

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		14-0181		FROM 1/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 6/ 3/2009 TIME 11: 36

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: SOUTH SHORE HOSPITAL CORPORATION 14-0181 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2008 AND ENDING 12/31/2008 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	231,837	-49,202		0	
100	TOTAL	0	231,837	-49,202		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.

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	20,415,273		20,415,273	888,586.00	22.98	
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	280,295	15,098	295,393	24,060.15	12.28	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,354,095		1,354,095	21,609.40	62.66	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	3,279,314		3,279,314			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	45,569		45,569			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	145,350		145,350	8,662.00	16.78	
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	2,645,894	-15,098	2,630,796	117,288.00	22.43	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	875,513		875,513	49,788.00	17.58	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	510,217		510,217	51,235.00	9.96	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	710,337		710,337	64,217.00	11.06	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	63,410		63,410	5,702.00	11.12	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	637,029		637,029	20,714.00	30.75	
31 CENTRAL SERVICE AND SUPPLY	126,071		126,071	8,770.00	14.38	
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	835,579		835,579	39,031.00	21.41	
34 SOCIAL SERVICE	95,454		95,454	4,601.00	20.75	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	20,415,273		20,415,273	888,586.00	22.98	
2 EXCLUDED AREA SALARIES	280,295	15,098	295,393	24,060.15	12.28	
3 SUBTOTAL SALARIES	20,134,978	-15,098	20,119,880	864,525.85	23.27	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	1,354,095		1,354,095	21,609.40	62.66	
5 SUBTOTAL WAGE-RELATED COSTS	3,279,314		3,279,314		16.30	
6 TOTAL	24,768,387	-15,098	24,753,289	886,135.25	27.93	
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	6,644,854	-15,098	6,629,756	370,008.00	17.92	

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 8,698,499
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 8,698,499
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) .338343
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 30,563,951

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	10,341,099
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	9,769,000
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	3,305,273
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	10,341,099

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0181

PERIOD: FROM 1/1/2008 TO 12/31/2008

PREPARED 6/3/2009 WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT		114,044	114,044		114,044
1.01	0101	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		236,635	236,635		236,635
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		1,041,313	1,041,313		1,041,313
5	0500	EMPLOYEE BENEFITS	145,350	2,130,290	2,275,640		2,275,640
6	0600	ADMINISTRATIVE & GENERAL	2,645,894	9,230,083	11,875,977	-117,012	11,758,965
7	0700	MAINTENANCE & REPAIRS					
8	0800	OPERATION OF PLANT	875,513	1,179,543	2,055,056		2,055,056
9	0900	LAUNDRY & LINEN SERVICE					
10	1000	HOUSEKEEPING	510,217	261,831	772,048		772,048
11	1100	DIETARY	710,337	529,873	1,240,210		1,240,210
12	1200	CAFETERIA	63,410	182,992	246,402		246,402
13	1300	MAINTENANCE OF PERSONNEL		44,974	44,974		44,974
14	1400	NURSING ADMINISTRATION	637,029	94,634	731,663		731,663
15	1500	CENTRAL SERVICES & SUPPLY	126,071	202,278	328,349	-116,439	211,910
16	1600	PHARMACY		2,894,809	2,894,809		2,894,809
17	1700	MEDICAL RECORDS & LIBRARY	835,579	291,659	1,127,238		1,127,238
18	1800	SOCIAL SERVICE	95,454	44,515	139,969		139,969
19	1950	OTHER GENERAL SERVICE COST CENTERS					
19.01	1951	HOUSE PHYSICIAN		424,555	424,555		424,555
20	2000	NONPHYSICIAN ANESTHETISTS					
21	2100	NURSING SCHOOL					
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400	PARAMED ED PRGM					
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	6,439,303	1,785,630	8,224,933		8,224,933
26	2600	INTENSIVE CARE UNIT	1,342,615	244,279	1,586,894		1,586,894
27	2700	CORONARY CARE UNIT					
28	2800	BURN INTENSIVE CARE UNIT					
29	2900	SURGICAL INTENSIVE CARE UNIT					
30	2040	OTHER SPECIAL CARE					
31	3100	SUBPROVIDER					
33	3300	NURSERY					
34	3400	SKILLED NURSING FACILITY					
35	3500	NURSING FACILITY					
35.01	3510	ICF/MR					
36	3600	OTHER LONG TERM CARE					
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	937,875	784,234	1,722,109	-531,590	1,190,519
38	3800	RECOVERY ROOM	256,187	40,612	296,799		296,799
39	3900	DELIVERY ROOM & LABOR ROOM					
40	4000	ANESTHESIOLOGY	30,642	462,476	493,118	-32,841	460,277
41	4100	RADIOLOGY-DIAGNOSTIC	478,632	574,219	1,052,851		1,052,851
42	4200	RADIOLOGY-THERAPEUTIC					
43	4300	RADIOISOTOPE	272	336,356	336,628		336,628
44	4400	LABORATORY	951,153	1,190,835	2,141,988		2,141,988
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700	BLOOD STORING, PROCESSING & TRANS.	66,811	485,280	552,091		552,091
48	4800	INTRAVENOUS THERAPY					
49	4900	RESPIRATORY THERAPY	674,954	336,103	1,011,057		1,011,057
50	5000	PHYSICAL THERAPY	269,540	117,773	387,313	-20,095	367,218
51	5100	OCCUPATIONAL THERAPY					
52	5200	SPEECH PATHOLOGY		22,863	22,863		22,863
53	5300	ELECTROCARDIOLOGY	128,749	153,079	281,828		281,828
54	5400	ELECTROENCEPHALOGRAPHY		8,294	8,294		8,294
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				879,668	879,668
56	5600	DRUGS CHARGED TO PATIENTS		149,275	149,275		149,275
57	5700	RENAL DIALYSIS		389,386	389,386		389,386
58	5800	ASC (NON-DISTINCT PART)					
59	3020	OTHER ANCILLARY SERVICE COST CENTERS					
59.01	3230	CAT SCAN	238,812	44,901	283,713		283,713
59.02	3630	ULTRA SOUND	135,941	15,310	151,251		151,251
59.03	3650	VASCULAR LAB	272	15,888	16,160		16,160
59.04	3560	PULMONARY FUNCTION TESTING	459	37	496		496
59.05	3950	INDUSTRIAL MEDICINE		1,560	1,560		1,560
59.06	3951	PATIENT EDUCATION	86,353	6,916	93,269		93,269
59.07	3952	ADMISSION REVIEW	78,073	9,836	87,909		87,909
59.08	3953	EYE CARE					
59.09	3430	MAGNETIC RESONANCE IMAGING (MRI)		5,812	5,812		5,812
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	46,471	68,803	115,274		115,274
61	6100	EMERGENCY	1,327,010	1,901,315	3,228,325	-178,703	3,049,622
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950	OTHER OUTPATIENT SERVICE COST CENTER					
		OTHER REIMBURS COST CNTRS					
64	6400	HOME PROGRAM DIALYSIS					
65	6500	AMBULANCE SERVICES					
66	6600	DURABLE MEDICAL EQUIP-RENTED					
67	6700	DURABLE MEDICAL EQUIP-SOLD					
68	5950	OTHER REIMBURSABLE COST CENTERS					
69	6900	CORF					
70	7000	I&R SERVICES-NOT APPRVD PRGM					
71	7100	HOME HEALTH AGENCY					

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0181
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/3/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	OTHER REIMBURS COST CNTRS					
	SPEC PURPOSE COST CENTERS					
82	8200 LUNG ACQUISITION					
83	8300 KIDNEY ACQUISITION					
84	8400 LIVER ACQUISITION					
85	8500 HEART ACQUISITION					
85.01	8510 PANCREAS ACQUISITION					
86	8600 OTHER ORGAN ACQUISITION					
88	8800 INTEREST EXPENSE					
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
93	9300 HOSPICE					
94	6950 OTHER SPECIAL PURPOSE (SPECIFY)					
95	SUBTOTALS	20,134,978	28,055,100	48,190,078	-117,012	48,073,066
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES	67,730	82,473	150,203		150,203
98.01	9801 PHYSICIANS' PRIVATE OFFICES-CLINICS					
99	9900 NONPAID WORKERS					
100	7950 OTHER NONREIMBURSABLE COST CENTERS	212,565	204,320	416,885		416,885
100.01	7951 FUND RAISING				69,861	69,861
100.02	7952 MARKETING OTHER				47,151	47,151
100.03	7953 RENTAL SPACE TO PROVIDERS					
100.04	7954 PHARMACY-RENTAL SPACE					
101	TOTAL	20,415,273	28,341,893	48,757,166	-0-	48,757,166

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0181
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/3/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		114,044
1.01 0101	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT		236,635
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		1,041,313
5 0500	EMPLOYEE BENEFITS		2,275,640
6 0600	ADMINISTRATIVE & GENERAL	-5,196,274	6,562,691
7 0700	MAINTENANCE & REPAIRS		
8 0800	OPERATION OF PLANT	-84,955	1,970,101
9 0900	LAUNDRY & LINEN SERVICE		
10 1000	HOUSEKEEPING		772,048
11 1100	DIETARY	-253,705	986,505
12 1200	CAFETERIA		246,402
13 1300	MAINTENANCE OF PERSONNEL		44,974
14 1400	NURSING ADMINISTRATION		731,663
15 1500	CENTRAL SERVICES & SUPPLY		211,910
16 1600	PHARMACY		2,894,809
17 1700	MEDICAL RECORDS & LIBRARY	-34,403	1,092,835
18 1800	SOCIAL SERVICE		139,969
19 1950	OTHER GENERAL SERVICE COST CENTERS		
19.01 1951	HOUSE PHYSICIAN	-424,555	
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		
24 2400	PARAMED ED PRGM		
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-345,841	7,879,092
26 2600	INTENSIVE CARE UNIT		1,586,894
27 2700	CORONARY CARE UNIT		
28 2800	BURN INTENSIVE CARE UNIT		
29 2900	SURGICAL INTENSIVE CARE UNIT		
30 2040	OTHER SPECIAL CARE		
31 3100	SUBPROVIDER		
33 3300	NURSERY		
34 3400	SKILLED NURSING FACILITY		
35 3500	NURSING FACILITY		
35.01 3510	ICF/MR		
36 3600	OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-101,460	1,089,059
38 3800	RECOVERY ROOM		296,799
39 3900	DELIVERY ROOM & LABOR ROOM		
40 4000	ANESTHESIOLOGY	-219,700	240,577
41 4100	RADIOLOGY-DIAGNOSTIC	-170,000	882,851
42 4200	RADIOLOGY-THERAPEUTIC		
43 4300	RADIO SOTOPE		336,628
44 4400	LABORATORY	-170,094	1,971,894
45 4500	PBP CLINICAL LAB SERVICES-PRGM ONLY		
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		
47 4700	BLOOD STORING, PROCESSING & TRANS.		552,091
48 4800	INTRAVENOUS THERAPY		
49 4900	RESPIRATORY THERAPY		1,011,057
50 5000	PHYSICAL THERAPY		367,218
51 5100	OCCUPATIONAL THERAPY		
52 5200	SPEECH PATHOLOGY		22,863
53 5300	ELECTROCARDIOLOGY		281,828
54 5400	ELECTROENCEPHALOGRAPHY		8,294
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		879,668
56 5600	DRUGS CHARGED TO PATIENTS		149,275
57 5700	RENAL DIALYSIS		389,386
58 5800	ASC (NON-DISTINCT PART)		
59 3020	OTHER ANCILLARY SERVICE COST CENTERS		
59.01 3230	CAT SCAN		283,713
59.02 3630	ULTRA SOUND		151,251
59.03 3650	VASCULAR LAB		16,160
59.04 3560	PULMONARY FUNCTION TESTING		496
59.05 3950	INDUSTRIAL MEDICINE		1,560
59.06 3951	PATIENT EDUCATION		93,269
59.07 3952	ADMISSION REVIEW		87,909
59.08 3953	EYE CARE		
59.09 3430	MAGNETIC RESONANCE IMAGING (MRI)		5,812
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		115,274
61 6100	EMERGENCY	-348,001	2,701,621
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63 4950	OTHER OUTPATIENT SERVICE COST CENTER		
	OTHER REIMBURS COST CNTRS		
64 6400	HOME PROGRAM DIALYSIS		
65 6500	AMBULANCE SERVICES		
66 6600	DURABLE MEDICAL EQUIP-RENTED		
67 6700	DURABLE MEDICAL EQUIP-SOLD		
68 5950	OTHER REIMBURSABLE COST CENTERS		
69 6900	CORF		
70 7000	I&R SERVICES-NOT APPRVD PRGM		
71 7100	HOME HEALTH AGENCY		

