

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		14-0182		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: 5/28/2009 TIME 9: 02

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:
 ADVOCATE NORTHSIDE HEALTH SYSTEM 14-0182
 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	-358,158	-158,632		0
2	SUBPROVIDER	0	-208,382	0		0
2 .01	SUBPROVIDER II	0	486,691	0		0
100	TOTAL	0	-79,849	-158,632		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	123,448,662		123,448,662	4,178,720.00	29.54	
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	4,783,698		4,783,698	51,108.00	93.60	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)	11,652,245		11,652,245	438,880.00	26.55	
6.01 CONTRACT SERVICES, I&R	1,551,985		1,551,985	50,416.00	30.78	
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	4,020,369		4,020,369	122,720.00	32.76	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	4,971,065		4,971,065	112,600.00	44.15	
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	10,288,841		10,288,841	172,237.00	59.74	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	29,931,061		29,931,061			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,185,320		1,185,320			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	1,411,439		1,411,439			CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	3,438,016		3,438,016			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	2,193,880		2,193,880	31,200.00	70.32	
22 ADMINISTRATIVE & GENERAL	11,672,585		11,672,585	453,440.00	25.74	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	3,382,033		3,382,033	135,200.00	25.02	
25 LAUNDRY & LINEN SERVICE	226,314		226,314	14,560.00	15.54	
26 HOUSEKEEPING	3,352,270		3,352,270	232,960.00	14.39	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	2,454,898	-1,297,154	1,157,744	72,800.00	15.90	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		1,297,154	1,297,154	83,200.00	15.59	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	2,495,115		2,495,115	68,640.00	36.35	
31 CENTRAL SERVICE AND SUPPLY	1,442,499		1,442,499	76,960.00	18.74	
32 PHARMACY	3,253,280		3,253,280	93,600.00	34.76	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	2,070,657		2,070,657	101,920.00	20.32	
34 SOCIAL SERVICE	1,607,641		1,607,641	47,840.00	33.60	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	105,460,734		105,460,734	3,638,316.00	28.99	
2 EXCLUDED AREA SALARIES	4,020,369		4,020,369	122,720.00	32.76	
3 SUBTOTAL SALARIES	101,440,365		101,440,365	3,515,596.00	28.85	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	15,259,906		15,259,906	284,837.00	53.57	
5 SUBTOTAL WAGE-RELATED COSTS	29,931,061		29,931,061		29.51	
6 TOTAL	146,631,332		146,631,332	3,800,433.00	38.58	
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	34,151,172		34,151,172	1,412,320.00	24.18	

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	53,258,243
17.01	GROSS MEDICAID REVENUES	80,675,961
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	133,934,204
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	80,675,961
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.260322
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	21,001,728
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	

DESCRIPTION

32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL 21,001,728
 (SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				7,229,129	7,229,129
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				9,959,391	9,959,391
5	0500 EMPLOYEE BENEFITS	2,193,880	22,425,038	24,618,918	-9,229	24,609,689
6.01	0610 NONPATIENT PHONES	430,976	711,888	1,142,864	-121,129	1,021,735
6.02	0620 DATA PROCESSING		2,184,979	2,184,979	-271,683	1,913,296
6.03	0630 PURCHASING, RECEIVING AND STORES	302,210	448,601	750,811	-127,133	623,678
6.04	0640 ADMINITTING	2,399,352	598,582	2,997,934	-181,647	2,816,287
6.05	0650 CASHIERING, PATIENT ACCOUNTS	1,830,235	8,609,358	10,439,593	-39,744	10,399,849
6.06	0660 ADMINISTRATION AND GENERAL	6,709,812	78,023,502	84,733,314	-6,659,121	78,074,193
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	3,382,033	5,620,900	9,002,933	-126,802	8,876,131
9	0900 LAUNDRY & LINEN SERVICE	226,314	1,413,101	1,639,415	-4,555	1,634,860
10	1000 HOUSEKEEPING	3,352,270	867,833	4,220,103	-27,905	4,192,198
11	1100 DIETARY	2,454,898	2,075,853	4,530,751	-2,059,526	2,471,225
12	1200 CAFETERIA				1,999,991	1,999,991
14	1400 NURSING ADMINISTRATION	2,495,115	700,731	3,195,846	-42,254	3,153,592
15	1500 CENTRAL SERVICES & SUPPLY	1,442,499	1,369,674	2,812,173	-837,464	1,974,709
16	1600 PHARMACY	3,253,280	8,688,727	11,942,007	-8,693,716	3,248,291
17	1700 MEDICAL RECORDS & LIBRARY	2,070,657	1,311,080	3,381,737	-149,791	3,231,946
18	1800 SOCIAL SERVICE	1,607,641	343,487	1,951,128	-5,131	1,945,997
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	11,652,245		11,652,245		11,652,245
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		3,599,963	3,599,963	-53,718	3,546,245
24	2400 PARAMEDICAL PRGM-(SPECIFY)					
24.01	2401 PARAMEDICAL ANESTH SCHOOL					
24.02	2402 PARAMEDICAL RADIOLOGY SCHOOL					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	23,545,493	7,097,340	30,642,833	-3,734,496	26,908,337
26	2600 INTENSIVE CARE UNIT	12,825,206	5,309,819	18,135,025	-1,805,661	16,329,364
27	2700 CORONARY CARE UNIT	4,454,232	1,060,919	5,515,151	-363,509	5,151,642
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER	2,864,106	525,896	3,390,002	-36,985	3,353,017
31.01	3101 SUBPROVIDER 11 - REHAB	1,153,222	1,440,402	2,593,624	-151,486	2,442,138
31.02	3102 SUBPROVIDER 3					
33	3300 NURSERY				1,468,697	1,468,697
34	3400 SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	7,823,229	16,120,597	23,943,826	-13,296,615	10,647,211
38	3800 RECOVERY ROOM					
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY	72,534	1,545,014	1,617,548	-1,121,167	496,381
41	4100 RADIOLOGY-DIAGNOSTIC	4,671,240	5,704,275	10,375,515	-3,551,991	6,823,524
42	4200 RADIOLOGY-THERAPEUTIC					
43	4300 RADIOISOTOPE	407,280	655,790	1,063,070	-105,746	957,324
43.01	3630 ULTRA SOUND	603,660	387,451	991,111	-223,536	767,575
43.02	3230 CAT SCAN	833,746	1,508,642	2,342,388	-904,968	1,437,420
43.03	3120 CARDIAC CATHETERIZATION LABORATORY	1,842,325	7,401,633	9,243,958	-6,199,572	3,044,386
44	4400 LABORATORY	51,680	9,668,806	9,720,486	-28,682	9,691,804
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700 BLOOD STORING, PROCESSING & TRANS.		1,338,256	1,338,256	-337	1,337,919
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	2,733,925	907,652	3,641,577	-522,975	3,118,602
50	5000 PHYSICAL THERAPY	1,980,611	683,318	2,663,929	-127,423	2,536,506
51	5100 OCCUPATIONAL THERAPY					
52	5200 SPEECH PATHOLOGY					
52.01	3140 RADIOLOGY	297,843	46,198	344,041	-16,439	327,602
53	5300 ELECTROCARDIOLOGY	1,081,014	670,604	1,751,618	-344,840	1,406,778
54	5400 ELECTROENCEPHALOGRAPHY	102,363	29,639	132,002	-12,069	119,933
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				25,030,056	25,030,056
56	5600 DRUGS CHARGED TO PATIENTS				8,272,256	8,272,256
58	5800 ASC (NON-DISTINCT PART)					
59	3950 RENAL DIALYSIS	474,002	276,103	750,105	-230,276	519,829
59.01	3530 METABOLIC SUPPORT					
59.02	3550 CMHC					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	62,421	227,323	289,744	-139,252	150,492
60.01	6001 A. R. C. CLINIC	1,775,377	581,931	2,357,308	-240,112	2,117,196
60.02	6002 CANCER CTR CLINIC	2,268,717	4,792,046	7,060,763	-76,887	6,983,876
60.03	6003 UROLOGY CLINIC	204,372	117,850	322,222	-68,062	254,160
60.04	6004 ORTHOPEDIC CLINIC	102,642	54,883	157,525	-29,848	127,677
60.05	6005 EYE CENTER	23,788	25,110	48,898	-18,487	30,411
60.06	6006 WOUND CARE CLINIC	10,450	367,272	377,722	-2,072	375,650
60.07	6007 DENT CLINIC					
60.08	6008 O/P PHARMACY CLINIC	65,906	9,007	74,913		74,913
61	6100 EMERGENCY	5,310,820	3,793,332	9,104,152	-1,195,479	7,908,673
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4040 FAMILY HEALTH CENTER					
63.50	6310 RHC					
63.60	6320 FQHC					
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES					
66	6600 DURABLE MEDICAL EQUIP-RENTED					
67	6700 DURABLE MEDICAL EQUIP-SOLD					
70	7000 I&R SERVICES-NOT APPRVD PRGM					
71	7100 HOME HEALTH AGENCY					

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0182
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/28/2009
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					
88	8800 INTEREST EXPENSE					
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
95	SUBTOTALS	123,445,621	211,340,405	334,786,026	-0-	334,786,026
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
96.01	9601 SUBCORPS					
96.02	9602 GRANTS					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES	3,041	320	3,361		3,361
98.01	9801 HOSPICE					
98.02	9802 OUTPATIENT PHARMACY					
99	9900 NONPAID WORKERS					
101	TOTAL	123,448,662	211,340,725	334,789,387	-0-	334,789,387

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
I 14-0182 I FROM 1/ 1/2008 I WORKSHEET A
I I TO 12/31/2008 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT	16,867	16,867
2 0200	OLD CAP REL COSTS-MVBLE EQUIP	55,820	55,820
3 0300	NEW CAP REL COSTS-BLDG & FIXT	3,359,866	10,588,995
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	3,364,233	13,323,624
5 0500	EMPLOYEE BENEFITS	3,745,442	28,355,131
6.01 0610	NONPATIENT PHONES	-45	1,021,690
6.02 0620	DATA PROCESSING	3,604,461	5,517,757
6.03 0630	PURCHASING, RECEIVING AND STORES		623,678
6.04 0640	ADMINISTRATIVE		2,816,287
6.05 0650	CASHIERING, PATIENT ACCOUNTS	-3,727,969	6,671,880
6.06 0660	ADMINISTRATIVE AND GENERAL	-54,580,621	23,493,572
7 0700	MAINTENANCE & REPAIRS		
8 0800	OPERATION OF PLANT	-451,950	8,424,181
9 0900	LAUNDRY & LINEN SERVICE		1,634,860
10 1000	HOUSEKEEPING		4,192,198
11 1100	DIETARY		2,471,225
12 1200	CAFETERIA	-1,328,876	671,115
14 1400	NURSING ADMINISTRATION	-142,345	3,011,247
15 1500	CENTRAL SERVICES & SUPPLY		1,974,709
16 1600	PHARMACY		3,248,291
17 1700	MEDICAL RECORDS & LIBRARY	-3,363	3,228,583
18 1800	SOCIAL SERVICE	-6,021	1,939,976
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD	-1,895,453	9,756,792
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	-445,390	3,100,855
24 2400	PARAMEDICAL PRGM-(SPECIFY)		
24.01 2401	PARAMEDICAL ANESTHESIA SCHOOL		
24.02 2402	PARAMEDICAL RADIOLOGY SCHOOL	302,490	302,490
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-1,481,311	25,427,026
26 2600	INTENSIVE CARE UNIT		16,329,364
27 2700	CORONARY CARE UNIT		5,151,642
28 2800	BURN INTENSIVE CARE UNIT		
29 2900	SURGICAL INTENSIVE CARE UNIT		
31 3100	SUBPROVIDER		3,353,017
31.01 3101	SUBPROVIDER 11 - REHAB		2,442,138
31.02 3102	SUBPROVIDER 3		
33 3300	NURSERY		1,468,697
34 3400	SKILLED NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-835,811	9,811,400
38 3800	RECOVERY ROOM		
39 3900	DELIVERY ROOM & LABOR ROOM		
40 4000	ANESTHESIOLOGY		496,381
41 4100	RADIOLOGY-DIAGNOSTIC	-167,507	6,656,017
42 4200	RADIOLOGY-THERAPEUTIC		
43 4300	RADIOISOTOPE	-9,042	948,282
43.01 3630	ULTRASOUND		767,575
43.02 3230	CAT SCAN		1,437,420
43.03 3120	CARDIAC CATHETERIZATION LABORATORY	-733,815	2,310,571
44 4400	LABORATORY	-58,801	9,633,003
45 4500	PBP CLINICAL LAB SERVICES-PRGM ONLY		
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		
47 4700	BLOOD STORING, PROCESSING & TRANS.		1,337,919
48 4800	INTRAVENOUS THERAPY		
49 4900	RESPIRATORY THERAPY	-27,925	3,090,677
50 5000	PHYSICAL THERAPY	-15,300	2,521,206
51 5100	OCCUPATIONAL THERAPY		
52 5200	SPEECH PATHOLOGY		
52.01 3140	CARDIOLOGY		327,602
53 5300	ELECTROCARDIOLOGY		1,406,778
54 5400	ELECTROENCEPHALOGRAPHY		119,933
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	-1,280	25,028,776
56 5600	DRUGS CHARGED TO PATIENTS	-19,532	8,252,724
58 5800	ASC (NON-DISTINCT PART)		
59 3950	RENAL DIALYSIS		519,829
59.01 3530	METABOLIC SUPPORT		
59.02 3550	CMHC		
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC	-65	150,427
60.01 6001	A. R. C. CLINIC	-1,381,539	735,657
60.02 6002	CANCER CTR CLINIC	-1,048,536	5,935,340
60.03 6003	UROLOGY CLINIC	-30,141	224,019
60.04 6004	ORTHOPEDIC CLINIC	-48,149	79,528
60.05 6005	EYE CENTER		30,411
60.06 6006	WOUND CARE CLINIC		375,650
60.07 6007	EENT CLINIC		
60.08 6008	O/P PHARMACY CLINIC		74,913
61 6100	EMERGENCY	-1,612,539	6,296,134
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63 4040	FAMILY HEALTH CENTER		
63.50 6310	RHC		
63.60 6320	FQHC		
	OTHER REIMBURS COST CNTRS		
65 6500	AMBULANCE SERVICES		
66 6600	DURABLE MEDICAL EQUIP-RENTED		
67 6700	DURABLE MEDICAL EQUIP-SOLD		
70 7000	I&R SERVICES-NOT APPRVD PRGM		
71 7100	HOME HEALTH AGENCY		

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0182
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/28/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	OTHER REIMBURS COST CNTRS		
	SPEC PURPOSE COST CENTERS		
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.)		
95	SUBTOTALS	-55,604,147	279,181,879
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
96.01	9601 SUBCORPS		
96.02	9602 GRANTS		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		3,361
98.01	9801 HOSPICE		
98.02	9802 OUTPATIENT PHARMACY		
99	9900 NONPAID WORKERS		
101	TOTAL	-55,604,147	279,185,240

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 14-0182 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT PHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMINISTRATIVE	0640	ADMINISTRATIVE
6.05	CASHIERING, PATIENT ACCOUNTS	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
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-(SPECIFY)	2400	
24.01	PARAMED ED ANESTH SCHOOL	2401	PARAMED ED PRGM
24.02	PARAMED ED RADIOLOGY SCHOOL	2402	PARAMED ED PRGM
	INPAT ROUTINE SRVC COST		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER 11 - REHAB	3101	SUBPROVIDER #####
31.02	SUBPROVIDER 3	3102	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	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	
43.01	ULTRA SOUND	3630	ULTRA SOUND
43.02	CAT SCAN	3230	CAT SCAN
43.03	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
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	
52.01	CARDIOLOGY	3140	CARDIOLOGY
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
58	ASC (NON-DISTINCT PART)	5800	
59	RENAL DIALYSIS	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.01	METABOLIC SUPPORT	3530	OSTEOPATHIC THERAPY
59.02	CMHC	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	A. R. C. CLINIC	6001	CLINIC
60.02	CANCER CTR CLINIC	6002	CLINIC
60.03	UROLOGY CLINIC	6003	CLINIC
60.04	ORTHOPEDIC CLINIC	6004	CLINIC
60.05	EYE CENTER	6005	CLINIC
60.06	WOUND CARE CLINIC	6006	CLINIC
60.07	EENT CLINIC	6007	CLINIC
60.08	O/P PHARMACY CLINIC	6008	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	FAMILY HEALTH CENTER	4040	FAMILY PRACTICE
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.60	FQHC	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	SPEC PURPOSE COST CE		
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D. P.)	9200	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	SUBCORPS	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.02	GRANTS	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	HOSPICE	9801	PHYSICIANS' PRIVATE OFFICES
98.02	OUTPATIENT PHARMACY	9802	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140182

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

PREPARED 5/28/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 RECLASS CAFETERIA	A	CAFETERIA	12	1,297,154	702,837
2 CHARGEABLE SUPPLY	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		25,030,056
3					
4					
5					
6					
7					
8					
9					
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31					
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33					
34					
35					
1 CHARGEABLE SUPPLY	B				
2					
3					
4					
5					
6					
7 CHARGEABLE DRUGS	C	DRUGS CHARGED TO PATIENTS	56		8,272,256
8 EQUIPMENT DEPRECIATION RECLASS	D	ADMINISTRATIVE AND GENERAL	6.06		4,816,694
9					
10					
11					
12					
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31					
32					
33					
34					
35					
1 EQUIPMENT DEPRECIATION RECLASS	D				
2					
3					
4					
5					
6					

RECLASSIFICATIONS

PROVIDER NO:
140182

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

PREPARED 5/28/2009
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
7					
8					
9					
10					
11					
12 RECLASS DEPRECIATION	E	NEW CAP REL COSTS-BLDG & FIXT	3		6,225,591
13		NEW CAP REL COSTS-MVBLE EQUIP	4		5,119,447
14 NURSERY RECLASS	H	NURSERY	33	1,017,508	451,189
15 CAPITAL RECLASS	I	NEW CAP REL COSTS-BLDG & FIXT	3		1,003,538
16		NEW CAP REL COSTS-MVBLE EQUIP	4		4,839,944
17					
18					
19					
20					
21					
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24					
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27					
28					
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30					
31					
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33					
34					
35					
1 CAPITAL RECLASS	I				
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3					
4					
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12					
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15					
16					
17					
18					
19					
20					
36 TOTAL RECLASSIFICATIONS				2,314,662	56,461,552

(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:
140182

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

PREPARED 5/28/2009
WORKSHEET A-6

----- DECREASE -----					A-7	
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	REF 10
1 RECLASS CAFETERIA	A	DIETARY	11	1,297,154	702,837	
2 CHARGEABLE SUPPLY	B	PURCHASING, RECEIVING AND STORES	6.03		3,699	
3		ADMINISTRATIVE AND GENERAL	6.04		27,369	
4		OPERATION OF PLANT	6.06		15,132	
5		LAUNDRY & LINEN SERVICE	8		56,645	
6		HOUSEKEEPING	9		3,977	
7		DIETARY	10		2,100	
8		NURSING ADMINISTRATION	11		656	
9		CENTRAL SERVICES & SUPPLY	14		19,900	
10		PHARMACY	15		320,067	
11		MEDICAL RECORDS & LIBRARY	16		32,559	
12		SOCIAL SERVICE	17		104	
13		I&R SERVICES-OTHER PRGM COSTS APPRVD	18		27	
14		ADULTS & PEDIATRICS	23		3,228	
15		INTENSIVE CARE UNIT	25		1,728,047	
16		CORONARY CARE UNIT	26		1,426,955	
17		SUBPROVIDER	27		276,838	
18		SUBPROVIDER II - REHAB	31		26,300	
19		OPERATING ROOM	31.01		94,191	
20		ANESTHESIOLOGY	37		11,650,940	
21		RADIOLOGY-DIAGNOSTIC	40		804,567	
22		RADIOISOTOPE	41		1,195,966	
23		ULTRA SOUND	43		9,548	
24		CAT SCAN	43.01		18,314	
25		CARDIAC CATHETERIZATION LABORATORY	43.02		255,792	
26		BLOOD STORAGE, PROCESSING & TRANS.	43.03		5,281,577	
27		RESPIRATORY THERAPY	47		337	
28		PHYSICAL THERAPY	49		288,632	
29		CARDIOLOGY	50		94,021	
30		ELECTROCARDIOLOGY	52.01		2,689	
31		ELECTROENCEPHALOGRAPHY	53		40,799	
32		RENAL DIALYSIS	54		3,188	
33		CLINIC	59		212,421	
34		A. R. C. CLINIC	60		56,098	
35			60.01		11,699	
1 CHARGEABLE SUPPLY	B	CANCER CTR CLINIC	60.02		53,693	
2		UROLOGY CLINIC	60.03		29,589	
3		ORTHOPEDIC CLINIC	60.04		29,153	
4		EYE CENTER	60.05		16,532	
5		WOUND CARE CLINIC	60.06		958	
6		EMERGENCY	61		935,749	
7 CHARGEABLE DRUGS	C	PHARMACY	16		8,272,256	
8 EQUIPMENT DEPRECIATION RECLASS	D	EMPLOYEE BENEFITS	5		5,965	
9		NONPATIENT PHONES	6.01		15,685	
10		DATA PROCESSING	6.02		271,683	
11		PURCHASING, RECEIVING AND STORES	6.03		14,663	
12		ADMINISTRATIVE AND GENERAL	6.04		20,765	
13		CASHIERING, PATIENT ACCOUNTS	6.05		29,903	
14		OPERATION OF PLANT	8		64,220	
15		HOUSEKEEPING	10		24,635	
16		DIETARY	11		56,618	
17		NURSING ADMINISTRATION	14		17,394	
18		CENTRAL SERVICES & SUPPLY	15		37,399	
19		PHARMACY	16		12,613	
20		MEDICAL RECORDS & LIBRARY	17		138,207	
21		SOCIAL SERVICE	18		1,708	
22		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		39,057	
23		ADULTS & PEDIATRICS	25		300,705	
24		INTENSIVE CARE UNIT	26		204,156	
25		CORONARY CARE UNIT	27		48,631	
26		SUBPROVIDER	31		8,060	
27		OPERATING ROOM	37		965,596	
28		ANESTHESIOLOGY	40		296,245	
29		RADIOLOGY-DIAGNOSTIC	41		1,027,984	
30		RADIOISOTOPE	43		73,798	
31		ULTRA SOUND	43.01		95,915	
32		CAT SCAN	43.02		124,082	
33		CARDIAC CATHETERIZATION LABORATORY	43.03		163,913	
34		RESPIRATORY THERAPY	49		192,139	
35		PHYSICAL THERAPY	50		29,372	
1 EQUIPMENT DEPRECIATION RECLASS	D	CARDIOLOGY	52.01		13,132	
2		ELECTROCARDIOLOGY	53		193,719	
3		ELECTROENCEPHALOGRAPHY	54		8,881	
4		RENAL DIALYSIS	59		11,349	
5		CLINIC	60		20,832	
6		A. R. C. CLINIC	60.01		82,081	

