

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

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0084		FROM 12/ 1/2007		--AUDITED --DESK REVIEW		/ /
				TO 11/30/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 4/29/2009 TIME 15:54

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: VISTA MEDICAL CENTER - EAST 14-0084 FOR THE COST REPORTING PERIOD BEGINNING 12/ 1/2007 AND ENDING 11/30/2008 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	-607,931	-4,321	0		
100	TOTAL	0	-607,931	-4,321	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.









COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	193	70,638				19,908	8,161
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	193	70,638				19,908	8,161
6 INTENSIVE CARE UNIT	16	5,856				2,732	614
11 NURSERY							3,744
12 TOTAL	209	76,494				22,640	12,519
13 RPCH VISITS							
14 SUBPROVIDER							
14 01 SUBPROVIDER 2							
18 HOME HEALTH AGENCY							
21 HOSPICE							
25 TOTAL	209						
26 OBSERVATION BED DAYS							501
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL ADMITTED 6.01	OBSERVATION NOT ADMITTED 6.02	INTERNS & RES. FTES / TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			40,693				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			40,693				
6 INTENSIVE CARE UNIT			5,317				
11 NURSERY			4,678				
12 TOTAL			50,688				
13 RPCH VISITS							
14 SUBPROVIDER							
14 01 SUBPROVIDER 2							
18 HOME HEALTH AGENCY							
21 HOSPICE							
25 TOTAL							
26 OBSERVATION BED DAYS	94	407	1,880	331	1,549		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					4,403	3,076	11,645
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		804.85			4,403	3,076	11,645
13 RPCH VISITS							
14 SUBPROVIDER							
14 01 SUBPROVIDER 2							
18 HOME HEALTH AGENCY							
21 HOSPICE							
25 TOTAL		804.85					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0084  
 PERIOD: FROM 12/1/2007 TO 11/30/2008  
 PREPARED 4/29/2009  
 WORKSHEET S-3  
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	47,618,170		47,618,170	1,674,082.00	28.44	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	436,520	179,777	616,297	8,222.00	74.96	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,925,949		1,925,949	20,879.00	92.24	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	1,228,245		1,228,245	31,195.00	39.37	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	2,947,974		2,947,974	28,629.00	102.97	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	8,644,025		8,644,025			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	40,377		40,377			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	413,715		413,715	12,740.50	32.47	
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	6,293,987	-181,191	6,112,796	262,173.30	23.32	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	896,368		896,368	38,480.60	23.29	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING						
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY						
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,792,322		1,792,322	42,084.20	42.59	
31 CENTRAL SERVICE AND SUPPLY	671,596		671,596	49,937.80	13.45	
32 PHARMACY	1,526,193		1,526,193	44,250.70	34.49	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	949,545		949,545	52,488.70	18.09	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	47,618,170		47,618,170	1,674,082.00	28.44	
2 EXCLUDED AREA SALARIES	436,520	179,777	616,297	8,222.00	74.96	
3 SUBTOTAL SALARIES	47,181,650	-179,777	47,001,873	1,665,860.00	28.21	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	6,102,168		6,102,168	80,703.00	75.61	
5 SUBTOTAL WAGE-RELATED COSTS	8,644,025		8,644,025		18.39	
6 TOTAL	61,927,843	-179,777	61,748,066	1,746,563.00	35.35	
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	12,543,726	-181,191	12,362,535	502,155.80	24.62	

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	125,969,919
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	125,969,919
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)	.186875
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	111,501,292

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	20,836,804
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	27,231,440
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	5,088,875
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	20,836,804

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0084

PERIOD: FROM 12/1/2007 TO 11/30/2008

PREPARED 4/29/2009 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,157,611	1,157,611	2,169,398	3,327,009
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		4,317,285	4,317,285	1,489,149	5,806,434
5	0500 EMPLOYEE BENEFITS	413,715	738,994	1,152,709	4,668,474	5,821,183
6	0600 ADMINISTRATIVE & GENERAL	6,293,987	49,418,617	55,712,604	-8,402,042	47,310,562
8	0800 OPERATION OF PLANT	896,368	3,686,932	4,583,300	-2,195	4,581,105
9	0900 LAUNDRY & LINEN SERVICE		477,006	477,006		477,006
10	1000 HOUSEKEEPING		2,225,449	2,225,449		2,225,449
11	1100 DIETARY		2,158,779	2,158,779	-652	2,158,127
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	1,792,322	382,361	2,174,683		2,174,683
15	1500 CENTRAL SERVICES & SUPPLY	671,596	9,090,832	9,762,428	-8,936,798	825,630
16	1600 PHARMACY	1,526,193	5,266,729	6,792,922	-5,170,704	1,622,218
17	1700 MEDICAL RECORDS & LIBRARY	949,545	1,880,234	2,829,779	-1,535	2,828,244
18	1800 SOCIAL SERVICE		1	1	-1	
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		4,950	4,950	-4,950	
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	10,322,469	1,861,413	12,183,882	-9,932	12,173,950
26	2600 INTENSIVE CARE UNIT	3,121,030	531,372	3,652,402	-19,208	3,633,194
31	3100 SUBPROVIDER	218	785	1,003	-1,003	
31.01	3101 SUBPROVIDER 2	1,196	91	1,287	-1,287	
33	3300 NURSERY	1,172,252	289,599	1,461,851	67,134	1,528,985
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	2,430,337	2,966,220	5,396,557	181,713	5,578,270
38	3800 RECOVERY ROOM	1,841,493	196,322	2,037,815	-13,762	2,024,053
39	3900 DELIVERY ROOM & LABOR ROOM	1,586,656	517,387	2,104,043	-271,567	1,832,476
40	4000 ANESTHESIOLOGY	58,806	3,646,785	3,705,591	-11,961	3,693,630
41	4100 RADIOLOGY-DIAGNOSTIC	2,485,841	2,093,289	4,579,130	1,923,787	6,502,917
41.01	4101 ULTRASOUND	287,107	62,907	350,014	-350,014	
41.02	4102 CT SCAN	535,386	455,807	991,193	-991,193	
41.03	4103 MRI	156,268	117,390	273,658	-273,658	
43	4300 RADIOISOTOPE	296,956	516,121	813,077	-813,077	
44	4400 LABORATORY	2,636,057	3,324,093	5,960,150	-3,135	5,957,015
49	4900 RESPIRATORY THERAPY	867,905	510,016	1,377,921	-154,372	1,223,549
49.01	4901 GASTROINTESTINAL SVCS					
50	5000 PHYSICAL THERAPY	1,408,623	512,023	1,920,646	32,906	1,953,552
51	5100 OCCUPATIONAL THERAPY	54,375	68,799	123,174	-123,174	
52	5200 SPEECH PATHOLOGY	112,784	11,124	123,908	-123,908	
53	5300 ELECTROCARDIOLOGY	1,679,609	1,027,950	2,707,559	-20,381	2,687,178
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				8,843,558	8,843,558
56	5600 DRUGS CHARGED TO PATIENTS				5,153,400	5,153,400
57	5700 RENAL DIALYSIS		580,503	580,503		580,503
59	5900 CARDIAC REHAB					
59.01	5901 GUI DANCE	207,443	26,077	233,520	-146	233,374
59.02	5902 WOUND CARE	236,147	93,819	329,966	-329,966	
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	3,140,380	2,867,535	6,007,915	-36,782	5,971,133
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	6300 OTHER OUTPATIENT SERVICE COST CENTER		-11	-11	11	
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	394,902	298,338	693,240		693,240
71	7100 HOME HEALTH AGENCY		66	66	-66	
	SPEC PURPOSE COST CENTERS					
93	9300 HOSPICE	-5		-5	5	
95	9500 SUBTOTALS	47,577,961	103,381,600	150,959,561	-1,537,934	149,421,627
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES					
98.01	9801 OTHER NON REIMBURSEABLE					
100	10000 OTHER NONREIMBURSABLE COST CENTERS					
100.01	10001 SENIOR CIRCLE	40,209	8,216	48,425		48,425
100.02	10002 MARKETING				1,537,934	1,537,934
100.03	10003 OTHER NONREIMBURSABLE COST CENTERS					
100.04	10004 OTHER NONREIMBURSABLE COST CENTERS					
100.05	10005 OTHER NONREIMBURSABLE COST CENTERS					
100.06	10006 OTHER NONREIMBURSABLE COST CENTERS					
101	TOTAL	47,618,170	103,389,816	151,007,986	-0-	151,007,986

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0084  
PERIOD: FROM 12/1/2007 TO 11/30/2008  
PREPARED 4/29/2009  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	3,321,320	6,648,329
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	1,532,023	7,338,457
5	0500 EMPLOYEE BENEFITS	-7,966	5,813,217
6	0600 ADMINISTRATIVE & GENERAL	-27,734,106	19,576,456
8	0800 OPERATION OF PLANT	-530,325	4,050,780
9	0900 LAUNDRY & LINEN SERVICE	-19,678	457,328
10	1000 HOUSEKEEPING	-168,800	2,056,649
11	1100 DIETARY	-1,737	2,156,390
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION	-525,936	1,648,747
15	1500 CENTRAL SERVICES & SUPPLY		825,630
16	1600 PHARMACY		1,622,218
17	1700 MEDICAL RECORDS & LIBRARY	-16,152	2,812,092
18	1800 SOCIAL SERVICE		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-333	12,173,617
26	2600 INTENSIVE CARE UNIT		3,633,194
31	3100 SUBPROVIDER		
31.01	3101 SUBPROVIDER 2		
33	3300 NURSERY	-6,309	1,522,676
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-310,167	5,268,103
38	3800 RECOVERY ROOM	-15,338	2,008,715
39	3900 DELIVERY ROOM & LABOR ROOM	-43,333	1,789,143
40	4000 ANESTHESIOLOGY	-3,339,054	354,576
41	4100 RADIOLOGY-DIAGNOSTIC		6,502,917
41.01	3630 ULTRASOUND		
41.02	4101 CT SCAN		
41.03	4102 MRI		
43	4300 RADIOISOTOPE		
44	4400 LABORATORY		5,957,015
49	4900 RESPIRATORY THERAPY	-15,817	1,207,732
49.01	4901 GASTROINTESTINAL SVCS	-11,813	-11,813
50	5000 PHYSICAL THERAPY		1,953,552
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY	-182,774	2,504,404
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-87	8,843,471
56	5600 DRUGS CHARGED TO PATIENTS	-8,569	5,144,831
57	5700 RENAL DIALYSIS	-23,429	557,074
59	3160 CARDIAC REHAB		
59.01	3120 GUIDANCE		233,374
59.02	3020 WOUND CARE		
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-86,715	5,884,418
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES	-10,217	683,023
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
93	9300 HOSPICE		
95	SUBTOTALS	-28,205,312	121,216,315
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		
98.01	9801 OTHER NONREIMBURSEABLE		
100	7950 OTHER NONREIMBURSABLE COST CENTERS		
100.01	7951 SENIOR CIRCLE		48,425
100.02	7952 MARKETING		1,537,934
100.03	7953 OTHER NONREIMBURSABLE COST CENTERS		
100.04	7954 OTHER NONREIMBURSABLE COST CENTERS		
100.05	7955 OTHER NONREIMBURSABLE COST CENTERS		
100.06	7956 OTHER NONREIMBURSABLE COST CENTERS		
101	TOTAL	-28,205,312	122,802,674

