

Medicare Cost Report
Midwestern Regional Medical Center
Provider #14-0100
FYE 06/30/2010

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 5
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	14-0100	I	FROM 7/ 1/2009	I	--AUDITEO --DESK REVIEW	I	8/ 3/2010
	I		I	TO 6/30/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/ 8/2010 TIME 18:17

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: MIDWESTERN REGIONAL MEDICAL CENTER 14-0100 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2009 AND ENDING 6/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION
DATE: 11/ 8/2010 TIME 18:17

5aa21edf:8B8v2ZWLQthwzATZ03be0
MwGUA0ZQTYUrVwQKsKvJEq0GmV7WPX
ZzIX0gzIZK0h:07q

PI ENCRYPTION INFORMATION
DATE: 11/ 8/2010 TIME 18:17

92WJ.Zoato0BuR1jpwTiI8aJQMhst0
fQEfW07IXBX1fjvQaIaMk63gzY0a1v
UAn14giJ020chvGD

C. [Signature]

OFFICER OR ADMINISTRATOR OF PROVIDER(S)
CFO

TITLE
11/12/2010

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX	
	1	A 2	B 3	4	0	0
1 HOSPITAL	0	214,648	-50,861			0
100 TOTAL	0	214,648	-50,861			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.

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FORM APPROVED OMB NO. 0938-0050

WORKSHEET S PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	14-0100	I	FROM 7/ 1/2009	I	--AUDITED --DESK REVIEW	I	8/ 3/2010
	I		I	TO 6/30/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/ 8/2010 TIME 18:24

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: MIDWESTERN REGIONAL MEDICAL CENTER 14-0100 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2009 AND ENDING 6/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	A	TITLE XVIII	B	TITLE XIX		
		1	2	3	4			
1	HOSPITAL	0	214,648	-50,861	0			
100	TOTAL	0	214,648	-50,861	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: 2501 EMMAUS AVENUE P.O. BOX:
 01 CITY: ZION STATE: IL ZIP CODE: 60099- COUNTY: LAKE

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	1	2	3	4 5 6
	MIDWESTERN REGIONAL MEDICAL CENTER	14-0100	2.01	7/ 1/1967	N P O

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2009 TO: 6/30/2010

18 TYPE OF CONTROL 1 2
4

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 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. 1 N
- 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. 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 HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS). IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

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

01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? N

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

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

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

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

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

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

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

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

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

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

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4

 0 0.0000 0.0000

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 0

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

28.03 STAFFING % Y/N
 0.00%

28.04 RECRUITMENT 0.00%

28.05 RETENTION 0.00%

06 TRAINING 0.00%

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

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

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

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

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

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

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)?

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

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

TITLE XIX INPATIENT SERVICES
 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). Y
 40.01 NAME: CTCA FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: 1336 BASSWOOD ROAD P.O. BOX:
 40.03 CITY: SCHAUMBURG STATE: IL ZIP CODE: 60173-
 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? Y
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMP 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					
00 HOSPITAL	N	N	N	N	N					
52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS)										N
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV										N
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.										0
53.01 MDH PERIOD: BEGINNING: / / ENDING: / /										/ /
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 0 PAID LOSSES: 0 AND/OR SELF INSURANCE: 0										
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.										N
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO.										N
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 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? N
 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? N
 ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(c)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). N 0

MULTICAMPUS

- 61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00

SETTLEMENT DATA

- 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). / /

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / NOT LTCH N/A	TRIPS TOTAL TITLE XIX
1 ADULTS & PEDIATRICS	1	62	2.01	3	4	4.01	5
2 HMO					1,285		31
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	62	22,630			1,285		31
6 INTENSIVE CARE UNIT	5	1,825			233		5
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	67	24,455			1,518		36
13 RPCH VISITS							
25 TOTAL	67						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED	I/P DAYS / OBSERVATION BEDS NOT ADMITTED	O/P VISITS / TOTAL ALL PATS	TRIPS / TOTAL OBSERVATION BEDS ADMITTED	DISCHARGES / TOTAL OBSERVATION BEDS NOT ADMITTED	INTERNS & RES. FTES / TOTAL	LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			9,772				
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			9,772				
6 INTENSIVE CARE UNIT			1,821				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL			11,593				
13 RPCH VISITS							
25 TOTAL							
26 OBSERVATION BED DAYS			20	1	19		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET	FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					249	8	1,704
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		896.46			249	8	1,704
13 RPCH VISITS							
25 TOTAL		896.46					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

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	50,050,819		50,050,819	1,756,788.00	28.49	
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)				2,080.00		
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	3,695,404	974,375	4,669,779	160,175.06	29.15	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	871,501		871,501	18,636.00	46.76	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	53,474,666		53,474,666	720,758.00	74.19	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	12,073,182		12,073,182			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,085,120		1,085,120			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	11,448		11,448			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	6,492,946	-6,012,391	480,555	21,163.98	22.71	
22 ADMINISTRATIVE & GENERAL	3,815,824	953,307	4,769,131	97,145.48	49.09	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,328,838	148,917	1,477,755	71,443.69	20.68	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	1,044,469	117,049	1,161,518	73,174.72	15.87	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,479,024	-1,293,479	185,545	94,637.00	1.96	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		1,459,227	1,459,227	5,547.62	263.04	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,146,268	128,458	1,274,726	29,718.56	42.89	
31 CENTRAL SERVICE AND SUPPLY	381,040	42,702	423,742	11,584.20	36.58	
32 PHARMACY	1,663,951	186,472	1,850,423	59,050.03	31.34	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,396,014	156,446	1,552,460	54,221.82	28.63	
34 SOCIAL SERVICE	932,852	81,787	1,014,639	42,862.78	23.67	
35 OTHER GENERAL SERVICE	3,608,901	472,297	4,081,198	157,833.35	25.86	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	50,050,819		50,050,819	1,754,708.00	28.52	
2 EXCLUDED AREA SALARIES	3,695,404	974,375	4,669,779	160,175.06	29.15	
3 SUBTOTAL SALARIES	46,355,415	-974,375	45,381,040	1,594,532.94	28.46	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	54,346,167		54,346,167	739,394.00	73.50	
5 SUBTOTAL WAGE-RELATED COSTS	12,073,182		12,073,182		26.60	
6 TOTAL	112,774,764	-974,375	111,800,389	2,333,926.94	47.90	
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	23,290,127	-3,559,208	19,730,919	718,383.23	27.47	

DESCRIPTION

- UNCOMPENSATED CARE INFORMATION
- 1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
 - 2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
 - 2.01 IS IT AT THE TIME OF ADMISSION?
 - 2.02 IS IT AT THE TIME OF FIRST BILLING?
 - 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
 - 2.04
 - 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
 - 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
 - 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
 - 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
 - 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
 - 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
 - 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
 - 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
 - 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
 - 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
 - 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
 - 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
 - 10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
 - 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
 - 11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
 - 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
 - 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
 - 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
 - 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
 - 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
 - 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
 - 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
 - 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
 - 15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
 - 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
 - 17.01 GROSS MEDICAID REVENUES
 - 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
 - 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
 - 20 RESTRICTED GRANTS
 - 21 NON-RESTRICTED GRANTS
 - 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES
- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
 - 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .284331
 - 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
 - 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
 - 27 TOTAL SCHIP COST, (LINE 24 * LINE 26)
 - 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS

DESCRIPTION

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

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:
I 14-0100
I

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

I PREPARED 11/ 8/2010
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		6,353,802	6,353,802	-163,358	6,190,444
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		7,765,723	7,765,723	1,685,146	9,450,869
5	0500 EMPLOYEE BENEFITS	6,492,946	12,135,778	18,628,724	-6,012,391	12,616,333
6	0600 ADMINISTRATIVE & GENERAL	3,815,824	225,026,217	228,842,041	1,037,927	229,879,968
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	1,328,838	5,517,871	6,846,709	148,917	6,995,626
9	0900 LAUNDRY & LINEN SERVICE		322,498	322,498		322,498
10	1000 HOUSEKEEPING	1,044,469	584,853	1,629,322	117,049	1,746,371
11	1100 DIETARY	1,479,024	2,335,883	3,814,907	-3,365,854	449,053
12	1200 CAFETERIA				3,531,602	3,531,602
14	1400 NURSING ADMINISTRATION	1,146,268	583,359	1,729,627	128,458	1,858,085
15	1500 CENTRAL SERVICES & SUPPLY	381,040	273,256	654,296	42,702	696,998
16	1600 PHARMACY	1,663,951	355,436	2,019,387	186,472	2,205,859
17	1700 MEDICAL RECORDS & LIBRARY	1,396,014	806,144	2,202,158	156,446	2,358,604
18	1800 SOCIAL SERVICE	932,852	1,732,174	2,665,026	-35,244	2,629,782
19	1950 OTHER GENERAL SERVICE COST CENTER	3,608,901	1,120,538	4,729,439	472,297	5,201,736
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	4,748,074	1,333,278	6,081,352	532,097	6,613,449
26	2600 INTENSIVE CARE UNIT	1,848,634	522,264	2,370,898	207,169	2,578,067
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
33	3300 NURSERY					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,798,756	3,111,736	4,910,492	201,579	5,112,071
38	3800 RECOVERY ROOM					
40	4000 ANESTHESIOLOGY		2,294	2,294		2,294
41	4100 RADIOLOGY-DIAGNOSTIC	1,325,163	1,186,727	2,511,890	148,506	2,660,396
41.01	4101 CT SCAN	378,847	814,821	1,193,668	42,456	1,236,124
41.02	4102 ULTRASOUND	141,479	56,858	198,337	15,855	214,192
41.03	4103 PET SCAN	344,896	655,011	999,907	38,651	1,038,558
41.04	4104 MAMMOGRAPHY	149,332	109,772	259,104	16,735	275,839
41.05	4105 MRI	205,209	258,028	463,237	22,997	486,234
42	4200 RADIOLOGY-THERAPEUTIC	1,309,700	2,012,837	3,322,537	146,773	3,469,310
43	4300 RADIOISOTOPE	272,551	910,648	1,183,199	30,544	1,213,743
44	4400 LABORATORY	2,009,002	3,095,604	5,104,606	269,192	5,373,798
47	4700 BLOOD STORING, PROCESSING & TRANS.	393,087	1,468,033	1,861,120		1,861,120
49	4900 RESPIRATORY THERAPY	637,908	196,136	834,044	71,488	905,532
50	5000 PHYSICAL THERAPY	537,114	107,666	644,780	60,192	704,972
53	5300 ELECTROCARDIOLOGY	227,879	111,961	339,840	25,537	365,377
54	5400 ELECTROENCEPHALOGRAPHY	56,785	11,456	68,241	6,364	74,605
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		585,767	585,767		585,767
55.01	5501 NUTRITIONAL COUNSELING	500,288	96,278	596,566	56,065	652,631
56	5600 DRUGS CHARGED TO PATIENTS		61,403,975	61,403,975		61,403,975
56.01	5601 ONCOLOGY	4,514,814	1,816,503	6,331,317	505,957	6,837,274
59	3950 REFERENCE LAB					
	OUTPAT SERVICE COST CNTRS					
60.01	6001 PAIN MANAGEMENT	442,746	66,848	509,594	49,617	559,211
61	6100 EMERGENCY	1,223,024	1,151,433	2,374,457	137,059	2,511,516
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		4,437,084	4,437,084	-1,685,146	2,751,938
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	46,355,415	350,436,550	396,791,965	-1,170,144	395,621,821
	NONREIMBURS COST CENTERS					
97.02	9702 NRCC	3,695,404	9,349,608	13,045,012	1,170,144	14,215,156
101	TOTAL	50,050,819	359,786,158	409,836,977	-0-	409,836,977

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO: I PERIOD: I PREPARED 11/ 8/2010
I 14-0100 I FROM 7/ 1/2009 I WORKSHEET A
I I TO 6/30/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	-2,755,113	3,435,331
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	1,274,148	10,725,017
5 0500	EMPLOYEE BENEFITS	-3,445	12,612,888
6 0600	ADMINISTRATIVE & GENERAL	-187,559,555	42,320,413
7 0700	MAINTENANCE & REPAIRS		
8 0800	OPERATION OF PLANT		6,995,626
9 0900	LAUNDRY & LINEN SERVICE		322,498
10 1000	HOUSEKEEPING		1,746,371
11 1100	DIETARY	-889	448,164
12 1200	CAFETERIA	-2,730,154	801,448
14 1400	NURSING ADMINISTRATION	19,300	1,877,385
15 1500	CENTRAL SERVICES & SUPPLY		696,998
16 1600	PHARMACY	48	2,205,907
17 1700	MEDICAL RECORDS & LIBRARY	-4,262	2,354,342
18 1800	SOCIAL SERVICE	-1,374,395	1,255,387
19 1950	OTHER GENERAL SERVICE COST CENTER	-218,533	4,983,203
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	92	6,613,541
26 2600	INTENSIVE CARE UNIT	1	2,578,068
27 2700	CORONARY CARE UNIT		
28 2800	BURN INTENSIVE CARE UNIT		
29 2900	SURGICAL INTENSIVE CARE UNIT		
33 3300	NURSERY		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	209	5,112,280
38 3800	RECOVERY ROOM		
40 4000	ANESTHESIOLOGY		2,294
41 4100	RADIOLOGY-DIAGNOSTIC	273	2,660,669
41.01 4101	CT SCAN		1,236,124
41.02 4102	ULTRASOUND		214,192
41.03 4103	PET SCAN		1,038,558
41.04 4104	MAMMOGRAPHY		275,839
41.05 4105	MRI		486,234
42 4200	RADIOLOGY-THERAPEUTIC		3,469,310
43 4300	RADIOISOTOPE		1,213,743
44 4400	LABORATORY	901	5,374,699
47 4700	BLOOD STORING, PROCESSING & TRANS.	98	1,861,218
49 4900	RESPIRATORY THERAPY	55	905,587
50 5000	PHYSICAL THERAPY		704,972
53 5300	ELECTROCARDIOLOGY		365,377
54 5400	ELECTROENCEPHALOGRAPHY		74,605
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		585,767
55.01 5501	NUTRITIONAL COUNSELING	25	652,656
56 5600	DRUGS CHARGED TO PATIENTS		61,403,975
56.01 5601	ONCOLOGY	163	6,837,437
59 3950	REFERENCE LAB		
	OUTPAT SERVICE COST CNTRS		
60.01 6001	PAIN MANAGEMENT		559,211
61 6100	EMERGENCY	-293,490	2,218,026
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE	-2,751,938	-0-
90 9000	OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-196,396,461	199,225,360
	NONREIMBURS COST CENTERS		
97.02 9702	NRCC	3	14,215,159
101	TOTAL	-196,396,458	213,440,519

