

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		PROVIDER NO: 14-0250		PERIOD FROM 1/1/2009 TO 12/31/2009		INTERMEDIARY USE ONLY -- AUDITED -- DESK REVIEW -- INITIAL -- REOPENED -- FINAL 1-MCR CODE 00 - # OF REOPENINGS		DATE RECEIVED: / / INTERMEDIARY NO.
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ELECTRONICALLY FILED COST REPORT DATE: 5/25/2010 TIME 12:21

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:
 SOUTH SUBURBAN HOSPITAL 14-0250

FOR THE COST REPORTING PERIOD BEGINNING 1/1/2009 AND ENDING 12/31/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	1,708,090	482,789	0	0
5	HOSPITAL-BASED SNF	0	34,755	0	0	0
100	TOTAL	0	1,742,845	482,789	0	0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 178TH STREET AND KEDZIE AVE P.O. BOX:
 1.01 CITY: HAZELCREST STATE: IL ZIP CODE: 60429- COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)
02.00 HOSPITAL	SOUTH SUBURBAN HOSPITAL	14-0250	2.01	7/1/1966	V XVII XI X
06.00 HOSPITAL-BASED SNF	SOUTH SUBURBAN NURSING UNIT	14-5599		5/1/1988	N P O

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM 1/1/2009 TO: 12/31/2009

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER

OTHER INFORMATION

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

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

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

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN OR (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION. ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 29404

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

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

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

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

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

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

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

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

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

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

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

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

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

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

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

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

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

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

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTIAL PATIENT 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.

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. Y

25.05 HAS YOUR FACILITY DIRECT GIVE FTE CAP (COLUMN 1) OR TIME 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)

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GIVE FTE RESIDENT CAP SLOTS OR TIME 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)

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 SWNG 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 N

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	100	1.0399	1.0471	
28.02	0.00	1	1600	29404

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)

28.03 STAFFING % Y/N 0.44% Y

28.04 RECRUITMENT 0.00%

28.05 RETENTION 0.00%

28.06 TRAINING 0.00%

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWNG BED OPTIMAL 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 ELIGIBLE 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 ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GIVE 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)?

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

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL V XVI XI X
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N 1 2 3
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?

TITLE XIX INPATIENT SERVICES
 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX INFANTS OCCUPYING TITLE XVII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). Y 148036
 40.01 NAME: ADVOCATE HEALTHCARE FI / CONTRACTOR NAME
 40.02 STREET: 2025 WINDSOR DRIVE P.O. BOX:
 40.03 CITY: OAK BROOK STATE: IL ZIP CODE: 60523- FI / CONTRACTOR #
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCQM DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
49.00 SNF	N	N			

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 0
 PAID LOSSES: 1,403,990
 AND/OR SELF INSURANCE: 4,093,910
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.

	DATE	Y OR N	LIMIT	Y OR N	FEES
	0	1	2	3	4
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.		N	0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0

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

MULTI CAMPUS

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/ CAMPUS

62.00					0.00

SETTLEMENT DATA

- 63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 4/20/2010

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0250
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/25/2010
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CASH N/A 2.01	I/P DAYS / O/P VISITS /		TRIPS TOTAL TITLE XIX 5
				TITLE V 3	TITLE XVI 4	
1 ADULTS & PEDIATRICS	223	81,395			20,595	6,896
2 HMO						
2 01 HMO - (IRF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS	223	81,395			20,595	6,896
6 INTENSIVE CARE UNIT	20	7,300			2,903	575
7 CORONARY CARE UNIT						
8 BURN INTENSIVE CARE UNIT						
9 SURGICAL INTENSIVE CARE UNIT						
11 NURSERY						1,926
12 TOTAL	243	88,695			23,498	9,397
13 RPCH VISITS						
15 SKILLED NURSING FACILITY	41	14,965			6,529	
18 HOME HEALTH AGENCY						
25 TOTAL	284					
26 OBSERVATION BED DAYS						385
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS - IRF						
29 LABOR & DELIVERY DAYS						

COMPONENT	I/P DAYS / O/P VISITS /		TRIPS TOTAL TITLE XIX 6	INTERNS & RES. FTES --	
	TITLE XIX ADM TTD	OBSERVATION BEDS NOT ADM TTD		TOTAL ADM TTD	LESS I&R REPL NON-PHYSIANS 8
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02
2 HMO			42,866		
2 01 HMO - (IRF PPS SUBPROVIDER)					
3 ADULTS & PED-SB SNF					
4 ADULTS & PED-SB NF					
5 TOTAL ADULTS AND PEDS			42,866		
6 INTENSIVE CARE UNIT			5,371		
7 CORONARY CARE UNIT					
8 BURN INTENSIVE CARE UNIT					
9 SURGICAL INTENSIVE CARE UNIT					
11 NURSERY			2,805		
12 TOTAL			51,042		
13 RPCH VISITS					
15 SKILLED NURSING FACILITY			8,567		
18 HOME HEALTH AGENCY					
25 TOTAL					
26 OBSERVATION BED DAYS	46	339	2,853	539	2,314
27 AMBULANCE TRIPS					
28 EMPLOYEE DISCOUNT DAYS					
28 01 EMP DISCOUNT DAYS - IRF					
29 LABOR & DELIVERY DAYS					

COMPONENT	I & R FTES		FULL TIME EQUIV		DISCHARGES		TOTAL ALL PATIENTS 15
	NET 9	EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	TITLE XIII 13	TITLE XIX 14	
1 ADULTS & PEDIATRICS					4,971	2,119	12,199
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		1,002.00			4,971	2,119	12,199
13 RPCH VISITS							
15 SKILLED NURSING FACILITY		35.00					
18 HOME HEALTH AGENCY							
25 TOTAL		1,037.00					
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: 14-0250	PERIOD: FROM 1/1/2009 TO 12/31/2009	PREPARED 5/25/2010 WORKSHEET S-3 PARTS II & III
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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	61,240,610		61,240,610	2,155,982.40	28.40	
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)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	1,936,432		1,936,432	73,091.20	26.49	
8.01 EXCLUDED AREA SALARIES	278,897	82,196	361,093	8,578.73	42.09	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	3,500,829		3,500,829	54,607.07	64.11	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	1,026,612		1,026,612	11,887.97	86.36	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	5,468,293		5,468,293	84,665.00	64.59	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	15,840,437		15,840,437			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	573,015		573,015			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/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	1,389,965		1,389,965	21,340.80	65.13	
22 ADMINISTRATIVE & GENERAL	6,546,334	-44,237	6,502,097	240,864.00	26.99	
22.01 A & G UNDER CONTRACT	124,192		124,192	771.58	160.96	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,989,311		1,989,311	81,473.60	24.42	
25 LAUNDRY & LINEN SERVICE	109,061		109,061	8,361.60	13.04	
26 HOUSEKEEPING	1,396,496		1,396,496	99,153.60	14.08	
26.01 HOUSEKEEPING UNDER CONTRACT	2,880		2,880	32.00	90.00	
27 DIETARY	1,872,403	-923,303	949,100	57,029.90	16.64	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		923,303	923,303	55,477.30	16.64	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATIVE	3,022,404		3,022,404	76,585.60	39.46	
31 CENTRAL SERVICE AND SUPPLY	379,274	32,222	411,496	20,155.20	20.42	
32 PHARMACY	2,264,415		2,264,415	57,283.20	39.53	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,666,170		1,666,170	77,168.00	21.59	
34 SOCIAL SERVICE	373,101		373,101	12,251.20	30.45	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	61,367,682		61,367,682	2,156,785.98	28.45	
2 EXCLUDED AREA SALARIES	2,215,329	82,196	2,297,525	81,669.93	28.13	
3 SUBTOTAL SALARIES	59,152,353	-82,196	59,070,157	2,075,116.05	28.47	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	9,995,734		9,995,734	151,160.04	66.13	
5 SUBTOTAL WAGE-RELATED COSTS	15,840,437		15,840,437		26.82	
6 TOTAL	84,988,524	-82,196	84,906,328	2,226,276.09	38.14	
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	21,136,006	-12,015	21,123,991	807,947.58	26.15	

HOSPITAL RENAL DIALYSIS DEPARTMENT
 STATISTICAL DATA

PROVIDER NO: 14-0250
 SATELLITE NO:
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/25/2010
 WORKSHEET S-5

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

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

GROUP (1)	MBPI REVENUE CODE (2)	SERVICES PRIOR TO 10/1 RATE (3)	10/1 DAYS (3.01)	SERVICES ON/ AFTER 10/1 RATE (4)	10/1 DAYS (4.01)	SRVCS 4/1/01 TO 9/30/01 RATE (4.02)	9/30/01 DAYS (4.03)
1	RUC		250				
2	RUB		1,611				
3	RUA		1,042				
3.01	RUX		181				
3.02	RUL		2,106				
4	RVC		61				
5	RVB		212				
6	RVA		183				
6.01	RVX		15				
6.02	RVL		396				
7	RHC		78				
8	RHB		80				
9	RHA		76				
9.01	RHX						
9.02	RHL						
10	RMC		7				
11	RMB		1				
12	RMA		16				
12.01	RMK		44				
12.02	RML		137				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		2				
16	SE2		10				
17	SE1						
18	SSC						
19	SSB						
20	SSA		9				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1		11				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1		1				
43	PA2						
44	PA1						
45	Default						
46	TOTAL		6,529				

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01) : 1.0399
 Wage Index Factor (after 10/01) : 1.0471
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 1600
 SNF CBSA Code : 29404

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0250
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/25/2010
WORKSHEET S-7

	GROUP(1) 1	MBPI REVENUE CODE 2	HIGH COST(2)		TOTAL 5
			RUGs DAYS 4.05	SWING BED SNF DAYS 4.06	
1	RUC				
2	RUB				
3	RUA				
3 .01	RUX				
3 .02	RUL				
4	RVC				
5	RVB				
6	RVA				
6 .01	RVX				
6 .02	RVL				
7	RHC				
8	RHB				
9	RHA				
9 .01	RHX				
9 .02	RHL				
10	RMC				
11	RMB				
12	RMA				
12 .01	RMX				
12 .02	RML				
13	RLB				
14	RLA				
14 .01	RLX				
15	SE3				
16	SE2				
17	SE1				
18	SSC				
19	SSB				
20	SSA				
21	CC2				
22	CC1				
23	CB2				
24	CB1				
25	CA2				
26	CA1				
27	IB2				
28	IB1				
29	IA2				
30	IA1				
31	BB2				
32	BB1				
33	BA2				
34	BA1				
35	PE2				
36	PE1				
37	PD2				
38	PD1				
39	PC2				
40	PC1				
41	PB2				
42	PB1				
43	PA2				
44	PA1				
45	Default				
46	TOTAL				

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01) : 1.0399
 Wage Index Factor (after 10/01) : 1.0471
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 1600
 SNF CBSA Code : 29404

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:
14-0250

PERIOD:
FROM 1/1/2009
TO 12/31/2009

PREPARED 5/25/2010
WORKSHEET S-7
NOT A CMS WORKSHEET
SERVICES THROUGH 12/31/2005

GROUP (1)	MBPI REVENUE CODE	SERVICES	PRIOR TO	OCTOBER 1ST	SERVICES	ON OR AFTER	OCTOBER 1ST
		BASE RATE	RATE	DAYS	BASE RATE	RATE	DAYS
1		3a	3	3.01	4a	4	4.01
1	RUC	543.58	543.58	250	545.98		
2	RUB	498.34	498.34	1,611	501.08		
3	RUA	474.95	474.95	1,042	478.63		
3.01	RUX	640.27	640.27	181	637.37		
3.02	RUL	562.29	562.29	2,106	563.61		
4	RVC	437.08	437.08	61	434.90		
5	RVB	415.25	415.25	212	414.06		
6	RVA	373.14	373.14	183	375.58		
6.01	RVX	485.43	485.43	15	483.00		
6.02	RVL	452.67	452.67	396	450.94		
7	RHC	380.30	380.30	78	376.53		
8	RHB	363.15	363.15	80	360.50		
9	RHA	336.64	336.64	76	336.44		
9.01	RHX	411.50			408.60		
9.02	RHL	403.70			398.98		
10	RMC	349.42	349.42	7	346.39		
11	RMB	340.06	340.06	1	336.77		
12	RMA	332.26	332.26	16	330.35		
12.01	RMK	471.07	471.07	44	463.43		
12.02	RML	432.07	432.07	137	426.55		
13	RLB	307.91			303.71		
14	RLA	262.69			260.42		
14.01	RLX	334.43			329.37		
15	SE3	385.16	385.16	2	373.52		
16	SE2	327.45	327.45	10	319.00		
17	SE1	291.58			285.33		
18	SSC	286.90			280.51		
19	SSB	271.31			266.08		
20	SSA	266.62	266.62	9	261.27		
21	CC2	285.34			278.91		
22	CC1	260.38			256.47		
23	CB2	247.92			243.64		
24	CB1	236.99			232.41		
25	CA2	235.44			230.81		
26	CA1	219.84	219.84	11	217.98		
27	IB2	210.48			208.37		
28	IB1	207.36			205.15		
29	IA2	190.20			189.12		
30	IA1	182.40			182.71		
31	BB2	208.92			206.77		
32	BB1	202.68			201.95		
33	BA2	188.64			187.52		
34	BA1	176.16			174.69		
35	PE2	227.64			224.40		
36	PE1	222.96			221.19		
37	PD2	216.72			213.18		
38	PD1	213.60			209.97		
39	PC2	205.81			203.55		
40	PC1	202.68			201.95		
41	PB2	180.85			181.11		
42	PB1	179.29	179.29	1	177.91		
43	PA2	177.72			176.29		
44	PA1	173.05			171.49		
45	Default	173.05			171.49		
46	TOTAL			6,529			

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01) : 1.0399
 Wage Index Factor (after 10/01) : 1.0471
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 1600
 SNF CBSA Code : 29404

Non-CMS S-7 options selected:
 Calculate Total Days from this worksheet.
 Transfer total to settlement worksheet.

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:
14-0250

PERIOD:
FROM 1/1/2009
TO 12/31/2009

PREPARED 5/25/2010
WORKSHEET S-7
NOT A CMS WORKSHEET
SERVICES THROUGH 12/31/2005

	GROUP(1)	MBPI REVENUE CODE	A I D S		DIAGNOSIS		CCODE 042	SWNG BED SNF	TOTAL
			SERV PRI OR TO	OCT. 1ST	SERV ON	AFTER OCT. 1ST			
			4.02	4.03			4.04	4.05	4.06
1	RUC		1,239.36				1,244.83		135,895
2	RUB		1,136.22				1,142.46		802,826
3	RUA		1,082.89				1,091.28		494,898
3.01	RUX		1,459.82				1,453.20		115,889
3.02	RUL		1,282.02				1,285.03		1,184,183
4	RVC		996.54				991.57		26,662
5	RVB		946.77				944.06		88,033
6	RVA		850.76				856.32		68,285
6.01	RVX		1,106.78				1,101.24		7,281
6.02	RVL		1,032.09				1,028.14		179,257
7	RHC		867.08				858.49		29,663
8	RHB		827.98				821.94		29,052
9	RHA		767.54				767.08		25,585
9.01	RHX		938.22				931.61		
9.02	RHL		920.44				909.67		
10	RMC		796.68				789.77		2,446
11	RMB		775.34				767.84		340
12	RMA		757.55				753.20		5,316
12.01	RMK		1,074.04				1,056.62		20,727
12.02	RML		985.12				972.53		59,194
13	RLB		702.03				692.46		
14	RLA		598.93				593.76		
14.01	RLX		762.50				750.96		
15	SE3		878.16				851.63		770
16	SE2		746.59				727.32		3,275
17	SE1		664.80				650.55		
18	SSC		654.13				639.56		
19	SSB		618.59				606.66		
20	SSA		607.89				595.70		2,400
21	CC2		650.58				635.91		
22	CC1		593.67				584.75		
23	CB2		565.26				555.50		
24	CB1		540.34				529.89		
25	CA2		536.80				526.25		
26	CA1		501.24				496.99		2,418
27	IB2		479.89				475.08		
28	IB1		472.78				467.74		
29	IA2		433.66				431.19		
30	IA1		415.87				416.58		
31	BB2		476.34				471.44		
32	BB1		462.11				460.45		
33	BA2		430.10				427.55		
34	BA1		401.64				398.29		
35	PE2		519.02				511.63		
36	PE1		508.35				504.31		
37	PD2		494.12				486.05		
38	PD1		487.01				478.73		
39	PC2		469.25				464.09		
40	PC1		462.11				460.45		
41	PB2		412.34				412.93		
42	PB1		408.78				405.63		179
43	PA2		405.20				401.94		
44	PA1		394.55				391.00		
45	Default		394.55				391.00		
46	TOTAL								3,284,574

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01) : 1.0399
 Wage Index Factor (after 10/01) : 1.0471
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 1600
 SNF CBSA Code : 29404

Non-CMS S-7 options selected:
 Calculate Total Days from this worksheet.
 Transfer total to settlement worksheet.

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0250	FROM 1/1/2009	5/25/2010
	TO 12/31/2009	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	22,682,472
17.01	GROSS MEDICAL REVENUES	21,243,146
18	REVENUES FROM STATE AND LOCAL INDEPENDENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	43,925,618
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDEPENDENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.277169
25	TOTAL STATE AND LOCAL INDEPENDENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAL CHARGES FROM YOUR RECORDS	78,418,219

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0250	FROM 1/ 1/2009	5/25/2010
	TO 12/31/2009	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDI CAID COST (LINE 24 * LINE 28)	21,735,099
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	22,682,472
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	6,286,878
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	21,735,099

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESPROVIDER NO:
14-0250PERIOD:
FROM 1/1/2009
TO 12/31/2009PREPARED 5/25/2010
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		4,544,602	4,544,602	-4,185,368	359,234
3	0300 NEW CAP REL COSTS-BLDG & FIXT				7,059,545	7,059,545
5	0500 EMPLOYEE BENEFITS	1,389,965	11,706,399	13,096,364	-2,972	13,093,392
6.01	0660 COMMUNICATIONS	424,306	450,831	875,137	-1,346	873,791
6.02	0661 DATA PROCESSING		1,203,783	1,203,783	-6,035	1,197,748
6.03	0662 PURCHASING	195,283	414,686	609,969	-22,130	587,839
6.04	0663 REGISTRARION	1,142,812	216,545	1,359,357	-25,626	1,333,731
6.05	0664 PATIENT ACCOUNTING	995,641	755,495	1,751,136	-38,706	1,712,430
6.06	0665 ADMINSTRATION & GENERAL	3,788,292	41,823,532	45,611,824	-498,517	45,113,307
8	0800 OPERATION OF PLANT	1,989,311	4,324,914	6,314,225	-114,296	6,199,929
9	0900 LAUNDRY & LINEN SERVICE	109,061	863,006	972,067		972,067
10	1000 HOUSEKEEPING	1,396,496	667,319	2,063,815	-25,662	2,038,153
11	1100 DIETARY	1,872,403	1,402,291	3,274,694	-1,643,953	1,630,741
12	1200 CAFETERIA				1,614,789	1,614,789
14	1400 NURSING ADMINISTRATION	3,022,404	539,646	3,562,050	-4,643	3,557,407
15	1500 CENTRAL SERVICES & SUPPLY	379,274	561,064	940,338	-70,268	870,070
16	1600 PHARMACY	2,264,415	7,520,874	9,785,289	-6,724,222	3,061,067
17	1700 MEDICAL RECORDS & LIBRARY	1,666,170	565,432	2,231,602	-6,689	2,224,913
18	1800 SOCIAL SERVICE	373,101	39,650	412,751	-304	412,447
24	2400 PARAMEDICAL PRGM (SPECIALTY)	70,118	57,765	127,883	75,267	203,150
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	15,831,734	4,512,346	20,344,080	-1,911,091	18,432,989
26	2600 INTENSIVE CARE UNIT	3,645,700	1,519,322	5,165,022	-592,100	4,572,922
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
33	3300 NURSERY	722,370	528,427	1,250,797	-56,189	1,194,608
34	3400 SKILLED NURSING FACILITY	1,936,432	290,353	2,226,785	-110,994	2,115,791
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	3,133,808	8,239,819	11,373,627	-7,449,770	3,923,857
40	4000 ANESTHESIOLOGY	37,867	252,439	290,306	488,206	778,512
41	4100 RADIOLOGY-DIAGNOSTIC	3,527,318	2,681,326	6,208,644	-1,081,144	5,127,500
43	4300 RADIO SOTOP	479,920	489,595	969,515	-9,318	960,197
43.01	3630 ULTRASOUND	525,622	134,638	660,260	-88,796	571,464
43.02	3120 CARDIAC CATH LAB	643,380	3,772,206	4,415,586	-3,129,293	1,286,293
44	4400 LABORATORY		6,822,961	6,822,961	-19,832	6,803,129
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		581,258	581,258		581,258
48	4800 INTRAVENOUS THERAPY	384,571	207,449	592,020	-114,857	477,163
49	4900 RESPIRATORY THERAPY	1,216,197	394,155	1,610,352	-205,657	1,404,695
50	5000 PHYSICAL THERAPY	71,681	2,984,696	3,056,377	-1,069,249	1,987,128
51	5100 OCCUPATIONAL THERAPY		500	500	1,048,987	1,049,487
52	5200 SPEECH PATHOLOGY	136,636	10,837	147,473	-572	146,901
53	5300 ELECTROCARDIOLOGY	725,681	452,764	1,178,445	-107,720	1,070,725
54	5400 ELECTROENCEPHALOGRAPHY	120,484	41,127	161,611	-31,375	130,236
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				13,395,804	13,395,804
56	5600 DRUGS CHARGED TO PATIENTS				6,697,103	6,697,103
57	5700 RENAL DIALYSIS	338,230	190,643	528,873	-127,972	400,901
58	5800 ASC (NON-DIAGNOSTIC PART)	1,009,586	423,504	1,433,090	-246,984	1,186,106
59	3160 CARDIAC REHABILITATION	208,953	22,692	231,645	-3,771	227,874
59.01	3560 PULMONARY FUNCTION	114,348	23,455	137,803	-13,701	124,102
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	295,297	618,461	913,758	-4,898	908,860
61	6100 EMERGENCY	4,707,764	1,581,610	6,289,374	-654,751	5,634,623
62	6200 OBSERVATION BEDS (NON-DIAGNOSTIC PART)					
63	4950 SLEEP LAB	139,200	21,879	161,079	-8,675	152,404
	OTHER REIMBURSEMENT COST CNTRS					
70	7000 I&R SERVICES-NOT APPROVED PRGM	208,779	15,972	224,751		224,751
71	7100 HOME HEALTH AGENCY					
	SPECIAL PURPOSE COST CENTERS					
86	8600 OTHER ORGAN ACQUISITION (SPECIAL)					
88	8800 INTEREST EXPENSE		1,722,558	1,722,558		1,722,558
89	8900 UTILIZATION REVIEW SNF				29,760	29,760
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	61,240,610	116,194,826	177,435,436	15	177,435,451
	NONREIMBURSEMENT COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		58,693	58,693		58,693
96.01	9601 NONREIMBURSABLE HHA		198	198	-15	183
98	9800 PHYSICIANS' PRIVATE OFFICES					
100	7950 FUND RAISING					
101	TOTAL	61,240,610	116,253,717	177,494,327	-0-	177,494,327