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0181
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/3/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
	OTHER REIMBURS COST CNTRS	6	7
	SPEC PURPOSE COST CENTERS		
82	8200 LUNG ACQUISITION		
83	8300 KIDNEY ACQUISITION		
84	8400 LIVER ACQUISITION		
85	8500 HEART ACQUISITION		
85.01	8510 PANCREAS ACQUISITION		
86	8600 OTHER ORGAN ACQUISITION		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D.P.)		
93	9300 HOSPICE		
94	6950 OTHER SPECIAL PURPOSE (SPECIFY)		
95	SUBTOTALS	-7,348,988	40,724,078
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		150,203
98.01	9801 PHYSICIANS' PRIVATE OFFICES-CLINICS		
99	9900 NONPAID WORKERS		
100	7950 OTHER NONREIMBURSABLE COST CENTERS		416,885
100.01	7951 FUND RAISING		69,861
100.02	7952 MARKETING OTHER		47,151
100.03	7953 RENTAL SPACE TO PROVIDERS		
100.04	7954 PHARMACY-RENTAL SPACE		
101	TOTAL	-7,348,988	41,408,178

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0181
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/3/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
1.01	OLD CAP REL COSTS-BLDG & FIXT	0101	OLD CAP REL COSTS-BLDG & FIXT
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	OTHER GENERAL SERVICE COST CENTERS	1950	OTHER GENERAL SERVICE COST CENTERS
19.01	HOUSE PHYSICIAN	1951	OTHER GENERAL SERVICE COST CENTERS
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
30	OTHER SPECIAL CARE	2040	DETOXIFICATION INTENSIVE CARE UNIT
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
59	OTHER ANCILLARY SERVICE COST CENTERS	3020	ACUPUNCTURE
59.01	CAT SCAN	3230	CAT SCAN
59.02	ULTRA SOUND	3630	ULTRA SOUND
59.03	VASCULAR LAB	3650	VASCULAR LAB
59.04	PULMONARY FUNCTION TESTING	3560	PULMONARY FUNCTION TESTING
59.05	INDUSTRIAL MEDICINE	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.06	PATIENT EDUCATION	3951	OTHER ANCILLARY SERVICE COST CENTERS
59.07	ADMISSION REVIEW	3952	OTHER ANCILLARY SERVICE COST CENTERS
59.08	EYE CARE	3953	OTHER ANCILLARY SERVICE COST CENTERS
59.09	MAGNETIC RESONANCE IMAGING (MRI)	3430	MAGNETIC RESONANCE IMAGING (MRI)
	OUTPAT SERVICE COST		
60	CLINIC	6000	
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		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
68	OTHER REIMBURSABLE COST CENTERS	5950	OTHER REIMBURSABLE COST CENTERS
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	SPEC PURPOSE COST CE		
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
85.01	PANCREAS ACQUISITION	8510	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
94	OTHER SPECIAL PURPOSE (SPECIFY)	6950	OTHER SPECIAL PURPOSE (SPECIFY)
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	PHYSICIANS' PRIVATE OFFICES-CLINICS	9801	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	FUND RAISING	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	MARKETING OTHER	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	RENTAL SPACE TO PROVIDERS	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	PHARMACY-RENTAL SPACE	7954	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140181

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 6/ 3/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1) 1	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 MEDICAL SUPPLIES CHARGED TO PATIENTS	A	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		879,668
2					
3					
4					
5					
6 FUND-RAISING	B	FUND RAISING	100.01		49,657
7		FUND RAISING	100.01		5,106
8		FUND RAISING	100.01	15,098	
9 MARKETING	C	MARKETING OTHER	100.02		47,151
36 TOTAL RECLASSIFICATIONS				15,098	981,582

(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:
140181

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 6/ 3/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			6	LINE NO 7			
1 MEDICAL SUPPLIES CHARGED TO PATIENTS	A	OPERATING ROOM		37		531,590	
2		ANESTHESIOLOGY		40		32,841	
3		PHYSICAL THERAPY		50		20,095	
4		CENTRAL SERVICES & SUPPLY		15		116,439	
5		EMERGENCY		61		178,703	
6 FUND-RAISING	B	ADMINISTRATIVE & GENERAL		6		49,657	
7		ADMINISTRATIVE & GENERAL		6		5,106	
8		ADMINISTRATIVE & GENERAL		6	15,098		
9 MARKETING	C	ADMINISTRATIVE & GENERAL		6		47,151	
36 TOTAL RECLASSIFICATIONS					15,098	981,582	

(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:
140181

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 6/ 3/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : MEDICAL SUPPLIES CHARGED TO PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	879,668	OPERATING ROOM	37	531,590	
2.00			0	ANESTHESIOLOGY	40	32,841	
3.00			0	PHYSICAL THERAPY	50	20,095	
4.00			0	CENTRAL SERVICES & SUPPLY	15	116,439	
5.00			0	EMERGENCY	61	178,703	
TOTAL RECLASSIFICATIONS FOR CODE A			879,668	879,668			

RECLASS CODE: B
EXPLANATION : FUND-RAISING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	FUND RAISING	100.01	49,657	ADMINISTRATIVE & GENERAL	6	49,657	
2.00	FUND RAISING	100.01	5,106	ADMINISTRATIVE & GENERAL	6	5,106	
3.00	FUND RAISING	100.01	15,098	ADMINISTRATIVE & GENERAL	6	15,098	
TOTAL RECLASSIFICATIONS FOR CODE B			69,861	69,861			

RECLASS CODE: C
EXPLANATION : MARKETING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MARKETING OTHER	100.02	47,151	ADMINISTRATIVE & GENERAL	6	47,151	
TOTAL RECLASSIFICATIONS FOR CODE C			47,151	47,151			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	1,110,698					1,110,698	
2	LAND IMPROVEMENTS	496,650					496,650	403,210
3	BUILDINGS & FIXTURE	7,032,723					7,032,723	4,505,432
4	BUILDING IMPROVEMENT							
5	FIXED EQUIPMENT	7,588,171					7,588,171	6,690,745
6	MOVABLE EQUIPMENT	4,773,660					4,773,660	4,786,179
7	SUBTOTAL	21,001,902					21,001,902	16,385,566
8	RECONCILING ITEMS							
9	TOTAL	21,001,902					21,001,902	16,385,566

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	324,148	40,000		40,000		364,148	
2	LAND IMPROVEMENTS	580,911					580,911	270,850
3	BUILDINGS & FIXTURE	1,975,016	230,695		230,695		2,205,711	273,206
4	BUILDING IMPROVEMENT							
5	FIXED EQUIPMENT	1,415,475	244,293		244,293		1,659,768	338,938
6	MOVABLE EQUIPMENT	13,264,819	490,310		490,310	79,354	13,675,775	6,864,151
7	SUBTOTAL	17,560,369	1,005,298		1,005,298	79,354	18,486,313	7,747,145
8	RECONCILING ITEMS							
9	TOTAL	17,560,369	1,005,298		1,005,298	79,354	18,486,313	7,747,145

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO		INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
1 01	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	114,044						114,044
1 01	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	236,635						236,635
4	NEW CAP REL COSTS-MV	1,041,313						1,041,313
5	TOTAL	1,391,992						1,391,992

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	114,044						114,044
1 01	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	236,635						236,635
4	NEW CAP REL COSTS-MV	1,041,313						1,041,313
5	TOTAL	1,391,992						1,391,992

* 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).

DESCR IPTION (1)	(2) BASIS/ CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-12,510	ADMINISTRATIVE & GENERAL		6	
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES	A	-30,000	ADMINISTRATIVE & GENERAL		6	
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,779,651				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1					
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	A	-253,705	DIETARY		11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS	A	-84,955	OPERATION OF PLANT		8	
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-34,403	MEDICAL RECORDS & LIBRARY		17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES	B	-1,007	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			UTILIZATION REVIEW-SNF		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS		20	
34 PHYSICIANS' ASSI STANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 OTHER ADJUSTMENTS (SPECIFY)						
38 OTHER ADJUSTMENTS (BAD DEBT)	A	-5,148,000	ADMINISTRATIVE & GENERAL		6	
39 OTHER ADJUSTMENTS (DONATIONS)	A	-1,413	ADMINISTRATIVE & GENERAL		6	
40 OTHER ADJUSTMENTS (AHA DUES)	A	-3,344	ADMINISTRATIVE & GENERAL		6	
41 OTHER ADJUSTMENTS (SPECIFY)						
42 OTHER ADJUSTMENTS (SPECIFY)						
43 OTHER ADJUSTMENTS (SPECIFY)						
44 OTHER ADJUSTMENTS (SPECIFY)						
45 OTHER ADJUSTMENTS (SPECIFY)						
46 OTHER ADJUSTMENTS (SPECIFY)						
47 OTHER ADJUSTMENTS (SPECIFY)						
48 OTHER ADJUSTMENTS (SPECIFY)						
49 OTHER ADJUSTMENTS (SPECIFY)						
50 TOTAL (SUM OF LINES 1 THRU 49)		-7,348,988				

(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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0181
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED: 6/3/2009
 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 61	EMERGENCY	525,201		525,201	177,200	2,080	177,200	8,860
2 19	1 HOUSE PHYSICIANS	424,555	424,555					
3 26	ICU	30,000		30,000	177,200	462	39,359	1,968
4 25	DETOX UNIT	301,668	301,668					
5 25	CHEMICAL DEPENDENCY	44,173	44,173					
6 37	SURGERY	101,460	101,460					
7 40	ANESTHESIA	420,000		420,000	200,300	2,080	200,300	10,015
8 41	RADIOLOGY	170,000	170,000					
9 59	5 NUCLEAR MEDICINE	14,688		14,688	225,300	685	74,197	3,710
10 53	EKG	105,000		105,000	177,200	1,618	137,841	6,892
11 49	RESPIRATORY THERAPY	20,001		20,001	177,200	416	35,440	1,772
12 44	LABORATORY	170,094	170,094					
13 59	3 VASCULAR LAB	14,705		14,705	177,200	685	58,357	2,918
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,341,545	1,211,950	1,129,595		8,026	722,694	36,135

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-0181

PERIOD:
FROM 1/1/2008
TO 12/31/2008

PREPARED 6/3/2009
WORKSHEET A-8-2
GROUP 1

LINE NO.	WKSHT A 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
			12	13	14	15	16	17	18
1	61	EMERGENCY					177,200	348,001	348,001
2	19	1 HOUSE PHYSICIANS							424,555
3	26	ICU					39,359		
4	25	DETOX UNIT							301,668
5	25	CHEMICAL DEPENDENCY							44,173
6	37	SURGERY							101,460
7	40	ANESTHESIA					200,300	219,700	219,700
8	41	RADIOLOGY							170,000
9	59	5 NUCLEAR MEDICINE					74,197		
10	53	EKG					137,841		
11	49	RESPIRATORY THERAPY					35,440		
12	44	LABORATORY							170,094
13	59	3 VASCULAR LAB					58,357		
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL					722,694	567,701	1,779,651

