14,916		266	51,925	73,760
044	LABORATORY	21,205	32,410	3,656		2		
046	WHOLE BLOOD & PACKED	2,209		221				
049	RESPIRATORY THERAPY	3,198		1,182		180	8,520	958
050	PHYSICAL THERAPY	6,046	110,090	1,822		64	5,616	9,070
051	OCCUPATIONAL THERAPY	5,407		2,604		62	5,937	1,089
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY	5,577	45,096	1,101		53	119,695	16,254
054	ELECTROENCEPHALOGRAPH	431	35,527	257		5	10,050	
055	MEDICAL SUPPLIES CHAR	15,189		6,434				
055	30 IMPL. DEV. CHARGED TO							
056	DRUGS CHARGED TO PATI							32,008,157
057	RENAL DIALYSIS	91		147		17	38,476	2,040
059	DEV EVALUATION	4,947		620		15		
059	01 OTHER							
059	97 CARDIAC REHABILITATIO	1,482				12	28,014	
060	OUTPAT SERVICE COST C							
060	CLINIC							
060	01 FAMILY PRACTICES							
060	02 WOMEN'S HEALTH CENTER							
060	03 AMBULATORY CARE	9,299	34,101	1,988		18	36,428	50,846
060	04 OTHER							
061	EMERGENCY	34,488	308,299	12,760		190	559,762	485,248
062	OBSERVATION BEDS (NON							
062	SPEC PURPOSE COST CEN							
095	SUBTOTALS	672,979	4,582,979	91,062	1,262,664	3,622	6,247,112	34,478,720
096	NONREIMBURS COST CENT							
096	01 GI FT, FLOWER, COFFEE	2,076		400				
096	02 OTHER	11,773	63,061	13,231		30		1,538
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED		3,863,063	11,797,786	10,666,421	5,704,717	4,571,233	13,696,898
104	(WRKSHT B, PART I)		.831474		8.447553		.731735	
104	UNIT COST MULTIPLIER							
105	(WRKSHT B, PT I)		1,852	112.689349	144,217	1,562.080230	15,827	.397239
105	COST TO BE ALLOCATED			24,277		77,132		35,026
106	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER		.000399		.114216		.002533	

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY		SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	RECONCILIATION
	(MR TIME)	(SS TIME)	RECONCILIATION	(ACCUM. COST)	(IR TIME)	(IR TIME)	RECONCILIATION
	17	18	20a.00	20	22	23	24a.00
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING							
006 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS RE							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATIO							
016 PHARMACY							
017 MEDICAL RECORDS & LIB	48,616						
018 SOCIAL SERVICE	37	38,514					
020 NONPHYSICIAN ANESTHET				700,714,850			
022 I&R SERVICES-SALARY &				18,840,411	21,660		
023 I&R SERVICES-OTHER PR				10,813,081		21,660	
024 PARAMEDIC				730,842			-730,842
024 01 PASTORAL CARE				234,043			
024 02 PHARMACY RESIDENCY				253,514			
025 ADULTS & PEDIATRICS	16,801	30,317		152,324,778	11,898	11,898	
026 INTENSIVE CARE UNIT	71	5,966		49,276,919	2,342	2,342	
026 01 NEONATAL INTENSIVE CA	3,102	2,231		11,991,537	876	876	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER II	2,296			8,730,800			
031 01 SUBPROVIDER II	2,427			9,897,979			
033 NURSERY	574			7,746,174			
ANCILLARY SRVC COST C							
037 OPERATING ROOM	5,845			56,462,220	2,248	2,248	
038 RECOVERY ROOM	244			3,759,793			
039 DELIVERY ROOM & LABOR	384			12,569,124			
040 ANESTHESIOLOGY	161			2,368,509	372	372	
041 RADIOLOGY-DIAGNOSTIC	5,030			54,650,086			
044 LABORATORY	1,773			39,253,360			
046 WHOLE BLOOD & PACKED	118			5,904,534			
049 RESPIRATORY THERAPY	591			19,676,150			
050 PHYSICAL THERAPY	426			9,282,254			
051 OCCUPATIONAL THERAPY	272			6,878,275			
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	2,931			6,952,887	386	386	
054 ELECTROENCEPHALOGRAPH	29			668,852			
055 MEDICAL SUPPLIES CHAR				65,668,574			
055 30 IMPL. DEV. CHARGED TO				48,950,990			
056 DRUGS CHARGED TO PATI	545			51,212,943			
057 RENAL DIALYSIS	16			2,277,771			
059 DEV EVALUATION				1,957,521			
059 01 OTHER							
059 97 CARDIAC REHABILITATIO				1,589,031			
060 OUTPAT SERVICE COST C							
060 CLINIC							
060 01 FAMILY PRACTICES							
060 02 WOMEN'S HEALTH CENTER							
060 03 AMBULATORY CARE	7			3,047,192			
060 04 OTHER							
061 EMERGENCY	4,936			29,581,358	3,538	3,538	
062 OBSERVATION BEDS (NON							
095 SUBTOTALS	48,616	38,514		693,551,502	21,660	21,660	-730,842
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE				157,738			
096 01 OTHER NONREIMB				7,005,610			
096 02 OTHER							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	8,090,095	2,661,645			18,840,411	10,813,081	
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		69.108506				499.218883	
(WRKSHT B, PT I)	166.408076				869.825069		
105 COST TO BE ALLOCATED	37,062	11,814			8,197	28,753	
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER		.306746				1.327470	

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0208 PERIOD: FROM 1/1/2010 TO 12/31/2010 PREPARED 5/26/2011 WORKSHEET B-1

	COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RECONCILIATION	NONPHYSICIAN ANESTHETISTS	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	RECONCILIATION
		(MR TIME)	(SS TIME)		(ACCUM. COST)	(IR TIME)	(IR TIME)	
	NONREIMBURS COST CENT (WRKSHT B, PT III)	17	18	20a.00	20	22	23	24a.00
	COST TO BE ALLOCATED (WRKSHT B, PART III)	.762342				.378440		
107	UNIT COST MULTIPLIER (WRKSHT B, PT III)	172,347	25,963			111,269	135,889	
108		3.545067	.674119			5.137073	6.273730	

COST CENTER DESCRIPTION	PARAMEDIC (ACCUM. COST)	PASTORAL CARE (DAYS)	RECONCILIATION ()	PHARMACY RESIDENCY (ACCUM. COST)
GENERAL SERVICE COST	24	24.01	24a.02	24.02
001 OLD CAP REL COSTS-BLD				
002 OLD CAP REL COSTS-MVB				
003 NEW CAP REL COSTS-BLD				
004 NEW CAP REL COSTS-MVB				
005 EMPLOYEE BENEFITS				
006 01 NONPATIENT TELEPHONES				
006 02 DATA PROCESSING				
006 03 PURCHASING RECEIVING				
006 04 ADMITTING				
006 05 CASHIERING/ACCOUNTS RE				
006 06 OTHER ADMINISTRATIVE				
007 MAINTENANCE & REPAIRS				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVI				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATIO				
016 PHARMACY				
017 MEDICAL RECORDS & LIB				
018 SOCIAL SERVICE				
020 NONPHYSICIAN ANESTHET				
022 I&R SERVICES-SALARY &				
023 I&R SERVICES-OTHER PR				
024 PARAMEDIC	699,984,008			
024 01 PASTORAL CARE	234,043	224,697		
024 02 PHARMACY RESIDENCY	253,514		-253,779	700,461,071
INPAT ROUTINE SRVC CN				
025 ADULTS & PEDIATRICS	168,613,664	149,962		168,946,118
026 INTENSIVE CARE UNIT	52,483,220	29,512		52,568,784
026 01 NEONATAL INTENSIVE CA	13,190,820	11,037		13,216,099
027 CORONARY CARE UNIT				
028 BURN INTENSIVE CARE U				
029 SURGICAL INTENSIVE CA				
031 SUBPROVIDER	8,730,800	9,450		8,749,768
031 01 SUBPROVIDER II	9,897,979	12,402		9,921,243
033 NURSERY	7,746,174	12,334		7,767,121
ANCILLARY SRVC COST C				
037 OPERATING ROOM	59,539,831			59,601,991
038 RECOVERY ROOM	3,759,793			3,763,718
039 DELIVERY ROOM & LABOR	12,569,124			12,582,246
040 ANESTHESIOLOGY	2,877,793			2,880,797
041 RADIOLOGY-DIAGNOSTIC	54,650,086			54,707,141
044 LABORATORY	39,253,360			39,294,341
046 WHOLE BLOOD & PACKED	5,904,534			5,910,698
049 RESPIRATORY THERAPY	19,676,150			19,696,692
050 PHYSICAL THERAPY	9,282,254			9,291,945
051 OCCUPATIONAL THERAPY	6,878,275			6,885,456
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY	7,481,337			7,489,148
054 ELECTROENCEPHALOGRAPH	668,852			669,550
055 MEDICAL SUPPLIES CHAR	65,668,574			65,737,132
055 30 I.MPL. DEV. CHARGED TO	48,950,990			49,002,095
056 DRUGS CHARGED TO PATI	51,212,943			51,266,409
057 RENAL DIALYSIS	2,277,771			2,280,149
059 DEV EVALUATION	1,957,521			1,959,565
059 01 OTHER				
059 97 CARDIAC REHABILITATIO	1,589,031			1,590,690
OUTPAT SERVICE COST C				
060 CLINIC				
060 01 FAMILY PRACTICES				
060 02 WOMEN'S HEALTH CENTER				
060 03 AMBULATORY CARE	3,047,192			3,050,373
060 04 OTHER				
061 EMERGENCY	34,425,035			34,460,975
062 OBSERVATION BEDS (NON				
SPEC PURPOSE COST CEN				
095 SUBTOTALS	692,820,660	224,697	-253,779	693,290,244
NONREIMBURS COST CENT				
096 GIFT, FLOWER, COFFEE	157,738			157,903
096 01 OTHER NONREIMB	7,005,610			7,012,924
096 02 OTHER				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED	730,842	234,287		253,779
(PER WRKSHT B, PART				
104 UNIT COST MULTIPLIER		1.042680		.000362
(WRKSHT B, PT I)	.001044			
105 COST TO BE ALLOCATED	2,859	5,128		208
(PER WRKSHT B, PART				
106 UNIT COST MULTIPLIER		.022822		