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 11/ 8/2010
 I 14-0100 I FROM 7/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 6/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	OTHER GENERAL SERVICE COST CENTER	1950	OTHER GENERAL SERVICE COST CENTERS
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CT SCAN	4101	RADIOLOGY-DIAGNOSTIC
41.02	ULTRASOUND	4102	RADIOLOGY-DIAGNOSTIC
41.03	PET SCAN	4103	RADIOLOGY-DIAGNOSTIC
41.04	MAMMOGRAPHY	4104	RADIOLOGY-DIAGNOSTIC
41.05	MRI	4105	RADIOLOGY-DIAGNOSTIC
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.01	NUTRITIONAL COUNSELING	5501	MEDICAL SUPPLIES CHARGED TO PATIENTS
56	DRUGS CHARGED TO PATIENTS	5600	
56.01	ONCOLOGY	5601	DRUGS CHARGED TO PATIENTS
59	REFERENCE LAB	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60.01	PAIN MANAGEMENT	6001	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
97.02	NRCC	9702	RESEARCH
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED 11/ 8/2010
140100	FROM 7/ 1/2009	WORKSHEET A-6
	TO 6/30/2010	

----- INCREASE -----

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5

1 CAFETERIA EXPENSE RECLASS	A	CAFETERIA	12	1,459,227	
2 TO RECLASS EMPLOYEE BONUS	C	EMPLOYEE BENEFITS	5	48,427	2,072,375
3		ADMINISTRATIVE & GENERAL	6	1,490,800	
4		OPERATION OF PLANT	8	148,917	
5		HOUSEKEEPING	10	117,049	
6		DIETARY	11	165,748	
7		NURSING ADMINISTRATION	14	128,458	
8		CENTRAL SERVICES & SUPPLY	15	42,702	
9		PHARMACY	16	186,472	
10		MEDICAL RECORDS & LIBRARY	17	156,446	
11		SOCIAL SERVICE	18	104,541	
12		OTHER GENERAL SERVICE COST CENTER	19	472,297	
13		ADULTS & PEDIATRICS	25	532,097	
14		INTENSIVE CARE UNIT	26	207,169	
15		OPERATING ROOM	37	201,579	
16		RADIOLOGY-DIAGNOSTIC	41	148,506	
17		CT SCAN	41.01	42,456	
18		ULTRASOUND	41.02	15,855	
19		PET SCAN	41.03	38,651	
20		MAMMOGRAPHY	41.04	16,735	
21		MRI	41.05	22,997	
22		RADIOLOGY-THERAPEUTIC	42	146,773	
23		RADIOISOTOPE	43	30,544	
24		LABORATORY	44	269,192	
25		RESPIRATORY THERAPY	49	71,488	
26		PHYSICAL THERAPY	50	60,192	
27		ELECTROCARDIOLOGY	53	25,537	
28		ELECTROENCEPHALOGRAPHY	54	6,364	
29		NUTRITIONAL COUNSELING	55.01	56,065	
30		ONCOLOGY	56.01	505,957	
31		PAIN MANAGEMENT	60.01	49,617	
32		EMERGENCY	61	137,059	
33		NRCC	97.02	414,128	
34 TO RECLASS PROPERTY TAXES	D				
35		NRCC	97.02		163,358
TO RECLASS TRANSPORTATION	E	ADMINISTRATIVE & GENERAL	6	25,289	241,630
TO RECLASS INTEREST EXPENSE	F				
3		NEW CAP REL COSTS-MVBLE EQUIP	4		1,685,146
4 TO RECLASS CARE COORDINATION EXPENSE	G	NRCC	97.02	562,782	
5		NRCC	97.02		157,010
6 TO RECLASS GUEST SERVICES COORDINATI	H	NRCC	97.02	22,754	117,031
36 TOTAL RECLASSIFICATIONS				8,130,870	4,436,550

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry. Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate. See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED 11/ 8/2010
140100	FROM 7/ 1/2009	WORKSHEET A-6
	TO 6/30/2010	

----- DECREASE -----

CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
1	6	7	8	9

A-7
REF
10

EXPLANATION OF RECLASSIFICATION

1 CAFETERIA EXPENSE RECLASS
2 TO RECLASS EMPLOYEE BONUS

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A	DIETARY	11	1,459,227	2,072,375
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	EMPLOYEE BENEFITS	5	4,929,778	
	EMPLOYEE BENEFITS	5	1,131,040	

34 TO RECLASS PROPERTY TAXES

D	NEW CAP REL COSTS-BLDG & FIXT	3		163,358
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13

TO RECLASS TRANSPORTATION
TO RECLASS INTEREST EXPENSE

E	NRCC	97.02	25,289	241,630
F	INTEREST EXPENSE	88		1,685,146

11

4 TO RECLASS CARE COORDINATION EXPENSE

G	ADMINISTRATIVE & GENERAL	6	562,782	
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5 TO RECLASS GUEST SERVICES COORDINATI

H	SOCIAL SERVICE	18	22,754	157,010
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36 TOTAL RECLASSIFICATIONS

			8,130,870	4,436,550
--	--	--	-----------	-----------

(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:
140100

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

PREPARED 11/ 8/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : CAFETERIA EXPENSE RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	3,531,602	DIETARY	11	3,531,602	
TOTAL RECLASSIFICATIONS FOR CODE A			3,531,602				3,531,602

RECLASS CODE: C
EXPLANATION : TO RECLASS EMPLOYEE BONUS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	48,427			0	
2.00	ADMINISTRATIVE & GENERAL	6	1,490,800			0	
3.00	OPERATION OF PLANT	8	148,917			0	
4.00	HOUSEKEEPING	10	117,049			0	
5.00	DIETARY	11	165,748			0	
6.00	NURSING ADMINISTRATION	14	128,458			0	
7.00	CENTRAL SERVICES & SUPPLY	15	42,702			0	
8.00	PHARMACY	16	186,472			0	
9.00	MEDICAL RECORDS & LIBRARY	17	156,446			0	
10.00	SOCIAL SERVICE	18	104,541			0	
11.00	OTHER GENERAL SERVICE COST CEN	19	472,297			0	
12.00	ADULTS & PEDIATRICS	25	532,097			0	
13.00	INTENSIVE CARE UNIT	26	207,169	EMPLOYEE BENEFITS	5	4,929,778	
14.00	OPERATING ROOM	37	201,579	EMPLOYEE BENEFITS	5	1,131,040	
15.00	RADIOLOGY-DIAGNOSTIC	41	148,506			0	
16.00	CT SCAN	41.01	42,456			0	
17.00	ULTRASOUND	41.02	15,855			0	
18.00	PET SCAN	41.03	38,651			0	
19.00	MAMMOGRAPHY	41.04	16,735			0	
20.00	MRI	41.05	22,997			0	
21.00	RADIOLOGY-THERAPEUTIC	42	146,773			0	
22.00	RADIOISOTOPE	43	30,544			0	
23.00	LABORATORY	44	269,192			0	
24.00	RESPIRATORY THERAPY	49	71,488			0	
25.00	PHYSICAL THERAPY	50	60,192			0	
26.00	ELECTROCARDIOLOGY	53	25,537			0	
27.00	ELECTROENCEPHALOGRAPHY	54	6,364			0	
28.00	NUTRITIONAL COUNSELING	55.01	56,065			0	
29.00	ONCOLOGY	56.01	505,957			0	
30.00	PAIN MANAGEMENT	60.01	49,617			0	
31.00	EMERGENCY	61	137,059			0	
32.00	NRCC	97.02	414,128			0	
TOTAL RECLASSIFICATIONS FOR CODE C			6,060,818				6,060,818

RECLASS CODE: D
EXPLANATION : TO RECLASS PROPERTY TAXES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00			0	NEW CAP REL COSTS-BLDG & FIXT	3	163,358	
2.00	NRCC	97.02	163,358			0	
TOTAL RECLASSIFICATIONS FOR CODE D			163,358				163,358

RECLASS CODE: E
EXPLANATION : TO RECLASS TRANSPORTATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	266,919	NRCC	97.02	266,919	
TOTAL RECLASSIFICATIONS FOR CODE E			266,919				266,919

RECLASS CODE: F
EXPLANATION : TO RECLASS INTEREST EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00			0	INTEREST EXPENSE	88	1,685,146	
3.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,685,146			0	
TOTAL RECLASSIFICATIONS FOR CODE F			1,685,146				1,685,146

RECLASS CODE: G
EXPLANATION : TO RECLASS CARE COORDINATION EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NRCC	97.02	562,782	ADMINISTRATIVE & GENERAL	6	562,782	

PROVIDER NO:
140100

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

PREPARED 11/ 8/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASSIFICATIONS

RECLASS CODE: G
EXPLANATION : TO RECLASS CARE COORDINATION EXPENSE

		----- INCREASE -----	
LINE	COST CENTER	LINE	AMOUNT
2.00	NRCC	97.02	157,010
TOTAL RECLASSIFICATIONS FOR CODE G			719,792

		----- DECREASE -----	
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	157,010	
			719,792

RECLASS CODE: H
EXPLANATION : TO RECLASS GUEST SERVICES COORDINATI

		----- INCREASE -----	
LINE	COST CENTER	LINE	AMOUNT
1.00	NRCC	97.02	139,785
TOTAL RECLASSIFICATIONS FOR CODE H			139,785

		----- DECREASE -----	
COST CENTER	LINE	AMOUNT	
SOCIAL SERVICE	18	139,785	
			139,785

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	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								
3	BUILDINGS & FIXTURE								
4	BUILDING IMPROVEMEN								
5	FIXED EQUIPMENT								
6	MOVABLE EQUIPMENT								
7	SUBTOTAL								
8	RECONCILING ITEMS								
9	TOTAL								

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		BALANCES		DONATION					
		1	2	3	4	5	6	7	
1	LAND								
2	LAND IMPROVEMENTS	1,051,327	30,130		30,130			1,081,457	
3	BUILDINGS & FIXTURE	546,668	5,098,348		5,098,348			5,645,016	
4	BUILDING IMPROVEMEN	46,548,010	13,648,837		13,648,837			60,196,847	
5	FIXED EQUIPMENT	2,827,847	983,534		983,534			3,811,381	
6	MOVABLE EQUIPMENT	5,013,368	414,679		414,679			5,428,047	
7	SUBTOTAL	55,987,220	20,175,528		20,175,528			76,162,748	
8	RECONCILING ITEMS								
9	TOTAL	55,987,220	20,175,528		20,175,528			76,162,748	

III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITIALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
1	OLD CAP REL COSTS-BL							8
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL			1.00000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	5,242,111	-2,233,712	-737,374		-670,316	1,834,622	3,435,331
4	NEW CAP REL COSTS-MV	6,317,109		637,958		1,673,760	2,096,190	10,725,017
5	TOTAL	11,559,220	-2,233,712	-99,416		1,003,444	3,930,812	14,160,348

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	5,026,138				-506,958	1,834,622	6,353,802
4	NEW CAP REL COSTS-MV	3,995,773				1,673,760	2,096,190	7,765,723
5	TOTAL	9,021,911				1,166,802	3,930,812	14,119,525