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0181
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/3/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
1.01	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	7	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF SERVICE	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12	CAFETERIA	11	MEALS SERVED	ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER HOUSED	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT NRSNG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
16	PHARMACY	15	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME SPENT	ENTERED
19	OTHER GENERAL SERVICE COST CENTERS			NOT ENTERED
19.01	HOUSE PHYSICIAN			NOT ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	19	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED TIME	NOT ENTERED
24	PARAMED ED PRGM	22	ASSIGNED TIME	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS
	0	1	1.01	2	3	4	5
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &	114,044	114,044					
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &	236,635				236,635		
004 NEW CAP REL COSTS-MVBLE E	1,041,313					1,041,313	
005 EMPLOYEE BENEFITS	2,275,640		485		1,007		2,277,132
006 ADMIN STRATIVE & GENERAL	6,562,691		29,310		60,817	412,073	278,628
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	1,970,101	16,408			34,046	6,791	92,197
009 LAUNDRY & LINEN SERVICE			631		1,310		
010 HOUSEKEEPING	772,048	2,023			4,198	767	53,729
011 DIETARY	986,505	1,929			4,004	7,970	74,803
012 CAFETERIA	246,402	1,789			3,712	367	6,677
013 MAINTENANCE OF PERSONNEL	44,974	7,496			15,553	1,653	
014 NURSING ADMINISTRATION	731,663	535			1,110	3,234	67,083
015 CENTRAL SERVICES & SUPPLY	211,910	1,567			3,251	93	13,276
016 PHARMACY	2,894,809	1,635			3,392	3,326	
017 MEDICAL RECORDS & LIBRARY	1,092,835	1,793			3,720	1,214	87,991
018 SOCIAL SERVICE	139,969	88			183	50	10,052
019 OTHER GENERAL SERVICE COS							
019 01 HOUSE PHYSICIAN							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	7,879,092	18,294			37,958	33,251	723,758
026 INTENSIVE CARE UNIT	1,586,894	2,720			5,644	8,573	144,120
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 OTHER SPECIAL CARE							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,089,059	3,971			8,239	51,235	98,764
038 RECOVERY ROOM	296,799	498			1,032		26,978
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	240,577	267			554	8,615	3,227
041 RADIOLOGY-DIAGNOSTIC	882,851	2,552			5,294	209,287	50,403
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	336,628	352			730		29
044 LABORATORY	1,971,894	2,894			6,005	42,883	100,162
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	552,091	200			415	503	7,036
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,011,057	808			1,676	21,908	72,179
050 PHYSICAL THERAPY	367,218	1,357			2,816		28,384
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY	22,863						
053 ELECTROCARDIOLOGY	281,828	1,554			3,224	19,857	13,558
054 ELECTROENCEPHALOGRAPHY	8,294						
055 MEDICAL SUPPLIES CHARGED	879,668						
056 DRUGS CHARGED TO PATIENTS	149,275						
057 RENAL DIALYSIS	389,386	73			151		
058 ASC (NON-DI STINCT PART)							
059 OTHER ANCILLARY SERVICE C							
059 01 CAT SCAN	283,713	380			789	175,451	25,148
059 02 ULTRA SOUND	151,251	206			428	20,258	14,315
059 03 VASCULAR LAB	16,160	108			225		29
059 04 PULMONARY FUNCTION TESTIN	496	9			19		48
059 05 INDUSTRIAL MEDICINE	1,560						
059 06 PATIENT EDUCATION	93,269						9,093
059 07 ADMIN SSION REVIEW	87,909	303			629	17	8,222
059 08 EYE CARE							
059 09 MAGNETIC RESONANCE IMAGIN	5,812						
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	115,274	492			1,020	2,547	4,894
061 EMERGENCY	2,701,621	3,154			6,544	4,812	232,833
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE COST C							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-BLDG & 1.01	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5
071 OTHER REIMBURS COST CNTRS							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION							
086 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE (SP							
095 SUBTOTALS	40,724,078	105,881			219,695	1,036,735	2,247,616
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	150,203	1,254			2,603	454	7,132
098 01 PHYSICIANS' PRIVATE OFFIC						4,124	22,384
099 NONPAID WORKERS		6,609			13,714		
100 OTHER NONREIMBURSABLE COS	416,885	300			623		
100 01 FUND RAISING	69,861						
100 02 MARKETING OTHER	47,151						
100 03 RENTAL SPACE TO PROVIDERS							
100 04 PHARMACY-RENTAL SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	41,408,178	114,044			236,635	1,041,313	2,277,132

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	SUBTOTAL 5a.00	ADMINISTRATIVE MAINTENANCE & OPERATION OF E & GENERAL REPAIRS PLANT			LAUNDRY & LINEN HOUSEKEEPING EN SERVICE		DIETARY 11
		6	7	8	9	10	
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	7,343,519	7,343,519					
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	2,119,543	456,923		2,576,466			
009 LAUNDRY & LINEN SERVICE	1,941	418		23,968	26,327		
010 HOUSEKEEPING	832,765	179,524		76,832	376	1,089,497	
011 DIETARY	1,075,211	231,790		73,278			1,380,279
012 CAFETERIA	258,947	55,823		67,935		15,238	
013 MAINTENANCE OF PERSONNEL	69,676	15,020		284,681	558		
014 NURSING ADMINISTRATION	803,625	173,242		20,317		7,619	
015 CENTRAL SERVICES & SUPPLY	230,097	49,603		59,505	9,457	30,475	
016 PHARMACY	2,903,162	625,852		62,078		15,238	
017 MEDICAL RECORDS & LIBRARY	1,187,553	256,008		68,082		34,285	
018 SOCIAL SERVICE	150,342	32,410		3,358		3,809	
019 OTHER GENERAL SERVICE COS							
019 01 HOUSE PHYSICIAN							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	8,692,353	1,873,862		694,768	10,636	399,991	1,280,256
026 INTENSIVE CARE UNIT	1,747,951	376,816		103,300	2,697	91,426	100,023
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 OTHER SPECIAL CARE							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,251,268	269,743		150,796	467	121,902	
038 RECOVERY ROOM	325,307	70,128		18,895	341	15,238	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	253,240	54,592		10,146		83,807	
041 RADIOLOGY-DIAGNOSTIC	1,150,387	247,996		96,903	86		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	337,739	72,808		13,357			
044 LABORATORY	2,123,838	457,849		109,917			
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	560,245	120,775		7,597			
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,107,628	238,778		30,684		19,047	
050 PHYSICAL THERAPY	399,775	86,182		51,540	657	19,047	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY	22,863	4,929			34		
053 ELECTROCARDIOLOGY	320,021	68,989		59,014		26,666	
054 ELECTROENCEPHALOGRAPHY	8,294	1,788				7,619	
055 MEDICAL SUPPLIES CHARGED	879,668	189,635					
056 DRUGS CHARGED TO PATIENTS	149,275	32,180					
057 RENAL DIALYSIS	389,610	83,991		2,769			
058 ASC (NON-DI STINCT PART)							
059 OTHER ANCILLARY SERVICE C							
059 01 CAT SCAN	485,481	104,658		14,435		7,619	
059 02 ULTRA SOUND	186,458	40,196		7,842			
059 03 VASCULAR LAB	16,522	3,562		4,117			
059 04 PULMONARY FUNCTION TESTIN	572	123		343			
059 05 INDUSTRIAL MEDICINE	1,560	336					
059 06 PATIENT EDUCATION	102,362	22,067					
059 07 ADMIN SSION REVIEW	97,080	20,928		11,519			
059 08 EYE CARE							
059 09 MAGNETIC RESONANCE IMAGIN	5,812	1,253					
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	124,227	26,780		18,675			
061 EMERGENCY	2,948,964	635,726		119,769	1,018	167,615	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE COST C							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							

COST CENTER DESCRIPTION	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	5a.00	6	7	8	9	10	11
071 OTHER REIMBURS COST CNTRS							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION							
086 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE (SP							
095 SUBTOTALS	40,664,881	7,183,283		2,266,420	26,327	1,066,641	1,380,279
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	161,646	34,847		47,643		15,238	
098 01 PHYSICIANS' PRIVATE OFFIC	26,508	5,714					
099 NONPAID WORKERS	20,323	4,381		251,007			
100 OTHER NONREIMBURSABLE COS	417,808	90,069		11,396			
100 01 FUND RAISING	69,861	15,060				3,809	
100 02 MARKETING OTHER	47,151	10,165				3,809	
100 03 RENTAL SPACE TO PROVIDERS							
100 04 PHARMACY-RENTAL SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	41,408,178	7,343,519		2,576,466	26,327	1,089,497	1,380,279

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE OF PERSONNEL 13	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	397,943						
013 MAINTENANCE OF PERSONNEL		369,935					
014 NURSING ADMINISTRATION	13,340		1,018,143				
015 CENTRAL SERVICES & SUPPLY	8,555			387,692			
016 PHARMACY	14,282				3,620,612		
017 MEDICAL RECORDS & LIBRARY	24,722					1,570,650	
018 SOCIAL SERVICE	2,682						192,601
019 OTHER GENERAL SERVICE COS							
019 01 HOUSE PHYSICIAN							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	156,671	92,483	782,229	170,246	255,560		
026 INTENSIVE CARE UNIT	20,517	92,484	102,414	37,541	47,999	1,175,442	189,671
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 OTHER SPECIAL CARE							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	22,764	92,484	110,089	24,841	410,806	95,808	
038 RECOVERY ROOM	4,712		23,411	1,127	4,098		
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	3,480			5,451	496,124		
041 RADIOLOGY-DIAGNOSTIC	17,327			2,134	51,661		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	507			104	480		
044 LABORATORY	34,002			1,316			
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	1,377						
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	16,312			633	947,779		
050 PHYSICAL THERAPY	7,105			9,342	1,030,089		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	5,075			682	8,719		
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS				3,347			
057 RENAL DIALYSIS				1,189	27,117		
058 ASC (NON-DI STINCT PART)							
059 OTHER ANCILLARY SERVICE C							
059 01 CAT SCAN	797			825	8,501		
059 02 ULTRA SOUND	1,740			376	1,744		
059 03 VASCULAR LAB	435						
059 04 PULMONARY FUNCTION TESTIN							
059 05 INDUSTRIAL MEDICINE							
059 06 PATIENT EDUCATION	1,377						
059 07 ADMIN SSION REVIEW	1,595						
059 08 EYE CARE							
059 09 MAGNETIC RESONANCE IMAGIN							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	3,625			8			
061 EMERGENCY	28,202	92,484		119,699	281,064	299,400	2,930
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE COST C							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE O F PERSONNEL 13	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVI C E 18
071 OTHER REIMBURS COST CNTRS							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION							
086 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE (SP							
095 SUBTOTALS	391,201	369,935	1,018,143	378,861	3,571,741	1,570,650	192,601
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	6,380						
098 01 PHYSICIANS' PRIVATE OFFIC				8,831	48,871		
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
100 01 FUND RAISING	362						
100 02 MARKETING OTHER							
100 03 RENTAL SPACE TO PROVIDERS							
100 04 PHARMACY-RENTAL SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	397,943	369,935	1,018,143	387,692	3,620,612	1,570,650	192,601

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	25	26	27
001 GENERAL SERVICE COST CNTR			
001 01 OLD CAP REL COSTS-BLDG &			
002 OLD CAP REL COSTS-MVBLE E			
003 NEW CAP REL COSTS-BLDG &			
004 NEW CAP REL COSTS-MVBLE E			
005 EMPLOYEE BENEFITS			
006 ADMINISTRATIVE & GENERAL			
007 MAINTENANCE & REPAIRS			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
013 MAINTENANCE OF PERSONNEL			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
019 OTHER GENERAL SERVICE COS			
019 01 HOUSE PHYSICIAN			
020 NONPHYSICIAN ANESTHETISTS			
021 NURSING SCHOOL			
022 I&R SERVICES-SALARY & FRI			
023 I&R SERVICES-OTHER PRGM C			
024 PARAMED ED PRGM			
025 INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	14,409,055		14,409,055
026 INTENSIVE CARE UNIT	4,088,281		4,088,281
027 CORONARY CARE UNIT			
028 BURN INTENSIVE CARE UNIT			
029 SURGICAL INTENSIVE CARE U			
030 OTHER SPECIAL CARE			
031 SUBPROVIDER			
033 NURSERY			
034 SKILLED NURSING FACILITY			
035 NURSING FACILITY			
035 01 ICF/MR			
036 OTHER LONG TERM CARE			
037 ANCILLARY SRVC COST CNTRS			
037 OPERATING ROOM	2,550,968		2,550,968
038 RECOVERY ROOM	463,257		463,257
039 DELIVERY ROOM & LABOR ROO			
040 ANESTHESIOLOGY	906,840		906,840
041 RADIOLOGY-DIAGNOSTIC	1,566,494		1,566,494
042 RADIOLOGY-THERAPEUTIC			
043 RADIOISOTOPE	424,995		424,995
044 LABORATORY	2,726,922		2,726,922
045 PBP CLINICAL LAB SERVICES			
046 WHOLE BLOOD & PACKED RED			
047 BLOOD STORING, PROCESSING	689,994		689,994
048 INTRAVENOUS THERAPY			
049 RESPIRATORY THERAPY	2,360,861		2,360,861
050 PHYSICAL THERAPY	1,603,737		1,603,737
051 OCCUPATIONAL THERAPY			
052 SPEECH PATHOLOGY	27,826		27,826
053 ELECTROCARDIOLOGY	489,166		489,166
054 ELECTROENCEPHALOGRAPHY	17,701		17,701
055 MEDICAL SUPPLIES CHARGED	1,069,303		1,069,303
056 DRUGS CHARGED TO PATIENTS	184,802		184,802
057 RENAL DIALYSIS	504,676		504,676
058 ASC (NON-DISSERT PART)			
059 OTHER ANCILLARY SERVICE C			
059 01 CAT SCAN	622,316		622,316
059 02 ULTRA SOUND	238,356		238,356
059 03 VASCULAR LAB	24,636		24,636
059 04 PULMONARY FUNCTION TESTIN	1,038		1,038
059 05 INDUSTRIAL MEDICINE	1,896		1,896
059 06 PATIENT EDUCATION	125,806		125,806
059 07 ADMISSION REVIEW	131,122		131,122
059 08 EYE CARE			
059 09 MAGNETIC RESONANCE IMAGIN	7,065		7,065
060 OUTPAT SERVICE COST CNTRS			
060 CLINIC	173,315		173,315
061 EMERGENCY	4,696,871		4,696,871
062 OBSERVATION BEDS (NON-DIS			
063 OTHER OUTPATIENT SERVICE			
063 OTHER REIMBURS COST CNTRS			
064 HOME PROGRAM DIALYSIS			
065 AMBULANCE SERVICES			
066 DURABLE MEDICAL EQUIP-REN			
067 DURABLE MEDICAL EQUIP-SOL			
068 OTHER REIMBURSABLE COST C			
069 CORF			
070 I&R SERVICES-NOT APPRVD P			

