

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		14-3301		FROM 7/1/2009		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 11/23/2010 TIME 9:16

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:
 LARABIDA CHILDREN'S HOSPITAL 14-3301
 FOR THE COST REPORTING PERIOD BEGINNING 7/1/2009 AND ENDING 6/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	A	TITLE XVIII	B	TITLE XIX	
		1	2	3	4	5	6
1	HOSPITAL	0		5,368		4	0
100	TOTAL	0		5,368		4	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.

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? Y

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? Y

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. Y

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)

	1	2	3	4
28.02	0	0.0000	0.0000	
28.02	0.00	0		

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY

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

	%	Y/N
28.03 STAFFING	0.00%	N
28.04 RECRUITMENT	0.00%	N
28.05 RETENTION	0.00%	N
28.06 TRAINING	0.00%	N

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N

35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

HOSPITAL AND HOSPITAL HEALTH CARE
 COMPLEX STATISTICAL DATA

PROVIDER NO:
 14-3301

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

PREPARED 11/23/2010
 WORKSHEET S-3
 PART I

COMPONENT	I & R FTES		--- FULL TIME EQUIV ---		----- DISCHARGES -----			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX		
14 SUBPROVIDER	9	10	11	12	13	14	15	
15 SKILLED NURSING FACILITY								
16 NURSING FACILITY								
16 01 ICF/MR								
17 OTHER LONG TERM CARE								
18 HOME HEALTH AGENCY								
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE								
23 CORF								
25 TOTAL	7.55	380.11						
26 OBSERVATION BED DAYS								
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								
29 LABOR & DELIVERY DAYS								

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-3301
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/23/2010
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	21,648,194		21,648,194	790,650.00	27.38	
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)		481,150	481,150	15,772.00	30.51	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	2,935,002		2,935,002	120,891.00	24.28	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	366,242		366,242	11,957.00	30.63	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)	3,471,211		3,471,211	29,286.00	118.53	
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	4,611,101		4,611,101			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	824,439		824,439			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	366,281		366,281	9,440.00	38.80	
22 ADMINISTRATIVE & GENERAL	6,815,929	88,938	6,904,867	205,253.00	33.64	
22.01 A & G UNDER CONTRACT	10,000		10,000	50.00	200.00	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	466,902		466,902	17,100.00	27.30	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	566,478		566,478	40,959.00	13.83	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	648,245	-300,515	347,730	19,619.00	17.72	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		300,515	300,515	19,619.00	15.32	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	123,736		123,736	2,736.00	45.23	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	334,038	-1	334,037	17,526.00	19.06	
34 SOCIAL SERVICE	447,070	-96,619	350,451	20,758.00	16.88	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	21,658,194	-481,150	21,177,044	774,928.00	27.33	
2 EXCLUDED AREA SALARIES	2,935,002		2,935,002	120,891.00	24.28	
3 SUBTOTAL SALARIES	18,723,192	-481,150	18,242,042	654,037.00	27.89	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	3,837,453		3,837,453	41,243.00	93.04	
5 SUBTOTAL WAGE-RELATED COSTS	4,611,101		4,611,101		25.28	
6 TOTAL	27,171,746	-481,150	26,690,596	695,280.00	38.39	
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	9,778,679	-7,682	9,770,997	353,060.00	27.68	

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-3301

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

PREPARED 11/23/2010 WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT				1,494,191	1,494,191
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				610,848	610,848
5	0500	EMPLOYEE BENEFITS	366,281	190,646	556,927		556,927
6.01	0610	NONPATIENT TELEPHONES					
6.02	0620	DATA PROCESSING					
6.03	0630	PURCHASING, RECEIVING AND STORES	243,604	126,209	369,813		369,813
6.04	0640	ADMINISTRATIVE	2,462,464	6,137,470	8,599,934		8,599,934
6.05	0650	CASHIERING/ACCOUNTS RECEIVABLE	306,338	198,727	505,065		505,065
6.06	0660	OTHER ADMINISTRATIVE AND GENERAL	3,803,523	2,982,299	6,785,822	-1,951,240	4,834,582
7	0700	MAINTENANCE & REPAIRS					
8	0800	OPERATION OF PLANT	466,902	764,474	1,231,376		1,231,376
9	0900	LAUNDRY & LINEN SERVICE					
10	1000	HOUSEKEEPING	566,478	429,238	995,716		995,716
11	1100	DIETARY	648,245	434,287	1,082,532	-501,843	580,689
12	1200	CAFETERIA				501,843	501,843
13	1300	MAINTENANCE OF PERSONNEL					
14	1400	NURSING ADMINISTRATION	123,736	55,590	179,326		179,326
15	1500	CENTRAL SERVICES & SUPPLY					
16	1600	PHARMACY					
17	1700	MEDICAL RECORDS & LIBRARY	334,038	203,414	537,452	-2	537,450
18	1800	SOCIAL SERVICE	447,070	463,396	910,466	-120,774	789,692
20	2000	NONPHYSICIAN ANESTHETISTS					
21	2100	NURSING SCHOOL					
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD				481,150	481,150
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD				107,059	107,059
24	2400	PARAMEDICAL PRGM					
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	3,890,660	2,690,529	6,581,189		6,581,189
26	2600	INTENSIVE CARE UNIT					
27	2700	CORONARY CARE UNIT					
28	2800	BURN INTENSIVE CARE UNIT					
29	2900	SURGICAL INTENSIVE CARE UNIT					
31	3100	SUBPROVIDER					
33	3300	NURSERY					
34	3400	SKILLED NURSING FACILITY					
35	3500	NURSING FACILITY					
35.01	3510	ICF/MR					
36	3600	OTHER LONG TERM CARE					
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM					
38	3800	RECOVERY ROOM					
39	3900	DELIVERY ROOM & LABOR ROOM					
40	4000	ANESTHESIOLOGY					
41	4100	RADIOLOGY-DIAGNOSTIC	182,764	123,917	306,681		306,681
42	4200	RADIOLOGY-THERAPEUTIC					
43	4300	RADIOISOTOPE					
44	4400	LABORATORY	597,606	1,321,215	1,918,821		1,918,821
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700	BLOOD STORING, PROCESSING & TRANS.					
48	4800	INTRAVENOUS THERAPY					
49	4900	RESPIRATORY THERAPY	608,478	290,391	898,869		898,869
50	5000	PHYSICAL THERAPY	881,816	282,363	1,164,179		1,164,179
51	5100	OCCUPATIONAL THERAPY	310,901	116,710	427,611		427,611
52	5200	SPEECH PATHOLOGY	339,444	132,314	471,758		471,758
53	5300	ELECTROCARDIOLOGY					
54	5400	ELECTROENCEPHALOGRAPHY					
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	88,219	468,320	556,539		556,539
56	5600	DRUGS CHARGED TO PATIENTS	669,938	2,441,676	3,111,614		3,111,614
57	5700	RENAL DIALYSIS					
58	5800	ASC (NON-DISTINCT PART)					
59	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES				120,774	120,774
59.01	3950	STAFF		1,090,768	1,090,768	-742,006	348,762
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	962,010	1,770,872	2,732,882		2,732,882
61	6100	EMERGENCY	412,677	239,200	651,877		651,877
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		OTHER REIMBURS COST CNTRS					
64	6400	HOME PROGRAM DIALYSIS					
65	6500	AMBULANCE SERVICES					
66	6600	DURABLE MEDICAL EQUIP-RENTED					
67	6700	DURABLE MEDICAL EQUIP-SOLD					
69	6900	CORF					
70	7000	I&R SERVICES-NOT APPRVD PRGM					
71	7100	HOME HEALTH AGENCY					
		SPEC PURPOSE COST CENTERS					
82	8200	LUNG ACQUISITION					
83	8300	KIDNEY ACQUISITION					
84	8400	LIVER ACQUISITION					
86	8600	OTHER ORGAN ACQUISITION					
88	8800	INTEREST EXPENSE					
89	8900	UTILIZATION REVIEW-SNF					
90	9000	OTHER CAPITAL RELATED COSTS					

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-3301
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/23/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	SPEC PURPOSE COST CENTERS					
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
93	9300 HOSPICE					
95	SUBTOTALS	18,713,192	22,954,025	41,667,217	-0-	41,667,217
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES					
99	9900 NONPAID WORKERS					
100	7950 OTHER NONREIMBURSABLE COST CENTERS	2,935,002	1,706,090	4,641,092		4,641,092
101	TOTAL	21,648,194	24,660,115	46,308,309	-0-	46,308,309