RECLASSIFICATIONS

PROVIDER NO:
140182

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

PREPARED 5/28/2009
WORKSHEET A-6
CONTD

----- DECREASE -----						A-7
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
7		CANCER CTR CLINIC	60.02		9,867	
8		UROLOGY CLINIC	60.03		36,871	
9		ORTHOPEDIC CLINIC	60.04		349	
10		EYE CENTER	60.05		1,955	
11		EMERGENCY	61		156,547	
12 RECLASS DEPRECIATION	E	ADMINISTRATIVE AND GENERAL	6.06		11,345,038	9
13						9
14 NURSERY RECLASS	H	ADULTS & PEDIATRICS	25	1,017,508	451,189	
15 CAPITAL RECLASS	I	EMPLOYEE BENEFITS	5		3,264	14
16		NONPATIENT PHONES	6.01		105,444	14
17		PURCHASING, RECEIVING AND STORES	6.03		108,771	14
18		ADMITTING	6.04		133,513	14
19		CASHIERING, PATIENT ACCOUNTS	6.05		9,841	14
20		ADMINISTRATIVE AND GENERAL	6.06		115,645	14
21		OPERATION OF PLANT	8		5,937	14
22		LAUNDRY & LINEN SERVICE	9		578	14
23		HOUSEKEEPING	10		1,170	14
24		DIETARY	11		2,261	14
25		NURSING ADMINISTRATION	14		4,960	14
26		CENTRAL SERVICES & SUPPLY	15		479,998	14
27		PHARMACY	16		376,288	14
28		MEDICAL RECORDS & LIBRARY	17		11,480	14
29		SOCIAL SERVICE	18		3,396	14
30		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		11,433	14
31		ADULTS & PEDIATRICS	25		237,047	14
32		INTENSIVE CARE UNIT	26		174,550	14
33		CORONARY CARE UNIT	27		38,040	14
34		SUBPROVIDER	31		2,625	14
35		SUBPROVIDER II - REHAB	31.01		57,295	14
1 CAPITAL RECLASS	I	OPERATING ROOM	37		680,079	14
2		ANESTHESIOLOGY	40		20,355	14
3		RADIOLOGY-DIAGNOSTIC	41		1,328,041	14
4		RADIOISOTOPE	43		22,400	14
5		ULTRA SOUND	43.01		109,307	14
6		CAT SCAN	43.02		525,094	14
7		CARDIAC CATHETERIZATION LABORATORY	43.03		754,082	14
8		LABORATORY	44		28,682	14
9		RESPIRATORY THERAPY	49		42,204	14
10		PHYSICAL THERAPY	50		4,030	14
11		CARDIOLOGY	52.01		618	14
12		ELECTROCARDIOLOGY	53		110,322	14
13		RENAL DIALYSIS	59		6,506	14
14		CLINIC	60		62,322	14
15		A. R. C. CLINIC	60.01		146,332	14
16		CANCER CTR CLINIC	60.02		13,327	14
17		UROLOGY CLINIC	60.03		1,602	14
18		ORTHOPEDIC CLINIC	60.04		346	14
19		EMERGENCY	61		103,183	14
20		WOUND CARE CLINIC	60.06		1,114	14
36 TOTAL RECLASSIFICATIONS				2,314,662	56,461,552	

(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:
140182

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

PREPARED 5/28/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : RECLASS CAFETERIA

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,999,991
TOTAL RECLASSIFICATIONS FOR CODE A			1,999,991

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	1,999,991	

RECLASS CODE: B
EXPLANATION : CHARGEABLE SUPPLY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	25,030,056
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
26.00			0
27.00			0
28.00			0
29.00			0
30.00			0
31.00			0
32.00			0
33.00			0
34.00			0
35.00			0
36.00			0
37.00			0
38.00			0
39.00			0
40.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			25,030,056

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PURCHASING, RECEIVING AND STOR	6.03	3,699	
ADMINISTRATIVE AND GENERAL	6.04	27,369	
OPERATION OF PLANT	8	56,645	
LAUNDRY & LINEN SERVICE	9	3,977	
HOUSEKEEPING	10	2,100	
DIETARY	11	656	
NURSING ADMINISTRATION	14	19,900	
CENTRAL SERVICES & SUPPLY	15	320,067	
PHARMACY	16	32,559	
MEDICAL RECORDS & LIBRARY	17	104	
SOCIAL SERVICE	18	27	
I&R SERVICES-OTHER PRGM COSTS	23	3,228	
ADULTS & PEDIATRICS	25	1,728,047	
INTENSIVE CARE UNIT	26	1,426,955	
CORONARY CARE UNIT	27	276,838	
SUBPROVIDER	31	26,300	
SUBPROVIDER II - REHAB	31.01	94,191	
OPERATING ROOM	37	11,650,940	
ANESTHESIOLOGY	40	804,567	
RADIOLOGY-DIAGNOSTIC	41	1,195,966	
RADIOISOTOPE	43	9,548	
ULTRA SOUND	43.01	18,314	
CAT SCAN	43.02	255,792	
CARDIAC CATHETERIZATION LABORATO	43.03	5,281,577	
BLOOD STORING, PROCESSING & TR	47	337	
RESPIRATORY THERAPY	49	288,632	
PHYSICAL THERAPY	50	94,021	
CARDIOLOGY	52.01	2,689	
ELECTROCARDIOLOGY	53	40,799	
ELECTROENCEPHALOGRAPHY	54	3,188	
RENAL DIALYSIS	59	212,421	
CLINIC	60	56,098	
A. R. C. CLINIC	60.01	11,699	
CANCER CTR CLINIC	60.02	53,693	
UROLOGY CLINIC	60.03	29,589	
ORTHOPEDIC CLINIC	60.04	29,153	
EYE CENTER	60.05	16,532	
WOUND CARE CLINIC	60.06	958	
EMERGENCY	61	935,749	
TOTAL RECLASSIFICATIONS FOR CODE B			25,030,056

RECLASS CODE: C
EXPLANATION : CHARGEABLE DRUGS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	8,272,256
TOTAL RECLASSIFICATIONS FOR CODE C			8,272,256

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	8,272,256	

RECLASS CODE: D
EXPLANATION : EQUIPMENT DEPRECIATION RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE AND GENERAL	6.06	4,816,694
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	5,965	
NONPATIENT PHONES	6.01	15,685	
DATA PROCESSING	6.02	271,683	
PURCHASING, RECEIVING AND STOR	6.03	14,663	
ADMINISTRATIVE	6.04	20,765	
CASHIERING, PATIENT ACCOUNTS	6.05	29,903	
OPERATION OF PLANT	8	64,220	
HOUSEKEEPING	10	24,635	
DIETARY	11	56,618	
NURSING ADMINISTRATION	14	17,394	
CENTRAL SERVICES & SUPPLY	15	37,399	
PHARMACY	16	12,613	

RECLASSIFICATIONS

PROVIDER NO:
140182

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

PREPARED 5/28/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: D
EXPLANATION : EQUIPMENT DEPRECIATION RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
13.00			0	MEDICAL RECORDS & LIBRARY	17	138,207	
14.00			0	SOCIAL SERVICE	18	1,708	
15.00			0	I&R SERVICES-OTHER PRGM COSTS	23	39,057	
16.00			0	ADULTS & PEDIATRICS	25	300,705	
17.00			0	INTENSIVE CARE UNIT	26	204,156	
18.00			0	CORONARY CARE UNIT	27	48,631	
19.00			0	SUBPROVIDER	31	8,060	
20.00			0	OPERATING ROOM	37	965,596	
21.00			0	ANESTHESIOLOGY	40	296,245	
22.00			0	RADIOLOGY-DIAGNOSTIC	41	1,027,984	
23.00			0	RADIOISOTOPE	43	73,798	
24.00			0	ULTRASOUND	43.01	95,915	
25.00			0	CAT SCAN	43.02	124,082	
26.00			0	CARDIAC CATHETERIZATION LABORATORY	43.03	163,913	
27.00			0	RESPIRATORY THERAPY	49	192,139	
28.00			0	PHYSICAL THERAPY	50	29,372	
29.00			0	CARDIOLOGY	52.01	13,132	
30.00			0	ELECTROCARDIOLOGY	53	193,719	
31.00			0	ELECTROENCEPHALOGRAPHY	54	8,881	
32.00			0	RENAL DIALYSIS	59	11,349	
33.00			0	CLINIC	60	20,832	
34.00			0	A. R. C. CLINIC	60.01	82,081	
35.00			0	CANCER CENTER CLINIC	60.02	9,867	
36.00			0	UROLOGY CLINIC	60.03	36,871	
37.00			0	ORTHOPEDIC CLINIC	60.04	349	
38.00			0	EYE CENTER	60.05	1,955	
39.00			0	EMERGENCY	61	156,547	
TOTAL RECLASSIFICATIONS FOR CODE D			4,816,694				4,816,694

RECLASS CODE: E
EXPLANATION : RECLASS DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	6,225,591	ADMINISTRATIVE AND GENERAL	6.06	11,345,038	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	5,119,447			0	
TOTAL RECLASSIFICATIONS FOR CODE E			11,345,038				11,345,038

RECLASS CODE: H
EXPLANATION : NURSERY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	1,468,697	ADULTS & PEDIATRICS	25	1,468,697	
TOTAL RECLASSIFICATIONS FOR CODE H			1,468,697				1,468,697

RECLASS CODE: I
EXPLANATION : CAPITAL RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,003,538	EMPLOYEE BENEFITS	5	3,264	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	4,839,944	NONPATIENT PHONES	6.01	105,444	
3.00			0	PURCHASING, RECEIVING AND STORAGE	6.03	108,771	
4.00			0	ADMINISTRATIVE AND GENERAL	6.04	133,513	
5.00			0	CASHIERING, PATIENT ACCOUNTS	6.05	9,841	
6.00			0	ADMINISTRATIVE AND GENERAL	6.06	115,645	
7.00			0	OPERATION OF PLANT	8	5,937	
8.00			0	LAUNDRY & LINEN SERVICE	9	578	
9.00			0	HOUSEKEEPING	10	1,170	
10.00			0	DIETARY	11	2,261	
11.00			0	NURSING ADMINISTRATION	14	4,960	
12.00			0	CENTRAL SERVICES & SUPPLY	15	479,998	
13.00			0	PHARMACY	16	376,288	
14.00			0	MEDICAL RECORDS & LIBRARY	17	11,480	
15.00			0	SOCIAL SERVICE	18	3,396	
16.00			0	I&R SERVICES-OTHER PRGM COSTS	23	11,433	
17.00			0	ADULTS & PEDIATRICS	25	237,047	
18.00			0	INTENSIVE CARE UNIT	26	174,550	
19.00			0	CORONARY CARE UNIT	27	38,040	
20.00			0	SUBPROVIDER	31	2,625	
21.00			0	SUBPROVIDER II - REHAB	31.01	57,295	
22.00			0	OPERATING ROOM	37	680,079	
23.00			0	ANESTHESIOLOGY	40	20,355	
24.00			0	RADIOLOGY-DIAGNOSTIC	41	1,328,041	

RECLASSIFICATIONS

PROVIDER NO:
140182

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

PREPARED 5/28/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION : CAPITAL RECLASS

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
25.00			0
26.00			0
27.00			0
28.00			0
29.00			0
30.00			0
31.00			0
32.00			0
33.00			0
34.00			0
35.00			0
36.00			0
37.00			0
38.00			0
39.00			0
40.00			0
41.00			0
TOTAL RECLASSIFICATIONS FOR CODE I			5,843,482

----- DECREASE -----		----- INCREASE -----	
COST CENTER	LINE	AMOUNT	LINE
RADIOISOTOPE	43	22,400	
ULTRASOUND	43.01	109,307	
CAT SCAN	43.02	525,094	
CARDIAC CATHETERIZATION LABORATORY	43.03	754,082	
LABORATORY	44	28,682	
RESPIRATORY THERAPY	49	42,204	
PHYSICAL THERAPY	50	4,030	
CARDIOLOGY	52.01	618	
ELECTROCARDIOLOGY	53	110,322	
RENAL DIALYSIS	59	6,506	
CLINIC	60	62,322	
A. R. C. CLINIC	60.01	146,332	
CANCER CTR CLINIC	60.02	13,327	
UROLOGY CLINIC	60.03	1,602	
ORTHOPEDIC CLINIC	60.04	346	
EMERGENCY	61	103,183	
WOUND CARE CLINIC	60.06	1,114	
TOTAL RECLASSIFICATIONS FOR CODE I		5,843,482	

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	2,137,891					2,137,891	2,137,891
2	LAND IMPROVEMENTS	29,098					29,098	29,098
3	BUILDINGS & FIXTURE	801,282	2,658		2,658		803,940	460,737
4	BUILDING IMPROVEMENT							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT							
7	SUBTOTAL	2,968,271	2,658		2,658		2,970,929	2,627,726
8	RECONCILING ITEMS							
9	TOTAL	2,968,271	2,658		2,658		2,970,929	2,627,726

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	8,831,803					8,831,803	8,831,803
2	LAND IMPROVEMENTS	1,068,991	21,661		21,661		1,090,652	71,512
3	BUILDINGS & FIXTURE	87,463,043	14,450,227		14,450,227	7,764,628	94,148,642	38,870,962
4	BUILDING IMPROVEMENT	1,240,758					1,240,758	584,377
5	FIXED EQUIPMENT	36,267,370	4,974,415		4,974,415	216,069	41,025,716	19,503,375
6	MOVABLE EQUIPMENT	23,742					23,742	23,742
7	SUBTOTAL	134,895,707	19,446,303		19,446,303	7,980,697	146,361,313	67,885,771
8	RECONCILING ITEMS	4,334,760					4,334,760	
9	TOTAL	130,560,947	19,446,303		19,446,303	7,980,697	142,026,553	67,885,771

ADJUSTMENTS TO EXPENSES

1	DESCRPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
				COST CENTER 3	LINE NO 4	
1	INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3	INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4	INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5	INVESTMENT INCOME-OTHER					
6	TRADE, QUANTITY AND TIME DISCOUNTS					
7	REFUNDS AND REBATES OF EXPENSES					
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9	TELEPHONE SERVICES					
10	TELEVISION AND RADIO SERVICE					
11	PARKING LOT					
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-7,690,058			
13	SALE OF SCRAP, WASTE, ETC.					
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1	-832,237			
15	LAUNDRY AND LINEN SERVICE					
16	CAFETERIA--EMPLOYEES AND GUESTS					
17	RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18	SALE OF MED AND SURG SUPPLIES					
19	SALE OF DRUGS TO OTHER THAN PATIENTS					
20	SALE OF MEDICAL RECORDS & ABSTRACTS					
21	NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22	VENDING MACHINES					
23	INCOME FROM IMPOSITION OF INTEREST					
24	INTRST EXP ON MEDICARE OVERPAYMENTS					
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28	UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89	
29	DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30	DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31	DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32	DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33	NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34	PHYSICIANS' ASSISTANT					
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37	REVENUE OFFSET	B	-13,705	EMPLOYEE BENEFITS	5	
37.01	REVENUE OFFSET	B	-3,363	MEDICAL RECORDS & LIBRARY	17	
38	REVENUE OFFSET	B	-3,727,969	CASHIERING, PATIENT ACCOU	6.05	
39	REVENUE OFFSET	B	-3,259,167	ADMINISTRATIVE AND GENERA	6.06	
40	REVENUE OFFSET	B	-451,950	OPERATION OF PLANT	8	
41	REVENUE OFFSET	B	-1,328,876	CAFETERIA	12	
42	OTHER ADJUSTMENTS (SPECIFY)					
43	REVENUE OFFSET	B	-142,345	NURSING ADMINISTRATION	14	
44	REVENUE OFFSET	B	-45	NONPATIENT PHONES	6.01	
45	REVENUE OFFSET	B	-445,390	I&R SERVICES-OTHER PRGM C	23	
46	REVENUE OFFSET	B	-222,806	ADULTS & PEDIATRICS	25	
47	REVENUE OFFSET	B	-19,682	OPERATING ROOM	37	
48	REVENUE OFFSET	B	-34,061	RADIOLOGY-DIAGNOSTIC	41	
49	REVENUE OFFSET	B	-141,596	CARDIAC CATHERIZATION LAB	43.03	
49.01	REVENUE OFFSET	B	-7,121	LABORATORY	44	
49.02	REVENUE OFFSET	B	-6,021	SOCIAL SERVICE	18	
49.03	REVENUE OFFSET	B	-15,300	PHYSICAL THERAPY	50	
49.05	REVENUE OFFSET	B	-19,532	DRUGS CHARGED TO PATIENTS	56	
49.06	REVENUE OFFSET	B	-35,232	CANCER CTR CLINIC	60.02	
49.07	REVENUE OFFSET	B	-1,280	MEDICAL SUPPLIES CHARGED	55	
49.08	REVENUE OFFSET	B	-684,678	EMERGENCY	61	
49.09	REVENUE OFFSET	B	-65	CLINIC	60	
49.10	REVENUE OFFSET	B	-48,149	ORTHOPEDIC CLINIC	60.04	
49.13	REVENUE OFFSET	B	-9,042	RADIOISOTOPE	43	
49.14	REVENUE OFFSET	B	-398,736	A. R. C. CLINIC	60.01	
49.15	REVENUE OFFSET	B	-39,408	CANCER CTR CLINIC	60.02	
49.16						
49.21	AHA DUES	A	-36,954	ADMINISTRATIVE AND GENERA	6.06	
49.22	INTEREST	A	975,208	NEW CAP REL COSTS-BLDG &	3	11
49.23	INTEREST	A	447,381	NEW CAP REL COSTS-MVBLE E	4	11
49.24	INTEREST	A	64,724	ADMINISTRATIVE AND GENERA	6.06	
49.25	INTEREST	A	-2,740,354	ADMINISTRATIVE AND GENERA	6.06	
49.26	NONALLOWABLE EXPENSES	A	-1,257,914	ADMINISTRATIVE AND GENERA	6.06	
49.45	DEPRECIATION ADJUSTMENT TO S/L	A	1,692,653	NEW CAP REL COSTS-BLDG &	3	11
49.46	DEPRECIATION ADJUSTMENT TO S/L	A	569,936	NEW CAP REL COSTS-MVBLE E	4	11
49.47	PENSION EXPENSE	A	-1,919,700	ADMINISTRATIVE AND GENERA	6.06	
49.50	UNCOLLECTIBLE ACCOUNTS	A	-19,669,088	ADMINISTRATIVE AND GENERA	6.06	
49.51	IMMC LASPING SCHEDULE	A	10,178	OLD CAP REL COSTS-MVBLE E	2	11
49.52	IMMC LASPING SCHEDULE	A	37,006	OLD CAP REL COSTS-MVBLE E	2	11
49.53	IMMC LASPING SCHEDULE	A	30	OLD CAP REL COSTS-MVBLE E	2	11
49.55	PUBLIC AID TAX	A	-14,501,929	ADMINISTRATIVE AND GENERA	6.06	
49.56	RADIOLOGY SCHOOL	A	302,490	PARAMED ED RADIOLOGY SCHO	24.02	
50	TOTAL (SUM OF LINES 1 THRU 49)		-55,604,147			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	5	EMPLOYEE BENEFITS	HOME OFFICE COST	3,759,147		3,759,147	
2	6 2	DATA PROCESSING	HOME OFFICE COST	3,604,461		3,604,461	
3	6 6	ADMINISTRATIVE AND GENERAL	HOME OFFICE COST	6,569,811	17,830,050	-11,260,239	
4	1	OLD CAP REL COSTS-BLDG &	HOME OFFICE COST	16,867		16,867	14
4.01	2	OLD CAP REL COSTS-MVBLE E	HOME OFFICE COST	8,606		8,606	14
4.02	3	NEW CAP REL COSTS-BLDG &	HOME OFFICE COST	692,005		692,005	14
4.03	4	NEW CAP REL COSTS-MVBLE E	HOME OFFICE COST	2,346,916		2,346,916	14
5		TOTALS		16,997,813	17,830,050	-832,237	