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

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I 14-0100 I

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

I PREPARED 11/ 8/2010 I WORKSHEET A-8 I

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1		
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2		
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3		
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4		
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-293,490				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-182,058,528				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS						
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS						
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49		
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50		
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89		
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1		
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2		
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3		
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4		
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20		
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51		
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52		
37 INTEREST REVENUE	B		NEW CAP REL COSTS-BLDG &	3		11
8 OTHER REVENUE	B	-584,651	ADMINISTRATIVE & GENERAL	6		
9 OTHER REVENUE	A	-452,922	ADMINISTRATIVE & GENERAL	6		
40 OTHER REVENUE	B	-8	MEDICAL RECORDS & LIBRARY	17		
41 PATIENT ITEMS	A	-4,444	SOCIAL SERVICE	18		
42 PATIENT TRAVEL	A	-20,207	SOCIAL SERVICE	18		
43 PATIENT TRAVEL	A	-120	EMPLOYEE BENEFITS	5		
44 ALC BEV	A	-134	EMPLOYEE BENEFITS	5		
45 EMPLOYEE BENEFITS	A	-134	EMPLOYEE BENEFITS	5		
46 PHYSICIANS	A	-3,177	ADMINISTRATIVE & GENERAL	6		
47 ALC BEV	A	-77	OTHER GENERAL SERVICE COS	19		
48 PATIENT TRAVEL	A	-31	ADMINISTRATIVE & GENERAL	6		
48.01 PATIENT TRAVEL	A	-3,608	OTHER GENERAL SERVICE COS	19		
48.02 PATIENT AIRFAIR	A	-223,830	ADMINISTRATIVE & GENERAL	6		
48.03 PATIENT MILEAGE REIMBURSEMENT	A	-5,315,430	ADMINISTRATIVE & GENERAL	6		
48.04 PATIENT/GUEST HOUSING	A	-868,401	SOCIAL SERVICE	18		
48.05 ALC BEV	A	-1,353,124	LABORATORY	44		
48.06 PATIENT MILEAGE REIMB	A	-12	ADMINISTRATIVE & GENERAL	6		
48.07 ALC BEV	A	-1,704	MEDICAL RECORDS & LIBRARY	17		
48.08 DONATIONS	A	-9	ADMINISTRATIVE & GENERAL	6		
48.09 ALC BEV	A	-85	ADMINISTRATIVE & GENERAL	6		
48.11 ALC BEV	A	-710	DIETARY	11		
48.12 PATIENT GIFTS	A	-889	SOCIAL SERVICE	18		
48.13 ALC BEV	A	-944	INTENSIVE CARE UNIT	26		
48.14 ALC BEV	A	-8	ADMINISTRATIVE & GENERAL	6		
48.15 ADJ FOR EMR START-UP COSTS	A	92	ADULTS & PEDIATRICS	25		
48.16 ADJ FOR EMR START-UP COSTS	A	9	INTENSIVE CARE UNIT	26		
48.17 ADJ FOR EMR START-UP COSTS	A	209	OPERATING ROOM	37		
48.18 ADJ FOR EMR START-UP COSTS	A	163	ONCOLOGY	56.01		
48.19 ADJ FOR EMR START-UP COSTS	A	913	LABORATORY	44		
48.20 ADJ FOR EMR START-UP COSTS	A	98	BLOOD STORING, PROCESSING	47		
48.21 ADJ FOR EMR START-UP COSTS	A	55	RESPIRATORY THERAPY	49		
48.22 ADJ FOR EMR START-UP COSTS	A	273	RADIOLOGY-DIAGNOSTIC	41		
49 ADJ FOR EMR START-UP COSTS	A	48	PHARMACY	16		
49.01 ADJ FOR EMR START-UP COSTS	A	25	NUTRITIONAL COUNSELING	55.01		
49.02 ADJ FOR EMR START-UP COSTS	A	3	NRCC	97.02		
49.03 ADJ FOR EMR START-UP COSTS	A	5,328	OTHER GENERAL SERVICE COS	19		
49.04 ADJ FOR EMR START-UP COSTS	A	7,978	ADMINISTRATIVE & GENERAL	6		
49.05 ADJ FOR EMR START-UP COSTS	A	191	MEDICAL RECORDS & LIBRARY	17		
49.06 ADJ FOR EMR START-UP COSTS	A	19,300	NURSING ADMINISTRATION	14		
49.07 CAFETERIA EXP	A	-2,730,154	CAFETERIA	12		
49.08 CONSULTING	A	-105,000	ADMINISTRATIVE & GENERAL	6		
49.09 CAPITAL COST ADJUSTMENTS	A	15,768	NEW CAP REL COSTS-BLDG &	3		9
49.10 CAPITAL COST ADJUSTMENTS	A	-231,422	NEW CAP REL COSTS-BLDG &	3		9
49.11 CAPITAL COST ADJUSTMENTS	A	-73,369	NEW CAP REL COSTS-BLDG &	3		9
49.12 A&G	B	-245,644	ADMINISTRATIVE & GENERAL	6		
49.13 CAPITAL COST ADJUSTMENTS	A	-1,716,399	NEW CAP REL COSTS-MVBLE E	4		9
49.14 CAPITAL COST ADJUSTMENTS	A	-37,902	NEW CAP REL COSTS-MVBLE E	4		9
49.15 CAPITAL COST ADJUSTMENTS	A	-134,827	NEW CAP REL COSTS-BLDG &	3		9

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON		WKST. A-7 REF.
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	COST CENTER	
49.16 CAPITAL COST ADJUSTMENTS	1	2	3	4	5
50 TOTAL (SUM OF LINES 1 THRU 49)	A	14,486	NEW CAP REL COSTS-MVBLE E	4	9
		-196,396,458			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.
 (2) Basis for adjustment (see instructions).
 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	4	NEW CAP REL COSTS-MVBLE E		1,047,188	-1,047,188	11
2	6	ADMINISTRATIVE & GENERAL		62,403,761	-62,403,761	
3	6	ADMINISTRATIVE & GENERAL	345,450	2,160,000	-1,814,550	
4	3	NEW CAP REL COSTS-BLDG &		152,723	-152,723	11
4.01	88	INTEREST EXPENSE		66,054	-66,054	
4.02	88	INTEREST EXPENSE		95,625	-95,625	
4.03	88	INTEREST EXPENSE		591,014	-591,014	
4.04	88	INTEREST EXPENSE				
4.05	3	NEW CAP REL COSTS-BLDG &	334,228	2,567,940	-2,233,712	10
4.06	88	INTEREST EXPENSE	1,685,145	3,684,390	-1,999,245	
4.08	6	ADMINISTRATIVE & GENERAL		40,720,373	-40,720,373	
4.09	6	ADMINISTRATIVE & GENERAL		102,024,956	-102,024,956	
4.10	3	NEW CAP REL COSTS-BLDG &	639,823		639,823	9
4.11	4	NEW CAP REL COSTS-MVBLE E	4,061,151		4,061,151	9
4.12	6	ADMINISTRATIVE & GENERAL	28,660,021		28,660,021	
4.13	6	ADMINISTRATIVE & GENERAL	3,230,760	5,501,082	-2,270,322	
5		TOTALS	38,956,578	221,015,106	-182,058,528	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	A	MIDWESTERN REGI	100.00	NIMP	100.00	PROPERTY
2	A	MIDWESTERN REGI	100.00	CTCA	100.00	MANAGEMENT
3	A	MIDWESTERN REGI	100.00	ICIC	100.00	CONSULTING
4	A	MIDWESTERN REGI	100.00	INTERNATIONAL A	100.00	CORPORATE JET
5	A	MIDWESTERN REGI	100.00	SCL	100.00	SECURES FINANCI
5.01	A	MIDWESTERN REGI	100.00	EXPEDITION PROP	100.00	RENTS BLDG SHAR
5.02	A	MIDWESTERN REGI	100.00	BUCKLEY ROAD PR	100.00	RELATED PARTY
5.03	A	MIDWESTERN REGI	100.00	LAND TRUST	100.00	RENTS PARKING L
5.04	A	MIDWESTERN REGI	100.00	GCF	100.00	SECURES FINANCI
5.05	A	MIDWESTERN REGI	100.00	STELLAR INSURAN	100.00	INSURANCE
5.06	A	MIDWESTERN REGI	100.00	ICMC	100.00	CAPITAL MANAGEM

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 14-0100
I

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

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

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
61	EMERGENCY	1,169,490	268,983	900,507	208,000	8,760	876,000	43,800
101	TOTAL	1,169,490	268,983	900,507		8,760	876,000	43,800

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 14-0100
I

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

I PREPARED 11/ 8/2010
I WORKSHEET A-8-2
I 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	61	EMERGENCY							
2									
3									
4									
5									
6									
7									
8									
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22									
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24									
25									
26									
27									
28									
29									
30									
101		TOTAL				876,000	24,507	293,490	

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION			
	GENERAL SERVICE COST					
	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET		ENTERED
	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE		ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET		ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE		ENTERED
5	EMPLOYEE BENEFITS	3	GROSS	SALA RIE		ENTERED
6	ADMINISTRATIVE & GENERAL	-4	ACCUM.	COST		NOT ENTERED
7	MAINTENANCE & REPAIRS	5	SQUARE	FEET		ENTERED
8	OPERATION OF PLANT	5	SQUARE	FEET		ENTERED
9	LAUNDRY & LINEN SERVICE	6	POUNDS OF	LAUNDRY		ENTERED
10	HOUSEKEEPING	7	SQUARE	FEET		ENTERED
11	DIETARY	8	MEALS	SERVED		ENTERED
12	CAFETERIA	9	HOURS OF	S ERVICE		ENTERED
14	NURSING ADMINISTRATION	10	HOURS OF	SERVICE		ENTERED
15	CENTRAL SERVICES & SUPPLY	11	COSTED	REQUIS		ENTERED
16	PHARMACY	12	COST	REQUIS		ENTERED
17	MEDICAL RECORDS & LIBRARY	13	GROSS	REVE NUE		ENTERED
18	SOCIAL SERVICE	13	GROSS	REVE NUE		ENTERED
19	OTHER GENERAL SERVICE COST CENTER	13	GROSS	REVE NUE		ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	14	ASSIGNED	TIME		NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	SUBTOTAL 5a.00
GENERAL SERVICE COST CNTR								
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &	3,435,331			3,435,331			
004	NEW CAP REL COSTS-MVBLE E	10,725,017				10,725,017		
005	EMPLOYEE BENEFITS	12,612,888			134,191	1,106	12,748,185	
006	ADMINISTRATIVE & GENERAL	42,320,413			130,214	6,734,590	1,226,496	50,411,713
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	6,995,626			941,711	209,503	380,040	8,526,880
009	LAUNDRY & LINEN SERVICE	322,498						322,498
010	HOUSEKEEPING	1,746,371			63,229		298,712	2,108,312
011	DIETARY	448,164			2,830	70,952	47,717	569,663
012	CAFETERIA	801,448			22,254		375,275	1,198,977
014	NURSING ADMINISTRATION	1,877,385			132,120	6,168	327,826	2,343,499
015	CENTRAL SERVICES & SUPPLY	696,998			72,349	9,659	108,975	887,981
016	PHARMACY	2,205,907			36,406	9,674	475,881	2,727,868
017	MEDICAL RECORDS & LIBRARY	2,354,342			76,697	5,810	399,252	2,836,101
018	SOCIAL SERVICE	1,255,387			17,962	5,785	260,939	1,540,073
019	OTHER GENERAL SERVICE COS	4,983,203			52,075	616	1,049,578	6,085,472
022	I&R SERVICES-SALARY & FRI							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	6,613,541			270,251	24,243	1,357,927	8,265,962
026	INTENSIVE CARE UNIT	2,578,068			11,284	8,857	528,699	3,126,908
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
033	NURSERY							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	5,112,280			189,318	176,990	514,434	5,993,022
038	RECOVERY ROOM					71,087		71,087
040	ANESTHESIOLOGY	2,294						2,294
041	RADIOLOGY-DIAGNOSTIC	2,660,669			104,815	636,591	378,989	3,781,064
041 01	CT SCAN	1,236,124			12,246	170,405	108,348	1,527,123
041 02	ULTRASOUND	214,192			2,775	37,164	40,462	294,593
041 03	PET SCAN	1,038,558			15,354	21,886	98,638	1,174,436
041 04	MAMMOGRAPHY	275,839			3,552	112,290	42,708	434,389
041 05	MRI	486,234			14,170	176,394	58,689	735,487
042	RADIOLOGY-THERAPEUTIC	3,469,310			241,060	1,452,132	374,567	5,537,069
043	RADIOISOTOPE	1,213,743			5,753		77,948	1,297,444
044	LABORATORY	5,374,699			137,984	270,837	686,984	6,470,504
047	BLOOD STORING, PROCESSING	1,861,218						1,861,218
049	RESPIRATORY THERAPY	905,587			18,887	17,559	182,438	1,124,471
050	PHYSICAL THERAPY	704,972			28,285		153,612	886,869
053	ELECTROCARDIOLOGY	365,377			4,736	93,799	65,172	529,084
054	ELECTROENCEPHALOGRAPHY	74,605					16,240	90,845
055	MEDICAL SUPPLIES CHARGED	585,767			3,996			589,763
055 01	NUTRITIONAL COUNSELING	652,656			12,635		143,080	808,371
056	DRUGS CHARGED TO PATIENTS	61,403,975						61,403,975
056 01	ONCOLOGY	6,837,437			583,605	29,607	1,291,212	8,741,861
059	REFERENCE LAB							
	OUTPAT SERVICE COST CNTRS							
060 01	PAIN MANAGEMENT	559,211				1,075	126,623	686,909
061	EMERGENCY	2,218,026					349,778	2,567,804
062	OBSERVATION BEDS (NON-DIS							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	199,225,360			3,342,744	10,354,779	11,547,239	197,561,589
	NONREIMBURS COST CENTERS							
097 02	NRCC	14,215,159			92,587	370,238	1,200,946	15,878,930
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	213,440,519			3,435,331	10,725,017	12,748,185	213,440,519

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	50,411,713						
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	2,636,682		11,163,562				
009 LAUNDRY & LINEN SERVICE	99,723			422,221			
010 HOUSEKEEPING	651,932		301,811	4,656	3,066,711		
011 DIETARY	176,151		17,572		4,961	768,347	
012 CAFETERIA	370,748		102,164		28,845		1,700,734
014 NURSING ADMINISTRATION	724,657		1,426,494		402,757		41,771
015 CENTRAL SERVICES & SUPPLY	274,581		345,343		97,504		23,808
016 PHARMACY	843,511		173,775		49,064		71,764
017 MEDICAL RECORDS & LIBRARY	876,979		366,094		103,363		86,033
018 SOCIAL SERVICE	476,221		99,868	1,012	28,197		56,709
019 OTHER GENERAL SERVICE COS	1,881,750		276,204		77,983		135,745
022 I&R SERVICES-SALARY & FRI							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,556,001		2,080,183	153,909	587,320	294,207	217,017
026 INTENSIVE CARE UNIT	966,902		53,863	20,421	15,208	18,451	79,930
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,853,162		519,913	49,838	146,792	3,069	73,435
038 RECOVERY ROOM	21,982		383,754		108,349		
040 ANESTHESIOLOGY	709						
041 RADIOLOGY-DIAGNOSTIC	1,169,181		444,151	67,830	125,402		64,718
041 01 CT SCAN	472,217		58,455		16,504		11,764
041 02 ULTRASOUND	91,094		13,245		3,740		3,950
041 03 PET SCAN	363,159		73,289		20,693		10,677
041 04 MAMMOGRAPHY	134,322		16,954		4,787		5,632
041 05 MRI	227,427		67,638		19,097		8,344
042 RADIOLOGY-THERAPEUTIC	1,712,172		1,206,802	26,144	340,729		60,794
043 RADIOISOTOPE	401,196		27,461		7,753		9,728
044 LABORATORY	2,000,809		632,849		178,679		126,473
047 BLOOD STORING, PROCESSING	575,526		25,784		7,280		
049 RESPIRATORY THERAPY	347,709		90,155		25,454		26,474
050 PHYSICAL THERAPY	274,238		135,011	13,131	38,119		28,006
053 ELECTROCARDIOLOGY	163,603		22,605		6,382		10,572
054 ELECTROENCEPHALOGRAPHY	28,091			1,689			
055 MEDICAL SUPPLIES CHARGED	182,367						16,738
055 01 NUTRITIONAL COUNSELING	249,964		60,309		17,028		25,911
056 DRUGS CHARGED TO PATIENTS	18,987,284						
056 01 ONCOLOGY	2,703,158		1,704,022	58,987	481,114	68,447	206,533
059 REFERENCE LAB							
OUTPAT SERVICE COST CNTRS							
060 01 PAIN MANAGEMENT	212,406		19,073		5,385		47,375
061 EMERGENCY	794,016		15,011	24,604	4,238		
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	45,501,630		10,759,852	422,221	2,952,727	384,174	1,449,901
NONREIMBURS COST CENTERS							
097 02 NRCC	4,910,083		403,710		113,984	384,173	250,833
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	50,411,713		11,163,562	422,221	3,066,711	768,347	1,700,734