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0208 PERIOD: FROM 1/1/2010 TO 12/31/2010 PREPARED 5/26/2011 WORKSHEET B-1

	COST CENTER DESCRIPTION	PARAMEDIC	PASTORAL CARE	RECONCILIATION	PHARMACY RESIDENCY
		(ACCUM. COST)	(DAYS)	()	(ACCUM. COST)
	NONREIMBURS COST CENT (WRKSHT B, PT I I)	24	24.01	24a.02	24.02
	COST TO BE ALLOCATED (PER WRKSHT B, PART	.000004			
107	UNIT COST MULTIPLIER (WRKSHT B, PT I I I)	100,875	5,951		2,239
108		.000144	.026485		.000003

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 14-0208
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET C
 PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	152,718,603		152,718,603		152,718,603
26	INTENSIVE CARE UNIT	49,381,513		49,381,513		49,381,513
26	01 NEONATAL INTENSIVE CARE U	12,021,600		12,021,600		12,021,600
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	8,752,935		8,752,935		8,752,935
31	01 SUBPROVIDER II	9,924,834		9,924,834		9,924,834
33	NURSERY	7,769,933		7,769,933		7,769,933
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	56,545,956		56,545,956		56,545,956
38	RECOVERY ROOM	3,765,080		3,765,080		3,765,080
39	DELIVERY ROOM & LABOR ROO	12,586,801		12,586,801		12,586,801
40	ANESTHESIOLOGY	2,372,556		2,372,556		2,372,556
41	RADIOLOGY-DIAGNOSTIC	54,726,945		54,726,945		54,726,945
44	LABORATORY	39,308,566		39,308,566		39,308,566
46	WHOLE BLOOD & PACKED RED	5,912,838		5,912,838		5,912,838
49	RESPIRATORY THERAPY	19,703,822		19,703,822		19,703,822
50	PHYSICAL THERAPY	9,295,309		9,295,309		9,295,309
51	OCCUPATIONAL THERAPY	6,887,949		6,887,949		6,887,949
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	6,963,409		6,963,409		6,963,409
54	ELECTROENCEPHALOGRAPHY	669,792		669,792		669,792
55	MEDICAL SUPPLIES CHARGED	65,760,929		65,760,929		65,760,929
55	30 IMPL. DEV. CHARGED TO PAT	49,019,834		49,019,834		49,019,834
56	DRUGS CHARGED TO PATIENTS	51,284,967		51,284,967		51,284,967
57	RENAL DIALYSIS	2,280,974		2,280,974		2,280,974
59	DEV EVALUATION	1,960,274		1,960,274		1,960,274
59	01 OTHER					
59	97 CARDIAC REHABILITATION	1,591,266		1,591,266		1,591,266
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 FAMILY PRACTICES					
60	02 WOMEN'S HEALTH CENTER					
60	03 AMBULATORY CARE	3,051,477		3,051,477		3,051,477
60	04 OTHER					
61	EMERGENCY	29,629,773		29,629,773		29,629,773
62	OBSERVATION BEDS (NON-DIS	4,412,722		4,412,722		4,412,722
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	668,300,657		668,300,657		668,300,657
102	LESS OBSERVATION BEDS	4,412,722		4,412,722		4,412,722
103	TOTAL	663,887,935		663,887,935		663,887,935

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	250,251,511		250,251,511			
26	INTENSIVE CARE UNIT	110,682,525		110,682,525			
26	01 NEONATAL INTENSIVE CARE U	30,706,776		30,706,776			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	13,882,651		13,882,651			
31	01 SUBPROVIDER II	14,543,159		14,543,159			
33	NURSERY	13,525,609		13,525,609			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	176,063,528	89,791,352	265,854,880	.212695	.212695	.212695
38	RECOVERY ROOM	8,212,989	10,641,540	18,854,529	.199691	.199691	.199691
39	DELIVERY ROOM & LABOR ROO	26,013,302	8,154,027	34,167,329	.368387	.368387	.368387
40	ANESTHESIOLOGY	30,394,430	18,299,312	48,693,742	.048724	.048724	.048724
41	RADIOLOGY-DIAGNOSTIC	122,531,350	128,530,193	251,061,543	.217982	.217982	.217982
44	LABORATORY	138,878,984	57,887,482	196,766,466	.199773	.199773	.199773
46	WHOLE BLOOD & PACKED RED	25,948,296	4,432,138	30,380,434	.194627	.194627	.194627
49	RESPIRATORY THERAPY	123,229,454	3,955,490	127,184,944	.154923	.154923	.154923
50	PHYSICAL THERAPY	47,275,873	21,705,073	68,980,946	.134752	.134752	.134752
51	OCCUPATIONAL THERAPY	11,252,372	5,674,387	16,926,759	.406927	.406927	.406927
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	31,486,048	18,163,144	49,649,192	.140252	.140252	.140252
54	ELECTROENCEPHALOGRAPHY	1,710,740	1,275,036	2,985,776	.224328	.224328	.224328
55	MEDICAL SUPPLIES CHARGED	87,379,831	16,425,320	103,805,151	.633504	.633504	.633504
55	30 IMPL. DEV. CHARGED TO PAT	123,543,693	25,849,672	149,393,365	.328126	.328126	.328126
56	DRUGS CHARGED TO PATIENTS	246,053,945	48,547,178	294,601,123	.174083	.174083	.174083
57	RENAL DIALYSIS	8,358,030	16,328	8,374,358	.272376	.272376	.272376
59	DEV EVALUATION	1,237,581	1,922,046	3,159,627	.620413	.620413	.620413
59	01 OTHER						
59	97 CARDIAC REHABILITATION	1,463,778	1,749,560	3,213,338	.495207	.495207	.495207
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 FAMILY PRACTICES						
60	02 WOMEN'S HEALTH CENTER						
60	03 AMBULATORY CARE	88,922	6,617,943	6,706,865	.454978	.454978	.454978
60	04 OTHER						
61	EMERGENCY	72,107,932	95,740,569	167,848,501	.176527	.176527	.176527
62	OBSERVATION BEDS (NON-DIS	1,556,995	4,831,128	6,388,123	.690770	.690770	.690770
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	1718,380,304	570,208,918	2288,589,222			
102	LESS OBSERVATION BEDS						
103	TOTAL	1718,380,304	570,208,918	2288,589,222			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
14-0208