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0182
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED: 5/28/2009
 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 22	AGGREGATE	1,895,453	1,895,453					
2 25	AGGREGATE	1,258,505	1,258,505					
3 26	AGGREGATE							
4 27	AGGREGATE							
5 31	AGGREGATE							
6 37	AGGREGATE	816,129	816,129					
7 40	AGGREGATE							
8 41	AGGREGATE	133,446	133,446					
9 43 3	AGGREGATE	592,219	592,219					
10 44	AGGREGATE	51,680	51,680					
11 49	AGGREGATE	27,925	27,925					
12 50	AGGREGATE							
13 60 1	AGGREGATE	982,803	982,803					
14 60 2	AGGREGATE	973,896	973,896					
15 60 3	AGGREGATE	30,141	30,141					
16 61	AGGREGATE	927,861	927,861					
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	7,690,058	7,690,058					

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0182
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 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
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	2	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	3	GROSS SALARIES	ENTERED
6.01	NONPATIENT PHONES	5	NONPATIENT PHONES	ENTERED
6.02	DATA PROCESSING	6	PATIENT REVENUE	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	7	PURCHASE REQUISITION	ENTERED
6.04	ADMITTING	8	INPATIENT REVENUE	ENTERED
6.05	CASHIERING, PATIENT ACCOUNTS	6	PATIENT REVENUE	ENTERED
6.06	ADMINISTRATIVE AND GENERAL	-9	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	10	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	10	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	11	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	12	SQUARE FEET	ENTERED
11	DIETARY	13	PATIENT DAYS	ENTERED
12	CAFETERIA	14	TOTAL FTES	ENTERED
14	NURSING ADMINISTRATION	16	DIRECT NRS ING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	17	COSTED REQUISITION	ENTERED
16	PHARMACY	18	COSTED REQUISITION	ENTERED
17	MEDICAL RECORDS & LIBRARY	6	PATIENT REVENUE	ENTERED
18	SOCIAL SERVICE	19	TIME SPENT	ENTERED
21	NURSING SCHOOL	22	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	23	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	ASSIGNED TIME	ENTERED
24	PARAMED PRGM-(SPECIFY)	-24	ACCUM. COST	NOT ENTERED
24.01	PARAMED ANESTH SCHOOL	25	ASSIGNED TIME	NOT ENTERED
24.02	PARAMED RADIOLOGY SCHOOL	26	ASSIGNED TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	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	NONPATIENT PH ONES
	0	1	2	3	4	5	6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	16,867	16,867					
003 OLD CAP REL COSTS-MVBLE E	55,820		55,820				
004 NEW CAP REL COSTS-BLDG &	10,588,995			10,588,995			
005 NEW CAP REL COSTS-MVBLE E	13,323,624				13,323,624		
006 EMPLOYEE BENEFITS	28,355,131	106	351	66,500	83,673	28,505,761	
006 01 NONPATIENT PHONES	1,021,690	99	327	62,013	78,027	110,945	1,273,101
006 02 DATA PROCESSING	5,517,757	316	1,047	198,550	249,825		51,255
006 03 PURCHASING, RECEIVING AND	623,678	122	403	76,423	96,159	77,797	3,858
006 04 ADMINISTRATION	2,816,287	539	1,783	338,250	425,604	617,658	52,908
006 05 CASHIERING, PATIENT ACCOU	6,671,880	280	927	175,769	221,162	471,152	35,823
006 06 ADMINISTRATIVE AND GENERA	23,493,572	538	1,780	337,733	424,953	1,727,287	103,061
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	8,424,181	195	646	122,616	154,282	870,627	76,607
009 LAUNDRY & LINEN SERVICE	1,634,860	68	226	42,799	53,852	58,259	1,102
010 HOUSEKEEPING	4,192,198	251	830	157,448	198,109	862,965	29,761
011 DIETARY	2,471,225	451	1,492	283,112	356,227	451,028	25,903
012 CAFETERIA	671,115	345	1,142	216,699	272,662	180,929	
014 NURSING ADMINISTRATION	3,011,247	331	1,094	207,552	261,153	642,310	27,556
015 CENTRAL SERVICES & SUPPLY	1,974,709	333	1,100	208,760	262,673	371,338	17,085
016 PHARMACY	3,248,291	192	634	120,257	151,314	837,482	29,761
017 MEDICAL RECORDS & LIBRARY	3,228,583	234	773	146,604	184,465	533,043	45,192
018 SOCIAL SERVICE	1,939,976	93	308	58,475	73,576	413,850	12,676
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	9,756,792						
023 I&R SERVICES-OTHER PRGM C	3,100,855	88	290	54,937	69,125	1,739,381	33,619
024 PARAMEDICAL PRGM-(SPECIFY)							
024 01 PARAMEDICAL ANESTH SCHOOL							
024 02 PARAMEDICAL RADIOLOGY SCHO	302,490					43,511	
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	25,427,026	2,839	9,400	1,783,091	2,243,579	5,475,306	132,818
026 INTENSIVE CARE UNIT	16,329,364	1,831	6,058	1,149,189	1,445,969	3,301,554	81,016
027 CORONARY CARE UNIT	5,151,642	724	2,397	454,769	572,213	1,146,640	17,636
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	3,353,017	724	2,397	454,769	572,213	737,298	17,085
031 01 SUBPROVIDER II - REHAB	2,442,138	334	1,106	209,738	263,904	296,870	10,471
031 02 SUBPROVIDER 3							
033 NURSERY	1,468,697	302	998	189,403	238,317	261,934	
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	9,811,400	734	2,428	460,521	579,452	1,803,817	79,913
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	496,381	215	711	134,811	169,626	18,672	22,045
041 RADIOLOGY-DIAGNOSTIC	6,656,017	617	2,042	387,435	487,491	1,168,151	36,374
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	948,282	109	362	68,599	86,315	104,781	
043 01 ULTRA SOUND	767,575	12	39	7,478	9,410	155,398	
043 02 CAT SCAN	1,437,420	54	179	33,969	42,741	214,629	
043 03 CARDIAC CATHETERIZATION LAB	2,310,571	481	1,592	302,096	380,112	321,811	38,028
044 LABORATORY	9,633,003						
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	1,337,919						
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	3,090,677	202	669	126,901	159,674	696,597	27,556
050 PHYSICAL THERAPY	2,521,206	931	3,080	584,316	735,217	509,863	24,801
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
052 01 RADIOLOGY	327,602	117	387	73,489	92,468	76,673	7,165
053 ELECTROCARDIOLOGY	1,406,778	207	684	129,691	163,185	278,282	19,841
054 ELECTROENCEPHALOGRAPHY	119,933	35	117	22,234	27,976	26,351	11,574
055 MEDICAL SUPPLIES CHARGED	25,028,776						
056 DRUGS CHARGED TO PATIENTS	8,252,724						
058 ASC (NON-DISTINCT PART)							
059 RENAL DIALYSIS	519,829	26	88	16,625	20,918	122,021	2,756
059 01 METABOLIC SUPPORT							
059 02 CMHC							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	150,427					16,069	
060 01 A.R.C. CLINIC	735,657	247	817	154,974	194,996	204,030	39,681
060 02 CANCER CTR CLINIC	5,935,340	258	854	161,935	203,754	333,322	43,539
060 03 UROLOGY CLINIC	224,019					44,852	12,125
060 04 ORTHOPEDIC CLINIC	79,528					26,423	3,858
060 05 EYE CENTER	30,411					6,124	
060 06 WOUND CARE CLINIC	375,650	518	1,716	325,480	409,536	2,690	21,494
060 07 DENT CLINIC							
060 08 O/P PHARMACY CLINIC	74,913	9	31	5,868	7,383	16,966	
061 EMERGENCY	6,296,134	760	2,515	477,117	600,334	1,128,292	77,158
062 OBSERVATION BEDS (NON-DIS							
063 FAMILY HEALTH CENTER							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
070 DURABLE MEDICAL EQUIP-SOL							
I&R SERVICES-NOT APPRVD P							

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	0	1	2	3	4	5	6.01
071 OTHER REIMBURS COST CNTRS								
HOME HEALTH AGENCY								
SPEC PURPOSE COST CENTERS								
092 AMBULATORY SURGICAL CENTE								
095 SUBTOTALS	279,181,879		16,867	55,820	10,588,995	13,323,624	28,504,978	1,273,101
NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP							783	
096 01 SUBCORPS								
096 02 GRANTS								
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFICE	3,361							
098 01 HOSPICE								
098 02 OUTPATIENT PHARMACY								
099 NONPAID WORKERS								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	279,185,240		16,867	55,820	10,588,995	13,323,624	28,505,761	1,273,101

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING, PATIENT ACCOUNT	SUBTOTAL	ADMINISTRATIVE AND GENERAL MAINTENANCE & REPAIRS
	6.02	6.03	6.04	6.05	6a.05	6.06 7
001 GENERAL SERVICE COST CNTR						
002 OLD CAP REL COSTS-BLDG &						
003 OLD CAP REL COSTS-MVBLE E						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
006 01 NONPATIENT PHONES						
006 02 DATA PROCESSING	6,018,750					
006 03 PURCHASING, RECEIVING AND		878,440				
006 04 ADMINISTRATION		2,232	4,255,261			
006 05 CASHIERING, PATIENT ACCOU		504		7,577,497		
006 06 ADMINISTRATIVE AND GENERA		10,513			26,099,437	26,099,437
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT		13,732			9,662,886	996,485
009 LAUNDRY & LINEN SERVICE		185			1,791,351	184,733
010 HOUSEKEEPING		11,924			5,453,486	562,391
011 DIETARY		62,129			3,651,567	376,568
012 CAFETERIA					1,342,892	138,486
014 NURSING ADMINISTRATION		3,628			4,154,871	428,471
015 CENTRAL SERVICES & SUPPLY		12,441			2,848,439	293,745
016 PHARMACY		3,651			4,391,582	452,882
017 MEDICAL RECORDS & LIBRARY		1,901			4,140,795	427,019
018 SOCIAL SERVICE		195			2,499,149	257,725
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY & FRI					9,756,792	1,006,169
023 I&R SERVICES-OTHER PRGM C		6,745			5,005,040	516,145
024 PARAMEDICAL PRGM-(SPECIFY)						
024 01 PARAMEDICAL ANESTH SCHOOL						
024 02 PARAMEDICAL RADIOLOGY SCHO					346,001	35,681
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	632,481	55,323	603,000	796,192	37,161,055	3,832,196
026 INTENSIVE CARE UNIT	510,599	43,429	521,811	642,762	24,033,582	2,478,463
027 CORONARY CARE UNIT	229,445	9,746	220,360	288,834	8,094,406	834,736
028 BURN INTENSIVE CARE UNIT						
029 SURGICAL INTENSIVE CARE U						
031 SUBPROVIDER	71,480	1,339	73,947	89,981	5,374,250	554,220
031 01 SUBPROVIDER II - REHAB	50,646	3,056	49,151	63,755	3,391,169	349,714
031 02 SUBPROVIDER 3						
033 NURSERY	31,298		32,379	39,400	2,262,728	233,344
034 SKILLED NURSING FACILITY						
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	587,723	348,346	291,698	739,849	14,705,881	1,516,544
038 RECOVERY ROOM						
039 DELIVERY ROOM & LABOR ROO						
040 ANESTHESIOLOGY	123,249	24,172	70,627	155,151	1,215,660	125,365
041 RADIOLOGY-DIAGNOSTIC	397,759	38,971	146,356	500,714	9,821,927	1,012,886
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE	43,089	333	14,793	54,242	1,320,905	136,218
043 01 ULTRA SOUND	53,707	1,811	11,864	67,608	1,074,902	110,849
043 02 CAT SCAN	269,015	7,311	122,587	338,646	2,466,551	254,363
043 03 CARDIAC CATHETERIZATION LAB	202,783	151,364	146,216	255,271	4,110,325	423,877
044 LABORATORY	544,241	36	420,195	685,112	11,282,587	1,163,517
045 PBP CLINICAL LAB SERVICES						
046 WHOLE BLOOD & PACKED RED						
047 BLOOD STORAGE, PROCESSING	70,858	10	64,922	89,199	1,562,908	161,175
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY	187,525	9,284	183,681	236,064	4,718,830	486,629
050 PHYSICAL THERAPY	85,446	3,060	45,322	107,563	4,620,805	476,521
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
052 01 RADIOLOGY	2,340	155	396	2,945	583,737	60,198
053 ELECTROCARDIOLOGY	98,988	2,811	58,652	124,610	2,283,729	235,510
054 ELECTROENCEPHALOGRAPHY	5,126	180	2,081	6,453	222,060	22,900
055 MEDICAL SUPPLIES CHARGED	388,168		254,784	488,641	26,160,369	2,697,788
056 DRUGS CHARGED TO PATIENTS	761,715		682,628	959,737	10,656,804	1,098,983
058 ASC (NON-DIAGNOSTIC PART)						
059 RENAL DIALYSIS	30,771	6,064	30,842	38,736	788,676	81,332
059 01 METABOLIC SUPPORT						
059 02 CMHC						
060 OUTPAT SERVICE COST CNTRS						
060 CLINIC	10,812	1,947		13,611	192,866	19,889
060 01 A.R.C. CLINIC	67,784	801	1,736	85,329	1,486,052	153,249
060 02 CANCER CTR CLINIC	149,056	5,262	6,184	187,638	7,027,142	724,674
060 03 UROLOGY CLINIC	6,349	1,172	313	7,992	296,822	30,610
060 04 ORTHOPEDIC CLINIC		950			110,759	11,422
060 05 EYE CENTER		485			37,020	3,818
060 06 WOUND CARE CLINIC	12,366	68	1,017	15,566	1,166,101	120,254
060 07 DENT CLINIC						
060 08 O/P PHARMACY CLINIC	1,570	119	1	1,977	108,837	11,224
061 EMERGENCY	392,361	31,055	197,718	493,919	9,697,363	1,000,041
062 OBSERVATION BEDS (NON-DIS						
063 FAMILY HEALTH CENTER						
063 50 RHC						
063 60 FOHC						
065 OTHER REIMBURS COST CNTRS						
066 AMBULANCE SERVICES						
067 DURABLE MEDICAL EQUIP-REN						
070 DURABLE MEDICAL EQUIP-SOL						
I&R SERVICES-NOT APPRVD P						

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING, PATIENT ACCOU							
006 06 ADMINISTRATIVE AND GENERA							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	10,659,371						
009 LAUNDRY & LINEN SERVICE	49,528	2,025,612					
010 HOUSEKEEPING	182,202		6,198,079				
011 DIETARY	327,625		196,957	4,552,717			
012 CAFETERIA	250,770		150,754		1,882,902		
014 NURSING ADMINISTRATION	240,185		144,391		31,382	4,999,300	
015 CENTRAL SERVICES & SUPPLY	241,583		145,232		49,084		3,578,083
016 PHARMACY	139,165		83,661		53,912		
017 MEDICAL RECORDS & LIBRARY	169,654		101,990		53,107		15
018 SOCIAL SERVICE	67,669		40,680		19,312	68,019	4
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	63,574		38,219		173,002	20,244	467
024 PARAMEDICAL PRGM-(SPECIFY)							
024 01 PARAMEDICAL ANESTH SCHOOL							
024 02 PARAMEDICAL RADIOLOGY SCHO							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,063,438	536,583	1,240,470	1,859,474	465,094	2,380,133	256,022
026 INTENSIVE CARE UNIT	1,329,871	297,922	799,475	1,097,709	259,100	294,750	206,355
027 CORONARY CARE UNIT	526,270	163,137	316,376	601,089	105,410	295,829	40,034
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	526,270	139,530	316,376	514,104	62,763	120,383	3,803
031 01 SUBPROVIDER II - REHAB	242,715	69,151	145,912	254,788	31,382	145,755	13,621
031 02 SUBPROVIDER 3							
033 NURSERY	219,182	29,301	131,765	225,553	28,968	414,593	22,024
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	532,927	352,133	320,378		131,964	431,328	1,684,869
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	156,007		93,786		2,414		116,350
041 RADIOLOGY-DIAGNOSTIC	448,350	180,468	269,533		88,512	32,390	172,951
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	79,385	11,078	47,724		6,437		1,381
043 01 ULTRA SOUND	8,654	31,393	5,203		8,851		2,648
043 02 CAT SCAN	39,310	61,859	23,632		14,484	10,797	36,990
043 03 CARDIAC CATHETERIZATION LAB	349,593	10,710	210,164		29,772	134,419	763,779
044 LABORATORY						40,488	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							49
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	146,854		88,284		65,177	5,398	41,740
050 PHYSICAL THERAPY	676,186	57,923	406,501		28,968		13,597
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
052 01 RADIOLOGY	85,043				3,219	23,213	389
053 ELECTROCARDIOLOGY	150,082		90,225		19,312	52,364	5,900
054 ELECTROENCEPHALOGRAPHY	25,729				2,414		461
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)							
059 RENAL DIALYSIS	19,239		11,566		7,242	24,993	30,719
059 01 METABOLIC SUPPORT							
059 02 CMHC							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC					1,609		8,112
060 01 A.R.C. CLINIC	179,340	1,201	107,813		13,679	93,391	1,692
060 02 CANCER CTR CLINIC	187,395		112,656		20,921	57,762	7,765
060 03 UROLOGY CLINIC					2,414		4,279
060 04 ORTHOPEDIC CLINIC					2,414		4,216
060 05 EYE CENTER		4,498			805	99,869	2,391
060 06 WOUND CARE CLINIC	376,654	4,417	226,432				139
060 07 DENT CLINIC							
060 08 O/P PHARMACY CLINIC	6,790				805		
061 EMERGENCY	552,132	74,308	331,924		98,973	253,182	135,321
062 OBSERVATION BEDS (NON-DIS							
063 FAMILY HEALTH CENTER							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
071 OTHER REIMBURS COST CNTRS HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTERS							
095 SUBTOTALS	10,659,371	2,025,612	6,198,079	4,552,717	1,882,902	4,999,300	3,578,083
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP							
096 01 SUBCORPS							
096 02 GRANTS							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							
098 01 HOSPICE							
098 02 OUTPATIENT PHARMACY							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	10,659,371	2,025,612	6,198,079	4,552,717	1,882,902	4,999,300	3,578,083

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NURSING SCHOOL 21	I&R SERVICES-SALARY & FRI 22	I&R SERVICES-OTHER PRGM C 23	SUBTOTAL 23a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING, PATIENT ACCOU							
006 06 ADMINISTRATIVE AND GENERA							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	5,121,202						
017 MEDICAL RECORDS & LIBRARY		4,892,580					
018 SOCIAL SERVICE	40,588		2,993,146				
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI					10,762,961		
023 I&R SERVICES-OTHER PRGM C						5,816,691	
024 PARAMEDICAL PRGM-(SPECIFY)							
024 01 PARAMEDICAL ANESTH SCHOOL							381,682
024 02 PARAMEDICAL RADIOLOGY SCHO							
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	186,019	514,129	1,777,181		10,661,245	5,761,720	68,694,759
026 INTENSIVE CARE UNIT	154,822	415,053	841,822				32,208,924
027 CORONARY CARE UNIT	49,377	186,510	374,143				11,587,317
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	15	58,104			101,716	54,971	7,826,505
031 01 SUBPROVIDER II - REHAB	2,329	41,169					4,687,705
031 02 SUBPROVIDER 3							
033 NURSERY	15,662	25,442					3,608,562
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	49,498	477,746					20,203,268
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	99,747	100,186					1,909,515
041 RADIOLOGY-DIAGNOSTIC	36,580	323,328					12,386,925
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	354,304	35,026					1,992,458
043 01 ULTRA SOUND	55	43,657					1,286,212
043 02 CAT SCAN	17,452	218,675					3,144,113
043 03 CARDIAC CATHETERIZATION LAB	22,313	164,837					6,219,789
044 LABORATORY		442,400					12,928,992
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING		57,599					1,781,731
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	31	152,434					5,705,377
050 PHYSICAL THERAPY	41	69,457					6,349,999
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
052 01 RADIOLOGY		1,902					757,701
053 ELECTROCARDIOLOGY	6,376	80,465					2,923,963
054 ELECTROENCEPHALOGRAPHY		4,167					277,731
055 MEDICAL SUPPLIES CHARGED		315,532					29,173,689
056 DRUGS CHARGED TO PATIENTS		619,266					12,375,053
058 ASC (NON-DISTINCT PART)							
059 RENAL DIALYSIS	2,391	25,013					991,171
059 01 METABOLIC SUPPORT							
059 02 CMHC							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	135	8,789					231,400
060 01 A. R. C. CLINIC		55,100					2,091,517
060 02 CANCER CTR CLINIC	3,928,155	121,164					12,187,634
060 03 UROLOGY CLINIC	2,121	5,161					341,407
060 04 ORTHOPEDIC CLINIC	1						128,812
060 05 EYE CENTER	2,689						151,090
060 06 WOUND CARE CLINIC		10,052					1,904,049
060 07 DENT CLINIC							
060 08 O/P PHARMACY CLINIC		1,277					128,933
061 EMERGENCY	150,501	318,940					12,612,685
062 OBSERVATION BEDS (NON-DIS							
063 FAMILY HEALTH CENTER							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							