COST CENTER DESCRIPTION	SUBTOTAL	I & R COST POST STEP-DOWN ADJ	TOTAL
	25	26	27
071 OTHER REIMBURS COST CNTRS			
082 HOME HEALTH AGENCY			
083 LUNG ACQUISITION			
084 SPEC PURPOSE COST CENTERS			
085 KIDNEY ACQUISITION			
086 LIVER ACQUISITION			
085 HEART ACQUISITION			
085 01 PANCREAS ACQUISITION			
086 OTHER ORGAN ACQUISITION			
092 AMBULATORY SURGICAL CENTE			
093 HOSPICE			
094 OTHER SPECIAL PURPOSE (SP			
095 SUBTOTALS	40,107,299		40,107,299
096 NONREIMBURS COST CENTERS			
097 GIFT, FLOWER, COFFEE SHOP			
097 RESEARCH			
098 PHYSICIANS' PRIVATE OFFIC	265,754		265,754
098 01 PHYSICIANS' PRIVATE OFFIC	89,924		89,924
099 NONPAID WORKERS	275,711		275,711
100 OTHER NONREIMBURSABLE COS	519,273		519,273
100 01 FUND RAISING	89,092		89,092
100 02 MARKETING OTHER	61,125		61,125
100 03 RENTAL SPACE TO PROVIDERS			
100 04 PHARMACY-RENTAL SPACE			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 TOTAL	41,408,178		41,408,178

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-BLDG & 1.01	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS			485				485
006 ADMINISTRATIVE & GENERAL		29,310					29,310
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		16,408					16,408
009 LAUNDRY & LINEN SERVICE			631				631
010 HOUSEKEEPING			2,023				2,023
011 DIETARY			1,929				1,929
012 CAFETERIA			1,789				1,789
013 MAINTENANCE OF PERSONNEL			7,496				7,496
014 NURSING ADMINISTRATION			535				535
015 CENTRAL SERVICES & SUPPLY			1,567				1,567
016 PHARMACY			1,635				1,635
017 MEDICAL RECORDS & LIBRARY			1,793				1,793
018 SOCIAL SERVICE			88				88
019 OTHER GENERAL SERVICE COS							
019 01 HOUSE PHYSICIAN							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS		18,294					18,294
026 ADULTS & PEDIATRICS			2,720				2,720
027 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 OTHER SPECIAL CARE							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		3,971					3,971
038 RECOVERY ROOM			498				498
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY			267				267
041 RADIOLOGY-DIAGNOSTIC			2,552				2,552
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE			352				352
044 LABORATORY			2,894				2,894
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING		200					200
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY			808				808
050 PHYSICAL THERAPY			1,357				1,357
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY			1,554				1,554
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS			73				73
058 ASC (NON-DISSERT PART)							
059 OTHER ANCILLARY SERVICE C							
059 01 CAT SCAN			380				380
059 02 ULTRA SOUND			206				206
059 03 VASCULAR LAB			108				108
059 04 PULMONARY FUNCTION TESTIN			9				9
059 05 INDUSTRIAL MEDICINE							
059 06 PATIENT EDUCATION							
059 07 ADMSION REVIEW			303				303
059 08 EYE CARE							
059 09 MAGNETIC RESONANCE IMAGIN							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			492				492
061 EMERGENCY			3,154				3,154
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE COST C							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL
	0	1	1.01	2	3	4	4a
071 OTHER REIMBURS COST CNTRS							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION							
086 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE (SP							
095 SUBTOTALS		105,881					105,881
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC		1,254					1,254
098 01 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS		6,609					6,609
100 OTHER NONREIMBURSABLE COS		300					300
100 01 FUND RAISING							
100 02 MARKETING OTHER							
100 03 RENTAL SPACE TO PROVIDERS							
100 04 PHARMACY-RENTAL SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		114,044					114,044

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	5	6	7	8	9	10	11
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	485						
006 ADMINISTRATIVE & GENERAL	58	29,368					
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	19	1,827		18,254			
009 LAUNDRY & LINEN SERVICE				170	803		
010 HOUSEKEEPING	11	718		544	11	3,307	
011 DIETARY	16	927		519			3,391
012 CAFETERIA	1	223		481			46
013 MAINTENANCE OF PERSONNEL		60		2,017	17		
014 NURSING ADMINISTRATION	14	693		144			23
015 CENTRAL SERVICES & SUPPLY	3	198		422	288		93
016 PHARMACY		2,503		440			46
017 MEDICAL RECORDS & LIBRARY	18	1,024		482			104
018 SOCIAL SERVICE	2	130		24			12
019 OTHER GENERAL SERVICE COS							
019 01 HOUSE PHYSICIAN							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	160	7,495		4,921	326	1,213	3,145
026 INTENSIVE CARE UNIT	30	1,507		732	82	278	246
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 OTHER SPECIAL CARE							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	21	1,079		1,068	14	370	
038 RECOVERY ROOM	6	280		134	10	46	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	1	218		72		254	
041 RADIOLOGY-DIAGNOSTIC	11	992		687	3		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE		291		95			
044 LABORATORY	21	1,831		779			
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	1	483		54			
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	15	955		217		58	
050 PHYSICAL THERAPY	6	345		365	20	58	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY		20			1		
053 ELECTROCARDIOLOGY	3	276		418		81	
054 ELECTROENCEPHALOGRAPHY		7				23	
055 MEDICAL SUPPLIES CHARGED		758					
056 DRUGS CHARGED TO PATIENTS		129					
057 RENAL DIALYSIS		336		20			
058 ASC (NON-DI STINCT PART)							
059 OTHER ANCILLARY SERVICE C							
059 01 CAT SCAN	5	418		102		23	
059 02 ULTRA SOUND	3	161		56			
059 03 VASCULAR LAB		14		29			
059 04 PULMONARY FUNCTION TESTIN				2			
059 05 INDUSTRIAL MEDICINE		1					
059 06 PATIENT EDUCATION	2	88					
059 07 ADMIN SSION REVIEW	2	84		82			
059 08 EYE CARE							
059 09 MAGNETIC RESONANCE IMAGIN		5					
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1	107		132			
061 EMERGENCY	49	2,542		849	31	509	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE COST C							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	5	6	7	8	9	10	11
071 OTHER REIMBURS COST CNTRS							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION							
086 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE (SP							
095 SUBTOTALS	479	28,727		16,057	803	3,237	3,391
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	1	139		338		46	
098 01 PHYSICIANS' PRIVATE OFFIC	5	23					
099 NONPAID WORKERS		18		1,778			
100 OTHER NONREIMBURSABLE COS		360		81			
100 01 FUND RAISING		60				12	
100 02 MARKETING OTHER		41				12	
100 03 RENTAL SPACE TO PROVIDERS							
100 04 PHARMACY-RENTAL SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	485	29,368		18,254	803	3,307	3,391

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE O F PERSONNEL 13	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVI CE 18
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMIN ISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	2,540						
013 MAINTENANCE OF PERSONNEL		9,590					
014 NURSING ADMIN ISTRATION	85		1,494				
015 CENTRAL SERVICES & SUPPLY	55			2,626			
016 PHARMACY	91				4,715		
017 MEDICAL RECORDS & LIBRARY	158					3,579	
018 SOCIAL SERVICE	17						273
019 OTHER GENERAL SERVICE COS							
019 01 HOUSE PHYSICIAN							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,001	2,396	1,148	1,152	333		
026 INTENSIVE CARE UNIT	131	2,398	150	254	63	2,679	269
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 OTHER SPECIAL CARE							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	145	2,398	162	168	535	218	
038 RECOVERY ROOM	30		34	8	5		
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	22			37	646		
041 RADIOLOGY-DIAGNOSTIC	111			14	67		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	3			1	1		
044 LABORATORY	217			9			
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	9						
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	104			4	1,234		
050 PHYSICAL THERAPY	45			63	1,342		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	32			5	11		
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS				23			
057 RENAL DIALYSIS				8	35		
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY SERVICE C							
059 01 CAT SCAN	5			6	11		
059 02 ULTRA SOUND	11			3	2		
059 03 VASCULAR LAB	3						
059 04 PULMONARY FUNCTION TESTIN							
059 05 INDUSTRIAL MEDICINE							
059 06 PATIENT EDUCATION	9						
059 07 ADMSION REVIEW	10						
059 08 EYE CARE							
059 09 MAGNETIC RESONANCE IMAGIN							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	23						
061 EMERGENCY	180	2,398		811	366	682	4
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE COST C							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE O F PERSONNEL 13	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVI C E 18
071 OTHER REIMBURS COST CNTRS							
082 HOME HEALTH AGENCY LUNG ACQUISITION SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE (SP							
095 SUBTOTALS	2,497	9,590	1,494	2,566	4,651	3,579	273
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	41						
098 01 PHYSICIANS' PRIVATE OFFIC				60	64		
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
100 01 FUND RAISING	2						
100 02 MARKETING OTHER							
100 03 RENTAL SPACE TO PROVIDERS							
100 04 PHARMACY-RENTAL SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	2,540	9,590	1,494	2,626	4,715	3,579	273

	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
071 OTHER REIMBURS COST CNTRS			
082 HOME HEALTH AGENCY			
083 LUNG ACQUISITION			
084 SPEC PURPOSE COST CENTERS			
085 KIDNEY ACQUISITION			
086 LIVER ACQUISITION			
085 HEART ACQUISITION			
085 01 PANCREAS ACQUISITION			
086 OTHER ORGAN ACQUISITION			
092 AMBULATORY SURGICAL CENTE			
093 HOSPICE			
094 OTHER SPECIAL PURPOSE (SP			
095 SUBTOTALS	102,800		102,800
096 NONREIMBURS COST CENTERS			
097 GIFT, FLOWER, COFFEE SHOP			
097 RESEARCH			
098 PHYSICIANS' PRIVATE OFFIC	1,819		1,819
098 01 PHYSICIANS' PRIVATE OFFIC	152		152
099 NONPAID WORKERS	8,405		8,405
100 OTHER NONREIMBURSABLE COS	741		741
100 01 FUND RAISING	74		74
100 02 MARKETING OTHER	53		53
100 03 RENTAL SPACE TO PROVIDERS			
100 04 PHARMACY-RENTAL SPACE			
101 CROSS FOOT ADJUSTMENTS			
102 NEGATIVE COST CENTER			
103 TOTAL	114,044		114,044