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0250
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/25/2010
 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	21,295	380,529
3	0300 NEW CAP REL COSTS- BLDG & FIXT	931,960	7,991,505
5	0500 EMPLOYEE BENEFITS	2,184,732	15,278,124
6.01	0660 COMMUNICATIONS	-87,742	786,049
6.02	0661 DATA PROCESSING	2,226,354	3,424,102
6.03	0662 PURCHASING	-30	587,809
6.04	0663 REGISTRARIAN		1,333,731
6.05	0664 PATIENT ACCOUNTING	-14,354	1,698,076
6.06	0665 ADMINISTRATION & GENERAL	-29,617,837	15,495,470
8	0800 OPERATION OF PLANT	-70,229	6,129,700
9	0900 LAUNDRY & LINEN SERVICE		972,067
10	1000 HOUSEKEEPING	-19	2,038,134
11	1100 DIETARY	-1,004	1,629,737
12	1200 CAFETERIA	-626,582	988,207
14	1400 NURSING ADMINISTRATION	-50,042	3,507,365
15	1500 CENTRAL SERVICES & SUPPLY		870,070
16	1600 PHARMACY	-48	3,061,019
17	1700 MEDICAL RECORDS & LIBRARY	-50,146	2,174,767
18	1800 SOCIAL SERVICE	-10,281	402,166
24	2400 PARAMEDICAL PROGRAM (SPECIALTY)	-73,422	129,728
25	2500 INPATIENT ROUTINE SERVICE CENTERS		
25	2500 ADULTS & PEDIATRICS	-1,042,036	17,390,953
26	2600 INTENSIVE CARE UNIT	-11,615	4,561,307
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
33	3300 NURSERY	-400,000	794,608
34	3400 SKILLED NURSING FACILITY	-26	2,115,765
	ANCILLARY SERVICE COST CENTERS		
37	3700 OPERATING ROOM	-139,400	3,784,457
40	4000 ANESTHESIOLOGY	-649,904	128,608
41	4100 RADIOLOGY-DIAGNOSTIC	-71,918	5,055,582
43	4300 RADIOISOTOPE	-32,423	927,774
43.01	3630 ULTRASOUND		571,464
43.02	3120 CARDIAC CATH LAB		1,286,293
44	4400 LABORATORY	-421,192	6,381,937
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		581,258
48	4800 INTRAVENOUS THERAPY		477,163
49	4900 RESPIRATORY THERAPY	-78,825	1,325,870
50	5000 PHYSICAL THERAPY	-184	1,986,944
51	5100 OCCUPATIONAL THERAPY		1,049,487
52	5200 SPEECH PATHOLOGY		146,901
53	5300 ELECTROCARDIOLOGY	-43,712	1,027,013
54	5400 ELECTROENCEPHALOGRAPHY		130,236
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		13,395,804
56	5600 DRUGS CHARGED TO PATIENTS		6,697,103
57	5700 RENAL DIALYSIS	-18,248	382,653
58	5800 ASC (NON-DISTINCT PART)		1,186,106
59	3160 CARDIAC REHABILITATION		227,874
59.01	3560 PULMONARY FUNCTION		124,102
	OUTPATIENT SERVICE COST CENTERS		
60	6000 CLINIC	-138,816	770,044
61	6100 EMERGENCY	-66,669	5,567,954
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 SLEEP LAB		152,404
	OTHER REIMBURSEMENT COST CENTERS		
70	7000 I&R SERVICES-NOT APPROVED PROGRAM	-208,779	15,972
71	7100 HOME HEALTH AGENCY		
	SPECIAL PURPOSE COST CENTERS		
86	8600 OTHER ORGAN ACQUISITION (SPECIAL)		
88	8800 INTEREST EXPENSE	-1,722,558	-0-
89	8900 UTILIZATION REVIEW SNF	-29,760	-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-30,313,460	147,121,991
	NONREIMBURSEMENT COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	-56,341	2,352
96.01	9601 NONREIMBURSABLE HHA		183
98	9800 PHYSICIANS' PRIVATE OFFICES		
100	7950 FUNDRAISING		
101	TOTAL	-30,369,801	147,124,526

COST CENTERS USED IN COST REPORT

PROVIDER NO:	PERIOD:	PREPARED
14-0250	FROM 1/1/2009	5/25/2010
	TO 12/31/2009	NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
5	EMPLOYEE BENEFITS	0500	
6.01	COMMUNICATIONS	0660	OTHER ADMINISTRATIVE AND GENERAL
6.02	DATA PROCESSING	0661	OTHER ADMINISTRATIVE AND GENERAL
6.03	PURCHASING	0662	OTHER ADMINISTRATIVE AND GENERAL
6.04	REGISTRATION	0663	OTHER ADMINISTRATIVE AND GENERAL
6.05	PATIENT ACCOUNTING	0664	OTHER ADMINISTRATIVE AND GENERAL
6.06	ADMINISTRATION & GENERAL	0665	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
24	PARAMEDICAL PRGM (SPECIFY)	2400	
	INPATIENT ROUTINE SERVICE		
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	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SERVICE COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
43	RADIOISOTOPE	4300	
43.01	ULTRASOUND	3630	ULTRASOUND
43.02	CARDIAC CATH LAB	3120	CARDIAC CATHETERIZATION LABORATORY
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DIAGNOSTIC PART)	5800	
59	CARDIAC REHABILITATION	3160	CARDIOPULMONARY
59.01	PULMONARY FUNCTION	3560	PULMONARY FUNCTION TESTING
	OUTPATIENT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DIAGNOSTIC PART)	6200	
63	SLEEP LAB	4950	OTHER OUTPATIENT SERVICE COST CENTER
	OTHER REIMBURSEMENT COST		
70	I&R SERVICES-NOT APPROVED PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPECIFIC PURPOSE COST CENTER		
86	OTHER ORGAN ACQUISITION (SPECIFY)	8600	
88	INTEREST EXPENSE	8800	
89	UTILITY ZONE REVIEW SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURSABLE COST CENTER		
96	GI FT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	NONREIMBURSABLE HHA	9601	GI FT, FLOWER, COFFEE SHOP & CANTEEN
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	FUNDRAISING	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140250

PERIOD:
FROM 1/1/2009
TO 12/31/2009

PREPARED 5/25/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 CAFETERIA COSTS	A	CAFETERIA	12	923,303	691,486
2 PATIENT CHARGABLE DRUGS	B	DRUGS CHARGED TO PATIENTS	56		6,697,103
3 PHYSICIAN COMPENSATION- SNF UTIL REVIEW	C	UTILIZATION REVIEW SNF	89		29,760
4 CENTRAL PROCESSING COSTS	D	CENTRAL SERVICES & SUPPLY	15	32,222	
5 MEDICAL DIRECTORS/ PHYSICIANS	E	RADIOLOGY- DIAGNOSTIC	41		54,167
6		RENAL DIALYSIS	57		18,333
7		OPERATING ROOM	37		139,400
8		ANESTHESIOLOGY	40		650,000
9		EMERGENCY	61		50,000
10 EDUCATION COSTS	F	PARAMEDICAL PROGRAM (SPECIFY)	24	15,142	
11		PARAMEDICAL PROGRAM (SPECIFY)	24	12,458	
12		PARAMEDICAL PROGRAM (SPECIFY)	24	42,581	
13		PARAMEDICAL PROGRAM (SPECIFY)	24	12,015	
14 NEW CAPITAL DEPRECIATION	G	NEW CAPITAL COSTS- BLDG & FIXTURE	3		7,059,545
15 EQUIPMENT DEPRECIATION	H	OLD CAPITAL COSTS- BLDG & FIXTURE	1		2,874,177
16					
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35					
1 EQUIPMENT DEPRECIATION	H				
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3					
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11					
12					
13					
14					
15					
16					
17					
18 OT RECLASS	I	OCCUPATIONAL THERAPY	51		1,049,192
19 MEDICAL SUPPLY RECLASS	J	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		13,395,804
20		COMMUNICATIONS	6.01		42
21		PURCHASING	6.03		10,834
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
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34					
35					

RECLASSIFICATIONS

PROVIDER NO:
140250

PERIOD:
FROM 1/1/2009
TO 12/31/2009

PREPARED 5/25/2010
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
1 MEDICAL SUPPLY RECLASS	J				
2					
3					
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23					
36 TOTAL RECLASSIFICATIONS				1,037,721	32,719,843

(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.

RECLASSIFICATION

EXPLANATION OF RECLASSIFICATION		CODE	DECREASE	LINE	SALARY	OTHER	A-7 REF
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	CAFETERIA COSTS	A	DIETARY	11	923,303	691,486	
2	PATIENT CHARGABLE DRUGS	B	PHARMACY	16		6,697,103	
3	PHYSICIAN COMPENSATION - SNF UTIL REVIEW	C	ADMINISTRATION & GENERAL	6.06		29,760	
4	CENTRAL PROCESSING COSTS	D	PURCHASING	6.03	32,222		
5	MEDICAL DIRECTORS/PHYSICIANS	E	ADMINISTRATION & GENERAL	6.06		261,900	
6			ADULTS & PEDIATRICS	25		650,000	
7							
8							
9							
10	EDUCATION COSTS	F	ADULTS & PEDIATRICS	25	15,142		
11			INTENSIVE CARE UNIT	26	12,458		
12			EMERGENCY	61	42,581		
13			ADMINISTRATION & GENERAL	6.06	12,015		
14	NEW CAPITAL DEPRECIATION	G	OLD CAPITAL COSTS-BLDG & FIXT	1		7,059,545	9
15	EQUIPMENT DEPRECIATION	H	EMPLOYEE BENEFITS	5		1,392	9
16			COMMUNICATIONS	6.01		1,388	9
17			DATA PROCESSING	6.02		6,035	9
18			PURCHASING	6.03		742	9
19			REGISTRATION	6.04		21,284	9
20			PATIENT ACCOUNTING	6.05		38,705	9
21			ADMINISTRATION & GENERAL	6.06		189,901	9
22			OPERATION OF PLANT	8		55,678	9
23			HOUSEKEEPING	10		23,039	9
24			DIETARY	11		27,315	9
25			NURSING ADMINISTRATION	14		4,579	9
26			CENTRAL SERVICES & SUPPLY	15		34,180	9
27			PHARMACY	16		14,787	9
28			MEDICAL RECORDS & LIBRARY	17		6,638	9
29			PARAMEDICAL PROGRAM (SPECIFY)	24		2,773	9
30			ADULTS & PEDIATRICS	25		298,700	9
31			INTENSIVE CARE UNIT	26		259,287	9
32			NURSERY	33		14,110	9
33			SKILLED NURSING FACILITY	34		6,791	9
34			OPERATING ROOM	37		534,859	9
35			ANESTHESIOLOGY	40		10,435	9
1	EQUIPMENT DEPRECIATION	H	RADIOLOGY-DIAGNOSTIC	41		679,164	9
2			RADIOISOTOPE	43		3,915	9
3			ULTRASOUND	43.01		54,886	9
4			CARDIAC CATH LAB	43.02		120,242	9
5			RESPIRATORY THERAPY	49		24,417	9
6			PHYSICAL THERAPY	50		2,891	9
7			OCCUPATIONAL THERAPY	51		205	9
8			ELECTROCARDIOLOGY	53		84,816	9
9			ELECTROENCEPHALOGRAPHY	54		22,570	9
10			ASC (NON-DIAGNOSTIC PART)	58		217,539	9
11			CARDIAC REHABILITATION	59		3,108	9
12			PULMONARY FUNCTION	59.01		9,841	9
13			CLINIC	60		1,792	9
14			EMERGENCY	61		76,276	9
15			LABORATORY	44		1,023	9
16			RENAL DIALYSIS	57		18,574	9
17			SOCIAL SERVICE	18		300	
18	OT RECLASS	I	PHYSICAL THERAPY	50		1,049,192	
19	MEDICAL SUPPLY RECLASS	J	EMPLOYEE BENEFITS	5		1,580	
20							
21							
22			REGISTRATION	6.04		4,342	
23			PATIENT ACCOUNTING	6.05		1	
24			ADMINISTRATION & GENERAL	6.06		4,941	
25			OPERATION OF PLANT	8		58,618	
26			NURSING ADMINISTRATION	14		64	
27			HOUSEKEEPING	10		2,623	
28			DIETARY	11		1,849	
29			CENTRAL SERVICES & SUPPLY	15		68,310	
30			PHARMACY	16		12,332	
31			MEDICAL RECORDS & LIBRARY	17		51	
32			PARAMEDICAL PROGRAM (SPECIFY)	24		4,156	
33			ADULTS & PEDIATRICS	25		947,249	
34			INTENSIVE CARE UNIT	26		320,355	
35			NURSERY	33		42,079	

RECLASSIFICATIONS

PROVIDER NO:
140250

PERIOD:
FROM 1/1/2009
TO 12/31/2009

PREPARED 5/25/2010
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 MEDICAL SUPPLY RECLASS	J		34			104,203	
2			37			7,054,311	
3			40			151,359	
4			41			456,147	
5			43			5,403	
6			43.01			33,910	
7			43.02			3,009,051	
8			48			114,857	
9			49			181,240	
10			52			572	
11			53			22,904	
12			54			8,805	
13			57			127,731	
14			58			29,445	
15			59			663	
16			59.01			3,860	
17			60			3,106	
18			61			585,894	
19			63			8,675	
20			50			17,166	
21			96.01			15	
22			44			18,809	
23			18			4	
36 TOTAL RECLASSIFICATIONS					1,037,721	32,719,843	

(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:
140250

PERIOD:
FROM 1/1/2009
TO 12/31/2009

PREPARED 5/25/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION: CAFETERIA COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,614,789
TOTAL RECLASSIFICATIONS FOR CODE A			1,614,789

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	1,614,789	
			1,614,789

RECLASS CODE: B
EXPLANATION: PATIENT CHARGABLE DRUGS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	6,697,103
TOTAL RECLASSIFICATIONS FOR CODE B			6,697,103

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	6,697,103	
			6,697,103

RECLASS CODE: C
EXPLANATION: PHYSICIAN COMPENSATION-SNF UTILIZATION REVIEW

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	UTILIZATION REVIEW-SNF	89	29,760
TOTAL RECLASSIFICATIONS FOR CODE C			29,760

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6.06	29,760	
			29,760

RECLASS CODE: D
EXPLANATION: CENTRAL PROCESSING COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CENTRAL SERVICES & SUPPLY	15	32,222
TOTAL RECLASSIFICATIONS FOR CODE D			32,222

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PURCHASING	6.03	32,222	
			32,222

RECLASS CODE: E
EXPLANATION: MEDICAL DIRECTORS/PHYSICIANS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	RADIOLOGY-DIAGNOSTIC	41	54,167
2.00	RENAL DIALYSIS	57	18,333
3.00	OPERATING ROOM	37	139,400
4.00	ANESTHESIOLOGY	40	650,000
5.00	EMERGENCY	61	50,000
TOTAL RECLASSIFICATIONS FOR CODE E			911,900

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6.06	261,900	
ADULTS & PEDIATRICS	25	650,000	
			0
			0
			0
			911,900

RECLASS CODE: F
EXPLANATION: EDUCATION COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PARAMEDIC PROGRAM (SPECIFY)	24	15,142
2.00	PARAMEDIC PROGRAM (SPECIFY)	24	12,458
3.00	PARAMEDIC PROGRAM (SPECIFY)	24	42,581
4.00	PARAMEDIC PROGRAM (SPECIFY)	24	12,015
TOTAL RECLASSIFICATIONS FOR CODE F			82,196

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	15,142	
INTENSIVE CARE UNIT	26	12,458	
EMERGENCY	61	42,581	
ADMINISTRATIVE & GENERAL	6.06	12,015	
			82,196

RECLASS CODE: G
EXPLANATION: NEW CAPITAL DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXTURE	3	7,059,545
TOTAL RECLASSIFICATIONS FOR CODE G			7,059,545

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OLD CAP REL COSTS-BLDG & FIXTURE	1	7,059,545	
			7,059,545

RECLASS CODE: H
EXPLANATION: EQUIPMENT DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXTURE	1	2,874,177
2.00			0
3.00			0
4.00			0
5.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	1,392	
COMMUNICATIONS	6.01	1,388	
DATA PROCESSING	6.02	6,035	
PURCHASING	6.03	742	
REGISTRATION	6.04	21,284	

RECLASSIFICATIONS

PROVIDER NO:
140250

PERIOD:
FROM 1/1/2009
TO 12/31/2009

PREPARED 5/25/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: H
EXPLANATION: EQUIPMENT DEPRECIATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
6.00			0	PATIENT ACCOUNTING	6.05	38,705	
7.00			0	ADMINISTRATION & GENERAL	6.06	189,901	
8.00			0	OPERATION OF PLANT	8	55,678	
9.00			0	HOUSEKEEPING	10	23,039	
10.00			0	DIETARY	11	27,315	
11.00			0	NURSING ADMINISTRATION	14	4,579	
12.00			0	CENTRAL SERVICES & SUPPLY	15	34,180	
13.00			0	PHARMACY	16	14,787	
14.00			0	MEDICAL RECORDS & LIBRARY	17	6,638	
15.00			0	PARAMEDICAL PRGM (SPECIFY)	24	2,773	
16.00			0	ADULTS & PEDIATRICS	25	298,700	
17.00			0	INTENSIVE CARE UNIT	26	259,287	
18.00			0	NURSERY	33	14,110	
19.00			0	SKILLED NURSING FACILITY	34	6,791	
20.00			0	OPERATING ROOM	37	534,859	
21.00			0	ANESTHESIOLOGY	40	10,435	
22.00			0	RADIOLOGY-DIAGNOSTIC	41	679,164	
23.00			0	RADIOISOTOPE	43	3,915	
24.00			0	ULTRASOUND	43.01	54,886	
25.00			0	CARDIAC CATH LAB	43.02	120,242	
26.00			0	RESPIRATORY THERAPY	49	24,417	
27.00			0	PHYSICAL THERAPY	50	2,891	
28.00			0	OCCUPATIONAL THERAPY	51	205	
29.00			0	ELECTROCARDIOLOGY	53	84,816	
30.00			0	ELECTROENCEPHALOGRAPHY	54	22,570	
31.00			0	ASC (NON-DIAGNOSTIC PART)	58	217,539	
32.00			0	CARDIAC REHABILITATION	59	3,108	
33.00			0	PULMONARY FUNCTION	59.01	9,841	
34.00			0	CLINIC	60	1,792	
35.00			0	EMERGENCY	61	76,276	
36.00			0	LABORATORY	44	1,023	
37.00			0	RENAL DIALYSIS	57	18,574	
38.00			0	SOCIAL SERVICE	18	300	
TOTAL RECLASSIFICATIONS FOR CODE H			2,874,177			2,874,177	

RECLASS CODE: I
EXPLANATION: OT RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OCCUPATIONAL THERAPY	51	1,049,192	PHYSICAL THERAPY	50	1,049,192	
TOTAL RECLASSIFICATIONS FOR CODE I			1,049,192			1,049,192	

RECLASS CODE: J
EXPLANATION: MEDICAL SUPPLY RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	13,395,804	EMPLOYEE BENEFITS	5	1,580	
2.00	COMMUNICATIONS	6.01	42			0	
3.00	PURCHASING	6.03	10,834			0	
4.00			0	REGISTRATION	6.04	4,342	
5.00			0	PATIENT ACCOUNTING	6.05	1	
6.00			0	ADMINISTRATION & GENERAL	6.06	4,941	
7.00			0	OPERATION OF PLANT	8	58,618	
8.00			0	NURSING ADMINISTRATION	14	64	
9.00			0	HOUSEKEEPING	10	2,623	
10.00			0	DIETARY	11	1,849	
11.00			0	CENTRAL SERVICES & SUPPLY	15	68,310	
12.00			0	PHARMACY	16	12,332	
13.00			0	MEDICAL RECORDS & LIBRARY	17	51	
14.00			0	PARAMEDICAL PRGM (SPECIFY)	24	4,156	
15.00			0	ADULTS & PEDIATRICS	25	947,249	
16.00			0	INTENSIVE CARE UNIT	26	320,355	
17.00			0	NURSERY	33	42,079	
18.00			0	SKILLED NURSING FACILITY	34	104,203	
19.00			0	OPERATING ROOM	37	7,054,311	
20.00			0	ANESTHESIOLOGY	40	151,359	
21.00			0	RADIOLOGY-DIAGNOSTIC	41	456,147	
22.00			0	RADIOISOTOPE	43	5,403	
23.00			0	ULTRASOUND	43.01	33,910	
24.00			0	CARDIAC CATH LAB	43.02	3,009,051	
25.00			0	INTRAVENOUS THERAPY	48	114,857	

RECLASSIFICATIONS

PROVIDER NO:
140250

PERIOD:
FROM 1/1/2009
TO 12/31/2009

PREPARED 5/25/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: J
EXPLANATION: MEDICAL SUPPLY RECLASS

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
26.00			0
27.00			0
28.00			0
29.00			0
30.00			0
31.00			0
32.00			0
33.00			0
34.00			0
35.00			0
36.00			0
37.00			0
38.00			0
39.00			0
40.00			0
TOTAL	RECLASSIFICATIONS FOR CODE J		13,406,680

----- DECREASE -----		----- DECREASE -----	
COST CENTER	LINE	AMOUNT	
RESPIRATORY THERAPY	49	181,240	
SPEECH PATHOLOGY	52	572	
ELECTROCARDIOLOGY	53	22,904	
ELECTROENCEPHALOGRAPHY	54	8,805	
RENAL DIALYSIS	57	127,731	
ASC (NON-DIAGNOSTIC PART)	58	29,445	
CARDIAC REHABILITATION	59	663	
PULMONARY FUNCTION	59.01	3,860	
CLINIC	60	3,106	
EMERGENCY	61	585,894	
SLEEP LAB	63	8,675	
PHYSICAL THERAPY	50	17,166	
NONREIMBURSABLE HHA	96.01	15	
LABORATORY	44	18,809	
SOCIAL SERVICE	18	4	
TOTAL		13,406,680	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRPTION	BEGINNING	PURCHASES	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
	BALANCES		DONATION					
	1	2	3	4	5	6	7	
1 LAND	714,843						714,843	
2 LAND IMPROVEMENTS	1,774,872						1,774,872	1,774,872
3 BUILDINGS & FIXTURE	32,129,897						32,129,897	21,416,753
4 BUILDING IMPROVEMENT								
5 FIXED EQUIPMENT	8,140,119						8,140,119	6,138,410
6 MOVABLE EQUIPMENT								
7 SUBTOTAL	42,759,731						42,759,731	29,330,035
8 RECONCILING ITEMS								
9 TOTAL	42,759,731						42,759,731	29,330,035

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRPTION	BEGINNING	PURCHASES	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
	BALANCES		DONATION					
	1	2	3	4	5	6	7	
1 LAND								
2 LAND IMPROVEMENTS	1,676,120	975		975			1,677,095	617,281
3 BUILDINGS & FIXTURE	75,004,798	2,278,482		2,278,482			77,283,280	6,226,919
4 BUILDING IMPROVEMENT	269,880						269,880	16,454
5 FIXED EQUIPMENT	34,125,686	1,832,451		1,832,451		616,926	35,341,211	19,452,604
6 MOVABLE EQUIPMENT	18,666						18,666	18,666
7 SUBTOTAL	111,095,150	4,111,908		4,111,908		616,926	114,590,132	26,331,924
8 RECONCILING ITEMS	2,492,326					346,717	2,145,609	
9 TOTAL	108,602,824	4,111,908		4,111,908		270,209	112,444,523	26,331,924

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	
1	OLD CAP REL COSTS- BL	42,759,731		42,759,731	.271749			
3	NEW CAP REL COSTS- BL	114,590,131		114,590,131	.728251			
5	TOTAL	157,349,862		157,349,862	1.000000			

DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS- BL	380,529						380,529
3	NEW CAP REL COSTS- BL	7,991,505						7,991,505
5	TOTAL	8,372,034						8,372,034

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
 DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS- BL	4,544,602						4,544,602
3	NEW CAP REL COSTS- BL							
5	TOTAL	4,544,602						4,544,602