COST CENTER DESCRIPTION	PARAMED PR GM-(SPECIFY)	PARAMED AN ESTH SCHOOL	PARAMED RA DIOLOGY SCHO	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	24	24.01	24.02	25	26	27
001 GENERAL SERVICE COST CNTR						
002 OLD CAP REL COSTS-BLDG &						
003 OLD CAP REL COSTS-MVBLE E						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
006 01 NONPATIENT PHONES						
006 02 DATA PROCESSING						
006 03 PURCHASING, RECEIVING AND						
006 04 ADMINISTRATION						
006 05 CASHIERING, PATIENT ACCOU						
006 06 ADMINISTRATIVE AND GENERA						
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY						
017 MEDICAL RECORDS & LIBRARY						
018 SOCIAL SERVICE						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY & FRI						
023 I&R SERVICES-OTHER PRGM C						
024 PARAMED PRGM-(SPECIFY)						
024 01 PARAMED ED ANESTH SCHOOL						
024 02 PARAMED ED RADIOLOGY SCHO			381,682			
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS				68,694,759	-16,422,965	52,271,794
026 INTENSIVE CARE UNIT				32,208,924		32,208,924
027 CORONARY CARE UNIT				11,587,317		11,587,317
028 BURN INTENSIVE CARE UNIT						
029 SURGICAL INTENSIVE CARE U						
031 SUBPROVIDER				7,826,505	-156,687	7,669,818
031 01 SUBPROVIDER II - REHAB				4,687,705		4,687,705
031 02 SUBPROVIDER 3						
033 NURSERY				3,608,562		3,608,562
034 SKILLED NURSING FACILITY						
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM				20,203,268		20,203,268
038 RECOVERY ROOM						
039 DELIVERY ROOM & LABOR ROO						
040 ANESTHESIOLOGY				1,909,515		1,909,515
041 RADIOLOGY-DIAGNOSTIC			305,346	12,692,271		12,692,271
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE			76,336	2,068,794		2,068,794
043 01 ULTRA SOUND				1,286,212		1,286,212
043 02 CAT SCAN				3,144,113		3,144,113
043 03 CARDIAC CATHERIZATION LAB				6,219,789		6,219,789
044 LABORATORY				12,928,992		12,928,992
045 PBP CLINICAL LAB SERVICES						
046 WHOLE BLOOD & PACKED RED						
047 BLOOD STORING, PROCESSING				1,781,731		1,781,731
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY				5,705,377		5,705,377
050 PHYSICAL THERAPY				6,349,999		6,349,999
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
052 01 RADIOLOGY				757,701		757,701
053 ELECTROCARDIOLOGY				2,923,963		2,923,963
054 ELECTROENCEPHALOGRAPHY				277,731		277,731
055 MEDICAL SUPPLIES CHARGED				29,173,689		29,173,689
056 DRUGS CHARGED TO PATIENTS				12,375,053		12,375,053
058 ASC (NON-DISTINCT PART)						
059 RENAL DIALYSIS				991,171		991,171
059 01 METABOLIC SUPPORT						
059 02 CMHC						
060 OUTPAT SERVICE COST CNTRS						
060 CLINIC				231,400		231,400
060 01 A. R. C. CLINIC				2,091,517		2,091,517
060 02 CANCER CTR CLINIC				12,187,634		12,187,634
060 03 UROLOGY CLINIC				341,407		341,407
060 04 ORTHOPEDIC CLINIC				128,812		128,812
060 05 EYE CENTER				151,090		151,090
060 06 WOUND CARE CLINIC				1,904,049		1,904,049
060 07 DENT CLINIC						
060 08 O/P PHARMACY CLINIC				128,933		128,933
061 EMERGENCY				12,612,685		12,612,685
062 OBSERVATION BEDS (NON-DIS						
063 FAMILY HEALTH CENTER						
063 50 RHC						
063 60 FOHC						
065 OTHER REIMBURS COST CNTRS						
066 AMBULANCE SERVICES						
067 DURABLE MEDICAL EQUIP-REN						
067 DURABLE MEDICAL EQUIP-SOL						
070 I&R SERVICES-NOT APPRVD P						

COST CENTER DESCRIPTION	PARAMED ED PR GM-(SPECIFY)	PARAMED ED AN ESTH SCHOOL	PARAMED ED RA DI OLOGY SCHO	SUBTOTAL	I & R COST POST STEP-DOWN ADJ	TOTAL
	24	24.01	24.02	25	26	27
071 OTHER REIMBURS COST CNTRS						
HOME HEALTH AGENCY						
SPEC PURPOSE COST CENTERS						
092 AMBULATORY SURGICAL CENTE						
095 SUBTOTALS			381,682	279,180,668	-16,579,652	262,601,016
NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				864		864
096 01 SUBCORPS						
096 02 GRANTS						
097 RESEARCH						
098 PHYSICIANS' PRIVATE OFFIC				3,708		3,708
098 01 HOSPICE						
098 02 OUTPATIENT PHARMACY						
099 NONPAID WORKERS						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL			381,682	279,185,240	-16,579,652	262,605,588

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENE
	OLD CAPITAL REL COSTS	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		FITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		106	351			457	457
006 01 NONPATIENT PHONES		99	327			426	2
006 02 DATA PROCESSING		316	1,047			1,363	
006 03 PURCHASING, RECEIVING AND		122	403			525	1
006 04 ADMINITTING		539	1,783			2,322	10
006 05 CASHIERING, PATIENT ACCOU		280	927			1,207	7
006 06 ADMINISTRATIVE AND GENERA		538	1,780			2,318	27
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		195	646			841	14
009 LAUNDRY & LINEN SERVICE		68	226			294	1
010 HOUSEKEEPING		251	830			1,081	13
011 DIETARY		451	1,492			1,943	7
012 CAFETERIA		345	1,142			1,487	3
014 NURSING ADMINISTRATION		331	1,094			1,425	10
015 CENTRAL SERVICES & SUPPLY		333	1,100			1,433	6
016 PHARMACY		192	634			826	13
017 MEDICAL RECORDS & LIBRARY		234	773			1,007	8
018 SOCIAL SERVICE		93	308			401	6
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C		88	290			378	27
024 PARAMED ED PRGM-(SPECIFY)							
024 01 PARAMED ED ANESTH SCHOOL							1
024 02 PARAMED ED RADIOLOGY SCHO							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		2,839	9,400			12,239	101
026 INTENSIVE CARE UNIT		1,831	6,058			7,889	51
027 CORONARY CARE UNIT		724	2,397			3,121	18
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		724	2,397			3,121	11
031 01 SUBPROVIDER II - REHAB		334	1,106			1,440	5
031 02 SUBPROVIDER 3							
033 NURSERY		302	998			1,300	4
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		734	2,428			3,162	28
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY		215	711			926	
041 RADIOLOGY-DIAGNOSTIC		617	2,042			2,659	18
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE		109	362			471	2
043 01 ULTRA SOUND		12	39			51	2
043 02 CAT SCAN		54	179			233	3
043 03 CARDIAC CATHERIZATION LAB		481	1,592			2,073	5
044 LABORATORY							
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		202	669			871	11
050 PHYSICAL THERAPY		931	3,080			4,011	8
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
052 01 RADIOLOGY		117	387			504	1
053 ELECTROCARDIOLOGY		207	684			891	4
054 ELECTROENCEPHALOGRAPHY		35	117			152	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)							
059 RENAL DIALYSIS		26	88			114	2
059 01 METABOLIC SUPPORT							
059 02 CMHC							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 A. R. C. CLINIC		247	817			1,064	3
060 02 CANCER CTR CLINIC		258	854			1,112	5
060 03 UROLOGY CLINIC							1
060 04 ORTHOPEDIC CLINIC							
060 05 EYE CENTER							
060 06 WOUND CARE CLINIC		518	1,716			2,234	
060 07 DENT CLINIC							
060 08 O/P PHARMACY CLINIC		9	31			40	
061 EMERGENCY		760	2,515			3,275	18
062 OBSERVATION BEDS (NON-DIS							
063 FAMILY HEALTH CENTER							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
071 OTHER REIMBURS COST CNTRS HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS		16,867	55,820			72,687	457
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP							
096 01 SUBCORPS							
096 02 GRANTS							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							
098 01 HOSPICE							
098 02 OUTPATIENT PHARMACY							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		16,867	55,820			72,687	457

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NONPATIENT PHONES	DATA PROCESSING	PURCHASING, RECEIVING AND RECEIVING	ADMINISTRATIVE	CASHIERING, PATIENT ACCOUNTS	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES	428						
006 02 DATA PROCESSING	17	1,380					
006 03 PURCHASING, RECEIVING AND	1		527				
006 04 ADMINISTRATION	18		1	2,351			
006 05 CASHIERING, PATIENT ACCOU	12				1,226		
006 06 ADMINISTRATIVE AND GENERA	35		6			2,386	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	26		8				87
009 LAUNDRY & LINEN SERVICE							16
010 HOUSEKEEPING	10		7				49
011 DIETARY	9		37				33
012 CAFETERIA							12
014 NURSING ADMINISTRATION	9		2				37
015 CENTRAL SERVICES & SUPPLY	6		7				26
016 PHARMACY	10		2				40
017 MEDICAL RECORDS & LIBRARY	15		1				37
018 SOCIAL SERVICE	4						22
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							88
023 I&R SERVICES-OTHER PRGM C	11		4				45
024 PARAMEDICAL PRGM-(SPECIFY)							
024 01 PARAMEDICAL ANESTH SCHOOL							3
024 02 PARAMEDICAL RADIOLOGY SCHO							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	46	105	33	292	105		445
026 INTENSIVE CARE UNIT	27	85	26	252	85		216
027 CORONARY CARE UNIT	6	38	6	107	38		73
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	6	12	1	36	12		48
031 01 SUBPROVIDER II - REHAB	4	8	2	24	8		31
031 02 SUBPROVIDER 3							
033 NURSERY		5		16	5		20
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	27	98	212	141	98		132
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	7	21	14	34	21		11
041 RADIOLOGY-DIAGNOSTIC	12	66	23	71	66		88
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE		7		7	7		12
043 01 ULTRA SOUND		9	1	6	9		10
043 02 CAT SCAN		45	4	59	45		22
043 03 CARDIAC CATHERIZATION LAB	13	34	91	71	34		37
044 LABORATORY		91		203	91		102
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING		12		31	12		14
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	9	31	6	89	31		42
050 PHYSICAL THERAPY	8	14	2	22	14		42
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
052 01 RADIOLOGY	2						5
053 ELECTROCARDIOLOGY	7	17	2	28	17		21
054 ELECTROENCEPHALOGRAPHY	4	1		1	1		2
055 MEDICAL SUPPLIES CHARGED		65		123	65		235
056 DRUGS CHARGED TO PATIENTS		505		623	351		96
058 ASC (NON-DISTINCT PART)							
059 RENAL DIALYSIS	1	5	4	15	5		7
059 01 METABOLIC SUPPORT							
059 02 CMHC							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			1				
060 01 A. R. C. CLINIC	13	11		1	11		13
060 02 CANCER CTR CLINIC	15	25	3	3	25		63
060 03 UROLOGY CLINIC	4	1	1		1		3
060 04 ORTHOPEDIC CLINIC	1		1				1
060 05 EYE CENTER							
060 06 WOUND CARE CLINIC	7	2			2		10
060 07 DENT CLINIC							
060 08 O/P PHARMACY CLINIC							
061 EMERGENCY	26	65	19	96	65		87
062 OBSERVATION BEDS (NON-DIS							
063 FAMILY HEALTH CENTER							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							

COST CENTER DESCRIPTION	NONPATIENT ONES	PH DATA	PROCESSING	PURCHASING, RECEIVING AND	R ADMINITTING	CASHIERING, PATIENT ACCOUNTS	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS		
	6.01		6.02		6.03		6.04	6.05	6.06	7
071 OTHER REIMBURS COST CNTRS HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS										
092 AMBULATORY SURGICAL CENTERS										
095 SUBTOTALS	428		1,380		527		2,351	1,226	2,386	
096 NONREIMBURS COST CENTERS										
096 01 GIFT, FLOWER, COFFEE SHOP										
096 01 SUBCORPS										
096 02 GRANTS										
097 RESEARCH										
098 PHYSICIANS' PRIVATE OFFICE										
098 01 HOSPICE										
098 02 OUTPATIENT PHARMACY										
099 NONPAID WORKERS										
101 CROSS FOOT ADJUSTMENTS										
102 NEGATIVE COST CENTER										
103 TOTAL	428		1,380		527		2,351	1,226	2,386	

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING, PATIENT ACCOU							
006 06 ADMINISTRATIVE AND GENERA							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	976						
009 LAUNDRY & LINEN SERVICE	5	316					
010 HOUSEKEEPING	17		1,177				
011 DIETARY	30		37	2,096			
012 CAFETERIA	23		29		1,554		
014 NURSING ADMINISTRATION	22		27		26	1,558	
015 CENTRAL SERVICES & SUPPLY	22		28		41		1,569
016 PHARMACY	13		16		44		
017 MEDICAL RECORDS & LIBRARY	16		19		44		
018 SOCIAL SERVICE	6		8		16	21	
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	6		7		143	6	
024 PARAMEDICAL PRGM-(SPECIFY)							
024 01 PARAMEDICAL ANESTH SCHOOL							
024 02 PARAMEDICAL RADIOLOGY SCHO							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	188	80	237	856	382	743	112
026 INTENSIVE CARE UNIT	122	47	152	505	214	92	90
027 CORONARY CARE UNIT	48	26	60	277	87	92	17
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	48	22	60	237	52	38	2
031 01 SUBPROVIDER II - REHAB	22	11	28	117	26	45	6
031 02 SUBPROVIDER 3							
033 NURSERY	20	5	25	104	24	129	10
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	49	55	61		109	134	743
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	14		18		2		51
041 RADIOLOGY-DIAGNOSTIC	41	28	51		73	10	75
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	7	2	9		5		1
043 01 ULTRA SOUND	1	5	1		7		1
043 02 CAT SCAN	4	10	4		12	3	16
043 03 CARDIAC CATHERIZATION LAB	32	2	40		25	42	333
044 LABORATORY						13	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	13		17		54	2	18
050 PHYSICAL THERAPY	62	9	77		24		6
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
052 01 CARDIOLOGY	8				3	7	
053 ELECTROCARDIOLOGY	14		17		16	16	3
054 ELECTROENCEPHALOGRAPHY	2				2		
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)							
059 RENAL DIALYSIS	2		2		6	8	13
059 01 METABOLIC SUPPORT							
059 02 CMHC							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC					1		4
060 01 A. R. C. CLINIC	16		20		11	29	1
060 02 CANCER CTR CLINIC	17		21		17	18	3
060 03 UROLOGY CLINIC					2		2
060 04 ORTHOPEDIC CLINIC					2		2
060 05 EYE CENTER		1			1	31	1
060 06 WOUND CARE CLINIC	34	1	43				
060 07 DENT CLINIC							
060 08 O/P PHARMACY CLINIC	1				1		
061 EMERGENCY	51	12	63		82	79	59
062 OBSERVATION BEDS (NON-DIS							
063 FAMILY HEALTH CENTER							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							

COST CENTER DESCRIPTION	OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN	CENTRAL SERVI
	PLANT	EN SERVICE				ISTRATION	CES & SUPPLY
	8	9	10	11	12	14	15
071 OTHER REIMBURS COST CNTRS HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	976	316	1,177	2,096	1,554	1,558	1,569
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP							
096 01 SUBCORPS							
096 02 GRANTS							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 HOSPICE							
098 02 OUTPATIENT PHARMACY							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	976	316	1,177	2,096	1,554	1,558	1,569

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	16	17	18	21	22	23	24
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING, PATIENT ACCOU							
006 06 ADMINISTRATIVE AND GENERA							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	964						
017 MEDICAL RECORDS & LIBRARY		1,147					
018 SOCIAL SERVICE	8		492				
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI					88		
023 I&R SERVICES-OTHER PRGM C						627	
024 PARAMED ED PRGM-(SPECIFY)							
024 01 PARAMED ED ANESTH SCHOOL							
024 02 PARAMED ED RADIOLOGY SCHO							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	35	105	293				
026 INTENSIVE CARE UNIT	29	85	138				
027 CORONARY CARE UNIT	9	38	61				
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		12					
031 01 SUBPROVIDER II - REHAB		8					
031 02 SUBPROVIDER 3							
033 NURSERY	3	5					
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	9	98					
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	19	21					
041 RADIOLOGY-DIAGNOSTIC	7	66					
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	67	7					
043 01 ULTRA SOUND		9					
043 02 CAT SCAN	3	45					
043 03 CARDIAC CATHERIZATION LAB	4	34					
044 LABORATORY		91					
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING		12					
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		31					
050 PHYSICAL THERAPY		14					
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
052 01 RADIOLOGY							
053 ELECTROCARDIOLOGY	1	17					
054 ELECTROENCEPHALOGRAPHY		1					
055 MEDICAL SUPPLIES CHARGED		65					
056 DRUGS CHARGED TO PATIENTS		272					
058 ASC (NON-DISTINCT PART)							
059 RENAL DIALYSIS		5					
059 01 METABOLIC SUPPORT							
059 02 CMHC							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC						2	
060 01 A. R. C. CLINIC						11	
060 02 CANCER CTR CLINIC	741	25					
060 03 UROLOGY CLINIC		1					
060 04 ORTHOPEDIC CLINIC							
060 05 EYE CENTER	1						
060 06 WOUND CARE CLINIC		2					
060 07 DENT CLINIC							
060 08 O/P PHARMACY CLINIC							
061 EMERGENCY	28	65					
062 OBSERVATION BEDS (NON-DIS							
063 FAMILY HEALTH CENTER							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)
	16	17	18	21	22	23	24
071 OTHER REIMBURS COST CNTRS							
HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	964	1,147	492				
NONREIMBURS COST CENTERS							
GIFT, FLOWER, COFFEE SHOP							
096 01 SUBCORPS							
096 02 GRANTS							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							
098 01 HOSPICE							
098 02 OUTPATIENT PHARMACY							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS					88	627	
102 NEGATIVE COST CENTER							
103 TOTAL	964	1,147	492		88	627	