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-3301
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/23/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT		1,494,191
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		610,848
5 0500	EMPLOYEE BENEFITS		556,927
6.01 0610	NONPATIENT TELEPHONES		
6.02 0620	DATA PROCESSING		
6.03 0630	PURCHASING, RECEIVING AND STORES		369,813
6.04 0640	ADMITTING		8,599,934
6.05 0650	CASHIERING/ACCOUNTS RECEIVABLE		505,065
6.06 0660	OTHER ADMINISTRATIVE AND GENERAL	-18,460	4,816,122
7 0700	MAINTENANCE & REPAIRS		
8 0800	OPERATION OF PLANT		1,231,376
9 0900	LAUNDRY & LINEN SERVICE		
10 1000	HOUSEKEEPING		995,716
11 1100	DIETARY		580,689
12 1200	CAFETERIA	-142,811	359,032
13 1300	MAINTENANCE OF PERSONNEL		
14 1400	NURSING ADMINISTRATION		179,326
15 1500	CENTRAL SERVICES & SUPPLY		
16 1600	PHARMACY		
17 1700	MEDICAL RECORDS & LIBRARY	-2,461	534,989
18 1800	SOCIAL SERVICE	-117	789,575
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		481,150
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		107,059
24 2400	PARAMED PRGM		
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS		6,581,189
26 2600	INTENSIVE CARE UNIT		
27 2700	CORONARY CARE UNIT		
28 2800	BURN INTENSIVE CARE UNIT		
29 2900	SURGICAL INTENSIVE CARE UNIT		
31 3100	SUBPROVIDER		
33 3300	NURSERY		
34 3400	SKILLED NURSING FACILITY		
35 3500	NURSING FACILITY		
35.01 3510	ICF/MR		
36 3600	OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM		
38 3800	RECOVERY ROOM		
39 3900	DELIVERY ROOM & LABOR ROOM		
40 4000	ANESTHESIOLOGY		
41 4100	RADIOLOGY-DIAGNOSTIC		306,681
42 4200	RADIOLOGY-THERAPEUTIC		
43 4300	RADIOISOTOPE		
44 4400	LABORATORY		1,918,821
45 4500	PBP CLINICAL LAB SERVICES-PRGM ONLY		
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		
47 4700	BLOOD STORING, PROCESSING & TRANS.		
48 4800	INTRAVENOUS THERAPY		
49 4900	RESPIRATORY THERAPY		898,869
50 5000	PHYSICAL THERAPY	-20,875	1,143,304
51 5100	OCCUPATIONAL THERAPY	-5,960	421,651
52 5200	SPEECH PATHOLOGY	-10,530	461,228
53 5300	ELECTROCARDIOLOGY		
54 5400	ELECTROENCEPHALOGRAPHY		
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	-16	556,523
56 5600	DRUGS CHARGED TO PATIENTS	-19,802	3,091,812
57 5700	RENAL DIALYSIS		
58 5800	ASC (NON-DISTINCT PART)		
59 3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		120,774
59.01 3950	STAFF	-348,762	
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		2,732,882
61 6100	EMERGENCY		651,877
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
64 6400	HOME PROGRAM DIALYSIS		
65 6500	AMBULANCE SERVICES		
66 6600	DURABLE MEDICAL EQUIP-RENTED		
67 6700	DURABLE MEDICAL EQUIP-SOLD		
69 6900	CORF		
70 7000	I&R SERVICES-NOT APPRVD PRGM		
71 7100	HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
82 8200	LUNG ACQUISITION		
83 8300	KIDNEY ACQUISITION		
84 8400	LIVER ACQUISITION		
86 8600	OTHER ORGAN ACQUISITION		
88 8800	INTEREST EXPENSE		-0-
89 8900	UTILIZATION REVIEW-SNF		-0-
90 9000	OTHER CAPITAL RELATED COSTS		-0-

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-3301
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/23/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	SPEC PURPOSE COST CENTERS		
92	9200 AMBULATORY SURGICAL CENTER (D.P.)		
93	9300 HOSPICE		
95	SUBTOTALS	-569,794	41,097,423
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
100	7950 OTHER NONREIMBURSABLE COST CENTERS		4,641,092
101	TOTAL	-569,794	45,738,515

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 11/23/2010
 I 14-3301 I FROM 7/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 6/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	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	ADMINISTRATION	0640	ADMINISTRATION
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	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
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	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
59.01	STAFF	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	

COST CENTERS USED IN COST REPORT

PROVIDER NO:	PERIOD:	PREPARED 11/23/2010
14-3301	FROM 7/ 1/2009	NOT A CMS WORKSHEET
	TO 6/30/2010	

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	SPEC PURPOSE COST CE		
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
143301

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

PREPARED 11/23/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 DISTRIBUTE CAPITAL	A	NEW CAP REL COSTS-MVBLE EQUIP	4		596,047
2		NEW CAP REL COSTS-BLDG & FIXT	3		1,931,205
3 PSYCH TESTING	B	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59	96,619	24,155
4 CREATE COST CENTER	C	CAFETERIA	12	300,515	201,328
5 MEDICAL STAFF COSTS	D	I&R SERVICES-SALARY & FRINGES APPRVD	22	481,150	
6		I&R SERVICES-OTHER PRGM COSTS APPRVD	23	53,068	53,991
7		OTHER ADMINISTRATIVE AND GENERAL	6.06	88,937	64,860
8 ADMITTING PERSONNEL	E	OTHER ADMINISTRATIVE AND GENERAL	6.06	1	1
9 SPACE RENTALS	F	NEW CAP REL COSTS-BLDG & FIXT	3		85,156
10 INSURANCE	G	NEW CAP REL COSTS-BLDG & FIXT	3		73,877
11		NEW CAP REL COSTS-MVBLE EQUIP	4		14,801
36 TOTAL RECLASSIFICATIONS				1,020,290	3,045,421

(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:
143301

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

PREPARED 11/23/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----					A-7 REF 10
	CODE (1) 1	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 DISTRIBUTE CAPITAL	A	NEW CAP REL COSTS-BLDG & FIXT	3		596,047	9
2		OTHER ADMINISTRATIVE AND GENERAL	6.06		1,931,205	9
3 PSYCH TESTING	B	SOCIAL SERVICE	18	96,619	24,155	
4 CREATE COST CENTER	C	DIETARY	11	300,515	201,328	
5 MEDICAL STAFF COSTS	D	STAFF	59.01	623,155	118,851	
6						
7						
8 ADMITTING PERSONNEL	E	MEDICAL RECORDS & LIBRARY	17	1	1	
9 SPACE RENTALS	F	OTHER ADMINISTRATIVE AND GENERAL	6.06		85,156	10
10 INSURANCE	G	OTHER ADMINISTRATIVE AND GENERAL	6.06		88,678	12
11						12
36 TOTAL RECLASSIFICATIONS				1,020,290	3,045,421	

(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:
143301

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

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

RECLASS CODE: A
EXPLANATION: DISTRIBUTE CAPITAL

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	596,047
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,931,205
TOTAL RECLASSIFICATIONS FOR CODE A			2,527,252

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	596,047	
OTHER ADMINISTRATIVE AND GENER	6.06	1,931,205	
			2,527,252

RECLASS CODE: B
EXPLANATION: PSYCH TESTING

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PSYCHIATRIC/PSYCHOLOGICAL SERV	59	120,774
TOTAL RECLASSIFICATIONS FOR CODE B			120,774

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
SOCIAL SERVICE	18	120,774	
			120,774

RECLASS CODE: C
EXPLANATION: CREATE COST CENTER

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	501,843
TOTAL RECLASSIFICATIONS FOR CODE C			501,843

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	501,843	
			501,843

RECLASS CODE: D
EXPLANATION: MEDICAL STAFF COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-SALARY & FRINGES	22	481,150
2.00	I&R SERVICES-OTHER PRGM COSTS	23	107,059
3.00	OTHER ADMINISTRATIVE AND GENER	6.06	153,797
TOTAL RECLASSIFICATIONS FOR CODE D			742,006

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
STAFF	59.01	742,006	
			0
			0
			742,006

RECLASS CODE: E
EXPLANATION: ADMITTING PERSONNEL

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	2
TOTAL RECLASSIFICATIONS FOR CODE E			2

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MEDICAL RECORDS & LIBRARY	17	2	
			2

RECLASS CODE: F
EXPLANATION: SPACE RENTALS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	85,156
TOTAL RECLASSIFICATIONS FOR CODE F			85,156

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	85,156	
			85,156

RECLASS CODE: G
EXPLANATION: INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	73,877
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	14,801
TOTAL RECLASSIFICATIONS FOR CODE G			88,678

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	88,678	
			0
			88,678

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS	2,073,212					2,073,212	
3 BUILDINGS & FIXTURE	26,938,457					26,938,457	
4 BUILDING IMPROVEMEN	3,455,134	3,839,304		3,839,304		7,294,438	
5 FIXED EQUIPMENT	3,323,966	31,265		31,265		3,355,231	
6 MOVABLE EQUIPMENT	6,957,258	1,070,765		1,070,765		8,028,023	
7 SUBTOTAL	42,748,027	4,941,334		4,941,334		47,689,361	
8 RECONCILING ITEMS							
9 TOTAL	42,748,027	4,941,334		4,941,334		47,689,361	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	39,661,338		39,661,338	.831660				
4	NEW CAP REL COSTS-MV	8,028,023		8,028,023	.168340				
5	TOTAL	47,689,361		47,689,361	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	1,335,158	85,156		73,877			1,494,191
4	NEW CAP REL COSTS-MV	596,047			14,801			610,848
5	TOTAL	1,931,205	85,156		88,678			2,105,039