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-BLDG & 1.01	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS					1,007		1,007
006 ADMINISTRATIVE & GENERAL					60,817	412,073	472,890
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT					34,046	6,791	40,837
009 LAUNDRY & LINEN SERVICE					1,310		1,310
010 HOUSEKEEPING					4,198	767	4,965
011 DIETARY					4,004	7,970	11,974
012 CAFETERIA					3,712	367	4,079
013 MAINTENANCE OF PERSONNEL					15,553	1,653	17,206
014 NURSING ADMINISTRATION					1,110	3,234	4,344
015 CENTRAL SERVICES & SUPPLY					3,251	93	3,344
016 PHARMACY					3,392	3,326	6,718
017 MEDICAL RECORDS & LIBRARY					3,720	1,214	4,934
018 SOCIAL SERVICE					183	50	233
019 OTHER GENERAL SERVICE COS							
019 01 HOUSE PHYSICIAN							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS					37,958	33,251	71,209
026 ADULTS & PEDIATRICS					5,644	8,573	14,217
027 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 OTHER SPECIAL CARE							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM					8,239	51,235	59,474
038 RECOVERY ROOM					1,032		1,032
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY					554	8,615	9,169
041 RADIOLOGY-DIAGNOSTIC					5,294	209,287	214,581
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE					730		730
044 LABORATORY					6,005	42,883	48,888
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING					415	503	918
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY					1,676	21,908	23,584
050 PHYSICAL THERAPY					2,816		2,816
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY					3,224	19,857	23,081
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS					151		151
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY SERVICE C							
059 01 CAT SCAN					789	175,451	176,240
059 02 ULTRA SOUND					428	20,258	20,686
059 03 VASCULAR LAB					225		225
059 04 PULMONARY FUNCTION TESTIN					19		19
059 05 INDUSTRIAL MEDICINE							
059 06 PATIENT EDUCATION							
059 07 ADMSION REVIEW					629	17	646
059 08 EYE CARE							
059 09 MAGNETIC RESONANCE IMAGIN							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC					1,020	2,547	3,567
061 EMERGENCY					6,544	4,812	11,356
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE COST C							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL
	0	1	1.01	2	3	4	4a
071 OTHER REIMBURS COST CNTRS							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION							
086 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE (SP							
095 SUBTOTALS					219,695	1,036,735	1,256,430
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC					2,603	454	3,057
098 01 PHYSICIANS' PRIVATE OFFIC						4,124	4,124
099 NONPAID WORKERS					13,714		13,714
100 OTHER NONREIMBURSABLE COS					623		623
100 01 FUND RAISING							
100 02 MARKETING OTHER							
100 03 RENTAL SPACE TO PROVIDERS							
100 04 PHARMACY-RENTAL SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL					236,635	1,041,313	1,277,948

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	5	6	7	8	9	10	11
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	1,007						
006 ADMINISTRATIVE & GENERAL	124	473,014					
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	41	29,432		70,310			
009 LAUNDRY & LINEN SERVICE				654	1,991		
010 HOUSEKEEPING	24	11,564		2,097	28	18,678	
011 DIETARY	33	14,930		2,000			28,937
012 CAFETERIA	3	3,596		1,854			261
013 MAINTENANCE OF PERSONNEL		968		7,769	42		
014 NURSING ADMINISTRATION	30	11,159		554			131
015 CENTRAL SERVICES & SUPPLY	6	3,195		1,624	715		522
016 PHARMACY		40,313		1,694			261
017 MEDICAL RECORDS & LIBRARY	39	16,490		1,858			588
018 SOCIAL SERVICE	4	2,088		92			65
019 OTHER GENERAL SERVICE COS							
019 01 HOUSE PHYSICIAN							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	317	120,695		18,961	804	6,857	26,840
026 INTENSIVE CARE UNIT	64	24,272		2,819	204	1,567	2,097
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 OTHER SPECIAL CARE							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	44	17,375		4,115	35	2,090	
038 RECOVERY ROOM	12	4,517		516	26	261	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	1	3,516		277		1,437	
041 RADIOLOGY-DIAGNOSTIC	22	15,974		2,644	7		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE		4,690		364			
044 LABORATORY	45	29,492		3,000			
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	3	7,780		207			
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	32	15,381		837		327	
050 PHYSICAL THERAPY	13	5,551		1,406	50	327	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY		317			3		
053 ELECTROCARDIOLOGY	6	4,444		1,610		457	
054 ELECTROENCEPHALOGRAPHY		115				131	
055 MEDICAL SUPPLIES CHARGED		12,215					
056 DRUGS CHARGED TO PATIENTS		2,073					
057 RENAL DIALYSIS		5,410		76			
058 ASC (NON-DI STINCT PART)							
059 OTHER ANCILLARY SERVICE C							
059 01 CAT SCAN	11	6,741		394		131	
059 02 ULTRA SOUND	6	2,589		214			
059 03 VASCULAR LAB		229		112			
059 04 PULMONARY FUNCTION TESTIN		8		9			
059 05 INDUSTRIAL MEDICINE		22					
059 06 PATIENT EDUCATION	4	1,421					
059 07 ADMMSSION REVIEW	4	1,348		314			
059 08 EYE CARE							
059 09 MAGNETIC RESONANCE IMAGIN		81					
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	2	1,725		510			
061 EMERGENCY	104	40,949		3,268	77	2,874	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE COST C							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							

COST CENTER DESCRIPTION	EMPLOYEE FITS	BENEFIT & GENERAL	ADMINISTRATIVE & MAINTENANCE REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	5	6	7	8	9	10	11
071 OTHER REIMBURS COST CNTRS							
082 HOME HEALTH AGENCY LUNG ACQUISITION SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE (SP)							
095 SUBTOTALS	994	462,692		61,849	1,991	18,287	28,937
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE	3	2,245		1,300		261	
098 01 PHYSICIANS' PRIVATE OFFICE	10	368					
099 NONPAID WORKERS		282		6,850			
100 OTHER NONREIMBURSABLE COSTS		5,802		311			
100 01 FUND RAISING		970				65	
100 02 MARKETING OTHER		655				65	
100 03 RENTAL SPACE TO PROVIDERS							
100 04 PHARMACY-RENTAL SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,007	473,014		70,310	1,991	18,678	28,937

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE O F PERSONNEL 13	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVI CE 18
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMIN ISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	9,793						
013 MAINTENANCE OF PERSONNEL		25,985					
014 NURSING ADMIN ISTRATION	328		16,546				
015 CENTRAL SERVI CES & SUPPLY	211			9,617			
016 PHARMACY	351				49,337		
017 MEDICAL RECORDS & LIBRARY	608					24,517	
018 SOCIAL SERVICE	66						2,548
019 OTHER GENERAL SERVICE COS							
019 01 HOUSE PHYSICIAN							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVI CES-SALARY & FRI							
023 I&R SERVI CES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	3,856	6,497	12,713	4,223	3,482		
026 INTENSIVE CARE UNIT	505	6,496	1,664	931	654	18,348	2,509
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 OTHER SPECIAL CARE							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	560	6,496	1,789	616	5,598	1,496	
038 RECOVERY ROOM	116		380	28	56		
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	86			135	6,761		
041 RADIOLOGY-DIAGNOSTIC	426			53	704		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	12			3	7		
044 LABORATORY	837			33			
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	34						
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	401			16	12,915		
050 PHYSICAL THERAPY	175			232	14,035		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	125			17	119		
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS				83			
057 RENAL DIALYSIS				30	370		
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY SERVICE C							
059 01 CAT SCAN	20			20	116		
059 02 ULTRA SOUND	43			9	24		
059 03 VASCULAR LAB	11						
059 04 PULMONARY FUNCTION TESTIN							
059 05 INDUSTRIAL MEDICINE							
059 06 PATIENT EDUCATION	34						
059 07 ADMSION REVIEW	39						
059 08 EYE CARE							
059 09 MAGNETIC RESONANCE IMAGIN							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	89						
061 EMERGENCY	694	6,496		2,969	3,830	4,673	39
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE COST C							
069 CORF							
070 I&R SERVI CES-NOT APPRVD P							

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE O F PERSONNEL 13	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVI C E 18
071 OTHER REIMBURS COST CNTRS							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION							
086 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE (SP							
095 SUBTOTALS	9,627	25,985	16,546	9,398	48,671	24,517	2,548
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	157						
098 01 PHYSICIANS' PRIVATE OFFIC				219	666		
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
100 01 FUND RAISING	9						
100 02 MARKETING OTHER							
100 03 RENTAL SPACE TO PROVIDERS							
100 04 PHARMACY-RENTAL SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	9,793	25,985	16,546	9,617	49,337	24,517	2,548

	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
071 OTHER REIMBURS COST CNTRS			
082 HOME HEALTH AGENCY			
083 LUNG ACQUISITION			
084 SPEC PURPOSE COST CENTERS			
085 KIDNEY ACQUISITION			
086 LIVER ACQUISITION			
085 HEART ACQUISITION			
085 01 PANCREAS ACQUISITION			
086 OTHER ORGAN ACQUISITION			
092 AMBULATORY SURGICAL CENTE			
093 HOSPICE			
094 OTHER SPECIAL PURPOSE (SP			
095 SUBTOTALS	1,236,192		1,236,192
096 NONREIMBURS COST CENTERS			
097 GIFT, FLOWER, COFFEE SHOP			
097 RESEARCH			
098 PHYSICIANS' PRIVATE OFFIC	7,023		7,023
098 01 PHYSICIANS' PRIVATE OFFIC	5,387		5,387
099 NONPAID WORKERS	20,846		20,846
100 OTHER NONREIMBURSABLE COS	6,736		6,736
100 01 FUND RAISING	1,044		1,044
100 02 MARKETING OTHER	720		720
100 03 RENTAL SPACE TO PROVIDERS			
100 04 PHARMACY-RENTAL SPACE			
101 CROSS FOOT ADJUSTMENTS			
102 NEGATIVE COST CENTER			
103 TOTAL	1,277,948		1,277,948

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)
	1	1.01	2	3	4	5
001 GENERAL SERVICE COST						
001 01 OLD CAP REL COSTS-BLD	176,729					
002 OLD CAP REL COSTS-MVB		176,729				
003 NEW CAP REL COSTS-BLD			1,041,313			
004 NEW CAP REL COSTS-MVB				176,729		
005 EMPLOYEE BENEFITS	752	752		752	1,041,313	21,624,014
006 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	45,421	45,421	1,041,313	45,421	412,073	2,645,893
007 OPERATION OF PLANT	25,427	25,427		25,427	6,791	875,513
009 LAUNDRY & LINEN SERVICE	978	978		978		
010 HOUSEKEEPING	3,135	3,135		3,135	767	510,217
011 DIETARY	2,990	2,990		2,990	7,970	710,337
012 CAFETERIA	2,772	2,772		2,772	367	63,410
013 MAINTENANCE OF PERSONNEL	11,616	11,616		11,616	1,653	
014 NURSING ADMINISTRATION	829	829		829	3,234	637,029
015 CENTRAL SERVICES & SUPPLIES	2,428	2,428		2,428	93	126,071
016 PHARMACY	2,533	2,533		2,533	3,326	
017 MEDICAL RECORDS & LIBRARY	2,778	2,778		2,778	1,214	835,579
018 SOCIAL SERVICE	137	137		137	50	95,454
019 OTHER GENERAL SERVICE						
019 01 HOUSE PHYSICIAN						
020 NONPHYSICIAN ANESTHETIC						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY & BENEFITS						
023 I&R SERVICES-OTHER PERSONNEL						
024 PARAMEDICAL PROGRAM						
025 INPATIENT ROUTINE SERVICE CENTER ADULTS & PEDIATRICS	28,349	28,349		28,349	33,251	6,872,965
026 INTENSIVE CARE UNIT	4,215	4,215		4,215	8,573	1,368,579
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE UNIT						
029 SURGICAL INTENSIVE CARE UNIT						
030 OTHER SPECIAL CARE						
031 SUBPROVIDER						
033 NURSERY						
034 SKILLED NURSING FACILITY						
035 NURSING FACILITY						
035 01 ICU/MR						
036 OTHER LONG TERM CARE						
037 ANCILLARY SERVICE COST CENTER OPERATING ROOM	6,153	6,153		6,153	51,235	937,875
038 RECOVERY ROOM	771	771		771		256,187
039 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY	414	414		414	8,615	30,642
041 RADIOLOGY-DIAGNOSTIC	3,954	3,954		3,954	209,287	478,632
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE	545	545		545		272
044 LABORATORY	4,485	4,485		4,485	42,883	951,150
045 PBP CLINICAL LABORATORY SERVICE						
046 WHOLE BLOOD & PACKED BLOOD STORAGE, PROCESSING	310	310		310	503	66,811
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY	1,252	1,252		1,252	21,908	685,417
050 PHYSICAL THERAPY	2,103	2,103		2,103		269,540
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY	2,408	2,408		2,408	19,857	128,749
054 ELECTROENCEPHALOGRAPHY						
055 MEDICAL SUPPLIES CHARACTERIZED AS CHARGED TO PATIENTS						
056 DRUGS CHARGED TO PATIENTS						
057 RENAL DIALYSIS	113	113		113		
058 ASC (NON-DISTINCT PARALLEL)						
059 OTHER ANCILLARY SERVICE						
059 01 CAT SCAN	589	589		589	175,451	238,812
059 02 ULTRA SOUND	320	320		320	20,258	135,941
059 03 VASCULAR LAB	168	168		168		272
059 04 PULMONARY FUNCTION TEST	14	14		14		459
059 05 INDUSTRIAL MEDICINE						
059 06 PATIENT EDUCATION						
059 07 ADMISSION REVIEW	470	470		470	17	86,353
059 08 EYE CARE						78,073
059 09 MAGNETIC RESONANCE IMAGING						
060 OUTPATIENT SERVICE COST CENTER CLINIC	762	762		762	2,547	46,471
061 EMERGENCY	4,887	4,887		4,887	4,812	2,211,016
062 OBSERVATION BEDS (NON-PAYING)						
063 OTHER OUTPATIENT SERVICE						
064 HOME PROGRAM DIALYSIS						
065 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIPMENT						