* 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

PROVIDER NO: 14-0250

PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/25/2010
 WORKSHEET A-8

DESCRPTION (1)	(2) BASIS CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			** COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			** COST CENTER DELETED**	4	
5 INVESTMENT INCOME- OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRIVATE SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-87,452	COMMUNICATIONS	6.01	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,507,148			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-2,423,401			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA- EMPLOYEES AND GUESTS	B	-626,582	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	A	-146	MEDICAL RECORDS & LIBRARY	17	
21 NURSE SCHOOL (TUITION, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INITIAL 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 PHYSICIAN COMP	A	-29,760	UTILIZATION REVIEW SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			** COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			** COST CENTER DELETED**	4	
33 NON-PHYSICIAN ANESTHETIST			** COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 RESIDENTS NOT IN APPROVED PROGRAM	A	-208,779	I&R SERVICES-NOT APPROVED P	70	
38 EMPLOYED PHYSICIANS	A	-163,793	ADMINISTRATIVE & GENERAL	6.06	
38.05 AHA/ IHA LOBBYING EXPENSES	A	-31,165	ADMINISTRATIVE & GENERAL	6.06	
39 BAD DEBTS	A	-13,483,000	ADMINISTRATIVE & GENERAL	6.06	
40 CONTRIBUTIONS	A	-305	ADMINISTRATIVE & GENERAL	6.06	
40.05 OTHER NONALLOWABLE EXPENSES	A	-12,775	CLINIC	60	
41 OTHER NONALLOWABLE EXPENSES	A	-753,210	ADMINISTRATIVE & GENERAL	6.06	
42 "	A	-26,897	EMPLOYEE BENEFITS	5	
43 "	A	-10,281	SOCIAL SERVICE	18	
43.05 "	A	-26	SKILLED NURSING FACILITY	34	
44 "	A	-1,004	DIETARY	11	
44.01 "	A	-29	GIFT, FLOWER, COFFEE SHOP	96	
44.02 "	A	-38	NURSING ADMINISTRATIVE	14	
44.03 "	A	-70,124	OPERATION OF PLANT	8	
45 ADVERTISING COSTS	A	-221,992	ADMINISTRATIVE & GENERAL	6.06	
46 TAXES	A	11,276	ADMINISTRATIVE & GENERAL	6.06	
47 ABANDONED PROJECTS	A	-224	EMERGENCY	61	
48 OTHER NONALLOWABLE EXPENSES	A	-2,530	EMERGENCY	61	
49 EMPLOYED PHYSICIANS	A	-50,004	NURSING ADMINISTRATIVE	14	
49.01					
49.02 BOOKED INTEREST EXPENSE	A	-1,722,558	INTEREST EXPENSE	88	
49.06 ADJUST BOOK DEPR TO MEDICARE DEPR	A	-3,299	OLD CAP REL COSTS-BLDG &	1	9
49.07 HHA EXPENSES	A	-198	ADMINISTRATIVE & GENERAL	6.06	
49.10 OTHER NONALLOWABLE EXPENSES	A	-48	PHARMACY	16	
49.11 "	A	-30	PURCHASING	6.03	
49.12 "	A	-50	ADULTS & PEDIATRICS	25	
49.13 OTHER INCOME	B	-610	RESPIRATORY THERAPY	49	
49.14 OTHER INCOME	B	-19	HOUSEKEEPING	10	
49.15 PUBLIC AID ASSESSMENT	A	-6,139,473	ADMINISTRATIVE & GENERAL	6.06	
49.16					
49.17 OTHER INCOME	B	-60,235	CLINIC	60	
49.18 OTHER INCOME	B	-290	COMMUNICATIONS	6.01	
49.19 OTHER INCOME	B	-14,000	EMERGENCY	61	
49.20 FUNDRAISING	A	-56,312	GIFT, FLOWER, COFFEE SHOP	96	
49.21 LOSS ON SALE	A	2,427	OLD CAP REL COSTS-BLDG &	1	9
49.22 OTHER INCOME	B	-5,996	EMPLOYEE BENEFITS	5	
49.23 OTHER INCOME	B	-14,354	PATIENT ACCOUNTING	6.05	
49.24 OTHER INCOME	B	-1,014,470	ADMINISTRATIVE & GENERAL	6.06	
49.25 OTHER INCOME	B	-105	OPERATION OF PLANT	8	
49.26 OTHER INCOME	B	-421,192	LABORATORY	44	
49.27 OTHER INCOME	B	-2,000	ADULTS & PEDIATRICS	25	
49.28 OTHER INCOME	B	-17,859	RADIOLOGY-DIAGNOSTIC	41	
49.29 OTHER INCOME	B	-50,000	MEDICAL RECORDS & LIBRARY	17	
49.30 OTHER INCOME	B	-32,423	RADIOISOTOPE	43	
49.31 OTHER INCOME	B	-73,422	PARAMEDICAL PROGRAM (SPECIFY)	24	
49.32 OTHER INCOME	B	-184	PHYSICAL THERAPY	50	
49.33 OTHER INCOME	B	-43,712	ELECTROCARDIOLOGY	53	
50 TOTAL (SUM OF LINES 1 THRU 49)		-30,369,801			

ADJUSTMENTS TO EXPENSES

PROVIDER NO:
14-0250

PERIOD: PREPARED 5/25/2010
FROM 1/1/2009 WORKSHEET A-8
TO 12/31/2009

DESCRPTION (1)	(2) BASIS/ CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4		
50 TOTAL (SUM OF LINES 1 THRU 49)		-30,369,801				

- (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 OCL. REF.	
1	2	3	4	5	6		
1	6	ADMINISTRATION & GENERAL	HOME OFFICE ALLOCATION	3,436,168	11,257,675	-7,821,507	
2	1	OLD CAP REL COSTS-BLDG &	HOME OFFICE ALLOCATION	22,167		22,167	9
3							
4	3	NEW CAP REL COSTS-BLDG &	HOME OFFICE DEPR	931,960		931,960	9
4.01	5	EMPLOYEE BENEFITS	HOME OFFICE PERSONNEL ALL	2,217,625		2,217,625	
4.02	6	2 DATA PROCESSING	HOME OFFICE DP ALLOC	2,226,354		2,226,354	
5		TOTALS		8,834,274	11,257,675	-2,423,401	

* 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, REQUESTS THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		TYPE OF BUSINESS
			NAME	PERCENTAGE OF OWNERSHIP	
	2	3	4	5	6
1	B	100.00	ADVOCATE HEALTH	100.00	HOME OFFICE
2	C	0.00	CANCER CENTER	0.00	ONCOLOGY
3	B	100.00	ADVOCATE HEALTH	100.00	HOME OFFICE
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. CORPORATE, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
 - C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATE, PARTNERSHIP OR OTHER ORGANIZATION.
 - D. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
 - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
 - F. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
 - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-0250

PERIOD:
FROM 1/1/2009
TO 12/31/2009

PREPARED 5/25/2010
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	AGGREGATE	1,039,986	1,039,986		200,300			
2 26	ICU	11,700		11,700	177,200	1	85	4
3 33	NURSERY	400,000	400,000		177,200			
4 40	SSH	650,000		650,000	200,300	1	96	5
5 49	RT	78,300		78,300	177,200	1	85	4
6 57	DIAGNOSIS	18,333		18,333	177,200	1	85	4
7 41	RADIOLOGY	54,167		54,167	225,300	1	108	5
8 37	OR	139,400	139,400		208,000			
9 60	CLINIC	65,891		65,891	177,200	1	85	4
10 61	ER	50,000		50,000	177,200	1	85	4
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,507,777	1,579,386	928,391		7	629	30

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-0250

PERIOD:
FROM 1/1/2009
TO 12/31/2009

PREPARED 5/25/2010
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 25	AGGREGATE							1,039,986
2 26	I CU					85	11,615	11,615
3 33	NURSERY							400,000
4 40	SSH					96	649,904	649,904
5 49	RT					85	78,215	78,215
6 57	DIAGNOSIS					85	18,248	18,248
7 41	RADIOLOGY					108	54,059	54,059
8 37	OR							139,400
9 60	CLINIC					85	65,806	65,806
10 61	ER					85	49,915	49,915
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					629	927,762	2,507,148

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0250
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/25/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS- BLDG & FIXT	1	SQUARE FEET	ENTERED
3	NEW CAP REL COSTS- BLDG & FIXT	1	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	2	GROSS SALARY	ENTERED
6.01	COMMUNICATIONS	3	PHONE EXTENS	ENTERED
6.02	DATA PROCESSING	4	CPU TIME	ENTERED
6.03	PURCHASING	5	SUPPLY REQUIS	ENTERED
6.04	REGISTRATION	6	GROSS REVENUE	ENTERED
6.05	PATIENT ACCOUNTING	6	GROSS REVENUE	ENTERED
6.06	ADMINISTRATION & GENERAL	-7	ACCUM COST	NOT ENTERED
8	OPERATION OF PLANT	8	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	9	POUNDS OF LAUNDR	ENTERED
10	HOUSEKEEPING	10	SQUARE FEET	ENTERED
11	DIETARY	11	MEALS SERVED	ENTERED
12	CAFETERIA	12	FTES SERVED	ENTERED
14	NURSING ADMINISTRATION	13	FTES SUPERV	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	100% SUPPLI	ENTERED
16	PHARMACY	15	COSTED REQUIS	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME SPENT	ENTERED
24	PARAMEDICAL PRGM (SPECIFY)	18	ASSIGNED TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS- BLDG &	NEW CAP REL C OSTS- BLDG &	EMPLOYEE BENE FI TS	COMMUNICATI ON S	DATA PROCESSI NG	PURCHASI NG
	0	1	3	5	6.01	6.02	6.03
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS- BLDG &	380,529	380,529					
005 NEW CAP REL COSTS- BLDG &	7,991,505		7,991,505				
006 EMPLOYEE BENEFITS	15,278,124	6,747	141,696	15,426,567			
006 01 COMMUNICATIONS	786,049	1,216	25,546	109,815	922,626		
006 02 DATA PROCESSING	3,424,102	2,576	54,093		11,960	3,492,731	
006 03 PURCHASING	587,809	5,273	110,739	58,881	7,404		770,106
006 04 REGISTRATIONS	1,333,731	2,922	61,356	295,773	51,257	199,381	238
006 05 PATIENT ACCOUNTING	1,698,076	2,962	62,201	257,684	30,754	1,352,944	
006 06 ADMINISTRATIVE & GENERAL	15,495,470	102,349	2,149,461	967,890	81,442	441,487	271
008 OPERATIONS OF PLANT	6,129,700	61,097	1,283,103	514,858	59,230		3,217
009 LAUNDRY & LINEN SERVICE	972,067	1,522	31,963	28,226			
010 HOUSEKEEPING	2,038,134	3,448	72,412	361,430	34,171		144
011 DIETARY	1,629,737	6,287	132,024	245,638	13,099		51
012 CAFETERIA	988,207	6,115	128,429	238,962	13,099		50
014 NURSING ADMINISTRATIVE	3,507,365	1,942	40,790	782,234	13,099	651,549	4
015 CENTRAL SERVICES & SUPPLY	870,070	3,081	64,700	89,821	5,126		3,749
016 PHARMACY	3,061,019	3,427	71,963	586,058	24,489	427,245	677
017 MEDICAL RECORDS & LIBRARY	2,174,767	3,699	77,679	431,225	33,602	156,657	3
018 SOCIAL SERVICE	402,166	338	7,101	96,563	3,987		
024 PARAMED PRGM (SPECIFY) INPAT ROUTINE SRVC CNTRS	129,728	669	14,058	39,421	1,709		228
025 ADULTS & PEDIATRICS	17,390,953	50,252	1,055,351	4,093,517	156,618		51,989
026 INTENSIVE CARE UNIT	4,561,307	8,428	177,003	940,327	53,535		17,582
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 SURGERY	794,608	1,137	23,874	186,958	7,404		2,309
034 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,115,765	12,173	255,636	501,172	26,768		5,719
037 OPERATING ROOM	3,784,457	16,203	340,290	811,067	46,131		387,173
040 ANESTHESIOLOGY	128,608			9,800	1,139		8,307
041 RADIOLOGY- DIAGNOSTIC	5,055,582	11,285	236,993	912,912	51,257	124,613	25,037
043 RADIOISOTOPE	927,774	2,343	49,204	124,209	4,556		297
043 01 ULTRASOUND	571,464	1,236	25,959	136,037	1,709		1,861
043 02 CARDIAC CATH LAB	1,286,293	1,977	41,527	166,514	10,251		194,604
044 LABORATORY	6,381,937	6,243	131,108		23,350	138,855	1,032
046 WHOLE BLOOD & PACKED RED	581,258	532	11,164				
048 INTRAVENOUS THERAPY	477,163	577	12,117	99,532	2,848		6,304
049 RESPIRATORY THERAPY	1,325,870	1,430	30,022	314,766	9,682		9,947
050 PHYSICAL THERAPY	1,986,944	4,964	104,250	18,552	6,834		613
051 OCCUPATIONAL THERAPY	1,049,487	296	6,220		2,278		329
052 SPEECH PATHOLOGY	146,901	259	5,447	35,363	1,709		31
053 ELECTROCARDIOLOGY	1,027,013	2,060	43,253	187,815	15,947		1,257
054 ELECTROENCEPHALOGRAPHY	130,236	234	4,908	31,183	2,278		483
055 MEDICAL SUPPLIES CHARGED	13,395,804						
056 DRUGS CHARGED TO PATIENTS	6,697,103						
057 RENAL DIALYSIS	382,653	1,291	27,110	87,538	3,987		7,010
058 ASC (NON-DIESTRICT PART)	1,186,106	17,603	369,683	261,293	18,794		1,616
059 CARDIAC REHABILITATION	227,874	2,238	46,992	54,080	5,695		36
059 01 PULMONARY FUNCTION	124,102	277	5,825	29,595	1,709		212
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	770,044	3,458	72,628	76,426	16,516		5,093
062 EMERGENCY	5,567,954	16,756	351,885	1,207,405	56,952		32,156
063 OBSERVATION BEDS (NON-DIS SLEEP LAB)	152,404	699	14,669	36,027	2,278		476
070 OTHER REIMBURSEMENT CNTRS							
071 I&R SERVICES- NOT APPROVED HOME HEALTH AGENCY	15,972						
086 SPEC PURPOSE COST CENTERS							
095 OTHER ORGAN ACQUISITION (SUBTOTALS)	147,121,991	379,621	7,972,432	15,426,567	914,653	3,492,731	770,105
096 NONREIMBURSEMENT CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	2,352	810	17,006		3,417		
098 NONREIMBURSABLE HHA	183	98	2,067		4,556		1
098 PHYSICIANS' PRIVATE OFFICE							
100 FUNDRAISING							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	147,124,526	380,529	7,991,505	15,426,567	922,626	3,492,731	770,106

COST CENTER DESCRIPTION	REGISTRATION	PATIENT ACCOUNTING	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN	HOUSEKEEPING
	6.04	6.05		6a.05	6.06	8	9
001 GENERAL SERVICE COST CENTER							
003 OLD CAP REL COSTS- BLDG &							
005 NEW CAP REL COSTS- BLDG &							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 REGISTRATION	1,944,658						
006 05 PATIENT ACCOUNTING		3,404,621					
006 06 ADMINISTRATIVE & GENERAL			19,238,370	19,238,370			
008 OPERATION OF PLANT			8,051,205	1,211,175	9,262,380		
009 LAUNDRY & LINEN SERVICE			1,033,778	155,515	72,151	1,261,444	
010 HOUSEKEEPING			2,509,739	377,550	163,455		3,050,744
011 DIETARY			2,026,836	304,905	298,018		100,724
012 CAFETERIA			1,374,862	206,826	289,902		97,981
014 NURSING ADMINISTRATIVE			4,996,983	751,716	92,076		31,120
015 CENTRAL SERVICES & SUPPLY			1,036,547	155,932	146,047		49,361
016 PHARMACY			4,174,878	628,044	162,441		54,902
017 MEDICAL RECORDS & LIBRARY			2,877,632	432,894	175,345		59,263
018 SOCIAL SERVICE			510,155	76,745	16,029		5,417
024 PARAMEDICAL PRGM (SPECFY)			185,813	27,953	31,733		10,725
025 INPATIENT SERVICE CENTERS							
025 ADULTS & PEDIATRICS	256,895	449,811	23,505,386	3,535,953	2,382,238	623,176	805,150
026 INTENSIVE CARE UNIT	56,917	99,658	5,914,757	889,781	399,549	81,430	135,039
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY	10,085	17,659	1,044,034	157,058	53,890		18,214
034 SKILLED NURSING FACILITY	16,244	28,443	2,961,920	445,573	577,045	114,067	195,029
037 ANCILLARY SERVICE CENTERS							
037 OPERATING ROOM	185,004	323,933	5,894,258	886,697	768,135	149,484	259,614
040 ANESTHESIOLOGY	39,766	69,629	257,249	38,699			
041 RADIOLOGY-DIAGNOSTIC	285,394	499,324	7,202,397	1,083,485	534,964	39,787	180,807
043 RADIOISOTOPE	30,451	53,318	1,192,152	179,340	111,067	8,100	37,538
043 01 ULTRASOUND	27,561	48,259	814,086	122,466	58,597	9,532	19,805
043 02 CARDIAC CATH LAB	57,145	100,058	1,858,369	279,562	93,739	7,397	31,682
044 LABORATORY	167,558	293,387	7,143,470	1,074,621	295,948		100,025
046 WHOLE BLOOD & PACKED RED	16,905	29,600	639,459	96,196	25,200		8,394
048 INTRAVENOUS THERAPY	1,354	2,371	602,266	90,601	27,351		9,244
049 RESPIRATORY THERAPY	36,056	63,132	1,790,905	269,413	67,768		22,904
050 PHYSICAL THERAPY	20,525	35,938	2,178,620	327,739	235,322		79,534
051 OCCUPATIONAL THERAPY	11,005	19,269	1,088,884	163,805	14,041		4,745
052 SPEECH PATHOLOGY	2,431	4,257	196,398	29,545	12,296		4,156
053 ELECTROCARDIOLOGY	48,204	84,403	1,409,952	212,105	97,635	8,081	32,999
054 ELECTROENCEPHALOGRAPHY	5,171	9,053	183,546	27,612	11,078	1,635	3,744
055 MEDICAL SUPPLIES CHARGED	162,095	283,822	13,841,721	2,082,265			
056 DRUGS CHARGED TO PATIENTS	225,301	394,492	7,316,896	1,100,710			
057 RENAL DIALYSIS	7,999	14,007	531,595	79,970	61,194		20,682
058 ASC (NON-DIAGNOSTIC PART)	20,504	35,901	1,911,500	287,555	834,483	86,337	282,038
059 CARDIAC REHABILITATION	1,508	2,640	341,063	51,307	106,076	1,258	35,851
059 01 PULMONARY FUNCTION	4,480	7,844	174,044	26,182	13,148		4,444
060 OUTPATIENT SERVICE COST CENTERS							
061 CLINIC	5,056	8,854	958,075	144,127	163,942		55,409
062 EMERGENCY	236,764	414,563	7,884,435	1,186,087	794,309	131,160	268,460
063 OBSERVATION BEDS (NON-DIAGNOSTIC)							
063 SLEEP LAB	6,280	10,996	223,829	33,671	33,113		11,192
070 OTHER REIMBURSEMENT CENTERS							
071 I&R SERVICES-NOT APPROVED			15,972	2,403			
071 HOME HEALTH AGENCY							
086 SPECIAL PURPOSE COST CENTERS							
095 OTHER ORGAN ACQUISITION (SUBTOTALS)	1,944,658	3,404,621	147,094,036	19,233,783	9,219,325	1,261,444	3,036,192
096 NONREIMBURSEMENT CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			23,585	3,548	38,388		12,975
096 01 NONREIMBURSABLE HHA			6,905	1,039	4,667		1,577
098 PHYSICIANS' PRIVATE OFFICE							
100 FUNDRAISING							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,944,658	3,404,621	147,124,526	19,238,370	9,262,380	1,261,444	3,050,744

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES
	11	12	14	15	16	17	18	
001 GENERAL SERVICE COST CNTR								
003 OLD CAP REL COSTS- BLDG &								
005 NEW CAP REL COSTS- BLDG &								
006 EMPLOYEE BENEFITS								
006 01 COMMUNICATIONS								
006 02 DATA PROCESSING								
006 03 PURCHASING								
006 04 REGISTRATION								
006 05 PATIENT ACCOUNTING								
006 06 ADMINISTRATION & GENERAL								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE								
010 HOUSEKEEPING								
011 DIETARY	2,730,483							
012 CAFETERIA		1,969,571						
014 NURSING ADMINISTRATION			5,954,336					
015 CENTRAL SERVICES & SUPPLY				1,407,411				
016 PHARMACY					5,081,928			
017 MEDICAL RECORDS & LIBRARY						3,628,202		
018 SOCIAL SERVICE			54,386			973	676,893	
024 PARAPATED PRGM (SPECIFY)		17,957	8,578					
025 INPATIENT SERVICE CNTRS								
025 ADULTS & PEDIATRICS	1,885,738	591,665	3,080,194		97,850	482,927	465,382	
026 INTENSIVE CARE UNIT	236,271	111,952	549,780		24,342		72,518	
027 CORONARY CARE UNIT								
028 BURN INTENSIVE CARE UNIT								
029 SURGICAL INTENSIVE CARE U								
033 NURSERY		19,435	96,848		1,232	47,098		
034 SKILLED NURSING FACILITY	366,586	78,680	415,359		4,511	137,681	120,863	
034 ANCILLARY SERVICE CNTRS								
037 OPERATING ROOM		113,698	480,125		23,382	148,379		
040 ANESTHESIOLOGY		2,038	7,635		47,833	49,182		
041 RADIOLOGY- DIAGNOSTIC		144,888	4,632		3,146	1,858,349		
043 RADIOISOTOPE	1,877	12,046			274,061			
043 01 ULTRASOUND		15,427			1,582			
043 02 CARDIAC CATH LAB		18,741	82,694		6,288			
044 LABORATORY		180,355				161,300		
046 WHOLE BLOOD & PACKED RED		15,360				21,534		
048 INTRAVENOUS THERAPY		11,643	55,072		42,175			
049 RESPIRATORY THERAPY		46,662			183	6,391		
050 PHYSICAL THERAPY		33,295	8,235		27	8,753		
051 OCCUPATIONAL THERAPY		16,950				3,334		
052 SPEECH PATHOLOGY		4,142	86			695		
053 ELECTROCARDIOLOGY		30,361	116,750		4,537	251,744		
054 ELECTROENCEPHALOGRAPHY		6,314				13,199		
055 MEDICAL SUPPLIES CHARGED		2,172		1,407,411		538		
056 DRUGS CHARGED TO PATIENTS					4,384,655			
057 RENAL DIALYSIS		9,740	45,036			439		
058 ASC (NON-DIESTRICT PART)	47,753	32,847	127,301		39,237	136,987		
059 CARDIAC REHABILITATION		7,165	9,265					
059 01 PULMONARY FUNCTION		4,165				695		
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC		8,687	33,112		14,882			
061 EMERGENCY	191,880	167,480	779,248		111,028	298,564	18,130	
062 OBSERVATION BEDS (NON-DIS								
063 SLEEP LAB	378	5,822				417		
070 OTHER REIMBURSEMENT CNTRS								
071 I&R SERVICES- NOT APPROVED								
071 HOME HEALTH AGENCY								
086 SPEC PURPOSE COST CENTERS								
095 OTHER ORGAN ACQUISITION (
095 SUBTOTALS	2,730,483	1,969,571	5,954,336	1,407,411	5,081,928	3,628,202	676,893	
096 NONREIMBURSEMENT CENTERS								
096 GIFT, FLOWER, COFFEE SHOP								
096 01 NONREIMBURSABLE HHA								
098 PHYSICIANS' PRIVATE OFFICE								
100 FUNDRAISING								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	2,730,483	1,969,571	5,954,336	1,407,411	5,081,928	3,628,202	676,893	

COST CENTER DESCR I P T I O N	PARAMED ED PR GM (SPECI FY)	SUBTOTAL 25	I & R COST PCST STEP- DOWN ADJ 26	TOTAL 27
001 GENERAL SERVI CE COST CNTR				
003 OLD CAP REL COSTS- BLDG &				
005 NEW CAP REL COSTS- BLDG &				
006 EMPLOYEE BENEFITS				
006 01 COMMUNI CATIONS				
006 02 DATA PROCESSI NG				
006 03 PURCHASI NG				
006 04 REGI STRATI ON				
006 05 PATI ENT ACCOUNTI NG				
006 06 ADM NSTRATI ON & GENERAL				
008 OPERATI ON OF PLANT				
009 LAUNDRY & LI NEN SERVI CE				
010 HOUSEKEEPI NG				
011 DI ETARY				
012 CAFETERI A				
014 NURSI NG ADM NI STRATI ON				
015 CENTRAL SERVI CES & SUPPLY				
016 PHARMACY				
017 MEDI CAL RECORDS & LI BRARY				
018 SOCI AL SERVI CE				
024 PARAMED ED PRGM (SPECI FY)	282,759			
025 I NPAT ROUTI NE SRVC CNTRS				
025 ADULTS & PEDI ATRI CS	47,127	37,502,786		37,502,786
026 I NTENSI VE CARE UNI T	47,127	8,462,546		8,462,546
027 CORONARY CARE UNI T				
028 BURN I NTENSI VE CARE UNI T				
029 SURGI CAL I NTENSI VE CARE U				
033 NURSERY		1,437,809		1,437,809
034 SKI LLED NURSI NG FACI LI TY		5,417,314		5,417,314
037 ANCI LLARY SRVC COST CNTRS				
040 OPERATI NG ROOM		8,723,772		8,723,772
041 ANESTHESI OLOGY		402,636		402,636
041 RADI OLOGY- DI AGNOSTI C		11,052,455		11,052,455
043 RADI OI SOTOPE		1,816,181		1,816,181
043 01 ULTRASOUND		1,041,495		1,041,495
043 02 CARDI AC CATH LAB		2,378,472		2,378,472
044 LABORATORY		8,955,719		8,955,719
046 WHOLE BLOOD & PACKED RED		806,143		806,143
048 I NTRAVENOUS THERAPY		838,352		838,352
049 RESPI RATORY THERAPY		2,204,226		2,204,226
050 PHYSI CAL THERAPY		2,871,525		2,871,525
051 OCCUPATI ONAL THERAPY		1,291,759		1,291,759
052 SPEECH PATHOLOGY		247,318		247,318
053 ELECTROCARDI OLOGY		2,164,164		2,164,164
054 ELECTROENCEPHALOGRAPHY		247,128		247,128
055 MEDI CAL SUPPLI ES CHARGED		17,334,107		17,334,107
056 DRUGS CHARGED TO PATI ENTS		12,802,261		12,802,261
057 RENAL DI ALYSI S		748,656		748,656
058 ASC (NON- DI STI NCT PART)		3,786,038		3,786,038
059 CARDI AC REHABI LI TATI ON		551,985		551,985
059 01 PULMONARY FUNCTI ON		222,678		222,678
060 OUTPAT SERVI CE COST CNTRS				
061 CLI NI C		1,378,234		1,378,234
061 EMERGENCY	188,505	12,019,286		12,019,286
062 OBSERVATI ON BEDS (NON- DI S				
063 SLEEP LAB		308,422		308,422
070 OTHER REI MBURS COST CNTRS				
071 I & R SERVI CES- NOT APPRVD P		18,375		18,375
071 HOME HEALTH AGENCY				
086 SPEC PURPOSE COST CENTERS				
095 OTHER ORGAN ACQUI SI TI ON (
095 SUBTOTALS	282,759	147,031,842		147,031,842
096 NONREI MBURS COST CENTERS				
096 GI FT, FLOWER, COFFEE SHOP		78,496		78,496
096 01 NONREI MBURSABLE HHA		14,188		14,188
098 PHYSI CI ANS' PRI VATE OFFI C				
100 FUND RAI SI NG				
101 CROSS FOOT ADJUSTMENT				
102 NEGATI VE COST CENTER				
103 TOTAL	282,759	147,124,526		147,124,526