PERIOD:
FROM 1/1/2010
TO 12/31/2010

PREPARED 5/26/2011
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	250,251,511		250,251,511			
26	INTENSIVE CARE UNIT	110,682,525		110,682,525			
26	01 NEONATAL INTENSIVE CARE U	30,706,776		30,706,776			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	13,882,651		13,882,651			
31	01 SUBPROVIDER II	14,543,159		14,543,159			
33	NURSERY	13,525,609		13,525,609			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	176,063,528	89,791,352	265,854,880	.224271	.224271	.224271
38	RECOVERY ROOM	8,212,989	10,641,540	18,854,529	.199691	.199691	.199691
39	DELIVERY ROOM & LABOR ROO	26,013,302	8,154,027	34,167,329	.368387	.368387	.368387
40	ANESTHESIOLOGY	30,394,430	18,299,312	48,693,742	.059183	.059183	.059183
41	RADIOLOGY-DIAGNOSTIC	122,531,350	128,530,193	251,061,543	.217982	.217982	.217982
44	LABORATORY	138,878,984	57,887,482	196,766,466	.199773	.199773	.199773
46	WHOLE BLOOD & PACKED RED	25,948,296	4,432,138	30,380,434	.194627	.194627	.194627
49	RESPIRATORY THERAPY	123,229,454	3,955,490	127,184,944	.154923	.154923	.154923
50	PHYSICAL THERAPY	47,275,873	21,705,073	68,980,946	.134752	.134752	.134752
51	OCCUPATIONAL THERAPY	11,252,372	5,674,387	16,926,759	.406927	.406927	.406927
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	31,486,048	18,163,144	49,649,192	.150896	.150896	.150896
54	ELECTROENCEPHALOGRAPHY	1,710,740	1,275,036	2,985,776	.224328	.224328	.224328
55	MEDICAL SUPPLIES CHARGED	87,379,831	16,425,320	103,805,151	.633504	.633504	.633504
55	30 IMPL. DEV. CHARGED TO PAT	123,543,693	25,849,672	149,393,365	.328126	.328126	.328126
56	DRUGS CHARGED TO PATIENTS	246,053,945	48,547,178	294,601,123	.174083	.174083	.174083
57	RENAL DIALYSIS	8,358,030	16,328	8,374,358	.272376	.272376	.272376
59	DEV EVALUATION	1,237,581	1,922,046	3,159,627	.620413	.620413	.620413
59	01 OTHER						
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	1,463,778	1,749,560	3,213,338	.495207	.495207	.495207
60	CLINIC						
60	01 FAMILY PRACTICES						
60	02 WOMEN'S HEALTH CENTER						
60	03 AMBULATORY CARE	88,922	6,617,943	6,706,865	.454978	.454978	.454978
60	04 OTHER						
61	EMERGENCY	72,107,932	95,740,569	167,848,501	.205384	.205384	.205384
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,556,995	4,831,128	6,388,123	.690770	.690770	.690770
101	SUBTOTAL	1718,380,304	570,208,918	2288,589,222			
102	LESS OBSERVATION BEDS						
103	TOTAL	1718,380,304	570,208,918	2288,589,222			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	56,545,956	3,425,944	53,120,012			56,545,956
38	RECOVERY ROOM	3,765,080	120,435	3,644,645			3,765,080
39	DELIVERY ROOM & LABOR ROO	12,586,801	876,720	11,710,081			12,586,801
40	ANESTHESIOLOGY	2,372,556	150,379	2,222,177			2,372,556
41	RADIOLOGY-DIAGNOSTIC	54,726,945	12,947,150	41,779,795			54,726,945
44	LABORATORY	39,308,566	673,654	38,634,912			39,308,566
46	WHOLE BLOOD & PACKED RED	5,912,838	72,083	5,840,755			5,912,838
49	RESPIRATORY THERAPY	19,703,822	765,555	18,938,267			19,703,822
50	PHYSICAL THERAPY	9,295,309	424,908	8,870,401			9,295,309
51	OCCUPATIONAL THERAPY	6,887,949	139,811	6,748,138			6,887,949
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	6,963,409	464,988	6,498,421			6,963,409
54	ELECTROENCEPHALOGRAPHY	669,792	34,736	635,056			669,792
55	MEDICAL SUPPLIES CHARGED	65,760,929	548,858	65,212,071			65,760,929
55	30 IMPL. DEV. CHARGED TO PAT	49,019,834	348,571	48,671,263			49,019,834
56	DRUGS CHARGED TO PATIENTS	51,284,967	904,347	50,380,620			51,284,967
57	RENAL DIALYSIS	2,280,974	77,449	2,203,525			2,280,974
59	DEV EVALUATION	1,960,274	80,548	1,879,726			1,960,274
59	01 OTHER						
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	1,591,266	38,558	1,552,708			1,591,266
60	CLINIC						
60	01 FAMILY PRACTICES						
60	02 WOMEN'S HEALTH CENTER						
60	03 AMBULATORY CARE	3,051,477	221,910	2,829,567			3,051,477
60	04 OTHER						
61	EMERGENCY	29,629,773	1,042,035	28,587,738			29,629,773
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	4,412,722	210,963	4,201,759			4,412,722
101	SUBTOTAL	427,731,239	23,569,602	404,161,637			427,731,239
102	LESS OBSERVATION BEDS	4,412,722	210,963	4,201,759			4,412,722
103	TOTAL	423,318,517	23,358,639	399,959,878			423,318,517

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	265,854,880	.212695	.212695
38	RECOVERY ROOM	18,854,529	.199691	.199691
39	DELIVERY ROOM & LABOR ROO	34,167,329	.368387	.368387
40	ANESTHESIOLOGY	48,693,742	.048724	.048724
41	RADIOLOGY-DIAGNOSTIC	251,061,543	.217982	.217982
44	LABORATORY	196,766,466	.199773	.199773
46	WHOLE BLOOD & PACKED RED	30,380,434	.194627	.194627
49	RESPIRATORY THERAPY	127,184,944	.154923	.154923
50	PHYSICAL THERAPY	68,980,946	.134752	.134752
51	OCCUPATIONAL THERAPY	16,926,759	.406927	.406927
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	49,649,192	.140252	.140252
54	ELECTROENCEPHALOGRAPHY	2,985,776	.224328	.224328
55	MEDICAL SUPPLIES CHARGED	103,805,151	.633504	.633504
55	30 IMPL. DEV. CHARGED TO PAT	149,393,365	.328126	.328126
56	DRUGS CHARGED TO PATIENTS	294,601,123	.174083	.174083
57	RENAL DIALYSIS	8,374,358	.272376	.272376
59	DEV EVALUATION	3,159,627	.620413	.620413
59	01 OTHER			
59	97 CARDIAC REHABILITATION	3,213,338	.495207	.495207
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 FAMILY PRACTICES			
60	02 WOMEN'S HEALTH CENTER			
60	03 AMBULATORY CARE	6,706,865	.454978	.454978
60	04 OTHER			
61	EMERGENCY	167,848,501	.176527	.176527
62	OBSERVATION BEDS (NON-DIS	6,388,123	.690770	.690770
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	1854,996,991		
102	LESS OBSERVATION BEDS	6,388,123		
103	TOTAL	1848,608,868		

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	59,623,567	3,425,944	56,197,623	342,594	3,259,462	56,021,511
38	OPERATING ROOM	3,765,080	120,435	3,644,645	12,044	211,389	3,541,647
39	DELIVERY ROOM & LABOR ROO	12,586,801	876,720	11,710,081	87,672	679,185	11,819,944
40	ANESTHESIOLOGY	2,881,840	150,379	2,731,461	15,038	158,425	2,708,377
41	RADIOLOGY-DIAGNOSTIC	54,726,945	12,947,150	41,779,795	1,294,715	2,423,228	51,009,002
44	LABORATORY	39,308,566	673,654	38,634,912	67,365	2,240,825	37,000,376
46	WHOLE BLOOD & PACKED RED	5,912,838	72,083	5,840,755	7,208	338,764	5,566,866
49	RESPIRATORY THERAPY	19,703,822	765,555	18,938,267	76,556	1,098,419	18,528,847
50	PHYSICAL THERAPY	9,295,309	424,908	8,870,401	42,491	514,483	8,738,335
51	OCCUPATIONAL THERAPY	6,887,949	139,811	6,748,138	13,981	391,392	6,482,576
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	7,491,859	464,988	7,026,871	46,499	407,559	7,037,801
54	ELECTROENCEPHALOGRAPHY	669,792	34,736	635,056	3,474	36,833	629,485
55	MEDICAL SUPPLIES CHARGED	65,760,929	548,858	65,212,071	54,886	3,782,300	61,923,743
55	30 IMPL. DEV. CHARGED TO PAT	49,019,834	348,571	48,671,263	34,857	2,822,933	46,162,044
56	DRUGS CHARGED TO PATIENTS	51,284,967	904,347	50,380,620	90,435	2,922,076	48,272,456
57	RENAL DIALYSIS	2,280,974	77,449	2,203,525	7,745	127,804	2,145,425
59	DEV EVALUATION	1,960,274	80,548	1,879,726	8,055	109,024	1,843,195
59	01 OTHER						
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	1,591,266	38,558	1,552,708	3,856	90,057	1,497,353
60	CLINIC						
60	01 FAMILY PRACTICES						
60	02 WOMEN'S HEALTH CENTER						
60	03 AMBULATORY CARE	3,051,477	221,910	2,829,567	22,191	164,115	2,865,171
60	04 OTHER						
61	EMERGENCY	34,473,450	1,042,035	33,431,415	104,204	1,939,022	32,430,224
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	4,412,722	210,963	4,201,759	21,096	243,702	4,147,924
101	SUBTOTAL	436,690,261	23,569,602	413,120,659	2,356,962	23,960,997	410,372,302
102	LESS OBSERVATION BEDS	4,412,722	210,963	4,201,759	21,096	243,702	4,147,924
103	TOTAL	432,277,539	23,358,639	408,918,900	2,335,866	23,717,295	406,224,378