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	OTHER GENERAL	I&R SERVICES-
	ISTRATION	CES & SUPPLY		DS & LIBRARY	E	SERVICE COS	SALARY & FRI
	14	15	16	17	18	19	22
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION	4,939,178						
015 CENTRAL SERVICES & SUPPLY		1,629,217					
016 PHARMACY			3,865,982				
017 MEDICAL RECORDS & LIBRARY				4,268,570			
018 SOCIAL SERVICE					2,202,080		
019 OTHER GENERAL SERVICE COS						8,457,154	
022 I&R SERVICES-SALARY & FRI							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,565,807			84,610	43,646	167,645	
026 INTENSIVE CARE UNIT	945,021			21,032	10,849	41,672	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	868,235			168,769	87,059	334,397	
038 RECOVERY ROOM				24,088	12,426	47,729	
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC				11,813	6,094	23,407	
041 01 CT SCAN				303,134	156,371	600,626	
041 02 ULTRASOUND				5,788	2,986	11,468	
041 03 PET SCAN				108,875	56,163	215,724	
041 04 MAMMOGRAPHY				2,610	1,346	5,170	
041 05 MRI				54,019	27,866	107,033	
042 RADIOLOGY-THERAPEUTIC				367,116	189,376	727,400	
043 RADIOISOTOPE				17,994	9,282	35,652	
044 LABORATORY				266,030	137,231	527,110	
047 BLOOD STORING, PROCESSING				38,828	20,029	76,933	
049 RESPIRATORY THERAPY				24,882	12,835	49,301	
050 PHYSICAL THERAPY				10,449	5,390	20,704	
053 ELECTROCARDIOLOGY				2,693	1,389	5,336	
054 ELECTROENCEPHALOGRAPHY				1,057	545	2,095	
055 MEDICAL SUPPLIES CHARGED		1,629,217		56,856	29,329	112,654	
055 01 NUTRITIONAL COUNSELING				3,082	1,590	6,106	
056 DRUGS CHARGED TO PATIENTS			3,865,982	2,563,856	1,322,708	5,079,452	
056 01 ONCOLOGY				125,010	64,486	247,693	
059 REFERENCE LAB							
OUTPAT SERVICE COST CNTRS							
060 01 PAIN MANAGEMENT	560,115			5,979	3,084	11,847	
061 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	4,939,178	1,629,217	3,865,982	4,268,570	2,202,080	8,457,154	
NONREIMBURS COST CENTERS							
097 02 NRCC							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	4,939,178	1,629,217	3,865,982	4,268,570	2,202,080	8,457,154	

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	25	26	27
GENERAL SERVICE COST CNTR			
001 OLD CAP REL COSTS-BLDG &			
002 OLD CAP REL COSTS-MVBLE E			
003 NEW CAP REL COSTS-BLDG &			
004 NEW CAP REL COSTS-MVBLE E			
005 EMPLOYEE BENEFITS			
006 ADMINISTRATIVE & GENERAL			
007 MAINTENANCE & REPAIRS			
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			
019 OTHER GENERAL SERVICE COS			
022 I&R SERVICES-SALARY & FRI			
INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	17,016,307		17,016,307
026 INTENSIVE CARE UNIT	5,300,257		5,300,257
027 CORONARY CARE UNIT			
028 BURN INTENSIVE CARE UNIT			
029 SURGICAL INTENSIVE CARE U			
033 NURSERY			
ANCILLARY SRVC COST CNTRS			
037 OPERATING ROOM	10,097,691		10,097,691
038 RECOVERY ROOM	669,415		669,415
040 ANESTHESIOLOGY	3,003		3,003
041 RADIOLOGY-DIAGNOSTIC	5,693,660		5,693,660
041 01 CT SCAN	3,146,194		3,146,194
041 02 ULTRASOUND	426,864		426,864
041 03 PET SCAN	2,023,016		2,023,016
041 04 MAMMOGRAPHY	605,210		605,210
041 05 MRI	1,246,911		1,246,911
042 RADIOLOGY-THERAPEUTIC	10,167,602		10,167,602
043 RADIOISOTOPE	1,806,510		1,806,510
044 LABORATORY	10,339,685		10,339,685
047 BLOOD STORING, PROCESSING	2,605,598		2,605,598
049 RESPIRATORY THERAPY	1,701,281		1,701,281
050 PHYSICAL THERAPY	1,411,917		1,411,917
053 ELECTROCARDIOLOGY	741,664		741,664
054 ELECTROENCEPHALOGRAPHY	124,322		124,322
055 MEDICAL SUPPLIES CHARGED	2,616,924		2,616,924
055 01 NUTRITIONAL COUNSELING	1,172,361		1,172,361
056 DRUGS CHARGED TO PATIENTS	93,223,257		93,223,257
056 01 ONCOLOGY	14,401,311		14,401,311
059 REFERENCE LAB			
OUTPAT SERVICE COST CNTRS			
060 01 PAIN MANAGEMENT	1,552,173		1,552,173
061 EMERGENCY	3,405,673		3,405,673
062 OBSERVATION BEDS (NON-DIS			
SPEC PURPOSE COST CENTERS			
095 SUBTOTALS	191,498,806		191,498,806
NONREIMBURS COST CENTERS			
097 02 NRCC	21,941,713		21,941,713
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 TOTAL	213,440,519		213,440,519

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL 4a	EMPLOYEE BENE FITS 5
		OSTS-BLDG & 1	OSTS-MVBLE E 2	OSTS-BLDG & 3	OSTS-MVBLE E 4		
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				134,191	1,106	135,297	135,297
007 ADMINISTRATIVE & GENERAL				130,214	6,734,590	6,864,804	13,015
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT				941,711	209,503	1,151,214	4,033
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING				63,229		63,229	3,170
012 DIETARY				2,830	70,952	73,782	506
014 CAFETERIA				22,254		22,254	3,982
015 NURSING ADMINISTRATION				132,120	6,168	138,288	3,479
016 CENTRAL SERVICES & SUPPLY				72,349	9,659	82,008	1,156
017 PHARMACY				36,406	9,674	46,080	5,050
018 MEDICAL RECORDS & LIBRARY				76,697	5,810	82,507	4,237
019 SOCIAL SERVICE				17,962	5,785	23,747	2,769
022 OTHER GENERAL SERVICE COS				52,075	616	52,691	11,138
025 I&R SERVICES-SALARY & FRI							
026 INPAT ROUTINE SRVC CNTRS				270,251	24,243	294,494	14,427
027 ADULTS & PEDIATRICS				11,284	8,857	20,141	5,610
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
033 BURN INTENSIVE CARE UNIT							
037 SURGICAL INTENSIVE CARE U							
038 NURSERY							
040 ANCILLARY SRVC COST CNTRS				189,318	176,990	366,308	5,459
041 OPERATING ROOM					71,087	71,087	
041 RECOVERY ROOM							
041 ANESTHESIOLOGY				104,815	636,591	741,406	4,022
041 RADIOLOGY-DIAGNOSTIC				12,246	170,405	182,651	1,150
041 01 CT SCAN				2,775	37,164	39,939	429
041 02 ULTRASOUND				15,354	21,886	37,240	1,047
041 03 PET SCAN				3,552	112,290	115,842	453
041 04 MAMMOGRAPHY				14,170	176,394	190,564	623
041 05 MRI				241,060	1,452,132	1,693,192	3,975
042 RADIOLOGY-THERAPEUTIC				5,753		5,753	827
043 RADIOISOTOPE				137,984	270,837	408,821	7,290
044 LABORATORY							
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY				18,887	17,559	36,446	1,936
050 PHYSICAL THERAPY				28,285		28,285	1,630
053 ELECTROCARDIOLOGY				4,736	93,799	98,535	692
054 ELECTROENCEPHALOGRAPHY							172
055 MEDICAL SUPPLIES CHARGED				3,996		3,996	
055 01 NUTRITIONAL COUNSELING				12,635		12,635	1,518
056 DRUGS CHARGED TO PATIENTS							
056 01 ONCOLOGY				583,605	29,607	613,212	13,702
059 REFERENCE LAB							
060 OUTPAT SERVICE COST CNTRS					1,075	1,075	1,344
061 PAIN MANAGEMENT							3,712
061 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS				3,342,744	10,354,779	13,697,523	122,553
097 SUBTOTALS							
101 NONREIMBURS COST CENTERS				92,587	370,238	462,825	12,744
102 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				3,435,331	10,725,017	14,160,348	135,297

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	6,877,819						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	359,732		1,514,979				
010 LAUNDRY & LINEN SERVICE	88,945			13,606			
011 HOUSEKEEPING	24,033			150	196,452		
012 DIETARY	50,582		40,958			101,024	
014 CAFETERIA	98,868		2,385				92,530
015 NURSING ADMINISTRATION	37,462		13,864		1,848		2,273
016 CENTRAL SERVICES & SUPPLY	115,083		193,586		25,800		1,295
017 PHARMACY	119,649		46,866		6,246		3,904
018 MEDICAL RECORDS & LIBRARY	64,973		23,583		3,143		4,681
019 SOCIAL SERVICE	256,734		49,682		6,621		3,085
022 OTHER GENERAL SERVICE COS			13,553	33	1,806		7,385
025 I&R SERVICES-SALARY & FRI			37,483		4,996		
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	348,724		282,295	4,960	37,623	38,683	11,807
028 INTENSIVE CARE UNIT	131,918		7,310	658	974	2,426	4,349
029 CORONARY CARE UNIT							
033 BURN INTENSIVE CARE UNIT							
037 SURGICAL INTENSIVE CARE U							
038 NURSERY							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	252,834		70,556	1,606	9,403	403	3,995
042 RECOVERY ROOM	2,999		52,078		6,941		
044 ANESTHESIOLOGY	97						
041 RADIOLOGY-DIAGNOSTIC	159,516		60,275	2,186	8,033		3,521
041 01 CT SCAN	64,426		7,933		1,057		640
041 02 ULTRASOUND	12,428		1,797		240		215
041 03 PET SCAN	49,547		9,946		1,326		581
041 04 MAMMOGRAPHY	18,326		2,301		307		306
041 05 MRI	31,029		9,179		1,223		454
042 RADIOLOGY-THERAPEUTIC	233,598		163,772	842	21,827		3,308
043 RADIOISOTOPE	54,737		3,727		497		529
047 LABORATORY	272,978		85,882		11,446		6,881
049 BLOOD STORING, PROCESSING	78,521		3,499		466		
050 RESPIRATORY THERAPY	47,439		12,235		1,631		1,440
053 PHYSICAL THERAPY	37,415		18,322	423	2,442		1,524
054 ELECTROCARDIOLOGY	22,321		3,068		409		575
055 ELECTROENCEPHALOGRAPHY	3,833			54			
055 MEDICAL SUPPLIES CHARGED	24,881						911
055 01 NUTRITIONAL COUNSELING	34,104		8,184		1,091		1,410
056 DRUGS CHARGED TO PATIENTS	2,590,469						
056 01 ONCOLOGY	368,802		231,249	1,901	30,820	9,000	11,237
059 REFERENCE LAB							
060 OUTPAT SERVICE COST CNTRS							
061 PAIN MANAGEMENT	28,979		2,588		345		2,577
062 EMERGENCY	108,331		2,037	793	271		
095 OBSERVATION BEDS (NON-DIS							
097 SPEC PURPOSE COST CENTERS							
101 SUBTOTALS	6,207,919		1,460,193	13,606	189,150	50,512	78,883
102 NONREIMBURS COST CENTERS							
103 02 NRCC	669,900		54,786		7,302	50,512	13,647
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	6,877,819		1,514,979	13,606	196,452	101,024	92,530

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	OTHER GENERAL	I&R SERVICES-
	ISTRATION	CES & SUPPLY		DS & LIBRARY	E	SERVICE COS	SALARY & FRI
	14	15	16	17	18	19	22
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION	462,294						
016 CENTRAL SERVICES & SUPPLY		175,033					
017 PHARMACY			196,843				
018 MEDICAL RECORDS & LIBRARY				267,377			
019 SOCIAL SERVICE					109,966		
022 OTHER GENERAL SERVICE COS						370,427	
025 I&R SERVICES-SALARY & FRI							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	240,154			5,295	2,179	7,337	
028 INTENSIVE CARE UNIT	88,451			1,316	542	1,824	
029 CORONARY CARE UNIT							
033 BURN INTENSIVE CARE UNIT							
037 SURGICAL INTENSIVE CARE U							
038 NURSERY							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	81,264			10,561	4,347	14,635	
042 RECOVERY ROOM				1,507	620	2,089	
043 ANESTHESIOLOGY							
044 RADIOLOGY-DIAGNOSTIC				739	304	1,024	
041 01 CT SCAN				18,969	7,808	26,287	
041 02 ULTRASOUND				362	149	502	
041 03 PET SCAN				6,813	2,804	9,441	
041 04 MAMMOGRAPHY				163	67	226	
041 05 MRI				3,380	1,391	4,684	
042 RADIOLOGY-THERAPEUTIC				22,973	9,456	31,835	
043 RADIOISOTOPE				1,126	463	1,560	
044 LABORATORY				16,647	6,853	23,069	
047 BLOOD STORING, PROCESSING				2,430	1,000	3,367	
049 RESPIRATORY THERAPY				1,557	641	2,158	
050 PHYSICAL THERAPY				654	269	906	
053 ELECTROCARDIOLOGY				169	69	234	
054 ELECTROENCEPHALOGRAPHY				66	27	92	
055 MEDICAL SUPPLIES CHARGED		175,033		3,558	1,465	4,930	
055 01 NUTRITIONAL COUNSELING				193	79	267	
056 DRUGS CHARGED TO PATIENTS			196,843	160,702	66,059	222,602	
056 01 ONCOLOGY				7,823	3,220	10,840	
059 REFERENCE LAB							
060 OUTPAT SERVICE COST CNTRS							
061 01 PAIN MANAGEMENT	52,425			374	154	518	
062 EMERGENCY							
095 OBSERVATION BEDS (NON-DIS							
097 SPEC PURPOSE COST CENTERS							
101 SUBTOTALS	462,294	175,033	196,843	267,377	109,966	370,427	
102 NONREIMBURS COST CENTERS							
103 02 NRCC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	462,294	175,033	196,843	267,377	109,966	370,427	