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO:
14-0250

PERIOD:
FROM 1/1/2009
TO 12/31/2009

PREPARED 5/25/2010
WORKSHEET B
PART II

COST CENTER DESCRIPTION	DIR ASSIGNED	OLD CAP REL	C NEW CAP REL	SUBTOTAL	EMPLOYEE	BENE	COMMUNI	CATI ON	DATA	PROCESSI
	OLD CAPITAL REL COSTS	COSTS- BLDG &	COSTS- BLDG &		FITS	S	S	NG	NG	
	0	1	3	4a	5		6.01		6.02	
001 GENERAL SERVICE COST CNTR										
003 OLD CAP REL COSTS- BLDG &										
005 NEW CAP REL COSTS- BLDG &										
006 EMPLOYEE BENEFITS		6,747		6,747	6,747					
006 01 COMMUNICATIONS		1,216		1,216	48		1,264			
006 02 DATA PROCESSING		2,576		2,576			16		2,592	
006 03 PURCHASING		5,273		5,273	26		10			
006 04 REGISTRARION		2,922		2,922	129		70		148	
006 05 PATIENT ACCOUNTING		2,962		2,962	113		42		1,004	
006 06 ADMINSTRATION & GENERAL		102,349		102,349	423		112		328	
008 OPERATIONS OF PLANT		61,097		61,097	225		81			
009 LAUNDRY & LINEN SERVICE		1,522		1,522	12					
010 HOUSEKEEPING		3,448		3,448	158		47			
011 DIETARY		6,287		6,287	107		18			
012 CAFETERIA		6,115		6,115	104		18			
014 NURSING ADMINISTRATION		1,942		1,942	342		18		484	
015 CENTRAL SERVICES & SUPPLY		3,081		3,081	39		7			
016 PHARMACY		3,427		3,427	256		34		317	
017 MEDICAL RECORDS & LIBRARY		3,699		3,699	188		46		116	
018 SOCIAL SERVICE		338		338	42		5			
024 PARAMED PRGM (SPECIFY)		669		669	17		2			
025 INPAT ROUTINE SRVC CNTRS										
025 ADULTS & PEDIATRICS		50,252		50,252	1,799		217			
026 INTENSIVE CARE UNIT		8,428		8,428	411		73			
027 CORONARY CARE UNIT										
028 BURN INTENSIVE CARE UNIT										
029 SURGICAL INTENSIVE CARE U										
033 NURSERY		1,137		1,137	82		10			
034 SKILLED NURSING FACILITY		12,173		12,173	219		37			
037 ANCILLARY SRVC COST CNTRS										
037 OPERATING ROOM		16,203		16,203	354		63			
040 ANESTHESIOLOGY					4		2			
041 RADIOLOGY- DIAGNOSTIC		11,285		11,285	399		70		92	
043 RADIOISOTOPE		2,343		2,343	54		6			
043 01 ULTRASOUND		1,236		1,236	59		2			
043 02 CARDIAC CATH LAB		1,977		1,977	73		14			
044 LABORATORY		6,243		6,243			32		103	
046 WHOLE BLOOD & PACKED RED		532		532						
048 INTRAVENOUS THERAPY		577		577	43		4			
049 RESPIRATORY THERAPY		1,430		1,430	137		13			
050 PHYSICAL THERAPY		4,964		4,964	8		9			
051 OCCUPATIONAL THERAPY		296		296			3			
052 SPEECH PATHOLOGY		259		259	15		2			
053 ELECTROCARDIOLOGY		2,060		2,060	82		22			
054 ELECTROENCEPHALOGRAPHY		234		234	14		3			
055 MEDICAL SUPPLIES CHARGED										
056 DRUGS CHARGED TO PATIENTS										
057 RENAL DIALYSIS		1,291		1,291	38		5			
058 ASC (NON-DIESTRICT PART)		17,603		17,603	114		26			
059 CARDIAC REHABILITATION		2,238		2,238	24		8			
059 01 PULMONARY FUNCTION		277		277	13		2			
060 OUTPAT SERVICE COST CNTRS										
061 CLINIC		3,458		3,458	33		23			
062 EMERGENCY		16,756		16,756	527		78			
062 OBSERVATION BEDS (NON-DIS										
063 SLEEP LAB		699		699	16		3			
070 OTHER REIMBURS COST CNTRS										
071 I&R SERVICES- NOT APPRVD P										
071 HOME HEALTH AGENCY										
086 SPEC PURPOSE COST CENTERS										
095 OTHER ORGAN ACQUISITION (
095 SUBTOTALS		379,621		379,621	6,747		1,253		2,592	
096 NONREIMBURS COST CENTERS										
096 GIFT, FLOWER, COFFEE SHOP		810		810			5			
096 01 NONREIMBURSABLE HHA		98		98			6			
098 PHYSICIANS' PRIVATE OFFICE										
100 FUNDRAISING										
101 CROSS FOOT ADJUSTMENTS										
102 NEGATIVE COST CENTER										
103 TOTAL		380,529		380,529	6,747		1,264		2,592	

ALLOCATION OF OLD CAPITAL RELATED COSTS

14-0250

FROM 1/1/2009

WORKSHEET B

TO 12/31/2009

PART II

COST CENTER DESCRIPTION	PURCHASING	REGISTRATION	PATIENT NURSING	ACCOUNTING	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.03	6.04	6.05	6.06	8	9	10	
001 GENERAL SERVICE COST CENTER								
003 OLD CAP REL COSTS- BLDG &								
005 NEW CAP REL COSTS- BLDG &								
006 EMPLOYEE BENEFITS								
006 01 COMMUNICATIONS								
006 02 DATA PROCESSING								
006 03 PURCHASING	5,309							
006 04 REGISTRATION	2	3,271						
006 05 PATIENT ACCOUNTING			4,121					
006 06 ADMINISTRATIVE & GENERAL					103,214			
008 OPERATION OF PLANT	22				6,497	67,922		
009 LAUNDRY & LINEN SERVICE					834	529	2,897	
010 HOUSEKEEPING	1				2,025	1,199		6,878
011 DIETARY					1,636	2,185		227
012 CAFETERIA					1,110	2,126		221
014 NURSING ADMINISTRATIVE					4,033	675		70
015 CENTRAL SERVICES & SUPPLY	26				836	1,071		111
016 PHARMACY	5				3,369	1,191		124
017 MEDICAL RECORDS & LIBRARY					2,322	1,286		134
018 SOCIAL SERVICE					412	118		12
024 PARAMEDICAL PRGM (SPECIALTY)	2				150	233		24
025 INPATIENT ROUTINE SERVICES								
025 ADULTS & PEDIATRICS	358	420	561	18,978	17,468	1,431	1,815	
026 INTENSIVE CARE UNIT	121	93	124	4,773	2,930	187	304	
027 CORONARY CARE UNIT								
028 BURN INTENSIVE CARE UNIT								
029 SURGICAL INTENSIVE CARE UNIT								
033 NURSERY	16	17	22	843	395		41	
034 SKILLED NURSING FACILITY	39	27	35	2,390	4,232	262	440	
037 ANCILLARY SERVICE CENTERS								
037 OPERATING ROOM	2,675	303	404	4,757	5,633	343	585	
040 ANESTHESIOLOGY	57	65	87	208				
041 RADIOLOGY- DIAGNOSTIC	172	555	499	5,812	3,923	91	408	
043 RADIOISOTOPE	2	50	66	962	814	19	85	
043 01 ULTRASOUND	13	45	60	657	430	22	45	
043 02 CARDIAC CATH LAB	1,340	94	125	1,500	687	17	71	
044 LABORATORY	7	274	366	5,765	2,170		226	
046 WHOLE BLOOD & PACKED RED				516	185		19	
048 INTRAVENOUS THERAPY	43	2	3	486	201		21	
049 RESPIRATORY THERAPY	69	59	79	1,445	497		52	
050 PHYSICAL THERAPY	4	34	45	1,758	1,726		179	
051 OCCUPATIONAL THERAPY	2	18	24	879	103		11	
052 SPEECH PATHOLOGY		4	5	158	90		9	
053 ELECTROCARDIOLOGY	9	79	105	1,138	716	19	74	
054 ELECTROENCEPHALOGRAPHY	3	8	11	148	81	4	8	
055 MEDICAL SUPPLIES CHARGED		265	354	11,170				
056 DRUGS CHARGED TO PATIENTS		369	492	5,905				
057 RENAL DIALYSIS	48	13	17	429	449		47	
058 ASC (NON-DIESTINCTION PART)	11	34	45	1,543	6,119	198	636	
059 CARDIAC REHABILITATION		2	3	275	778	3	81	
059 01 PULMONARY FUNCTION	1	7	10	140	96		10	
060 OUTPATIENT SERVICE COST CENTERS								
060 CLINIC	35	8	11	773	1,202		125	
061 EMERGENCY	221	388	517	6,363	5,825	301	605	
062 OBSERVATION BEDS (NON-DIS)								
063 SLEEP LAB	3	10	14	181	243		25	
070 OTHER REIMBURSEMENT CENTERS								
071 I&R SERVICES- NOT APPROVED				13				
071 HOME HEALTH AGENCY								
086 SPECIAL PURPOSE COST CENTERS								
095 OTHER ORGAN ACQUISITION (SUBTOTALS)	5,309	3,271	4,121	103,189	67,606	2,897	6,845	
096 NONREIMBURSEMENT CENTERS								
096 GIFT, FLOWER, COFFEE SHOP				19	282		29	
096 01 NONREIMBURSABLE HHA				6	34		4	
098 PHYSICIANS' PRIVATE OFFICE								
100 FUNDRAISING								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	5,309	3,271	4,121	103,214	67,922	2,897	6,878	

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0250
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/25/2010
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES
	11	12	14	15	16	17	18	
001 GENERAL SERVICE COST CNTR								
003 OLD CAP REL COSTS- BLDG &								
005 NEW CAP REL COSTS- BLDG &								
006 EMPLOYEE BENEFITS								
006 01 COMMUNICATIONS								
006 02 DATA PROCESSING								
006 03 PURCHASING								
006 04 REGISTRATION								
006 05 PATIENT ACCOUNTING								
006 06 ADMINISTRATION & GENERAL								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE								
010 HOUSEKEEPING								
011 DIETARY	10,460							
012 CAFETERIA		9,694						
014 NURSING ADMINISTRATION		406	7,970					
015 CENTRAL SERVICES & SUPPLY		96		5,267				
016 PHARMACY		303			9,026			
017 MEDICAL RECORDS & LIBRARY		409				8,200		
018 SOCIAL SERVICE		65	73			2	1,067	
024 PARAMED PRGM (SPECFY)		88	11					
025 INPAT ROUTINE SRVC CNTRS								
026 ADULTS & PEDIATRICS	7,225	2,913	4,124		174	1,091	733	
027 INTENSIVE CARE UNIT	905	551	736		43		114	
028 CORONARY CARE UNIT								
029 BURN INTENSIVE CARE UNIT								
033 SURGICAL INTENSIVE CARE U								
034 NURSERY		96	130		2	106		
037 SKILLED NURSING FACILITY	1,404	387	556		8	311	191	
040 ANCILLARY SRVC COST CNTRS								
041 OPERATING ROOM		560	643		42	335		
043 ANESTHESIOLOGY		10	10		85	111		
044 RADIOLOGY- DIAGNOSTIC		713	6		6	4,199		
043 01 RADIOISOTOPE	7	59			487			
043 02 ULTRASOUND		76			3			
044 02 CARDIAC CATH LAB		92	111		11			
046 LABORATORY		888				365		
048 WHOLE BLOOD & PACKED RED		76				49		
049 INTRAVENOUS THERAPY		57	74		75			
050 RESPIRATORY THERAPY		230				14		
051 PHYSICAL THERAPY		164	11			20		
052 OCCUPATIONAL THERAPY		83				8		
053 SPEECH PATHOLOGY		20				2		
054 ELECTROCARDIOLOGY		149	156		8	569		
055 ELECTROENCEPHALOGRAPHY		31				30		
056 MEDICAL SUPPLIES CHARGED		11		5,267	1			
057 DRUGS CHARGED TO PATIENTS					7,787			
058 RENAL DIALYSIS		48	60		1			
059 ASC (NON-DIESTRICT PART)	183	162	170		70	310		
059 01 CARDIAC REHABILITATION		35	12					
060 PULMONARY FUNCTION		20				2		
061 OUTPAT SERVICE COST CNTRS								
062 CLINIC		43	44		26			
063 EMERGENCY	735	824	1,043		197	675	29	
070 OBSERVATION BEDS (NON-DIS								
071 SLEEP LAB	1	29				1		
086 OTHER REIMBURSABLE COST CNTRS								
095 I&R SERVICES- NOT APPRVD P								
096 HOME HEALTH AGENCY								
098 SPEC PURPOSE COST CENTERS								
099 OTHER ORGAN ACQUISITION (
103 SUBTOTALS	10,460	9,694	7,970	5,267	9,026	8,200	1,067	
106 NONREIMBURSABLE COST CENTERS								
107 GIFT, FLOWER, COFFEE SHOP								
108 01 NONREIMBURSABLE HHA								
109 PHYSICIANS' PRIVATE OFFICE								
110 FUNDRAISING								
111 CROSS FOOT ADJUSTMENTS								
112 NEGATIVE COST CENTER								
113 TOTAL	10,460	9,694	7,970	5,267	9,026	8,200	1,067	

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
001 GENERAL SERVICE COST CNTR			
003 OLD CAP REL COSTS- BLDG &			
005 NEW CAP REL COSTS- BLDG &			
006 EMPLOYEE BENEFITS			
006 01 COMMUNICATIONS			
006 02 DATA PROCESSING			
006 03 PURCHASING			
006 04 REGISTRATION			
006 05 PATIENT ACCOUNTING			
006 06 ADMINISTRATION & GENERAL			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
024 PARAMED PRGM (SPECIFY)	1,196		
INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	109,559		109,559
026 INTENSIVE CARE UNIT	19,793		19,793
027 CORONARY CARE UNIT			
028 BURN INTENSIVE CARE UNIT			
029 SURGICAL INTENSIVE CARE U			
033 NURSERY	2,897		2,897
034 SKILLED NURSING FACILITY	22,711		22,711
ANCILLARY SRVC COST CNTRS			
037 OPERATING ROOM	32,900		32,900
040 ANESTHESIOLOGY	639		639
041 RADIOLOGY- DIAGNOSTIC	28,230		28,230
043 RADIOISOTOPE	4,954		4,954
043 01 ULTRASOUND	2,648		2,648
043 02 CARDIAC CATH LAB	6,112		6,112
044 LABORATORY	16,439		16,439
046 WHOLE BLOOD & PACKED RED	1,442		1,442
048 INTRAVENOUS THERAPY	1,586		1,586
049 RESPIRATORY THERAPY	4,025		4,025
050 PHYSICAL THERAPY	8,922		8,922
051 OCCUPATIONAL THERAPY	1,427		1,427
052 SPEECH PATHOLOGY	564		564
053 ELECTROCARDIOLOGY	5,186		5,186
054 ELECTROENCEPHALOGRAPHY	575		575
055 MEDICAL SUPPLIES CHARGED	17,068		17,068
056 DRUGS CHARGED TO PATIENTS	14,553		14,553
057 RENAL DIALYSIS	2,446		2,446
058 ASC (NON-DIESTINCT PART)	27,224		27,224
059 CARDIAC REHABILITATION	3,459		3,459
059 01 PULMONARY FUNCTION	578		578
OUTPAT SERVICE COST CNTRS			
060 CLINIC	5,781		5,781
061 EMERGENCY	35,084		35,084
062 OBSERVATION BEDS (NON-DIS			
063 SLEEP LAB	1,225		1,225
OTHER REIMBURS COST CNTRS			
070 I&R SERVICES- NOT APPRVD P	13		13
071 HOME HEALTH AGENCY			
SPEC PURPOSE COST CENTERS			
086 OTHER ORGAN ACQUISITION (
095 SUBTOTALS	378,040		378,040
NONREIMBURS COST CENTERS			
096 GIFT, FLOWER, COFFEE SHOP	1,145		1,145
096 01 NONREIMBURSABLE HHA	148		148
098 PHYSICIANS' PRIVATE OFFICE			
100 FUNDRAISING			
101 CROSS FOOT ADJUSTMENTS	1,196	1,196	1,196
102 NEGATIVE COST CENTER			
103 TOTAL	1,196	380,529	380,529

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0250

FROM 1/1/2009

WORKSHEET B

TO 12/31/2009

PART III

COST CENTER DESCRIPTION	DIRECT ASSIGNED NEW CAPITAL RELATED COSTS	OLD CAP REL COSTS- BLDG & 1	NEW CAP REL COSTS- BLDG & 3	SUBTOTAL 4a	EMPLOYEE BENEFITS 5	COMMUNICATIONS 6.01	DATA PROCESSING 6.02
001 GENERAL SERVICE COST CENTER							
003 OLD CAP REL COSTS- BLDG & NEW CAP REL COSTS- BLDG &							
005 EMPLOYEE BENEFITS			141,696	141,696	141,696		
006 01 COMMUNICATIONS	52,004		25,546	77,550	1,009	78,559	
006 02 DATA PROCESSING			54,093	54,093		1,018	55,111
006 03 PURCHASING	297,706		110,739	408,445	541	630	
006 04 REGISTRATION			61,356	61,356	2,716	4,364	3,146
006 05 PATIENT ACCOUNTING			62,201	62,201	2,367	2,619	21,348
006 06 ADMINISTRATIVE & GENERAL OPERATIONS OF PLANT	264,669		2,149,461	2,414,130	8,889	6,935	6,966
008 LAUNDRY & LINEN SERVICE	5,888		1,283,103	1,288,991	4,729	5,043	
009 HOUSEKEEPING			31,963	31,963	259		
010 DIETARY	3,939		72,412	72,412	3,319	2,910	
012 CAFETERIA			132,024	135,963	2,256	1,115	
014 NURSING ADMINISTRATION			128,429	128,429	2,195	1,115	
015 CENTRAL SERVICES & SUPPLY	321,633		40,790	40,790	7,184	1,115	10,281
016 PHARMACY	468,884		64,700	386,333	825	436	
017 MEDICAL RECORDS & LIBRARY			71,963	540,847	5,383	2,085	6,741
018 SOCIAL SERVICE			77,679	77,679	3,960	2,861	2,472
024 PARAMED PRGM (SPECIALTY) INPATIENT SERVICE CENTERS			7,101	7,101	887	339	
025 ADULTS & PEDIATRICS	180		14,058	14,058	362	145	
026 INTENSIVE CARE UNIT	1,900		1,055,351	1,055,531	37,611	13,343	
027 CORONARY CARE UNIT			177,003	178,903	8,636	4,558	
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE UNIT							
033 NURSERY	1,050		23,874	24,924	1,717	630	
034 SKILLED NURSING FACILITY ANCILLARY SERVICE CENTERS			255,636	255,636	4,603	2,279	
037 OPERATING ROOM	226,426		340,290	566,716	7,449	3,928	
040 ANESTHESIOLOGY	9,705			9,705	90	97	
041 RADIOLOGY- DIAGNOSTIC	780,167		236,993	1,017,160	8,384	4,364	1,966
043 RADIOISOTOPE			49,204	49,204	1,141	388	
043 01 ULTRASOUND			25,959	25,959	1,249	145	
043 02 CARDIAC CATH LAB LABORATORY			41,527	41,527	1,529	873	
046 WHOLE BLOOD & PACKED RED INTRAVENOUS THERAPY			131,108	131,108		1,988	2,191
048 RESPIRATORY THERAPY	10,419		11,164	11,164		242	
049 PHYSICAL THERAPY			12,117	12,117	914	824	
050 OCCUPATIONAL THERAPY			30,022	40,441	2,891	582	
051 SPEECH PATHOLOGY			104,250	104,250	170	194	
052 ELECTROCARDIOLOGY			6,220	6,220		145	
053 ELECTROENCEPHALOGRAPHY	178,761		5,447	5,447	325	1,358	
055 MEDICAL SUPPLIES CHARGED TO PATIENTS			43,253	43,253	1,725	194	
056 DRUGS CHARGED TO PATIENTS			4,908	183,669	286		
057 RENAL DIALYSIS			27,110	27,110	804	339	
058 ASC (NON-DIAGNOSTIC PART)	20,041		369,683	389,724	2,400	1,600	
059 01 CARDIAC REHABILITATION			46,992	46,992	497	485	
059 01 PULMONARY FUNCTION			5,825	5,825	272	145	
060 OUTPATIENT SERVICE COST CENTERS							
061 CLINIC			72,628	72,628	702	1,406	
062 EMERGENCY			351,885	351,885	11,089	4,849	
063 OBSERVATION BEDS (NON-DIAGNOSTIC) SLEEP LAB	1,074		14,669	15,743	331	194	
070 OTHER REIMBURSEMENT CENTERS							
071 I&R SERVICES- NOT APPROVED HOME HEALTH AGENCY							
086 SPECIFIC PURPOSE COST CENTERS							
095 OTHER ORGAN ACQUISITION (SUBTOTALS)	2,644,446		7,972,432	10,616,878	141,696	77,880	55,111
096 NONREIMBURSEMENT CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP			17,006	17,006		291	
098 NONREIMBURSABLE HHA			2,067	2,067		388	
100 PHYSICIANS' PRIVATE OFFICE							
101 FUNDRAISING							
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER TOTAL	2,644,446		7,991,505	10,635,951	141,696	78,559	55,111