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	265,854,880	.210722	.222982
38	RECOVERY ROOM	18,854,529	.187841	.199052
39	DELIVERY ROOM & LABOR ROO	34,167,329	.345943	.365821
40	ANESTHESIOLOGY	48,693,742	.055621	.058874
41	RADIOLOGY-DIAGNOSTIC	251,061,543	.203173	.212825
44	LABORATORY	196,766,466	.188042	.199430
46	WHOLE BLOOD & PACKED RED	30,380,434	.183239	.194389
49	RESPIRATORY THERAPY	127,184,944	.145684	.154321
50	PHYSICAL THERAPY	68,980,946	.126678	.134136
51	OCCUPATIONAL THERAPY	16,926,759	.382978	.406101
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	49,649,192	.141751	.149959
54	ELECTROENCEPHALOGRAPHY	2,985,776	.210828	.223164
55	MEDICAL SUPPLIES CHARGED	103,805,151	.596538	.632975
55	30 IMPL. DEV. CHARGED TO PAT	149,393,365	.308997	.327893
56	DRUGS CHARGED TO PATIENTS	294,601,123	.163857	.173776
57	RENAL DIALYSIS	8,374,358	.256190	.271451
59	DEV EVALUATION	3,159,627	.583358	.617864
59	01 OTHER			
59	97 CARDIAC REHABILITATION	3,213,338	.465981	.494007
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 FAMILY PRACTICES			
60	02 WOMEN'S HEALTH CENTER			
60	03 AMBULATORY CARE	6,706,865	.427200	.451669
60	04 OTHER			
61	EMERGENCY	167,848,501	.193211	.204763
62	OBSERVATION BEDS (NON-DIS	6,388,123	.649318	.687467
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	1854,996,991		
102	LESS OBSERVATION BEDS	6,388,123		
103	TOTAL	1848,608,868		

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	1,255,144		1,255,144	6,045,956		6,045,956
26	INTENSIVE CARE UNIT	207,422		207,422	1,530,304		1,530,304
26 01	NEONATAL INTENSIVE CARE U	31,686		31,686	309,446		309,446
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	249,883		249,883	315,986		315,986
31 01	SUBPROVIDER II	68,642		68,642	283,057		283,057
33	NURSERY	35,327		35,327	403,361		403,361
101	TOTAL	1,848,104		1,848,104	8,888,110		8,888,110

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	148,679	58,635	8.44	494,879	40.66	2,384,099
26	INTENSIVE CARE UNIT	29,512	13,645	7.03	95,924	51.85	707,493
26	01 NEONATAL INTENSIVE CARE U	11,037		2.87		28.04	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	9,450	3,878	26.44	102,534	33.44	129,680
31	01 SUBPROVIDER II	12,402	7,603	5.53	42,045	22.82	173,500
33	NURSERY	12,334		2.86		32.70	
101	TOTAL	223,414	83,761		735,382		3,394,772

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	355,914	3,070,030	265,854,880	59,522,588	.001339	79,701
38	RECOVERY ROOM	32,105	88,330	18,854,529	4,271,155	.001703	7,274
39	DELIVERY ROOM & LABOR ROO	169,295	707,425	34,167,329	121,440	.004955	602
40	ANESTHESIOLOGY	12,500	137,879	48,693,742	9,421,319	.000257	2,421
41	RADIOLOGY-DIAGNOSTIC	339,727	12,607,423	251,061,543	62,999,780	.001353	85,239
44	LABORATORY	159,339	514,315	196,766,466	60,248,366	.000810	48,801
46	WHOLE BLOOD & PACKED RED	17,148	54,935	30,380,434	10,078,653	.000564	5,684
49	RESPIRATORY THERAPY	58,264	707,291	127,184,944	35,026,385	.000458	16,042
50	PHYSICAL THERAPY	71,878	353,030	68,980,946	13,247,168	.001042	13,804
51	OCCUPATIONAL THERAPY	41,834	97,977	16,926,759	74,250	.002471	183
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	45,567	419,421	49,649,192	14,607,448	.000918	13,410
54	ELECTROENCEPHALOGRAPHY	4,927	29,809	2,985,776	623,528	.001650	1,029
55	MEDICAL SUPPLIES CHARGED	46,393	502,465	103,805,151	34,707,890	.000447	15,514
55	30 IMPL. DEV. CHARGED TO PAT	43,257	305,314	149,393,365	54,221,254	.000290	15,724
56	DRUGS CHARGED TO PATIENTS	100,530	803,817	294,601,123	86,169,227	.000341	29,384
57	RENAL DIALYSIS	3,731	73,718	8,374,358	5,279,953	.000446	2,355
59	DEV EVALUATION	31,156	49,392	3,159,627	11,599	.009861	114
59	01 OTHER						
59	97 CARDIAC REHABILITATION	2,083	36,475	3,213,338	722,533	.000648	468
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 FAMILY PRACTICES						
60	02 WOMEN'S HEALTH CENTER						
60	03 AMBULATORY CARE	85,772	136,138	6,706,865	69,904	.012789	894
60	04 OTHER						
61	EMERGENCY	120,352	921,683	167,848,501	31,244,728	.000717	22,402
62	OBSERVATION BEDS (NON-DIS	36,268	174,695	6,388,123	876,251	.005677	4,974
	OTHER REIMBURS COST CNTRS						
101	TOTAL	1,778,040	21,791,562	1854,996,991	483,545,419		366,019

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0208
 COMPONENT NO: 14-0208
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG RATIO 7	COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.011548	687,367
38	RECOVERY ROOM	.004685	20,010
39	DELIVERY ROOM & LABOR ROO	.020705	2,514
40	ANESTHESIOLOGY	.002832	26,681
41	RADIOLOGY-DIAGNOSTIC	.050216	3,163,597
44	LABORATORY	.002614	157,489
46	WHOLE BLOOD & PACKED RED	.001808	18,222
49	RESPIRATORY THERAPY	.005561	194,782
50	PHYSICAL THERAPY	.005118	67,799
51	OCCUPATIONAL THERAPY	.005788	430
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.008448	123,404
54	ELECTROENCEPHALOGRAPHY	.009984	6,225
55	MEDICAL SUPPLIES CHARGED	.004840	167,986
55	30 IMPL. DEV. CHARGED TO PAT	.002044	110,828
56	DRUGS CHARGED TO PATIENTS	.002728	235,070
57	RENAL DIALYSIS	.008803	46,479
59	DEV EVALUATION	.015632	181
59	01 OTHER		
59	97 CARDIAC REHABILITATION	.011351	8,201
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60	01 FAMILY PRACTICES		
60	02 WOMEN'S HEALTH CENTER		
60	03 AMBULATORY CARE	.020298	1,419
60	04 OTHER		
61	EMERGENCY	.005491	171,565
62	OBSERVATION BEDS (NON-DIS	.027347	23,963
	OTHER REIMBURS COST CNTRS		
101	TOTAL		5,234,212

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

PROVIDER NO: 14-0208
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			393,825			393,825
26	INTENSIVE CARE UNIT			104,594			104,594
26	01 NEONATAL INTENSIVE CARE U			30,063			30,063
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER			22,135			22,135
31	01 SUBPROVIDER II			26,855			26,855
33	NURSERY			23,759			23,759
101	TOTAL			601,231			601,231

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

PROVIDER NO: 14-0208
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET D
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPAT PROG DAYS 7	INPAT PROG PASS THRU COST 8
25	ADULTS & PEDIATRICS	148,679	2.65	58,635	155,383
26	INTENSIVE CARE UNIT	29,512	3.54	13,645	48,303
26 01	NEONATAL INTENSIVE CARE U	11,037	2.72		
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE U				
31	SUBPROVIDER	9,450	2.34	3,878	9,075
31 01	SUBPROVIDER II	12,402	2.17	7,603	16,499
33	NURSERY	12,334	1.93		
101	TOTAL	223,414		83,761	229,260