	PARAMED ED AN ESTH SCHOOL	PARAMED ED RADIOLOGY SCHO	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24.01	24.02	25	26	27
001	GENERAL SERVICE COST CNTR				
002	OLD CAP REL COSTS-BLDG &				
003	OLD CAP REL COSTS-MVBLE E				
004	NEW CAP REL COSTS-BLDG &				
005	NEW CAP REL COSTS-MVBLE E				
006	EMPLOYEE BENEFITS				
006	01				
006	02				
006	03				
006	04				
006	05				
006	06				
007	MAINTENANCE & REPAIRS				
008	OPERATION OF PLANT				
009	LAUNDRY & LINEN SERVICE				
010	HOUSEKEEPING				
011	DIETARY				
012	CAFETERIA				
014	NURSING ADMINISTRATION				
015	CENTRAL SERVICES & SUPPLY				
016	PHARMACY				
017	MEDICAL RECORDS & LIBRARY				
018	SOCIAL SERVICE				
021	NURSING SCHOOL				
022	I&R SERVICES-SALARY & FRI				
023	I&R SERVICES-OTHER PRGM C				
024	PARAMED ED PRGM-(SPECIFY)				
024	01				
024	02	4			
025	INPAT ROUTINE SRVC CNTRS				
025	ADULTS & PEDIATRICS				
026	INTENSIVE CARE UNIT				
027	CORONARY CARE UNIT				
028	BURN INTENSIVE CARE UNIT				
029	SURGICAL INTENSIVE CARE U				
031	SUBPROVIDER				
031	01		3,718		3,718
031	02		1,785		1,785
031	SUBPROVIDER 3				
033	NURSERY				
034	SKILLED NURSING FACILITY				
037	ANCILLARY SRVC COST CNTRS				
037	OPERATING ROOM				
038	RECOVERY ROOM				
039	DELIVERY ROOM & LABOR ROO				
040	ANESTHESIOLOGY				
041	RADIOLOGY-DIAGNOSTIC				
042	RADIOLOGY-THERAPEUTIC				
043	RADIOISOTOPE				
043	01		604		604
043	02		112		112
043	03		508		508
043	CARDIAC CATHERIZATION LAB				
044	LABORATORY				
045	PBP CLINICAL LAB SERVICES				
046	WHOLE BLOOD & PACKED RED				
047	BLOOD STORING, PROCESSING				
048	INTRAVENOUS THERAPY				
049	RESPIRATORY THERAPY				
050	PHYSICAL THERAPY				
051	OCCUPATIONAL THERAPY				
052	SPEECH PATHOLOGY				
052	01		530		530
053	ELECTROCARDIOLOGY				
053			1,071		1,071
054	ELECTROENCEPHALOGRAPHY				
054			166		166
055	MEDICAL SUPPLIES CHARGED				
055			553		553
056	DRUGS CHARGED TO PATIENTS				
056			1,847		1,847
058	ASC (NON-DIAGNOSTIC PART)				
059	RENAL DIALYSIS				
059			189		189
059	01				
059	02				
059	METABOLIC SUPPORT				
059	CMHC				
060	OUTPAT SERVICE COST CNTRS				
060	CLINIC				
060	01		14		14
060	01		1,204		1,204
060	02		2,093		2,093
060	03		16		16
060	04		7		7
060	05		35		35
060	06		2,335		2,335
060	07				
060	08		43		43
061	EMERGENCY				
061			4,090		4,090
062	OBSERVATION BEDS (NON-DIS				
063	FAMILY HEALTH CENTER				
063	50				
063	60				
063	RHC				
063	FOHC				
065	OTHER REIMBURS COST CNTRS				
066	AMBULANCE SERVICES				
067	DURABLE MEDICAL EQUIP-REN				
067	DURABLE MEDICAL EQUIP-SOL				
070	I&R SERVICES-NOT APPRVD P				

	PARAMED ED AN ESTH SCHOOL	PARAMED ED RA DI OLOGY SCHO	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24.01	24.02	25	26	27
071	OTHER REIMBURS COST CNTRS				
	HOME HEALTH AGENCY				
	SPEC PURPOSE COST CENTERS				
092	AMBULATORY SURGI CAL CENTE				
095	SUBTOTALS		71,968		71,968
	NONREIMBURS COST CENTERS				
096	GIFT, FLOWER, COFFEE SHOP				
096	01	SUBCORPS			
096	02	GRANTS			
097	RESEARCH				
098	PHYSI CI ANS' PRI VATE OFFI C				
098	01	HOSPI CE			
098	02	OUTPATIENT PHARMACY			
099	NONPAID WORKERS				
101	CROSS FOOT ADJUSTMENTS		4	719	719
102	NEGATIVE COST CENTER				
103	TOTAL		4	72,687	72,687

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				66,500	83,673	150,173	150,173
006 01 NONPATIENT PHONES				62,013	78,027	140,040	584
006 02 DATA PROCESSING				198,550	249,825	448,375	
006 03 PURCHASING, RECEIVING AND				76,423	96,159	172,582	410
006 04 ADMINISTRATION				338,250	425,604	763,854	3,254
006 05 CASHIERING, PATIENT ACCOU				175,769	221,162	396,931	2,482
006 06 ADMINISTRATIVE AND GENERA				337,733	424,953	762,686	9,099
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT				122,616	154,282	276,898	4,586
009 LAUNDRY & LINEN SERVICE				42,799	53,852	96,651	307
010 HOUSEKEEPING				157,448	198,109	355,557	4,546
011 DIETARY				283,112	356,227	639,339	2,376
012 CAFETERIA				216,699	272,662	489,361	953
014 NURSING ADMINISTRATION				207,552	261,153	468,705	3,383
015 CENTRAL SERVICES & SUPPLY				208,760	262,673	471,433	1,956
016 PHARMACY				120,257	151,314	271,571	4,411
017 MEDICAL RECORDS & LIBRARY				146,604	184,465	331,069	2,808
018 SOCIAL SERVICE				58,475	73,576	132,051	2,180
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)				54,937	69,125	124,062	9,162
024 01 PARAMEDICAL ANESTH SCHOOL							
024 02 PARAMEDICAL RADIOLOGY SCHO							229
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				1,783,091	2,243,579	4,026,670	28,858
026 INTENSIVE CARE UNIT				1,149,189	1,445,969	2,595,158	17,391
027 CORONARY CARE UNIT				454,769	572,213	1,026,982	6,040
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER				454,769	572,213	1,026,982	3,884
031 01 SUBPROVIDER II - REHAB				209,738	263,904	473,642	1,564
031 02 SUBPROVIDER 3							
033 NURSERY				189,403	238,317	427,720	1,380
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				460,521	579,452	1,039,973	9,502
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY				134,811	169,626	304,437	98
041 RADIOLOGY-DIAGNOSTIC				387,435	487,491	874,926	6,153
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE				68,599	86,315	154,914	552
043 01 ULTRA SOUND				7,478	9,410	16,888	819
043 02 CAT SCAN				33,969	42,741	76,710	1,131
043 03 CARDIAC CATHETERIZATION LAB				302,096	380,112	682,208	1,695
044 LABORATORY							
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY				126,901	159,674	286,575	3,669
050 PHYSICAL THERAPY				584,316	735,217	1,319,533	2,686
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
052 01 RADIOLOGY				73,489	92,468	165,957	404
053 ELECTROCARDIOLOGY				129,691	163,185	292,876	1,466
054 ELECTROENCEPHALOGRAPHY				22,234	27,976	50,210	139
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)							
059 RENAL DIALYSIS				16,625	20,918	37,543	643
059 01 METABOLIC SUPPORT							
059 02 CMHC							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 A. R. C. CLINIC				154,974	194,996	349,970	1,075
060 02 CANCER CTR CLINIC				161,935	203,754	365,689	1,756
060 03 UROLOGY CLINIC							236
060 04 ORTHOPEDIC CLINIC							139
060 05 EYE CENTER							32
060 06 WOUND CARE CLINIC				325,480	409,536	735,016	14
060 07 DENT CLINIC							
060 08 O/P PHARMACY CLINIC				5,868	7,383	13,251	89
061 EMERGENCY				477,117	600,334	1,077,451	5,943
062 OBSERVATION BEDS (NON-DIS							
063 FAMILY HEALTH CENTER							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
070 DURABLE MEDICAL EQUIP-SOL							
I&R SERVICES-NOT APPRVD P							

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
071 OTHER REIMBURS COST CNTRS HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS				10,588,995	13,323,624	23,912,619	150,169
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							4
096 02 SUBCORPS							
097 01 GRANTS							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							
098 01 HOSPICE							
098 02 OUTPATIENT PHARMACY							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				10,588,995	13,323,624	23,912,619	150,173

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0182
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NONPATIENT PHONES	DATA PROCESSING	PURCHASING, RECEIVING AND RECEIVING	ADMINISTRATIVE	CASHIERING, PATIENT ACCOUNTS	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES	140,624						
006 02 DATA PROCESSING	5,661	454,036					
006 03 PURCHASING, RECEIVING AND	426		173,418				
006 04 ADMINISTRATION	5,844		441	773,393			
006 05 CASHIERING, PATIENT ACCOU	3,957		99		403,469		
006 06 ADMINISTRATIVE AND GENERA	11,384		2,076			785,245	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	8,462		2,711			29,984	
009 LAUNDRY & LINEN SERVICE	122		36			5,559	
010 HOUSEKEEPING	3,287		2,354			16,922	
011 DIETARY	2,861		12,265			11,331	
012 CAFETERIA						4,167	
014 NURSING ADMINISTRATION	3,044		716			12,893	
015 CENTRAL SERVICES & SUPPLY	1,887		2,456			8,839	
016 PHARMACY	3,287		721			13,627	
017 MEDICAL RECORDS & LIBRARY	4,992		375			12,849	
018 SOCIAL SERVICE	1,400		38			7,755	
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI						30,275	
023 I&R SERVICES-OTHER PRGM C	3,713		1,332			15,531	
024 PARAMEDICAL PRGM-(SPECIFY)							
024 01 PARAMEDICAL ANESTH SCHOOL							1,074
024 02 PARAMEDICAL RADIOLOGY SCHO							
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	14,674	47,679	10,922	109,557	42,405	115,232	
026 INTENSIVE CARE UNIT	8,949	38,491	8,574	94,806	34,233	74,576	
027 CORONARY CARE UNIT	1,948	17,296	1,924	40,036	15,383	25,117	
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	1,887	5,388	264	13,435	4,792	16,676	
031 01 SUBPROVIDER II - REHAB	1,157	3,818	603	8,930	3,396	10,523	
031 02 SUBPROVIDER 3							
033 NURSERY		2,359		5,883	2,098	7,021	
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	8,827	44,305	68,770	52,997	39,404	45,632	
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	2,435	9,291	4,772	12,832	8,263	3,772	
041 RADIOLOGY-DIAGNOSTIC	4,018	29,984	7,694	26,591	26,668	30,477	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE		3,248	66	2,688	2,889	4,099	
043 01 ULTRA SOUND		4,049	357	2,155	3,601	3,335	
043 02 CAT SCAN		20,279	1,443	22,272	18,036	7,654	
043 03 CARDIAC CATHETERIZATION LAB	4,200	15,287	29,882	26,565	13,596	12,754	
044 LABORATORY		41,027	7	76,344	36,488	35,010	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING		5,342	2	11,796	4,751	4,850	
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	3,044	14,136	1,833	33,372	12,573	14,643	
050 PHYSICAL THERAPY	2,739	6,441	604	8,234	5,729	14,338	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
052 01 RADIOLOGY	791	176	31	72	157	1,811	
053 ELECTROCARDIOLOGY	2,192	7,462	555	10,656	6,637	7,086	
054 ELECTROENCEPHALOGRAPHY	1,278	386	35	378	344	689	
055 MEDICAL SUPPLIES CHARGED		29,261		46,291	26,025	81,176	
056 DRUGS CHARGED TO PATIENTS		57,743		124,296	51,009	33,068	
058 ASC (NON-DISTINCT PART)							
059 RENAL DIALYSIS	304	2,320	1,197	5,604	2,063	2,447	
059 01 METABOLIC SUPPORT							
059 02 CMHC							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			384		725	598	
060 01 A. R. C. CLINIC	4,383	5,110	158	315	4,545	4,611	
060 02 CANCER CTR CLINIC	4,809	11,236	1,039	1,123	9,993	21,805	
060 03 UROLOGY CLINIC	1,339	479	231	57	426	921	
060 04 ORTHOPEDIC CLINIC	426		188			344	
060 05 EYE CENTER			96			115	
060 06 WOUND CARE CLINIC	2,374	932	13	185	829	3,618	
060 07 DENT CLINIC							
060 08 O/P PHARMACY CLINIC		118	23		105	338	
061 EMERGENCY	8,523	29,578	6,131	35,923	26,306	30,091	
062 OBSERVATION BEDS (NON-DIS							
063 FAMILY HEALTH CENTER							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
070 DURABLE MEDICAL EQUIP-SOL							
I&R SERVICES-NOT APPRVD P							

COST CENTER DESCRIPTION	NONPATIENT PHONES	PH DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMINISTRATION	CASHIERING, PATIENT ACCOUNTS	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7
071 OTHER REIMBURS COST CNTRS HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTERS							
095 SUBTOTALS	140,624	454,036	173,418	773,393	403,469	785,233	
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							2
096 02 SUBCORPS							
096 02 GRANTS							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							10
098 01 HOSPICE							
098 02 OUTPATIENT PHARMACY							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	140,624	454,036	173,418	773,393	403,469	785,245	

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING, PATIENT ACCOU							
006 06 ADMINISTRATIVE AND GENERA							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	322,641						
009 LAUNDRY & LINEN SERVICE	1,499	104,174					
010 HOUSEKEEPING	5,515		388,181				
011 DIETARY	9,917		12,335	690,424			
012 CAFETERIA	7,590		9,442		511,513		
014 NURSING ADMINISTRATION	7,270		9,043		8,525	513,579	
015 CENTRAL SERVICES & SUPPLY	7,312		9,096		13,334		516,313
016 PHARMACY	4,212		5,240		14,646		
017 MEDICAL RECORDS & LIBRARY	5,135		6,388		14,427		2
018 SOCIAL SERVICE	2,048		2,548		5,246	6,988	1
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	1,924		2,394		46,998	2,080	67
024 PARAMEDICAL PRGM-(SPECIFY)							
024 01 PARAMEDICAL ANESTH SCHOOL							
024 02 PARAMEDICAL RADIOLOGY SCHO							
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	62,457	27,594	77,690	281,991	126,350	244,510	36,943
026 INTENSIVE CARE UNIT	40,253	15,322	50,070	166,469	70,388	30,280	29,776
027 CORONARY CARE UNIT	15,929	8,390	19,814	91,156	28,636	30,391	5,777
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	15,929	7,176	19,814	77,964	17,050	12,367	549
031 01 SUBPROVIDER II - REHAB	7,347	3,556	9,138	38,639	8,525	14,973	1,965
031 02 SUBPROVIDER 3							
033 NURSERY	6,634	1,507	8,252	34,205	7,869	42,591	3,178
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	16,131	18,110	20,065		35,850	44,310	243,130
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	4,722		5,874		656		16,789
041 RADIOLOGY-DIAGNOSTIC	13,571	9,281	16,881		24,045	3,327	24,956
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	2,403	570	2,989		1,749		199
043 01 ULTRA SOUND	262	1,615	326		2,405		382
043 02 CAT SCAN	1,190	3,181	1,480		3,935	1,109	5,338
043 03 CARDIAC CATHETERIZATION LAB	10,582	551	13,162		8,088	13,809	110,211
044 LABORATORY						4,159	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							7
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	4,445		5,529		17,706	555	6,023
050 PHYSICAL THERAPY	20,467	2,979	25,459		7,869		1,962
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
052 01 RADIOLOGY	2,574				874	2,385	56
053 ELECTROCARDIOLOGY	4,543		5,651		5,246	5,379	851
054 ELECTROENCEPHALOGRAPHY	779				656		67
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)							
059 RENAL DIALYSIS	582		724		1,967	2,568	4,433
059 01 METABOLIC SUPPORT							
059 02 CMHC							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC					437		1,171
060 01 A. R. C. CLINIC	5,428	62	6,752		3,716	9,594	244
060 02 CANCER CTR CLINIC	5,672		7,056		5,683	5,934	1,120
060 03 UROLOGY CLINIC					656		617
060 04 ORTHOPEDIC CLINIC					656		608
060 05 EYE CENTER		231			219	10,260	345
060 06 WOUND CARE CLINIC	11,401	227	14,181				20
060 07 DENT CLINIC							
060 08 O/P PHARMACY CLINIC	206				219		
061 EMERGENCY	16,712	3,822	20,788		26,887	26,010	19,526
062 OBSERVATION BEDS (NON-DIS							
063 FAMILY HEALTH CENTER							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
071 OTHER REIMBURS COST CNTRS							
HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	322,641	104,174	388,181	690,424	511,513	513,579	516,313
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 SUBCORPS							
096 02 GRANTS							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							
098 01 HOSPICE							
098 02 OUTPATIENT PHARMACY							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	322,641	104,174	388,181	690,424	511,513	513,579	516,313

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NURSING SCHOOL 21	I&R SERVICES-SALARY & FRI 22	I&R SERVICES-OTHER PRGM C 23	PARAMED PRGM-(SPECIFY) 24
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING, PATIENT ACCOU							
006 06 ADMINISTRATIVE AND GENERA							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	317,715						
017 MEDICAL RECORDS & LIBRARY		378,045					
018 SOCIAL SERVICE	2,518		162,773				
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI					30,275		
023 I&R SERVICES-OTHER PRGM C						207,263	
024 PARAMED PRGM-(SPECIFY)							
024 01 PARAMED ANESTH SCHOOL							
024 02 PARAMED RADIOLOGY SCHO							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	11,541	39,767	96,646				
026 INTENSIVE CARE UNIT	9,605	32,104	45,780				
027 CORONARY CARE UNIT	3,063	14,426	20,347				
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	1	4,494					
031 01 SUBPROVIDER II - REHAB	144	3,184					
031 02 SUBPROVIDER 3							
033 NURSERY	972	1,968					
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3,071	36,953					
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	6,188	7,749					
041 RADIOLOGY-DIAGNOSTIC	2,269	25,009					
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	21,981	2,709					
043 01 ULTRA SOUND	3	3,377					
043 02 CAT SCAN	1,083	16,914					
043 03 CARDIAC CATHERIZATION LAB	1,384	12,750					
044 LABORATORY		34,219					
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING		4,455					
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	2	11,791					
050 PHYSICAL THERAPY	3	5,372					
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
052 01 CARDIOLOGY		147					
053 ELECTROCARDIOLOGY	396	6,224					
054 ELECTROENCEPHALOGRAPHY		322					
055 MEDICAL SUPPLIES CHARGED		24,406					
056 DRUGS CHARGED TO PATIENTS		47,511					
058 ASC (NON-DISTINCT PART)							
059 RENAL DIALYSIS	148	1,935					
059 01 METABOLIC SUPPORT							
059 02 CMHC							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	8	680					
060 01 A. R. C. CLINIC		4,262					
060 02 CANCER CTR CLINIC	243,699	9,372					
060 03 UROLOGY CLINIC	132	399					
060 04 ORTHOPEDIC CLINIC							
060 05 EYE CENTER	167						
060 06 WOUND CARE CLINIC		777					
060 07 DENT CLINIC							
060 08 O/P PHARMACY CLINIC		99					
061 EMERGENCY	9,337	24,670					
062 OBSERVATION BEDS (NON-DIS							
063 FAMILY HEALTH CENTER							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	16	17	18	21	22	23	24
071 OTHER REIMBURS COST CNTRS							
HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	317,715	378,045	162,773				
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 SUBCORPS							
096 02 GRANTS							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							
098 01 HOSPICE							
098 02 OUTPATIENT PHARMACY							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS					30,275	207,263	
102 NEGATIVE COST CENTER							
103 TOTAL	317,715	378,045	162,773		30,275	207,263	

	PARAMED ED AN ESTH SCHOOL	PARAMED ED RA DI OLOGY SCHO	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24.01	24.02	25	26	27
071	OTHER REIMBURS COST CNTRS				
	HOME HEALTH AGENCY				
	SPEC PURPOSE COST CENTERS				
092	AMBULATORY SURGI CAL CENTE				
095	SUBTOTALS				
			23,673,762		23,673,762
	NONREIMBURS COST CENTERS				
096	GIFT, FLOWER, COFFEE SHOP				
096 01	SUBCORPS				
096 02	GRANTS				
097	RESEARCH				
098	PHYSI CI ANS' PRI VATE OFFI C				
098 01	HOSPI CE				
098 02	OUTPATIENT PHARMACY				
099	NONPAID WORKERS				
101		1,303	238,841		238,841
102	NEGATIVE COST CENTER				
103		1,303	23,912,619		23,912,619

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (SQUARE FEET)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (SQUARE FEET)	EMPLOYEE FITS (GROSS SALARIES)	BENE NONPATIENT PHONES (NONPATIENT PHONES)
	1	2	3	4	5	6.01
066 OTHER REIMBURS COST C						
067 DURABLE MEDICAL EQUIP						
070 DURABLE MEDICAL EQUIP						
071 I&R SERVICES-NOT APPR						
092 HOME HEALTH AGENCY						
095 SPEC PURPOSE COST CEN						
095 AMBULATORY SURGICAL C						
095 SUBTOTALS	368,149	368,149	368,149	368,149	110,730,457	2,310
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE					3,041	
096 01 SUBCORPS						
096 02 GRANTS						
097 RESEARCH						
098 PHYSICIANS' PRIVATE O						
098 01 HOSPICE						
098 02 OUTPATIENT PHARMACY						
099 NONPAID WORKERS						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	16,867	55,820	10,588,995	13,323,624	28,505,761	1,273,101
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.045816	.151623	28.762797	36.190847	.257427	551.125974
105 COST TO BE ALLOCATED (WRKSHT B, PART II)					457	428
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)					.000004	.185281
107 COST TO BE ALLOCATED (WRKSHT B, PART III)					150,173	140,624
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.001356	60.876190