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0250

FROM 1/1/2009

WORKSHEET B

TO 12/31/2009

PART III

COST CENTER DESCRIPTION	PURCHASING	REGISTRATION	PATIENT NURSING	ACCOUNTING	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.03	6.04	6.05	6.06	8	9	10	
001 GENERAL SERVICE COST CENTER								
003 OLD CAP REL COSTS- BLDG &								
005 NEW CAP REL COSTS- BLDG &								
006 EMPLOYEE BENEFITS								
006 01 COMMUNICATIONS								
006 02 DATA PROCESSING								
006 03 PURCHASING	409,616							
006 04 REGISTRATION	127	71,709						
006 05 PATIENT ACCOUNTING			88,535					
006 06 ADMINISTRATIVE & GENERAL	144			2,437,064				
008 OPERATION OF PLANT	1,711			153,432	1,453,906			
009 LAUNDRY & LINEN SERVICE				19,701	11,325	63,248		
010 HOUSEKEEPING	77			47,828	25,657		152,203	
011 DIETARY	27			38,625	46,780		5,025	
012 CAFETERIA	27			26,201	45,506		4,888	
014 NURSING ADMINISTRATION	2			95,228	14,453		1,553	
015 CENTRAL SERVICES & SUPPLY	1,994			19,753	22,925		2,463	
016 PHARMACY	360			79,561	25,498		2,739	
017 MEDICAL RECORDS & LIBRARY	1			54,839	27,524		2,957	
018 SOCIAL SERVICE				9,722	2,516		270	
024 PARAMEDICAL PRGM (SPECIALTY)	121			3,541	4,981		535	
025 ADULTS & PEDIATRICS	27,653	9,460	11,703	447,879	373,934	31,246	40,168	
026 INTENSIVE CARE UNIT	9,352	2,096	2,593	112,718	62,717	4,083	6,737	
027 CORONARY CARE UNIT								
028 BURN INTENSIVE CARE UNIT								
029 SURGICAL INTENSIVE CARE UNIT								
033 NURSERY	1,228	371	459	19,896	8,459		909	
034 SKILLED NURSING FACILITY	3,042	598	740	56,445	90,578	5,719	9,730	
037 OPERATING ROOM	205,931	6,813	8,428	112,327	120,573	7,495	12,952	
040 ANESTHESIOLOGY	4,419	1,464	1,812	4,902				
041 RADIOLOGY- DIAGNOSTIC	13,317	10,607	12,949	137,256	83,973	1,995	9,021	
043 RADIOISOTOPE	158	1,121	1,387	22,719	17,434	406	1,873	
043 01 ULTRASOUND	990	1,015	1,256	15,514	9,198	478	988	
043 02 CARDIAC CATH LAB	103,511	2,104	2,603	35,415	14,714	371	1,581	
044 LABORATORY	549	6,170	7,633	136,133	46,455		4,990	
046 WHOLE BLOOD & PACKED RED		623	770	12,186	3,956		419	
048 INTRAVENOUS THERAPY	3,353	50	62	11,477	4,293		461	
049 RESPIRATORY THERAPY	5,291	1,328	1,642	34,129	10,638		1,143	
050 PHYSICAL THERAPY	326	756	935	41,518	36,938		3,968	
051 OCCUPATIONAL THERAPY	175	405	501	20,751	2,204		237	
052 SPEECH PATHOLOGY	17	90	111	3,743	1,930		207	
053 ELECTROCARDIOLOGY	669	1,775	2,196	26,869	15,326	405	1,646	
054 ELECTROENCEPHALOGRAPHY	257	190	236	3,498	1,739	82	187	
055 MEDICAL SUPPLIES CHARGED		5,969	7,384	263,782				
056 DRUGS CHARGED TO PATIENTS		8,297	10,263	139,438				
057 RENAL DIALYSIS	3,729	295	364	10,131	9,606		1,032	
058 ASC (NON-DIAGNOSTIC PART)	860	755	934	36,427	130,988	4,329	14,071	
059 CARDIAC REHABILITATION	19	56	69	6,500	16,651	63	1,789	
059 01 PULMONARY FUNCTION	113	165	204	3,317	2,064		222	
060 OUTPAT SERVICE COST CENTERS								
061 CLINIC	2,709	186	230	18,258	25,734		2,764	
062 EMERGENCY	17,104	8,719	10,785	150,254	124,682	6,576	13,394	
063 OBSERVATION BEDS (NON-DIS)								
063 SLEEP LAB	253	231	286	4,266	5,198		558	
070 OTHER REIMBURSEMENT CENTERS								
071 I&R SERVICES- NOT APPROVED				304				
086 HOME HEALTH AGENCY								
095 SPEC PURPOSE COST CENTERS								
095 OTHER ORGAN ACQUISITION (SUBTOTALS)	409,616	71,709	88,535	2,436,483	1,447,147	63,248	151,477	
096 NONREIMBURSEMENT CENTERS								
096 GIFT, FLOWER, COFFEE SHOP				449	6,026		647	
096 01 NONREIMBURSABLE HHA				132	733		79	
098 PHYSICIANS' PRIVATE OFFICE								
100 FUNDRAISING								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	409,616	71,709	88,535	2,437,064	1,453,906	63,248	152,203	

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0250

FROM 1/1/2009

WORKSHEET B

TO 12/31/2009

PART III

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES
	11	12	14	15	16	17	18	
001 GENERAL SERVICE COST CNTR								
003 OLD CAP REL COSTS- BLDG &								
005 NEW CAP REL COSTS- BLDG &								
006 EMPLOYEE BENEFITS								
006 01 COMMUNICATIONS								
006 02 DATA PROCESSING								
006 03 PURCHASING								
006 04 REGISTRATION								
006 05 PATIENT ACCOUNTING								
006 06 ADMINISTRATION & GENERAL								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE								
010 HOUSEKEEPING								
011 DIETARY	229,791							
012 CAFETERIA		208,361						
014 NURSING ADMINISTRATION			179,327					
015 CENTRAL SERVICES & SUPPLY				436,794				
016 PHARMACY					669,737			
017 MEDICAL RECORDS & LIBRARY						181,081		
018 SOCIAL SERVICE			1,638			49	23,917	
024 PARAMED PRGM (SPECIFY)		1,900	258					
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	158,699	62,592	92,765		12,895	24,103	16,443	
026 INTENSIVE CARE UNIT	19,884	11,843	16,558		3,208		2,562	
027 CORONARY CARE UNIT								
028 BURN INTENSIVE CARE UNIT								
029 SURGICAL INTENSIVE CARE U								
033 NURSERY		2,056	2,917		162	2,351		
034 SKILLED NURSING FACILITY	30,851	8,324	12,509		594	6,872	4,271	
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM		12,028	14,460		3,082	7,405		
040 ANESTHESIOLOGY		216	230		6,304	2,455		
041 RADIOLOGY- DIAGNOSTIC		15,328	140		415	92,747		
043 RADIOISOTOPE	158	1,274			36,118			
043 01 ULTRASOUND		1,632			208			
043 02 CARDIAC CATH LAB		1,983	2,491		829			
044 LABORATORY		19,080				8,050		
046 WHOLE BLOOD & PACKED RED		1,625				1,075		
048 INTRAVENOUS THERAPY		1,232	1,659		5,558			
049 RESPIRATORY THERAPY		4,936			24	319		
050 PHYSICAL THERAPY		3,522	248		4	437		
051 OCCUPATIONAL THERAPY		1,793				166		
052 SPEECH PATHOLOGY		438	3			35		
053 ELECTROCARDIOLOGY		3,212	3,516		598	12,564		
054 ELECTROENCEPHALOGRAPHY		668				659		
055 MEDICAL SUPPLIES CHARGED		230		436,794	71			
056 DRUGS CHARGED TO PATIENTS					577,845			
057 RENAL DIALYSIS		1,030	1,356		58			
058 ASC (NON-DIESTRICT PART)	4,019	3,475	3,834		5,171	6,837		
059 CARDIAC REHABILITATION		758	279					
059 01 PULMONARY FUNCTION		441				35		
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC		919	997		1,961			
061 EMERGENCY	16,148	17,718	23,469		14,632	14,901	641	
062 OBSERVATION BEDS (NON-DIS								
063 SLEEP LAB	32	616				21		
070 OTHER REIMBURS COST CNTRS								
071 I&R SERVICES- NOT APPRVD P								
086 HOME HEALTH AGENCY								
095 SPEC PURPOSE COST CENTERS								
095 OTHER ORGAN ACQUISITION (
095 SUBTOTALS	229,791	208,361	179,327	436,794	669,737	181,081	23,917	
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP								
098 01 NONREIMBURSABLE HHA								
098 PHYSICIANS' PRIVATE OFFICE								
100 FUNDRAISING								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	229,791	208,361	179,327	436,794	669,737	181,081	23,917	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0250
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/25/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PARAMETERED PRGM (SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24	25	26	27
001 GENERAL SERVICE COST CNTR				
003 OLD CAP REL COSTS- BLDG &				
005 NEW CAP REL COSTS- BLDG &				
006 EMPLOYEE BENEFITS				
006 01 COMMUNICATIONS				
006 02 DATA PROCESSING				
006 03 PURCHASING				
006 04 REGISTRATION				
006 05 PATIENT ACCOUNTING				
006 06 ADMINISTRATIVE & GENERAL				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE				
024 PARAMETERED PRGM (SPECIFY)	25, 901			
025 INPATIENT ROUTINE SERVICES				
025 ADULTS & PEDIATRICS		2,416,025		2,416,025
026 INTENSIVE CARE UNIT		446,448		446,448
027 CORONARY CARE UNIT				
028 BURN INTENSIVE CARE UNIT				
029 SURGICAL INTENSIVE CARE U				
033 NURSERY		66,079		66,079
034 SKILLED NURSING FACILITY		492,791		492,791
ANCILLARY SERVICE COST CNTRS				
037 OPERATING ROOM		1,089,587		1,089,587
040 ANESTHESIOLOGY		31,694		31,694
041 RADIOLOGY- DIAGNOSTIC		1,409,622		1,409,622
043 RADIOISOTOPE		133,381		133,381
043 01 ULTRASOUND		58,632		58,632
043 02 CARDIAC CATH LAB		209,531		209,531
044 LABORATORY		364,347		364,347
046 WHOLE BLOOD & PACKED RED		31,818		31,818
048 INTRAVENOUS THERAPY		41,418		41,418
049 RESPIRATORY THERAPY		103,606		103,606
050 PHYSICAL THERAPY		193,654		193,654
051 OCCUPATIONAL THERAPY		32,646		32,646
052 SPEECH PATHOLOGY		12,491		12,491
053 ELECTROCARDIOLOGY		115,112		115,112
054 ELECTROENCEPHALOGRAPHY		191,665		191,665
055 MEDICAL SUPPLIES CHARGED		714,230		714,230
056 DRUGS CHARGED TO PATIENTS		735,843		735,843
057 RENAL DIALYSIS		55,854		55,854
058 ASC (NON-DIAGNOSTIC PART)		605,424		605,424
059 CARDIAC REHABILITATION		74,158		74,158
059 01 PULMONARY FUNCTION		12,803		12,803
060 OUTPATIENT SERVICE COST CNTRS				
060 CLINIC		128,494		128,494
061 EMERGENCY		786,846		786,846
062 OBSERVATION BEDS (NON-DIS				
063 SLEEP LAB		27,729		27,729
OTHER REIMBURSEMENT CNTRS				
070 I&R SERVICES- NOT APPROVED		304		304
071 HOME HEALTH AGENCY				
SPECIAL PURPOSE COST CENTERS				
086 OTHER ORGAN ACQUISITION (
095 SUBTOTALS		10,582,232		10,582,232
NONREIMBURSEMENT COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		24,419		24,419
096 01 NONREIMBURSABLE HHA		3,399		3,399
098 PHYSICIANS' PRIVATE OFFICE				
100 FUNDRAISING				
101 CROS FOOT ADJUSTMENTS	25, 901	25, 901		25, 901
102 NEGATIVE COST CENTER				
103 TOTAL	25, 901	10,635,951		10,635,951

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0250
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/25/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL COSTS- BLDG & (SQUARE FEET)	C NEW CAP REL COSTS- BLDG & (SQUARE FEET)	C EMPLOYEE BENE FI TS (GROSS SALARI)	COMMUNI CATI ON S (PHONE EXTENS)	DATA PROCESSI NG (CPU TIME)	PURCHASI NG (SUPPLY REQUI S)
	1	3	5	6.01	6.02	6.03
001 GENERAL SERVICE COST						
003 OLD CAP REL COSTS- BLD	444,536					
005 NEW CAP REL COSTS- BLD		444,536				
006 EMPLOYEE BENEFITS	7,882	7,882	59,605,332			
006 01 COMMUNICATIONS	1,421	1,421	424,306	1,620		
006 02 DATA PROCESSING	3,009	3,009			981	
006 03 PURCHASING	6,160	6,160	227,505			14,031,509
006 04 REGISTRATION	3,413	3,413	1,142,812	90		4,342
006 05 PATIENT ACCOUNTING	3,460	3,460	995,641	54		380
006 06 ADMINISTRATION & GENERAL OPERATIONS OF PLANT	119,566	119,566	3,739,743	143	124	4,942
008 LAUNDRY & LINEN SERVICE	71,374	71,374	1,989,311	104		58,618
009 HOUSEKEEPING	1,778	1,778	109,061			
010 HOUSEKEEPING	4,028	4,028	1,396,496	60		2,623
011 DIETARY	7,344	7,344	949,100	23		937
012 CAFETERIA	7,144	7,144	923,303	23		912
014 NURSING ADMINISTRATION	2,269	2,269	3,022,404	23	183	64
015 CENTRAL SERVICES & SUPPLY PHARMACY	3,599	3,599	347,052	9		68,310
016 MEDICAL RECORDS & LIBRARY	4,003	4,003	2,264,415	43	120	12,332
017 SOCIAL SERVICE	4,321	4,321	1,666,170	59	44	51
018 PARAMEDICAL PROGRAM (SPEC INPATIENT ROUTINE SERVICE CENTER)	395	395	373,101	7		4
024 ADULTS & PEDIATRICS INTENSIVE CARE UNIT	782	782	152,314	3		4,156
025 CORONARY CARE UNIT	58,705	58,705	15,816,591	275		947,250
026 BURN INTENSIVE CARE UNIT	9,846	9,846	3,633,242	94		320,355
027 SURGICAL INTENSIVE CARE UNIT						
028 NURSERY	1,328	1,328	722,370	13		42,079
033 SKILLED NURSING FACILITY	14,220	14,220	1,936,432	47		104,203
034 OPERATING ROOM	18,929	18,929	3,133,809	81		7,054,312
037 ANESTHESIOLOGY			37,867	2		151,359
040 RADIOLOGY-DIAGNOSTIC	13,183	13,183	3,527,318	90	35	456,172
041 RADIOISOTOPE	2,737	2,737	479,920	8		5,403
043 01 ULTRASOUND	1,444	1,444	525,622	3		33,910
043 02 CARDIAC CATH LAB	2,310	2,310	643,380	18		3,545,737
044 LABORATORY	7,293	7,293		41	39	18,809
046 WHOLE BLOOD & PACKED	621	621				
048 INTRAVENOUS THERAPY	674	674	384,571	5		114,857
049 RESPIRATORY THERAPY	1,670	1,670	1,216,197	17		181,240
050 PHYSICAL THERAPY	5,799	5,799	71,681	12		11,175
051 OCCUPATIONAL THERAPY	346	346		4		5,991
052 SPEECH PATHOLOGY	303	303	136,636	3		572
053 ELECTROCARDIOLOGY	2,406	2,406	725,681	28		22,904
054 ELECTROENCEPHALOGRAPH	273	273	120,484	4		8,805
055 MEDICAL SUPPLIES CHARACTERIZED DRUGS CHARGED TO PATIENTS						
056 RENAL DIALYSIS	1,508	1,508	338,230	7		127,731
058 ASC (NON-DIAGNOSTIC) PAR	20,564	20,564	1,009,586	33		29,446
059 CARDIAC REHABILITATION	2,614	2,614	208,953	10		663
059 01 PULMONARY FUNCTION	324	324	114,348	3		3,860
060 OUTPAT SERVICE COST CENTER	4,040	4,040	295,297	29		92,801
061 EMERGENCY	19,574	19,574	4,665,183	100		585,893
062 OBSERVATION BEDS (NON SLEEP LAB)	816	816	139,200	4		8,675
063 OTHER REIMBURSEMENT CENTER						
070 I&R SERVICES-NOT APPROPRIATE						
071 HOME HEALTH AGENCY						
086 SPECIFIC PURPOSE COST CENTER						
095 OTHER ORGAN ACQUISITION						
096 SUBTOTALS	443,475	443,475	59,605,332	1,606	981	14,031,494
096 NONREIMBURSABLE COST CENTER						
096 01 GIFT, FLOWER, COFFEE	946	946		6		
098 NONREIMBURSABLE HHA	115	115		8		15
100 PHYSICIANS' PRIVATE OFFICE						
101 FUNDRAISING						
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	380,529	7,991,505	15,426,567	922,626	3,492,731	770,106
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.856014		.258812		3,560.378186	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		17.977183	6,747	569.522222	2,592	.054884
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)			.000113	1,264	2.642202	5,309
107 COST TO BE ALLOCATED (WRKSHT B, PART III)				.780247		.000378
107 UNIT COST MULTIPLIER (WRKSHT B, PART III)			141,696	78,559	55,111	409,616
108 COST TO BE ALLOCATED (WRKSHT B, PART III)			.002377		56.178389	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)				48.493210		.029193

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	REGISTRATION	PATIENT ACCOUNTING	ADMINISTRATION & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	(GROSS REVENUE)	(GROSS REVENUE)	(RECONCILIATION)	(ACCUM COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)
	6.04	6.05	6a.06	6.06	8	9	10
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
003 NEW CAP REL COSTS-BLD							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 REGISTRATION	530,410,796						
006 05 PATIENT ACCOUNTING		530,410,796					
006 06 ADMINISTRATION & GENERAL			-19,238,370	127,886,156			
008 OPERATION OF PLANT				8,051,205	228,251		
009 LAUNDRY & LINEN SERVICE				1,033,778	1,778	990,782	
010 HOUSEKEEPING				2,509,739	4,028		222,436
011 DIETARY				2,026,836	7,344		7,344
012 CAFETERIA				1,374,862	7,144		7,144
014 NURSING ADMINISTRATION				4,996,983	2,269		2,269
015 CENTRAL SERVICES & SUPPLY				1,036,547	3,599		3,599
016 PHARMACY				4,174,878	4,003		4,003
017 MEDICAL RECORDS & LIBRARY				2,877,632	4,321		4,321
018 SOCIAL SERVICE				510,155	395		395
024 PARAMED ED PRGM (SPEC INPAT ROUTINE SRVC CN)				185,813	782		782
025 ADULTS & PEDIATRICS	70,074,917	70,074,917		23,505,386	58,705	489,464	58,705
026 INTENSIVE CARE UNIT	15,525,535	15,525,535		5,914,757	9,846	63,958	9,846
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE							
033 NURSERY	2,751,078	2,751,078		1,044,034	1,328		1,328
034 SKILLED NURSING FACILITY	4,430,998	4,430,998		2,961,920	14,220	89,592	14,220
ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	50,464,788	50,464,788		5,894,258	18,929	117,410	18,929
040 ANESTHESIOLOGY	10,847,351	10,847,351		257,249			
041 RADIOLOGY-DIAGNOSTIC	77,801,913	77,801,913		7,202,397	13,183	31,250	13,183
043 RADIOISOTOPE	8,306,267	8,306,267		1,192,152	2,737	6,362	2,737
043 01 ULTRASOUND	7,518,078	7,518,078		814,086	1,444	7,487	1,444
043 02 CARDIAC CATH LAB	15,587,805	15,587,805		1,858,369	2,310	5,810	2,310
044 LABORATORY	45,705,968	45,705,968		7,143,470	7,293		7,293
046 WHOLE BLOOD & PACKED	4,611,341	4,611,341		639,459	621		621
048 INTRAVENOUS THERAPY	369,307	369,307		602,266	674		674
049 RESPIRATORY THERAPY	9,835,240	9,835,240		1,790,905	1,670		1,670
050 PHYSICAL THERAPY	5,598,694	5,598,694		2,178,620	5,799		5,799
051 OCCUPATIONAL THERAPY	3,001,916	3,001,916		1,088,884	346		346
052 SPEECH PATHOLOGY	663,192	663,192		196,398	303		303
053 ELECTROCARDIOLOGY	13,148,965	13,148,965		1,409,952	2,406	6,347	2,406
054 ELECTROENCEPHALOGRAPH	1,410,399	1,410,399		183,546	273	1,284	273
055 MEDICAL SUPPLIES CHARACTERIZED	44,215,849	44,215,849		13,841,721			
056 DRUGS CHARGED TO PATIENT	61,456,893	61,456,893		7,316,896			
057 RENAL DIALYSIS	2,182,052	2,182,052		531,595	1,508		1,508
058 ASC (NON-DIAGNOSTIC) PAR	5,593,002	5,593,002		1,911,500	20,564	67,812	20,564
059 CARDIAC REHABILITATION	411,347	411,347		341,063	2,614	988	2,614
059 01 PULMONARY FUNCTION	1,221,963	1,221,963		174,044	324		324
060 OUTPAT SERVICE COST CENTER	1,379,295	1,379,295		958,075	4,040		4,040
061 EMERGENCY	64,583,671	64,583,671		7,884,435	19,574	103,018	19,574
062 OBSERVATION BEDS (NON-SLEEP LAB)	1,712,972	1,712,972		223,829	816		816
063 OTHER REIMBURSEMENT COST CENTER							
070 I&R SERVICES-NOT APPROPRIATE				15,972			
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTER							
086 OTHER ORGAN ACQUISITION							
095 SUBTOTALS	530,410,796	530,410,796	-19,238,370	127,855,666	227,190	990,782	221,375
NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE				23,585	946		946
096 01 NONREIMBURSABLE HEALTH				6,905	115		115
098 PHYSICIANS' PRIVATE OFFICE							
100 FUNDRAISING							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,944,658	3,404,621		19,238,370	9,262,380	1,261,444	3,050,744
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.003666	.006419		.150434		1.273180	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	3,271	4,121		103,214	67,922	2,897	13,715154
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	.000006	.000008		.000807		.002924	
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	71,709	88,535		2,437,064	1,453,906	63,248	152,203
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000135	.000167		.019057		.063836	.684255

COST ALLOCATION - STATISTICAL BASIS

14-0250

FROM 1/1/2009

WORKSHEET B-1

TO 12/31/2009

	COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCLAL SERVI CE
		(MEALS SERVED)	(FTES) SERVED)	(FTES) SUPERV)	(100%) SUPPLI)	(COSTED) REQUI S)	(TIME) SPENT)	(TIME) SPENT)
		11	12	14	15	16	17	18
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS- BLD							
003	NEW CAP REL COSTS- BLD							
005	EMPLOYEE BENEFITS							
006	01 COMMUNICATIONS							
006	02 DATA PROCESSING							
006	03 PURCHASING							
006	04 REGISTRATION							
006	05 PATIENT ACCOUNTING							
006	06 ADMINISTRATION & GENERAL							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
011	DIETARY	194,925						
012	CAFETERIA		87,965					
014	NURSING ADMINISTRATION		3,682	69,412				
015	CENTRAL SERVICES & SUPPLY		872		100			
016	PHARMACY		2,754			7,762,114		
017	MEDICAL RECORDS & LIBRARY		3,710				26,115	
018	SOCIAL SERVICE		589	634			7	11,649
024	PARAMEDICAL PROGRAM (SPEC INPAT ROUTINE SERVICE)		802	100				
025	ADULTS & PEDIATRICS	134,620	26,425	35,907		149,455	3,476	8,009
026	INTENSIVE CARE UNIT	16,867	5,000	6,409		37,180		1,248
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE							
033	NURSERY		868	1,129		1,882	339	
034	SKILLED NURSING FACILITY	26,170	3,514	4,842		6,890	991	2,080
	ANCILLARY SERVICE COST CENTER							
037	OPERATING ROOM		5,078	5,597		35,714	1,068	
040	ANESTHESIOLOGY		91	89		73,060	354	
041	RADIOLOGY- DIAGNOSTIC		6,471	54		4,805	13,376	
043	RADIOISOTOPE	134	538			418,599		
043	01 ULTRASOUND		689			2,416		
043	02 CARDIAC CATH LAB		837	964		9,605		
044	LABORATORY		8,055				1,161	
046	WHOLE BLOOD & PACKED		686				155	
048	INTRAVENOUS THERAPY		520	642		64,418		
049	RESPIRATORY THERAPY		2,084			280	46	
050	PHYSICAL THERAPY		1,487	96		42	63	
051	OCCUPATIONAL THERAPY		757				24	
052	SPEECH PATHOLOGY		185	1			5	
053	ELECTROCARDIOLOGY		1,356	1,361		6,930	1,812	
054	ELECTROENCEPHALOGRAPH		282				95	
055	MEDICAL SUPPLIES CHAR		97		100	821		
056	DRUGS CHARGED TO PATIENT					6,697,102		
057	RENAL DIALYSIS		435	525		671		
058	ASC (NON-DIAGNOSTIC)	3,409	1,467	1,484		59,930	986	
059	CARDIAC REHABILITATION		320	108				
059	01 PULMONARY FUNCTION		186				5	
060	OUTPATIENT SERVICE COST CENTER							
061	CLINIC		388	386		22,731		
061	EMERGENCY	13,698	7,480	9,084		169,583	2,149	312
062	OBSERVATION BEDS (NON)							
063	SLEEP LAB	27	260				3	
	OTHER REIMBURSEMENT COST CENTER							
070	I&R SERVICES- NOT APPR							
071	HOME HEALTH AGENCY							
	SPEC PURPOSE COST CENTER							
086	OTHER ORGAN ACQUISITION							
095	SUBTOTALS	194,925	87,965	69,412	100	7,762,114	26,115	11,649
	NONREIMBURSABLE COST CENTER							
096	GIFT, FLOWER, COFFEE							
096	01 NONREIMBURSABLE HHA							
098	PHYSICIAN'S PRIVATE OFFICE							
100	FUNDRAISING							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	2,730,483	1,969,571	5,954,336	1,407,411	5,081,928	3,628,202	676,893
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		22.390394	85.782516	14,074.110000	.654709	138.931725	58.107391
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	14.007865	9,694	7,970	5,267	9,026	8,200	1,067
106	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.053662	.110203	.114822	52.670000	.001163	.313996	.091596
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	229,791	208,361	179,327	436,794	669,737	181,081	23,917
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	1.178869	2.368681	2.583516	4,367.940000	.086283	6.933984	2.053138