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0084  
 PERIOD: FROM 12/1/2007 TO 11/30/2008  
 PREPARED 4/29/2009  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
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	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER 2	3101	SUBPROVIDER #####
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRASOUND	3630	ULTRA SOUND
41.02	CT SCAN	4101	RADIOLOGY-DIAGNOSTIC
41.03	MRI	4102	RADIOLOGY-DIAGNOSTIC
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
49.01	GATROINTESTINAL SVCS	4901	RESPIRATORY THERAPY
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	CARDIAC REHAB	3160	CARDIOPULMONARY
59.01	GUIDANCE	3120	CARDIAC CATHETERIZATION LABORATORY
59.02	WOUND CARE	3020	ACUPUNCTURE
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	OTHER NONREIMBURSEABLE	9801	PHYSICIANS' PRIVATE OFFICES
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	SENIOR CIRCLE	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	MARKETING	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	OTHER NONREIMBURSABLE COST CENTERS	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	OTHER NONREIMBURSABLE COST CENTERS	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	OTHER NONREIMBURSABLE COST CENTERS	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	OTHER NONREIMBURSABLE COST CENTERS	7956	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:  
140084

PERIOD:  
FROM 12/1/2007  
TO 11/30/2008

PREPARED 4/29/2009  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		SALARY	OTHER
			LINE NO			
	1	2	3		4	5
1 RECLASS EMPLOYEE BENEFITS	A	EMPLOYEE BENEFITS	5			4,668,474
2 RECLASS OXYGEN COSTS	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			69,127
3		CENTRAL SERVICES & SUPPLY	15			2,575
4						
5						
6						
7						
8						
9 RECLASS RENT AND LEASES	C	NEW CAP REL COSTS-MVBLE EQUIP	4			1,474,507
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31 RECLASS OTHER CAPITAL COSTS	D	NEW CAP REL COSTS-BLDG & FIXT	3			128,674
32		NEW CAP REL COSTS-BLDG & FIXT	3			2,040,724
33		NEW CAP REL COSTS-MVBLE EQUIP	4			14,642
34						
35 RECLASS MARKETING EXPENSES	E	MARKETING	100.02		181,186	1,356,748
1						
2						
3						
4						
5 RECLASS DRUGS / IV SOLUTIONS	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			8,774,431
6						
7						
8						
9 RECLASS THERAPY COSTS	G	DRUGS CHARGED TO PATIENTS	56			5,153,400
10		ADULTS & PEDIATRICS	25		119,369	58,250
11		NURSERY	33		23,441	49,573
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24 RECLASS OTHER RADIOLOGY COSTS	H	PHYSICAL THERAPY	50		167,159	79,923
25						
26						
27						
28						
29						
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96						
97						
98						
99						
100						
TOTAL RECLASSIFICATIONS					2,004,438	25,121,616

(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:  
140084

PERIOD:  
FROM 12/1/2007  
TO 11/30/2008

PREPARED 4/29/2009  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO	6			
1 RECLASS EMPLOYEE BENEFITS	A	ADMINISTRATIVE & GENERAL	6			4,668,474	
2 RECLASS OXYGEN COSTS	B						
3							
4		OPERATING ROOM	37			4,211	
5		ANESTHESIOLOGY	40			3,277	
6		LABORATORY	44			589	
7		RESPIRATORY THERAPY	49			62,752	
8		EMERGENCY	61			873	
9 RECLASS RENT AND LEASES	C						10
10		ADMINISTRATIVE & GENERAL	6			16,607	
11		OPERATION OF PLANT	8			2,195	
12		DIETARY	11			652	
13		CENTRAL SERVICES & SUPPLY	15			181,326	
14		PHARMACY	16			17,304	
15		MEDICAL RECORDS & LIBRARY	17			1,535	
16		ADULTS & PEDIATRICS	25			189,840	
17		INTENSIVE CARE UNIT	26			19,208	
18		NURSERY	33			5,880	
19		OPERATING ROOM	37			134,663	
20		RECOVERY ROOM	38			13,762	
21		DELIVERY ROOM & LABOR ROOM	39			20,934	
22		ANESTHESIOLOGY	40			8,684	
23		RADIOLOGY-DIAGNOSTIC	41			502,640	
24		CT SCAN	41.02			1,515	
25		LABORATORY	44			2,546	
26		RESPIRATORY THERAPY	49			91,620	
27		PHYSICAL THERAPY	50			214,176	
28		ELECTROCARDIOLOGY	53			13,376	
29		EMERGENCY	61			35,909	
30		OTHER OUTPATIENT SERVICE COST CENTER	63			135	
31 RECLASS OTHER CAPITAL COSTS	D						12
32							13
33							12
34		ADMINISTRATIVE & GENERAL	6			2,184,040	
35 RECLASS MARKETING EXPENSES	E	ADMINISTRATIVE & GENERAL	6		181,186	1,356,748	
1 RECLASS MEDICAL SUPPLIES	F						
2		CENTRAL SERVICES & SUPPLY	15			8,758,047	
3		OPERATING ROOM	37			9,379	
4		ELECTROCARDIOLOGY	53			7,005	
5 RECLASS DRUGS / IV SOLUTIONS	G	PHARMACY	16			5,153,400	
6 RECLASS LABOR & DELIVERY COSTS	H						
7							
8		DELIVERY ROOM & LABOR ROOM	39		142,810	107,823	
9 RECLASS THERAPY COSTS	I						
10		OCCUPATIONAL THERAPY	51		54,375	68,799	
11		SPEECH PATHOLOGY	52		112,784	11,124	
12 RECLASS MISC DEPARTMENTS	J	ADMINISTRATIVE & GENERAL	6		5		
13		SOCIAL SERVICE	18			1	
14		I&R SERVICES-SALARY & FRINGES APPRVD	22			4,950	
15							
16		SUBPROVIDER	31		218	785	
17		SUBPROVIDER 2	31.01		1,196	91	
18		GUIDANCE	59.01			146	
19							
20		HOME HEALTH AGENCY	71			66	
21							
22							
23		WOUND CARE	59.02		236,147	93,819	
24 RECLASS OTHER RADIOLOGY COSTS	K						
25		ULTRASOUND	41.01		287,107	62,907	
26		CT SCAN	41.02		535,386	454,292	
27		MRI	41.03		156,268	117,390	
28		RADIOISOTOPE	43		296,956	516,121	
36 TOTAL RECLASSIFICATIONS					2,004,438	25,121,616	

(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:  
140084

PERIOD:  
FROM 12/ 1/2007  
TO 11/30/2008

PREPARED 4/29/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : RECLASS EMPLOYEE BENEFITS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	4,668,474
TOTAL RECLASSIFICATIONS FOR CODE A			4,668,474

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	4,668,474	
TOTAL RECLASSIFICATIONS FOR CODE A			4,668,474

RECLASS CODE: B  
EXPLANATION : RECLASS OXYGEN COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	69,127
2.00	CENTRAL SERVICES & SUPPLY	15	2,575
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			71,702

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OPERATING ROOM	37	4,211	
ANESTHESIOLOGY	40	3,277	
LABORATORY	44	589	
RESPIRATORY THERAPY	49	62,752	
EMERGENCY	61	873	
TOTAL RECLASSIFICATIONS FOR CODE B			71,702

RECLASS CODE: C  
EXPLANATION : RECLASS RENT AND LEASES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,474,507
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
TOTAL RECLASSIFICATIONS FOR CODE C			1,474,507

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	16,607	
OPERATION OF PLANT	8	2,195	
DIETARY	11	652	
CENTRAL SERVICES & SUPPLY	15	181,326	
PHARMACY	16	17,304	
MEDICAL RECORDS & LIBRARY	17	1,535	
ADULTS & PEDIATRICS	25	189,840	
INTENSIVE CARE UNIT	26	19,208	
NURSERY	33	5,880	
OPERATING ROOM	37	134,663	
RECOVERY ROOM	38	13,762	
DELIVERY ROOM & LABOR ROOM	39	20,934	
ANESTHESIOLOGY	40	8,684	
RADIOLOGY-DIAGNOSTIC	41	502,640	
CT SCAN	41.02	1,515	
LABORATORY	44	2,546	
RESPIRATORY THERAPY	49	91,620	
PHYSICAL THERAPY	50	214,176	
ELECTROCARDIOLOGY	53	13,376	
EMERGENCY	61	35,909	
OTHER OUTPATIENT SERVICE COST	63	135	
TOTAL RECLASSIFICATIONS FOR CODE C			1,474,507

RECLASS CODE: D  
EXPLANATION : RECLASS OTHER CAPITAL COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	128,674
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,040,724
3.00	NEW CAP REL COSTS-MVBLE EQUIP	4	14,642
4.00			0
TOTAL RECLASSIFICATIONS FOR CODE D			2,184,040

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	2,184,040	
TOTAL RECLASSIFICATIONS FOR CODE D			2,184,040

RECLASS CODE: E  
EXPLANATION : RECLASS MARKETING EXPENSES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MARKETING	100.02	1,537,934
TOTAL RECLASSIFICATIONS FOR CODE E			1,537,934

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	1,537,934	
TOTAL RECLASSIFICATIONS FOR CODE E			1,537,934

RECLASS CODE: F  
EXPLANATION : RECLASS MEDICAL SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	8,774,431

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
		0	

RECLASSIFICATIONS

PROVIDER NO:  
140084

PERIOD:  
FROM 12/1/2007  
TO 11/30/2008

PREPARED 4/29/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: F  
EXPLANATION: RECLASS MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00			0	CENTRAL SERVICES & SUPPLY	15	8,758,047	
3.00			0	OPERATING ROOM	37	9,379	
4.00			0	ELECTROCARDIOLOGY	53	7,005	
TOTAL RECLASSIFICATIONS FOR CODE F			8,774,431				8,774,431

RECLASS CODE: G  
EXPLANATION: RECLASS DRUGS / IV SOLUTIONS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	5,153,400	PHARMACY	16	5,153,400	
TOTAL RECLASSIFICATIONS FOR CODE G			5,153,400				5,153,400

RECLASS CODE: H  
EXPLANATION: RECLASS LABOR & DELIVERY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	177,619			0	
2.00	NURSERY	33	73,014			0	
3.00			0	DELIVERY ROOM & LABOR ROOM	39	250,633	
TOTAL RECLASSIFICATIONS FOR CODE H			250,633				250,633

RECLASS CODE: I  
EXPLANATION: RECLASS THERAPY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICAL THERAPY	50	247,082			0	
2.00			0	OCCUPATIONAL THERAPY	51	123,174	
3.00			0	SPEECH PATHOLOGY	52	123,908	
TOTAL RECLASSIFICATIONS FOR CODE I			247,082				247,082

RECLASS CODE: J  
EXPLANATION: RECLASS MISC DEPARTMENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	5,018	ADMINISTRATIVE & GENERAL	6	5	
2.00			0	SOCIAL SERVICE	18	1	
3.00			0	I&R SERVICES-SALARY & FRINGES	22	4,950	
4.00	ADULTS & PEDIATRICS	25	2,289			0	
5.00			0	SUBPROVIDER	31	1,003	
6.00			0	SUBPROVIDER 2	31.01	1,287	
7.00			0	GUIDANCE	59.01	146	
8.00	OTHER OUTPATIENT SERVICE COST	63	146			0	
9.00			0	HOME HEALTH AGENCY	71	66	
10.00	HOSPICE	93	5			0	
11.00	OPERATING ROOM	37	329,966			0	
12.00			0	WOUND CARE	59.02	329,966	
TOTAL RECLASSIFICATIONS FOR CODE J			337,424				337,424

RECLASS CODE: K  
EXPLANATION: RECLASS OTHER RADIOLOGY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOLOGY-DIAGNOSTIC	41	2,426,427			0	
2.00			0	ULTRASOUND	41.01	350,014	
3.00			0	CT SCAN	41.02	989,678	
4.00			0	MRI	41.03	273,658	
5.00			0	RADIOISOTOPE	43	813,077	
TOTAL RECLASSIFICATIONS FOR CODE K			2,426,427				2,426,427