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 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-2,984	OTHER ADMINISTRATIVE AND	6.06	
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	-348,762			
13 SALE OF SCRAP, WASTE, ETC.	B	-9,563	PHYSICAL THERAPY	50	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-142,811	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES	B	-5,960	OCCUPATIONAL THERAPY	51	
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-2,461	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			UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			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 LOBBYING DUES	A	-7,750	OTHER ADMINISTRATIVE AND	6.06	
38 OTHER ADJUSTMENTS (SPECIFY)					
39 INFANT DEVELOPMENT REVENUE	B	-11,312	PHYSICAL THERAPY	50	
40 BEHAVIORAL SCIENCE INCOME	B	-117	SOCIAL SERVICE	18	
41 OTHER ADJUSTMENTS (SPECIFY)					
42 PUBLIC RELATIONS INCOME	B	-1,571	OTHER ADMINISTRATIVE AND	6.06	
43 MISCELLANEOUS INCOME	B	-10,530	SPEECH PATHOLOGY	52	
44 MISCELLANEOUS INCOME	B	-6,155	OTHER ADMINISTRATIVE AND	6.06	
45 MISCELLANEOUS INCOME	B	-19,802	DRUGS CHARGED TO PATIENTS	56	
46 MISCELLANEOUS INCOME	B	-16	MEDICAL SUPPLIES CHARGED	55	
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-569,794			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	**COST CENTER DELETED**	UNIVERSITY OF CHICAGO SER	409,749	409,749	
2	22	I&R SERVICES-SALARY & FRI	UNIVERSITY OF CHICAGO EDU	1	1	
3	41	RADIOLOGY-DIAGNOSTIC	UNIVERSITY OF CHICAGO XRA	1	1	
4	59	1 STAFF	UNIVERSITY OF CHICAGO MED	798,902	798,902	
5		TOTALS		1,208,653	1,208,653	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) NAME	PERCENTAGE OF OWNERSHIP	AND/OR HOME OFFICE TYPE OF BUSINESS
1	2	3	4	5	6
1	G	0.00	UNIVERSITY OF CHICAGO	0.00	HEALTH CARE
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.
NON-FINANCIAL

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-3301

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

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

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
59	1 STAFF	348,762	348,762					
101	TOTAL	348,762	348,762					

COST ALLOCATION STATISTICS

PROVIDER NO: 14-3301
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/23/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	SQUARE	FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	2	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES				NOT ENTERED
6.02	DATA PROCESSING				NOT ENTERED
6.03	PURCHASING, RECEIVING AND STORES	13	COSTED REQUIS		ENTERED
6.04	ADMITTING	3	PATIENT DAYS		ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	4	GROSS CHARGES		ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM.	COST	ENTERED
7	MAINTENANCE & REPAIRS	5	SQUARE	FEET	NOT ENTERED
8	OPERATION OF PLANT	6	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	7	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	8	SQUARE	FEET	ENTERED
11	DIETARY	9	MEALS	SERVED	ENTERED
12	CAFETERIA	10	FTES	SERVED	ENTERED
13	MAINTENANCE OF PERSONNEL	11	FTES	SERVED	NOT ENTERED
14	NURSING ADMINISTRATION	12	FTES	SUPERVISED	ENTERED
15	CENTRAL SERVICES & SUPPLY	13	COSTED REQUIS		ENTERED
16	PHARMACY	14	COSTED	REQUIS.	NOT ENTERED
17	MEDICAL RECORDS & LIBRARY	15	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	16	TIME	SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	17	ASSIGNED	TIME	NOT ENTERED
21	NURSING SCHOOL	18	ASSIGNED	TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	19	ASSIGNED	TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	19	ASSIGNED	TIME	ENTERED
24	PARAMED ED PRGM	20	ASSIGNED	TIME	NOT 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 &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	1,494,191			1,494,191			
005 NEW CAP REL COSTS-MVBLE E	610,848				610,848		
006 EMPLOYEE BENEFITS	556,927			11,532	4,714	573,173	
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND	369,813					6,374	
006 04 ADMINISTRATION	8,599,934					64,433	
006 05 CASHIERING/ACCOUNTS RECEI	505,065					8,016	
006 06 OTHER ADMINISTRATIVE AND	4,816,122					101,855	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	1,231,376			256,738	104,958	12,217	
009 LAUNDRY & LINEN SERVICE				3,945	1,613		
010 HOUSEKEEPING	995,716			9,640	3,941	14,822	
011 DIETARY	580,689			60,570	24,762	9,099	
012 CAFETERIA	359,032					7,863	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	179,326			60,070	24,557	3,238	
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	534,989			15,548	6,356	8,740	
018 SOCIAL SERVICE	789,575			113,784	46,517	9,170	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	481,150			3,981	1,627	12,590	
023 I&R SERVICES-OTHER PRGM C	107,059					1,389	
024 PARAMEDICAL PRGM							
025 INPATIENT ROUTINE SRVC CNTRS	6,581,189			586,666	239,842	101,803	
026 ADULTS & PEDIATRICS							
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM							
039 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	306,681			10,300	4,211	4,782	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	1,918,821			21,422	8,757	15,637	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	898,869			13,870	5,670	15,921	
050 PHYSICAL THERAPY	1,143,304			114,427	46,779	23,074	
051 OCCUPATIONAL THERAPY	421,651					8,135	
052 SPEECH PATHOLOGY	461,228					8,882	
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	556,523			19,672	8,042	2,308	
056 DRUGS CHARGED TO PATIENTS	3,091,812			8,033	3,284	17,530	
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 PSYCHIATRIC/PSYCHOLOGICAL	120,774			28,669	11,720	2,528	
059 01 STAFF							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	2,732,882			91,595	37,445	25,172	
061 EMERGENCY	651,877			63,729	26,053	10,798	
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	0	1	2	3	4	5	6.01
095 SPEC PURPOSE COST CENTERS SUBTOTALS	41,097,423				1,494,191	610,848	496,376	
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP								
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFICE								
099 NONPAID WORKERS								
100 OTHER NONREIMBURSABLE COSTS	4,641,092						76,797	
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	45,738,515				1,494,191	610,848	573,173	

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVING	SUBTOTAL	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.02	6.03	6.04	6.05	6a.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND		376,187					
006 04 ADMINISTRATIVE			8,664,367				
006 05 CASHIERING/ACCOUNTS RECEI		1,438		514,519			
006 06 OTHER ADMINISTRATIVE AND		25,823			4,943,800	4,943,800	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		23,643			1,628,932	223,333	
009 LAUNDRY & LINEN SERVICE					5,558	762	
010 HOUSEKEEPING		40,576			1,064,695	145,974	
011 DIETARY		34,234			709,354	97,255	
012 CAFETERIA					366,895	50,303	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		866			268,057	36,752	
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY		3,938			569,571	78,090	
018 SOCIAL SERVICE		7,632			966,678	132,535	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI					499,348	68,463	
023 I&R SERVICES-OTHER PRGM C					108,448	14,869	
024 PARAMEDICAL PRGM							
025 INPAT ROUTINE SRVC CNTRS		105,269	8,664,367	180,187	16,459,323	2,256,626	
026 ADULTS & PEDIATRICS							
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM							
039 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		2,041		6,339	334,354	45,841	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		18,591		35,182	2,018,410	276,732	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		30,778		79,660	1,044,768	143,242	
050 PHYSICAL THERAPY		4,105		21,983	1,353,672	185,594	
051 OCCUPATIONAL THERAPY		1,223		9,612	440,621	60,411	
052 SPEECH PATHOLOGY		306		6,950	477,366	65,449	
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED		582		1,206	588,333	80,663	
056 DRUGS CHARGED TO PATIENTS		5,027		68,427	3,194,113	437,926	
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 PSYCHIATRIC/PSYCHOLOGICAL		4,367		13,238	181,296	24,856	
059 01 STAFF							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		24,602		56,365	2,968,061	406,933	
061 EMERGENCY		23,171		35,370	810,998	111,191	
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.02	6.03	6.04	6.05	6a.05	6.06	7
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS		358,212	8,664,367	514,519	41,002,651	4,943,800	
097 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
099 RESEARCH							
100 PHYSICIANS' PRIVATE OFFICE							
101 NONPAID WORKERS							
102 OTHER NONREIMBURSABLE COSTS		17,975			4,735,864		
103 CROSS FOOT ADJUSTMENT							
104 NEGATIVE COST CENTER							
105 TOTAL		376,187	8,664,367	514,519	45,738,515	4,943,800	