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO:
I 14-0100
I

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

I WORKSHEET B
I PART III

	COST CENTER DESCRIPTION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		25	26	27
	GENERAL SERVICE COST CNTR			
001	OLD CAP REL COSTS-BLDG &			
002	OLD CAP REL COSTS-MVBLE E			
003	NEW CAP REL COSTS-BLDG &			
004	NEW CAP REL COSTS-MVBLE E			
005	EMPLOYEE BENEFITS			
006	ADMINISTRATIVE & GENERAL			
007	MAINTENANCE & REPAIRS			
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			
019	OTHER GENERAL SERVICE COS			
022	I&R SERVICES-SALARY & FRI			
	INPAT ROUTINE SRVC CNTRS			
025	ADULTS & PEDIATRICS	1,287,978		1,287,978
026	INTENSIVE CARE UNIT	265,519		265,519
027	CORONARY CARE UNIT			
028	BURN INTENSIVE CARE UNIT			
029	SURGICAL INTENSIVE CARE U			
033	NURSERY			
	ANCILLARY SRVC COST CNTRS			
037	OPERATING ROOM	821,371		821,371
038	RECOVERY ROOM	137,321		137,321
040	ANESTHESIOLOGY	97		97
041	RADIOLOGY-DIAGNOSTIC	981,026		981,026
041 01	CT SCAN	310,921		310,921
041 02	ULTRASOUND	56,061		56,061
041 03	PET SCAN	118,745		118,745
041 04	MAMMOGRAPHY	137,991		137,991
041 05	MRI	242,527		242,527
042	RADIOLOGY-THERAPEUTIC	2,184,778		2,184,778
3	RADIOISOTOPE	69,219		69,219
4	LABORATORY	839,867		839,867
047	BLOOD STORING, PROCESSING	89,283		89,283
049	RESPIRATORY THERAPY	105,483		105,483
050	PHYSICAL THERAPY	91,870		91,870
053	ELECTROCARDIOLOGY	126,072		126,072
054	ELECTROENCEPHALOGRAPHY	4,244		4,244
055	MEDICAL SUPPLIES CHARGED	214,774		214,774
055 01	NUTRITIONAL COUNSELING	59,481		59,481
056	DRUGS CHARGED TO PATIENTS	3,236,675		3,236,675
056 01	ONCOLOGY	1,301,806		1,301,806
059	REFERENCE LAB			
	OUTPAT SERVICE COST CNTRS			
060 01	PAIN MANAGEMENT	90,379		90,379
061	EMERGENCY	115,144		115,144
062	OBSERVATION BEDS (NON-DIS			
	SPEC PURPOSE COST CENTERS			
095	SUBTOTALS	12,888,632		12,888,632
	NONREIMBURS COST CENTERS			
097 02	NRCC	1,271,716		1,271,716
101	CROSS FOOT ADJUSTMENTS			
102	NEGATIVE COST CENTER			
103	TOTAL	14,160,348		14,160,348

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE		RECONCIL- IATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	(GROSS)SALA RIE	FITS	
	(SQUARE FEET	(DOLLAR)VALUE	(SQUARE)FEET	(DOLLAR)VALUE			
	1	2	3	4	5		6a.00
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD	185,704						
003 OLD CAP REL COSTS-MVB		9,234,843					
004 NEW CAP REL COSTS-BLD			185,704				
005 NEW CAP REL COSTS-MVB				9,234,843			
006 EMPLOYEE BENEFITS	7,254	952	7,254	952	49,570,259		
007 ADMINISTRATIVE & GENE	7,039	5,798,861	7,039	5,798,861	4,769,130		-50,411,713
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	50,906	180,394	50,906	180,394	1,477,756		
010 LAUNDRY & LINEN SERVI							
011 HOUSEKEEPING	3,418		3,418		1,161,518		
012 DIETARY	153	61,094	153	61,094	185,545		
014 CAFETERIA	1,203		1,203		1,459,227		
015 NURSING ADMINISTRATIO	7,142	5,311	7,142	5,311	1,274,725		
016 CENTRAL SERVICES & SU	3,911	8,317	3,911	8,317	423,741		
017 PHARMACY	1,968	8,330	1,968	8,330	1,850,424		
018 MEDICAL RECORDS & LIB	4,146	5,003	4,146	5,003	1,552,459		
019 SOCIAL SERVICE	971	4,981	971	4,981	1,014,640		
022 OTHER GENERAL SERVICE	2,815	530	2,815	530	4,081,198		
025 I&R SERVICES-SALARY &							
026 INPAT ROUTINE SRVC CN							
027 ADULTS & PEDIATRICS	14,609	20,875	14,609	20,875	5,280,171		
028 INTENSIVE CARE UNIT	610	7,626	610	7,626	2,055,803		
029 CORONARY CARE UNIT							
033 BURN INTENSIVE CARE U							
037 SURGICAL INTENSIVE CA							
038 NURSERY							
040 ANCILLARY SRVC COST C							
041 OPERATING ROOM	10,234	152,398	10,234	152,398	2,000,335		
042 RECOVERY ROOM		61,210		61,210			
044 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	5,666	548,141	5,666	548,141	1,473,668		
041 01 CT SCAN	662	146,728	662	146,728	421,302		
041 02 ULTRASOUND	150	32,000	150	32,000	157,333		
041 03 PET SCAN	830	18,845	830	18,845	383,547		
041 04 MAMMOGRAPHY	192	96,688	192	96,688	166,067		
041 05 MRI	766	151,885	766	151,885	228,206		
042 RADIOLOGY-THERAPEUTIC	13,031	1,250,368	13,031	1,250,368	1,456,473		
043 RADIOISOTOPE	311		311		303,094		
044 LABORATORY	7,459	233,206	7,459	233,206	2,671,281		
047 BLOOD STORING, PROCES							
049 RESPIRATORY THERAPY	1,021	15,119	1,021	15,119	709,395		
050 PHYSICAL THERAPY	1,529		1,529		597,306		
053 ELECTROCARDIOLOGY	256	80,766	256	80,766	253,416		
054 ELECTROENCEPHALOGRAPH					63,149		
055 MEDICAL SUPPLIES CHAR	216		216				
055 01 NUTRIONAL COUNSELING	683		683		556,354		
056 DRUGS CHARGED TO PATI							
056 01 ONCOLOGY	31,548	25,493	31,548	25,493	5,020,771		
059 REFERENCE LAB							
060 01 OUTPAT SERVICE COST C							
061 PAIN MANAGEMENT		926		926	492,363		
062 EMERGENCY					1,360,083		
062 OBSERVATION BEDS (NON							
095 SPEC PURPOSE COST CEN							
095 SUBTOTALS	180,699	8,916,047	180,699	8,916,047	44,900,480		-50,411,713
097 02 NONREIMBURS COST CENT							
101 NRCC	5,005	318,796	5,005	318,796	4,669,779		
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED			3,435,331	10,725,017	12,748,185		
104 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER			18.498961		.257174		
105 (WRKSHT B, PT I)							
105 COST TO BE ALLOCATED				1.161364			
106 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
106 (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED					135,297		
107 (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER						.002729	
108 (WRKSHT B, PT III)							

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF) LAUNDRY	(SQUARE FEET)	(MEALS) SERVED	(HOURS OF) SERVICE
	6	7	8	9	10	11	12
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENE	163,028,806						
007 MAINTENANCE & REPAIRS		177,659					
008 OPERATION OF PLANT	8,526,880	51,232	126,427				
009 LAUNDRY & LINEN SERVI	322,498			405,198			
010 HOUSEKEEPING	2,108,312	3,418	3,418	4,468	123,009		
011 DIETARY	569,663	199	199		199	60,090	
012 CAFETERIA	1,198,977	1,157	1,157		1,157		1,318,776
014 NURSING ADMINISTRATIO	2,343,499	16,155	16,155		16,155		32,390
015 CENTRAL SERVICES & SU	887,981	3,911	3,911		3,911		18,461
016 PHARMACY	2,727,868	1,968	1,968		1,968		55,647
017 MEDICAL RECORDS & LIB	2,836,101	4,146	4,146		4,146		66,711
018 SOCIAL SERVICE	1,540,073	1,131	1,131	971	1,131		43,973
019 OTHER GENERAL SERVICE	6,085,472	3,128	3,128		3,128		105,259
022 I&R SERVICES-SALARY &							
025 ADULTS & PEDIATRICS	8,265,962	23,558	23,558	147,703	23,558	23,009	168,278
026 INTENSIVE CARE UNIT	3,126,908	610	610	19,598	610	1,443	61,979
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
033 NURSERY							
037 ANCILLARY SRVC COST C							
038 OPERATING ROOM	5,993,022	5,888	5,888	47,829	5,888	240	56,943
040 RECOVERY ROOM	71,087	4,346	4,346		4,346		
041 ANESTHESIOLOGY	2,294						
041 RADIOLOGY-DIAGNOSTIC	3,781,064	5,030	5,030	65,095	5,030		50,183
041 01 CT SCAN	1,527,123	662	662		662		9,122
041 02 ULTRASOUND	294,593	150	150		150		3,063
041 03 PET SCAN	1,174,436	830	830		830		8,279
041 04 MAMMOGRAPHY	434,389	192	192		192		4,367
041 05 MRI	735,487	766	766		766		6,470
042 RADIOLOGY-THERAPEUTIC	5,537,069	13,667	13,667	25,090	13,667		47,141
043 RADIOISOTOPE	1,297,444	311	311		311		7,543
044 LABORATORY	6,470,504	7,167	7,167		7,167		98,069
047 BLOOD STORING, PROCES	1,861,218	292	292		292		
049 RESPIRATORY THERAPY	1,124,471	1,021	1,021		1,021		20,528
050 PHYSICAL THERAPY	886,869	1,529	1,529	12,602	1,529		21,716
053 ELECTROCARDIOLOGY	529,084	256	256		256		8,198
054 ELECTROENCEPHALOGRAPH	90,845			1,621			
055 MEDICAL SUPPLIES CHAR	589,763						12,979
055 01 NUTRITIONAL COUNSELING	808,371	683	683		683		20,092
056 DRUGS CHARGED TO PATI	61,403,975						
056 01 ONCOLOGY	8,741,861	19,298	19,298	56,609	19,298	5,353	160,149
059 REFERENCE LAB							
060 01 OUTPAT SERVICE COST C							
061 PAIN MANAGEMENT	686,909	216	216		216		36,735
061 EMERGENCY	2,567,804	170	170	23,612	170		
062 OBSERVATION BEDS (NON							
062 SPEC PURPOSE COST CEN							
095 SUBTOTALS	147,149,876	173,087	121,855	405,198	118,437	30,045	1,124,275
097 02 NONREIMBURS COST CENT							
101 NRCC	15,878,930	4,572	4,572		4,572	30,045	194,501
102 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	50,411,713		11,163,562	422,221	3,066,711	768,347	1,700,734
104 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER				1.042012		12.786603	
104 (WRKSHT B, PT I)	.309220		88.300458		24.930786		1.289631
105 COST TO BE ALLOCATED							
105 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
106 (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	6,877,819		1,514,979	13,606	196,452	101,024	92,530
107 (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER				.033579		1.681212	
108 (WRKSHT B, PT III)	.042188		11.983034		1.597054		.070164

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	OTHER GENERAL	I&R SERVICES-
		ISTRATION	CES & SUPPLY		DS & LIBRARY	E	SERVICE COS	SALARY & FRI
		(HOURS OF SERVICE)	(COSTED)REQUIS	(COST)REQUIS	(GROSS)REVE	(GROSS)REVE	(GROSS)REVE	(ASSIGNED)TIME
		14	15	16	17	18	19	22
001	GENERAL SERVICE COST							
002	OLD CAP REL COSTS-BLD							
003	OLD CAP REL COSTS-MVB							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENE							
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT							
010	LAUNDRY & LINEN SERVI							
011	HOUSEKEEPING							
012	DIETARY							
014	CAFETERIA							
015	NURSING ADMINISTRATIO	323,935						
016	CENTRAL SERVICES & SU		100					
017	PHARMACY			100				
018	MEDICAL RECORDS & LIB				575,647,970			
019	SOCIAL SERVICE					575,647,970		
022	OTHER GENERAL SERVICE						575,647,970	
025	I&R SERVICES-SALARY &							
026	INPAT ROUTINE SRVC CN							
027	ADULTS & PEDIATRICS	168,278			11,410,645	11,410,645	11,410,645	
028	INTENSIVE CARE UNIT	61,979			2,836,385	2,836,385	2,836,385	
029	CORONARY CARE UNIT							
033	BURN INTENSIVE CARE U							
037	SURGICAL INTENSIVE CA							
038	NURSERY							
040	ANCILLARY SRVC COST C							
041	OPERATING ROOM	56,943			22,760,457	22,760,457	22,760,457	
041	RECOVERY ROOM				3,248,606	3,248,606	3,248,606	
041	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC				1,593,155	1,593,155	1,593,155	
041	01 CT SCAN				40,881,185	40,881,185	40,881,185	
041	02 ULTRASOUND				780,553	780,553	780,553	
041	03 PET SCAN				14,683,100	14,683,100	14,683,100	
041	04 MAMMOGRAPHY				351,925	351,925	351,925	
041	05 MRI				7,285,120	7,285,120	7,285,120	
042	RADIOLOGY-THERAPEUTIC				49,509,967	49,509,967	49,509,967	
043	RADIOISOTOPE				2,426,651	2,426,651	2,426,651	
044	LABORATORY				35,877,339	35,877,339	35,877,339	
047	BLOOD STORING, PROCES				5,236,370	5,236,370	5,236,370	
049	RESPIRATORY THERAPY				3,355,642	3,355,642	3,355,642	
050	PHYSICAL THERAPY				1,409,223	1,409,223	1,409,223	
053	ELECTROCARDIOLOGY				363,190	363,190	363,190	
054	ELECTROENCEPHALOGRAPH				142,579	142,579	142,579	
055	MEDICAL SUPPLIES CHAR		100		7,667,711	7,667,711	7,667,711	
055	01 NUTRITIONAL COUNSELING				415,630	415,630	415,630	
056	DRUGS CHARGED TO PATI			100	345,747,110	345,747,110	345,747,110	
056	01 ONCOLOGY				16,859,067	16,859,067	16,859,067	
059	REFERENCE LAB							
060	01 OUTPAT SERVICE COST C							
061	PAIN MANAGEMENT	36,735			806,360	806,360	806,360	
062	EMERGENCY							
062	OBSERVATION BEDS (NON							
095	SPEC PURPOSE COST CEN							
095	SUBTOTALS	323,935	100	100	575,647,970	575,647,970	575,647,970	
097	NONREIMBURS COST CENT							
101	02 NRCC							
102	CROSS FOOT ADJUSTMENT							
103	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	4,939,178	1,629,217	3,865,982	4,268,570	2,202,080	8,457,154	
104	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		16,292.170000		.007415		.014692	
105	(WRKSHT B, PT I)	15.247435		38,659.820000		.003825		
105	COST TO BE ALLOCATED							
106	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
107	(WRKSHT B, PT II)	462,294	175,033	196,843	267,377	109,966	370,427	
107	COST TO BE ALLOCATED							
108	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		1,750.330000		.000464		.000643	
108	(WRKSHT B, PT III)	1.427120		1,968.430000		.000191		