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			DONATION 3					
1 LAND								
2 LAND IMPROVEMENTS	3,653,351						3,653,351	
3 BUILDINGS & FIXTURE	81,544,023	458			458		81,544,481	
4 BUILDING IMPROVEMEN	2,362,229	17,845			17,845		2,380,074	
5 FIXED EQUIPMENT	3,106,504	530,142			530,142		3,636,646	
6 MOVABLE EQUIPMENT	67,886,513	1,825,963			1,825,963		69,712,476	
7 SUBTOTAL	158,552,620	2,374,408			2,374,408		160,927,028	
8 RECONCILING ITEMS	-989,947	-147,682			-147,682		-1,137,629	
9 TOTAL	159,542,567	2,522,090			2,522,090		162,064,657	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	3,015,917		1,463,014	128,674	2,040,724		6,648,329
4	NEW CAP REL COSTS-MV	5,849,308	1,474,507		14,642			7,338,457
5	TOTAL	8,865,225	1,474,507	1,463,014	143,316	2,040,724		13,986,786

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	1,157,611						1,157,611
4	NEW CAP REL COSTS-MV	4,317,285						4,317,285
5	TOTAL	5,474,896						5,474,896

\* 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

DESCRPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			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	B	-191,722	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-4,044,513			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-6,881,365			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-1,737	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES	B	-87	MEDICAL SUPPLIES CHARGED	55	
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-8,569	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-16,152	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)	B	-498,433	NURSING ADMINISTRATION	14	
22 VENDING MACHINES	B	-29	ADMINISTRATIVE & GENERAL	6	
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			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES		1,595,280	NEW CAP REL COSTS-BLDG &	3	9
32 DEPRECIATION-NEW MOVABLE EQUIP		1,411,973	NEW CAP REL COSTS-MVBLE E	4	9
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 INSERVICE EDUCATION REVENUE	B	-16,180	ADMINISTRATIVE & GENERAL	6	
38 FITNESS REVENUE	B	-70,442	ADMINISTRATIVE & GENERAL	6	
39 OTHER MISC REVENUE	B	-22,196	ADMINISTRATIVE & GENERAL	6	
40 GRANT INCOME	B	-295,256	ADMINISTRATIVE & GENERAL	6	
41 CON AMORTIZATIO N	A	-62,333	ADMINISTRATIVE & GENERAL	6	
42 BAD DEBTS	A	-14,228,542	ADMINISTRATIVE & GENERAL	6	
43 NON ALLOWABLE PHONE / TV	A	-119,277	ADMINISTRATIVE & GENERAL	6	
44 NON ALLOWABLE PHONE / TV BENEFITS	A	-7,966	EMPLOYEE BENEFITS	5	
45 NON ALLOWABLE PHONE / TV DEPR	A	7,686	NEW CAP REL COSTS-MVBLE E	4	9
46 PHYSICIAN RECRUITING	A	-242,005	ADMINISTRATIVE & GENERAL	6	
47 BOARD RELATOINS	A	-1,750	ADMINISTRATIVE & GENERAL	6	
48 NON ALLOWABLE DUES	A	-162,369	ADMINISTRATIVE & GENERAL	6	
49 CHARITABLE CONTRIBUTIONS	A	-16,909	ADMINISTRATIVE & GENERAL	6	
49.01 STATE OPERATING TAX	A	-3,553,785	ADMINISTRATIVE & GENERAL	6	
49.02 ALLOCATED HOUSEKEEPING	A	-168,800	HOUSEKEEPING	10	
49.03 ALLOCATED SECURITY / PLANT OPS	A	-530,325	OPERATION OF PLANT	8	
49.04 ALLOCATED LAUNDRY LINEN	A	-19,678	LAUNDRY & LINEN SERVICE	9	
49.05 ALLOCATED RECOVERY ROOM	A	-15,338	RECOVERY ROOM	38	
49.06 ALLOCATED ANESTHESIA	A	-10,632	ANESTHESIOLOGY	40	
49.07 ALLOCATED EKG	A	-10,432	ELECTROCARDIOLOGY	53	
49.08 ALLOCATED DIAYSIS	A	-23,429	RENAL DIALYSIS	57	
49.09					
49.10					
50 TOTAL (SUM OF LINES 1 THRU 49)		-28,205,312			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG & DIRECT CAPITAL RELATED IN	1,463,014		1,463,014	11
2	6	ADMINISTRATIVE & GENERAL PASI OPERATING COSTS	2,614,475		2,614,475	
3	3	NEW CAP REL COSTS-BLDG & PASI CAPITAL COSTS	235,531		235,531	9
4	6	ADMINISTRATIVE & GENERAL HOSPICE FUNC ALLOCATION	4,144		4,144	
4.01	3	NEW CAP REL COSTS-BLDG & NEW CAPITAL BLDG & FIXTUR	27,495		27,495	9
4.02	4	NEW CAP REL COSTS-MVBLE E NEW CAPITAL MOVEABLE EQUI	112,364		112,364	9
4.03	6	ADMINISTRATIVE & GENERAL NON CAPITAL HOME OFFICE C	1,826,949	11,847,217	-10,020,268	
4.04	6	ADMINISTRATIVE & GENERAL MALPRACTICE COSTS	3,322,881	4,641,001	-1,318,120	
4.05						
4.06						
4.07						
4.08						
4.09						
4.10						
5		TOTALS	9,606,853	16,488,218	-6,881,365	

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:  
14-0084

PERIOD:  
FROM 12/ 1/2007  
TO 11/30/2008

PREPARED 4/29/2009  
WORKSHEET A-8-2  
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6	AGGREGATE	63,542	31,542	32,000	142,500	1,024	70,154	3,508
2 14	AGGREGATE	68,677	-1,323	70,000	142,500	601	41,174	2,059
3 25	AGGREGATE	171,933	333	171,600	142,500	8,256	565,615	28,281
4 33	AGGREGATE	6,309	6,309		142,500			
5 37	AGGREGATE	320,176	97,509	222,667	204,100	102	10,009	500
6 39	AGGREGATE	43,333	43,333		142,500			
7 40	AGGREGATE	3,328,422	3,328,422		200,300			
8 44	AGGREGATE	60,000		60,000	219,500	1,495	157,766	7,888
9 49	AGGREGATE	35,000		35,000	142,500	280	19,183	959
10 49 1	AGGREGATE	23,528	2,083	21,445	142,500	171	11,715	586
11 53	AGGREGATE	177,275	168,312	8,963	142,500	72	4,933	247
12 61	AGGREGATE	676,115	86,715	589,400	142,500	19,056	1,305,519	65,276
13 65	AGGREGATE	19,671	6,500	13,171	142,500	138	9,454	473
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	4,993,981	3,769,735	1,224,246		31,195	2,195,522	109,777

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:  
14-0084

PERIOD:  
FROM 12/ 1/2007  
TO 11/30/2008

PREPARED 4/29/2009  
WORKSHEET A-8-2  
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 6	AGGREGATE					70,154		31,542
2 14	AGGREGATE					41,174	28,826	27,503
3 25	AGGREGATE					565,615		333
4 33	AGGREGATE							6,309
5 37	AGGREGATE					10,009	212,658	310,167
6 39	AGGREGATE							43,333
7 40	AGGREGATE							3,328,422
8 44	AGGREGATE					157,766		
9 49	AGGREGATE					19,183	15,817	15,817
10 49 1	AGGREGATE					11,715	9,730	11,813
11 53	AGGREGATE					4,933	4,030	172,342
12 61	AGGREGATE					1,305,519		86,715
13 65	AGGREGATE					9,454	3,717	10,217
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					2,195,522	274,778	4,044,513

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 4/29/2009  
 I 14-0084 I FROM 12/ 1/2007 I NOT A CMS WORKSHEET  
 I I TO 11/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	-5	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	FTES		ENTERED
14	NURSING ADMINISTRATION	13	DI RECT	NRSG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	TOTAL	SUPPLIES	ENTERED
16	PHARMACY	15	COSTED	REQUIS	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	NOT ENTERED
18	SOCIAL SERVICE	17	PT. DAYS	& OP OBSV	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE OPERATIONS OF E & GENERAL PLANT	
	0	3	4	5	5a.00	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	6,648,329	6,648,329					
005 NEW CAP REL COSTS-MVBLE E	7,338,457		7,338,457				
006 EMPLOYEE BENEFITS	5,813,217	104,885	115,773	6,033,875			
008 ADMIN STRATIVE & GENERAL	19,576,456	792,506	874,771	781,362	22,025,095	22,025,095	
009 OPERATION OF PLANT	4,050,780	1,906,208	2,104,079	114,577	8,175,644	1,786,591	9,962,235
010 LAUNDRY & LINEN SERVICE	457,328	117,558	129,761		704,647	153,984	304,609
011 HOUSEKEEPING	2,056,649	64,289	70,963		2,191,901	478,987	166,583
012 DIETARY	2,156,390	180,097	198,792		2,535,279	554,024	466,657
014 CAFETERIA		28,007	30,914		58,921	12,876	72,569
015 NURSING ADMINISTRATION	1,648,747	35,288	38,952	229,102	1,952,089	426,582	91,437
016 CENTRAL SERVICES & SUPPLY	825,630	160,030	176,642	85,846	1,248,148	272,753	414,661
017 PHARMACY	1,622,218	47,065	51,951	195,084	1,916,318	418,765	121,953
018 MEDICAL RECORDS & LIBRARY	2,812,092	74,764	82,525	121,375	3,090,756	675,411	193,724
022 SOCIAL SERVICE		6,133	6,770		12,903	2,820	15,893
025 I&R SERVICES-SALARY & FRI							
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	12,173,617	1,077,572	1,189,429	1,334,911	15,775,529	3,447,356	2,792,138
031 INTENSIVE CARE UNIT	3,633,194	110,346	121,801	398,943	4,264,284	931,857	285,923
031 SUBPROVIDER							
031 01 SUBPROVIDER 2							
033 NURSERY	1,522,676	35,218	38,874	152,838	1,749,606	382,334	91,256
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	5,268,103	377,642	416,843	340,841	6,403,429	1,399,316	978,524
038 RECOVERY ROOM	2,008,715	46,239	51,039	235,387	2,341,380	511,652	119,812
039 DELIVERY ROOM & LABOR ROO	1,789,143	119,645	132,064	184,558	2,225,410	486,310	310,016
040 ANESTHESIOLOGY	354,576	12,617	13,927	7,517	388,637	84,927	32,692
041 RADIOLOGY-DIAGNOSTIC	6,502,917	355,447	392,344	480,817	7,731,525	1,689,539	921,013
041 01 ULTRASOUND							
041 02 CT SCAN							
041 03 MRI							
043 RADIOISOTOPE							
044 LABORATORY	5,957,015	151,040	166,719	336,951	6,611,725	1,444,834	391,366
049 RESPIRATORY THERAPY	1,207,732	60,817	67,130	110,939	1,446,618	316,124	157,584
049 01 GASTROINTESTINAL SVCS	-11,813				-11,813		
050 PHYSICAL THERAPY	1,953,552	103,527	114,273	201,423	2,372,775	518,513	268,252
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	2,504,404	68,630	75,755	214,694	2,863,483	625,745	177,831
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	8,843,471				8,843,471	1,932,528	
056 DRUGS CHARGED TO PATIENTS	5,144,831				5,144,831	1,124,279	
057 RENAL DIALYSIS	557,074				557,074	121,735	
059 CARDIAC REHAB		8,878	9,800		18,678	4,082	23,004
059 01 GUIDANCE	233,374			26,516	259,890	56,793	
059 02 WOUND CARE		21,607	23,850		45,457	9,934	55,987
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	5,884,418	251,864	278,009	401,416	6,815,707	1,489,409	652,615
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	683,023			50,478	733,501	160,289	
071 HOME HEALTH AGENCY							
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE							
095 SUBTOTALS	121,216,315	6,317,919	6,973,750	6,005,575	120,492,898	21,520,349	9,106,099
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		3,417	3,771		7,188	1,571	8,853
098 PHYSICIANS' PRIVATE OFFIC		324,150	357,798		681,948	149,023	839,917
098 01 OTHER NON REIMBURSEABLE							
100 OTHER NONREIMBURSABLE COS		2,843	3,138		5,981	1,307	7,366
100 01 SENIOR CIRCLE	48,425			5,140	53,565	11,705	
100 02 MARKETING	1,537,934			23,160	1,561,094	341,140	
100 03 OTHER NONREIMBURSABLE COS							
100 04 OTHER NONREIMBURSABLE COS							
100 05 OTHER NONREIMBURSABLE COS							
100 06 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	122,802,674	6,648,329	7,338,457	6,033,875	122,802,674	22,025,095	9,962,235