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
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 RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	1,852,265						
009 LAUNDRY & LINEN SERVICE	5,961	12,281					
010 HOUSEKEEPING	14,565	200	1,225,434				
011 DIETARY	91,515		61,224	959,348			
012 CAFETERIA					417,198		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	90,760		60,719		2,386		458,674
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	23,492		15,716		15,284		
018 SOCIAL SERVICE	171,919		115,014		18,103		
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	6,015		4,024				
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	886,402	3,222	593,003	959,348	138,084		360,000
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM							
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC	15,563	63	10,411		4,196		
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
044 LABORATORY	32,366		21,653		19,252		
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	20,957		14,020		20,458		
050 PHYSICAL THERAPY	172,890	335	115,663		25,053		
051 OCCUPATIONAL THERAPY					7,639		
052 SPEECH PATHOLOGY					8,479		
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	29,723	7,647	19,885		5,437		
056 DRUGS CHARGED TO PATIENTS	12,137		8,120		14,390		
057 RENAL DIALYSIS							
058 ASC (NON-DI STINCT PART)							
059 PSYCHIATRIC/PSYCHOLOGICAL	43,317		28,979		13		
059 01 STAFF							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	138,393	242	92,585		31,453		69,005
061 EMERGENCY	96,290	572	64,418		11,380		29,669
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
095 SPEC PURPOSE COST CENTERS SUBTOTALS	1,852,265	12,281	1,225,434	959,348	321,607		458,674
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COSTS					95,591		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,852,265	12,281	1,225,434	959,348	417,198		458,674

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
	15	16	17	18	20	21	22
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 RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY			702,153				
018 SOCIAL SERVICE				1,404,249			
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							577,850
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			239,344	1,404,249			385,234
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM							
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC			15,881				
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY			71,463				
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY			166,747				
050 PHYSICAL THERAPY			32,896				
051 OCCUPATIONAL THERAPY			17,015				
052 SPEECH PATHOLOGY			5,672				
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED			29,493				
056 DRUGS CHARGED TO PATIENTS			49,911				
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 PSYCHIATRIC/PSYCHOLOGICAL			7,940				
059 01 STAFF							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			34,030				96,308
061 EMERGENCY			31,761				96,308
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
	15	16	17	18	20	21	22
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS			702,153	1,404,249			577,850
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COSTS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL			702,153	1,404,249			577,850

COST CENTER DESCRIPTION	I&R SERVICES- PARAMEDED PR SUBTOTAL			I&R COST POST STEP-DOWN ADJ 26	TOTAL
	23	24	25		
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 RECEI					
006 06 OTHER ADMINISTRATIVE AND					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
013 MAINTENANCE OF PERSONNEL					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE					
020 NONPHYSICIAN ANESTHETISTS					
021 NURSING SCHOOL					
022 I&R SERVICES-SALARY & FRI					
023 I&R SERVICES-OTHER PRGM C	123,317				
024 PARAMED ED PRGM					
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	82,211		23,767,046	-467,445	23,299,601
026 INTENSIVE CARE UNIT					
027 CORONARY CARE UNIT					
028 BURN INTENSIVE CARE UNIT					
029 SURGICAL INTENSIVE CARE U					
031 SUBPROVIDER					
033 NURSERY					
034 SKILLED NURSING FACILITY					
035 NURSING FACILITY					
035 01 ICF/MR					
036 OTHER LONG TERM CARE					
037 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM					
038 RECOVERY ROOM					
039 DELIVERY ROOM & LABOR ROO					
040 ANESTHESIOLOGY					
041 RADIOLOGY-DIAGNOSTIC			426,309		426,309
042 RADIOLOGY-THERAPEUTIC					
043 RADIOISOTOPE					
044 LABORATORY			2,439,876		2,439,876
045 PBP CLINICAL LAB SERVICES					
046 WHOLE BLOOD & PACKED RED					
047 BLOOD STORING, PROCESSING					
048 INTRAVENOUS THERAPY					
049 RESPIRATORY THERAPY			1,410,192		1,410,192
050 PHYSICAL THERAPY			1,886,103		1,886,103
051 OCCUPATIONAL THERAPY			525,686		525,686
052 SPEECH PATHOLOGY			556,966		556,966
053 ELECTROCARDIOLOGY					
054 ELECTROENCEPHALOGRAPHY					
055 MEDICAL SUPPLIES CHARGED			761,181		761,181
056 DRUGS CHARGED TO PATIENTS			3,716,597		3,716,597
057 RENAL DIALYSIS					
058 ASC (NON-DISTINCT PART)					
059 PSYCHIATRIC/PSYCHOLOGICAL			286,401		286,401
059 01 STAFF					
060 OUTPAT SERVICE COST CNTRS					
060 CLINIC	20,553		3,857,563	-116,861	3,740,702
061 EMERGENCY	20,553		1,273,140	-116,861	1,156,279
062 OBSERVATION BEDS (NON-DIS					
062 OTHER REIMBURS COST CNTRS					
064 HOME PROGRAM DIALYSIS					
065 AMBULANCE SERVICES					
066 DURABLE MEDICAL EQUIP-REN					
067 DURABLE MEDICAL EQUIP-SOL					
069 CORF					
070 I&R SERVICES-NOT APPRVD P					
071 HOME HEALTH AGENCY					
082 LUNG ACQUISITION					
082 SPEC PURPOSE COST CENTERS					
083 KIDNEY ACQUISITION					
084 LIVER ACQUISITION					
086 OTHER ORGAN ACQUISITION					
092 AMBULATORY SURGICAL CENTE					
093 HOSPICE					

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	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				11,532	4,714	16,246	16,246
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							181
006 04 ADMINITTING							1,827
006 05 CASHIERING/ACCOUNTS RECEI							227
006 06 OTHER ADMINISTRATIVE AND							2,882
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT				256,738	104,958	361,696	346
009 LAUNDRY & LINEN SERVICE				3,945	1,613	5,558	
010 HOUSEKEEPING				9,640	3,941	13,581	420
011 DIETARY				60,570	24,762	85,332	258
012 CAFETERIA							223
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION				60,070	24,557	84,627	92
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY				15,548	6,356	21,904	248
018 SOCIAL SERVICE				113,784	46,517	160,301	260
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI				3,981	1,627	5,608	357
023 I&R SERVICES-OTHER PRGM C							39
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS				586,666	239,842	826,508	2,887
026 ADULTS & PEDIATRICS							
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER							
034 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM							
039 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC				10,300	4,211	14,511	136
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY				21,422	8,757	30,179	443
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY				13,870	5,670	19,540	451
050 PHYSICAL THERAPY				114,427	46,779	161,206	654
051 OCCUPATIONAL THERAPY							231
052 SPEECH PATHOLOGY							252
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED				19,672	8,042	27,714	65
056 DRUGS CHARGED TO PATIENTS				8,033	3,284	11,317	497
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 PSYCHIATRIC/PSYCHOLOGICAL				28,669	11,720	40,389	72
059 01 STAFF							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC				91,595	37,445	129,040	714
062 EMERGENCY				63,729	26,053	89,782	306
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							

COST CENTER DESCRIPTION	DIR ASSGND NEW 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
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS				1,494,191	610,848	2,105,039	14,068
097 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
099 RESEARCH							
100 PHYSICIANS' PRIVATE OFFIC							
101 NONPAID WORKERS							
102 OTHER NONREIMBURSABLE COS							2,178
103 CROSS FOOT ADJUSTMENTS							
104 NEGATIVE COST CENTER							
105 TOTAL				1,494,191	610,848	2,105,039	16,246

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-3301

FROM 7/ 1/2009

WORKSHEET B

TO 6/30/2010

PART III

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
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 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	362,183						
009 LAUNDRY & LINEN SERVICE	1,166	6,724					
010 HOUSEKEEPING	2,848	109	17,062				
011 DIETARY	17,894		852	104,409			
012 CAFETERIA					252		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	17,747		845		1		103,333
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	4,594		219		9		
018 SOCIAL SERVICE	33,616		1,601		11		
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	1,176		56				
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	173,322	1,764	8,259	104,409	83		81,103
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM							
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	3,043	34	145		3		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	6,329		301		12		
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	4,098		195		12		
050 PHYSICAL THERAPY	33,806	183	1,610		15		
051 OCCUPATIONAL THERAPY					5		
052 SPEECH PATHOLOGY					5		
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	5,812	4,189	277		3		
056 DRUGS CHARGED TO PATIENTS	2,373		113		9		
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 PSYCHIATRIC/PSYCHOLOGICAL	8,470		403				
059 01 STAFF							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	27,061	132	1,289		19		15,546
061 EMERGENCY	18,828	313	897		7		6,684
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
		8	9	10	11	12	13	14
095	SPEC PURPOSE COST CENTERS							
	SUBTOTALS	362,183	6,724	17,062	104,409	194		103,333
096	NONREIMBURS COST CENTERS							
097	GIFT, FLOWER, COFFEE SHOP							
098	RESEARCH							
099	PHYSICIANS' PRIVATE OFFICE							
100	NONPAID WORKERS							
101	OTHER NONREIMBURSABLE COSTS					58		
102	CROSS FOOT ADJUSTMENTS							
103	NEGATIVE COST CENTER							
	TOTAL	362,183	6,724	17,062	104,409	252		103,333