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENE FITS (GROSS SALARIES)
	1	1.01	2	3	4	5
067 OTHER REIMBURS COST C						
068 DURABLE MEDICAL EQUIP						
069 OTHER REIMBURSABLE CO						
070 CORF						
071 I&R SERVICES-NOT APPR						
082 HOME HEALTH AGENCY						
083 LUNG ACQUISITION						
084 SPEC PURPOSE COST CEN						
085 KIDNEY ACQUISITION						
086 LIVER ACQUISITION						
087 HEART ACQUISITION						
088 01 PANCREAS ACQUISITION						
089 OTHER ORGAN ACQUISITI						
090 AMBULATORY SURGICAL C						
091 HOSPICE						
092 OTHER SPECIAL PURPOSE						
093 SUBTOTALS	164,078	164,078	1,041,313	164,078	1,036,735	21,343,719
094 NONREIMBURS COST CENT						
095 GIFT, FLOWER, COFFEE						
096 RESEARCH						
097 PHYSICIANS' PRIVATE O	1,944	1,944		1,944	454	67,730
098 01 PHYSICIANS' PRIVATE O					4,124	212,565
099 NONPAID WORKERS	10,242	10,242		10,242		
100 OTHER NONREIMBURSABLE	465	465		465		
100 01 FUND RAISING						
100 02 MARKETING OTHER						
100 03 RENTAL SPACE TO PROVI						
100 04 PHARMACY-RENTAL SPACE						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	114,044			236,635	1,041,313	2,277,132
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	.645304				1.000000	.105306
(WRKSHT B, PT I)				1.338971		485
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						.000022
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						1,007
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						.000047
(WRKSHT B, PT III)						

COST CENTER DESCRIPTION	RECONCILIATION	ADMINISTRATIVE MAINTENANCE & OPERATION OF			LAUNDRY & LIN HOUSEKEEPING		DIETARY	S
		E & GENERAL	REPAIRS	PLANT	EN SERVICE	SERVICE	MEALS SERVED	
	6a.00	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	
OTHER REIMBURS COST C		6	7	8	9	10	11	
067 DURABLE MEDICAL EQUIP								
068 OTHER REIMBURSABLE CO								
069 CORF								
070 I&R SERVICES-NOT APPR								
071 HOME HEALTH AGENCY								
082 LUNG ACQUISITION								
SPEC PURPOSE COST CEN								
083 KIDNEY ACQUISITION								
084 LIVER ACQUISITION								
085 HEART ACQUISITION								
085 01 PANCREAS ACQUISITION								
086 OTHER ORGAN ACQUISITI								
092 AMBULATORY SURGICAL C								
093 HOSPICE								
094 OTHER SPECIAL PURPOSE								
095 SUBTOTALS	-7,343,519	33,321,362	117,905	92,478	503,508	7,000	85,116	
NONREIMBURS COST CENT								
096 GIFT, FLOWER, COFFEE								
097 RESEARCH								
098 PHYSICIANS' PRIVATE O		161,646	1,944	1,944		100		
098 01 PHYSICIANS' PRIVATE O		26,508						
099 NONPAID WORKERS		20,323	10,242	10,242				
100 OTHER NONREIMBURSABLE		417,808	465	465				
100 01 FUND RAISING		69,861				25		
100 02 MARKETING OTHER		47,151				25		
100 03 RENTAL SPACE TO PROVI								
100 04 PHARMACY-RENTAL SPACE								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED		7,343,519		2,576,466	26,327	1,089,497	1,380,279	
(WRKSHT B, PART I)								
104 UNIT COST MULTIPLIER		.215576		24.507662		152.377203		
(WRKSHT B, PT I)								
105 COST TO BE ALLOCATED		29,368		18,254	.052287	3,307	16.216446	
(WRKSHT B, PART II)					803		3,391	
106 UNIT COST MULTIPLIER		.000862		.173634		.462517		
(WRKSHT B, PT II)								
107 COST TO BE ALLOCATED		473,014		70,310	.001595	18,678	.039840	
(WRKSHT B, PART III)					1,991		28,937	
108 UNIT COST MULTIPLIER		.013886		.668797		2.612308		
(WRKSHT B, PT III)					.003954		.339971	

COST CENTER DESCRIPTION	CAFETERIA (MEALS SERVED)	MAINTENANCE PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT) (SING HRS)	CENTRAL SERVICES & SUPPLY (NR(COSTED) EQUI S.)	PHARMACY (R(COSTED) EQUI S.)	MEDICAL RECORDS & LIBRARY (R(TIME) SPENT)	SOCIAL SERVICES (TIME) SPENT
	12	13	14	15	16	17	18
067 OTHER REIMBURS COST C							
068 DURABLE MEDICAL EQUIP							
069 OTHER REIMBURSABLE CO							
070 CORF							
071 I&R SERVICES-NOT APPR							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CEN							
085 KIDNEY ACQUISITION							
086 LIVER ACQUISITION							
087 HEART ACQUISITION							
088 01 PANCREAS ACQUISITION							
089 OTHER ORGAN ACQUISITI							
090 AMBULATORY SURGICAL C							
091 HOSPICE							
092 OTHER SPECIAL PURPOSE							
093 SUBTOTALS	5,396	4	15,787	397,550	81,928	131,150	986
094 NONREIMBURS COST CENT							
095 GIFT, FLOWER, COFFEE							
096 RESEARCH							
097 PHYSICIANS' PRIVATE O	88						
098 01 PHYSICIANS' PRIVATE O				9,267	1,121		
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE							
101 01 FUND RAISING	5						
102 02 MARKETING OTHER							
103 03 RENTAL SPACE TO PROVI							
104 04 PHARMACY-RENTAL SPACE							
105 CROSS FOOT ADJUSTMENT							
106 NEGATIVE COST CENTER							
107 COST TO BE ALLOCATED	397,943	369,935	1,018,143	387,692	3,620,612	1,570,650	192,601
108 (WRKSHT B, PART I)							
109 UNIT COST MULTIPLIER		92,483.750000		.952989		11.975982	
110 (WRKSHT B, PT I)	72.498269		64.492494		43.596094		195.335700
111 COST TO BE ALLOCATED	2,540	9,590	1,494	2,626	4,715	3,579	273
112 (WRKSHT B, PART II)							
113 UNIT COST MULTIPLIER		2,397.500000		.006455		.027289	
114 (WRKSHT B, PT II)	.462744		.094635		.056774		.276876
115 COST TO BE ALLOCATED	9,793	25,985	16,546	9,617	49,337	24,517	2,548
116 (WRKSHT B, PART III)							
117 UNIT COST MULTIPLIER		6,496.250000		.023640		.186939	
118 (WRKSHT B, PT III)	1.784114		1.048078		.594071		2.584178

COST CENTER DESCRIPTION	OTHER GENERAL SERVICE	HOUSE PHYSICIAN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C GM	PARAMED ED PR GM
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
OTHER REIMBURS COST C	19	19.01	20	21	22	23	24
067 DURABLE MEDICAL EQUIP							
068 OTHER REIMBURSABLE CO							
069 CORF							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
SPEC PURPOSE COST CEN							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITI							
092 AMBULATORY SURGICAL C							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE							
095 SUBTOTALS							
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
097 RESEARCH							
098 PHYSICIANS' PRIVATE O							
01 PHYSICIANS' PRIVATE O							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE							
01 FUND RAISING							
02 MARKETING OTHER							
03 RENTAL SPACE TO PROVI							
04 PHARMACY-RENTAL SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED							
(WRKSH T B, PART I)							
104 UNIT COST MULTIPLIER							
(WRKSH T B, PT I)							
105 COST TO BE ALLOCATED							
(WRKSH T B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSH T B, PT II)							
107 COST TO BE ALLOCATED							
(WRKSH T B, PART III)							
108 UNIT COST MULTIPLIER							
(WRKSH T B, PT III)							

POST STEP DOWN ADJUSTMENTS

PROVIDER NO:
14-0181

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 6/ 3/2009
WORKSHEET B-2

	DESCRIPTION	WORKSHEET		AMOUNT
		PART	LINE NO.	
	1	2	3	4
1	ADJ FOR EPO COSTS IN RENAL DIA	1	57	
2	ADJ FOR EPO COSTS IN HOME PROG	1	64	
3	ADJ FOR ARANESP IN RENAL DIALY	1	57	
4	ADJ FOR ARANESP IN HOME PROGRA	1	64	

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	14,409,055		14,409,055		14,409,055
26	INTENSIVE CARE UNIT	4,088,281		4,088,281		4,088,281
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
30	OTHER SPECIAL CARE					
31	SUBPROVIDER					
33	NURSERY					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
01	ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,550,968		2,550,968		2,550,968
38	RECOVERY ROOM	463,257		463,257		463,257
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	906,840		906,840	219,700	1,126,540
41	RADIOLOGY-DIAGNOSTIC	1,566,494		1,566,494		1,566,494
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	424,995		424,995		424,995
44	LABORATORY	2,726,922		2,726,922		2,726,922
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING	689,994		689,994		689,994
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	2,360,861		2,360,861		2,360,861
50	PHYSICAL THERAPY	1,603,737		1,603,737		1,603,737
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY	27,826		27,826		27,826
53	ELECTROCARDIOLOGY	489,166		489,166		489,166
54	ELECTROENCEPHALOGRAPHY	17,701		17,701		17,701
55	MEDICAL SUPPLIES CHARGED	1,069,303		1,069,303		1,069,303
56	DRUGS CHARGED TO PATIENTS	184,802		184,802		184,802
57	RENAL DIALYSIS	504,676		504,676		504,676
58	ASC (NON-DISTINCT PART)					
59	OTHER ANCILLARY SERVICE C					
59	01 CAT SCAN	622,316		622,316		622,316
59	02 ULTRA SOUND	238,356		238,356		238,356
59	03 VASCULAR LAB	24,636		24,636		24,636
59	04 PULMONARY FUNCTION TESTIN	1,038		1,038		1,038
59	05 INDUSTRIAL MEDICINE	1,896		1,896		1,896
59	06 PATIENT EDUCATION	125,806		125,806		125,806
59	07 ADMISSION REVIEW	131,122		131,122		131,122
59	08 EYE CARE					
59	09 MAGNETIC RESONANCE IMAGIN	7,065		7,065		7,065
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	173,315		173,315		173,315
61	EMERGENCY	4,696,871		4,696,871	348,001	5,044,872
62	OBSERVATION BEDS (NON-DIS					
63	OTHER OUTPATIENT SERVICE					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
68	OTHER REIMBURSABLE COST C					
101	SUBTOTAL	40,107,299		40,107,299	567,701	40,675,000
102	LESS OBSERVATION BEDS					
103	TOTAL	40,107,299		40,107,299	567,701	40,675,000