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS										
37	OPERATING ROOM						83,736				
38	RECOVERY ROOM						5,287				
39	DELIVERY ROOM & LABOR ROO						17,677				
40	ANESTHESIOLOGY						4,047				
41	RADIOLOGY-DIAGNOSTIC						76,859				
44	LABORATORY						55,206				
46	WHOLE BLOOD & PACKED RED						8,304				
49	RESPIRATORY THERAPY						27,672				
50	PHYSICAL THERAPY						13,055				
51	OCCUPATIONAL THERAPY						9,674				
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY						10,522				
54	ELECTROENCEPHALOGRAPHY						940				
55	MEDICAL SUPPLIES CHARGED						92,355				
55	30 IMPL. DEV. CHARGED TO PAT						68,844				
56	DRUGS CHARGED TO PATIENTS						72,024				
57	RENAL DIALYSIS						3,203				
59	DEV EVALUATION						2,753				
59	01 OTHER										
59	97 CARDIAC REHABILITATION						2,235				
	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60	01 FAMILY PRACTICES										
60	02 WOMEN'S HEALTH CENTER										
60	03 AMBULATORY CARE						4,285				
60	04 OTHER										
61	EMERGENCY						48,415				
62	OBSERVATION BEDS (NON-DIS						11,380				
	OTHER REIMBURS COST CNTRS										
101	TOTAL						618,473				

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							
	OPERATING ROOM	83,736	83,736	265,854,880	.000315	.000315	59,522,588	18,750
38	RECOVERY ROOM	5,287	5,287	18,854,529	.000280	.000280	4,271,155	1,196
39	DELIVERY ROOM & LABOR ROO	17,677	17,677	34,167,329	.000517	.000517	121,440	63
40	ANESTHESIOLOGY	4,047	4,047	48,693,742	.000083	.000083	9,421,319	782
41	RADIOLOGY-DIAGNOSTIC	76,859	76,859	251,061,543	.000306	.000306	62,999,780	19,278
44	LABORATORY	55,206	55,206	196,766,466	.000281	.000281	60,248,366	16,930
46	WHOLE BLOOD & PACKED RED	8,304	8,304	30,380,434	.000273	.000273	10,078,653	2,751
49	RESPIRATORY THERAPY	27,672	27,672	127,184,944	.000218	.000218	35,026,385	7,636
50	PHYSICAL THERAPY	13,055	13,055	68,980,946	.000189	.000189	13,247,168	2,504
51	OCCUPATIONAL THERAPY	9,674	9,674	16,926,759	.000572	.000572	74,250	42
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY	10,522	10,522	49,649,192	.000212	.000212	14,607,448	3,097
54	ELECTROENCEPHALOGRAPHY	940	940	2,985,776	.000315	.000315	623,528	196
55	MEDICAL SUPPLIES CHARGED	92,355	92,355	103,805,151	.000890	.000890	34,707,890	30,890
55	30 IMPL. DEV. CHARGED TO PAT	68,844	68,844	149,393,365	.000461	.000461	54,221,254	24,996
56	DRUGS CHARGED TO PATIENTS	72,024	72,024	294,601,123	.000244	.000244	86,169,227	21,025
57	RENAL DIALYSIS	3,203	3,203	8,374,358	.000382	.000382	5,279,953	2,017
59	DEV EVALUATION	2,753	2,753	3,159,627	.000871	.000871	11,599	10
59	01 OTHER							
59	97 CARDIAC REHABILITATION	2,235	2,235	3,213,338	.000696	.000696	722,533	503
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 FAMILY PRACTICES							
60	02 WOMEN'S HEALTH CENTER							
60	03 AMBULATORY CARE	4,285	4,285	6,706,865	.000639	.000639	69,904	45
60	04 OTHER							
61	EMERGENCY	48,415	48,415	167,848,501	.000288	.000288	31,244,728	8,998
62	OBSERVATION BEDS (NON-DIS	11,380	11,380	6,388,123	.001781	.001781	876,251	1,561
	OTHER REIMBURS COST CNTRS							
101	TOTAL	618,473	618,473	1854,996,991			483,545,419	163,270

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	20,807,274			6,554		
38	RECOVERY ROOM	3,469,687			972		
39	DELIVERY ROOM & LABOR ROO	79,245			41		
40	ANESTHESIOLOGY	3,527,641			293		
41	RADIOLOGY-DIAGNOSTIC	35,053,786			10,726		
44	LABORATORY	937,469			263		
46	WHOLE BLOOD & PACKED RED	1,074,481			293		
49	RESPIRATORY THERAPY	685,265			149		
50	PHYSICAL THERAPY	2,591,896			490		
51	OCCUPATIONAL THERAPY	1,058,039			605		
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	3,756,231			796		
54	ELECTROENCEPHALOGRAPHY	60,509			19		
55	MEDICAL SUPPLIES CHARGED	4,997,383			4,448		
55	30 IMPL. DEV. CHARGED TO PAT	10,616,663			4,894		
56	DRUGS CHARGED TO PATIENTS	16,230,793			3,960		
57	RENAL DIALYSIS	3,771			1		
59	DEV EVALUATION	15,430			13		
59	01 OTHER						
59	97 CARDIAC REHABILITATION	807,549			562		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 FAMILY PRACTICES						
60	02 WOMEN'S HEALTH CENTER						
60	03 AMBULATORY CARE	3,368,761			2,153		
60	04 OTHER						
61	EMERGENCY	12,278,677			3,536		
62	OBSERVATION BEDS (NON-DIS	1,382,131			2,462		
	OTHER REIMBURS COST CNTRS						
101	TOTAL	122,802,681			43,230		

TITLE XVIII, PART B HOSPITAL

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		20,807,274			
38 RECOVERY ROOM		3,469,687			
39 DELIVERY ROOM & LABOR ROOM		79,245			
40 ANESTHESIOLOGY		3,527,641			
41 RADIOLOGY-DIAGNOSTIC		35,053,786			
44 LABORATORY		937,469			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS		1,074,481			
49 RESPIRATORY THERAPY		685,265			
50 PHYSICAL THERAPY		2,591,896			
51 OCCUPATIONAL THERAPY		1,058,039			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		3,756,231			
54 ELECTROENCEPHALOGRAPHY		60,509			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		4,997,383			
55 30 IMPL. DEV. CHARGED TO PATIENT		10,616,663			
56 DRUGS CHARGED TO PATIENTS		16,230,793			
57 RENAL DIALYSIS		3,771			
59 DEV EVALUATION		15,430			
59 01 OTHER					
59 97 CARDIAC REHABILITATION		807,549			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 FAMILY PRACTICES					
60 02 WOMEN'S HEALTH CENTER					
60 03 AMBULATORY CARE		3,368,761			
60 04 OTHER					
61 EMERGENCY		12,278,677			
62 OBSERVATION BEDS (NON-DISTINCT PART)		1,382,131			
101 SUBTOTAL		122,802,681			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		122,802,681			

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0208
 COMPONENT NO: 14-S208
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.011548	5
38	RECOVERY ROOM	.004685	1
39	DELIVERY ROOM & LABOR ROO	.020705	
40	ANESTHESIOLOGY	.002832	
41	RADIOLOGY-DIAGNOSTIC	.050216	11,970
44	LABORATORY	.002614	1,511
46	WHOLE BLOOD & PACKED RED	.001808	2
49	RESPIRATORY THERAPY	.005561	364
50	PHYSICAL THERAPY	.005118	257
51	OCCUPATIONAL THERAPY	.005788	496
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.008448	1,114
54	ELECTROENCEPHALOGRAPHY	.009984	41
55	MEDICAL SUPPLIES CHARGED	.004840	89
55	30 IMPL. DEV. CHARGED TO PAT	.002044	
56	DRUGS CHARGED TO PATIENTS	.002728	2,264
57	RENAL DIALYSIS	.008803	92
59	DEV EVALUATION	.015632	
59	01 OTHER		
59	97 CARDIAC REHABILITATION	.011351	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60	01 FAMILY PRACTICES		
60	02 WOMEN'S HEALTH CENTER		
60	03 AMBULATORY CARE	.020298	8
60	04 OTHER		
61	EMERGENCY	.005491	2,551
62	OBSERVATION BEDS (NON-DIS	.027347	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		20,765