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
	15	16	17	18	20	21	22
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 RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY			27,022				
018 SOCIAL SERVICE				195,870			
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							7,237
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM							
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			9,211	195,870			
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM							
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC			611				
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY			2,750				
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORAGE, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY			6,417				
050 PHYSICAL THERAPY			1,266				
051 OCCUPATIONAL THERAPY			655				
052 SPEECH PATHOLOGY			218				
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED			1,135				
056 DRUGS CHARGED TO PATIENTS			1,921				
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 PSYCHIATRIC/PSYCHOLOGICAL			306				
059 01 STAFF							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			1,310				
061 EMERGENCY			1,222				
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING	SCHOOL	I&R SERVICES-SALARY & FRI
	15	16	17	18	20	21		22
095 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS			27,022	195,870				
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP								
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFICE								
099 NONPAID WORKERS								
100 OTHER NONREIMBURSABLE COSTS								
101 CROSS FOOT ADJUSTMENTS								7,237
102 NEGATIVE COST CENTER								
103 TOTAL			27,022	195,870				7,237

	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	23	24	25	26	27
001					
002					
003					
004					
005					
006					
006	01				
006	02				
006	03				
006	04				
006	05				
006	06				
007					
008					
009					
010					
011					
012					
013					
014					
015					
016					
017					
018					
020					
021					
022					
023		48			
024					
025			1,406,701		1,406,701
026					
027					
028					
029					
031					
033					
034					
035					
035	01				
036					
037					
038					
039					
040					
041			18,514		18,514
042					
043					
044			40,200		40,200
045					
046					
047					
048					
049			30,847		30,847
050			198,860		198,860
051			931		931
052			516		516
053					
054					
055			39,243		39,243
056			16,518		16,518
057					
058					
059			49,663		49,663
059	01				
060			175,385		175,385
061			118,131		118,131
062					
064					
065					
066					
067					
069					
070					
071					
082					
083					
084					
086					
092					
093					

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TELEPHONES
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	(GROSS SALARIES)	
	1	2	3	4	5	6.01
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD						
003 OLD CAP REL COSTS-MVB		83,702				
004 NEW CAP REL COSTS-BLD			83,702			
005 NEW CAP REL COSTS-MVB				83,702		
006 EMPLOYEE BENEFITS		646	646	646	21,905,068	
006 01 NONPATIENT TELEPHONES						
006 02 DATA PROCESSING						
006 03 PURCHASING, RECEIVING					243,604	
006 04 ADMINISTRATION					2,462,464	
006 05 CASHIERING/ACCOUNTS R					306,338	
006 06 OTHER ADMINISTRATIVE					3,892,461	
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT		14,382	14,382	14,382	466,902	
009 LAUNDRY & LINEN SERVI		221	221	221		
010 HOUSEKEEPING		540	540	540	566,478	
011 DIETARY		3,393	3,393	3,393	347,730	
012 CAFETERIA					300,515	
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATION		3,365	3,365	3,365	123,736	
015 CENTRAL SERVICES & SU						
016 PHARMACY						
017 MEDICAL RECORDS & LIB		871	871	871	334,037	
018 SOCIAL SERVICE		6,374	6,374	6,374	350,451	
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &		223	223	223	481,150	
023 I&R SERVICES-OTHER PR					53,068	
024 PARAMEDICAL PRGM						
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS		32,864	32,864	32,864	3,890,660	
027 INTENSIVE CARE UNIT						
028 CORONARY CARE UNIT						
029 BURN INTENSIVE CARE U						
031 SURGICAL INTENSIVE CA						
033 SUBPROVIDER						
034 NURSERY						
035 SKILLED NURSING FACIL						
036 NURSING FACILITY						
037 01 ICF/MR						
038 OTHER LONG TERM CARE						
039 ANCILLARY SRVC COST C						
040 OPERATING ROOM						
041 RECOVERY ROOM						
042 DELIVERY ROOM & LABOR						
043 ANESTHESIOLOGY						
044 RADIOLOGY-DIAGNOSTIC		577	577	577	182,764	
045 RADIOLOGY-THERAPEUTIC						
046 RADIOISOTOPE						
047 LABORATORY		1,200	1,200	1,200	597,606	
048 PBP CLINICAL LAB SERV						
049 WHOLE BLOOD & PACKED						
050 BLOOD STORING, PROCES						
051 INTRAVENOUS THERAPY						
052 RESPIRATORY THERAPY		777	777	777	608,478	
053 PHYSICAL THERAPY		6,410	6,410	6,410	881,816	
054 OCCUPATIONAL THERAPY					310,901	
055 SPEECH PATHOLOGY					339,444	
056 ELECTROCARDIOLOGY						
057 ELECTROENCEPHALOGRAPH						
058 MEDICAL SUPPLIES CHAR		1,102	1,102	1,102	88,219	
059 DRUGS CHARGED TO PATI		450	450	450	669,938	
060 RENAL DIALYSIS						
061 ASC (NON-DIESTINCT PAR						
062 PSYCHIATRIC/PSYCHOLOG		1,606	1,606	1,606	96,619	
063 01 STAFF						
064 OUTPAT SERVICE COST C						
065 CLINIC		5,131	5,131	5,131	962,010	
066 EMERGENCY		3,570	3,570	3,570	412,677	
067 OBSERVATION BEDS (NON						
068 OTHER REIMBURS COST C						
069 HOME PROGRAM DIALYSIS						
070 AMBULANCE SERVICES						
071 DURABLE MEDICAL EQUIP						
072 DURABLE MEDICAL EQUIP						
073 CORF						
074 I&R SERVICES-NOT APPR						
075 HOME HEALTH AGENCY						
076 LUNG ACQUISITION						
077 SPEC PURPOSE COST CEN						
078 KIDNEY ACQUISITION						

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TELEPHONES
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	FITS (GROSS SALARIES)	
	1	2	3	4	5	6.01
084 SPEC PURPOSE COST CEN						
086 LIVER ACQUISITION						
092 OTHER ORGAN ACQUISITI						
093 AMBULATORY SURGICAL C						
093 HOSPICE						
095 SUBTOTALS		83,702	83,702	83,702	18,970,066	
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
097 RESEARCH						
098 PHYSICIANS' PRIVATE O						
099 NONPAID WORKERS						
100 OTHER NONREIMBURSABLE					2,935,002	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			1,494,191	610,848	573,173	
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			17.851318	7.297890	.026166	
105 (WRKSHT B, PT I)						
105 COST TO BE ALLOCATED						
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
107 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					16,246	
108 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.000742	
108 (WRKSHT B, PT III)						

	COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND		CASHIERING/AC COUNTS RECEI		OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS	
			(COSTED REQUIS)	(PATIENT DAYS)	(GROSS CHARGES)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)
		6.02	6.03	6.04	6.05	6a.06	6.06	7
084	SPEC PURPOSE COST CENTER							
086	LIVER ACQUISITION							
092	OTHER ORGAN ACQUISITION							
093	AMBULATORY SURGICAL CENTER							
095	HOSPICE							
	NONREIMBURS COST CENTER		856,405	10,151	45,543,249	-4,943,800	36,058,851	
096	GIFT, FLOWER, COFFEE							
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFICE							
099	NONPAID WORKERS							
100	OTHER NONREIMBURSABLE		42,975			-4,735,864		
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)		376,187	8,664,367	514,519		4,943,800	
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		.418274	853.548123	.011297		.137104	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)		181	1,827	228		2,894	
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)		.000201	.179982	.000005		.000080	