COST CENTER DESCRIPTION	PARAMETER PRGM (SPECIFY) (ASSIGNED TIME)
	24
001 GENERAL SERVICE COST	
003 OLD CAP REL COSTS- BLD	
005 NEW CAP REL COSTS- BLD	
006 EMPLOYEE BENEFITS	
006 01 COMMUNICATIONS	
006 02 DATA PROCESSING	
006 03 PURCHASING	
006 04 REGISTRATION	
006 05 PATIENT ACCOUNTING	
006 06 ADMINISTRATION & GENERAL OPERATIONS OF PLANT	
008 LAUNDRY & LINEN SERVICE	
010 HOUSEKEEPING	
011 DIETARY	
012 CAFETERIA	
014 NURSING ADMINISTRATION	
015 CENTRAL SERVICES & SUPPLY	
016 PHARMACY	
017 MEDICAL RECORDS & LIBRARY	
018 SOCIAL SERVICE	
024 PARAMETER PRGM (SPECIFIED ROUTINE SERVICE)	24
025 ADULTS & PEDIATRICS	4
026 INTENSIVE CARE UNIT	4
027 CORONARY CARE UNIT	
028 BURN INTENSIVE CARE UNIT	
029 SURGICAL INTENSIVE CARE	
033 NURSERY	
034 SKILLED NURSING FACILITY	
037 ANCILLARY SERVICE COST CENTER OPERATING ROOM	
040 ANESTHESIOLOGY	
041 RADIOLOGY- DIAGNOSTIC	
043 RADIOISOTOPE	
043 01 ULTRASOUND	
043 02 CARDIAC CATH LAB	
044 LABORATORY	
046 WHOLE BLOOD & PACKED	
048 INTRAVENOUS THERAPY	
049 RESPIRATORY THERAPY	
050 PHYSICAL THERAPY	
051 OCCUPATIONAL THERAPY	
052 SPEECH PATHOLOGY	
053 ELECTROCARDIOLOGY	
054 ELECTROENCEPHALOGRAPH	
055 MEDICAL SUPPLIES CHARGED TO PATIENT	
056 DRUGS CHARGED TO PATIENT	
057 RENAL DIALYSIS	
058 ASC (NON-DISTINCT PAR)	
059 CARDIAC REHABILITATION	
059 01 PULMONARY FUNCTION	
060 OUTPAT SERVICE COST CENTER CLINIC	
061 EMERGENCY	16
062 OBSERVATION BEDS (NON SLEEP LAB)	
063 OTHER REIMBURSEMENT COST CENTER I&R SERVICES- NOT APPROVED HOME HEALTH AGENCY	
070 SPEC PURPOSE COST CENTER	
086 OTHER ORGAN ACQUISITION	
095 SUBTOTALS	24
096 NONREIMBURSABLE COST CENTER GIFT, FLOWER, COFFEE	
096 01 NONREIMBURSABLE HEALTH PHYSICIANS' PRIVATE OFFICE FUNDRAISING	
098 CROSS FOOT ADJUSTMENT	
100 NEGATIVE COST CENTER	
102 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)	282,759
104 UNIT COST MULTIPLIER (WORKSHEET B, PT I)	11,781.625000
105 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)	1,196
106 UNIT COST MULTIPLIER (WORKSHEET B, PT I)	49.833333
107 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)	25,901
108 UNIT COST MULTIPLIER (WORKSHEET B, PT I)	1,079.208333

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:

PERIOD:

PREPARED 5/25/2010

14-0250

FROM 1/1/2009

WORKSHEET C

TO 12/31/2009

PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I CCL 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	37,502,786		37,502,786		37,502,786
26	INTENSIVE CARE UNIT	8,462,546		8,462,546	11,615	8,474,161
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
33	NURSERY	1,437,809		1,437,809		1,437,809
34	SKILLED NURSING FACILITY	5,417,314		5,417,314		5,417,314
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	8,723,772		8,723,772		8,723,772
40	ANESTHESIOLOGY	402,636		402,636	649,904	1,052,540
41	RADIOLOGY-DIAGNOSTIC	11,052,455		11,052,455	54,059	11,106,514
43	RADIOISOTOPE	1,816,181		1,816,181		1,816,181
43 01	ULTRASOUND	1,041,495		1,041,495		1,041,495
43 02	CARDIAC CATH LAB	2,378,472		2,378,472		2,378,472
44	LABORATORY	8,955,719		8,955,719		8,955,719
46	WHOLE BLOOD & PACKED RED	806,143		806,143		806,143
48	INTRAVENOUS THERAPY	838,352		838,352		838,352
49	RESPIRATORY THERAPY	2,204,226		2,204,226	78,215	2,282,441
50	PHYSICAL THERAPY	2,871,525		2,871,525		2,871,525
51	OCCUPATIONAL THERAPY	1,291,759		1,291,759		1,291,759
52	SPEECH PATHOLOGY	247,318		247,318		247,318
53	ELECTROCARDIOLOGY	2,164,164		2,164,164		2,164,164
54	ELECTROENCEPHALOGRAPHY	247,128		247,128		247,128
55	MEDICAL SUPPLIES CHARGED	17,334,107		17,334,107		17,334,107
56	DRUGS CHARGED TO PATIENTS	12,802,261		12,802,261		12,802,261
57	RENAL DIALYSIS	748,656		748,656	18,248	766,904
58	ASC (NON-DIESTINCT PART)	3,786,038		3,786,038		3,786,038
59	CARDIAC REHABILITATION	551,985		551,985		551,985
59 01	PULMONARY FUNCTION	222,678		222,678		222,678
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,378,234		1,378,234	65,806	1,444,040
61	EMERGENCY	12,019,286		12,019,286	49,915	12,069,201
62	OBSERVATION BEDS (NON-DIS)	2,340,287		2,340,287		2,340,287
63	SLEEP LAB	308,422		308,422		308,422
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	149,353,754		149,353,754	927,762	150,281,516
102	LESS OBSERVATION BEDS	2,340,287		2,340,287		2,340,287
103	TOTAL	147,013,467		147,013,467	927,762	147,941,229

COMPUTATION OF RATIO OF COSTS TO CHARGES

14-0250

FROM 1/1/2009

WORKSHEET C

TO 12/31/2009

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 & PEDI ATRICS	63,228,673		63,228,673			
26	INTENSIVE CARE UNIT	15,525,535		15,525,535			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY	2,751,078		2,751,078			
34	SKILLED NURSING FACILITY	4,430,998		4,430,998			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	25,400,495	25,064,293	50,464,788	.172868	.172868	.172868
40	ANESTHESIOLOGY	5,525,956	5,321,395	10,847,351	.037118	.037118	.097032
41	RADIOLOGY-DIAGNOSTIC	28,919,661	48,882,252	77,801,913	.142059	.142059	.142754
43	RADIOISOTOPE	4,072,409	4,233,858	8,306,267	.218652	.218652	.218652
43 01	ULTRASOUND	1,539,339	5,978,739	7,518,078	.138532	.138532	.138532
43 02	CARDIAC CATH LAB	9,693,267	5,894,538	15,587,805	.152585	.152585	.152585
44	LABORATORY	29,651,001	16,054,967	45,705,968	.195942	.195942	.195942
46	WHOLE BLOOD & PACKED RED	3,836,791	774,550	4,611,341	.174817	.174817	.174817
48	INTRAVENOUS THERAPY	350,987	18,320	369,307	2.270068	2.270068	2.270068
49	RESPIRATORY THERAPY	9,195,222	640,018	9,835,240	.224115	.224115	.232068
50	PHYSICAL THERAPY	3,017,332	2,581,362	5,598,694	.512892	.512892	.512892
51	OCCUPATIONAL THERAPY	2,096,302	905,614	3,001,916	.430312	.430312	.430312
52	SPEECH PATHOLOGY	528,256	134,936	663,192	.372921	.372921	.372921
53	ELECTROCARDIOLOGY	7,492,570	5,656,395	13,148,965	.164588	.164588	.164588
54	ELECTROENCEPHALOGRAPHY	681,661	728,738	1,410,399	.175219	.175219	.175219
55	MEDICAL SUPPLIES CHARGED	32,667,510	11,548,339	44,215,849	.392034	.392034	.392034
56	DRUGS CHARGED TO PATIENTS	51,047,148	10,409,745	61,456,893	.208313	.208313	.208313
57	RENAL DIALYSIS	2,169,413	12,639	2,182,052	.343097	.343097	.351460
58	ASC (NON-DIETRICT PART)	218,576	5,374,426	5,593,002	.676924	.676924	.676924
59	CARDIAC REHABILITATION	12,987	398,360	411,347	1.341896	1.341896	1.341896
59 01	PULMONARY FUNCTION	531,363	690,600	1,221,963	.182230	.182230	.182230
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	63,332	1,315,963	1,379,295	.999231	.999231	1.046941
61	EMERGENCY	17,847,453	46,736,218	64,583,671	.186104	.186104	.186877
62	OBSERVATION BEDS (NON-DI S	1,293,304	5,552,940	6,846,244	.341835	.341835	.341835
63	SLEEP LAB		1,712,972	1,712,972	.180051	.180051	.180051
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	323,788,619	206,622,177	530,410,796			
102	LESS OBSERVATION BEDS						
103	TOTAL	323,788,619	206,622,177	530,410,796			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEETPROVIDER NO:
14-0250PERIOD:
FROM 1/1/2009
TO 12/31/2009PREPARED 5/25/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I CCL 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	37,502,786		37,502,786		37,502,786
26	INTENSIVE CARE UNIT	8,462,546		8,462,546	11,615	8,474,161
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
33	NURSERY	1,437,809		1,437,809		1,437,809
34	SKILLED NURSING FACILITY	5,417,314		5,417,314		5,417,314
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	8,723,772		8,723,772		8,723,772
40	ANESTHESIOLOGY	402,636		402,636	649,904	1,052,540
41	RADIOLOGY-DIAGNOSTIC	11,052,455		11,052,455	54,059	11,106,514
43	RADIOISOTOPE	1,816,181		1,816,181		1,816,181
43 01	ULTRASOUND	1,041,495		1,041,495		1,041,495
43 02	CARDIAC CATH LAB	2,378,472		2,378,472		2,378,472
44	LABORATORY	8,955,719		8,955,719		8,955,719
46	WHOLE BLOOD & PACKED RED	806,143		806,143		806,143
48	INTRAVENOUS THERAPY	838,352		838,352		838,352
49	RESPIRATORY THERAPY	2,204,226		2,204,226	78,215	2,282,441
50	PHYSICAL THERAPY	2,871,525		2,871,525		2,871,525
51	OCCUPATIONAL THERAPY	1,291,759		1,291,759		1,291,759
52	SPEECH PATHOLOGY	247,318		247,318		247,318
53	ELECTROCARDIOLOGY	2,164,164		2,164,164		2,164,164
54	ELECTROENCEPHALOGRAPHY	247,128		247,128		247,128
55	MEDICAL SUPPLIES CHARGED	17,334,107		17,334,107		17,334,107
56	DRUGS CHARGED TO PATIENTS	12,802,261		12,802,261		12,802,261
57	RENAL DIALYSIS	748,656		748,656	18,248	766,904
58	ASC (NON-DIESTINCT PART)	3,786,038		3,786,038		3,786,038
59	CARDIAC REHABILITATION	551,985		551,985		551,985
59 01	PULMONARY FUNCTION	222,678		222,678		222,678
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,378,234		1,378,234	65,806	1,444,040
61	EMERGENCY	12,019,286		12,019,286	49,915	12,069,201
62	OBSERVATION BEDS (NON-DIS)	2,340,287		2,340,287		2,340,287
63	SLEEP LAB	308,422		308,422		308,422
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	149,353,754		149,353,754	927,762	150,281,516
102	LESS OBSERVATION BEDS	2,340,287		2,340,287		2,340,287
103	TOTAL	147,013,467		147,013,467	927,762	147,941,229

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
14-0250

PERIOD:
FROM 1/1/2009
TO 12/31/2009

PREPARED 5/25/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- ENT RATIO 10	PPS INPAT- ENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDI ATRICS	63,228,673		63,228,673			
26	INTENSIVE CARE UNIT	15,525,535		15,525,535			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY	2,751,078		2,751,078			
34	SKILLED NURSING FACILITY	4,430,998		4,430,998			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	25,400,495	25,064,293	50,464,788	.172868	.172868	.172868
40	ANESTHESIOLOGY	5,525,956	5,321,395	10,847,351	.037118	.037118	.097032
41	RADIOLOGY-DIAGNOSTIC	28,919,661	48,882,252	77,801,913	.142059	.142059	.142754
43	RADIOISOTOPE	4,072,409	4,233,858	8,306,267	.218652	.218652	.218652
43 01	ULTRASOUND	1,539,339	5,978,739	7,518,078	.138532	.138532	.138532
43 02	CARDIAC CATH LAB	9,693,267	5,894,538	15,587,805	.152585	.152585	.152585
44	LABORATORY	29,651,001	16,054,967	45,705,968	.195942	.195942	.195942
46	WHOLE BLOOD & PACKED RED	3,836,791	774,550	4,611,341	.174817	.174817	.174817
48	INTRAVENOUS THERAPY	350,987	18,320	369,307	2.270068	2.270068	2.270068
49	RESPIRATORY THERAPY	9,195,222	640,018	9,835,240	.224115	.224115	.232068
50	PHYSICAL THERAPY	3,017,332	2,581,362	5,598,694	.512892	.512892	.512892
51	OCCUPATIONAL THERAPY	2,096,302	905,614	3,001,916	.430312	.430312	.430312
52	SPEECH PATHOLOGY	528,256	134,936	663,192	.372921	.372921	.372921
53	ELECTROCARDIOLOGY	7,492,570	5,656,395	13,148,965	.164588	.164588	.164588
54	ELECTROENCEPHALOGRAPHY	681,661	728,738	1,410,399	.175219	.175219	.175219
55	MEDICAL SUPPLIES CHARGED	32,667,510	11,548,339	44,215,849	.392034	.392034	.392034
56	DRUGS CHARGED TO PATIENTS	51,047,148	10,409,745	61,456,893	.208313	.208313	.208313
57	RENAL DIALYSIS	2,169,413	12,639	2,182,052	.343097	.343097	.351460
58	ASC (NON-DIETRICT PART)	218,576	5,374,426	5,593,002	.676924	.676924	.676924
59	CARDIAC REHABILITATION	12,987	398,360	411,347	1.341896	1.341896	1.341896
59 01	PULMONARY FUNCTION	531,363	690,600	1,221,963	.182230	.182230	.182230
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	63,332	1,315,963	1,379,295	.999231	.999231	1.046941
61	EMERGENCY	17,847,453	46,736,218	64,583,671	.186104	.186104	.186877
62	OBSERVATION BEDS (NON-DI S	1,293,304	5,552,940	6,846,244	.341835	.341835	.341835
63	SLEEP LAB		1,712,972	1,712,972	.180051	.180051	.180051
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	323,788,619	206,622,177	530,410,796			
102	LESS OBSERVATION BEDS						
103	TOTAL	323,788,619	206,622,177	530,410,796			

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	8,723,772	1,122,487	7,601,285			8,723,772
40	ANESTHESIOLOGY	402,636	32,333	370,303			402,636
41	RADIOLOGY-DIAGNOSTIC	11,052,455	1,437,852	9,614,603			11,052,455
43	RADIOISOTOPE	1,816,181	138,335	1,677,846			1,816,181
43 01	ULTRASOUND	1,041,495	61,280	980,215			1,041,495
43 02	CARDIAC CATH LAB	2,378,472	215,643	2,162,829			2,378,472
44	LABORATORY	8,955,719	380,786	8,574,933			8,955,719
46	WHOLE BLOOD & PACKED RED	806,143	33,260	772,883			806,143
48	INTRAVENOUS THERAPY	838,352	43,004	795,348			838,352
49	RESPIRATORY THERAPY	2,204,226	107,631	2,096,595			2,204,226
50	PHYSICAL THERAPY	2,871,525	202,576	2,668,949			2,871,525
51	OCCUPATIONAL THERAPY	1,291,759	34,073	1,257,686			1,291,759
52	SPEECH PATHOLOGY	247,318	13,055	234,263			247,318
53	ELECTROCARDIOLOGY	2,164,164	120,298	2,043,866			2,164,164
54	ELECTROENCEPHALOGRAPHY	247,128	192,240	54,888			247,128
55	MEDICAL SUPPLIES CHARGED	17,334,107	731,298	16,602,809			17,334,107
56	DRUGS CHARGED TO PATIENTS	12,802,261	750,396	12,051,865			12,802,261
57	RENAL DIALYSIS	748,656	58,300	690,356			748,656
58	ASC (NON-DIAGNOSTIC PART)	3,786,038	632,648	3,153,390			3,786,038
59	CARDIAC REHABILITATION	551,985	77,617	474,368			551,985
59 01	PULMONARY FUNCTION	222,678	13,381	209,297			222,678
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,378,234	134,275	1,243,959			1,378,234
61	EMERGENCY	12,019,286	821,930	11,197,356			12,019,286
62	OBSERVATION BEDS (NON-DIAGNOSTIC)	2,340,287	157,604	2,182,683			2,340,287
63	SLEEP LAB	308,422	28,954	279,468			308,422
	OTHER REIMBURSEMENT COST CNTRS						
101	SUBTOTAL	96,533,299	7,541,256	88,992,043			96,533,299
102	LESS OBSERVATION BEDS	2,340,287	157,604	2,182,683			2,340,287
103	TOTAL	94,193,012	7,383,652	86,809,360			94,193,012

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	50,464,788	.172868	.172868
40	ANESTHESIOLOGY	10,847,351	.037118	.037118
41	RADIOLOGY-DIAGNOSTIC	77,801,913	.142059	.142059
43	RADIOISOTOPE	8,306,267	.218652	.218652
43 01	ULTRASOUND	7,518,078	.138532	.138532
43 02	CARDIAC CATH LAB	15,587,805	.152585	.152585
44	LABORATORY	45,705,968	.195942	.195942
46	WHOLE BLOOD & PACKED RED	4,611,341	.174817	.174817
48	INTRAVENOUS THERAPY	369,307	2.270068	2.270068
49	RESPIRATORY THERAPY	9,835,240	.224115	.224115
50	PHYSICAL THERAPY	5,598,694	.512892	.512892
51	OCCUPATIONAL THERAPY	3,001,916	.430312	.430312
52	SPEECH PATHOLOGY	663,192	.372921	.372921
53	ELECTROCARDIOLOGY	13,148,965	.164588	.164588
54	ELECTROENCEPHALOGRAPHY	1,410,399	.175219	.175219
55	MEDICAL SUPPLIES CHARGED	44,215,849	.392034	.392034
56	DRUGS CHARGED TO PATIENTS	61,456,893	.208313	.208313
57	RENAL DIALYSIS	2,182,052	.343097	.343097
58	ASC (NON-DIAGNOSTIC PART)	5,593,002	.676924	.676924
59	CARDIAC REHABILITATION	411,347	1.341896	1.341896
59 01	PULMONARY FUNCTION	1,221,963	.182230	.182230
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,379,295	.999231	.999231
61	EMERGENCY	64,583,671	.186104	.186104
62	OBSERVATION BEDS (NON-DIAG)	6,846,244	.341835	.341835
63	SLEEP LAB	1,712,972	.180051	.180051
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	444,474,512		
102	LESS OBSERVATION BEDS	6,846,244		
103	TOTAL	437,628,268		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27	CAPITAL COST WKST B PT II & III, COL. 27	OPERATING COST NET OF CAPITAL COST	CAPITAL REDUCTION	OPERATING COST REDUCTION AMOUNT	COST NET OF CAP AND OPER COST REDUCTION
		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
40	OPERATING ROOM	8,723,772	1,122,487	7,601,285	112,249	440,875	8,170,648
41	ANESTHESIOLOGY	402,636	32,333	370,303	3,233	21,478	377,925
43	RADIOLOGY-DIAGNOSTIC	11,052,455	1,437,852	9,614,603	143,785	557,647	10,351,023
43	RADIOISOTOPE	1,816,181	138,335	1,677,846	13,834	97,315	1,705,032
43	01 ULTRASOUND	1,041,495	61,280	980,215	6,128	56,852	978,515
43	02 CARDIAC CATH LAB	2,378,472	215,643	2,162,829	21,564	125,444	2,231,464
44	LABORATORY	8,955,719	380,786	8,574,933	38,079	497,346	8,420,294
46	WHOLE BLOOD & PACKED RED	806,143	33,260	772,883	3,326	44,827	757,990
48	INTRAVENOUS THERAPY	838,352	43,004	795,348	4,300	46,130	787,922
49	RESPIRATORY THERAPY	2,204,226	107,631	2,096,595	10,763	121,603	2,071,860
50	PHYSICAL THERAPY	2,871,525	202,576	2,668,949	20,258	154,799	2,696,468
51	OCCUPATIONAL THERAPY	1,291,759	34,073	1,257,686	3,407	72,946	1,215,406
52	SPEECH PATHOLOGY	247,318	13,055	234,263	1,306	13,587	232,425
53	ELECTROCARDIOLOGY	2,164,164	120,298	2,043,866	12,030	118,544	2,033,590
54	ELECTROENCEPHALOGRAPHY	247,128	192,240	54,888	19,224	3,184	224,720
55	MEDICAL SUPPLIES CHARGED	17,334,107	731,298	16,602,809	73,130	962,963	16,298,014
56	DRUGS CHARGED TO PATIENTS	12,802,261	750,396	12,051,865	75,040	699,008	12,028,213
57	RENAL DIALYSIS	748,656	58,300	690,356	5,830	40,041	702,785
58	ASC (NON-DIAGNOSTIC PART)	3,786,038	632,648	3,153,390	63,265	182,897	3,539,876
59	CARDIAC REHABILITATION	551,985	77,617	474,368	7,762	27,513	516,710
59	01 PULMONARY FUNCTION	222,678	13,381	209,297	1,338	12,139	209,201
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,378,234	134,275	1,243,959	13,428	72,150	1,292,656
61	EMERGENCY	12,019,286	821,930	11,197,356	82,193	649,447	11,287,646
62	OBSERVATION BEDS (NON-DIS)	2,340,287	157,604	2,182,683	15,760	126,596	2,197,931
63	SLEEP LAB	308,422	28,954	279,468	2,895	16,209	289,318
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	96,533,299	7,541,256	88,992,043	754,127	5,161,540	90,617,632
102	LESS OBSERVATION BEDS	2,340,287	157,604	2,182,683	15,760	126,596	2,197,931
103	TOTAL	94,193,012	7,383,652	86,809,360	738,367	5,034,944	88,419,701