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16	
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
008 ADMINISTRATIVE & GENERAL								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE	1,163,240							
011 HOUSEKEEPING		2,837,471						
012 DIETARY	1,639	139,513	3,697,112					
014 CAFETERIA		21,696		166,062				
015 NURSING ADMINISTRATION		27,336		5,135	2,502,579			
016 CENTRAL SERVICES & SUPPLY	19,939	123,968		6,095	46,415	2,131,979		
017 PHARMACY		36,459		5,399	105,477	11,911	2,616,282	
018 MEDICAL RECORDS & LIBRARY		57,916		6,405	65,624	3,687		
022 SOCIAL SERVICE		4,751						
025 I&R SERVICES-SALARY & FRI								
026 INPAT ROUTINE SRVC CNTRS								
031 ADULTS & PEDIATRICS	468,149	834,748	3,088,342	45,058	721,749	82,042		
033 INTENSIVE CARE UNIT	92,002	85,480	395,318	11,459	215,698	34,463		
037 SUBPROVIDER								
038 01 SUBPROVIDER 2								
039 NURSERY	18,070	27,282		4,493	82,636	14,865		
041 ANCILLARY SRVC COST CNTRS								
043 OPERATING ROOM	107,622	292,542		8,976	167,963	197,029		
044 RECOVERY ROOM	51,929	35,819		5,998	127,268	5,364		
049 DELIVERY ROOM & LABOR ROO	103,035	92,683		5,425	99,786	39,204		
050 ANESTHESIOLOGY		9,774		480	4,064	29,009		
051 RADIOLOGY-DIAGNOSTIC	85,685	275,349		14,962	259,965	62,989		
052 01 ULTRASOUND								
053 02 CT SCAN								
054 03 MRI								
055 RADIOISOTOPE								
056 LABORATORY		117,004		13,741	182,181	235,736		
059 RESPIRATORY THERAPY	1,164	47,112		3,389	57,729	28,013		
061 01 GASTROINTESTINAL SVCS				165	2,253	235		
065 PHYSICAL THERAPY	3,179	80,198		6,440		47,799		
066 OCCUPATIONAL THERAPY								
067 SPEECH PATHOLOGY								
068 ELECTROCARDIOLOGY	155	53,165		6,575	116,079			
069 ELECTROENCEPHALOGRAPHY								
070 MEDICAL SUPPLIES CHARGED						1,249,461		
071 DRUGS CHARGED TO PATIENTS							2,616,282	
072 RENAL DIALYSIS								
073 CARDIAC REHAB	16,800	6,877						
074 01 GUIDANCE				1,119	14,337	37		
075 02 WOUND CARE	178,954	16,738	55,270	995	16,320	10,593		
076 OUTPAT SERVICE COST CNTRS								
077 EMERGENCY		195,108	158,182	11,070	217,035	59,618		
078 OBSERVATION BEDS (NON-DIS								
079 OTHER OUTPATIENT SERVICE								
080 OTHER REIMBURS COST CNTRS								
081 065 AMBULANCE SERVICES				1,680		19,568		
082 071 HOME HEALTH AGENCY								
083 SPEC PURPOSE COST CENTERS								
084 HOSPICE								
085 095 SUBTOTALS	1,148,322	2,581,518	3,697,112	165,059	2,502,579	2,131,623	2,616,282	
086 NONREIMBURS COST CENTERS								
087 GIFT, FLOWER, COFFEE SHOP		2,647						
088 PHYSICIANS' PRIVATE OFFIC	14,918	251,104						
089 01 OTHER NON REIMBURSEABLE								
090 OTHER NONREIMBURSABLE COS		2,202						
091 01 SENIOR CIRCLE				264		356		
092 02 MARKETING				739				
093 03 OTHER NONREIMBURSABLE COS								
094 04 OTHER NONREIMBURSABLE COS								
095 05 OTHER NONREIMBURSABLE COS								
096 06 OTHER NONREIMBURSABLE COS								
097 101 CROSS FOOT ADJUSTMENT								
098 102 NEGATIVE COST CENTER								
099 103 TOTAL	1,163,240	2,837,471	3,697,112	166,062	2,502,579	2,131,979	2,616,282	

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	17	18	22	25	26	27
003 GENERAL SERVICE COST CNTR						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
008 ADMINISTRATIVE & GENERAL						
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
014 CAFETERIA						
015 NURSING ADMINISTRATION						
016 CENTRAL SERVICES & SUPPLY						
017 PHARMACY						
018 MEDICAL RECORDS & LIBRARY	4,093,523					
022 SOCIAL SERVICE		36,367				
025 I&R SERVICES-SALARY & FRI						
026 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	384,858	29,196		27,669,165		27,669,165
026 INTENSIVE CARE UNIT	83,882	3,815		6,404,181		6,404,181
031 SUBPROVIDER						
031 01 SUBPROVIDER 2						
033 NURSERY	27,890	3,356		2,401,788		2,401,788
037 ANCILLARY SRVC COST CNTRS						
038 OPERATING ROOM	930,448			10,485,849		10,485,849
039 RECOVERY ROOM	125,007			3,324,229		3,324,229
040 DELIVERY ROOM & LABOR ROO	35,377			3,397,246		3,397,246
041 ANESTHESIOLOGY	23,923			573,506		573,506
041 01 RADIOLOGY-DIAGNOSTIC	648,193			11,689,220		11,689,220
041 02 ULTRASOUND						
041 03 CT SCAN						
043 MRI						
044 RADIOISOTOPE						
049 LABORATORY	428,896			9,425,483		9,425,483
049 01 RESPIRATORY THERAPY	47,535			2,105,268		2,105,268
050 GASTROINTESTINAL SVCS				-9,160		-9,160
051 PHYSICAL THERAPY	58,640			3,355,796		3,355,796
052 OCCUPATIONAL THERAPY						
053 SPEECH PATHOLOGY						
054 ELECTROCARDIOLOGY	208,479			4,051,512		4,051,512
055 ELECTROENCEPHALOGRAPHY						
056 MEDICAL SUPPLIES CHARGED	281,860			12,307,320		12,307,320
057 DRUGS CHARGED TO PATIENTS	513,396			9,398,788		9,398,788
059 RENAL DIALYSIS	14,858			693,667		693,667
059 01 CARDIAC REHAB				69,441		69,441
059 02 GUIDANCE	2,292			334,468		334,468
059 03 WOUND CARE				390,248		390,248
061 OUTPAT SERVICE COST CNTRS						
062 EMERGENCY	277,989			9,876,733		9,876,733
063 OBSERVATION BEDS (NON-DIS						
065 OTHER OUTPATIENT SERVICE						
071 OTHER REIMBURS COST CNTRS						
065 AMBULANCE SERVICES				915,038		915,038
071 HOME HEALTH AGENCY						
093 SPEC PURPOSE COST CENTERS						
095 HOSPICE						
095 SUBTOTALS	4,093,523	36,367		118,859,786		118,859,786
096 NONREIMBURS COST CENTERS						
098 GIFT, FLOWER, COFFEE SHOP				20,259		20,259
098 01 PHYSICIANS' PRIVATE OFFIC				1,936,910		1,936,910
100 OTHER NONREIMBURSEABLE						
100 01 OTHER NONREIMBURSABLE COS				16,856		16,856
100 02 SENIOR CIRCLE				65,890		65,890
100 03 MARKETING				1,902,973		1,902,973
100 04 OTHER NONREIMBURSABLE COS						
100 05 OTHER NONREIMBURSABLE COS						
100 06 OTHER NONREIMBURSABLE COS						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	4,093,523	36,367		122,802,674		122,802,674

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	0	3	4	4a	5	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		104,885	115,773	220,658	220,658		
006 ADMINISTRATIVE & GENERAL		792,506	874,771	1,667,277	28,577	1,695,854	
008 OPERATION OF PLANT		1,906,208	2,104,079	4,010,287	4,191	137,563	4,152,041
009 LAUNDRY & LINEN SERVICE		117,558	129,761	247,319		11,856	126,955
010 HOUSEKEEPING		64,289	70,963	135,252		36,881	69,428
011 DIETARY		180,097	198,792	378,889		42,659	194,492
012 CAFETERIA		28,007	30,914	58,921		991	30,245
014 NURSING ADMINISTRATION		35,288	38,952	74,240	8,379	32,846	38,109
015 CENTRAL SERVICES & SUPPLY		160,030	176,642	336,672	3,140	21,001	172,821
016 PHARMACY		47,065	51,951	99,016	7,135	32,244	50,827
017 MEDICAL RECORDS & LIBRARY		74,764	82,525	157,289	4,439	52,005	80,740
018 SOCIAL SERVICE		6,133	6,770	12,903		217	6,624
022 I&R SERVICES-SALARY & FRINGING							
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		1,077,572	1,189,429	2,267,001	48,799	265,412	1,163,702
026 INTENSIVE CARE UNIT		110,346	121,801	232,147	14,591	71,751	119,166
031 SUBPROVIDER							
031 01 SUBPROVIDER 2							
033 NURSERY		35,218	38,874	74,092	5,590	29,439	38,033
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		377,642	416,843	794,485	12,466	107,744	407,827
038 RECOVERY ROOM		46,239	51,039	97,278	8,609	39,396	49,935
039 DELIVERY ROOM & LABOR ROOM		119,645	132,064	251,709	6,750	37,445	129,208
040 ANESTHESIOLOGY		12,617	13,927	26,544	275	6,539	13,625
041 RADIOLOGY-DIAGNOSTIC		355,447	392,344	747,791	17,585	130,091	383,858
041 01 ULTRASOUND							
041 02 CT SCAN							
041 03 MRI							
043 RADIOISOTOPE							
044 LABORATORY		151,040	166,719	317,759	12,324	111,249	163,113
049 RESPIRATORY THERAPY		60,817	67,130	127,947	4,057	24,341	65,678
049 01 GASTROINTESTINAL SVCS							
050 PHYSICAL THERAPY		103,527	114,273	217,800	7,367	39,924	111,802
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		68,630	75,755	144,385	7,852	48,181	74,116
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED						148,800	
056 DRUGS CHARGED TO PATIENTS						86,567	
057 RENAL DIALYSIS						9,373	
059 CARDIAC REHAB		8,878	9,800	18,678		314	9,588
059 01 GUIDANCE					970	4,373	
059 02 WOUND CARE		21,607	23,850	45,457		765	23,334
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		251,864	278,009	529,873	14,681	114,681	271,996
062 OBSERVATION BEDS (NON-DIS)							
063 OTHER OUTPATIENT SERVICE							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES					1,846	12,342	
071 HOME HEALTH AGENCY							
093 SPECIAL PURPOSE COST CENTERS							
093 HOSPICE							
095 SUBTOTALS		6,317,919	6,973,750	13,291,669	219,623	1,656,990	3,795,222
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		3,417	3,771	7,188		121	3,690
098 PHYSICIANS' PRIVATE OFFICE		324,150	357,798	681,948		11,474	350,059
098 01 OTHER NONREIMBURSEABLE							
100 OTHER NONREIMBURSABLE COSTS		2,843	3,138	5,981		101	3,070
100 01 SENIOR CIRCLE					188	901	
100 02 MARKETING					847	26,267	
100 03 OTHER NONREIMBURSABLE COSTS							
100 04 OTHER NONREIMBURSABLE COSTS							
100 05 OTHER NONREIMBURSABLE COSTS							
100 06 OTHER NONREIMBURSABLE COSTS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		6,648,329	7,338,457	13,986,786	220,658	1,695,854	4,152,041