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTES SERVED)	(FTES SERVED)	(FTES SUPERVISED)
	8	9	10	11	12	13	14
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 R							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	68,674						
009 LAUNDRY & LINEN SERVICE	221	88,622					
010 HOUSEKEEPING	540	1,442	67,913				
011 DIETARY	3,393		3,393	30,453			
012 CAFETERIA					478,394		
013 MAINTENANCE OF PERSONNEL						2,736	
014 NURSING ADMINISTRATION	3,365		3,365				201,736
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	871		871		17,526		
018 SOCIAL SERVICE	6,374		6,374		20,758		
020 NONPHYSICIAN ANESTHESIA							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS	223		223				
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PRGM							
025 INPATIENT ROUTINE SERVICES	32,864	23,251	32,864	30,453	158,337		158,337
026 ADULTS & PEDIATRICS							
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE							
033 SUBPROVIDER							
034 NURSERY							
035 SKILLED NURSING FACILITY							
036 01 NURSING FACILITY							
037 OTHER LONG TERM CARE							
038 ANCILLARY SERVICE COST CENTER							
039 OPERATING ROOM							
040 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR							
042 ANESTHESIOLOGY	577	452	577		4,812		
043 RADIOLOGY-DIAGNOSTIC							
044 RADIOLOGY-THERAPEUTIC							
045 RADIOISOTOPE							
046 LABORATORY	1,200		1,200		22,076		
047 PBP CLINICAL LAB SERVICE							
048 WHOLE BLOOD & PACKED							
049 BLOOD STORAGE, PROCESSING							
050 INTRAVENOUS THERAPY	777		777		23,459		
051 RESPIRATORY THERAPY	6,410	2,416	6,410		28,728		
052 PHYSICAL THERAPY					8,759		
053 OCCUPATIONAL THERAPY					9,723		
054 SPEECH PATHOLOGY							
055 ELECTROCARDIOLOGY	1,102	55,191	1,102		6,235		
056 ELECTROENCEPHALOGRAPH	450		450		16,501		
057 MEDICAL SUPPLIES CHARACTERIZED							
058 DRUGS CHARGED TO PATIENTS							
059 RENAL DIALYSIS							
060 ASC (NON-DISTINCT PAR)	1,606		1,606		15		
061 PSYCHIATRIC/PSYCHOLOGIST							
062 01 STAFF							
063 OUTPATIENT SERVICE COST CENTER							
064 CLINIC	5,131	1,744	5,131		36,067		30,350
065 EMERGENCY	3,570	4,126	3,570		13,049		13,049
066 OBSERVATION BEDS (NON-REIMBURSABLE)							
067 OTHER REIMBURSABLE COST CENTER							
068 HOME PROGRAM DIALYSIS							
069 AMBULANCE SERVICES							
070 DURABLE MEDICAL EQUIPMENT							
071 DURABLE MEDICAL EQUIPMENT							
072 CORP							
073 I&R SERVICES-NOT APPROPRIATE							
074 HOME HEALTH AGENCY							
075 LUNG ACQUISITION							
076 SPECIFIC PURPOSE COST CENTER							
077 KIDNEY ACQUISITION							
083							

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
		(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTES SERVED)	(FTES SERVED)	(FTES SUPERVISED)
		8	9	10	11	12	13	14
084	SPEC PURPOSE COST CENTER							
086	LIVER ACQUISITION							
092	OTHER ORGAN ACQUISITION							
093	AMBULATORY SURGICAL CENTER							
095	HOSPICE							
	NONREIMBURS COST CENTER	68,674	88,622	67,913	30,453	368,781		201,736
096	GIFT, FLOWER, COFFEE							
097	RESEARCH							
098	PHYSICIANS' PRIVATE							
099	NONPAID WORKERS							
100	OTHER NONREIMBURSABLE					109,613		
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	1,852,265	12,281	1,225,434	959,348	417,198		458,674
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	26.971853	.138577	18.044174	31.502578	.872080		2.273635
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	362,183	6,724	17,062	104,409	252		103,333
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	5.273946	.075873	.251233	3.428529	.000527		.512219

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	I&R SERVICES-SALARY & FRI (ASSIGNED TIME)
	15	16	17	18	20	21	22
084 SPEC PURPOSE COST CENTER							
086 LIVER ACQUISITION							
092 OTHER ORGAN ACQUISITION							
093 AMBULATORY SURGICAL CENTER							
093 HOSPICE							
095 SUBTOTALS	553,779		619	100			2,160
096 NONREIMBURS COST CENTER							
097 GIFT, FLOWER, COFFEE RESEARCH							
098 PHYSICIANS' PRIVATE NONPAID WORKERS							
099 OTHER NONREIMBURSABLE	42,975						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)			702,153	1,404,249			577,850
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)			1,134.334410	14,042.490000			267.523148
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)			27,022	195,870			7,237
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)			43.654281	1,958.700000			3.350463

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C GM	(ASSIGNED TIME	(ASSIGNED TIME
		23	24
001 GENERAL SERVICE COST			
002 OLD CAP REL COSTS-BLD			
003 OLD CAP REL COSTS-MVB			
004 NEW CAP REL COSTS-BLD			
005 NEW CAP REL COSTS-MVB			
006 EMPLOYEE BENEFITS			
006 01 NONPATIENT TELEPHONES			
006 02 DATA PROCESSING			
006 03 PURCHASING, RECEIVING			
006 04 ADMINISTRATION			
006 05 CASHIERING/ACCOUNTS R			
006 06 OTHER ADMINISTRATIVE			
007 MAINTENANCE & REPAIRS			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVI			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
013 MAINTENANCE OF PERSON			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SU			
016 PHARMACY			
017 MEDICAL RECORDS & LIB			
018 SOCIAL SERVICE			
020 NONPHYSICIAN ANESTHET			
021 NURSING SCHOOL			
022 I&R SERVICES-SALARY &			
023 I&R SERVICES-OTHER PR	2,160		
024 PARAMEDICAL PRGM			
025 INPAT ROUTINE SRVC CN			
026 ADULTS & PEDIATRICS	1,440		
027 INTENSIVE CARE UNIT			
028 CORONARY CARE UNIT			
029 BURN INTENSIVE CARE U			
031 SURGICAL INTENSIVE CA			
033 SUBPROVIDER			
034 NURSERY			
035 SKILLED NURSING FACIL			
035 NURSING FACILITY			
035 01 ICF/MR			
036 OTHER LONG TERM CARE			
037 ANCILLARY SRVC COST C			
038 OPERATING ROOM			
039 RECOVERY ROOM			
040 DELIVERY ROOM & LABOR			
041 ANESTHESIOLOGY			
042 RADIOLOGY-DIAGNOSTIC			
043 RADIOLOGY-THERAPEUTIC			
044 RADIOISOTOPE			
044 LABORATORY			
045 PBP CLINICAL LAB SERV			
046 WHOLE BLOOD & PACKED			
047 BLOOD STORING, PROCES			
048 INTRAVENOUS THERAPY			
049 RESPIRATORY THERAPY			
050 PHYSICAL THERAPY			
051 OCCUPATIONAL THERAPY			
052 SPEECH PATHOLOGY			
053 ELECTROCARDIOLOGY			
054 ELECTROENCEPHALOGRAPH			
055 MEDICAL SUPPLIES CHAR			
056 DRUGS CHARGED TO PATI			
057 RENAL DIALYSIS			
058 ASC (NON-DIAGNOSTIC PAR			
059 PSYCHIATRIC/PSYCHOLOG			
059 01 STAFF			
060 OUTPAT SERVICE COST C			
061 CLINIC	360		
061 EMERGENCY	360		
062 OBSERVATION BEDS (NON			
064 OTHER REIMBURS COST C			
064 HOME PROGRAM DIALYSIS			
065 AMBULANCE SERVICES			
066 DURABLE MEDICAL EQUIP			
067 DURABLE MEDICAL EQUIP			
069 CORF			
070 I&R SERVICES-NOT APPR			
071 HOME HEALTH AGENCY			
082 LUNG ACQUISITION			
083 SPEC PURPOSE COST CEN			
083 KIDNEY ACQUISITION			

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C GM	(ASSIGNED TIME	(ASSIGNED TIME)
		23	24
084 SPEC PURPOSE COST CEN			
086 LIVER ACQUISITION			
092 OTHER ORGAN ACQUISITI			
093 AMBULATORY SURGICAL C			
093 HOSPICE			
095 SUBTOTALS		2,160	
096 NONREIMBURS COST CENT			
097 GIFT, FLOWER, COFFEE			
097 RESEARCH			
098 PHYSICIANS' PRIVATE O			
099 NONPAID WORKERS			
100 OTHER NONREIMBURSABLE			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED		123,317	
(PER WRKSHT B, PART			
104 UNIT COST MULTIPLIER			
(WRKSHT B, PT I)		57.091204	
105 COST TO BE ALLOCATED			
(PER WRKSHT B, PART			
106 UNIT COST MULTIPLIER			
(WRKSHT B, PT II)			
107 COST TO BE ALLOCATED		48	
(PER WRKSHT B, PART			
108 UNIT COST MULTIPLIER			
(WRKSHT B, PT III)		.022222	

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	23,299,601		23,299,601		
26	INTENSIVE CARE UNIT					
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	426,309		426,309		
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	2,439,876		2,439,876		
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	1,410,192		1,410,192		
50	PHYSICAL THERAPY	1,886,103		1,886,103		
51	OCCUPATIONAL THERAPY	525,686		525,686		
52	SPEECH PATHOLOGY	556,966		556,966		
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	761,181		761,181		
56	DRUGS CHARGED TO PATIENTS	3,716,597		3,716,597		
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	PSYCHIATRIC/PSYCHOLOGICAL	286,401		286,401		
59	01 STAFF					
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC	3,740,702		3,740,702		
61	EMERGENCY	1,156,279		1,156,279		
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	40,205,893		40,205,893		
102	LESS OBSERVATION BEDS					
103	TOTAL	40,205,893		40,205,893		