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	27,750,289		27,750,289			
26	INTENSIVE CARE UNIT	4,599,238		4,599,238			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	OTHER SPECIAL CARE						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	5,785,420	861,201	6,646,621	.383799	.383799	.383799
38	RECOVERY ROOM	1,204,552	581,169	1,785,721	.259423	.259423	.259423
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,940,745	851,237	2,791,982	.324802	.324802	.403491
41	RADIOLOGY-DIAGNOSTIC	819,621	1,272,960	2,092,581	.748594	.748594	.748594
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	2,823,509	491,229	3,314,738	.128214	.128214	.128214
44	LABORATORY	13,834,769	5,738,545	19,573,314	.139318	.139318	.139318
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	915,030	58,218	973,248	.708960	.708960	.708960
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	8,900,462	349,991	9,250,453	.255216	.255216	.255216
50	PHYSICAL THERAPY	1,765,435	328,895	2,094,330	.765752	.765752	.765752
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	61,774		61,774	.450448	.450448	.450448
53	ELECTROCARDIOLOGY	2,325,152	520,570	2,845,722	.171895	.171895	.171895
54	ELECTROENCEPHALOGRAPHY	95,013	6,945	101,958	.173611	.173611	.173611
55	MEDICAL SUPPLIES CHARGED	2,402,906	1,248,731	3,651,637	.292828	.292828	.292828
56	DRUGS CHARGED TO PATIENTS	13,622,943	841,843	14,464,786	.012776	.012776	.012776
57	RENAL DIALYSIS	1,970,139	16,072	1,986,211	.254090	.254090	.254090
58	ASC (NON-DISTINCT PART)						
59	OTHER ANCILLARY SERVICE C						
59	01 CAT SCAN	3,032,003	2,021,942	5,053,945	.123135	.123135	.123135
59	02 ULTRA SOUND	416,563	526,427	942,990	.252766	.252766	.252766
59	03 VASCULAR LAB	578,155	161,810	739,965	.033293	.033293	.033293
59	04 PULMONARY FUNCTION TESTIN	3,188	15,940	19,128	.054266	.054266	.054266
59	05 INDUSTRIAL MEDICINE						
59	06 PATIENT EDUCATION						
59	07 ADMISSION REVIEW						
59	08 EYE CARE						
59	09 MAGNETIC RESONANCE IMAGIN						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	2,138,881	5,054,475	7,193,356	.652946	.652946	.701324
62	OBSERVATION BEDS (NON-DIS	16,495	589,764	606,259			
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE COST C						
101	SUBTOTAL	97,002,282	21,537,964	118,540,246			
102	LESS OBSERVATION BEDS						
103	TOTAL	97,002,282	21,537,964	118,540,246			

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	2,550,968	109,837	2,441,131			2,550,968
38	RECOVERY ROOM	463,257	7,995	455,262			463,257
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	906,840	22,899	883,941			906,840
41	RADIOLOGY-DIAGNOSTIC	1,566,494	238,848	1,327,646			1,566,494
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	424,995	6,549	418,446			424,995
44	LABORATORY	2,726,922	88,046	2,638,876			2,726,922
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	689,994	9,689	680,305			689,994
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	2,360,861	56,888	2,303,973			2,360,861
50	PHYSICAL THERAPY	1,603,737	28,206	1,575,531			1,603,737
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	27,826	341	27,485			27,826
53	ELECTROCARDIOLOGY	489,166	32,239	456,927			489,166
54	ELECTROENCEPHALOGRAPHY	17,701	276	17,425			17,701
55	MEDICAL SUPPLIES CHARGED	1,069,303	12,973	1,056,330			1,069,303
56	DRUGS CHARGED TO PATIENTS	184,802	2,308	182,494			184,802
57	RENAL DIALYSIS	504,676	6,509	498,167			504,676
58	ASC (NON-DISTINCT PART)						
59	OTHER ANCILLARY SERVICE C						
59	01 CAT SCAN	622,316	184,623	437,693			622,316
59	02 ULTRA SOUND	238,356	24,013	214,343			238,356
59	03 VASCULAR LAB	24,636	731	23,905			24,636
59	04 PULMONARY FUNCTION TESTIN	1,038	47	991			1,038
59	05 INDUSTRIAL MEDICINE	1,896	23	1,873			1,896
59	06 PATIENT EDUCATION	125,806	1,558	124,248			125,806
59	07 ADMISSION REVIEW	131,122	2,832	128,290			131,122
59	08 EYE CARE						
59	09 MAGNETIC RESONANCE IMAGIN	7,065	86	6,979			7,065
60	OUTPAT SERVICE COST CNTRS						
	CLINIC	173,315	6,648	166,667			173,315
61	EMERGENCY	4,696,871	88,904	4,607,967			4,696,871
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE COST C						
101	SUBTOTAL	21,609,963	933,068	20,676,895			21,609,963
102	LESS OBSERVATION BEDS						
103	TOTAL	21,609,963	933,068	20,676,895			21,609,963

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	6,646,621	.383799	.383799
38	RECOVERY ROOM	1,785,721	.259423	.259423
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	2,791,982	.324802	.324802
41	RADIOLOGY-DIAGNOSTIC	2,092,581	.748594	.748594
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	3,314,738	.128214	.128214
44	LABORATORY	19,573,314	.139318	.139318
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING	973,248	.708960	.708960
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	9,250,453	.255216	.255216
50	PHYSICAL THERAPY	2,094,330	.765752	.765752
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY	61,774	.450448	.450448
53	ELECTROCARDIOLOGY	2,845,722	.171895	.171895
54	ELECTROENCEPHALOGRAPHY	101,958	.173611	.173611
55	MEDICAL SUPPLIES CHARGED	3,651,637	.292828	.292828
56	DRUGS CHARGED TO PATIENTS	14,464,786	.012776	.012776
57	RENAL DIALYSIS	1,986,211	.254090	.254090
58	ASC (NON-DISTINCT PART)			
59	OTHER ANCILLARY SERVICE C			
59	01 CAT SCAN	5,053,945	.123135	.123135
59	02 ULTRA SOUND	942,990	.252766	.252766
59	03 VASCULAR LAB	739,965	.033293	.033293
59	04 PULMONARY FUNCTION TESTIN	19,128	.054266	.054266
59	05 INDUSTRIAL MEDICINE			
59	06 PATIENT EDUCATION			
59	07 ADMISSION REVIEW			
59	08 EYE CARE			
59	09 MAGNETIC RESONANCE IMAGIN			
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	7,193,356	.652946	.652946
62	OBSERVATION BEDS (NON-DIS	606,259		
63	OTHER OUTPATIENT SERVICE			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
68	OTHER REIMBURSABLE COST C			
101	SUBTOTAL	86,190,719		
102	LESS OBSERVATION BEDS	606,259		
103	TOTAL	85,584,460		

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	2,550,968	109,837	2,441,131	10,984	141,586	2,398,398
38	RECOVERY ROOM	463,257	7,995	455,262	800	26,405	436,052
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	906,840	22,899	883,941	2,290	51,269	853,281
41	RADIOLOGY-DIAGNOSTIC	1,566,494	238,848	1,327,646	23,885	77,003	1,465,606
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	424,995	6,549	418,446	655	24,270	400,070
44	LABORATORY	2,726,922	88,046	2,638,876	8,805	153,055	2,565,062
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	689,994	9,689	680,305	969	39,458	649,567
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	2,360,861	56,888	2,303,973	5,689	133,630	2,221,542
50	PHYSICAL THERAPY	1,603,737	28,206	1,575,531	2,821	91,381	1,509,535
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	27,826	341	27,485	34	1,594	26,198
53	ELECTROCARDIOLOGY	489,166	32,239	456,927	3,224	26,502	459,440
54	ELECTROENCEPHALOGRAPHY	17,701	276	17,425	28	1,011	16,662
55	MEDICAL SUPPLIES CHARGED	1,069,303	12,973	1,056,330	1,297	61,267	1,006,739
56	DRUGS CHARGED TO PATIENTS	184,802	2,308	182,494	231	10,585	173,986
57	RENAL DIALYSIS	504,676	6,509	498,167	651	28,894	475,131
58	ASC (NON-DISTINCT PART)						
59	OTHER ANCILLARY SERVICE C						
59	01 CAT SCAN	622,316	184,623	437,693	18,462	25,386	578,468
59	02 ULTRA SOUND	238,356	24,013	214,343	2,401	12,432	223,523
59	03 VASCULAR LAB	24,636	731	23,905	73	1,386	23,177
59	04 PULMONARY FUNCTION TESTIN	1,038	47	991	5	57	976
59	05 INDUSTRIAL MEDICINE	1,896	23	1,873	2	109	1,785
59	06 PATIENT EDUCATION	125,806	1,558	124,248	156	7,206	118,444
59	07 ADMISSION REVIEW	131,122	2,832	128,290	283	7,441	123,398
59	08 EYE CARE						
59	09 MAGNETIC RESONANCE IMAGIN	7,065	86	6,979	9	405	6,651
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	173,315	6,648	166,667	665	9,667	162,983
61	EMERGENCY	4,696,871	88,904	4,607,967	8,890	267,262	4,420,719
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE COST C						
101	SUBTOTAL	21,609,963	933,068	20,676,895	93,309	1,199,261	20,317,393
102	LESS OBSERVATION BEDS						
103	TOTAL	21,609,963	933,068	20,676,895	93,309	1,199,261	20,317,393

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	6,646,621	.360845	.382147
38	RECOVERY ROOM	1,785,721	.244188	.258975
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	2,791,982	.305618	.323981
41	RADIOLOGY-DIAGNOSTIC	2,092,581	.700382	.737180
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	3,314,738	.120694	.128016
44	LABORATORY	19,573,314	.131049	.138869
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING	973,248	.667422	.707964
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	9,250,453	.240155	.254601
50	PHYSICAL THERAPY	2,094,330	.720772	.764405
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY	61,774	.424094	.449898
53	ELECTROCARDIOLOGY	2,845,722	.161449	.170762
54	ELECTROENCEPHALOGRAPHY	101,958	.163420	.173336
55	MEDICAL SUPPLIES CHARGED	3,651,637	.275695	.292473
56	DRUGS CHARGED TO PATIENTS	14,464,786	.012028	.012760
57	RENAL DIALYSIS	1,986,211	.239215	.253762
58	ASC (NON-DISTINCT PART)			
59	OTHER ANCILLARY SERVICE C			
59	01 CAT SCAN	5,053,945	.114459	.119482
59	02 ULTRA SOUND	942,990	.237036	.250220
59	03 VASCULAR LAB	739,965	.031322	.033195
59	04 PULMONARY FUNCTION TESTIN	19,128	.051025	.054005
59	05 INDUSTRIAL MEDICINE			
59	06 PATIENT EDUCATION			
59	07 ADMISSION REVIEW			
59	08 EYE CARE			
59	09 MAGNETIC RESONANCE IMAGIN			
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	7,193,356	.614556	.651710
62	OBSERVATION BEDS (NON-DIS	606,259		
63	OTHER OUTPATIENT SERVICE			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
68	OTHER REIMBURSABLE COST C			
101	SUBTOTAL	86,190,719		
102	LESS OBSERVATION BEDS	606,259		
103	TOTAL	85,584,460		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO CHARGE RATIO 4	TOTAL INPATIENT COST 5
37	ANCILLARY SRVC COST CNTRS			5,785,418		
38	OPERATING ROOM			1,204,552		
39	RECOVERY ROOM					
40	DELIVERY ROOM & LABOR ROO					
41	ANESTHESIOLOGY			1,940,744		
42	RADIOLOGY-DIAGNOSTIC			819,621		
43	RADIOLOGY-THERAPEUTIC					
44	RADIOISOTOPE			2,823,508		
45	LABORATORY			13,834,766		
46	PBP CLINICAL LAB SERVICES					
47	WHOLE BLOOD & PACKED RED					
48	BLOOD STORING, PROCESSING			915,030		
49	INTRAVENOUS THERAPY					
50	RESPIRATORY THERAPY			8,900,461		
51	PHYSICAL THERAPY			1,765,435		
52	OCCUPATIONAL THERAPY					
53	SPEECH PATHOLOGY			61,774		
54	ELECTROCARDIOLOGY			2,325,152		
55	ELECTROENCEPHALOGRAPHY			95,013		
56	MEDICAL SUPPLIES CHARGED			2,402,905		
57	DRUGS CHARGED TO PATIENTS			13,622,939		
58	RENAL DIALYSIS			1,970,138		
59	ASC (NON-DISTINCT PART)					
59	OTHER ANCILLARY SERVICE C					
59	01 CAT SCAN			3,032,002		
59	02 ULTRA SOUND			416,563		
59	03 VASCULAR LAB			578,155		
59	04 PULMONARY FUNCTION TESTIN			3,188		
59	05 INDUSTRIAL MEDICINE					
59	06 PATIENT EDUCATION			10,608		
59	07 ADMISSION REVIEW			5,887		
59	08 EYE CARE					
59	09 MAGNETIC RESONANCE IMAGIN					
60	OUTPAT SERVICE COST CNTRS					
61	CLINIC					
61	EMERGENCY			2,138,880		
62	OBSERVATION BEDS (NON-DIS			-53,778		
63	OTHER OUTPATIENT SERVICE			267,830		
64	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
68	OTHER REIMBURSABLE COST C					
101	TOTAL					