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	17,016,307		17,016,307		17,016,307
26	INTENSIVE CARE UNIT	5,300,257		5,300,257		5,300,257
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
33	NURSERY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	10,097,691		10,097,691		10,097,691
38	RECOVERY ROOM	669,415		669,415		669,415
40	ANESTHESIOLOGY	3,003		3,003		3,003
41	RADIOLOGY-DIAGNOSTIC	5,693,660		5,693,660		5,693,660
41 01	CT SCAN	3,146,194		3,146,194		3,146,194
41 02	ULTRASOUND	426,864		426,864		426,864
41 03	PET SCAN	2,023,016		2,023,016		2,023,016
41 04	MAMMOGRAPHY	605,210		605,210		605,210
41 05	MRI	1,246,911		1,246,911		1,246,911
42	RADIOLOGY-THERAPEUTIC	10,167,602		10,167,602		10,167,602
43	RADIOISOTOPE	1,806,510		1,806,510		1,806,510
44	LABORATORY	10,339,685		10,339,685		10,339,685
47	BLOOD STORING, PROCESSING	2,605,598		2,605,598		2,605,598
49	RESPIRATORY THERAPY	1,701,281		1,701,281		1,701,281
50	PHYSICAL THERAPY	1,411,917		1,411,917		1,411,917
53	ELECTROCARDIOLOGY	741,664		741,664		741,664
54	ELECTROENCEPHALOGRAPHY	124,322		124,322		124,322
55	MEDICAL SUPPLIES CHARGED	2,616,924		2,616,924		2,616,924
55 01	NUTRITIONAL COUNSELING	1,172,361		1,172,361		1,172,361
56	DRUGS CHARGED TO PATIENTS	93,223,257		93,223,257		93,223,257
56 01	ONCOLOGY	14,401,311		14,401,311		14,401,311
59	REFERENCE LAB					
	OUTPAT SERVICE COST CNTRS					
60 01	PAIN MANAGEMENT	1,552,173		1,552,173		1,552,173
61	EMERGENCY	3,405,673		3,405,673	24,507	3,430,180
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	34,756		34,756		34,756
101	SUBTOTAL	191,533,562		191,533,562	24,507	191,558,069
102	LESS OBSERVATION BEDS	34,756		34,756		34,756
103	TOTAL	191,498,806		191,498,806	24,507	191,523,313

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	11,314,260		11,314,260			
26	INTENSIVE CARE UNIT	4,522,020		4,522,020			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	14,014,171	11,061,563	25,075,734	.402688	.402688	.402688
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	3,835,277	5,689,259	9,524,536	.597789	.597789	.597789
41 01	CT SCAN	3,219,235	45,110,330	48,329,565	.065099	.065099	.065099
41 02	ULTRASOUND	297,348	616,759	914,107	.466974	.466974	.466974
41 03	PET SCAN	398,831	16,048,276	16,447,107	.123001	.123001	.123001
41 04	MAMMOGRAPHY	23,449	567,243	590,692	1.024578	1.024578	1.024578
41 05	MRI	918,976	8,141,990	9,060,966	.137613	.137613	.137613
42	RADIOLOGY-THERAPEUTIC	2,989,333	40,618,966	43,608,299	.233158	.233158	.233158
43	RADIOISOTOPE	182,750	3,309,427	3,492,177	.517302	.517302	.517302
44	LABORATORY	10,999,829	33,907,745	44,907,574	.230244	.230244	.230244
47	BLOOD STORING, PROCESSING	3,917,033	1,390,390	5,307,423	.490935	.490935	.490935
49	RESPIRATORY THERAPY	3,499,681	275,419	3,775,100	.450659	.450659	.450659
50	PHYSICAL THERAPY	849,076	588,203	1,437,279	.982354	.982354	.982354
53	ELECTROCARDIOLOGY	734,878	3,463,094	4,197,972	.176672	.176672	.176672
54	ELECTROENCEPHALOGRAPHY	13,902	2,648	16,550	7.511903	7.511903	7.511903
55	MEDICAL SUPPLIES CHARGED	710,040	242,241	952,281	2.748059	2.748059	2.748059
55 01	NUTRITIONAL COUNSELING	39,171	380,015	419,186	2.796756	2.796756	2.796756
56	DRUGS CHARGED TO PATIENTS	66,319,255	349,853,532	416,172,787	.224001	.224001	.224001
56 01	ONCOLOGY	165,476	20,474,769	20,640,245	.697730	.697730	.697730
59	REFERENCE LAB						
	OUTPAT SERVICE COST CNTRS						
60 01	PAIN MANAGEMENT						
61	EMERGENCY	638,823	2,162,969	2,801,792	1.215534	1.215534	1.224281
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	129,602,814	543,904,838	673,507,652			
102	LESS OBSERVATION BEDS						
103	TOTAL	129,602,814	543,904,838	673,507,652			

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	17,016,307		17,016,307		17,016,307
26	INTENSIVE CARE UNIT	5,300,257		5,300,257		5,300,257
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
33	NURSERY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	10,097,691		10,097,691		10,097,691
38	RECOVERY ROOM	669,415		669,415		669,415
40	ANESTHESIOLOGY	3,003		3,003		3,003
41	RADIOLOGY-DIAGNOSTIC	5,693,660		5,693,660		5,693,660
41 01	CT SCAN	3,146,194		3,146,194		3,146,194
41 02	ULTRASOUND	426,864		426,864		426,864
41 03	PET SCAN	2,023,016		2,023,016		2,023,016
41 04	MAMMOGRAPHY	605,210		605,210		605,210
41 05	MRI	1,246,911		1,246,911		1,246,911
42	RADIOLOGY-THERAPEUTIC	10,167,602		10,167,602		10,167,602
43	RADIOISOTOPE	1,806,510		1,806,510		1,806,510
44	LABORATORY	10,339,685		10,339,685		10,339,685
47	BLOOD STORING, PROCESSING	2,605,598		2,605,598		2,605,598
49	RESPIRATORY THERAPY	1,701,281		1,701,281		1,701,281
50	PHYSICAL THERAPY	1,411,917		1,411,917		1,411,917
53	ELECTROCARDIOLOGY	741,664		741,664		741,664
54	ELECTROENCEPHALOGRAPHY	124,322		124,322		124,322
55	MEDICAL SUPPLIES CHARGED	2,616,924		2,616,924		2,616,924
55 01	NUTRITIONAL COUNSELING	1,172,361		1,172,361		1,172,361
56	DRUGS CHARGED TO PATIENTS	93,223,257		93,223,257		93,223,257
56 01	ONCOLOGY	14,401,311		14,401,311		14,401,311
59	REFERENCE LAB					
	OUTPAT SERVICE COST CNTRS					
60 01	PAIN MANAGEMENT	1,552,173		1,552,173		1,552,173
61	EMERGENCY	3,405,673		3,405,673	24,507	3,430,180
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	34,756		34,756		34,756
101	SUBTOTAL	191,533,562		191,533,562	24,507	191,558,069
102	LESS OBSERVATION BEDS	34,756		34,756		34,756
103	TOTAL	191,498,806		191,498,806	24,507	191,523,313

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	11,314,260		11,314,260			
26	INTENSIVE CARE UNIT	4,522,020		4,522,020			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	14,014,171	11,061,563	25,075,734	.402688	.402688	.402688
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	3,835,277	5,689,259	9,524,536	.597789	.597789	.597789
41 01	CT SCAN	3,219,235	45,110,330	48,329,565	.065099	.065099	.065099
41 02	ULTRASOUND	297,348	616,759	914,107	.466974	.466974	.466974
41 03	PET SCAN	398,831	16,048,276	16,447,107	.123001	.123001	.123001
41 04	MAMMOGRAPHY	23,449	567,243	590,692	1.024578	1.024578	1.024578
41 05	MRI	918,976	8,141,990	9,060,966	.137613	.137613	.137613
42	RADIOLOGY-THERAPEUTIC	2,989,333	40,618,966	43,608,299	.233158	.233158	.233158
43	RADIOISOTOPE	182,750	3,309,427	3,492,177	.517302	.517302	.517302
44	LABORATORY	10,999,829	33,907,745	44,907,574	.230244	.230244	.230244
47	BLOOD STORING, PROCESSING	3,917,033	1,390,390	5,307,423	.490935	.490935	.490935
49	RESPIRATORY THERAPY	3,499,681	275,419	3,775,100	.450659	.450659	.450659
50	PHYSICAL THERAPY	849,076	588,203	1,437,279	.982354	.982354	.982354
53	ELECTROCARDIOLOGY	734,878	3,463,094	4,197,972	.176672	.176672	.176672
54	ELECTROENCEPHALOGRAPHY	13,902	2,648	16,550	7.511903	7.511903	7.511903
55	MEDICAL SUPPLIES CHARGED	710,040	242,241	952,281	2.748059	2.748059	2.748059
55 01	NUTRITIONAL COUNSELING	39,171	380,015	419,186	2.796756	2.796756	2.796756
56	DRUGS CHARGED TO PATIENTS	66,319,255	349,853,532	416,172,787	.224001	.224001	.224001
56 01	ONCOLOGY	165,476	20,474,769	20,640,245	.697730	.697730	.697730
59	REFERENCE LAB						
	OUTPAT SERVICE COST CNTRS						
60 01	PAIN MANAGEMENT						
61	EMERGENCY	638,823	2,162,969	2,801,792	1.215534	1.215534	1.224281
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	129,602,814	543,904,838	673,507,652			
102	LESS OBSERVATION BEDS						
103	TOTAL	129,602,814	543,904,838	673,507,652			

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	10,097,691	821,371	9,276,320			10,097,691
38	RECOVERY ROOM	669,415	137,321	532,094			669,415
40	ANESTHESIOLOGY	3,003	97	2,906			3,003
41	RADIOLOGY-DIAGNOSTIC	5,693,660	981,026	4,712,634			5,693,660
41 01	CT SCAN	3,146,194	310,921	2,835,273			3,146,194
41 02	ULTRASOUND	426,864	56,061	370,803			426,864
41 03	PET SCAN	2,023,016	118,745	1,904,271			2,023,016
41 04	MAMMOGRAPHY	605,210	137,991	467,219			605,210
41 05	MRI	1,246,911	242,527	1,004,384			1,246,911
42	RADIOLOGY-THERAPEUTIC	10,167,602	2,184,778	7,982,824			10,167,602
43	RADIOISOTOPE	1,806,510	69,219	1,737,291			1,806,510
44	LABORATORY	10,339,685	839,867	9,499,818			10,339,685
47	BLOOD STORING, PROCESSING	2,605,598	89,283	2,516,315			2,605,598
49	RESPIRATORY THERAPY	1,701,281	105,483	1,595,798			1,701,281
50	PHYSICAL THERAPY	1,411,917	91,870	1,320,047			1,411,917
53	ELECTROCARDIOLOGY	741,664	126,072	615,592			741,664
54	ELECTROENCEPHALOGRAPHY	124,322	4,244	120,078			124,322
55	MEDICAL SUPPLIES CHARGED	2,616,924	214,774	2,402,150			2,616,924
55 01	NUTRITIONAL COUNSELING	1,172,361	59,481	1,112,880			1,172,361
56	DRUGS CHARGED TO PATIENTS	93,223,257	3,236,675	89,986,582			93,223,257
56 01	ONCOLOGY	14,401,311	1,301,806	13,099,505			14,401,311
59	REFERENCE LAB						
	OUTPAT SERVICE COST CNTRS						
60 01	PAIN MANAGEMENT	1,552,173	90,379	1,461,794			1,552,173
61	EMERGENCY	3,405,673	115,144	3,290,529			3,405,673
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	34,756	2,631	32,125			34,756
101	SUBTOTAL	169,216,998	11,337,766	157,879,232			169,216,998
102	LESS OBSERVATION BEDS	34,756	2,631	32,125			34,756
103	TOTAL	169,182,242	11,335,135	157,847,107			169,182,242