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	15,948,407		15,948,407			
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	248,915	312,203	561,118	.759749	.759749	
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	1,174,164	1,940,158	3,114,322	.783437	.783437	
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	6,828,344	223,097	7,051,441	.199986	.199986	
50	PHYSICAL THERAPY	808,288	1,137,614	1,945,902	.969269	.969269	
51	OCCUPATIONAL THERAPY	457,520	393,368	850,888	.617809	.617809	
52	SPEECH PATHOLOGY	211,255	403,941	615,196	.905347	.905347	
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	93,874	12,839	106,713	7.132973	7.132973	
56	DRUGS CHARGED TO PATIENTS	2,280,587	3,776,517	6,057,104	.613593	.613593	
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL	102,526	1,069,321	1,171,847	.244401	.244401	
01	STAFF						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	117,448	4,871,952	4,989,400	.749730	.749730	
61	EMERGENCY	133,998	2,996,913	3,130,911	.369311	.369311	
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	28,405,326	17,137,923	45,543,249			
102	LESS OBSERVATION BEDS						
103	TOTAL	28,405,326	17,137,923	45,543,249			

PROVIDER NO:
14-3301

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

PREPARED 11/23/2010
WORKSHEET C
PART I

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

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	23,767,046		23,767,046		
26	INTENSIVE CARE UNIT					
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	426,309		426,309		
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	2,439,876		2,439,876		
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	1,410,192		1,410,192		
50	PHYSICAL THERAPY	1,886,103		1,886,103		
51	OCCUPATIONAL THERAPY	525,686		525,686		
52	SPEECH PATHOLOGY	556,966		556,966		
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	761,181		761,181		
56	DRUGS CHARGED TO PATIENTS	3,716,597		3,716,597		
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	PSYCHIATRIC/PSYCHOLOGICAL	286,401		286,401		
59	01 STAFF					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	3,857,563		3,857,563		
61	EMERGENCY	1,273,140		1,273,140		
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	40,907,060		40,907,060		
102	LESS OBSERVATION BEDS					
103	TOTAL	40,907,060		40,907,060		

COMPUTATION OF RATIO OF COSTS TO CHARGES

14-3301

FROM 7/1/2009

WORKSHEET C

SPECIAL TITLE XIX WORKSHEET

TO 6/30/2010

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	15,948,407		15,948,407			
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	248,915	312,203	561,118	.759749	.759749	
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	1,174,164	1,940,158	3,114,322	.783437	.783437	
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	6,828,344	223,097	7,051,441	.199986	.199986	
50	PHYSICAL THERAPY	808,288	1,137,614	1,945,902	.969269	.969269	
51	OCCUPATIONAL THERAPY	457,520	393,368	850,888	.617809	.617809	
52	SPEECH PATHOLOGY	211,255	403,941	615,196	.905347	.905347	
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	93,874	12,839	106,713	.7132973	.7132973	
56	DRUGS CHARGED TO PATIENTS	2,280,587	3,776,517	6,057,104	.613593	.613593	
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL	102,526	1,069,321	1,171,847	.244401	.244401	
01	STAFF						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	117,448	4,871,952	4,989,400	.773152	.773152	
61	EMERGENCY	133,998	2,996,913	3,130,911	.406636	.406636	
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	28,405,326	17,137,923	45,543,249			
102	LESS OBSERVATION BEDS						
103	TOTAL	28,405,326	17,137,923	45,543,249			

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						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	426,309	18,514	407,795			426,309
43	RADIOISOTOPE						
44	LABORATORY	2,439,876	40,200	2,399,676			2,439,876
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,410,192	30,847	1,379,345			1,410,192
50	PHYSICAL THERAPY	1,886,103	198,860	1,687,243			1,886,103
51	OCCUPATIONAL THERAPY	525,686	931	524,755			525,686
52	SPEECH PATHOLOGY	556,966	516	556,450			556,966
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	761,181	39,243	721,938			761,181
56	DRUGS CHARGED TO PATIENTS	3,716,597	16,518	3,700,079			3,716,597
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL	286,401	49,663	236,738			286,401
59	01 STAFF						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC	3,740,702	175,385	3,565,317			3,740,702
62	EMERGENCY	1,156,279	118,131	1,038,148			1,156,279
64	OBSERVATION BEDS (NON-DIS						
65	OTHER REIMBURS COST CNTRS						
66	HOME PROGRAM DIALYSIS						
67	AMBULANCE SERVICES						
101	DURABLE MEDICAL EQUIP-REN						
102	DURABLE MEDICAL EQUIP-SOL						
103	SUBTOTAL	16,906,292	688,808	16,217,484			16,906,292
102	LESS OBSERVATION BEDS						
103	TOTAL	16,906,292	688,808	16,217,484			16,906,292

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			
38	OPERATING ROOM			
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY			
42	RADIOLOGY-DIAGNOSTIC	561,118	.759749	.759749
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	3,114,322	.783437	.783437
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING			
49	INTRAVENOUS THERAPY	7,051,441	.199986	.199986
50	RESPIRATORY THERAPY	1,945,902	.969269	.969269
51	PHYSICAL THERAPY	850,888	.617809	.617809
52	OCCUPATIONAL THERAPY	615,196	.905347	.905347
53	SPEECH PATHOLOGY			
54	ELECTROCARDIOLOGY			
55	ELECTROENCEPHALOGRAPHY			
56	MEDICAL SUPPLIES CHARGED	106,713	7.132973	7.132973
57	DRUGS CHARGED TO PATIENTS	6,057,104	.613593	.613593
58	RENAL DIALYSIS			
59	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL	1,171,847	.244401	.244401
60	STAFF			
61	OUTPAT SERVICE COST CNTRS			
62	CLINIC	4,989,400	.749730	.749730
64	EMERGENCY	3,130,911	.369311	.369311
65	OBSERVATION BEDS (NON-DIS			
66	OTHER REIMBURS COST CNTRS			
67	HOME PROGRAM DIALYSIS			
101	AMBULANCE SERVICES			
102	DURABLE MEDICAL EQUIP-REN			
103	DURABLE MEDICAL EQUIP-SOL			
	SUBTOTAL	29,594,842		
	LESS OBSERVATION BEDS			
	TOTAL	29,594,842		

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						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	426,309	18,514	407,795	1,851	23,652	400,806
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	2,439,876	40,200	2,399,676	4,020	139,181	2,296,675
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	1,410,192	30,847	1,379,345	3,085	80,002	1,327,105
51	PHYSICAL THERAPY	1,886,103	198,860	1,687,243	19,886	97,860	1,768,357
52	OCCUPATIONAL THERAPY	525,686	931	524,755	93	30,436	495,157
53	SPEECH PATHOLOGY	556,966	516	556,450	52	32,274	524,640
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	761,181	39,243	721,938	3,924	41,872	715,385
57	DRUGS CHARGED TO PATIENTS	3,716,597	16,518	3,700,079	1,652	214,605	3,500,340
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL	286,401	49,663	236,738	4,966	13,731	267,704
60	STAFF						
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC	3,857,563	175,385	3,682,178	17,539	213,566	3,626,458
63	EMERGENCY	1,273,140	118,131	1,155,009	11,813	66,991	1,194,336
64	OBSERVATION BEDS (NON-DIS						
65	OTHER REIMBURS COST CNTRS						
66	HOME PROGRAM DIALYSIS						
67	AMBULANCE SERVICES						
101	DURABLE MEDICAL EQUIP-REN						
102	DURABLE MEDICAL EQUIP-SOL						
103	SUBTOTAL	17,140,014	688,808	16,451,206	68,881	954,170	16,116,963
	LESS OBSERVATION BEDS						
	TOTAL	17,140,014	688,808	16,451,206	68,881	954,170	16,116,963

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			
38	OPERATING ROOM			
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY			
42	RADIOLOGY-DIAGNOSTIC	561,118	.714299	.756451
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	3,114,322	.737456	.782146
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING			
49	INTRAVENOUS THERAPY	7,051,441	.188203	.199549
50	RESPIRATORY THERAPY	1,945,902	.908760	.959050
51	PHYSICAL THERAPY	850,888	.581930	.617699
52	OCCUPATIONAL THERAPY	615,196	.852801	.905263
53	SPEECH PATHOLOGY			
54	ELECTROCARDIOLOGY			
55	ELECTROENCEPHALOGRAPHY			
56	MEDICAL SUPPLIES CHARGED	106,713	6.703822	7.096202
57	DRUGS CHARGED TO PATIENTS	6,057,104	.577890	.613320
58	RENAL DIALYSIS			
59	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL	1,171,847	.228446	.240164
60	STAFF			
61	OUTPAT SERVICE COST CNTRS			
62	CLINIC	4,989,400	.726832	.769636
64	EMERGENCY	3,130,911	.381466	.402863
65	OBSERVATION BEDS (NON-DIS			
66	OTHER REIMBURS COST CNTRS			
67	HOME PROGRAM DIALYSIS			
101	AMBULANCE SERVICES			
102	DURABLE MEDICAL EQUIP-REN			
103	DURABLE MEDICAL EQUIP-SOL			
	SUBTOTAL	29,594,842		
	LESS OBSERVATION BEDS			
	TOTAL	29,594,842		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS				1,406,701		1,406,701
27	INTENSIVE CARE UNIT						
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
31	SURGICAL INTENSIVE CARE U						
33	SUBPROVIDER						
101	NURSERY						
	TOTAL				1,406,701		1,406,701