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	50,464,788	.161908	.170644
40	ANESTHESIOLOGY	10,847,351	.034840	.036820
41	RADIOLOGY-DIAGNOSTIC	77,801,913	.133043	.140211
43	RADIOISOTOPE	8,306,267	.205271	.216986
43 01	ULTRASOUND	7,518,078	.130155	.137717
43 02	CARDIAC CATH LAB	15,587,805	.143154	.151202
44	LABORATORY	45,705,968	.184227	.195109
46	WHOLE BLOOD & PACKED RED	4,611,341	.164375	.174096
48	INTRAVENOUS THERAPY	369,307	2.133515	2.258425
49	RESPIRATORY THERAPY	9,835,240	.210657	.223021
50	PHYSICAL THERAPY	5,598,694	.481624	.509274
51	OCCUPATIONAL THERAPY	3,001,916	.404877	.429177
52	SPEECH PATHOLOGY	663,192	.350464	.370951
53	ELECTROCARDIOLOGY	13,148,965	.154658	.163673
54	ELECTROENCEPHALOGRAPHY	1,410,399	.159331	.161588
55	MEDICAL SUPPLIES CHARGED	44,215,849	.368601	.390380
56	DRUGS CHARGED TO PATIENTS	61,456,893	.195718	.207092
57	RENAL DIALYSIS	2,182,052	.322075	.340425
58	ASC (NON-DIAGNOSTIC PART)	5,593,002	.632912	.665613
59	CARDIAC REHABILITATION	411,347	1.256141	1.323027
59 01	PULMONARY FUNCTION	1,221,963	.171201	.181135
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,379,295	.937186	.989495
61	EMERGENCY	64,583,671	.174776	.184831
62	OBSERVATION BEDS (NON-DIS)	6,846,244	.321042	.339533
63	SLEEP LAB	1,712,972	.168898	.178361
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	444,474,512		
102	LESS OBSERVATION BEDS	6,846,244		
103	TOTAL	437,628,268		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0250 PERIOD: FROM 1/1/2009 TO 12/31/2009 PREPARED 5/25/2010 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	109,559		109,559	2,416,025		2,416,025
26	INTENSIVE CARE UNIT	19,793		19,793	446,448		446,448
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY	2,897		2,897	66,079		66,079
101	TOTAL	132,249		132,249	2,928,552		2,928,552

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	45,719	20,595	2.40	49,428	52.85	1,088,446
26	INTENSIVE CARE UNIT	5,371	2,903	3.69	10,712	83.12	241,297
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY	2,805		1.03		23.56	
101	TOTAL	53,895	23,498		60,140		1,329,743

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0250	FROM 1/ 1/2009	5/25/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D
14-0250		PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	32,900	1,089,587	50,464,788	8,670,857	.000652	5,653
40	ANESTHESIOLOGY	639	31,694	10,847,351	1,471,492	.000059	87
41	RADIOLOGY-DIAGNOSTIC	28,230	1,409,622	77,801,913	13,006,263	.000363	4,721
43	RADIOISOTOPE	4,954	133,381	8,306,267	1,799,778	.000596	1,073
43 01	ULTRASOUND	2,648	58,632	7,518,078	572,940	.000352	202
43 02	CARDIAC CATH LAB	6,112	209,531	15,587,805	4,741,978	.000392	1,859
44	LABORATORY	16,439	364,347	45,705,968	13,415,771	.000360	4,830
46	WHOLE BLOOD & PACKED RED	1,442	31,818	4,611,341	1,521,547	.000313	476
48	INTRAVENOUS THERAPY	1,586	41,418	369,307	168,392	.004295	723
49	RESPIRATORY THERAPY	4,025	103,606	9,835,240	4,486,438	.000409	1,835
50	PHYSICAL THERAPY	8,922	193,654	5,598,694	935,277	.001594	1,491
51	OCCUPATIONAL THERAPY	1,427	32,646	3,001,916	172,638	.000475	82
52	SPEECH PATHOLOGY	564	12,491	663,192	292,327	.000850	248
53	ELECTROCARDIOLOGY	5,186	115,112	13,148,965	3,665,536	.000394	1,444
54	ELECTROENCEPHALOGRAPHY	575	191,665	1,410,399	368,735	.000408	150
55	MEDICAL SUPPLIES CHARGED	17,068	714,230	44,215,849	14,638,620	.000386	5,651
56	DRUGS CHARGED TO PATIENTS	14,553	735,843	61,456,893	22,060,953	.000237	5,228
57	RENAL DIALYSIS	2,446	55,854	2,182,052	1,413,711	.001121	1,585
58	ASC (NON-DIAGNOSTIC PART)	27,224	605,424	5,593,002	155,363	.004868	756
59	CARDIAC REHABILITATION	3,459	74,158	411,347	5,258	.008409	44
59 01	PULMONARY FUNCTION	578	12,803	1,221,963	273,197	.000473	129
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	5,781	128,494	1,379,295	35,681	.004191	150
61	EMERGENCY	35,084	786,846	64,583,671	8,388,736	.000543	4,555
62	OBSERVATION BEDS (NON-DIAG)	6,836	150,768	6,846,244	371,130	.000999	371
63	SLEEP LAB	1,225	27,729	1,712,972		.000715	
	OTHER REIMBURS COST CNTRS						
101	TOTAL	229,903	7,311,353	444,474,512	102,632,618		43,343

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0250
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 COMPONENT NO: 14-0250
 PREPARED 5/25/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.021591	187,212
40	ANESTHESIOLOGY	.002922	4,300
41	RADIOLOGY-DIAGNOSTIC	.018118	235,647
43	RADIOISOTOPE	.016058	28,901
43 01	ULTRASOUND	.007799	4,468
43 02	CARDIAC CATH LAB	.013442	63,742
44	LABORATORY	.007972	106,951
46	WHOLE BLOOD & PACKED RED	.006900	10,499
48	INTRAVENOUS THERAPY	.112151	18,885
49	RESPIRATORY THERAPY	.010534	47,260
50	PHYSICAL THERAPY	.034589	32,350
51	OCCUPATIONAL THERAPY	.010875	1,877
52	SPEECH PATHOLOGY	.018835	5,506
53	ELECTROCARDIOLOGY	.008754	32,088
54	ELECTROENCEPHALOGRAPHY	.135894	50,109
55	MEDICAL SUPPLIES CHARGED	.016153	236,458
56	DRUGS CHARGED TO PATIENTS	.011973	264,136
57	RENAL DIALYSIS	.025597	36,187
58	ASC (NON-DIAGNOSTIC PART)	.108247	16,818
59	CARDIAC REHABILITATION	.180281	948
59 01	PULMONARY FUNCTION	.010477	2,862
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.093159	3,324
61	EMERGENCY	.012183	102,200
62	OBSERVATION BEDS (NON-DIS)	.022022	8,173
63	SLEEP LAB	.016188	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		1,500,901

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

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			47,127			47,127
26	INTENSIVE CARE UNIT			47,127			47,127
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
34	SKILLED NURSING FACILITY						
101	TOTAL			94,254			94,254

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

PROVIDER NO: 14-0250
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/25/2010
 WORKSHEET D
 PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	45,719	1.03	20,595	21,213
26	INTENSIVE CARE UNIT	5,371	8.77	2,903	25,459
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE U				
33	NURSERY	2,805			
34	SKILLED NURSING FACILITY	8,567		6,529	
101	TOTAL	62,462		30,027	46,672

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS										
37	OPERATING ROOM										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
43	RADIOISOTOPE										
43	01 ULTRASOUND										
43	02 CARDIAC CATH LAB										
44	LABORATORY										
46	WHOLE BLOOD & PACKED RED										
48	INTRAVENOUS THERAPY										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
58	ASC (NON-DIAGNOSTIC PART)										
59	CARDIAC REHABILITATION										
59	01 PULMONARY FUNCTION										
	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
61	EMERGENCY							188,505			
62	OBSERVATION BEDS (NON-DIAGNOSTIC)							2,942			
63	SLEEP LAB										
	OTHER REIMBURS COST CNTRS										
101	TOTAL							191,447			

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF COST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			50,464,788			8,670,857	
40	ANESTHESIOLOGY			10,847,351			1,471,492	
41	RADIOLOGY-DIAGNOSTIC			77,801,913			13,006,263	
43	RADIOISOTOPE			8,306,267			1,799,778	
43 01	ULTRASOUND			7,518,078			572,940	
43 02	CARDIAC CATH LAB			15,587,805			4,741,978	
44	LABORATORY			45,705,968			13,415,771	
46	WHOLE BLOOD & PACKED RED			4,611,341			1,521,547	
48	INTRAVENOUS THERAPY			369,307			168,392	
49	RESPIRATORY THERAPY			9,835,240			4,486,438	
50	PHYSICAL THERAPY			5,598,694			935,277	
51	OCCUPATIONAL THERAPY			3,001,916			172,638	
52	SPEECH PATHOLOGY			663,192			292,327	
53	ELECTROCARDIOLOGY			13,148,965			3,665,536	
54	ELECTROENCEPHALOGRAPHY			1,410,399			368,735	
55	MEDICAL SUPPLIES CHARGED			44,215,849			14,638,620	
56	DRUGS CHARGED TO PATIENTS			61,456,893			22,060,953	
57	RENAL DIALYSIS			2,182,052			1,413,711	
58	ASC (NON-DIAGNOSTIC PART)			5,593,002			155,363	
59	CARDIAC REHABILITATION			411,347			5,258	
59 01	PULMONARY FUNCTION			1,221,963			273,197	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			1,379,295			35,681	
61	EMERGENCY	188,505	188,505	64,583,671	.002919	.002919	8,388,736	24,487
62	OBSERVATION BEDS (NON-DIS)	2,942	2,942	6,846,244	.000430	.000430	371,130	160
63	SLEEP LAB			1,712,972				
	OTHER REIMBURS COST CNTRS							
101	TOTAL	191,447	191,447	444,474,512			102,632,618	24,647

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V CCL 5.03 8.01	OUTPAT PROG D, V CCL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	CCL 8.01 * CCL 5 9.01	CCL 8.02 * CCL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	5,142,019					
40	ANESTHESIOLOGY	1,247,498					
41	RADIOLOGY-DIAGNOSTIC	11,287,706					
43	RADIOISOTOPE	1,351,541					
43 01	ULTRASOUND	659,764					
43 02	CARDIAC CATH LAB	2,776,221					
44	LABORATORY	80,258					
46	WHOLE BLOOD & PACKED RED	224,936					
48	INTRAVENOUS THERAPY	5,376					
49	RESPIRATORY THERAPY	125,395					
50	PHYSICAL THERAPY	2,079					
51	OCCUPATIONAL THERAPY	81					
52	SPEECH PATHOLOGY	607					
53	ELECTROCARDIOLOGY	1,590,969					
54	ELECTROENCEPHALOGRAPHY	186,711					
55	MEDICAL SUPPLIES CHARGED	3,951,884					
56	DRUGS CHARGED TO PATIENTS	3,761,457					
57	RENAL DIALYSIS	3,681					
58	ASC (NON-DIESTINCT PART)	2,183,063					
59	CARDIAC REHABILITATION	152,296					
59 01	PULMONARY FUNCTION	297,269					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	426,533					
61	EMERGENCY	6,190,674			18,071		
62	OBSERVATION BEDS (NON-DIS)	917,858			395		
63	SLEEP LAB	412,949					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	42,978,825			18,466		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 14-0250	PERIOD: FROM 1/1/2009 TO 12/31/2009	PREPARED 5/25/2010 WORKSHEET D PART V
COMPONENT NO: 14-0250		

TITLE XVIII, PART B

HOSPITAL

Cost Center	Description	Cost / Charge Ratio (Col. 1, col. 9)	Cost / Charge Ratio (Col. 11, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
		1	1.02	2	3	4
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.172868	.172868			
40	ANESTHESIOLOGY	.037118	.037118			
41	RADIOLOGY-DIAGNOSTIC	.142059	.142059			
43	RADIOISOTOPE	.218652	.218652			
43 01	ULTRASOUND	.138532	.138532			
43 02	CARDIAC CATH LAB	.152585	.152585			
44	LABORATORY	.195942	.195942			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.174817	.174817			
48	INTRAVENOUS THERAPY	2.270068	2.270068			
49	RESPIRATORY THERAPY	.224115	.224115			
50	PHYSICAL THERAPY	.512892	.512892			
51	OCCUPATIONAL THERAPY	.430312	.430312			
52	SPEECH PATHOLOGY	.372921	.372921			
53	ELECTROCARDIOLOGY	.164588	.164588			
54	ELECTROENCEPHALOGRAPHY	.175219	.175219			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.392034	.392034			
56	DRUGS CHARGED TO PATIENTS	.208313	.208313			
57	RENAL DIALYSIS	.343097	.343097			
58	ASC (NON-DIAGNOSTIC PART)	.676924	.676924			
59	CARDIAC REHABILITATION	1.341896	1.341896			
59 01	PULMONARY FUNCTION	.182230	.182230			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	.999231	.999231			
61	EMERGENCY	.186104	.186104			
62	OBSERVATION BEDS (NON-DIAGNOSTIC PART)	.341835	.341835			
63	SLEEP LAB	.180051	.180051			
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B HOSPITAL

Cost Center	Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
		5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		5,142,019			
40	ANESTHESIOLOGY		1,247,498			
41	RADIOLOGY-DIAGNOSTIC		11,287,706			
43	RADIOISOTOPE		1,351,541			
43 01	ULTRASOUND		659,764			
43 02	CARDIAC CATH LAB		2,776,221			
44	LABORATORY		80,258			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS		224,936			
48	INTRAVENOUS THERAPY		5,376			
49	RESPIRATORY THERAPY		125,395			
50	PHYSICAL THERAPY		2,079			
51	OCCUPATIONAL THERAPY		81			
52	SPEECH PATHOLOGY		607			
53	ELECTROCARDIOLOGY		1,590,969			
54	ELECTROENCEPHALOGRAPHY		186,711			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		3,951,884	465,024		
56	DRUGS CHARGED TO PATIENTS		3,761,457	23,811		
57	RENAL DIALYSIS		3,681			
58	ASC (NON-DIAGNOSTIC PART)		2,183,063			
59	CARDIAC REHABILITATION		152,296			
59 01	PULMONARY FUNCTION		297,269			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC		426,533			
61	EMERGENCY		6,190,674			
62	OBSERVATION BEDS (NON-DIAGNOSTIC PART)		917,858			
63	SLEEP LAB		412,949			
101	SUBTOTAL		42,978,825	488,835		
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES		42,978,825	488,835		

(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	Out patient Radiology	Other Out patient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCI LLARY SRVC COST CNTRS					
37 OPERATI NG ROOM				888,891	
40 ANESTHESI OLOGY				46,305	
41 RADIOLOGY-DI AGNOSTI C				1,603,520	
43 RADIO SOTOPE				295,517	
43 01 ULTRASOUND				91,398	
43 02 CARDI AC CATH LAB				423,610	
44 LABORATORY				15,726	
46 WHOLE BLOOD & PACKED RED BLOOD CELLS				39,323	
48 I NTRAVENOUS THERAPY				12,204	
49 RESPI RATORY THERAPY				28,103	
50 PHYSI CAL THERAPY				1,066	
51 OCCUPATI ONAL THERAPY				35	
52 SPEECH PATHOLOGY				226	
53 ELECTROCARDI OLOGY				261,854	
54 ELECTROENCEPHALOGRAPHY				32,715	
55 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS				1,549,273	182,305
56 DRUGS CHARGED TO PATI ENTS				783,560	4,960
57 RENAL DI ALYSI S				1,263	
58 ASC (NON-DI STI NCT PART)				1,477,768	
59 CARDI AC REHABI LI TATI ON				204,365	
59 01 PULMONARY FUNCTI ON				54,171	
60 OUTPAT SERVI CE COST CNTRS					
60 CLI NI C				426,205	
61 EMERGENCY				1,152,109	
62 OBSERVATI ON BEDS (NON-DI STI NCT PART)				313,756	
63 SLEEP LAB				74,352	
101 SUBTOTAL				9,777,315	187,265
102 CRNA CHARGES					
103 LESS PBP CLI NI C LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				9,777,315	187,265

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0250
 COMPONENT NO: 14-5599
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/25/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
40	OPERATING ROOM						
41	ANESTHESIOLOGY						
43	RADIOLOGY-DIAGNOSTIC						
43	01 RADIOISOTOPE						
43	02 ULTRASOUND						
43	02 CARDIAC CATH LAB						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DIAGNOSTIC PART)						
59	CARDIAC REHABILITATION						
59	01 PULMONARY FUNCTION						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS)						
63	SLEEP LAB						
63	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0250
 COMPONENT NO: 14-5599
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/25/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG RATIO 7	COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
43	RADIOISOTOPE		
43 01	ULTRASOUND		
43 02	CARDIAC CATH LAB		
44	LABORATORY		
46	WHOLE BLOOD & PACKED RED		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
57	RENAL DIALYSIS		
58	ASC (NON-DIAGNOSTIC PART)		
59	CARDIAC REHABILITATION		
59 01	PULMONARY FUNCTION		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS)		
63	SLEEP LAB		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
40	OPERATING ROOM											
41	ANESTHESIOLOGY											
43	RADIOLOGY-DIAGNOSTIC											
43	01 RADIOISOTOPE											
43	02 ULTRASOUND											
44	CARDIAC CATH LAB											
46	LABORATORY											
48	WHOLE BLOOD & PACKED RED											
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											
58	RENAL DIALYSIS											
59	ASC (NON-DIAGNOSTIC PART)											
59	CARDIAC REHABILITATION											
60	01 PULMONARY FUNCTION											
61	OUTPAT SERVICE COST CNTRS											
61	CLINIC											
62	EMERGENCY								188,505			
63	OBSERVATION BEDS (NON-DIS)											
63	SLEEP LAB											
101	OTHER REIMBURS COST CNTRS											
101	TOTAL								188,505			

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF COST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			50,464,788				
40	ANESTHESIOLOGY			10,847,351				
41	RADIOLOGY-DIAGNOSTIC			77,801,913			232,136	
43	RADIOLOGY			8,306,267			16,686	
43 01	ULTRASOUND			7,518,078			12,760	
43 02	CARDIAC CATH LAB			15,587,805				
44	LABORATORY			45,705,968			550,095	
46	WHOLE BLOOD & PACKED RED			4,611,341			18,525	
48	INTRAVENOUS THERAPY			369,307			1,375	
49	RESPIRATORY THERAPY			9,835,240			496,640	
50	PHYSICAL THERAPY			5,598,694			981,233	
51	OCCUPATIONAL THERAPY			3,001,916			1,172,939	
52	SPEECH PATHOLOGY			663,192			54,831	
53	ELECTROCARDIOLOGY			13,148,965			17,879	
54	ELECTROENCEPHALOGRAPHY			1,410,399			11,029	
55	MEDICAL SUPPLIES CHARGED			44,215,849			678,342	
56	DRUGS CHARGED TO PATIENTS			61,456,893			2,256,151	
57	RENAL DIALYSIS			2,182,052				
58	ASC (NON-DIAGNOSTIC PART)			5,593,002				
59	CARDIAC REHABILITATION			411,347				
59 01	PULMONARY FUNCTION			1,221,963			7,506	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			1,379,295				
61	EMERGENCY	188,505	188,505	64,583,671	.002919	.002919	1,729	5
62	OBSERVATION BEDS (NON-DIAGNOSTIC)			6,846,244				
63	SLEEP LAB			1,712,972				
	OTHER REIMBURS COST CNTRS							
101	TOTAL	188,505	188,505	444,474,512			6,509,856	5

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D, V CCL 5.03 8.01	OUTPAT PROG D, V CCL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	CCL 8.01 * CCL 5 9.01	CCL 8.02 * CCL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
43 01	ULTRASOUND						
43 02	CARDIAC CATH LAB						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DIAGNOSTIC PART)						
59	CARDIAC REHABILITATION						
59 01	PULMONARY FUNCTION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS)						
63	SLEEP LAB						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 14-0250
 COMPONENT NO: 14-0250
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/25/2010
 WORKSHEET D
 PART V

TITLE XIX - O/P

HOSPITAL

Cost Center	Description	Cost / Charge Ratio (Col. 1, col. 9)	Outpatient Ambulatory Surgical Cr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
		1	2	3	4	5
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.161908				1,828,753
40	ANESTHESIOLOGY	.034840				489,549
41	RADIOLOGY-DIAGNOSTIC	.133043				7,432,343
43	RADIOISOTOPE	.205271				296,556
43 01	ULTRASOUND	.130155				1,660,759
43 02	CARDIAC CATH LAB	.143154				54,555
44	LABORATORY	.184227				2,904,250
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.164375				112,646
48	INTRAVENOUS THERAPY	2.133515				2,192
49	RESPIRATORY THERAPY	.210657				170,997
50	PHYSICAL THERAPY	.481624				366,262
51	OCCUPATIONAL THERAPY	.404877				113,745
52	SPEECH PATHOLOGY	.350464				19,724
53	ELECTROCARDIOLOGY	.154658				576,304
54	ELECTROENCEPHALOGRAPHY	.159331				106,785
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.368601				701,599
56	DRUGS CHARGED TO PATIENTS	.195718				1,400,652
57	RENAL DIALYSIS	.322075				3,681
58	ASC (NON-DIAGNOSTIC PART)	.632912				522,186
59	CARDIAC REHABILITATION	1.256141				
59 01	PULMONARY FUNCTION	.171201				43,849
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	.937186				191,344
61	EMERGENCY	.174776				16,620,533
62	OBSERVATION BEDS (NON-DIAGNOSTIC PART)	.321042				811,256
63	SLEEP LAB	.168898				319,991
101	SUBTOTAL					36,750,511
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES					36,750,511

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 14-0250
 COMPONENT NO: 14-0250
 PERIOD: FROM 1/1/2009 TO 12/31/2009

PREPARED 5/25/2010
 WORKSHEET D
 PART V

TITLE XIX - O/P

HOSPITAL

PPS Services
 FYB to 12/31

Non-PPS
 Services

PPS Services
 1/1 to FYE

Outpatient
 Ambulatory
 Surgical Ctr

Outpatient
 Radiology

Cost Center Description

5.01

5.02

5.03

6

7

- (A) ANCI LLARY SRVC COST CNTRS
- 37 OPERATI NG ROOM
- 40 ANESTHESI OLOGY
- 41 RADIOLOGY- DIAGNOSTI C
- 43 RADIO SOTOPE
- 43 01 ULTRASOUND
- 43 02 CARDI AC CATH LAB
- 44 LABORATORY
- 46 WHOLE BLOOD & PACKED RED BLOOD CELLS
- 48 I NTRAVENOUS THERAPY
- 49 RESPI RATORY THERAPY
- 50 PHYSI CAL THERAPY
- 51 OCCUPATI ONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDI OLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS
- 56 DRUGS CHARGED TO PATI ENTS
- 57 RENAL DI ALYSI S
- 58 ASC (NON- DI STI NCT PART)
- 59 CARDI AC REHABI LI TATI ON
- 59 01 PULMONARY FUNCTI ON
- OUTPAT SERVI CE COST CNTRS
- 60 CLI NI C
- 61 EMERGENCY
- 62 OBSERVATI ON BEDS (NON- DI STI NCT PART)
- 63 SLEEP LAB
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLI NI C LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

TITLE XIX - O/P		HOSPITAL				
		Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
Cost Center	Description	8	9	9.01	9.02	9.03
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		296,090			
40	ANESTHESIOLOGY		17,056			
41	RADIOLOGY-DIAGNOSTIC		988,821			
43	RADIOISOTOPE		60,874			
43 01	ULTRASOUND		216,156			
43 02	CARDIAC CATH LAB		7,810			
44	LABORATORY		535,041			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS		18,516			
48	INTRAVENOUS THERAPY		4,677			
49	RESPIRATORY THERAPY		36,022			
50	PHYSICAL THERAPY		176,401			
51	OCCUPATIONAL THERAPY		46,053			
52	SPEECH PATHOLOGY		6,913			
53	ELECTROCARDIOLOGY		89,130			
54	ELECTROENCEPHALOGRAPHY		17,014			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		258,610			
56	DRUGS CHARGED TO PATIENTS		274,133			
57	RENAL DIALYSIS		1,186			
58	ASC (NON-DIAGNOSTIC PART)		330,498			
59	CARDIAC REHABILITATION					
59 01	PULMONARY FUNCTION		7,507			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC		179,325			
61	EMERGENCY		2,904,870			
62	OBSERVATION BEDS (NON-DIAGNOSTIC PART)		260,447			
63	SLEEP LAB		54,046			
101	SUBTOTAL		6,787,196			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES		6,787,196			

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0250	FROM 1/1/2009	5/25/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D-1
14-0250		PART I

TITLE XVIII PART A

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	45,719
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM EXCLUDING SWING-BED AND NEWBORN DAYS)	45,719
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEM - PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	45,719
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	20,595
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	37,502,786
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	37,502,786

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	65,979,751
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEM - PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	65,979,751
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.568398
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEM - PRIVATE ROOM PER DIEM CHARGE	1,443.16
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	37,502,786

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: 14-0250
PERIOD: FROM 1/1/2009 TO 12/31/2009
COMPONENT NO: 14-0250
PREPARED 5/25/2010
WORKSHEET D-1
PART II

TITLE XVII PART A

HOSPITAL

PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS

Table with 2 columns: Description (lines 38-41) and Amount. Line 38: ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (820.29). Line 39: PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (16,893,873). Line 40: MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM. Line 41: TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (16,893,873).