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE AND GENERAL	CASHIERING, PATIENT ACCOUNTING	RECONCILIATION	ADMINISTRATIVE MAINTENANCE & REPAIRS	
	(PATIENT REVENUE)	(PURCHASE REQUISITION)	(INPATIENT REVENUE)	(PATIENT REVENUE)		(ACCUM. COST)	(SQUARE FEET)
	6.02	6.03	6.04	6.05	6a.06	6.06	7
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING	1003,877,824						
006 03 PURCHASING, RECEIVING		30,989,367					
006 04 ADMINISTRATION		78,743	685,974,891				
006 05 CASHIERING, PATIENT A		17,770		1003,877,824			
006 06 ADMINISTRATION AND GE		370,890			-26,099,437	253,085,803	
007 MAINTENANCE & REPAIRS							324,508
008 OPERATION OF PLANT		484,447				9,662,886	4,263
009 LAUNDRY & LINEN SERVI		6,516				1,791,351	1,488
010 HOUSEKEEPING		420,659				5,453,486	5,474
011 DIETARY		2,191,811				3,651,567	9,843
012 CAFETERIA						1,342,892	7,534
014 NURSING ADMINISTRATION		127,984				4,154,871	7,216
015 CENTRAL SERVICES & SU		438,885				2,848,439	7,258
016 PHARMACY		128,791				4,391,582	4,181
017 MEDICAL RECORDS & LIB		67,050				4,140,795	5,097
018 SOCIAL SERVICE		6,879				2,499,149	2,033
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &						9,756,792	
023 I&R SERVICES-OTHER PR		237,943				5,005,040	1,910
024 PARAMEDICAL PRGM-(SPEC							
024 01 PARAMEDICAL ANESTH SCH							
024 02 PARAMEDICAL RADIOLOGY						346,001	
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	105,483,901	1,951,695	97,211,040	105,483,901		37,161,055	61,993
026 INTENSIVE CARE UNIT	85,156,557	1,532,105	84,122,315	85,156,557		24,033,582	39,954
027 CORONARY CARE UNIT	38,266,279	343,806	35,524,788	38,266,279		8,094,406	15,811
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER	11,921,224	47,221	11,921,224	11,921,224		5,374,250	15,811
031 01 SUBPROVIDER II - REHA	8,446,574	107,803	7,923,790	8,446,574		3,391,169	7,292
031 02 SUBPROVIDER 3							
033 NURSERY	5,219,888		5,219,888	5,219,888		2,262,728	6,585
034 SKILLED NURSING FACIL							
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	98,019,208	12,288,678	47,025,264	98,019,208		14,705,881	16,011
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY	20,555,196	852,764	11,385,872	20,555,196		1,215,660	4,687
041 RADIOLOGY-DIAGNOSTIC	66,337,336	1,374,824	23,594,392	66,337,336		9,821,927	13,470
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	7,186,293	11,759	2,384,800	7,186,293		1,320,905	2,385
043 01 ULTRA SOUND	8,957,130	63,872	1,912,544	8,957,130		1,074,902	260
043 02 CAT SCAN	44,865,708	257,935	19,762,596	44,865,708		2,466,551	1,181
043 03 CARDIAC CATHETERIZATION	33,819,725	5,339,889	23,571,866	33,819,725		4,110,325	10,503
044 LABORATORY	90,767,372	1,260	67,740,620	90,767,372		11,282,587	
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORAGE, PROCES	11,817,510	337	10,466,304	11,817,510		1,562,908	
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	31,275,015	327,514	29,611,672	31,275,015		4,718,830	4,412
050 PHYSICAL THERAPY	14,250,499	107,937	7,306,485	14,250,499		4,620,805	20,315
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
052 01 RADIOLOGY	390,209	5,468	63,765	390,209		583,737	2,555
053 ELECTROCARDIOLOGY	16,509,065	99,176	9,455,446	16,509,065		2,283,729	4,509
054 ELECTROENCEPHALOGRAPH	854,942	6,337	335,468	854,942		222,060	773
055 MEDICAL SUPPLIES CHAR	64,737,760		41,074,287	64,737,760		26,160,369	
056 DRUGS CHARGED TO PATI	127,120,992		110,022,539	127,120,992		10,656,804	
058 ASC (NON-DIAGNOSTIC PAR							
059 RENAL DIALYSIS	5,131,965	213,914	4,972,091	5,131,965		788,676	578
059 01 METABOLIC SUPPORT							
059 02 CMHC							
060 OUTPAT SERVICE COST C							
060 CLINIC	1,803,222	68,683		1,803,222		192,866	
060 01 A. R. C. CLINIC	11,304,833	28,268	279,812	11,304,833		1,486,052	5,388
060 02 CANCER CTR CLINIC	24,859,315	185,628	996,884	24,859,315		7,027,142	5,630
060 03 UROLOGY CLINIC	1,058,821	41,337	50,508	1,058,821		296,822	
060 04 ORTHOPEDIC CLINIC		33,525				110,759	
060 05 EYE CENTER		17,100				37,020	
060 06 WOUND CARE CLINIC	2,062,292	2,407	163,948	2,062,292		1,166,101	11,316
060 07 EENT CLINIC							
060 08 O/P PHARMACY CLINIC	261,906	4,181	174	261,906		108,837	204
061 EMERGENCY	65,437,087	1,095,576	31,874,509	65,437,087		9,697,363	16,588
062 OBSERVATION BEDS (NON							
063 FAMILY HEALTH CENTER							
063 50 RHC							
063 60 FOHC							
063 OTHER REIMBURS COST C							

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING (INPATIENT) REVENUE	CASHIERING, PATIENT ACCOUNT	RECONCILIATION	ADMINISTRATIVE MAINTENANCE & GENERAL REPAIRS	(ACCUM. COST)	(SQUARE FEET)
	(PATIENT REVENUE)	(PURCHASE REQUISITION)	(INPATIENT) REVENUE	(PATIENT) REVENUE		(ACCUM. COST)	(SQUARE FEET)	
	6.02	6.03	6.04	6.05	6a.06	6.06		7
066 OTHER REIMBURS COST C								
067 DURABLE MEDICAL EQUIP								
070 DURABLE MEDICAL EQUIP								
071 I&R SERVICES-NOT APPR								
092 HOME HEALTH AGENCY								
095 SPEC PURPOSE COST CEN								
095 AMBULATORY SURGICAL C								
095 SUBTOTALS	1003,877,824	30,989,367	685,974,891	1003,877,824	-26,099,437	253,081,659		324,508
096 NONREIMBURS COST CENT								
096 01 GIFT, FLOWER, COFFEE						783		
096 01 SUBCORPS								
096 02 GRANTS								
097 RESEARCH								
098 PHYSICIANS' PRIVATE O						3,361		
098 01 HOSPICE								
098 02 OUTPATIENT PHARMACY								
099 NONPAID WORKERS								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED	6,018,750	878,440	4,255,261	7,577,497		26,099,437		
104 (WRKSHT B, PART I)								
104 UNIT COST MULTIPLIER		.028346		.007548		.103125		
105 (WRKSHT B, PT I)			.006203					
105 COST TO BE ALLOCATED	1,380	527	2,351	1,226		2,386		
106 (WRKSHT B, PART II)								
106 UNIT COST MULTIPLIER		.000017		.000001		.000009		
107 (WRKSHT B, PT II)			.000003					
107 COST TO BE ALLOCATED	454,036	173,418	773,393	403,469		785,245		
108 (WRKSHT B, PART III)								
108 UNIT COST MULTIPLIER		.005596		.000402		.003103		
108 (WRKSHT B, PT III)			.001127					

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(PATIENT DAYS)	(TOTAL FTES)	(DIRECT NRS ING HRS)	(COSTED REQUISITION)
	8	9	10	11	12	14	15
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMINITTING							
006 05 CASHIERING, PATIENT A							
006 06 ADMINISTRATIVE AND GE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	320,245						
009 LAUNDRY & LINEN SERVI	1,488	1,967,861					
010 HOUSEKEEPING	5,474		309,751				
011 DIETARY	9,843			94,525			
012 CAFETERIA	7,534				2,340		
014 NURSING ADMINISTRATION	7,216					1,926,246	
015 CENTRAL SERVICES & SU	7,258						24,742,607
016 PHARMACY	4,181						
017 MEDICAL RECORDS & LIB	5,097						104
018 SOCIAL SERVICE	2,033						27
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR	1,910		1,910				
024 PARAMED PRGM-(SPEC					215	7,800	3,228
024 01 PARAMED ANESTH SCH							
024 02 PARAMED RADIOLOGY							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	61,993	521,284	61,993	38,607	578	917,072	1,770,406
026 INTENSIVE CARE UNIT	39,954	289,428	39,954	22,791	322	113,568	1,426,955
027 CORONARY CARE UNIT	15,811	158,486	15,811	12,480	131	113,984	276,838
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER	15,811	135,552	15,811	10,674	78	46,384	26,300
031 01 SUBPROVIDER II - REHA	7,292	67,179	7,292	5,290	39	56,160	94,191
031 02 SUBPROVIDER 3							
033 NURSERY	6,585	28,466	6,585	4,683	36	159,744	152,297
034 SKILLED NURSING FACIL							
037 ANCILLARY SRVC COST C							
038 OPERATING ROOM	16,011	342,094	16,011		164	166,192	11,650,940
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY	4,687		4,687		3		804,567
041 RADIOLOGY-DIAGNOSTIC	13,470	175,323	13,470		110	12,480	1,195,966
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	2,385	10,762	2,385		8		9,548
043 01 ULTRA SOUND	260	30,498	260		11		18,314
043 02 CAT SCAN	1,181	60,095	1,181		18	4,160	255,791
043 03 CARDIAC CATHETERIZATI	10,503	10,405	10,503		37	51,792	5,281,577
044 LABORATORY						15,600	
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCES							337
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	4,412		4,412		81	2,080	288,632
050 PHYSICAL THERAPY	20,315	56,272	20,315		36		94,021
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
052 01 RADIOLOGY	2,555				4	8,944	2,689
053 ELECTROCARDIOLOGY	4,509		4,509		24	20,176	40,799
054 ELECTROENCEPHALOGRAPH	773				3		3,188
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI							
058 ASC (NON-DISTINCT PAR							
059 RENAL DIALYSIS	578		578		9	9,630	212,421
059 01 METABOLIC SUPPORT							
059 02 CMHC							
060 OUTPAT SERVICE COST C							
060 01 A. R. C. CLINIC	5,388	1,167	5,388		2		56,098
060 02 CANCER CTR CLINIC	5,630		5,630		17	35,984	11,699
060 03 UROLOGY CLINIC					26	22,256	53,693
060 04 ORTHOPEDIC CLINIC					3		29,589
060 05 EYE CENTER		4,370			3		29,153
060 06 WOUND CARE CLINIC	11,316	4,291	11,316		1	38,480	16,532
060 07 DENT CLINIC							958
060 08 O/P PHARMACY CLINIC	204				1		
061 EMERGENCY	16,588	72,189	16,588		123	97,552	935,749
062 OBSERVATION BEDS (NON							
063 FAMILY HEALTH CENTER							
063 50 RHC							
063 60 FOHC							
063 OTHER REIMBURS COST C							

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(PATIENT DAYS)	(TOTAL FTES)	(DIRECT NRS ING HRS)	(COSTED)REQUISITIO)
		8	9	10	11	12	14	15
066	OTHER REIMBURS COST C							
067	DURABLE MEDICAL EQUIP							
070	DURABLE MEDICAL EQUIP							
071	I&R SERVICES-NOT APPR							
	HOME HEALTH AGENCY							
092	SPEC PURPOSE COST CEN							
095	AMBULATORY SURGICAL C							
	SUBTOTALS	320,245	1,967,861	309,751	94,525	2,340	1,926,246	24,742,607
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE							
096	01 SUBCORPS							
096	02 GRANTS							
097	RESEARCH							
098	PHYSICIANS' PRIVATE O							
098	01 HOSPICE							
098	02 OUTPATIENT PHARMACY							
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	10,659,371	2,025,612	6,198,079	4,552,717	1,882,902	4,999,300	3,578,083
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		1.029347		48.164158		2.595359	
	(WRKSHT B, PT I)							
105	COST TO BE ALLOCATED	33.285051		20.009876		804.658974		144612
	(WRKSHT B, PART II)	976	316	1,177	2,096	1,554	1,558	1,569
106	UNIT COST MULTIPLIER		.000161		.022174		.000809	
	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	.003048		.003800		.664103		.000063
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER	322,641	104,174	388,181	690,424	511,513	513,579	516,313
	(WRKSHT B, PT III)							
		1.007482	.052938	1.253203	7.304142	218.595299	.266622	.020867

COST CENTER DESCRIPTION	PHARMACY (COSTED REQUISITION)	MEDICAL RECORDS & LIBRARY (PATIENT REVENUE)	SOCIAL SERVICE (TIME SPENT)	NURSING SCHOOL (ASSIGNED TIME)	I&R SERVICES- SALARY & FRI (ASSIGNED TIME)	I&R SERVICES- OTHER PRGM C (ASSIGNED TIME)	RECONCILIATION ()
	16	17	18	21	22	23	24a.00
066 OTHER REIMBURS COST C							
067 DURABLE MEDICAL EQUIP							
070 DURABLE MEDICAL EQUIP							
071 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY							
092 SPEC PURPOSE COST CEN							
095 AMBULATORY SURGICAL C							
095 SUBTOTALS	5,358,976	1,003,877,824	16,640		19,364	19,364	
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
096 01 SUBCORPS							
096 02 GRANTS							
097 RESEARCH							
098 PHYSICIANS' PRIVATE O							
098 01 HOSPICE							
098 02 OUTPATIENT PHARMACY							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	5,121,202	4,892,580	2,993,146		10,762,961	5,816,691	
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER	.955631	.004874	179.876563		555.823229	300.386852	
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED	964	1,147	492		88	627	
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER	.000180	.000001	.029567		.004545	.032380	
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	317,715	378,045	162,773		30,275	207,263	
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER	.059287	.000377	9.782031		1.563468	10.703522	
(WRKSHT B, PT III)							

COST CENTER DESCRIPTION	PARAMED ED PR GM-(SPECIFY)	PARAMED ED AN ESTH SCHOOL	PARAMED ED RA DIOLOGY SCHO
	(ACCUM. COST)	(ASSIGNED)TIME	(ASSIGNED)TIME
	24	24.01	24.02
GENERAL SERVICE COST			
001 OLD CAP REL COSTS-BLD			
002 OLD CAP REL COSTS-MVB			
003 NEW CAP REL COSTS-BLD			
004 NEW CAP REL COSTS-MVB			
005 EMPLOYEE BENEFITS			
006 01 NONPATIENT PHONES			
006 02 DATA PROCESSING			
006 03 PURCHASING, RECEIVING			
006 04 ADMITTING			
006 05 CASHIERING, PATIENT A			
006 06 ADMINISTRATIVE AND GE			
007 MAINTENANCE & REPAIRS			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVI			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SU			
016 PHARMACY			
017 MEDICAL RECORDS & LIB			
018 SOCIAL SERVICE			
021 NURSING SCHOOL			
022 I&R SERVICES-SALARY &			
023 I&R SERVICES-OTHER PR			
024 PARAMED ED PRGM-(SPEC	279,185,240		
024 01 PARAMED ED ANESTH SCH			
024 02 PARAMED ED RADIOLOGY	381,682		100
INPAT ROUTINE SRVC CN			
025 ADULTS & PEDIATRICS	68,694,759		
026 INTENSIVE CARE UNIT	32,208,924		
027 CORONARY CARE UNIT	11,587,317		
028 BURN INTENSIVE CARE U			
029 SURGICAL INTENSIVE CA			
031 SUBPROVIDER	7,826,505		
031 01 SUBPROVIDER II - REHA	4,687,705		
031 02 SUBPROVIDER 3			
033 NURSERY	3,608,562		
034 SKILLED NURSING FACIL			
ANCILLARY SRVC COST C			
037 OPERATING ROOM	20,203,268		
038 RECOVERY ROOM			
039 DELIVERY ROOM & LABOR			
040 ANESTHESIOLOGY	1,909,515		
041 RADIOLOGY-DIAGNOSTIC	12,386,925		80
042 RADIOLOGY-THERAPEUTIC			
043 RADIOISOTOPE	1,992,458		20
043 01 ULTRA SOUND	1,286,212		
043 02 CAT SCAN	3,144,113		
043 03 CARDIAC CATHETERIZATION	6,219,789		
044 LABORATORY	12,928,992		
045 PBP CLINICAL LAB SERV			
046 WHOLE BLOOD & PACKED			
047 BLOOD STORING, PROCES	1,781,731		
048 INTRAVENOUS THERAPY			
049 RESPIRATORY THERAPY	5,705,377		
050 PHYSICAL THERAPY	6,349,999		
051 OCCUPATIONAL THERAPY			
052 SPEECH PATHOLOGY			
052 01 RADIOLOGY	757,701		
053 ELECTROCARDIOLOGY	2,923,963		
054 ELECTROENCEPHALOGRAPH	277,731		
055 MEDICAL SUPPLIES CHAR	29,173,689		
056 DRUGS CHARGED TO PATI	12,375,053		
058 ASC (NON-DISTINCT PAR			
059 RENAL DIALYSIS	991,171		
059 01 METABOLIC SUPPORT			
059 02 CMHC			
OUTPAT SERVICE COST C			
060 CLINIC	231,400		
060 01 A. R. C. CLINIC	2,091,517		
060 02 CANCER CTR CLINIC	12,187,634		
060 03 UROLOGY CLINIC	341,407		
060 04 ORTHOPEDIC CLINIC	128,812		
060 05 EYE CENTER	151,090		
060 06 WOUND CARE CLINIC	1,904,049		
060 07 EENT CLINIC			
060 08 O/P PHARMACY CLINIC	128,933		
061 EMERGENCY	12,612,685		
062 OBSERVATION BEDS (NON			
063 FAMILY HEALTH CENTER			
063 50 RHC			
063 60 FOHC			
OTHER REIMBURS COST C			

COST CENTER DESCRIPTION	PARAMED ED PR GM-(SPECIFY)	PARAMED ED AN ESTH SCHOOL	PARAMED ED RA DIOLOGY SCHO
	(ACCUM. COST)	(ASSIGNED)TIME	(ASSIGNED)TIME)
	24	24.01	24.02
066 OTHER REIMBURS COST C			
067 DURABLE MEDICAL EQUIP			
070 DURABLE MEDICAL EQUIP			
071 I&R SERVICES-NOT APPR			
071 HOME HEALTH AGENCY			
092 SPEC PURPOSE COST CEN			
095 AMBULATORY SURGICAL C			
095 SUBTOTALS	279,180,668		100
096 NONREIMBURS COST CENT			
096 01 GIFT, FLOWER, COFFEE	864		
096 02 SUBCORPS			
096 02 GRANTS			
097 RESEARCH			
098 PHYSICIANS' PRIVATE O	3,708		
098 01 HOSPICE			
098 02 OUTPATIENT PHARMACY			
099 NONPAID WORKERS			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED			381,682
104 (PER WRKSHT B, PART			
UNIT COST MULTIPLIER			
(WRKSHT B, PT I)			3,816.820000
105 COST TO BE ALLOCATED			4
106 (PER WRKSHT B, PART			
UNIT COST MULTIPLIER			
(WRKSHT B, PT II)			.040000
107 COST TO BE ALLOCATED			1,303
108 (PER WRKSHT B, PART			
UNIT COST MULTIPLIER			
(WRKSHT B, PT III)			13.030000

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	52,271,794		52,271,794		52,271,794
26	INTENSIVE CARE UNIT	32,208,924		32,208,924		32,208,924
27	CORONARY CARE UNIT	11,587,317		11,587,317		11,587,317
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	7,669,818		7,669,818		7,669,818
31	01 SUBPROVIDER II - REHAB	4,687,705		4,687,705		4,687,705
31	02 SUBPROVIDER 3					
33	NURSERY	3,608,562		3,608,562		3,608,562
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	20,203,268		20,203,268		20,203,268
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	1,909,515		1,909,515		1,909,515
41	RADIOLOGY-DIAGNOSTIC	12,692,271		12,692,271		12,692,271
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	2,068,794		2,068,794		2,068,794
43	01 ULTRA SOUND	1,286,212		1,286,212		1,286,212
43	02 CAT SCAN	3,144,113		3,144,113		3,144,113
43	03 CARDIAC CATHETERIZATION LAB	6,219,789		6,219,789		6,219,789
44	LABORATORY	12,928,992		12,928,992		12,928,992
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING	1,781,731		1,781,731		1,781,731
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	5,705,377		5,705,377		5,705,377
50	PHYSICAL THERAPY	6,349,999		6,349,999		6,349,999
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
52	01 RADIOLOGY	757,701		757,701		757,701
53	ELECTROCARDIOLOGY	2,923,963		2,923,963		2,923,963
54	ELECTROENCEPHALOGRAPHY	277,731		277,731		277,731
55	MEDICAL SUPPLIES CHARGED	29,173,689		29,173,689		29,173,689
56	DRUGS CHARGED TO PATIENTS	12,375,053		12,375,053		12,375,053
58	ASC (NON-DISTINCT PART)					
59	RENAL DIALYSIS	991,171		991,171		991,171
59	01 METABOLIC SUPPORT					
59	02 CMHC					
60	OUTPAT SERVICE COST CNTRS CLINIC	231,400		231,400		231,400
60	01 A. R. C. CLINIC	2,091,517		2,091,517		2,091,517
60	02 CANCER CTR CLINIC	12,187,634		12,187,634		12,187,634
60	03 UROLOGY CLINIC	341,407		341,407		341,407
60	04 ORTHOPEDIC CLINIC	128,812		128,812		128,812
60	05 EYE CENTER	151,090		151,090		151,090
60	06 WOUND CARE CLINIC	1,904,049		1,904,049		1,904,049
60	07 EENT CLINIC					
60	08 O/P PHARMACY CLINIC	128,933		128,933		128,933
61	EMERGENCY	12,612,685		12,612,685		12,612,685
62	OBSERVATION BEDS (NON-DIS	2,928,399		2,928,399		2,928,399
63	FAMILY HEALTH CENTER					
63	50 RHC					
63	60 FOHC					
65	OTHER REIMBURS COST CNTRS					
66	AMBULANCE SERVICES					
67	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	265,529,415		265,529,415		265,529,415
102	LESS OBSERVATION BEDS	2,928,399		2,928,399		2,928,399
103	TOTAL	262,601,016		262,601,016		262,601,016