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	386,130						
011 HOUSEKEEPING		241,561					
012 DIETARY	544	11,877	628,461				
014 CAFETERIA		1,847		92,004			
015 NURSING ADMINISTRATION		2,327		2,845	158,746		
016 CENTRAL SERVICES & SUPPLY	6,619	10,554		3,377	2,944	557,128	
017 PHARMACY		3,104		2,991	6,691	3,113	205,121
018 MEDICAL RECORDS & LIBRARY		4,931		3,548	4,163	963	
022 SOCIAL SERVICE		404					
025 I&R SERVICES-SALARY & FRI							
026 INPAT ROUTINE SRVC CNTRS							
031 ADULTS & PEDIATRICS	155,399	71,066	524,978	24,967	45,781	21,439	
033 INTENSIVE CARE UNIT	30,539	7,277	67,199	6,348	13,683	9,006	
037 SUBPROVIDER							
038 01 SUBPROVIDER 2							
039 NURSERY	5,998	2,323		2,489	5,242	3,885	
041 ANCILLARY SRVC COST CNTRS							
043 OPERATING ROOM	35,724	24,905		4,973	10,655	51,487	
044 RECOVERY ROOM	17,238	3,049		3,323	8,073	1,402	
049 DELIVERY ROOM & LABOR ROO	34,202	7,890		3,005	6,330	10,245	
050 ANESTHESIOLOGY		832		266	258	7,581	
051 RADIOLOGY-DIAGNOSTIC	28,443	23,441		8,289	16,491	16,460	
052 01 ULTRASOUND							
053 02 CT SCAN							
054 03 MRI							
055 RADIOISOTOPE							
056 LABORATORY		9,961		7,613	11,556	61,602	
059 RESPIRATORY THERAPY	386	4,011		1,878	3,662	7,320	
061 01 GASTROINTESTINAL SVCS				91	143	61	
062 PHYSICAL THERAPY	1,055	6,827		3,568		12,491	
063 OCCUPATIONAL THERAPY							
065 SPEECH PATHOLOGY							
068 ELECTROCARDIOLOGY	51	4,526		3,643	7,363		
071 ELECTROENCEPHALOGRAPHY							
073 MEDICAL SUPPLIES CHARGED						326,509	
075 DRUGS CHARGED TO PATIENTS							205,121
077 RENAL DIALYSIS							
079 CARDIAC REHAB	5,577	585					
081 01 GUIDANCE				620	909	10	
083 02 WOUND CARE	59,403	1,425	9,395	551	1,035	2,768	
085 OUTPAT SERVICE COST CNTRS							
087 EMERGENCY		16,610	26,889	6,133	13,767	15,579	
091 OBSERVATION BEDS (NON-DIS							
093 OTHER OUTPATIENT SERVICE							
095 OTHER REIMBURS COST CNTRS							
097 AMBULANCE SERVICES				931		5,114	
099 HOME HEALTH AGENCY							
101 SPEC PURPOSE COST CENTERS							
103 HOSPICE							
105 SUBTOTALS	381,178	219,772	628,461	91,449	158,746	557,035	205,121
107 NONREIMBURS COST CENTERS							
109 GIFT, FLOWER, COFFEE SHOP		225					
111 PHYSICIANS' PRIVATE OFFIC	4,952	21,377					
113 01 OTHER NON REIMBURSEABLE							
115 OTHER NONREIMBURSABLE COS		187					
117 01 SENIOR CIRCLE				146		93	
119 02 MARKETING				409			
121 03 OTHER NONREIMBURSABLE COS							
123 04 OTHER NONREIMBURSABLE COS							
125 05 OTHER NONREIMBURSABLE COS							
127 06 OTHER NONREIMBURSABLE COS							
129 CROSS FOOT ADJUSTMENTS							
131 NEGATIVE COST CENTER							
133 TOTAL	386,130	241,561	628,461	92,004	158,746	557,128	205,121

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18	22	25	26	27
003 GENERAL SERVICE COST CNTR						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
008 ADMINISTRATIVE & GENERAL						
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
014 CAFETERIA						
015 NURSING ADMINISTRATION						
016 CENTRAL SERVICES & SUPPLY						
017 PHARMACY						
018 MEDICAL RECORDS & LIBRARY	308,078					
022 SOCIAL SERVICE		20,148				
025 I&R SERVICES-SALARY & FRI						
026 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	28,947	16,176		4,633,667		4,633,667
026 INTENSIVE CARE UNIT	6,309	2,113		580,129		580,129
031 SUBPROVIDER						
031 01 SUBPROVIDER 2						
033 NURSERY	2,098	1,859		171,048		171,048
037 ANCILLARY SRVC COST CNTRS						
038 OPERATING ROOM	70,172			1,520,438		1,520,438
039 RECOVERY ROOM	9,402			237,705		237,705
040 DELIVERY ROOM & LABOR ROO	2,661			489,445		489,445
041 ANESTHESIOLOGY	1,799			57,719		57,719
041 01 RADIOLOGY-DIAGNOSTIC	48,753			1,421,202		1,421,202
041 02 ULTRASOUND						
041 03 CT SCAN						
043 MRI						
044 RADIOISOTOPE						
044 LABORATORY	32,259			727,436		727,436
049 RESPIRATORY THERAPY	3,575			242,855		242,855
049 01 GASTROINTESTINAL SVCS				295		295
050 PHYSICAL THERAPY	4,411			405,245		405,245
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY	15,680			305,797		305,797
054 ELECTROENCEPHALOGRAPHY						
055 MEDICAL SUPPLIES CHARGED	21,200			496,509		496,509
056 DRUGS CHARGED TO PATIENTS	38,614			330,302		330,302
057 RENAL DIALYSIS	1,117			10,490		10,490
059 CARDIAC REHAB				34,742		34,742
059 01 GUIDANCE	172			7,054		7,054
059 02 WOUND CARE				144,133		144,133
061 OUTPAT SERVICE COST CNTRS						
062 EMERGENCY	20,909			1,031,118		1,031,118
063 OBSERVATION BEDS (NON-DIS						
065 OTHER OUTPATIENT SERVICE						
071 OTHER REIMBURS COST CNTRS						
065 AMBULANCE SERVICES				20,233		20,233
071 HOME HEALTH AGENCY						
093 SPEC PURPOSE COST CENTERS						
095 HOSPICE						
095 SUBTOTALS	308,078	20,148		12,867,562		12,867,562
096 NONREIMBURS COST CENTERS						
098 GIFT, FLOWER, COFFEE SHOP				11,224		11,224
098 PHYSICIANS' PRIVATE OFFIC				1,069,810		1,069,810
098 01 OTHER NON REIMBURSEABLE						
100 OTHER NONREIMBURSABLE COS				9,339		9,339
100 01 SENIOR CIRCLE				1,328		1,328
100 02 MARKETING				27,523		27,523
100 03 OTHER NONREIMBURSABLE COS						
100 04 OTHER NONREIMBURSABLE COS						
100 05 OTHER NONREIMBURSABLE COS						
100 06 OTHER NONREIMBURSABLE COS						
101 CROSS FOOT ADJUSTMENTS						
102 NEGATIVE COST CENTER						
103 TOTAL	308,078	20,148		13,986,786		13,986,786

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)
	3	4	5	6a.00	6	8
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	474,767					
005 NEW CAP REL COSTS-MVB		474,767				
006 EMPLOYEE BENEFITS	7,490	7,490	47,204,455			
008 ADMINISTRATIVE & GENERAL	56,594	56,594	6,112,796	-22,025,095	100,789,392	
009 OPERATION OF PLANT	136,125	136,125	896,368		8,175,644	274,558
010 LAUNDRY & LINEN SERVICE	8,395	8,395			704,647	8,395
011 HOUSEKEEPING	4,591	4,591			2,191,901	4,591
012 DIETARY	12,861	12,861			2,535,279	12,861
014 CAFETERIA	2,000	2,000			58,921	2,000
015 NURSING ADMINISTRATION	2,520	2,520	1,792,322		1,952,089	2,520
016 CENTRAL SERVICES & SUPPLY	11,428	11,428	671,596		1,248,148	11,428
017 PHARMACY	3,361	3,361	1,526,193		1,916,318	3,361
018 MEDICAL RECORDS & LIBRARY	5,339	5,339	949,545		3,090,756	5,339
022 SOCIAL SERVICE	438	438			12,903	438
025 I&R SERVICES-SALARY & INPATIENT ROUTINE SERVICE CENTER						
026 ADULTS & PEDIATRICS	76,951	76,951	10,443,252		15,775,529	76,951
031 INTENSIVE CARE UNIT	7,880	7,880	3,121,030		4,264,284	7,880
033 SUBPROVIDER						
037 NURSERY	2,515	2,515	1,195,693		1,749,606	2,515
038 ANCILLARY SERVICE COST CENTER						
039 OPERATING ROOM	26,968	26,968	2,666,484		6,403,429	26,968
040 RECOVERY ROOM	3,302	3,302	1,841,493		2,341,380	3,302
041 DELIVERY ROOM & LABOR	8,544	8,544	1,443,846		2,225,410	8,544
042 ANESTHESIOLOGY	901	901	58,806		388,637	901
043 RADIOLOGY-DIAGNOSTIC	25,383	25,383	3,761,558		7,731,525	25,383
044 01 ULTRASOUND						
045 02 CT SCAN						
046 03 MRI						
047 RADIOISOTOPE						
048 LABORATORY	10,786	10,786	2,636,057		6,611,725	10,786
049 RESPIRATORY THERAPY	4,343	4,343	867,905		1,446,618	4,343
050 01 GASTROINTESTINAL SVCS				11,813		
051 PHYSICAL THERAPY	7,393	7,393	1,575,782		2,372,775	7,393
052 OCCUPATIONAL THERAPY						
053 SPEECH PATHOLOGY						
054 ELECTROCARDIOLOGY	4,901	4,901	1,679,609		2,863,483	4,901
055 ELECTROENCEPHALOGRAPH						
056 MEDICAL SUPPLIES CHARACTERIZED					8,843,471	
057 DRUGS CHARGED TO PATIENT					5,144,831	
058 RENAL DIALYSIS					557,074	
059 01 CARDIAC REHAB	634	634			18,678	634
060 02 GUIDANCE			207,443		259,890	
061 03 WOUND CARE	1,543	1,543			45,457	1,543
062 OUTPATIENT SERVICE COST CENTER						
063 EMERGENCY	17,986	17,986	3,140,380		6,815,707	17,986
065 OBSERVATION BEDS (NON-REIMBURSABLE)						
071 OTHER OUTPATIENT SERVICE COST CENTER						
075 AMBULANCE SERVICES			394,902		733,501	
093 HOME HEALTH AGENCY						
095 SPECIFIC PURPOSE COST CENTER						
096 HOSPICE						
098 SUBTOTALS	451,172	451,172	46,983,060	-22,013,282	98,479,616	250,963
099 NONREIMBURSABLE COST CENTER						
100 GIFT, FLOWER, COFFEE	244	244			7,188	244
101 PHYSICIANS' PRIVATE OFFICE	23,148	23,148			681,948	23,148
102 01 OTHER NONREIMBURSABLE						
103 02 OTHER NONREIMBURSABLE	203	203			5,981	203
104 03 SENIOR CIRCLE			40,209		53,565	
105 04 MARKETING			181,186		1,561,094	
106 05 OTHER NONREIMBURSABLE						
107 06 OTHER NONREIMBURSABLE						
108 CROSS FOOT ADJUSTMENT						
109 NEGATIVE COST CENTER						
110 COST TO BE ALLOCATED (WRKSHT B, PART I)	6,648,329	7,338,457	6,033,875		22,025,095	9,962,235
111 UNIT COST MULTIPLIER (WRKSHT B, PT I)	14.003351	15.456965	.127824		.218526	36.284628
112 COST TO BE ALLOCATED (WRKSHT B, PART II)						
113 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
114 COST TO BE ALLOCATED (WRKSHT B, PART III)			220,658		1,695,854	4,152,041
115 UNIT COST MULTIPLIER (WRKSHT B, PT III)			.004675		.016826	15.122637