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
	OPERATING ROOM							83,736				
38	RECOVERY ROOM							5,287				
39	DELIVERY ROOM & LABOR ROO							17,677				
40	ANESTHESIOLOGY							4,047				
41	RADIOLOGY-DIAGNOSTIC							76,859				
44	LABORATORY							55,206				
46	WHOLE BLOOD & PACKED RED							8,304				
49	RESPIRATORY THERAPY							27,672				
50	PHYSICAL THERAPY							13,055				
51	OCCUPATIONAL THERAPY							9,674				
52	SPEECH PATHOLOGY											
53	ELECTROCARDIOLOGY							10,522				
54	ELECTROENCEPHALOGRAPHY							940				
55	MEDICAL SUPPLIES CHARGED							92,355				
55	30 IMPL. DEV. CHARGED TO PAT							68,844				
56	DRUGS CHARGED TO PATIENTS							72,024				
57	RENAL DIALYSIS							3,203				
59	DEV EVALUATION							2,753				
59	01 OTHER											
59	97 CARDIAC REHABILITATION							2,235				
	OUTPAT SERVICE COST CNTRS											
60	CLINIC											
60	01 FAMILY PRACTICES											
60	02 WOMEN'S HEALTH CENTER											
60	03 AMBULATORY CARE							4,285				
60	04 OTHER											
61	EMERGENCY							48,415				
62	OBSERVATION BEDS (NON-DIS							11,380				
	OTHER REIMBURS COST CNTRS											
101	TOTAL							618,473				

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	83,736	83,736	265,854,880	.000315	.000315	421	
38	RECOVERY ROOM	5,287	5,287	18,854,529	.000280	.000280	268	
39	DELIVERY ROOM & LABOR ROO	17,677	17,677	34,167,329	.000517	.000517		
40	ANESTHESIOLOGY	4,047	4,047	48,693,742	.000083	.000083		
41	RADIOLOGY-DIAGNOSTIC	76,859	76,859	251,061,543	.000306	.000306	238,371	73
44	LABORATORY	55,206	55,206	196,766,466	.000281	.000281	578,015	162
46	WHOLE BLOOD & PACKED RED	8,304	8,304	30,380,434	.000273	.000273	1,218	
49	RESPIRATORY THERAPY	27,672	27,672	127,184,944	.000218	.000218	65,392	14
50	PHYSICAL THERAPY	13,055	13,055	68,980,946	.000189	.000189	50,189	9
51	OCCUPATIONAL THERAPY	9,674	9,674	16,926,759	.000572	.000572	85,640	49
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY	10,522	10,522	49,649,192	.000212	.000212	131,894	28
54	ELECTROENCEPHALOGRAPHY	940	940	2,985,776	.000315	.000315	4,072	1
55	MEDICAL SUPPLIES CHARGED	92,355	92,355	103,805,151	.000890	.000890	18,352	16
55	30 IMPL. DEV. CHARGED TO PAT	68,844	68,844	149,393,365	.000461	.000461		
56	DRUGS CHARGED TO PATIENTS	72,024	72,024	294,601,123	.000244	.000244	829,935	203
57	RENAL DIALYSIS	3,203	3,203	8,374,358	.000382	.000382	10,476	4
59	DEV EVALUATION	2,753	2,753	3,159,627	.000871	.000871		
59	01 OTHER							
59	97 CARDIAC REHABILITATION	2,235	2,235	3,213,338	.000696	.000696		
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 FAMILY PRACTICES							
60	02 WOMEN'S HEALTH CENTER							
60	03 AMBULATORY CARE	4,285	4,285	6,706,865	.000639	.000639	417	
60	04 OTHER							
61	EMERGENCY	48,415	48,415	167,848,501	.000288	.000288	464,534	134
62	OBSERVATION BEDS (NON-DIS	11,380	11,380	6,388,123	.001781	.001781		
	OTHER REIMBURS COST CNTRS							
101	TOTAL	618,473	618,473	1854,996,991			2,479,194	693

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	DEV EVALUATION						
59	01 OTHER						
59	97 CARDIAC REHABILITATION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 FAMILY PRACTICES						
60	02 WOMEN'S HEALTH CENTER						
60	03 AMBULATORY CARE						
60	04 OTHER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0208
 COMPONENT NO: 14-T208
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.011548	338
38	RECOVERY ROOM	.004685	69
39	DELIVERY ROOM & LABOR ROO	.020705	
40	ANESTHESIOLOGY	.002832	29
41	RADIOLOGY-DIAGNOSTIC	.050216	35,242
44	LABORATORY	.002614	3,468
46	WHOLE BLOOD & PACKED RED	.001808	214
49	RESPIRATORY THERAPY	.005561	3,195
50	PHYSICAL THERAPY	.005118	15
51	OCCUPATIONAL THERAPY	.005788	38,569
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.008448	919
54	ELECTROENCEPHALOGRAPHY	.009984	113
55	MEDICAL SUPPLIES CHARGED	.004840	3,238
55	30 IMPL. DEV. CHARGED TO PAT	.002044	178
56	DRUGS CHARGED TO PATIENTS	.002728	8,477
57	RENAL DIALYSIS	.008803	1,875
59	DEV EVALUATION	.015632	
59	01 OTHER		
59	97 CARDIAC REHABILITATION	.011351	14
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60	01 FAMILY PRACTICES		
60	02 WOMEN'S HEALTH CENTER		
60	03 AMBULATORY CARE	.020298	92
60	04 OTHER		
61	EMERGENCY	.005491	7
62	OBSERVATION BEDS (NON-DIS	.027347	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		96,052

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
	OPERATING ROOM							83,736				
38	RECOVERY ROOM							5,287				
39	DELIVERY ROOM & LABOR ROO							17,677				
40	ANESTHESIOLOGY							4,047				
41	RADIOLOGY-DIAGNOSTIC							76,859				
44	LABORATORY							55,206				
46	WHOLE BLOOD & PACKED RED							8,304				
49	RESPIRATORY THERAPY							27,672				
50	PHYSICAL THERAPY							13,055				
51	OCCUPATIONAL THERAPY							9,674				
52	SPEECH PATHOLOGY											
53	ELECTROCARDIOLOGY							10,522				
54	ELECTROENCEPHALOGRAPHY							940				
55	MEDICAL SUPPLIES CHARGED							92,355				
55	30 IMPL. DEV. CHARGED TO PAT							68,844				
56	DRUGS CHARGED TO PATIENTS							72,024				
57	RENAL DIALYSIS							3,203				
59	DEV EVALUATION							2,753				
59	01 OTHER											
59	97 CARDIAC REHABILITATION							2,235				
	OUTPAT SERVICE COST CNTRS											
60	CLINIC											
60	01 FAMILY PRACTICES											
60	02 WOMEN'S HEALTH CENTER											
60	03 AMBULATORY CARE							4,285				
60	04 OTHER											
61	EMERGENCY							48,415				
62	OBSERVATION BEDS (NON-DIS							11,380				
	OTHER REIMBURS COST CNTRS											
101	TOTAL							618,473				

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	83,736	83,736	265,854,880	.000315	.000315	29,226	9
38	RECOVERY ROOM	5,287	5,287	18,854,529	.000280	.000280	14,726	4
39	DELIVERY ROOM & LABOR ROO	17,677	17,677	34,167,329	.000517	.000517		
40	ANESTHESIOLOGY	4,047	4,047	48,693,742	.000083	.000083	10,128	1
41	RADIOLOGY-DIAGNOSTIC	76,859	76,859	251,061,543	.000306	.000306	701,816	215
44	LABORATORY	55,206	55,206	196,766,466	.000281	.000281	1,326,647	373
46	WHOLE BLOOD & PACKED RED	8,304	8,304	30,380,434	.000273	.000273	118,275	32
49	RESPIRATORY THERAPY	27,672	27,672	127,184,944	.000218	.000218	574,613	125
50	PHYSICAL THERAPY	13,055	13,055	68,980,946	.000189	.000189	2,937	1
51	OCCUPATIONAL THERAPY	9,674	9,674	16,926,759	.000572	.000572	6,663,652	3,812
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY	10,522	10,522	49,649,192	.000212	.000212	108,750	23
54	ELECTROENCEPHALOGRAPHY	940	940	2,985,776	.000315	.000315	11,368	4
55	MEDICAL SUPPLIES CHARGED	92,355	92,355	103,805,151	.000890	.000890	669,097	595
55	30 IMPL. DEV. CHARGED TO PAT	68,844	68,844	149,393,365	.000461	.000461	87,142	40
56	DRUGS CHARGED TO PATIENTS	72,024	72,024	294,601,123	.000244	.000244	3,107,509	758
57	RENAL DIALYSIS	3,203	3,203	8,374,358	.000382	.000382	212,959	81
59	DEV EVALUATION	2,753	2,753	3,159,627	.000871	.000871		
59	01 OTHER							
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	2,235	2,235	3,213,338	.000696	.000696	1,239	1
60	CLINIC							
60	01 FAMILY PRACTICES							
60	02 WOMEN'S HEALTH CENTER							
60	03 AMBULATORY CARE	4,285	4,285	6,706,865	.000639	.000639	4,517	3
60	04 OTHER							
61	EMERGENCY	48,415	48,415	167,848,501	.000288	.000288	1,209	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	11,380	11,380	6,388,123	.001781	.001781		
101	TOTAL	618,473	618,473	1854,996,991			13,645,810	6,077