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	106,539,026		106,539,026			
26	INTENSIVE CARE UNIT	85,156,557		85,156,557			
27	CORONARY CARE UNIT	38,266,279		38,266,279			
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	11,921,224		11,921,224			
31	01 SUBPROVIDER II - REHAB	8,446,574		8,446,574			
31	02 SUBPROVIDER 3						
33	NURSERY	5,219,888		5,219,888			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	47,025,264	50,993,944	98,019,208	.206115	.206115	.206115
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	11,385,872	9,169,324	20,555,196	.092897	.092897	.092897
41	RADIOLOGY-DIAGNOSTIC	23,594,392	42,742,944	66,337,336	.191329	.191329	.191329
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	2,384,800	4,801,493	7,186,293	.287881	.287881	.287881
43	01 ULTRA SOUND	1,912,544	7,044,586	8,957,130	.143596	.143596	.143596
43	02 CAT SCAN	19,762,596	25,103,112	44,865,708	.070078	.070078	.070078
43	03 CARDIAC CATHETERIZATION LAB	23,571,866	10,247,859	33,819,725	.183910	.183910	.183910
44	LABORATORY	67,740,620	23,026,752	90,767,372	.142441	.142441	.142441
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	10,466,304	1,351,206	11,817,510	.150770	.150770	.150770
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	29,611,672	1,663,343	31,275,015	.182426	.182426	.182426
50	PHYSICAL THERAPY	7,306,485	6,944,014	14,250,499	.445598	.445598	.445598
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52	01 RADIOLOGY	63,765	326,444	390,209	1.941782	1.941782	1.941782
53	ELECTROCARDIOLOGY	9,455,446	7,053,619	16,509,065	.177113	.177113	.177113
54	ELECTROENCEPHALOGRAPHY	335,468	519,474	854,942	.324854	.324854	.324854
55	MEDICAL SUPPLIES CHARGED	41,074,287	23,663,473	64,737,760	.450644	.450644	.450644
56	DRUGS CHARGED TO PATIENTS	110,022,539	17,098,453	127,120,992	.097349	.097349	.097349
58	ASC (NON-DIAGNOSTIC PART)						
59	RENAL DIALYSIS	4,972,091	159,874	5,131,965	.193137	.193137	.193137
59	01 METABOLIC SUPPORT						
59	02 CMHC						
60	OUTPAT SERVICE COST CNTRS CLINIC		1,803,222	1,803,222	.128326	.128326	.128326
60	01 A. R. C. CLINIC	279,812	11,025,021	11,304,833	.185011	.185011	.185011
60	02 CANCER CTR CLINIC	996,884	23,862,431	24,859,315	.490264	.490264	.490264
60	03 UROLOGY CLINIC	50,508	1,008,313	1,058,821	.322441	.322441	.322441
60	04 ORTHOPEDIC CLINIC						
60	05 EYE CENTER						
60	06 WOUND CARE CLINIC	163,948	1,898,344	2,062,292	.923268	.923268	.923268
60	07 EENT CLINIC						
60	08 O/P PHARMACY CLINIC	174	261,732	261,906	.492287	.492287	.492287
61	EMERGENCY	31,874,509	33,562,578	65,437,087	.192745	.192745	.192745
62	OBSERVATION BEDS (NON-DIS		3,823,051	3,823,051	.765985	.765985	.765985
63	FAMILY HEALTH CENTER						
63	50 RHC						
63	60 FOHC						
65	OTHER REIMBURS COST CNTRS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	699,601,394	309,154,606	1,008,756,000			
102	LESS OBSERVATION BEDS						
103	TOTAL	699,601,394	309,154,606	1,008,756,000			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	20,203,268	1,732,186	18,471,082			20,203,268
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	1,909,515	389,037	1,520,478			1,909,515
42	RADIOLOGY-DIAGNOSTIC	12,692,271	1,129,204	11,563,067			12,692,271
43	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	2,068,794	201,660	1,867,134			2,068,794
43	01 ULTRA SOUND	1,286,212	39,686	1,246,526			1,286,212
43	02 CAT SCAN	3,144,113	182,263	2,961,850			3,144,113
43	03 CARDIAC CATHERIZATION LAB	6,219,789	959,594	5,260,195			6,219,789
44	LABORATORY	12,928,992	227,845	12,701,147			12,928,992
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	1,781,731	31,284	1,750,447			1,781,731
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	5,705,377	417,121	5,288,256			5,705,377
50	PHYSICAL THERAPY	6,349,999	1,428,728	4,921,271			6,349,999
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52	01 CARDIOLOGY	757,701	175,965	581,736			757,701
53	ELECTROCARDIOLOGY	2,923,963	358,291	2,565,672			2,923,963
54	ELECTROENCEPHALOGRAPHY	277,731	55,449	222,282			277,731
55	MEDICAL SUPPLIES CHARGED	29,173,689	207,712	28,965,977			29,173,689
56	DRUGS CHARGED TO PATIENTS	12,375,053	315,474	12,059,579			12,375,053
58	ASC (NON-DISTINCT PART)						
59	RENAL DIALYSIS	991,171	64,667	926,504			991,171
59	01 METABOLIC SUPPORT						
59	02 CMHC						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	231,400	4,917	226,483			231,400
60	01 A. R. C. CLINIC	2,091,517	401,429	1,690,088			2,091,517
60	02 CANCER CTR CLINIC	12,187,634	698,079	11,489,555			12,187,634
60	03 UROLOGY CLINIC	341,407	5,509	335,898			341,407
60	04 ORTHOPEDIC CLINIC	128,812	2,368	126,444			128,812
60	05 EYE CENTER	151,090	11,500	139,590			151,090
60	06 WOUND CARE CLINIC	1,904,049	771,922	1,132,127			1,904,049
60	07 EENT CLINIC						
60	08 O/P PHARMACY CLINIC	128,933	14,491	114,442			128,933
61	EMERGENCY	12,612,685	1,371,788	11,240,897			12,612,685
62	OBSERVATION BEDS (NON-DIS	2,928,399	303,526	2,624,873			2,928,399
63	FAMILY HEALTH CENTER						
63	50 RHC						
63	60 FQHC						
65	OTHER REIMBURS COST CNTRS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	153,495,295	11,501,695	141,993,600			153,495,295
102	LESS OBSERVATION BEDS	2,928,399	303,526	2,624,873			2,928,399
103	TOTAL	150,566,896	11,198,169	139,368,727			150,566,896

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			
38	OPERATING ROOM	98,019,208	.206115	.206115
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY	20,555,196	.092897	.092897
42	RADIOLOGY-DIAGNOSTIC	66,337,336	.191329	.191329
43	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	7,186,293	.287881	.287881
43	01 ULTRA SOUND	8,957,130	.143596	.143596
43	02 CAT SCAN	44,865,708	.070078	.070078
43	03 CARDIAC CATHERIZATION LAB	33,819,725	.183910	.183910
44	LABORATORY	90,767,372	.142441	.142441
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING	11,817,510	.150770	.150770
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	31,275,015	.182426	.182426
50	PHYSICAL THERAPY	14,250,499	.445598	.445598
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
52	01 CARDIOLOGY	390,209	1.941782	1.941782
53	ELECTROCARDIOLOGY	16,509,065	.177113	.177113
54	ELECTROENCEPHALOGRAPHY	854,942	.324854	.324854
55	MEDICAL SUPPLIES CHARGED	64,737,760	.450644	.450644
56	DRUGS CHARGED TO PATIENTS	127,120,992	.097349	.097349
58	ASC (NON-DISTINCT PART)			
59	RENAL DIALYSIS	5,131,965	.193137	.193137
59	01 METABOLIC SUPPORT			
59	02 CMHC			
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,803,222	.128326	.128326
60	01 A. R. C. CLINIC	11,304,833	.185011	.185011
60	02 CANCER CTR CLINIC	24,859,315	.490264	.490264
60	03 UROLOGY CLINIC	1,058,821	.322441	.322441
60	04 ORTHOPEDIC CLINIC			
60	05 EYE CENTER			
60	06 WOUND CARE CLINIC	2,062,292	.923268	.923268
60	07 EENT CLINIC			
60	08 O/P PHARMACY CLINIC	261,906	.492287	.492287
61	EMERGENCY	65,437,087	.192745	.192745
62	OBSERVATION BEDS (NON-DIS	3,823,051	.765985	.765985
63	FAMILY HEALTH CENTER			
63	50 RHC			
63	60 FQHC			
65	OTHER REIMBURS COST CNTRS			
66	AMBULANCE SERVICES			
67	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	753,206,452		
102	LESS OBSERVATION BEDS	3,823,051		
103	TOTAL	749,383,401		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	20,203,268	1,732,186	18,471,082	173,219	1,071,323	18,958,726
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	1,909,515	389,037	1,520,478	38,904	88,188	1,782,423
42	RADIOLOGY-DIAGNOSTIC	12,692,271	1,129,204	11,563,067	112,920	670,658	11,908,693
43	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	2,068,794	201,660	1,867,134	20,166	108,294	1,940,334
43	01 ULTRA SOUND	1,286,212	39,686	1,246,526	3,969	72,299	1,209,944
43	02 CAT SCAN	3,144,113	182,263	2,961,850	18,226	171,787	2,954,100
43	03 CARDIAC CATHERIZATION LAB	6,219,789	959,594	5,260,195	95,959	305,091	5,818,739
44	LABORATORY	12,928,992	227,845	12,701,147	22,785	736,667	12,169,540
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	1,781,731	31,284	1,750,447	3,128	101,526	1,677,077
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	5,705,377	417,121	5,288,256	41,712	306,719	5,356,946
50	PHYSICAL THERAPY	6,349,999	1,428,728	4,921,271	142,873	285,434	5,921,692
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52	01 CARDIOLOGY	757,701	175,965	581,736	17,597	33,741	706,363
53	ELECTROCARDIOLOGY	2,923,963	358,291	2,565,672	35,829	148,809	2,739,325
54	ELECTROENCEPHALOGRAPHY	277,731	55,449	222,282	5,545	12,892	259,294
55	MEDICAL SUPPLIES CHARGED	29,173,689	207,712	28,965,977	20,771	1,680,027	27,472,891
56	DRUGS CHARGED TO PATIENTS	12,375,053	315,474	12,059,579	31,547	699,456	11,644,050
58	ASC (NON-DISTINCT PART)						
59	RENAL DIALYSIS	991,171	64,667	926,504	6,467	53,737	930,967
59	01 METABOLIC SUPPORT						
59	02 CMHC						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	231,400	4,917	226,483	492	13,136	217,772
60	01 A. R. C. CLINIC	2,091,517	401,429	1,690,088	40,143	98,025	1,953,349
60	02 CANCER CTR CLINIC	12,187,634	698,079	11,489,555	69,808	666,394	11,451,432
60	03 UROLOGY CLINIC	341,407	5,509	335,898	551	19,482	321,374
60	04 ORTHOPEDIC CLINIC	128,812	2,368	126,444	237	7,334	121,241
60	05 EYE CENTER	151,090	11,500	139,590	1,150	8,096	141,844
60	06 WOUND CARE CLINIC	1,904,049	771,922	1,132,127	77,192	65,663	1,761,194
60	07 EENT CLINIC						
60	08 O/P PHARMACY CLINIC	128,933	14,491	114,442	1,449	6,638	120,846
61	EMERGENCY	12,612,685	1,371,788	11,240,897	137,179	651,972	11,823,534
62	OBSERVATION BEDS (NON-DIS	2,928,399	303,526	2,624,873	30,353	152,243	2,745,803
63	FAMILY HEALTH CENTER						
63	50 RHC						
63	60 FQHC						
65	OTHER REIMBURS COST CNTRS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	153,495,295	11,501,695	141,993,600	1,150,171	8,235,631	144,109,493
102	LESS OBSERVATION BEDS	2,928,399	303,526	2,624,873	30,353	152,243	2,745,803
103	TOTAL	150,566,896	11,198,169	139,368,727	1,119,818	8,083,388	141,363,690

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			
38	OPERATING ROOM	98,019,208	.193418	.204348
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY	20,555,196	.086714	.091004
42	RADIOLOGY-DIAGNOSTIC	66,337,336	.179517	.189627
43	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	7,186,293	.270005	.285074
43	01 ULTRA SOUND	8,957,130	.135082	.143153
43	02 CAT SCAN	44,865,708	.065843	.069672
43	03 CARDIAC CATHERIZATION LAB	33,819,725	.172052	.181073
44	LABORATORY	90,767,372	.134074	.142190
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING	11,817,510	.141915	.150506
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	31,275,015	.171285	.181092
50	PHYSICAL THERAPY	14,250,499	.415543	.435573
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
52	01 RADIOLOGY	390,209	1.810217	1.896686
53	ELECTROCARDIOLOGY	16,509,065	.165929	.174942
54	ELECTROENCEPHALOGRAPHY	854,942	.303288	.318368
55	MEDICAL SUPPLIES CHARGED	64,737,760	.424372	.450323
56	DRUGS CHARGED TO PATIENTS	127,120,992	.091598	.097100
58	ASC (NON-DISTINCT PART)			
59	RENAL DIALYSIS	5,131,965	.181406	.191877
59	01 METABOLIC SUPPORT			
59	02 CMHC			
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,803,222	.120768	.128053
60	01 A. R. C. CLINIC	11,304,833	.172789	.181460
60	02 CANCER CTR CLINIC	24,859,315	.460650	.487456
60	03 UROLOGY CLINIC	1,058,821	.303521	.321920
60	04 ORTHOPEDIC CLINIC			
60	05 EYE CENTER			
60	06 WOUND CARE CLINIC	2,062,292	.853998	.885838
60	07 EENT CLINIC			
60	08 O/P PHARMACY CLINIC	261,906	.461410	.486755
61	EMERGENCY	65,437,087	.180686	.190649
62	OBSERVATION BEDS (NON-DIS	3,823,051	.718223	.758045
63	FAMILY HEALTH CENTER			
63	50 RHC			
63	60 FQHC			
65	OTHER REIMBURS COST CNTRS			
66	AMBULANCE SERVICES			
67	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	753,206,452		
102	LESS OBSERVATION BEDS	3,823,051		
103	TOTAL	749,383,401		

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	16,397		16,397	5,401,486		5,401,486
26	INTENSIVE CARE UNIT	10,105		10,105	3,362,225		3,362,225
27	CORONARY CARE UNIT	4,122		4,122	1,372,655		1,372,655
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	3,718		3,718	1,228,652		1,228,652
31	01 SUBPROVIDER II - REHAB	1,785		1,785	591,104		591,104
31	02 SUBPROVIDER 3						
33	NURSERY	1,675		1,675	553,637		553,637
101	TOTAL	37,802		37,802	12,509,759		12,509,759

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	58,780	10,119	.28	2,833	91.89	929,835
26	INTENSIVE CARE UNIT	11,394	5,765	.89	5,131	295.09	1,701,194
27	CORONARY CARE UNIT	6,997	5,409	.59	3,191	196.18	1,061,138
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	10,674	4,642	.35	1,625	115.11	534,341
31 01	SUBPROVIDER 11 - REHAB	5,290	1,739	.34	591	111.74	194,316
31 02	SUBPROVIDER 3						
33	NURSERY	4,683		.36		118.22	
101	TOTAL	97,818	27,674		13,371		4,420,824

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

PROVIDER NO: 14-0182
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET D
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS						
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
31	01 SUBPROVIDER 11 - REHAB						
31	02 SUBPROVIDER 3						
33	NURSERY						
34	SKILLED NURSING FACILITY						
101	TOTAL						

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

PROVIDER NO:	PERIOD:	PREPARED
14-0182	FROM 1/ 1/2008	5/28/2009
	TO 12/31/2008	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	58,780		10,119	
26	INTENSIVE CARE UNIT	11,394		5,765	
27	CORONARY CARE UNIT	6,997		5,409	
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE U				
31	SUBPROVIDER	10,674		4,642	
31 01	SUBPROVIDER 11 - REHAB	5,290		1,739	
31 02	SUBPROVIDER 3				
33	NURSERY	4,683			
34	SKILLED NURSING FACILITY				
101	TOTAL	97,818		27,674	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS										
37	OPERATING ROOM										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC					305,346					
42	RADIOLOGY-THERAPEUTIC										
43	RADIOISOTOPE					76,336					
43	01 ULTRA SOUND										
43	02 CAT SCAN										
43	03 CARDIAC CATHETERIZATION LAB										
44	LABORATORY										
45	PBP CLINICAL LAB SERVICES										
46	WHOLE BLOOD & PACKED RED										
47	BLOOD STORING, PROCESSING										
48	INTRAVENOUS THERAPY										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
52	01 CARDIOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
58	ASC (NON-DISTINCT PART)										
59	RENAL DIALYSIS										
59	01 METABOLIC SUPPORT										
59	02 CMHC										
60	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60	01 A. R. C. CLINIC										
60	02 CANCER CTR CLINIC										
60	03 UROLOGY CLINIC										
60	04 ORTHOPEDIC CLINIC										
60	05 EYE CENTER										
60	06 WOUND CARE CLINIC										
60	07 EENT CLINIC										
60	08 O/P PHARMACY CLINIC										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
63	FAMILY HEALTH CENTER										
63	50 RHC										
63	60 FQHC										
65	OTHER REIMBURS COST CNTRS										
65	AMBULANCE SERVICES										
66	DURABLE MEDICAL EQUIP-REN										
67	DURABLE MEDICAL EQUIP-SOL										
101	TOTAL					381,682					

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			98,019,208			11,435,037	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY			20,555,196			2,118,095	
42	RADIOLOGY-DIAGNOSTIC	305,346	305,346	66,337,336	.004603	.004603	7,686,628	35,382
43	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE	76,336	76,336	7,186,293	.010622	.010622	903,855	9,601
43	01 ULTRA SOUND			8,957,130			484,529	
43	02 CAT SCAN			44,865,708			5,627,955	
43	03 CARDIAC CATHERIZATION LAB			33,819,725			5,165,833	
44	LABORATORY			90,767,372			22,669,599	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING			11,817,510				
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			31,275,015			8,208,715	
50	PHYSICAL THERAPY			14,250,499			977,077	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
52	01 RADIOLOGY			390,209			18,862	
53	ELECTROCARDIOLOGY			16,509,065			7,358,912	
54	ELECTROENCEPHALOGRAPHY			854,942			116,386	
55	MEDICAL SUPPLIES CHARGED			64,737,760			12,509,044	
56	DRUGS CHARGED TO PATIENTS			127,120,992			31,179,766	
58	ASC (NON-DISTINCT PART)							
59	RENAL DIALYSIS			5,131,965			3,006,278	
59	01 METABOLIC SUPPORT							
59	02 CMHC							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			1,803,222				
60	01 A. R. C. CLINIC			11,304,833			3,357	
60	02 CANCER CTR CLINIC			24,859,315			213,062	
60	03 UROLOGY CLINIC			1,058,821			20,012	
60	04 ORTHOPEDIC CLINIC							
60	05 EYE CENTER							
60	06 WOUND CARE CLINIC			2,062,292			44,638	
60	07 EENT CLINIC							
60	08 O/P PHARMACY CLINIC			261,906			167	
61	EMERGENCY			65,437,087			8,743,181	
62	OBSERVATION BEDS (NON-DIS			3,823,051				
63	FAMILY HEALTH CENTER							
63	50 RHC							
63	60 FQHC							
65	OTHER REIMBURS COST CNTRS							
66	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	381,682	381,682	753,206,452			128,490,988	44,983