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTES)	(DIRECT NRSG HRS)	(TOTAL SUPPLIES)	(COSTED REQUIS)
GENERAL SERVICE COST	9	10	11	12	14	15	16
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	1,501,511						
010 HOUSEKEEPING		261,572					
011 DIETARY	2,115	12,861	133,784				
012 CAFETERIA		2,000		65,418			
014 NURSING ADMINISTRATION		2,520		2,023	36,210,890		
015 CENTRAL SERVICES & SUPPLY	25,737	11,428		2,401	671,596	14,971,980	
016 PHARMACY		3,361		2,127	1,526,193	83,647	5,153,400
017 MEDICAL RECORDS & LIBRARY		5,339		2,523	949,545	25,890	
018 SOCIAL SERVICE		438					
022 I&R SERVICES-SALARY & INPATIENT ROUTINE SERVICE							
025 ADULTS & PEDIATRICS	604,288	76,951	111,755	17,750	10,443,251	576,143	
026 INTENSIVE CARE UNIT	118,756	7,880	14,305	4,514	3,121,030	242,022	
031 SUBPROVIDER							
031 SUBPROVIDER 2							
033 NURSERY	23,325	2,515		1,770	1,195,693	104,392	
037 ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	138,918	26,968		3,536	2,430,337	1,383,649	
038 RECOVERY ROOM	67,030	3,302		2,363	1,841,495	37,669	
039 DELIVERY ROOM & LABOR	132,998	8,544		2,137	1,443,846	275,310	
040 ANESTHESIOLOGY		901		189	58,806	203,717	
041 RADIOLOGY-DIAGNOSTIC	110,602	25,383		5,894	3,761,557	442,347	
041 01 ULTRASOUND							
041 02 CT SCAN							
041 03 MRI							
043 RADIOISOTOPE LABORATORY		10,786		5,413	2,636,057	1,655,473	
049 RESPIRATORY THERAPY	1,502	4,343		1,335	835,303	196,723	
049 01 GASTROINTESTINAL SERVICES				65	32,602	1,650	
050 PHYSICAL THERAPY	4,104	7,393		2,537		335,674	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	200	4,901		2,590	1,679,609		
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHARGED TO PATIENTS						8,774,431	
056 DRUGS CHARGED TO PATIENTS							5,153,400
057 RENAL DIALYSIS							
059 CARDIAC REHABILITATION	21,686	634					
059 01 GUIDANCE				441	207,443	259	
059 02 WOUND CARE	230,994	1,543	2,000	392	236,147	74,388	
061 OUTPATIENT SERVICE COST CENTER							
061 EMERGENCY		17,986	5,724	4,361	3,140,380	418,674	
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
063 OTHER OUTPATIENT SERVICE COST CENTER							
065 AMBULANCE SERVICES				662		137,420	
071 HOME HEALTH AGENCY							
093 SPECIFIC PURPOSE COST CENTER							
093 HOSPICE							
095 SUBTOTALS	1,482,255	237,977	133,784	65,023	36,210,890	14,969,478	5,153,400
096 NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE		244					
098 PHYSICIANS' PRIVATE OFFICE	19,256	23,148					
098 01 OTHER NONREIMBURSABLE							
100 OTHER NONREIMBURSABLE		203					
100 01 SENIOR CIRCLE				104		2,502	
100 02 MARKETING				291			
100 03 OTHER NONREIMBURSABLE							
100 04 OTHER NONREIMBURSABLE							
100 05 OTHER NONREIMBURSABLE							
100 06 OTHER NONREIMBURSABLE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WORKSHEET B, PART I)	1,163,240	2,837,471	3,697,112	166,062	2,502,579	2,131,979	2,616,282
104 UNIT COST MULTIPLIER (WORKSHEET B, PART I)	.774713	10.847763	27.634934	2.538476	.069111	.142398	.507681
105 COST TO BE ALLOCATED (WORKSHEET B, PART II)							
106 UNIT COST MULTIPLIER (WORKSHEET B, PART II)							
107 COST TO BE ALLOCATED (WORKSHEET B, PART III)	386,130	241,561	628,461	92,004	158,746	557,128	205,121
108 UNIT COST MULTIPLIER (WORKSHEET B, PART III)	.257161	.923497	4.697580	1.406402	.004384	.037211	.039803

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI
	(GROSS CHARGES)	(PT. DAYS) & OP OBSV	(ASSIGNED TIME)
GENERAL SERVICE COST	17	18	22
003 NEW CAP REL COSTS-BLD			
004 NEW CAP REL COSTS-MVB			
005 EMPLOYEE BENEFITS			
006 ADMINISTRATIVE & GENE			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVI			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SU			
016 PHARMACY			
017 MEDICAL RECORDS & LIB	636,087,756		
018 SOCIAL SERVICE		50,688	
022 I&R SERVICES-SALARY &			
INPAT ROUTINE SRVC CN			
025 ADULTS & PEDIATRICS	59,806,971	40,693	
026 INTENSIVE CARE UNIT	13,035,330	5,317	
031 SUBPROVIDER			
031 01 SUBPROVIDER 2			
033 NURSERY	4,334,073	4,678	
ANCILLARY SRVC COST C			
037 OPERATING ROOM	144,545,382		
038 RECOVERY ROOM	19,426,147		
039 DELIVERY ROOM & LABOR	5,497,555		
040 ANESTHESIOLOGY	3,717,620		
041 RADIOLOGY-DIAGNOSTIC	100,729,362		
041 01 ULTRASOUND			
041 02 CT SCAN			
041 03 MRI			
043 RADIOISOTOPE			
044 LABORATORY	66,650,555		
049 RESPIRATORY THERAPY	7,386,950		
049 01 GASTROINTESTINAL SVCS			
050 PHYSICAL THERAPY	9,112,679		
051 OCCUPATIONAL THERAPY			
052 SPEECH PATHOLOGY			
053 ELECTROCARDIOLOGY	32,397,649		
054 ELECTROENCEPHALOGRAPH			
055 MEDICAL SUPPLIES CHAR	43,801,030		
056 DRUGS CHARGED TO PATI	79,781,774		
057 RENAL DIALYSIS	2,308,882		
059 CARDIAC REHAB			
059 01 GUIDANCE	356,238		
059 02 WOUND CARE			
OUTPAT SERVICE COST C			
061 EMERGENCY	43,199,559		
062 OBSERVATION BEDS (NON			
063 OTHER OUTPATIENT SERV			
OTHER REIMBURS COST C			
065 AMBULANCE SERVICES			
071 HOME HEALTH AGENCY			
SPEC PURPOSE COST CEN			
093 HOSPICE			
095 SUBTOTALS	636,087,756	50,688	
NONREIMBURS COST CENT			
096 GIFT, FLOWER, COFFEE			
098 PHYSICIANS' PRIVATE O			
098 01 OTHER NON REIMBURSEAB			
100 OTHER NONREIMBURSABLE			
100 01 SENIOR CIRCLE			
100 02 MARKETING			
100 03 OTHER NONREIMBURSABLE			
100 04 OTHER NONREIMBURSABLE			
100 05 OTHER NONREIMBURSABLE			
100 06 OTHER NONREIMBURSABLE			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED	4,093,523	36,367	
(PER WRKSHT B, PART			
104 UNIT COST MULTIPLIER		.717468	
(WRKSHT B, PT I)	.006435		
105 COST TO BE ALLOCATED			
(PER WRKSHT B, PART			
106 UNIT COST MULTIPLIER			
(WRKSHT B, PT I I)			
107 COST TO BE ALLOCATED	308,078	20,148	
(PER WRKSHT B, PART			
108 UNIT COST MULTIPLIER		.397491	
(WRKSHT B, PT I I I)	.000484		

## COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:	PERIOD:	PREPARED
14-0084	FROM 12/ 1/2007	4/29/2009
	TO 11/30/2008	WORKSHEET C
		PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	27,669,165		27,669,165		27,669,165
26	INTENSIVE CARE UNIT	6,404,181		6,404,181		6,404,181
31	SUBPROVIDER					
31	01 SUBPROVIDER 2					
33	NURSERY	2,401,788		2,401,788		2,401,788
37	ANCILLARY SRVC COST CNTRS					
	OPERATING ROOM	10,485,849		10,485,849	212,658	10,698,507
38	RECOVERY ROOM	3,324,229		3,324,229		3,324,229
39	DELIVERY ROOM & LABOR ROO	3,397,246		3,397,246		3,397,246
40	ANESTHESIOLOGY	573,506		573,506		573,506
41	RADIOLOGY-DIAGNOSTIC	11,689,220		11,689,220		11,689,220
41	01 ULTRASOUND					
41	02 CT SCAN					
41	03 MRI					
43	RADIOISOTOPE					
44	LABORATORY	9,425,483		9,425,483		9,425,483
49	RESPIRATORY THERAPY	2,105,268		2,105,268	15,817	2,121,085
49	01 GASTROINTESTINAL SVCS				9,730	9,730
50	PHYSICAL THERAPY	3,355,796		3,355,796		3,355,796
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	4,051,512		4,051,512	4,030	4,055,542
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	12,307,320		12,307,320		12,307,320
56	DRUGS CHARGED TO PATIENTS	9,398,788		9,398,788		9,398,788
57	RENAL DIALYSIS	693,667		693,667		693,667
59	CARDIAC REHAB	69,441		69,441		69,441
59	01 GUIDANCE	334,468		334,468		334,468
59	02 WOUND CARE	390,248		390,248		390,248
61	OUTPAT SERVICE COST CNTRS					
	EMERGENCY	9,876,733		9,876,733		9,876,733
62	OBSERVATION BEDS (NON-DIS	1,221,850		1,221,850		1,221,850
63	OTHER OUTPATIENT SERVICE					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	915,038		915,038	3,717	918,755
101	SUBTOTAL	120,090,796		120,090,796	245,952	120,336,748
102	LESS OBSERVATION BEDS	1,221,850		1,221,850		1,221,850
103	TOTAL	118,868,946		118,868,946	245,952	119,114,898