WKST A E 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	25,075,734	.402688	.402688
38	RECOVERY ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	9,524,536	.597789	.597789
41 01	CT SCAN	48,329,565	.065099	.065099
41 02	ULTRASOUND	914,107	.466974	.466974
41 03	PET SCAN	16,447,107	.123001	.123001
41 04	MAMMOGRAPHY	590,692	1.024578	1.024578
41 05	MRI	9,060,966	.137613	.137613
42	RADIOLOGY-THERAPEUTIC	43,608,299	.233158	.233158
43	RADIOISOTOPE	3,492,177	.517302	.517302
44	LABORATORY	44,907,574	.230244	.230244
47	BLOOD STORING, PROCESSING	5,307,423	.490935	.490935
49	RESPIRATORY THERAPY	3,775,100	.450659	.450659
50	PHYSICAL THERAPY	1,437,279	.982354	.982354
53	ELECTROCARDIOLOGY	4,197,972	.176672	.176672
54	ELECTROENCEPHALOGRAPHY	16,550	7.511903	7.511903
55	MEDICAL SUPPLIES CHARGED	952,281	2.748059	2.748059
55 01	NUTRITIONAL COUNSELING	419,186	2.796756	2.796756
56	DRUGS CHARGED TO PATIENTS	416,172,787	.224001	.224001
56 01	ONCOLOGY	20,640,245	.697730	.697730
59	REFERENCE LAB			
	OUTPAT SERVICE COST CNTRS			
60 01	PAIN MANAGEMENT			
61	EMERGENCY	2,801,792	1.215534	1.215534
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	657,671,372		
102	LESS OBSERVATION BEDS			
103	TOTAL	657,671,372		

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 REDUCTION 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	10,097,691	821,371	9,276,320	82,137	538,027	9,477,527
38	RECOVERY ROOM	669,415	137,321	532,094	13,732	30,861	624,822
40	ANESTHESIOLOGY	3,003	97	2,906	10	169	2,824
41	RADIOLOGY-DIAGNOSTIC	5,693,660	981,026	4,712,634	98,103	273,333	5,322,224
41 01	CT SCAN	3,146,194	310,921	2,835,273	31,092	164,446	2,950,656
41 02	ULTRASOUND	426,864	56,061	370,803	5,606	21,507	399,751
41 03	PET SCAN	2,023,016	118,745	1,904,271	11,875	110,448	1,900,693
41 04	MAMMOGRAPHY	605,210	137,991	467,219	13,799	27,099	564,312
41 05	MRI	1,246,911	242,527	1,004,384	24,253	58,254	1,164,404
42	RADIOLOGY-THERAPEUTIC	10,167,602	2,184,778	7,982,824	218,478	463,004	9,486,120
43	RADIOISOTOPE	1,806,510	69,219	1,737,291	6,922	100,763	1,698,825
44	LABORATORY	10,339,685	839,867	9,499,818	83,987	550,989	9,704,709
47	BLOOD STORING, PROCESSING	2,605,598	89,283	2,516,315	8,928	145,946	2,450,724
49	RESPIRATORY THERAPY	1,701,281	105,483	1,595,798	10,548	92,556	1,598,177
50	PHYSICAL THERAPY	1,411,917	91,870	1,320,047	9,187	76,563	1,326,167
53	ELECTROCARDIOLOGY	741,664	126,072	615,592	12,607	35,704	693,353
54	ELECTROENCEPHALOGRAPHY	124,322	4,244	120,078	424	6,965	116,933
55	MEDICAL SUPPLIES CHARGED	2,616,924	214,774	2,402,150	21,477	139,325	2,456,122
55 01	NUTRITIONAL COUNSELING	1,172,361	59,481	1,112,880	5,948	64,547	1,101,866
56	DRUGS CHARGED TO PATIENTS	93,223,257	3,236,675	89,986,582	323,668	5,219,222	87,680,367
56 01	ONCOLOGY	14,401,311	1,301,806	13,099,505	130,181	759,771	13,511,359
59	REFERENCE LAB						
	OUTPAT SERVICE COST CNTRS						
60 01	PAIN MANAGEMENT	1,552,173	90,379	1,461,794	9,038	84,784	1,458,351
61	EMERGENCY	3,405,673	115,144	3,290,529	11,514	190,851	3,203,308
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	34,756	2,631	32,125	263	1,863	32,630
101	SUBTOTAL	169,216,998	11,337,766	157,879,232	1,133,777	9,156,997	158,926,224
102	LESS OBSERVATION BEDS	34,756	2,631	32,125	263	1,863	32,630
103	TOTAL	169,182,242	11,335,135	157,847,107	1,133,514	9,155,134	158,893,594

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	25,075,734	.377956	.399412
38	RECOVERY ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	9,524,536	.558791	.587489
41 01	CT SCAN	48,329,565	.061053	.064455
41 02	ULTRASOUND	914,107	.437313	.460841
41 03	PET SCAN	16,447,107	.115564	.122279
41 04	MAMMOGRAPHY	590,692	.955341	1.001217
41 05	MRI	9,060,966	.128508	.134937
42	RADIOLOGY-THERAPEUTIC	43,608,299	.217530	.228147
43	RADIOISOTOPE	3,492,177	.486466	.515320
44	LABORATORY	44,907,574	.216104	.228373
47	BLOOD STORING, PROCESSING	5,307,423	.461754	.489253
49	RESPIRATORY THERAPY	3,775,100	.423347	.447864
50	PHYSICAL THERAPY	1,437,279	.922693	.975962
53	ELECTROCARDIOLOGY	4,197,972	.165164	.173669
54	ELECTROENCEPHALOGRAPHY	16,550	7.065438	7.486284
55	MEDICAL SUPPLIES CHARGED	952,281	2.579199	2.725505
55 01	NUTRITIONAL COUNSELING	419,186	2.628585	2.782567
56	DRUGS CHARGED TO PATIENTS	416,172,787	.210683	.223224
56 01	ONCOLOGY	20,640,245	.654612	.691423
59	REFERENCE LAB			
	OUTPAT SERVICE COST CNTRS			
60 01	PAIN MANAGEMENT			
61	EMERGENCY	2,801,792	1.143307	1.211424
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	657,671,372		
102	LESS OBSERVATION BEDS			
103	TOTAL	657,671,372		

POST A NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				1,287,978		1,287,978
26	INTENSIVE CARE UNIT				265,519		265,519
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
101	TOTAL				1,553,497		1,553,497

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	9,792	1,285			131.53	169,016
26	INTENSIVE CARE UNIT	1,821	233			145.81	33,974
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
101	TOTAL	11,613	1,518				202,990

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/ 8/2010
 I 14-0100 I FROM 7/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2010 I PART II
 I 14-0100 I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		821,371	25,075,734	1,521,603		
38	RECOVERY ROOM		137,321				
40	ANESTHESIOLOGY		97				
41	RADIOLOGY-DIAGNOSTIC		981,026	9,524,536	543,840		
41 01	CT SCAN		310,921	48,329,565	546,306		
41 02	ULTRASOUND		56,061	914,107	42,586		
41 03	PET SCAN		118,745	16,447,107	120,599		
41 04	MAMMOGRAPHY		137,991	590,692	2,387		
41 05	MRI		242,527	9,060,966	142,221		
42	RADIOLOGY-THERAPEUTIC		2,184,778	43,608,299	345,045		
43	RADIOISOTOPE		69,219	3,492,177	28,618		
44	LABORATORY		839,867	44,907,574	2,042,781		
47	BLOOD STORING, PROCESSING		89,283	5,307,423			
49	RESPIRATORY THERAPY		105,483	3,775,100	677,876		
50	PHYSICAL THERAPY		91,870	1,437,279	133,525		
53	ELECTROCARDIOLOGY		126,072	4,197,972	132,263		
54	ELECTROENCEPHALOGRAPHY		4,244	16,550	1,411		
55	MEDICAL SUPPLIES CHARGED		214,774	952,281	708,787		
55 01	NUTRITIONAL COUNSELING		59,481	419,186	8,359		
56	DRUGS CHARGED TO PATIENTS		3,236,675	416,172,787	7,113,565		
56 01	ONCOLOGY		1,301,806	20,640,245	38,765		
59	REFERENCE LAB						
	OUTPAT SERVICE COST CNTRS						
60 01	PAIN MANAGEMENT		90,379				
61	EMERGENCY		115,144	2,801,792	98,647		
62	OBSERVATION BEDS (NON-DIS		2,631				
	OTHER REIMBURS COST CNTRS						
101	TOTAL		11,337,766	657,671,372	14,249,184		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.032756	49,842
38	RECOVERY ROOM		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.103000	56,016
41 01	CT SCAN	.006433	3,514
41 02	ULTRASOUND	.061329	2,612
41 03	PET SCAN	.007220	871
41 04	MAMMOGRAPHY	.233609	558
41 05	MRI	.026766	3,807
42	RADIOLOGY-THERAPEUTIC	.050100	17,287
43	RADIOISOTOPE	.019821	567
44	LABORATORY	.018702	38,204
47	BLOOD STORING, PROCESSING	.016822	
49	RESPIRATORY THERAPY	.027942	18,941
50	PHYSICAL THERAPY	.063919	8,535
53	ELECTROCARDIOLOGY	.030032	3,972
54	ELECTROENCEPHALOGRAPHY	.256435	362
55	MEDICAL SUPPLIES CHARGED	.225536	159,857
55 01	NUTRITIONAL COUNSELING	.141896	1,186
56	DRUGS CHARGED TO PATIENTS	.007777	55,322
56 01	ONCOLOGY	.063071	2,445
59	REFERENCE LAB		
	OUTPAT SERVICE COST CNTRS		
60 01	PAIN MANAGEMENT		
61	EMERGENCY	.041097	4,054
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		
101	TOTAL		427,952

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

I PROVIDER NO: I PERIOD: I PREPARED 11/ 8/2010
 I 14-0100 I FROM 7/ 1/2009 I WORKSHEET D
 I I TO 6/30/2010 I PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED EDUCATN COST	SWING BED ADJ AMOUNT	TOTAL COSTS	TOTAL PATIENT DAYS	PER DIEM
		1	2	3	4	5	6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					9,792	
26	INTENSIVE CARE UNIT					1,821	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
101	TOTAL					11,613	

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

WKST A NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		1,285
26	INTENSIVE CARE UNIT		233
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
33	NURSERY		
101	TOTAL		1,518

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 CT SCAN						
41	02 ULTRASOUND						
41	03 PET SCAN						
41	04 MAMMOGRAPHY						
41	05 MRI						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	01 NUTRITIONAL COUNSELING						
56	DRUGS CHARGED TO PATIENTS						
56	01 ONCOLOGY						
59	REFERENCE LAB						
	OUTPAT SERVICE COST CNTRS						
60	01 PAIN MANAGEMENT						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			25,075,734			1,521,603	
38	RECOVERY ROOM							
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC			9,524,536			543,840	
41 01	CT SCAN			48,329,565			546,306	
41 02	ULTRASOUND			914,107			42,586	
41 03	PET SCAN			16,447,107			120,599	
41 04	MAMMOGRAPHY			590,692			2,387	
41 05	MRI			9,060,966			142,221	
42	RADIOLOGY-THERAPEUTIC			43,608,299			345,045	
43	RADIOISOTOPE			3,492,177			28,618	
44	LABORATORY			44,907,574			2,042,781	
47	BLOOD STORING, PROCESSING			5,307,423				
49	RESPIRATORY THERAPY			3,775,100			677,876	
50	PHYSICAL THERAPY			1,437,279			133,525	
53	ELECTROCARDIOLOGY			4,197,972			132,263	
54	ELECTROENCEPHALOGRAPHY			16,550			1,411	
55	MEDICAL SUPPLIES CHARGED			952,281			708,787	
55 01	NUTRIONAL COUNSELING			419,186			8,359	
56	DRUGS CHARGED TO PATIENTS			416,172,787			7,113,565	
56 01	ONCOLOGY			20,640,245			38,765	
59	REFERENCE LAB							
	OUTPAT SERVICE COST CNTRS							
60 01	PAIN MANAGEMENT							
61	EMERGENCY			2,801,792			98,647	
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			657,671,372			14,249,184	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01	COL 8.02
						* COL 5 9.01	* COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	977,976					
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	534,850					
41 01	CT SCAN	6,591,809					
41 02	ULTRASOUND	44,076					
41 03	PET SCAN	2,383,216					
41 04	MAMMOGRAPHY	47,288					
41 05	MRI	764,559					
42	RADIOLOGY-THERAPEUTIC	5,008,729					
43	RADIOISOTOPE	723,354					
44	LABORATORY	4,292,851					
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY	36,847					
50	PHYSICAL THERAPY	52,390					
53	ELECTROCARDIOLOGY	352,044					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	373,785					
55 01	NUTRITIONAL COUNSELING	36,465					
56	DRUGS CHARGED TO PATIENTS	41,320,898					
56 01	ONCOLOGY	2,378,996					
59	REFERENCE LAB						
	OUTPAT SERVICE COST CNTRS						
60 01	PAIN MANAGEMENT						
61	EMERGENCY	54,509					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	317,588					
101	TOTAL	66,292,230					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/ 8/2010
 I 14-0100 I FROM 7/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2010 I PART V
 I 14-0100 I

TITLE XVIII, PART B

HOSPITAL

		Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
Cost Center Description		1	1.02	2	3	4
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.402688	.402688			
38	RECOVERY ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	.597789	.597789			
41 01	CT SCAN	.065099	.065099			
41 02	ULTRASOUND	.466974	.466974			
41 03	PET SCAN	.123001	.123001			
41 04	MAMMOGRAPHY	1.024578	1.024578			
41 05	MRI	.137613	.137613			
42	RADIOLOGY-THERAPEUTIC	.233158	.233158			
43	RADIOISOTOPE	.517302	.517302			
44	LABORATORY	.230244	.230244			
47	BLOOD STORING, PROCESSING & TRANS.	.490935	.490935			
49	RESPIRATORY THERAPY	.450659	.450659			
50	PHYSICAL THERAPY	.982354	.982354			
53	ELECTROCARDIOLOGY	.176672	.176672			
54	ELECTROENCEPHALOGRAPHY	7.511903	7.511903			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.748059	2.748059			
55 01	NUTRITIONAL COUNSELING	2.796756	2.796756			
56	DRUGS CHARGED TO PATIENTS	.224001	.224001			
56 01	ONCOLOGY	.697730	.697730			
59	REFERENCE LAB					
	OUTPAT SERVICE COST CNTRS					
60 01	PAIN MANAGEMENT					
61	EMERGENCY	1.215534	1.215534			
62	OBSERVATION BEDS (NON-DISTINCT PART)					
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES					