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
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						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	DEV EVALUATION						
59	01 OTHER						
59	97 CARDIAC REHABILITATION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 FAMILY PRACTICES						
60	02 WOMEN'S HEALTH CENTER						
60	03 AMBULATORY CARE						
60	04 OTHER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		1,918,756			
38 RECOVERY ROOM		210,121			
39 DELIVERY ROOM & LABOR ROOM		1,493,138			
40 ANESTHESIOLOGY		154,869			
41 RADIOLOGY-DIAGNOSTIC		4,358,515			
44 LABORATORY		2,316,855			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS		177,789			
49 RESPIRATORY THERAPY		137,532			
50 PHYSICAL THERAPY		108,352			
51 OCCUPATIONAL THERAPY		263,383			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		558,764			
54 ELECTROENCEPHALOGRAPHY		78,440			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,145,329			
55 30 IMPL. DEV. CHARGED TO PATIENT		507,639			
56 DRUGS CHARGED TO PATIENTS		1,054,797			
57 RENAL DIALYSIS		1,609			
59 DEV EVALUATION		709,980			
59 01 OTHER					
59 97 CARDIAC REHABILITATION		47,683			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 FAMILY PRACTICES					
60 02 WOMEN'S HEALTH CENTER					
60 03 AMBULATORY CARE		308,062			
60 04 OTHER					
61 EMERGENCY		5,486,439			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL		21,038,052			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		21,038,052			

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	4,296
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,027.17
85	OBSERVATION BED COST	4,412,722

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	1,255,144	.008219	4,412,722	36,268
87	NEW CAPITAL-RELATED COST	6,045,956	.039589	4,412,722	174,695
88	NON PHYSICIAN ANESTHETIST			4,412,722	
89	MEDICAL EDUCATION			4,412,722	
89.01	MEDICAL EDUCATION - ALLIED HEA	393,825	.002579	4,412,722	11,380
89.02	MEDICAL EDUCATION - ALL OTHER			4,412,722	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		46,637,650	
26	INTENSIVE CARE UNIT		17,404,448	
26	01 NEONATAL INTENSIVE CARE UNIT		21,250,297	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER II			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.224271	24,388,914	5,469,726
38	RECOVERY ROOM	.199691	657,535	131,304
39	DELIVERY ROOM & LABOR ROOM	.368387	10,979,061	4,044,543
40	ANESTHESIOLOGY	.059183	4,922,226	291,312
41	RADIOLOGY-DIAGNOSTIC	.217982	20,212,502	4,405,962
44	LABORATORY	.199773	23,456,067	4,685,889
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.194627	5,164,749	1,005,200
49	RESPIRATORY THERAPY	.154923	39,879,919	6,178,317
50	PHYSICAL THERAPY	.134752	1,112,724	149,942
51	OCCUPATIONAL THERAPY	.406927	56,636	23,047
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.150896	4,418,491	666,733
54	ELECTROENCEPHALOGRAPHY	.224328	332,823	74,662
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.633504	14,104,793	8,935,443
55	30 IMPL. DEV. CHARGED TO PATIENT	.328126	9,130,176	2,995,848
56	DRUGS CHARGED TO PATIENTS	.174083	53,390,076	9,294,305
57	RENAL DIALYSIS	.272376	616,541	167,931
59	DEV EVALUATION	.620413	747,970	464,050
59	01 OTHER			
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	.495207	93,035	46,072
60	CLINIC			
60	01 FAMILY PRACTICES			
60	02 WOMEN'S HEALTH CENTER			
60	03 AMBULATORY CARE	.454978	4,246	1,932
60	04 OTHER			
61	EMERGENCY	.205384	11,494,748	2,360,837
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.690770		
101	TOTAL		225,163,232	51,393,055
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		225,163,232	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26	01 NEONATAL INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		1,535,238	
31	01 SUBPROVIDER II			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.224271		
38	RECOVERY ROOM	.199691		
39	DELIVERY ROOM & LABOR ROOM	.368387		
40	ANESTHESIOLOGY	.059183		
41	RADIOLOGY-DIAGNOSTIC	.217982	89,413	19,490
44	LABORATORY	.199773	274,239	54,786
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.194627	702	137
49	RESPIRATORY THERAPY	.154923	18,577	2,878
50	PHYSICAL THERAPY	.134752	16,518	2,226
51	OCCUPATIONAL THERAPY	.406927	3,680	1,497
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.150896	59,457	8,972
54	ELECTROENCEPHALOGRAPHY	.224328		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.633504		
55	30 IMPL. DEV. CHARGED TO PATIENT	.328126		
56	DRUGS CHARGED TO PATIENTS	.174083	248,687	43,292
57	RENAL DIALYSIS	.272376	31,004	8,445
59	DEV EVALUATION	.620413		
59	01 OTHER			
59	97 CARDIAC REHABILITATION	.495207	199	99
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 FAMILY PRACTICES			
60	02 WOMEN'S HEALTH CENTER			
60	03 AMBULATORY CARE	.454978		
60	04 OTHER			
61	EMERGENCY	.205384	286,472	58,837
62	OBSERVATION BEDS (NON-DISTINCT PART)	.690770		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		1,028,948	200,659
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,028,948	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26	01 NEONATAL INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER II		360,073	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.224271		
38	RECOVERY ROOM	.199691	1,316	263
39	DELIVERY ROOM & LABOR ROOM	.368387		
40	ANESTHESIOLOGY	.059183		
41	RADIOLOGY-DIAGNOSTIC	.217982	51,671	11,263
44	LABORATORY	.199773	51,539	10,296
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.194627	692	135
49	RESPIRATORY THERAPY	.154923		
50	PHYSICAL THERAPY	.134752	40,872	5,508
51	OCCUPATIONAL THERAPY	.406927	250,228	101,825
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.150896	5,905	891
54	ELECTROENCEPHALOGRAPHY	.224328		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.633504		
55	30 IMPL. DEV. CHARGED TO PATIENT	.328126		
56	DRUGS CHARGED TO PATIENTS	.174083	196,980	34,291
57	RENAL DIALYSIS	.272376		
59	DEV EVALUATION	.620413		
59	01 OTHER			
59	97 CARDIAC REHABILITATION	.495207		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 FAMILY PRACTICES			
60	02 WOMEN'S HEALTH CENTER			
60	03 AMBULATORY CARE	.454978		
60	04 OTHER			
61	EMERGENCY	.205384		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.690770		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		599,203	164,472
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		599,203	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	182,593,392	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	182,593,392	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	12,871,797	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	10,396,824	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	100,000	
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS	203,686	
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	163,270	
16 TOTAL	206,328,969	
17 PRIMARY PAYER PAYMENTS	148,983	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	206,179,986	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	9,094,804	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	933,231	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,766,581	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,236,607	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1,625,984	
22 SUBTOTAL	197,388,558	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.94 LOW VOLUME ADJUSTMENT PAYMENT-1		
24.95 LOW VOLUME ADJUSTMENT PAYMENT-2		
24.96 LOW VOLUME ADJUSTMENT PAYMENT-3		
24.97		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	197,388,558	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	193,833,524	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	3,555,034	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	1,367,259	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
53 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

- 1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
- 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).
- 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
- 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
- 1.04 LINE 1.01 TIMES LINE 1.03.
- 1.05 LINE 1.02 DIVIDED BY LINE 1.04.
- 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
- 1.07 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
- 5 TOTAL COST (SEE INSTRUCTIONS)

- COMPUTATION OF LESSER OF COST OR CHARGES

- REASONABLE CHARGES
- 6 ANCILLARY SERVICE CHARGES
- 7 INTERNS AND RESIDENTS SERVICE CHARGES
- 8 ORGAN ACQUISITION CHARGES
- 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.
- 10 TOTAL REASONABLE CHARGES

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

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

- REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
- 26 COMPOSITE RATE ESRD
- 27 BAD DEBTS (SEE INSTRUCTIONS)
- 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 28 SUBTOTAL
- 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
- 30 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
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM
- 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2

- TO BE COMPLETED BY CONTRACTOR
- 50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)
- 51 OUTLIER RECONCILIATION 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)

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 2

- 1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
- 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).
- 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
- 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
- 1.04 LINE 1.01 TIMES LINE 1.03.
- 1.05 LINE 1.02 DIVIDED BY LINE 1.04.
- 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
- 1.07 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
- 5 TOTAL COST (SEE INSTRUCTIONS)