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	56,800,992		56,800,992			
26	INTENSIVE CARE UNIT	13,035,330		13,035,330			
31	SUBPROVIDER						
31	01 SUBPROVIDER 2						
33	NURSERY	4,334,073		4,334,073			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	80,283,082	64,262,300	144,545,382	.072544	.072544	.074015
38	RECOVERY ROOM	8,278,938	11,147,209	19,426,147	.171121	.171121	.171121
39	DELIVERY ROOM & LABOR ROO	4,894,481	603,074	5,497,555	.617956	.617956	.617956
40	ANESTHESIOLOGY	2,420,985	1,296,635	3,717,620	.154267	.154267	.154267
41	RADIOLOGY-DIAGNOSTIC	33,098,196	67,631,166	100,729,362	.116046	.116046	.116046
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	39,373,999	27,276,556	66,650,555	.141416	.141416	.141416
49	RESPIRATORY THERAPY	6,153,825	1,233,125	7,386,950	.284998	.284998	.287139
49	01 GASTROINTESTINAL SVCS						
50	PHYSICAL THERAPY	2,928,629	6,184,050	9,112,679	.368256	.368256	.368256
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	21,238,497	11,159,152	32,397,649	.125056	.125056	.125180
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	34,160,332	9,640,698	43,801,030	.280982	.280982	.280982
56	DRUGS CHARGED TO PATIENTS	59,049,292	20,732,482	79,781,774	.117806	.117806	.117806
57	RENAL DIALYSIS	2,200,638	108,244	2,308,882	.300434	.300434	.300434
59	CARDIAC REHAB						
59	01 GUIDANCE	7,540	348,698	356,238	.938889	.938889	.938889
59	02 WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	14,729,162	28,470,397	43,199,559	.228630	.228630	.228630
62	OBSERVATION BEDS (NON-DIS	553,679	2,452,300	3,005,979	.406473	.406473	.406473
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	383,541,670	252,546,086	636,087,756			
102	LESS OBSERVATION BEDS						
103	TOTAL	383,541,670	252,546,086	636,087,756			



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	56,800,992		56,800,992			
26	INTENSIVE CARE UNIT	13,035,330		13,035,330			
31	SUBPROVIDER						
31	01 SUBPROVIDER 2						
33	NURSERY	4,334,073		4,334,073			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	80,283,082	64,262,300	144,545,382	.072544	.072544	.074015
38	RECOVERY ROOM	8,278,938	11,147,209	19,426,147	.171121	.171121	.171121
39	DELIVERY ROOM & LABOR ROO	4,894,481	603,074	5,497,555	.617956	.617956	.617956
40	ANESTHESIOLOGY	2,420,985	1,296,635	3,717,620	.154267	.154267	.154267
41	RADIOLOGY-DIAGNOSTIC	33,098,196	67,631,166	100,729,362	.116046	.116046	.116046
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	39,373,999	27,276,556	66,650,555	.141416	.141416	.141416
49	RESPIRATORY THERAPY	6,153,825	1,233,125	7,386,950	.284998	.284998	.287139
49	01 GASTROINTESTINAL SVCS						
50	PHYSICAL THERAPY	2,928,629	6,184,050	9,112,679	.368256	.368256	.368256
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	21,238,497	11,159,152	32,397,649	.125056	.125056	.125180
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	34,160,332	9,640,698	43,801,030	.280982	.280982	.280982
56	DRUGS CHARGED TO PATIENTS	59,049,292	20,732,482	79,781,774	.117806	.117806	.117806
57	RENAL DIALYSIS	2,200,638	108,244	2,308,882	.300434	.300434	.300434
59	CARDIAC REHAB						
59	01 GUIDANCE	7,540	348,698	356,238	.938889	.938889	.938889
59	02 WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	14,729,162	28,470,397	43,199,559	.228630	.228630	.228630
62	OBSERVATION BEDS (NON-DIS	553,679	2,452,300	3,005,979	.406473	.406473	.406473
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	383,541,670	252,546,086	636,087,756			
102	LESS OBSERVATION BEDS						
103	TOTAL	383,541,670	252,546,086	636,087,756			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	10,485,849	1,520,438	8,965,411			10,485,849
38	RECOVERY ROOM	3,324,229	237,705	3,086,524			3,324,229
39	DELIVERY ROOM & LABOR ROO	3,397,246	489,445	2,907,801			3,397,246
40	ANESTHESIOLOGY	573,506	57,719	515,787			573,506
41	RADIOLOGY-DIAGNOSTIC	11,689,220	1,421,202	10,268,018			11,689,220
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	9,425,483	727,436	8,698,047			9,425,483
49	RESPIRATORY THERAPY	2,105,268	242,855	1,862,413			2,105,268
49	01 GASTRO INTESTINAL SVCS		295	-295			
50	PHYSICAL THERAPY	3,355,796	405,245	2,950,551			3,355,796
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	4,051,512	305,797	3,745,715			4,051,512
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	12,307,320	496,509	11,810,811			12,307,320
56	DRUGS CHARGED TO PATIENTS	9,398,788	330,302	9,068,486			9,398,788
57	RENAL DIALYSIS	693,667	10,490	683,177			693,667
59	CARDIAC REHAB	69,441	34,742	34,699			69,441
59	01 GUI DANCE	334,468	7,054	327,414			334,468
59	02 WOUND CARE	390,248	144,133	246,115			390,248
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	9,876,733	1,031,118	8,845,615			9,876,733
62	OBSERVATION BEDS (NON-DIS	1,221,850	204,620	1,017,230			1,221,850
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	915,038	20,233	894,805			915,038
101	SUBTOTAL	83,615,662	7,687,338	75,928,324			83,615,662
102	LESS OBSERVATION BEDS	1,221,850	204,620	1,017,230			1,221,850
103	TOTAL	82,393,812	7,482,718	74,911,094			82,393,812

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	144,545,382	.072544	.072544
38	RECOVERY ROOM	19,426,147	.171121	.171121
39	DELIVERY ROOM & LABOR ROO	5,497,555	.617956	.617956
40	ANESTHESIOLOGY	3,717,620	.154267	.154267
41	RADIOLOGY-DIAGNOSTIC	100,729,362	.116046	.116046
41	01 ULTRASOUND			
41	02 CT SCAN			
41	03 MRI			
43	RADIOISOTOPE			
44	LABORATORY	66,650,555	.141416	.141416
49	RESPIRATORY THERAPY	7,386,950	.284998	.284998
49	01 GASTROINTESTINAL SVCS			
50	PHYSICAL THERAPY	9,112,679	.368256	.368256
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	32,397,649	.125056	.125056
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	43,801,030	.280982	.280982
56	DRUGS CHARGED TO PATIENTS	79,781,774	.117806	.117806
57	RENAL DIALYSIS	2,308,882	.300434	.300434
59	CARDIAC REHAB			
59	01 GUIDANCE	356,238	.938889	.938889
59	02 WOUND CARE			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	43,199,559	.228630	.228630
62	OBSERVATION BEDS (NON-DIS	3,005,979	.406473	.406473
63	OTHER OUTPATIENT SERVICE			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	561,917,361		
102	LESS OBSERVATION BEDS	3,005,979		
103	TOTAL	558,911,382		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	10,485,849	1,520,438	8,965,411	152,044	519,994	9,813,811
38	RECOVERY ROOM	3,324,229	237,705	3,086,524	23,771	179,018	3,121,440
39	DELIVERY ROOM & LABOR ROO	3,397,246	489,445	2,907,801	48,945	168,652	3,179,649
40	ANESTHESIOLOGY	573,506	57,719	515,787	5,772	29,916	537,818
41	RADIOLOGY-DIAGNOSTIC	11,689,220	1,421,202	10,268,018	142,120	595,545	10,951,555
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	9,425,483	727,436	8,698,047	72,744	504,487	8,848,252
49	RESPIRATORY THERAPY	2,105,268	242,855	1,862,413	24,286	108,020	1,972,962
49	01 GASTROINTESTINAL SVCS		295	-295	30	-17	-13
50	PHYSICAL THERAPY	3,355,796	405,245	2,950,551	40,525	171,132	3,144,139
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	4,051,512	305,797	3,745,715	30,580	217,251	3,803,681
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	12,307,320	496,509	11,810,811	49,651	685,027	11,572,642
56	DRUGS CHARGED TO PATIENTS	9,398,788	330,302	9,068,486	33,030	525,972	8,839,786
57	RENAL DIALYSIS	693,667	10,490	683,177	1,049	39,624	652,994
59	CARDIAC REHAB	69,441	34,742	34,699	3,474	2,013	63,954
59	01 GUIDANCE	334,468	7,054	327,414	705	18,990	314,773
59	02 WOUND CARE	390,248	144,133	246,115	14,413	14,275	361,560
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	9,876,733	1,031,118	8,845,615	103,112	513,046	9,260,575
62	OBSERVATION BEDS (NON-DIS	1,221,850	204,620	1,017,230	20,462	58,999	1,142,389
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	915,038	20,233	894,805	2,023	51,899	861,116
101	SUBTOTAL	83,615,662	7,687,338	75,928,324	768,736	4,403,843	78,443,083
102	LESS OBSERVATION BEDS	1,221,850	204,620	1,017,230	20,462	58,999	1,142,389
103	TOTAL	82,393,812	7,482,718	74,911,094	748,274	4,344,844	77,300,694

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	144,545,382	.067894	.071492
38	RECOVERY ROOM	19,426,147	.160682	.169898
39	DELIVERY ROOM & LABOR ROO	5,497,555	.578375	.609053
40	ANESTHESIOLOGY	3,717,620	.144667	.152714
41	RADIOLOGY-DIAGNOSTIC	100,729,362	.108723	.114635
41	01 ULTRASOUND			
41	02 CT SCAN			
41	03 MRI			
43	RADIOISOTOPE			
44	LABORATORY	66,650,555	.132756	.140325
49	RESPIRATORY THERAPY	7,386,950	.267087	.281711
49	01 GASTROINTESTINAL SVCS			
50	PHYSICAL THERAPY	9,112,679	.345029	.363809
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	32,397,649	.117406	.124112
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	43,801,030	.264209	.279849
56	DRUGS CHARGED TO PATIENTS	79,781,774	.110800	.117392
57	RENAL DIALYSIS	2,308,882	.282818	.299980
59	CARDIAC REHAB			
59	01 GUIDANCE	356,238	.883603	.936910
59	02 WOUND CARE			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	43,199,559	.214367	.226244
62	OBSERVATION BEDS (NON-DIS	3,005,979	.380039	.399666
63	OTHER OUTPATIENT SERVICE			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	561,917,361		
102	LESS OBSERVATION BEDS	3,005,979		
103	TOTAL	558,911,382		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				4,633,667		4,633,667
26	INTENSIVE CARE UNIT				580,129		580,129
31	SUBPROVIDER						
31 01	SUBPROVIDER 2						
33	NURSERY				171,048		171,048
101	TOTAL				5,384,844		5,384,844

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	42,573	19,908			108.84	2,166,787
26	INTENSIVE CARE UNIT	5,317	2,732			109.11	298,089
31	SUBPROVIDER						
31 01	SUBPROVIDER 2						
33	NURSERY	4,678				36.56	
101	TOTAL	52,568	22,640				2,464,876





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

PROVIDER NO: 14-0084  
PERIOD: FROM 12/1/2007 TO 11/30/2008  
PREPARED 4/29/2009  
WORKSHEET D  
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					42,573	
26	INTENSIVE CARE UNIT					5,317	
31	SUBPROVIDER						
31 01	SUBPROVIDER 2						
33	NURSERY					4,678	
101	TOTAL					52,568	