- 1 GENERAL INPATIENT ROUTINE SERVICE COST
- 2 TOTAL INPATIENT ANCILLARY SERVICE COST
- 3 TOTAL INPATIENT SERVICE COST
- 4 TOTAL INPATIENT DAYS
- 5 INPATIENT SERVICE COST PER DIEM

TITLE V	TITLE XVII	TITLE XIX
1	2	3

- 6 PROGRAM INPATIENT SERVICE COST
 - PROGRAM INPATIENT ROUTINE SWING BED COST
- 7 PROGRAM SWING-BED INPATIENT ROUTINE COSTS THROUGH
DECEMBER 31 OF THE COST REPORTING PERIOD
- 8 PROGRAM SWING-BED INPATIENT ROUTINE COSTS AFTER
DECEMBER 31 OF THE COST REPORTING PERIOD
- 9 TOTAL PROGRAM SWING-BED INPATIENT ROUTINE COSTS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCI LLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCI LLARY SRVC COST CNTRS							
38	OPERATI NG ROOM					1, 921, 921		
39	RECOVERY ROOM					581, 169		
40	DELI VERY ROOM & LABOR ROO							
41	ANESTHESI OLOGY					851, 238		
42	RADI OLOGY-DI AGNOSTI C					1, 277, 964		
43	RADI OLOGY-THERAPEUTI C							
44	RADI OI SOTOPE					491, 229		
45	LABORATORY					5, 738, 550		
46	PBP CLI NI CAL LAB SERVI CES							
47	WHOLE BLOOD & PACKED RED							
48	BLOOD STORI NG, PROCESSI NG					58, 218		
49	I NTRAVENOUS THERAPY							
50	RESPI RATORY THERAPY					349, 991		
51	PHYSI CAL THERAPY					331, 479		
52	OCCUPATI ONAL THERAPY							
53	SPEECH PATHOLOGY							
54	ELECTROCARDI OLOGY					520, 570		
55	ELECTROENCEPHALOGRAPHY					6, 945		
56	MEDI CAL SUPPLI ES CHARGED					180, 426		
57	DRUGS CHARGED TO PATI ENTS					841, 844		
58	RENAL DI ALYSI S					16, 072		
59	ASC (NON-DI STI NCT PART)							
59	OTHER ANCI LLARY SERVI CE C							
59	01 CAT SCAN					2, 021, 944		
59	02 ULTRA SOUND					526, 427		
59	03 VASCULAR LAB					161, 810		
59	04 PULMONARY FUNCTI ON TESTI N					15, 940		
59	05 I NDUSTR I AL MEDI CI NE							
59	06 PATI ENT EDUCATI ON					55		
59	07 ADMI SSI ON REVI EW					55, 524		
59	08 EYE CARE							
59	09 MAGNETI C RESONANCE I MAGI N							
60	OUTPAT SERVI CE COST CNTRS							
61	CLI NI C							
61	EMERGENCY					5, 054, 482		
62	OBSERVATI ON BEDS (NON-DI S					523, 953		
63	OTHER OUTPATI ENT SERVI CE					10, 234		
64	OTHER REI MBURS COST CNTRS							
64	HOME PROGRAM DI ALYSI S							
65	AMBULANCE SERVI CES							
66	DURABLE MEDI CAL EQUI P-REN							
67	DURABLE MEDI CAL EQUI P-SOL							
68	OTHER REI MBURSABLE COST C							
101	TOTAL							
102	TOTAL OUTPATI ENT VI S I TS							
103	AGGREGATE COST PER VI S I T							
104	TITL E V OUTPATI ENT VI S I TS							
105	TITL E XVI I I OUTPAT VI S I TS							
106	TITL E XI X OUTPAT VI S I TS							
107	TITL E V OUTPAT COSTS							
108	TITL E XVI I I OUTPAT COSTS							
109	TITL E XI X OUTPAT COSTS							

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	41,584		41,584	276,454		276,454
26	INTENSIVE CARE UNIT	11,539		11,539	76,347		76,347
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	OTHER SPECIAL CARE						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL	53,123		53,123	352,801		352,801

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	29,240	17,293	1.42	24,556	9.45	163,419
26	INTENSIVE CARE UNIT	2,467	1,611	4.68	7,539	30.95	49,860
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	OTHER SPECIAL CARE						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL	31,707	18,904		32,095		213,279

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

PROVIDER NO: 14-0181
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/3/2009
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					29,240	
26	INTENSIVE CARE UNIT					2,467	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	OTHER SPECIAL CARE						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL					31,707	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	17,293	
26	INTENSIVE CARE UNIT	1,611	
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
30	OTHER SPECIAL CARE		
31	SUBPROVIDER		
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
35	01 ICF/MR		
101	TOTAL		18,904

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						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC						
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY						
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY						
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED						
57	DRUGS CHARGED TO PATIENTS						
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
59	OTHER ANCILLARY SERVICE C						
59	01 CAT SCAN						
59	02 ULTRA SOUND						
59	03 VASCULAR LAB						
59	04 PULMONARY FUNCTION TESTIN						
59	05 INDUSTRIAL MEDICINE						
59	06 PATIENT EDUCATION						
59	07 ADMISSION REVIEW						
59	08 EYE CARE						
59	09 MAGNETIC RESONANCE IMAGIN						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
62	EMERGENCY						
63	OBSERVATION BEDS (NON-DIS						
64	OTHER OUTPATIENT SERVICE						
65	OTHER REIMBURS COST CNTRS						
66	HOME PROGRAM DIALYSIS						
67	AMBULANCE SERVICES						
68	DURABLE MEDICAL EQUIP-REN						
101	DURABLE MEDICAL EQUIP-SOL						
	OTHER REIMBURSABLE COST C						
	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							
38	OPERATING ROOM			6,646,621			2,599,486	
39	RECOVERY ROOM			1,785,721			608,969	
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY			2,791,982			1,015,177	
42	RADIOLOGY-DIAGNOSTIC			2,092,581			568,920	
43	RADIOLOGY-THERAPEUTIC							
44	RADIOISOTOPE			3,314,738			1,897,029	
45	LABORATORY			19,573,314			10,914,881	
46	PBP CLINICAL LAB SERVICES							
47	WHOLE BLOOD & PACKED RED							
48	BLOOD STORING, PROCESSING			973,248			275,685	
49	INTRAVENOUS THERAPY							
50	RESPIRATORY THERAPY			9,250,453			2,509,039	
51	PHYSICAL THERAPY			2,094,330			1,426,722	
52	OCCUPATIONAL THERAPY							
53	SPEECH PATHOLOGY			61,774			49,773	
54	ELECTROCARDIOLOGY			2,845,722			1,762,782	
55	ELECTROENCEPHALOGRAPHY			101,958			64,101	
56	MEDICAL SUPPLIES CHARGED			3,651,637				
57	DRUGS CHARGED TO PATIENTS			14,464,786			9,074,352	
58	RENAL DIALYSIS			1,986,211			1,419,520	
59	ASC (NON-DISTINCT PART)							
59	OTHER ANCILLARY SERVICE C							
59	01 CAT SCAN			5,053,945			1,847,394	
59	02 ULTRA SOUND			942,990			216,504	
59	03 VASCULAR LAB			739,965			441,398	
59	04 PULMONARY FUNCTION TESTIN			19,128				
59	05 INDUSTRIAL MEDICINE							
59	06 PATIENT EDUCATION							
59	07 ADMISSION REVIEW							
59	08 EYE CARE							
59	09 MAGNETIC RESONANCE IMAGIN							
60	OUTPAT SERVICE COST CNTRS							
61	CLINIC							
62	EMERGENCY			7,193,356			1,213,542	
63	OBSERVATION BEDS (NON-DIS			606,259			371	
64	OTHER OUTPATIENT SERVICE							
65	OTHER REIMBURS COST CNTRS							
66	HOME PROGRAM DIALYSIS							
67	AMBULANCE SERVICES							
68	DURABLE MEDICAL EQUIP-REN							
68	DURABLE MEDICAL EQUIP-SOL							
68	OTHER REIMBURSABLE COST C							
101	TOTAL			86,190,719			37,905,645	

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
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	268,294					
39	RECOVERY ROOM	114,939					
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	177,457					
42	RADIOLOGY-DIAGNOSTIC	221,326					
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE	158,059					
45	LABORATORY	32,692					
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	24,304					
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY	169,090					
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	411,452					
57	DRUGS CHARGED TO PATIENTS	149,614					
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
59	OTHER ANCILLARY SERVICE C						
59	01 CAT SCAN	372,076					
59	02 ULTRA SOUND						
59	03 VASCULAR LAB						
59	04 PULMONARY FUNCTION TESTIN	4,907					
59	05 INDUSTRIAL MEDICINE						
59	06 PATIENT EDUCATION						
59	07 ADMISSION REVIEW						
59	08 EYE CARE						
59	09 MAGNETIC RESONANCE IMAGIN						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	EMERGENCY	466,638					
62	OBSERVATION BEDS (NON-DIS	108,733					
63	OTHER OUTPATIENT SERVICE						
64	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE COST C	139,606					
101	TOTAL	2,819,187					

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	41,584		41,584	276,454		276,454
26	INTENSIVE CARE UNIT	11,539		11,539	76,347		76,347
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	OTHER SPECIAL CARE						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL	53,123		53,123	352,801		352,801

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

PROVIDER NO: 14-0181
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/3/2009
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					29,240	
26	INTENSIVE CARE UNIT					2,467	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	OTHER SPECIAL CARE						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL					31,707	

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

PROVIDER NO:	PERIOD:	PREPARED
14-0181	FROM 1/ 1/2008	6/ 3/2009
	TO 12/31/2008	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		9,717
26	INTENSIVE CARE UNIT		
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
30	OTHER SPECIAL CARE		
31	SUBPROVIDER		
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
35 01	ICF/MR		
101	TOTAL		9,717

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	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	492.79
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	41,584	14,409,055	.002886	
87	NEW CAPITAL-RELATED COST	276,454	14,409,055	.019186	
88	NON PHYSICIAN ANESTHETIST		14,409,055		
89	MEDICAL EDUCATION		14,409,055		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

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).		889,366
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.		836,780
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.		
1.04	LINE 1.01 TIMES LINE 1.03.		
1.05	LINE 1.02 DIVIDED BY LINE 1.04.		
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (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)		836,780

COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		246,066
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)		
19	SUBTOTAL (SEE INSTRUCTIONS)		590,714
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		590,714
24	PRIMARY PAYER PAYMENTS		
25	SUBTOTAL		590,714

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)		171,897
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		120,328
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
28	SUBTOTAL		711,042
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		711,042
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS		760,244
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM		-49,202
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2		

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		25,399,445		
2 NET INCOME (LOSS)		-651,058		
3 TOTAL		24,748,387		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		24,748,387		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 UNREALIZED LOSS		99,463		
14				
15				
16				
17				
18 TOTAL DEDUCTIONS		99,463		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		24,648,924		

	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 UNREALIZED LOSS				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,311,753
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	574
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	86.63
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	16.73
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	30.65
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	47.38
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	10.07
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	132,094
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,444,421
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	86.63
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	30.65
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	30.65
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	6.40
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
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9	SUBTOTAL	
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1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
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3	TOTAL INPATIENT PROGRAM CAPITAL COST	
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5	TOTAL INPATIENT PROGRAM CAPITAL COST	
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1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	