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	10,151	4			138.58	554
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL	10,151	4				554

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

PROVIDER NO:	PERIOD:	PREPARED
14-3301	FROM 7/1/2009	11/23/2010
	TO 6/30/2010	WORKSHEET D
		PART III

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					10,151	
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL					10,151	

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

PROVIDER NO:	PERIOD:	PREPARED 11/23/2010
14-3301	FROM 7/1/2009	WORKSHEET D
	TO 6/30/2010	PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		4
26	INTENSIVE CARE UNIT		
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER		
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
01	ICF/MR		
101	TOTAL		4

TITLE XVIII, PART A

HOSPITAL

TEFRA

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							
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC			561,118				
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE							
44	LABORATORY			3,114,322			235	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			7,051,441			997	
50	PHYSICAL THERAPY			1,945,902			73	
51	OCCUPATIONAL THERAPY			850,888			176	
52	SPEECH PATHOLOGY			615,196			463	
53	ELECTROCARDIOLOGY							
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			106,713				
56	DRUGS CHARGED TO PATIENTS			6,057,104			523	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
59	PSYCHIATRIC/PSYCHOLOGICAL			1,171,847				
59	01 STAFF							
60	OUTPAT SERVICE COST CNTRS							
	CLINIC			4,989,400				
61	EMERGENCY			3,130,911				
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			29,594,842			2,467	

TITLE XVIII, PART A HOSPITAL TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC						
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY						
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY						
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED						
57	DRUGS CHARGED TO PATIENTS		40				
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
59	01 PSYCHIATRIC/PSYCHOLOGICAL STAFF						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
62	EMERGENCY		432				
64	OBSERVATION BEDS (NON-DIS						
65	OTHER REIMBURS COST CNTRS						
66	HOME PROGRAM DIALYSIS						
67	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		472				

TITLE XVIII, PART B

HOSPITAL

	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY					
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS		40			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES					
59 01 STAFF					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY		432			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
62 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL		472			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		472			

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY					
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS				25	
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES					
59 01 STAFF					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY				160	
62 OBSERVATION BEDS (NON-DISTINCT PART)					
62 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL				185	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				185	

TITLE XVII HOSPITAL

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				31
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER				.01
ADJUSTMENTS TO PROVIDER				.02
ADJUSTMENTS TO PROVIDER				.03
ADJUSTMENTS TO PROVIDER				.04
ADJUSTMENTS TO PROVIDER				.05
ADJUSTMENTS TO PROGRAM		649		.50
ADJUSTMENTS TO PROGRAM				.51
ADJUSTMENTS TO PROGRAM				.52
ADJUSTMENTS TO PROGRAM				.53
ADJUSTMENTS TO PROGRAM				.54
SUBTOTAL		-649		NONE
4 TOTAL INTERIM PAYMENTS		-649		31
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)		5,368		4
7 TOTAL MEDICARE PROGRAM LIABILITY		4,719		35

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
HOSPI TAL

1	INPATIENT HOSPI TAL SERVI CES (SEE IN STRUCTIONS)		5,559
1.01	HOSPI TAL SPECI FIC AMOUNT (SEE IN STRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		
1.04	INPATIENT REHABILITATION FACI LITY LIP PAYMENTS (SEE IN STRUCTIONS)		
1.05	OUTLIER PAYMENTS		
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE IN STRUCTIONS)		
INPATIENT PSYCHIATRIC FACI LITY (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 IN STRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE IN STRUCTIONS)		
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 IN STRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE IN STRUCTIONS)		
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 FACI LITY (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 IN STRUCTIONS)		
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 IN STRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE IN STRUCTIONS)		
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUI SITION		
3	COST OF TEACHING PHYSICI ANS		
4	SUBTOTAL (SEE IN STRUCTIONS)		5,559
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL		5,559
7	DEDUCTIBLES		1,068
8	SUBTOTAL		4,491
9	COI NSURANCE		
10	SUBTOTAL		4,491
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV S)		
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE IN STRUCTIONS)		
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELI GIBLE BENEFICIARI ES		
12	SUBTOTAL		4,491
13	DI RECT GRADUATE MEDICAL EDUCATION PAYMENTS		228
13.01	OTHER PASS THROUGH COSTS (SEE IN STRUCTIONS)		
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVI DER TERMINATION OR A DECREASE IN PROGRAM UTI LIZATION		
15	OTHER ADJUSTMENTS (SPECI FY)		
15.99	OUTLIER RECONCI LIATION ADJUSTMENT		

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,719
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	-649
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	5,368
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

----- FI ONLY -----

50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)
OR 1.09 (IPF).

51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)

52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
OF MONEY. (SEE INSTRUCTIONS).

53 ENTER THE TIME VALUE OF MONEY.

TITLE XVII I

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		5.99
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)		5.99
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		7.55
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		5.99
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.		5.65
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		.95
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		6.60
3.10	SEE INSTRUCTIONS		5.23
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		.75
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		.01
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	.25
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)		.25
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		98,090.66
3.18	SEE INSTRUCTIONS		24,523
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		5.78
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		6.21
3.21	SEE INSTRUCTIONS	RES INIT YEARS	5.49
3.22	SEE INSTRUCTIONS		5.49
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		102,619.96
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		563,384
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		587,907

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		4
5	TOTAL INPATIENT DAYS		10,151
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.000394
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	232	232
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		10,151
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)	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 XVII I ONLY

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES

TITLE XVIII

- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES
- 10 MEDICARE OUTPATIENT ESRD CHARGES
- 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY
 PART A REASONABLE COST

- 12 REASONABLE COST (SEE INSTRUCTIONS) 10,484
- 13 ORGAN ACQUISITION COSTS
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS
- 16 TOTAL PART A REASONABLE COST 10,484

PART B REASONABLE COST

- 17 REASONABLE COST 185
- 18 PRIMARY PAYER PAYMENTS
- 19 TOTAL PART B REASONABLE COST 185
- 20 TOTAL REASONABLE COST 10,669
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST .982660
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST .017340

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 10/1/97 232
 (SUM OF LINES 6.01, 6.05, & 6.08)
- 24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY 228
- 25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY 4

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	6,600,776			
2	TEMPORARY INVESTMENTS	3,305,218			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	2,772,760			
5	OTHER RECEIVABLES	2,165,083			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY				
8	PREPAID EXPENSES	863,054			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	15,706,891			
FIXED ASSETS					
12	LAND				
12.01	LAND IMPROVEMENTS	2,073,212			
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	34,232,895			
14.01	LESS ACCUMULATED DEPRECIATION	-26,722,276			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	11,383,254			
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE	1,063,071			
21	TOTAL FIXED ASSETS	22,030,156			
OTHER ASSETS					
22	INVESTMENTS	50,948,114			
23	DEPOSITS ON LEASES	4,253,763			
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	25,650,459			
26	TOTAL OTHER ASSETS	80,852,336			
27	TOTAL ASSETS	118,589,383			

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	15,948,407		15,948,407
2 00 SUBPROVIDER			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
7 01 ICF/MR			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	15,948,407		15,948,407
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT			
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			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	15,948,407		15,948,407
17 00 ANCILLARY SERVICES	12,492,952		12,492,952
18 00 OUTPATIENT SERVICES		19,109,426	19,109,426
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE			
24 00 PROF FEES & OTHER	1,751,526		1,751,526
25 00 TOTAL PATIENT REVENUES	30,192,885	19,109,426	49,302,311

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		46,308,309	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00 RECONCILE	1,610		
29 00 BAD DEBTS	345,437		
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		347,047	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00 RECONCILIATION			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		46,655,356	

DESCRIPTION

1	TOTAL PATIENT REVENUES	49,302,311
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT' S ACCTS	6,703,431
3	NET PATIENT REVENUES	42,598,880
4	LESS: TOTAL OPERATING EXPENSES	46,655,356
5	NET INCOME FROM SERVICE TO PATIENTS	-4,056,476
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	1,043,567
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNI FORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	NET ASSETS RELEASED FROM RESTRI CTION	1,333,900
24.01	OTHER REVENUE	4,012,705
24.02	NET INVESTMENT INCOME	5,092,456
25	TOTAL OTHER INCOME	11,482,628
26	TOTAL	7,426,152
	OTHER EXPENSES	
27	LOSS ON FIXED ASSETS DISPOSALS	3,198
28	NET INVESTMENT INCOME	
29		
30	TOTAL OTHER EXPENSES	3,198
31	NET INCOME (OR LOSS) FOR THE PERIOD	7,422,954