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

PROVIDER NO:	PERIOD:	PREPARED 4/29/2009
14-0084	FROM 12/ 1/2007	WORKSHEET D
	TO 11/30/2008	PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	19,908	
26	INTENSIVE CARE UNIT	2,732	
31	SUBPROVIDER		
31	01 SUBPROVIDER 2		
33	NURSERY		
101	TOTAL	22,640	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRASOUND						
41 02	CT SCAN						
41 03	MRI						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49 01	GATRO INTESTINAL SVCS						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	CARDIAC REHAB						
59 01	GUIDANCE						
59 02	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			144,545,382			34,563,065	
38	RECOVERY ROOM			19,426,147			2,701,797	
39	DELIVERY ROOM & LABOR ROO			5,497,555			19,344	
40	ANESTHESIOLOGY			3,717,620			540,093	
41	RADIOLOGY-DIAGNOSTIC			100,729,362			17,050,110	
41	01 ULTRASOUND							
41	02 CT SCAN							
41	03 MRI							
43	RADIOISOTOPE							
44	LABORATORY			66,650,555			19,350,662	
49	RESPIRATORY THERAPY			7,386,950			3,448,016	
49	01 GASTROINTESTINAL SVCS							
50	PHYSICAL THERAPY			9,112,679			1,820,713	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			32,397,649			10,467,704	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			43,801,030			17,474,669	
56	DRUGS CHARGED TO PATIENTS			79,781,774			27,755,426	
57	RENAL DIALYSIS			2,308,882			1,457,141	
59	CARDIAC REHAB							
59	01 GUIDANCE			356,238			3,618	
59	02 WOUND CARE							
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			43,199,559			7,361,183	
62	OBSERVATION BEDS (NON-DIS			3,005,979			175,155	
63	OTHER OUTPATIENT SERVICE							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			561,917,361			144,188,696	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	17,800,619					
38	RECOVERY ROOM	2,830,495					
39	DELIVERY ROOM & LABOR ROO	2,850					
40	ANESTHESIOLOGY	265,086					
41	RADIOLOGY-DIAGNOSTIC	16,148,108					
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	1,311,713					
49	RESPIRATORY THERAPY	487,621					
49	01 GASTROINTESTINAL SVCS						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	3,603,843					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	3,561,668					
56	DRUGS CHARGED TO PATIENTS	7,510,520					
57	RENAL DIALYSIS	33,991					
59	CARDIAC REHAB						
59	01 GUIDANCE	85,120					
59	02 WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,754,091					
62	OBSERVATION BEDS (NON-DIS	375,225					
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	57,770,950					











TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					649.92
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					12,938,607
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					12,938,607

	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	6,404,181	5,317	1,204.47	2,732	3,290,612
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
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				2,464,876
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES				1,658,936
52	TOTAL PROGRAM EXCLUDABLE COST				4,123,812
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS				33,282,362

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

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	1,880
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	649.92
85	OBSERVATION BED COST	1,221,850

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	27,669,165		1,221,850	
87	NEW CAPITAL-RELATED COST	4,633,667	.167467	1,221,850	204,620
88	NON PHYSICIAN ANESTHETIST	27,669,165		1,221,850	
89	MEDICAL EDUCATION	27,669,165		1,221,850	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

WKST A LINE NO.	COST CENTER DESCRIPTION	HOSPITAL	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			29,075,432	
26	INTENSIVE CARE UNIT			6,694,546	
31	SUBPROVIDER				
31	01 SUBPROVIDER 2				
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM		.074015	34,563,065	2,558,185
38	RECOVERY ROOM		.171121	2,701,797	462,334
39	DELIVERY ROOM & LABOR ROOM		.617956	19,344	11,954
40	ANESTHESIOLOGY		.154267	540,093	83,319
41	RADIOLOGY-DIAGNOSTIC		.116046	17,050,110	1,978,597
41	01 ULTRASOUND				
41	02 CT SCAN				
41	03 MRI				
43	RADIOISOTOPE				
44	LABORATORY		.141416	19,350,662	2,736,493
49	RESPIRATORY THERAPY		.287139	3,448,016	990,060
49	01 GASTROINTESTINAL SVCS				
50	PHYSICAL THERAPY		.368256	1,820,713	670,488
51	OCCUPATIONAL THERAPY				
52	SPEECH PATHOLOGY				
53	ELECTROCARDIOLOGY		.125180	10,467,704	1,310,347
54	ELECTROENCEPHALOGRAPHY				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.280982	17,474,669	4,910,067
56	DRUGS CHARGED TO PATIENTS		.117806	27,755,426	3,269,756
57	RENAL DIALYSIS		.300434	1,457,141	437,775
59	CARDIAC REHAB				
59	01 GUIDANCE		.938889	3,618	3,397
59	02 WOUND CARE				
61	OUTPAT SERVICE COST CNTRS EMERGENCY		.228630	7,361,183	1,682,987
62	OBSERVATION BEDS (NON-DISTINCT PART)		.406473	175,155	71,196
63	OTHER OUTPATIENT SERVICE COST CENTER OTHER REIMBURS COST CNTRS				
65	AMBULANCE SERVICES				
101	TOTAL			144,188,696	21,176,955
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			144,188,696	



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)	36,694,953	
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)	36,694,953	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,144,955	
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	39,839,908	
17 PRIMARY PAYER PAYMENTS	42,407	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	39,797,501	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,009,152	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	221,208	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	584,991	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	409,494	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	575,371	
22 SUBTOTAL	36,976,635	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	36,976,635	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	37,584,566	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-607,931	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	160,486	
----- 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)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	7,453,909
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	8,627,426
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	8,627,426

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	81,148
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,956,107
19	SUBTOTAL (SEE INSTRUCTIONS)	6,590,171
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	6,590,171
24	PRIMARY PAYER PAYMENTS	7,175
25	SUBTOTAL	6,582,996

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	441,970
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	309,379
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	440,131
28	SUBTOTAL	6,892,375
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	6,892,375
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	6,896,696
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-4,321
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	





	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	4,707,244			
29 SALARIES, WAGES & FEES PAYABLE	4,540,070			
30 PAYROLL TAXES PAYABLE	538,216			
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	61,967,451			
35 OTHER CURRENT LIABILITIES	1,311,356			
36 TOTAL CURRENT LIABILITIES	73,064,337			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES				
43 TOTAL LIABILITIES	73,064,337			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	18,448,741			
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	18,448,741			
52 TOTAL LIABILITIES AND FUND BALANCES	91,513,078			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		8,027,908		
2	NET INCOME (LOSS)		10,420,833		
3	TOTAL		18,448,741		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		18,448,741		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		18,448,741		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	56,800,992		56,800,992
2 00 SUBPROVIDER			
2 01 SUBPROVIDER 2			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	56,800,992		56,800,992
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	13,035,330		13,035,330
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	13,035,330		13,035,330
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	69,836,322		69,836,322
17 00 ANCILLARY SERVICES	309,475,333	224,245,698	533,721,031
18 00 OUTPATIENT SERVICES		28,196,330	28,196,330
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
23 00 HOSPICE			
24 00 NURSERY SERVICES	4,334,073		4,334,073
25 00 TOTAL PATIENT REVENUES	383,645,728	252,442,028	636,087,756

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	151,007,986
ADD (SPECIFY)	
27 00 ADD (SPECIFY)	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00 DEDUCT (SPECIFY)	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	151,007,986

DESCRIPTION

1	TOTAL PATIENT REVENUES	636,087,756
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	476,472,802
3	NET PATIENT REVENUES	159,614,954
4	LESS: TOTAL OPERATING EXPENSES	151,007,986
5	NET INCOME FROM SERVICE TO PATIENTS	8,606,968
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	191,722
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	1,737
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	87
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	8,569
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	16,152
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	585,055
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	29
22	RENTAL OF HOSPITAL SPACE	730,048
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	280,466
25	TOTAL OTHER INCOME	1,813,865
26	TOTAL	10,420,833
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	10,420,833

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE	EMPLOYEE BEN EFITS	SUBTOTAL	ADMINISTRATI VE & GENERAL
	0	3	4	5	5A	6
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	OPERATION OF PLANT	LAUNDRY & LI NEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION
	8	9	10	11	12	14
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	CENTRAL SERVICES & SUPPL	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES - SALARY & FR	SUBTOTAL
	15	16	17	18	22	25
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.  
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	POST STEP DOWN ADJUST	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS
	26	27	28	29
1 ADMIN & GENERAL				
2 SKILLED NURSING CARE				
3 PHYSICAL THERAPY				
4 OCCUPATIONAL THERAPY				
5 SPEECH PATHOLOGY				
6 MEDICAL SOCIAL SERVICES				
7 HOME HEALTH AIDE				
8 SUPPLIES				
9 DRUGS				
9.20 COST ADMINISTERING DRUGS				
10 DME				
11 HOME DIALYSIS AIDE SVCS				
12 RESPIRATORY THERAPY				
13 PRIVATE DUTY NURSING				
14 CLINIC				
15 HEALTH PROM ACTIVITIES				
16 DAY CARE PROGRAM				
17 HOME DEL MEALS PROGRAM				
18 HOMEMAKER SERVICE				
19 ALL OTHER				
19.50 TELEMEDICINE				
20 TOTAL (SUM OF 1-19) (2)				
21 UNIT COST MULTIPLIER			0.000000	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.  
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET )	NEW CAP REL COSTS-MVBLE (SQUARE FEET )	EMPLOYEE BENEFITS (GROSS SALARIES )	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST )	OPERATION OF PLANT (SQUARE FEET )
	3	4	5	6A	6	8
1	ADMIN & GENERAL					
2	SKILLED NURSING CARE					
3	PHYSICAL THERAPY					
4	OCCUPATIONAL THERAPY					
5	SPEECH PATHOLOGY					
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE					
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19)					
21	COST TO BE ALLOCATED					
22	UNIT COST MULTIPLIER					

HHA COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY )	HOUSEKEEPING (SQUARE FEET )	DIETARY (MEALS SERVED )	CAFETERIA (FTES )	NURSING ADMINISTRATION (DIRECT NRSNG HRS )	CENTRAL SERVICES & SUPPLIES (TOTAL )
	9	10	11	12	14	15
1	ADMIN & GENERAL					
2	SKILLED NURSING CARE					
3	PHYSICAL THERAPY					
4	OCCUPATIONAL THERAPY					
5	SPEECH PATHOLOGY					
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE					
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19)					
21	COST TO BE ALLOCATED					
22	UNIT COST MULTIPLIER					

HHA 1

HHA COST CENTER	PHARMACY (COSTED REQUIS 16	MEDICAL RECO RDS & LIBRAR ( GROSS CHARGES ) 17	SOCIAL SERVI CE (PT. DAYS & OP OBSV ) 18	I&R SERVICES -SALARY & FR (ASSIGNED TIME ) 22
1	ADMIN & GENERAL			
2	SKILLED NURSING CARE			
3	PHYSICAL THERAPY			
4	OCCUPATIONAL THERAPY			
5	SPEECH PATHOLOGY			
6	MEDICAL SOCIAL SERVICES			
7	HOME HEALTH AIDE			
8	SUPPLIES			
9	DRUGS			
9.20	COST ADMINISTERING DRUGS			
10	DME			
11	HOME DIALYSIS AIDE SVCS			
12	RESPIRATORY THERAPY			
13	PRIVATE DUTY NURSING			
14	CLINIC			
15	HEALTH PROM ACTIVITIES			
16	DAY CARE PROGRAM			
17	HOME DEL MEALS PROGRAM			
18	HOMEMAKER SERVICE			
19	ALL OTHER			
19.50	TELEMEDICINE			
20	TOTAL (SUM OF 1-19)			
21	COST TO BE ALLOCATED			
22	UNIT COST MULTIPLIER			