- COMPUTATION OF LESSER OF COST OR CHARGES

- REASONABLE CHARGES
- 6 ANCILLARY SERVICE CHARGES
- 7 INTERNS AND RESIDENTS SERVICE CHARGES
- 8 ORGAN ACQUISITION CHARGES
- 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.
- 10 TOTAL REASONABLE CHARGES

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

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

- REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
- 26 COMPOSITE RATE ESRD
- 27 BAD DEBTS (SEE INSTRUCTIONS)
- 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 28 SUBTOTAL
- 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
- 30 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
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM
- 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2

- TO BE COMPLETED BY CONTRACTOR
- 50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)
- 51 OUTLIER RECONCILIATION 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		192,532,219		23,153,036
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	8/10/2010	1,006,412	8/10/2010	84,224
ADJUSTMENTS TO PROVIDER .02	1/10/2011	294,893	1/10/2011	13,578
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				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		1,301,305		97,802
4 TOTAL INTERIM PAYMENTS		193,833,524		23,250,838
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				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		3,555,034		827,145
7 TOTAL MEDICARE PROGRAM LIABILITY		197,388,558		24,077,983

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 SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,010,643		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50	1/10/2011	6,091		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		-6,091		NONE
4 TOTAL INTERIM PAYMENTS		3,004,552		
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		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		29,825		
7 TOTAL MEDICARE PROGRAM LIABILITY		2,974,727		

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 SUBPROVIDER 2

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		10,044,966		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	1/10/2011	5,212		
ADJUSTMENTS TO PROVIDER .02				
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				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		5,212		NONE
4 TOTAL INTERIM PAYMENTS		10,050,178		
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				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		99,585		
7 TOTAL MEDICARE PROGRAM LIABILITY		10,149,763		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,974,727
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	3,004,552
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-29,825
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

50	----- FI ONLY ----- ORIGINAL PPS AMOUNT OR 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).	

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		9,750,999
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		.0248
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		370,616
1.05	OUTLIER PAYMENTS		151,872
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		10,273,487
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
INPATIENT PSYCHIATRIC FACILITY (IPF)			
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		
1.09	NET IPF PPS OUTLIER PAYMENTS		
1.10	NET IPF PPS ECT PAYMENTS		
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		
INPATIENT REHABILITATION FACILITY (IRF)			
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		33.978082
1.41	MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		10,273,487
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL		10,273,487
7	DEDUCTIBLES		34,100
8	SUBTOTAL		10,239,387
9	COINSURANCE		112,200
10	SUBTOTAL		10,127,187
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL		10,127,187
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		22,576
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		

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

17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	10,149,763
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	10,050,178
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	99,585
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

50	----- FI ONLY ----- ORIGINAL PPS AMOUNT OR 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).	

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		171.79
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	46.18
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	46.18	217.97
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		216.59
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		216.59
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.		137.41
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.		76.10
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		213.51
3.10	SEE INSTRUCTIONS		213.51
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		76.10
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		69.93
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		65.37
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	70.47
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)		70.47
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		123,304.06
3.18	SEE INSTRUCTIONS		8,689,237
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		136.73
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		138.20
3.21	SEE INSTRUCTIONS	RES INIT YEARS	137.45
3.22	SEE INSTRUCTIONS		137.45
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		130,217.05
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		17,898,334
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		26,587,571

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		83,761
5	TOTAL INPATIENT DAYS		206,784
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.405065
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	10,769,694	10,769,694
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		9,690
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		206,784
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		1,069,849
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		3,203
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		8,374,358
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		.000382

TITLE XVIII

- 10 MEDICARE OUTPATIENT ESRD CHARGES
- 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	211,453,057
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	148,983
16	TOTAL PART A REASONABLE COST	211,304,074

PART B REASONABLE COST

17	REASONABLE COST	29,323,843
18	PRIMARY PAYER PAYMENTS	2,025
19	TOTAL PART B REASONABLE COST	29,321,818
20	TOTAL REASONABLE COST	240,625,892
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.878144
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.121856

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)	11,839,543
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	10,396,824
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	1,442,719

TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT

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

COMPUTATION OF PROGRAM PATIENT LOAD

- 4 PROGRAM PART A INPATIENT DAYS 43,922
- 5 TOTAL INPATIENT DAYS 206,784
- 6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. LN 6 * LN 3.25 + E-3, 6 L 11 .212405
- 6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS
- 6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS) 5,746
- 6.03 ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE. 206,784
- 6.04 ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS) 100.00
- 6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.
- 6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)
- 6.07 ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS) 100.00
- 6.08 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD PRIOR TO 422 E-3, 6 LN 12

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

- 7 RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS
- 8 RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES
- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES

TITLE XIX

- 10 MEDICARE OUTPATIENT ESRD CHARGES
- 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

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

PART B REASONABLE COST

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

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

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

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

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

COLUMN 1
1.000000

COLUMN 1.01

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

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

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

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

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

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

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	418,416,000			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	297,867,000			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY				
8 PREPAID EXPENSES				
9 OTHER CURRENT ASSETS	413,370,000			
10 DUE FROM OTHER FUNDS	38,446,000			
11 TOTAL CURRENT ASSETS	1168,099,000			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS	89,172,000			
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	1671,566,000			
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	924,281,000			
18.01 LESS ACCUMULATED DEPRECIATION	-1547,710,000			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	1137,309,000			
OTHER ASSETS				
22 INVESTMENTS	2814,414,000			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	111,429,000			
26 TOTAL OTHER ASSETS	2925,843,000			
27 TOTAL ASSETS	5231,251,000			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	112,541,000			
29 SALARIES, WAGES & FEES PAYABLE	247,828,000			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	16,526,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	721,171,000			
36 TOTAL CURRENT LIABILITIES	1098,066,000			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66	859,482,000			
41 OTHER LONG TERM LIABILITIES	711,414,000			
42 TOTAL LONG-TERM LIABILITIES	1570,896,000			
43 TOTAL LIABILITIES	2668,962,000			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	2562,289,000			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	2562,289,000			
52 TOTAL LIABILITIES AND FUND BALANCES	5231,251,000			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		2,474,210,930		
2	NET INCOME (LOSS)		88,078,070		
3	TOTAL		2,562,289,000		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		2,562,289,000		
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		2,562,289,000		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	248,865,280		248,865,280
2 00 SUBPROVIDER	13,882,651		13,882,651
2 01 SUBPROVIDER II	14,543,159		14,543,159
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	277,291,090		277,291,090
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	110,682,525		110,682,525
10 01 NEONATAL INTENSIVE CARE UNIT	30,706,776		30,706,776
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	141,389,301		141,389,301
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	418,680,391		418,680,391
17 00 ANCILLARY SERVICES	1217,220,722	503,922,867	1721,143,589
18 00 OUTPATIENT SERVICES	72,107,932	95,740,569	167,848,501
24 00 AMBULATORY CARE	88,922	6,617,943	6,706,865
25 00 TOTAL PATIENT REVENUES	1708,097,967	606,281,379	2314,379,346

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	820,387,001
ADD (SPECIFY)	
27 00 ADD (SPECIFY)	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00 DEDUCT (SPECIFY)	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	820,387,001

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0208
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	2314,379,346
2	LESS: ALLOWANCES AND DISCOUNTS ON	1416,016,224
3	NET PATIENT REVENUES	898,363,122
4	LESS: TOTAL OPERATING EXPENSES	820,387,001
5	NET INCOME FROM SERVICE TO PATIENT	77,976,121
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING	10,398,671
24.01		
24.02		
25	TOTAL OTHER INCOME	10,398,671
26	TOTAL	88,374,792
	OTHER EXPENSES	
27	NET NONOPERATING LOSS	296,722
28		
29		
30	TOTAL OTHER EXPENSES	296,722
31	NET INCOME (OR LOSS) FOR THE PERIO	88,078,070

PROVIDER NO:	PERIOD:	PREPARED
14-0208	FROM 1/ 1/2010	5/26/2011
SATELLITE NO:	TO 12/31/2010	WORKSHEET 1-5

CALCULATION OF REIMBURSABLE
BAD DEBTS - TITLE XVIII - PART B

- DESCRIPTION
- 1 TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)
 - 2 TOTAL PAYMENT (FROM WORKSHEET 1-4, COLUMN 7, LINE 11)
 - 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%)
 - 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.)
 - 9 REIMBURSABLE BAD DEBTS (LESSER OF LINE 8 OR LINE 5)(TRANSFER TO WORKSHEET E, PART B, LINE 26)

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0208	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET L
14-0208		PARTS I-IV

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	10,629,416
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	267,436
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	506.66
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	210.80
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	12.46
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	1,324,425
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	3.42
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	25.92
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	29.34
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	6.12
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	650,520
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	12,871,797

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)	