TITLE XVIII, PART B

HOSPITAL

	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		977,976			
38 RECOVERY ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		534,850			
41 01 CT SCAN		6,591,809			
41 02 ULTRASOUND		44,076			
41 03 PET SCAN		2,383,216			
41 04 MAMMOGRAPHY		47,288			
41 05 MRI		764,559			
42 RADIOLOGY-THERAPEUTIC		5,008,729			
43 RADIOISOTOPE		723,354			
44 LABORATORY		4,292,851			
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY		36,847			
50 PHYSICAL THERAPY		52,390			
53 ELECTROCARDIOLOGY		352,044			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		373,785			
55 01 NUTRITIONAL COUNSELING		36,465			
56 DRUGS CHARGED TO PATIENTS		41,320,898			
56 01 ONCOLOGY		2,378,996			
59 REFERENCE LAB					
60 01 OUTPAT SERVICE COST CNTRS					
61 PAIN MANAGEMENT					
61 EMERGENCY		54,509			
62 OBSERVATION BEDS (NON-DISTINCT PART)		317,588			
101 SUBTOTAL		66,292,230			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		66,292,230			

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				393,819	
38 RECOVERY ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC				319,727	
41 01 CT SCAN				429,120	
41 02 ULTRASOUND				20,582	
41 03 PET SCAN				293,138	
41 04 MAMMOGRAPHY				48,450	
41 05 MRI				105,213	
42 RADIOLOGY-THERAPEUTIC				1,167,825	
43 RADIOISOTOPE				374,192	
44 LABORATORY				988,403	
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY				16,605	
50 PHYSICAL THERAPY				51,466	
53 ELECTROCARDIOLOGY				62,196	
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,027,183	
55 01 NUTRITIONAL COUNSELING				101,984	
56 DRUGS CHARGED TO PATIENTS				9,255,922	
56 01 ONCOLOGY				1,659,897	
59 REFERENCE LAB					
60 01 OUTPAT SERVICE COST CNTRS					
61 PAIN MANAGEMENT					
61 EMERGENCY				66,258	
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL				16,381,980	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				16,381,980	

TITLE XVIII, PART B

HOSPITAL

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

Cost Center Description	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
38 RECOVERY ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
41 01 CT SCAN			
41 02 ULTRASOUND			
41 03 PET SCAN			
41 04 MAMMOGRAPHY			
41 05 MRI			
42 RADIOLOGY-THERAPEUTIC			
43 RADIOISOTOPE			
44 LABORATORY			
47 BLOOD STORING, PROCESSING & TRANS.			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
53 ELECTROCARDIOLOGY			
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
55 01 NUTRITIONAL COUNSELING			
56 DRUGS CHARGED TO PATIENTS			
56 01 ONCOLOGY			
59 REFERENCE LAB			
60 01 OUTPAT SERVICE COST CNTRS			
60 01 PAIN MANAGEMENT			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.224001
2	PROGRAM VACCINE CHARGES		760
3	PROGRAM COSTS		170

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/ 8/2010
I	14-0100	I	FROM 7/ 1/2009	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 6/30/2010	I	PART I
I	14-0100	I		I	

TITLE V - I/P

HOSPITAL

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	9,792
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,792
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,490
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,302
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)	
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

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

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	9,585,995
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,780,342
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,805,653
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	1,194.86
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	940.21
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	254.65
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	

TITLE V - I/P HOSPITAL

T II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

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

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44 INTENSIVE CARE UNIT		1,821			
45 CORONARY CARE UNIT					
46 BURN INTENSIVE CARE UNIT					
47 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1

48 PROGRAM INPATIENT ANCILLARY SERVICE COST
 49 TOTAL PROGRAM INPATIENT COSTS

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

TITLE V - I/P HOSPITAL

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

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)	9,792
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,792
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,490
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,302
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)	1,285
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	17,016,307
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	17,016,307

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	11,018,962
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	945,973
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,837,905
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.544275
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	634.88
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	944.10
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	17,016,307

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/ 8/2010
 I 14-0100 I FROM 7/ 1/2009 I WORKSHEET D-1
 I COMPONENT NO: I TO 6/30/2010 I PART II
 I 14-0100 I I

TITLE XVIII PART A

HOSPITAL

PPS

T II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 1,737.78
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,233,047
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,233,047

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	5,300,257	1,821	2,910.63	233	678,177
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 5,778,785
49 TOTAL PROGRAM INPATIENT COSTS					8,690,009

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 202,990
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 427,952
 52 TOTAL PROGRAM EXCLUDABLE COST 630,942
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 8,059,067

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A HOSPITAL PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS 20
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 1,737.78
- 85 OBSERVATION BED COST 34,756

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		17,016,307		34,756	
87 NEW CAPITAL-RELATED COST	1,287,978	17,016,307	.075691	34,756	2,631
88 NON PHYSICIAN ANESTHETIST		17,016,307		34,756	
89 MEDICAL EDUCATION		17,016,307		34,756	
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	9,792
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,792
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,490
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,302
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)	31
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	17,016,307
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	17,016,307

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	9,585,995
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,780,342
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,805,653
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.775122
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	1,194.86
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	940.21
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	254.65
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	452.03
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	673,525
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	16,342,782

TITLE XIX - I/P HOSPITAL OTHER
 PART II - HOSPITAL AND SUBPROVIDERS ONLY 1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 1,668.99
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 51,739
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 51,739

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	5,300,257	1,821	2,910.63	5	14,553
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					
49 TOTAL PROGRAM INPATIENT COSTS					66,292

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	20
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,737.78
85	OBSERVATION BED COST	34,756

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII, PART A HOSPITAL

WKST A NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT		1,506,235	
27	CORONARY CARE UNIT		515,567	
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.402688	1,521,603	612,731
38	RECOVERY ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC			
41 01	CT SCAN	.597789	543,840	325,102
41 02	ULTRASOUND	.065099	546,306	35,564
41 03	PET SCAN	.466974	42,586	19,887
41 04	MAMMOGRAPHY	.123001	120,599	14,834
41 05	MRI	1.024578	2,387	2,446
42	RADIOLOGY-THERAPEUTIC	.137613	142,221	19,571
43	RADIOISOTOPE	.233158	345,045	80,450
44	LABORATORY	.517302	28,618	14,804
47	BLOOD STORING, PROCESSING & TRANS.	.230244	2,042,781	470,338
49	RESPIRATORY THERAPY	.490935		
50	PHYSICAL THERAPY	.450659	677,876	305,491
53	ELECTROCARDIOLOGY	.982354	133,525	131,169
54	ELECTROENCEPHALOGRAPHY	.176672	132,263	23,367
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	7.511903	1,411	10,599
55 01	NUTRITIONAL COUNSELING	2.748059	708,787	1,947,788
56	DRUGS CHARGED TO PATIENTS	2.796756	8,359	23,378
56 01	ONCOLOGY	.224001	7,113,565	1,593,446
59	REFERENCE LAB	.697730	38,765	27,048
	OUTPAT SERVICE COST CNTRS			
60 01	PAIN MANAGEMENT			
61	EMERGENCY	1.224281	98,647	120,772
62	OBSERVATION BEDS (NON-DISTINCT PART)			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		14,249,184	5,778,785
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		14,249,184	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD:
 I 14-0100 I FROM 7/ 1/2009 I
 I COMPONENT NO: I TO 6/30/2010 I
 I 14-0100 I

WORKSHEET E
 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	485,829	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	458,292	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	953,836	
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)	1,993,626	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	66.95	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST 5-3, 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 CR 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 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES	PLUS E-3, PT
	3.21 - 3.23	VI, LINE 23
	20,110	
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)		
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET 5-3, PART I		
4.02 SUM OF LINES 4 AND 4.01		
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST 5-3, 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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	3,891,583	
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)	3,891,583	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	362,183	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	4,253,766	
17 PRIMARY PAYER PAYMENTS	143,996	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	4,109,770	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	138,248	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	23,135	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	17,289	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	12,102	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	3,960,489	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.97 HCERA PAYMENTS		
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	3,960,489	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	3,745,841	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	214,648	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	170
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	16,381,980
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	11,448,137
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.758
1.04	LINE 1.01 TIMES LINE 1.03.	12,417,541
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	92.19
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	170

COMPUTATION OF LESSER OF COST OR CHARGES

6	REASONABLE CHARGES	
7	ANCILLARY SERVICE CHARGES	760
8	INTERNS AND RESIDENTS SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES	
10	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
	TOTAL REASONABLE CHARGES	760

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)	760
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	590
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	170
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	11,448,137

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,092,223
19	SUBTOTAL (SEE INSTRUCTIONS)	9,356,084
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	9,356,084
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	9,356,084

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	137,267
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	96,087
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	9,452,171
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	9,452,171
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	9,503,032
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-50,861
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

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

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,736,467		9,355,914
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.		9,374		147,118
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL			NONE	NONE
4 TOTAL INTERIM PAYMENTS		3,745,841		9,503,032
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL			NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			214,648	50,861
7 TOTAL MEDICARE PROGRAM LIABILITY			3,960,489	9,452,171

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4	+ LINE 3.03
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		
3.10	SEE INSTRUCTIONS		
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		1.50
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	1.83
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		1.83
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		
3.18	SEE INSTRUCTIONS		140,560
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		
3.21	SEE INSTRUCTIONS	RES INIT YEARS	
3.22	SEE INSTRUCTIONS		
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		140,560

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		1,585
5	TOTAL INPATIENT DAYS		10,704
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.148075
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	20,813	20,813
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		10,704
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3,6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

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

TITLE XVIII

0 MEDICARE OUTPATIENT ESRD CHARGES
 1 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST	7,527,780
12 REASONABLE COST (SEE INSTRUCTIONS)	
13 ORGAN ACQUISITION COSTS	
14 COST OF TEACHING PHYSICIANS	
15 PRIMARY PAYER PAYMENTS	
16 TOTAL PART A REASONABLE COST	7,527,780
PART B REASONABLE COST	13,493,542
17 REASONABLE COST	
18 PRIMARY PAYER PAYMENTS	
19 TOTAL PART B REASONABLE COST	13,493,542
20 TOTAL REASONABLE COST	21,021,322
21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.358102
22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.641898
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B	
23 TOTAL PROGRAM GME PAYMENT	20,813
23.01 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	
24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	7,453
25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	13,360

TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT

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

COMPUTATION OF PROGRAM PATIENT LOAD

- 4 PROGRAM PART A INPATIENT DAYS 36
- 5 TOTAL INPATIENT DAYS 11,593
- 6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. LN 6 * LN 3.25 + E-3, 6 L 11 .003105
- 6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS
- 6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)
- 6.03 ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE. 11,593
- 6.04 ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS) 100.00
- 6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.
- 6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)
- 6.07 ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS) 100.00
- 6.08 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD PRIOR TO 422 E-3,6 LN 12

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

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

TITLE XIX

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

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

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

PART B REASONABLE COST

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

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

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

TITLE XVIII

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

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

COLUMN 1
1.000000

COLUMN 1.01

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

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

CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA

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

CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

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

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS				
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	37,629,679			
5 OTHER RECEIVABLES	718,270			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY	1,886,904			
8 PREPAID EXPENSES	2,644,844			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	42,879,697			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS				
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS	67,812,386			
15.01 LESS ACCUMULATED DEPRECIATION	-15,800,950			
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT				
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	52,011,436			
OTHER ASSETS				
22 INVESTMENTS	8,408,799			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS	9,799,897			
25 OTHER ASSETS				
26 TOTAL OTHER ASSETS	18,208,696			
27 TOTAL ASSETS	113,099,829			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	6,999,057			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	24,153,785			
35 OTHER CURRENT LIABILITIES	27,486,618			
36 TOTAL CURRENT LIABILITIES	58,639,460			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	20,163,885			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	20,163,885			
43 TOTAL LIABILITIES	78,803,345			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	34,296,484			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	34,296,484			
52 TOTAL LIABILITIES AND FUND BALANCES	113,099,829			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING		-6,094,890		
	OF PERIOD				
2	NET INCOME (LOSS)		-295,000,178		
3	TOTAL		-301,095,068		
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4					
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		-301,095,068		
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12					
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF		-301,095,068		
	PERIOD PER BALANCE SHEET				

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING				
	OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4					
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12					
13					
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	11,995,684		11,995,684
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	11,995,684		11,995,684
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	2,978,189		2,978,189
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	2,978,189		2,978,189
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	14,973,873		14,973,873
17 00 ANCILLARY SERVICES	68,176,561	130,814,768	198,991,329
18 00 OUTPATIENT SERVICES	1,688,648	4,622,682	6,311,330
24 00			
25 00 TOTAL PATIENT REVENUES	84,839,082	135,437,450	220,276,532

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		409,836,977	
ADD (SPECIFY)			
27 00 BAD DEBTS	6,387,951		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		6,387,951	
DEDUCT (SPECIFY)			
34 00 OTHER INCOME	676,297		
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		676,297	
40 00 TOTAL OPERATING EXPENSES		415,548,631	

DESCRIPTION

1	TOTAL PATIENT REVENUES	220,276,532
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	99,728,079
3	NET PATIENT REVENUES	120,548,453
4	LESS: TOTAL OPERATING EXPENSES	415,548,631
5	NET INCOME FROM SERVICE TO PATIENTS	-295,000,178
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24		
25	TOTAL OTHER INCOME	
26	TOTAL OTHER EXPENSES	-295,000,178
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-295,000,178

CALCULATION OF CAPITAL PAYMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/ 8/2010
 I 14-0100 I FROM 7/ 1/2009 I WORKSHEET L
 I COMPONENT NO: I TO 6/30/2010 I PARTS I-IV
 I 14-0100 I
 FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	156,248
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	205,935
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	31.76
	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 RECEIPTIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	362,183
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	