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	4,144,142					
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	1,731,282					
42	RADIOLOGY-DIAGNOSTIC	8,756,239			40,305		
43	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	207,354			2,203		
43	01 ULTRA SOUND	562,370					
43	02 CAT SCAN	4,213,608					
43	03 CARDIAC CATHETERIZATION LAB	3,186,428					
44	LABORATORY	774,015					
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	147,240					
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	396,445					
50	PHYSICAL THERAPY	14,984					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52	01 CARDIOLOGY	131,373					
53	ELECTROCARDIOLOGY	1,196,588					
54	ELECTROENCEPHALOGRAPHY	81,446					
55	MEDICAL SUPPLIES CHARGED	10,163,393					
56	DRUGS CHARGED TO PATIENTS	3,744,227					
58	ASC (NON-DISTINCT PART)						
59	RENAL DIALYSIS	86,549					
59	01 METABOLIC SUPPORT						
59	02 CMHC						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	397,851					
60	01 A. R. C. CLINIC	44,313					
60	02 CANCER CTR CLINIC	6,714,786					
60	03 UROLOGY CLINIC	323,662					
60	04 ORTHOPEDIC CLINIC						
60	05 EYE CENTER						
60	06 WOUND CARE CLINIC	771,192					
60	07 EENT CLINIC						
60	08 O/P PHARMACY CLINIC	86,764					
61	EMERGENCY	3,311,684					
62	OBSERVATION BEDS (NON-DIS	2,058,045					
63	FAMILY HEALTH CENTER						
63	50 RHC						
63	60 FQHC						
65	OTHER REIMBURS COST CNTRS						
66	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	53,245,980			42,508		

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.206115	.206115			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.092897	.092897			
41 RADIOLOGY-DIAGNOSTIC	.191329	.191329			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE	.287881	.287881			
43 01 ULTRA SOUND	.143596	.143596			
43 02 CAT SCAN	.070078	.070078			
43 03 CARDIAC CATHETERIZATION LABORATORY	.183910	.183910			
44 LABORATORY	.142441	.142441			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.	.150770	.150770			
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	.182426	.182426			
50 PHYSICAL THERAPY	.445598	.445598			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
52 01 CARDIOLOGY	1.941782	1.941782			
53 ELECTROCARDIOLOGY	.177113	.177113			
54 ELECTROENCEPHALOGRAPHY	.324854	.324854			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.450644	.450644			
56 DRUGS CHARGED TO PATIENTS	.097349	.097349			
58 ASC (NON-DISTINCT PART)					
59 RENAL DIALYSIS	.193137	.193137			
59 01 METABOLIC SUPPORT					
59 02 CMHC					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.128326	.128326			
60 01 A. R. C. CLINIC	.185011	.185011			
60 02 CANCER CTR CLINIC	.490264	.490264			
60 03 UROLOGY CLINIC	.322441	.322441			
60 04 ORTHOPEDIC CLINIC					
60 05 EYE CENTER					
60 06 WOUND CARE CLINIC	.923268	.923268			
60 07 EENT CLINIC					
60 08 O/P PHARMACY CLINIC	.492287	.492287			
61 EMERGENCY	.192745	.192745			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.765985	.765985			
63 FAMILY HEALTH CENTER					
63 50 RHC					
63 60 FOHC					
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				854,170	
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				160,831	
41 RADIOLOGY-DIAGNOSTIC				1,675,322	
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE				59,693	
43 01 ULTRA SOUND				80,754	
43 02 CAT SCAN				295,281	
43 03 CARDIAC CATHETERIZATION LABORATORY				586,016	
44 LABORATORY				110,251	
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.				22,199	
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY				72,322	
50 PHYSICAL THERAPY				6,677	106
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
52 01 CARDIOLOGY				255,098	
53 ELECTROCARDIOLOGY				211,931	
54 ELECTROENCEPHALOGRAPHY				26,458	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				4,580,072	62,784
56 DRUGS CHARGED TO PATIENTS				364,497	99
58 ASC (NON-DISTINCT PART)					
59 RENAL DIALYSIS				16,716	
59 01 METABOLIC SUPPORT					
59 02 CMHC					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC				51,055	
60 01 A. R. C. CLINIC				8,198	
60 02 CANCER CTR CLINIC				3,292,018	
60 03 UROLOGY CLINIC				104,362	
60 04 ORTHOPEDIC CLINIC					
60 05 EYE CENTER					
60 06 WOUND CARE CLINIC				712,017	
60 07 EENT CLINIC					
60 08 O/P PHARMACY CLINIC				42,713	
61 EMERGENCY				638,311	
62 OBSERVATION BEDS (NON-DISTINCT PART)				1,576,432	
63 FAMILY HEALTH CENTER					
63 50 RHC					
63 60 FOHC					
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL				15,803,394	62,989
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				15,803,394	62,989

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
38	OPERATING ROOM										
39	RECOVERY ROOM										
40	DELIVERY ROOM & LABOR ROO										
41	ANESTHESIOLOGY										
42	RADIOLOGY-DIAGNOSTIC						305,346				
43	RADIOLOGY-THERAPEUTIC										
43	RADIOISOTOPE						76,336				
43	01 ULTRA SOUND										
43	02 CAT SCAN										
43	03 CARDIAC CATHETERIZATION LAB										
44	LABORATORY										
45	PBP CLINICAL LAB SERVICES										
46	WHOLE BLOOD & PACKED RED										
47	BLOOD STORING, PROCESSING										
48	INTRAVENOUS THERAPY										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
52	01 RADIOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
58	ASC (NON-DISTINCT PART)										
59	RENAL DIALYSIS										
59	01 METABOLIC SUPPORT										
59	02 CMHC										
60	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60	01 A. R. C. CLINIC										
60	02 CANCER CTR CLINIC										
60	03 UROLOGY CLINIC										
60	04 ORTHOPEDIC CLINIC										
60	05 EYE CENTER										
60	06 WOUND CARE CLINIC										
60	07 EENT CLINIC										
60	08 O/P PHARMACY CLINIC										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
63	FAMILY HEALTH CENTER										
63	50 RHC										
63	60 FQHC										
65	OTHER REIMBURS COST CNTRS										
65	AMBULANCE SERVICES										
66	DURABLE MEDICAL EQUIP-REN										
67	DURABLE MEDICAL EQUIP-SOL										
101	TOTAL						381,682				

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			98,019,208				
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY			20,555,196				
41	RADIOLOGY-DIAGNOSTIC	305,346	305,346	66,337,336	.004603	.004603	50,291	231
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE	76,336	76,336	7,186,293	.010622	.010622	2,328	25
43 01	ULTRA SOUND			8,957,130			10,388	
43 02	CAT SCAN			44,865,708			41,182	
43 03	CARDIAC CATHETERIZATION LAB			33,819,725				
44	LABORATORY			90,767,372			1,016,528	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING			11,817,510				
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			31,275,015			17,956	
50	PHYSICAL THERAPY			14,250,499			5,855	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
52 01	CARDIOLOGY			390,209				
53	ELECTROCARDIOLOGY			16,509,065			32,662	
54	ELECTROENCEPHALOGRAPHY			854,942			2,246	
55	MEDICAL SUPPLIES CHARGED			64,737,760			1,022	
56	DRUGS CHARGED TO PATIENTS			127,120,992			1,425,087	
58	ASC (NON-DI STINCT PART)							
59	RENAL DIALYSIS			5,131,965			23,163	
59 01	METABOLIC SUPPORT							
59 02	CMHC							
60	OUTPAT SERVICE COST CNTRS							
	CLINIC			1,803,222				
60 01	A. R. C. CLINIC			11,304,833				
60 02	CANCER CTR CLINIC			24,859,315				
60 03	UROLOGY CLINIC			1,058,821				
60 04	ORTHOPEDIC CLINIC							
60 05	EYE CENTER							
60 06	WOUND CARE CLINIC			2,062,292				
60 07	EENT CLINIC							
60 08	O/P PHARMACY CLINIC			261,906				
61	EMERGENCY			65,437,087			449,595	
62	OBSERVATION BEDS (NON-DIS			3,823,051				
63	FAMILY HEALTH CENTER							
63 50	RHC							
63 60	FQHC							
65	OTHER REIMBURS COST CNTRS							
	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	381,682	381,682	753,206,452			3,078,303	256

TITLE XVIII, PART A SUBPROVIDER 1 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						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43 01	ULTRA SOUND						
43 02	CAT SCAN						
43 03	CARDIAC CATHETERIZATION LAB						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52 01	CARDIOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
59	RENAL DIALYSIS						
59 01	METABOLIC SUPPORT						
59 02	CMHC						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60 01	A. R. C. CLINIC						
60 02	CANCER CTR CLINIC						
60 03	UROLOGY CLINIC						
60 04	ORTHOPEDIC CLINIC						
60 05	EYE CENTER						
60 06	WOUND CARE CLINIC						
60 07	EENT CLINIC						
60 08	O/P PHARMACY CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	FAMILY HEALTH CENTER						
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0182	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D
14-T182		PART II

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
38	OPERATING ROOM	.017619	
39	RECOVERY ROOM		
40	DELIVERY ROOM & LABOR ROO		
41	ANESTHESIOLOGY	.018870	
42	RADIOLOGY-DIAGNOSTIC	.016972	1,542
43	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE	.027978	68
43	01 ULTRA SOUND	.004418	7
43	02 CAT SCAN	.004051	110
43	03 CARDIAC CATHERIZATION LAB	.028289	365
44	LABORATORY	.002504	395
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING	.002640	
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.013298	1,472
50	PHYSICAL THERAPY	.099955	156,009
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
52	01 RADIOLOGY	.449592	
53	ELECTROCARDIOLOGY	.021638	276
54	ELECTROENCEPHALOGRAPHY	.064663	
55	MEDICAL SUPPLIES CHARGED	.003200	187
56	DRUGS CHARGED TO PATIENTS	.002467	2,820
58	ASC (NON-DIAGNOSTIC PART)		
59	RENAL DIALYSIS	.012564	1,760
59	01 METABOLIC SUPPORT		
59	02 CMHC		
60	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.002719	
60	01 A. R. C. CLINIC	.035403	
60	02 CANCER CTR CLINIC	.027997	
60	03 UROLOGY CLINIC	.005188	35
60	04 ORTHOPEDIC CLINIC		
60	05 EYE CENTER		
60	06 WOUND CARE CLINIC	.373171	236
60	07 EENT CLINIC		
60	08 O/P PHARMACY CLINIC	.055165	
61	EMERGENCY	.020901	
62	OBSERVATION BEDS (NON-DIS	.079153	
63	FAMILY HEALTH CENTER		
63	50 RHC		
63	60 FQHC		
65	OTHER REIMBURS COST CNTRS		
66	AMBULANCE SERVICES		
67	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		165,282

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
	OPERATING ROOM											
38	RECOVERY ROOM											
39	DELIVERY ROOM & LABOR ROO											
40	ANESTHESIOLOGY											
41	RADIOLOGY-DIAGNOSTIC						305,346					
42	RADIOLOGY-THERAPEUTIC											
43	RADIOISOTOPE						76,336					
43	01 ULTRA SOUND											
43	02 CAT SCAN											
43	03 CARDIAC CATHETERIZATION LAB											
44	LABORATORY											
45	PBP CLINICAL LAB SERVICES											
46	WHOLE BLOOD & PACKED RED											
47	BLOOD STORING, PROCESSING											
48	INTRAVENOUS THERAPY											
49	RESPIRATORY THERAPY											
50	PHYSICAL THERAPY											
51	OCCUPATIONAL THERAPY											
52	SPEECH PATHOLOGY											
52	01 CARDIOLOGY											
53	ELECTROCARDIOLOGY											
54	ELECTROENCEPHALOGRAPHY											
55	MEDICAL SUPPLIES CHARGED											
56	DRUGS CHARGED TO PATIENTS											
58	ASC (NON-DISTINCT PART)											
59	RENAL DIALYSIS											
59	01 METABOLIC SUPPORT											
59	02 CMHC											
60	OUTPAT SERVICE COST CNTRS											
	CLINIC											
60	01 A. R. C. CLINIC											
60	02 CANCER CTR CLINIC											
60	03 UROLOGY CLINIC											
60	04 ORTHOPEDIC CLINIC											
60	05 EYE CENTER											
60	06 WOUND CARE CLINIC											
60	07 EENT CLINIC											
60	08 O/P PHARMACY CLINIC											
61	EMERGENCY											
62	OBSERVATION BEDS (NON-DIS											
63	FAMILY HEALTH CENTER											
63	50 RHC											
63	60 FQHC											
65	OTHER REIMBURS COST CNTRS											
	AMBULANCE SERVICES											
66	DURABLE MEDICAL EQUIP-REN											
67	DURABLE MEDICAL EQUIP-SOL											
101	TOTAL						381,682					

TITLE XVIII, PART A

SUBPROVIDER 2

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			98,019,208				
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY			20,555,196				
42	RADIOLOGY-DIAGNOSTIC	305,346	305,346	66,337,336	.004603	.004603	90,883	418
43	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE	76,336	76,336	7,186,293	.010622	.010622	2,436	26
43	01 ULTRA SOUND			8,957,130			1,682	
43	02 CAT SCAN			44,865,708			27,163	
43	03 CARDIAC CATHERIZATION LAB			33,819,725			12,891	
44	LABORATORY			90,767,372			157,758	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING			11,817,510				
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			31,275,015			110,671	
50	PHYSICAL THERAPY			14,250,499			1,560,794	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
52	01 RADIOLOGY			390,209				
53	ELECTROCARDIOLOGY			16,509,065			12,757	
54	ELECTROENCEPHALOGRAPHY			854,942				
55	MEDICAL SUPPLIES CHARGED			64,737,760			58,393	
56	DRUGS CHARGED TO PATIENTS			127,120,992			1,143,289	
58	ASC (NON-DISTINCT PART)							
59	RENAL DIALYSIS			5,131,965			140,054	
59	01 METABOLIC SUPPORT							
59	02 CMHC							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			1,803,222				
60	01 A. R. C. CLINIC			11,304,833				
60	02 CANCER CTR CLINIC			24,859,315				
60	03 UROLOGY CLINIC			1,058,821			6,832	
60	04 ORTHOPEDIC CLINIC							
60	05 EYE CENTER							
60	06 WOUND CARE CLINIC			2,062,292			633	
60	07 EENT CLINIC							
60	08 O/P PHARMACY CLINIC			261,906				
61	EMERGENCY			65,437,087				
62	OBSERVATION BEDS (NON-DIS			3,823,051				
63	FAMILY HEALTH CENTER							
63	50 RHC							
63	60 FQHC							
65	OTHER REIMBURS COST CNTRS							
66	AMBULANCE SERVICES							
67	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	381,682	381,682	753,206,452			3,326,236	444

TITLE XVIII, PART A

SUBPROVIDER 2

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						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43	01 ULTRA SOUND						
43	02 CAT SCAN						
43	03 CARDIAC CATHERIZATION LAB						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52	01 CARDIOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
59	RENAL DIALYSIS						
59	01 METABOLIC SUPPORT						
59	02 CMHC						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 A. R. C. CLINIC						
60	02 CANCER CTR CLINIC						
60	03 UROLOGY CLINIC						
60	04 ORTHOPEDIC CLINIC						
60	05 EYE CENTER						
60	06 WOUND CARE CLINIC						
60	07 EENT CLINIC						
60	08 O/P PHARMACY CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	FAMILY HEALTH CENTER						
63	50 RHC						
63	60 FQHC						
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		1,295,247			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		87,526			
41 RADIOLOGY-DIAGNOSTIC		753,687			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE		87,182			
43 01 ULTRASOUND		170,562			
43 02 CAT SCAN		183,722			
43 03 CARDIAC CATHETERIZATION LABORATORY		114,217			
44 LABORATORY		613,808			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.		56,806			
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY		37,047			
50 PHYSICAL THERAPY		361,777			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
52 01 CARDIOLOGY		1,765			
53 ELECTROCARDIOLOGY		174,420			
54 ELECTROENCEPHALOGRAPHY		15,221			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS		176,609			
58 ASC (NON-DISTINCT PART)					
59 RENAL DIALYSIS		1,936			
59 01 METABOLIC SUPPORT					
59 02 CMHC					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		4,042			
60 01 A. R. C. CLINIC		931,850			
60 02 CANCER CTR CLINIC		1,312,833			
60 03 UROLOGY CLINIC		16,551			
60 04 ORTHOPEDIC CLINIC					
60 05 EYE CENTER					
60 06 WOUND CARE CLINIC		236,879			
60 07 EENT CLINIC					
60 08 O/P PHARMACY CLINIC		19,776			
61 EMERGENCY		1,380,980			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 FAMILY HEALTH CENTER					
63 50 RHC					
63 60 FOHC					
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL		8,034,443			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES		8,034,443			

TITLE XVIII PART A SUBPROVIDER I 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	718.55
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	3,718	7,669,818	.000485	
87	NEW CAPITAL-RELATED COST	1,228,652	7,669,818	.160193	
88	NON PHYSICIAN ANESTHETIST		7,669,818		
89	MEDICAL EDUCATION		7,669,818		
89.01	MEDICAL EDUCATION - ALLIED HEA		7,669,818		
89.02	MEDICAL EDUCATION - ALL OTHER		7,669,818		

TITLE XVIII PART A SUBPROVIDER II 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	886.14
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	1,785	4,687,705	.000381	
87	NEW CAPITAL-RELATED COST	591,104	4,687,705	.126097	
88	NON PHYSICIAN ANESTHETIST		4,687,705		
89	MEDICAL EDUCATION		4,687,705		
89.01	MEDICAL EDUCATION - ALLIED HEA		4,687,705		
89.02	MEDICAL EDUCATION - ALL OTHER		4,687,705		

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	3,293
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,168.68
85	OBSERVATION BED COST	3,848,463

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	51,976,558	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	51,976,558	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,749,808	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	5,531,299	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	9,735	
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	44,983	
16 TOTAL	61,312,383	
17 PRIMARY PAYER PAYMENTS	61,797	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	61,250,586	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,564,256	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	423,608	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,100,422	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	770,295	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	59,033,017	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	59,033,017	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	59,391,175	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-358,158	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		58,198,294		9,515,984
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	8/28/2008	1,192,881	8/28/2008	447,969
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		1,192,881		447,969
4 TOTAL INTERIM PAYMENTS		59,391,175		9,963,953
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		358,158		158,632
7 TOTAL MEDICARE PROGRAM LIABILITY		59,033,017		9,805,321

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,006,299		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL				
4 TOTAL INTERIM PAYMENTS		3,006,299		NONE
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		208,382		NONE
7 TOTAL MEDICARE PROGRAM LIABILITY		2,797,917		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVII SUBPROVIDER 2

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,367,368		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		2,367,368		
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		486,691		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		2,854,059		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

19	INTERIM PAYMENTS	3,006,299
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-208,382
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

50	ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF) OR 1.09 (IPF).
51	ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
52	ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY. (SEE INSTRUCTIONS).
53	ENTER THE TIME VALUE OF MONEY.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		217.60
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	-45.60
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		172.00
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		194.07
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		172.00
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		98.73
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		83.47
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		182.20
3.10	SEE INSTRUCTIONS		161.48
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		11.87
3.12	SEE INSTRUCTIONS		85.85
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		81.18
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		80.28
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	82.44
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		82.44
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		112,613.59
3.18	SEE INSTRUCTIONS		9,283,864
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		95.99
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		99.03
3.21	SEE INSTRUCTIONS	RES INIT YEARS	94.17
3.22	SEE INSTRUCTIONS		94.17
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		118,867.09
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		11,193,714
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		20,477,578

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		27,674
5	TOTAL INPATIENT DAYS		89,842
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.308030
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	6,307,708	6,307,708
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		3,060
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		89,842
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		598,914
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES
10	MEDICARE OUTPATIENT ESRD CHARGES
11	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

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

12	REASONABLE COST (SEE INSTRUCTIONS)	63,791,410
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TITLE XVIII

13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	61,797
16	TOTAL PART A REASONABLE COST	63,729,613

PART B REASONABLE COST

17	REASONABLE COST	15,867,163
18	PRIMARY PAYER PAYMENTS	21,221
19	TOTAL PART B REASONABLE COST	15,845,942
20	TOTAL REASONABLE COST	79,575,555
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.800869
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.199131

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

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	6,906,622
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	5,531,299
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	1,375,323

TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT

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

COMPUTATION OF PROGRAM PATIENT LOAD

- 4 PROGRAM PART A INPATIENT DAYS 27,205
- 5 TOTAL INPATIENT DAYS 89,842
- 6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. LN 6 * LN 3.25 + E-3, 6 L 11 .302809
- 6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS
- 6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS) 1,097
- 6.03 ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE. 89,842
- 6.04 ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS) 100.00
- 6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.
- 6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)
- 6.07 ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS) 100.00
- 6.08 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD PRIOR TO 422 E-3, 6 LN 12

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

- 7 RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS
- 8 RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES
- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES
- 10 MEDICARE OUTPATIENT ESRD CHARGES
- 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

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

- 12 REASONABLE COST (SEE INSTRUCTIONS)

TITLE XIX

- 13 ORGAN ACQUISITION COSTS
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS
- 16 TOTAL PART A REASONABLE COST

PART B REASONABLE COST

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

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

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

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

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

COLUMN 1
1.000000

COLUMN 1.01

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

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

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

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

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

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

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	2,594,445
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	143,011
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	201.85
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	185.49
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	29.61
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	768,215
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	11.87
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	32.55
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	44.42
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	9.41
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	244,137
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,749,808
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)	