Table with 6 columns: Description (lines 42-47), TOTAL I/P COST (1), TOTAL I/P DAYS (2), AVERAGE PER DIEM (3), PROGRAM DAYS (4), PROGRAM COST (5). Line 42: NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS. Line 43: INTENSIVE CARE UNIT (8,474,161). Line 44: CORONARY CARE UNIT (5,371). Line 45: BURN INTENSIVE CARE UNIT (1,577.76). Line 46: SURGICAL INTENSIVE CARE UNIT (2,903). Line 47: OTHER SPECIAL CARE (4,580,237). Line 48: PROGRAM INPATIENT ANCILLARY SERVICE COST (1). Line 49: TOTAL PROGRAM INPATIENT COSTS (23,069,055).

PASS THROUGH COST ADJUSTMENTS

Table with 2 columns: Description (lines 50-53) and Amount. Line 50: PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (1,436,555). Line 51: PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (1,568,891). Line 52: TOTAL PROGRAM EXCLUDABLE COST (3,005,446). Line 53: TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS (41,537,719).

TARGET AMOUNT AND LIMIT COMPUTATION

Table with 2 columns: Description (lines 54-59.08) and Amount. Line 54: PROGRAM DISCHARGES. Line 55: TARGET AMOUNT PER DISCHARGE. Line 56: TARGET AMOUNT. Line 57: DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT. Line 58: BONUS PAYMENT. Line 58.01: LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET. Line 58.02: LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET. Line 58.03: IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO. Line 58.04: RELIEF PAYMENT. Line 59: ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT. Line 59.01: ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY). Line 59.02: PROGRAM DISCHARGES PRIOR TO JULY 1. Line 59.03: PROGRAM DISCHARGES AFTER JULY 1. Line 59.04: PROGRAM DISCHARGES (SEE INSTRUCTIONS). Line 59.05: REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY). Line 59.06: REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY). Line 59.07: REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY). Line 59.08: REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS).

PROGRAM INPATIENT ROUTINE SWING BED COST

Table with 2 columns: Description (lines 60-65) and Amount. Line 60: MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS). Line 61: MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS). Line 62: TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS. Line 63: TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD. Line 64: TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD. Line 65: TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS.

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:

PERIOD:

PREPARED 5/25/2010

14-0250

FROM 1/1/2009

WORKSHEET D-1

COMPONENT NO:

TO 12/31/2009

PART I

14-5599

TITLE XVIII PART A

SNF

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	8,567
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM EXCLUDING SWING-BED AND NEWBORN DAYS)	8,567
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEM - PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,567
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	6,529
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	5,417,314
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5,417,314

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,430,998
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEM - PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,430,998
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.222595
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEM - PRIVATE ROOM PER DIEM CHARGE	517.22
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	5,417,314

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0250	FROM 1/1/2009	5/25/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D-1
14-0250		PART I

TITLE XIX - I/P

HOSPITAL

OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	45,719
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM EXCLUDING SWING-BED AND NEWBORN DAYS)	45,719
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEM - PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	45,719
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	6,896
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	2,805
16	NURSERY DAYS (TITLE V OR XIX ONLY)	1,926

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	37,502,786
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	37,502,786

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	65,979,751
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEM - PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	65,979,751
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.568398
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEM - PRIVATE ROOM PER DIEM CHARGE	1,443.16
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	37,502,786

PART I - NOT IN APPROVED TEACHING PROGRAM

COST CENTERS	PERCENT OF ASSIGNED TIME	EXPENSE ALLOCATION	TOTAL INPATIENT DAYS- ALL PATIENTS
	1	2	3
1 TOTAL COST OF SERVICES RENDERED HOSPITAL INPATIENT ROUTINE SERVICES:	100.00	18,375	
2 ADULTS & PEDIATRICS	100.00	18,375	45,719
3 INTENSIVE CARE UNIT			5,371
4 CORONARY CARE UNIT			
5 BURN INTENSIVE CARE UNIT			
6 SURGICAL INTENSIVE CARE UNIT			
8 NURSERY			2,805
9 SUBTOTAL	100.00	18,375	
12 SKILLED NURSING FACILITY			8,567
15 HOME HEALTH AGENCY			
17 ASC (NON-DIAGNOSTIC PART)			
19 SUBTOTAL	100.00	18,375	
			TOTAL CHARGES
20 HOSPITAL OUTPATIENT SERVICES:			
21 CLINIC			1,379,295
22 EMERGENCY			64,583,671
23 OBSERVATION BEDS (NON-DIAGNOSTIC PART)			6,846,244
24 SLEEP LAB			1,712,972
25 SUBTOTAL			
25 TOTAL	100.00	18,375	

PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)

COST CENTER	EXPENSES ALLOC TO COST CENTERS ON W/S B, PT 1 COLS 22 & 23	SWING BED AMOUNT	NET COST
	1	2	3
26 HOSPITAL INPATIENT ROUTINE SERVICES:			
27 ADULTS & PEDIATRICS			
28 SWING BED - SNF			
29 SWING BED - NF			
30 INTENSIVE CARE UNIT			
31 CORONARY CARE UNIT			
32 BURN INTENSIVE CARE UNIT			
33 SURGICAL INTENSIVE CARE UNIT			
34 SUBTOTAL			
37 SKILLED NURSING FACILITY			
38 TOTAL			

PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)

COST CENTERS	NOT IN APPROVED TEACHING PROGRAM (FROM PART I)	AMOUNT
	1	2
39 HOSPITAL INPATIENT	CL 9, LN 9	
40 OUTPATIENT	CL 9, LN 24	
41 TOTAL HOSPITAL		
44 SKILLED NURSING FACILITY	CL 9, LN 12	

PART I - NOT IN APPROVED TEACHING PROGRAM

COST CENTERS	AVERAGE COST PER DAY	HEALTH CARE TITLE V	INPATIENT PROGRAM TITLE XVIII PART B	INPATIENT DAYS TITLE XIX	TITLE V
	4	5	6	7	8
1 TOTAL COST OF SERVICES RENDERED HOSPITAL INPATIENT ROUTINE SERVICES:					
2 ADULTS & PEDIATRICS	.40		20,595		
3 INTENSIVE CARE UNIT			2,903		
4 CORONARY CARE UNIT					
5 BURN INTENSIVE CARE UNIT					
6 SURGICAL INTENSIVE CARE UNIT					
8 NURSERY					
9 SUBTOTAL					
12 SKILLED NURSING FACILITY			6,529		
15 HOME HEALTH AGENCY					
17 ASC (NON-DISTRICT PART)					
19 SUBTOTAL					

	RATIO OF COST TO CHARGES	OUTPATIENT CHARGES TITLE V	OUTPATIENT CHARGES TITLE XVIII PART B	OUTPATIENT CHARGES TITLE XIX	OUTPAT COST TITLE V
20 HOSPITAL OUTPATIENT SERVICES:					
21 CLINIC				196,851	
21 EMERGENCY				19,018,814	
22 OBSERVATION BEDS (NON-DISTRICT PART)				921,461	
23 SLEEP LAB				319,991	
24 SUBTOTAL					
25 TOTAL					

PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)

COST CENTERS	TOTAL INPATIENT DAYS ALL PATIENTS	AVERAGE COST PER DAY	TITLE XVIII PART B INPATIENT DAYS	EXPENSES APPLICABLE TO TITLE XVIII
	4	5	6	7
26 HOSPITAL INPATIENT ROUTINE SERVICES:				
27 ADULTS & PEDIATRICS				
27 SWING BED - SNF				
28 SWING BED - NF				
29 INTENSIVE CARE UNIT				
30 CORONARY CARE UNIT				
31 BURN INTENSIVE CARE UNIT				
32 SURGICAL INTENSIVE CARE UNIT				
34 SUBTOTAL				
37 SKILLED NURSING FACILITY				
38 TOTAL				

PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)

	IN APPROVED TEACH PROG (PT III, COL. 7)	AMOUNT	TITLE XVIII COSTS (WSE, PT B) (COLS 2 + 4)
	3	4	5
39 HOSPITAL INPATIENT	LINE 34		LINE 2
40 OUTPATIENT			LINE 2
41 TOTAL HOSPITAL			
44 SKILLED NURSING FACILITY	LINE 37		

COST CENTERS TITLE XVII TITLE XIX

1	TOTAL COST OF SERVICES RENDERED	9	10
	HOSPITAL INPATIENT ROUTINE SERVICES:		
2	ADULTS & PEDIATRICS	8,238	
3	INTENSIVE CARE UNIT		
4	CORONARY CARE UNIT		
5	BURN INTENSIVE CARE UNIT		
6	SURGICAL INTENSIVE CARE UNIT		
8	NURSERY		
9	SUBTOTAL	8,238	
12	SKILLED NURSING FACILITY		
15	HOME HEALTH AGENCY		
17	ASC (NON-DIAGNOSTIC PART)		
19	SUBTOTAL		

OUTPATIENT COST
 TITLE XVII TITLE XIX
 PART B

20	HOSPITAL OUTPATIENT SERVICES:
21	CLINIC
22	EMERGENCY
23	OBSERVATION BEDS (NON-DIAGNOSTIC PART)
24	SLEEP LAB
25	SUBTOTAL
	TOTAL

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0250	FROM 1/1/2009	5/25/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D-4
14-0250		

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		26,190,951	
26	INTENSIVE CARE UNIT		8,075,160	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.172868	8,670,857	1,498,914
40	ANESTHESIOLOGY	.097032	1,471,492	142,782
41	RADIOLOGY-DIAGNOSTIC	.142754	13,006,263	1,856,696
43	RADIOISOTOPE	.218652	1,799,778	393,525
43 01	ULTRASOUND	.138532	572,940	79,371
43 02	CARDIAC CATH LAB	.152585	4,741,978	723,555
44	LABORATORY	.195942	13,415,771	2,628,713
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.174817	1,521,547	265,992
48	INTRAVENOUS THERAPY	2.270068	168,392	382,261
49	RESPIRATORY THERAPY	.232068	4,486,438	1,041,159
50	PHYSICAL THERAPY	.512892	935,277	479,696
51	OCCUPATIONAL THERAPY	.430312	172,638	74,288
52	SPEECH PATHOLOGY	.372921	292,327	109,015
53	ELECTROCARDIOLOGY	.164588	3,665,536	603,303
54	ELECTROENCEPHALOGRAPHY	.175219	368,735	64,609
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.392034	14,638,620	5,738,837
56	DRUGS CHARGED TO PATIENTS	.208313	22,060,953	4,595,583
57	RENAL DIALYSIS	.351460	1,413,711	496,863
58	ASC (NON-DIAGNOSTIC PART)	.676924	155,363	105,169
59	CARDIAC REHABILITATION	1.341896	5,258	7,056
59 01	PULMONARY FUNCTION OUTPAT SERVICE COST CNTRS	.182230	273,197	49,785
60	CLINIC	1.046941	35,681	37,356
61	EMERGENCY	.186877	8,388,736	1,567,662
62	OBSERVATION BEDS (NON-DIAGNOSTIC PART)	.341835	371,130	126,865
63	SLEEP LAB	.180051		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		102,632,618	23,069,055
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		102,632,618	

INPATIENT ANNUAL SERVICE COST APPORTIONMENT

PROVIDER NO:

PERIOD:

PREPARED 5/25/2010

14-0250

FROM 1/1/2009

WORKSHEET D-4

COMPONENT NO:

TO 12/31/2009

14-5599

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
27	INTENSIVE CARE UNIT			
28	CORONARY CARE UNIT			
29	BURN INTENSIVE CARE UNIT			
37	SURGICAL INTENSIVE CARE UNIT			
40	ANNUAL SRVC COST CNTRS			
41	OPERATING ROOM	.172868		
43	ANESTHESIOLOGY	.037118		
43	RADIOLOGY-DIAGNOSTIC	.142059	232,136	32,977
43	RADIOISOTOPE	.218652	16,686	3,648
43	01 ULTRASOUND	.138532	12,760	1,768
43	02 CARDIAC CATH LAB	.152585		
44	LABORATORY	.195942	550,095	107,787
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.174817	18,525	3,238
48	INTRAVENOUS THERAPY	2.270068	1,375	3,121
49	RESPIRATORY THERAPY	.224115	496,640	111,304
50	PHYSICAL THERAPY	.512892	981,233	503,267
51	OCCUPATIONAL THERAPY	.430312	1,172,939	504,730
52	SPEECH PATHOLOGY	.372921	54,831	20,448
53	ELECTROCARDIOLOGY	.164588	17,879	2,943
54	ELECTROENCEPHALOGRAPHY	.175219	11,029	1,932
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.392034	678,342	265,933
56	DRUGS CHARGED TO PATIENTS	.208313	2,256,151	469,986
57	RENAL DIALYSIS	.343097		
58	ASC (NON-DIAGNOSTIC PART)	.676924		
59	CARDIAC REHABILITATION	1.341896		
59	01 PULMONARY FUNCTION	.182230	7,506	1,368
60	OUTPAT SERVICE COST CNTRS			
61	CLINIC	.999231		
62	EMERGENCY	.186104	1,729	322
62	OBSERVATION BEDS (NON-DIAGNOSTIC PART)	.341835		
63	SLEEP LAB	.180051		
101	OTHER REIMBURS COST CNTRS			
102	TOTAL		6,509,856	2,034,772
102	LESS PBP CLINIC LABORATORY SERVICES -			
102	PROGRAM ONLY CHARGES			
103	NET CHARGES		6,509,856	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0250
 COMPONENT NO: 14-0250
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/25/2010
 WORKSHEET D-4

WKST A LINE NO.	COST CENTER DESCRIPTION	HOSPITAL		OTHER
		RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		12,197,333	
26	INTENSIVE CARE UNIT		1,536,885	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.172868	1,810,728	313,017
40	ANESTHESIOLOGY	.037118	1,029,355	38,208
41	RADIOLOGY-DIAGNOSTIC	.142059	3,459,862	491,505
43	RADIOISOTOPE	.218652	444,908	97,280
43 01	ULTRASOUND	.138532	292,800	40,562
43 02	CARDIAC CATH LAB	.152585	764,134	116,595
44	LABORATORY	.195942	4,057,555	795,045
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.174817	778,789	136,146
48	INTRAVENOUS THERAPY	2.270068	32,864	74,604
49	RESPIRATORY THERAPY	.224115	795,957	178,386
50	PHYSICAL THERAPY	.512892	87,626	44,943
51	OCCUPATIONAL THERAPY	.430312	16,252	6,993
52	SPEECH PATHOLOGY	.372921	20,473	7,635
53	ELECTROCARDIOLOGY	.164588	775,164	127,583
54	ELECTROENCEPHALOGRAPHY	.175219	76,612	13,424
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.392034	2,708,897	1,061,980
56	DRUGS CHARGED TO PATIENTS	.208313	6,439,884	1,341,512
57	RENAL DIALYSIS	.343097	173,190	59,421
58	ASC (NON-DIAGNOSTIC PART)	.676924	49,117	33,248
59	CARDIAC REHABILITATION	1.341896	666	894
59 01	PULMONARY FUNCTION OUTPAT SERVICE COST CNTRS	.182230	45,043	8,208
60	CLINIC	.999231	5,507	5,503
61	EMERGENCY	.186104	2,398,281	446,330
62	OBSERVATION BEDS (NON-DIAGNOSTIC PART)	.341835	110,205	37,672
63	SLEEP LAB	.180051		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		26,373,869	5,476,694
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		26,373,869	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0250	FROM 1/1/2009	5/25/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E
14-0250		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	24,702,459	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	8,319,410	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1/10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	812,841	
3 BED DAYS AVAILABLE DEDUCTIBLE DEDUCTED BY # DAYS IN COST RPTG PERIOD	236.66	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR OR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19. (SEE INST)		
3.21 TIME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 TIME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 TIME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES	PLUS E-3, PT
	3.21 - 3.23	VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		6.76
4.01 PERCENTAGE OF MEDICATED PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		18.31
4.02 SUM OF LINES 4 AND 4.01		25.07
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		9.90
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		3,269,165
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0250	FROM 1/ 1/2009	5/25/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E
14-0250		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10% YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCT)		335.00
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)		37,103,875
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)		37,103,875
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		2,924,081
10 EXCEPTON PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART I.V, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART I.V, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		46,672
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		24,647
16 TOTAL		40,099,275
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES		40,099,275
19 DEDUCTIONS BILLED TO PROGRAM BENEFICIARIES		3,340,948
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		274,856
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		1,205,030
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		843,521
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		739,807
22 SUBTOTAL		37,326,992
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER		37,326,992
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS		35,618,902
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		1,708,090
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0250	FROM 1/1/2009	5/25/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E
14-0250		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	187,265
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS)	9,758,849
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	8,114,459
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO	.778
1.04	LINE 1.01 TIMES LINE 1.03	7,592,385
1.05	LINE 1.02 DIVIDED BY LINE 1.04	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (CLS 9, 9.01, 9.02) LINE 101.	18,466
2	INTERNS AND RESIDENTS	8,238
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	195,503

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCI LLARY SERVICE CHARGES	488,835
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	488,835

CUSTOMARY CHARGES

11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	488,835
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	301,570
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	195,503
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	8,132,925

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	93,005
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,915,069
19	SUBTOTAL (SEE INSTRUCTIONS)	6,320,354
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	6,320,354
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	6,320,354

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	537,944
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	376,561
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	332,724
28	SUBTOTAL	6,696,915
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERM NATI ON OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	6,696,915
33	SEQUESTERATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	6,214,126
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER PROGRAM	482,789
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0250	FROM 1/1/2009	5/25/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E
14-5599		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF

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

COMPUTATION OF LESSER OF COST OR CHARGES

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

COMPUTATION OF REIMBURSEMENT SETTLEMENT

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

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

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

TO BE COMPLETED BY CONTRACTOR

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

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT- PART A		PART B	
	MM DD/ YYYY	AMOUNT	MM DD/ YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		35,598,373		6,214,126
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	7/24/2009	20,529	
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99		20,529	NONE
4 TOTAL INTERIM PAYMENTS		35,618,902		6,214,126
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99		NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			1,708,090	482,789
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY			37,326,992	6,696,915

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVII SNF

DESCRIPTION	INPATIENT- PART A		PART B	
	MM DD/ YYYY	AMOUNT	MM DD/ YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,165,468		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
ADJUSTMENTS TO PROGRAM		.99		
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		3,165,468		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
TENTATIVE TO PROGRAM		.99		
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		34,755		
7 TOTAL MEDICARE PROGRAM LIABILITY		3,200,223		

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0250
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 COMPONENT NO: 14-5599
 PREPARED 5/25/2010
 WORKSHEET E-3
 PART III

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8				2,443
9				-2,443
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
18	PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
20	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
21	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
22	RATIO OF LINE 17 TO LINE 18			
23	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
24				2,443
25				-2,443
26	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
27	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
28				
29				
30				
31	PROSPECTIVE PAYMENT AMOUNT			
32				3,284,574
33	OTHER THAN OUTLIER PAYMENTS			
34	OUTLIER PAYMENTS			
35	PROGRAM CAPITAL PAYMENTS			
36	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
37	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
38	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
39				5
40				3,282,136
41	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
42	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
43	XVIII ENTER AMOUNT FROM LINE 30			
44				3,282,136
45	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
46	EXCESS OF REASONABLE COST			
47				3,282,136
48	SUBTOTAL			
49				117,597
50	COINSURANCE			
51	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
52				7,944
53	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
54	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
55	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
56				1,209
57	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
58	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
59	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
60				5,924
61	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
62				29,760
63	UTILIZATION REVIEW			
64				3,200,223
65	SUBTOTAL (SEE INSTRUCTIONS)			
66	INPATIENT ROUTINE SERVICE COST			
67	MEDICARE INPATIENT ROUTINE CHARGES			
68	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
69	PAYMENT FOR SERVICES ON A CHARGE BASIS			
70	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
71	FOR PAYMENT OF PART A SERVICES			
72	RATIO OF LINE 43 TO 44			
73	TOTAL CUSTOMARY CHARGES			
74	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
75	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
76	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
77	TERM NATI ON OR A DECREASE IN PROGRAM UTILIZATION			
78	OTHER ADJUSTMENTS (SPECIFY)			
79	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
80	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
81				3,200,223
82	SUBTOTAL			
83	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
84	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
85				3,200,223
86	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
87	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
88				3,165,468
89	INTERIM PAYMENTS			
90	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
91				34,755
92	BALANCE DUE PROVIDER PROGRAM			
93				
94	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0250	FROM 1/1/2009	5/25/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-3
14-5599		PART III

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

COLUMN 1 COLUMN 1.01
 1.000000

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

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

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

CALCULATION OF REDUCED I ME CAP UNDER SECTION 422 OF MMA

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

CALCULATION OF ADDITIONAL I ME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

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

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	344,977,000			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	254,797,000			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY				
8 PREPAID EXPENSES				
9 OTHER CURRENT ASSETS	295,677,000			
10 DUE FROM OTHER FUNDS	49,969,000			
11 TOTAL CURRENT ASSETS	945,420,000			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS	75,140,000			
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	1518,205,000			
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	856,975,000			
18.01 LESS ACCUMULATED DEPRECIATION	-1450,866,000			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT - NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	999,454,000			
OTHER ASSETS				
22 INVESTMENTS	2119,130,000			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	158,391,000			
26 TOTAL OTHER ASSETS	2277,521,000			
27 TOTAL ASSETS	4222,395,000			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	103,764,000			
29 SALARIES, WAGES & FEES PAYABLE	204,985,000			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	167,219,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	401,973,000			
36 TOTAL CURRENT LIABILITIES	877,941,000			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66	757,903,000			
41 OTHER LONG TERM LIABILITIES	736,829,000			
42 TOTAL LONG TERM LIABILITIES	1,494,732,000			
43 TOTAL LIABILITIES	2,372,673,000			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	1,849,722,000			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE- INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	1,849,722,000			
52 TOTAL LIABILITIES AND FUND BALANCES	4,222,395,000			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		1,219,982,000		
2	NET INCOME (LOSS)		3,825,025		
3	TOTAL		1,223,807,025		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	RECONCILING ADJ TO TIE TO	625,914,975			
7					
8					
9					
10	TOTAL ADDITIONS		625,914,975		
11	SUBTOTAL		1,849,722,000		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		1,849,722,000		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	65,979,751		65,979,751
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	4,430,998		4,430,998
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	70,410,749		70,410,749
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	15,525,535		15,525,535
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	15,525,535		15,525,535
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	85,936,284		85,936,284
17 00 ANCILLARY SERVICES	218,207,501	151,744,827	369,952,328
18 00 OUTPATIENT SERVICES	19,204,089	54,892,851	74,096,940
19 00 HOME HEALTH AGENCY			
24 00			
25 00 TOTAL PATIENT REVENUES	323,347,874	206,637,678	529,985,552

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	177,494,327		
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		177,494,327	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0250 PERIOD: FROM 1/1/2009 TO 12/31/2009 PREPARED 5/25/2010 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	529,985,552
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	351,366,056
3	NET PATIENT REVENUES	178,619,496
4	LESS: TOTAL OPERATING EXPENSES	177,494,327
5	NET INCOME FROM SERVICE TO PATIENTS	1,125,169
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	220,085
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	626,582
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUTORING (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	32,722
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	24,260
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	20,009
23	GOVERNMENTAL APPROPRIATIONS	
24	MISC	1,776,198
25	TOTAL OTHER INCOME	2,699,856
26	TOTAL	3,825,025
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	3,825,025

CALCULATION OF REIMBURSABLE
BAD DEBTS - TITLE XVIII - PART B

PROVIDER NO:	PERIOD:	PREPARED
14-0250	FROM 1/1/2009	5/25/2010
SATELLITE NO:	TO 12/31/2009	WORKSHEET 1-5

DESCRIPTION

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

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 5/25/2010
14-0250	FROM 1/1/2009	WORKSHEET L
COMPONENT NO:	TO 12/31/2009	PARTS I-IV
14-0250		

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	2,725,893
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	56,169
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	132.16
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	6.76
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	18.31
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	25.07
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	5.21
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	142,019
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2,924,081
PART II	- HOLD HARMLESS METHOD	
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III	- PAYMENT UNDER REASONABLE COST	
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV	- COMPUTATION OF EXCEPTION PAYMENTS	
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	