

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		14-0046		FROM 1/1/2009		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/18/2010 TIME 15:32

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: GOOD SAMARITAN REGIONAL HEALTH CTR. 14-0046

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

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	56,347	19,742	0	
2	SUBPROVIDER	0	-9,322	0	0	
100	TOTAL	0	47,025	19,742	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.

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

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

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

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

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

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

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

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

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

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

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

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

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

	1	2	3	4
28.02	0	0.0000	0.0000	
28.02	0.00	0		

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

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

	%	Y/N
28.03 STAFFING	0.00%	
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	

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

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

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

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

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

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

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N

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

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

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

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

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

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	37,680,879		37,680,879	1,708,684.00	22.05	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	449,123		449,123	3,338.00	134.55	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	1,226,469	-175,225	1,051,244	45,521.00	23.09	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	464,516		464,516	6,872.00	67.60	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	213,839		213,839	1,808.00	118.27	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	3,588,080		3,588,080	71,320.00	50.31	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	16,086,794		16,086,794			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	463,086		463,086			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	34,358		34,358			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	13,815		13,815			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	564,198		564,198	18,617.00	30.31	
22 ADMINISTRATIVE & GENERAL	5,499,799	271,364	5,771,163	271,593.00	21.25	
22.01 A & G UNDER CONTRACT	208,999		208,999	1,151.00	181.58	
23 MAINTENANCE & REPAIRS	802,254	-366,710	435,544	24,584.00	17.72	
24 OPERATION OF PLANT		366,710	366,710	20,699.00	17.72	
25 LAUNDRY & LINEN SERVICE	68,595		68,595	5,495.00	12.48	
26 HOUSEKEEPING	696,287		696,287	60,858.00	11.44	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	972,912	-576,049	396,863	28,002.00	14.17	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		576,049	576,049	46,532.00	12.38	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	674,136		674,136	23,081.00	29.21	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	819,360		819,360	50,955.00	16.08	
34 SOCIAL SERVICE	309,757		309,757	14,766.00	20.98	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	37,889,878		37,889,878	1,709,835.00	22.16	
2 EXCLUDED AREA SALARIES	1,226,469	-175,225	1,051,244	45,521.00	23.09	
3 SUBTOTAL SALARIES	36,663,409	175,225	36,838,634	1,664,314.00	22.13	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	4,266,435		4,266,435	80,000.00	53.33	
5 SUBTOTAL WAGE-RELATED COSTS	16,121,152		16,121,152		43.76	
6 TOTAL	57,050,996	175,225	57,226,221	1,744,314.00	32.81	
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	10,616,297	271,364	10,887,661	566,333.00	19.22	

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	10,602,207
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	10,602,207
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.328593
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	47,894,994

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	15,737,960
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	15,274,955
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	5,019,243
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	15,737,960

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0046
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/18/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		2,189,963	2,189,963	38,809	2,228,772
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		3,633,232	3,633,232	52,549	3,685,781
5	0500 EMPLOYEE BENEFITS	564,198	13,802,680	14,366,878		14,366,878
6.04	0640 ADMITTING	872,013	82,633	954,646		954,646
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	714,003	379,470	1,093,473		1,093,473
6.06	0660 ADMINISTRATIVE & GENERAL	3,913,783	20,392,992	24,306,775	560,197	24,866,972
7	0700 MAINTENANCE & REPAIRS	802,254	3,016,819	3,819,073	-2,511,425	1,307,648
7.01	0701 BIOMEDICAL SERVICES				567,960	567,960
8	0800 OPERATION OF PLANT				1,943,465	1,943,465
9	0900 LAUNDRY & LINEN SERVICE	68,595	489,862	558,457		558,457
10	1000 HOUSEKEEPING	696,287	288,306	984,593	-97,070	887,523
11	1100 DIETARY	972,912	666,201	1,639,113	-1,009,262	629,851
12	1200 CAFETERIA				1,027,889	1,027,889
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	674,136	19,637	693,773		693,773
15	1500 CENTRAL SERVICES & SUPPLY					
16	1600 PHARMACY					
17	1700 MEDICAL RECORDS & LIBRARY	819,360	270,339	1,089,699		1,089,699
18	1800 SOCIAL SERVICE	309,757	8,373	318,130		318,130
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMEDICAL PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	8,825,582	1,299,039	10,124,621	-1,153,612	8,971,009
26	2600 INTENSIVE CARE UNIT	1,805,945	353,427	2,159,372	56,936	2,216,308
31	3100 SUBPROVIDER I	815,527	39,552	855,079		855,079
33	3300 NURSERY				754,954	754,954
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	4,552,932	9,537,471	14,090,403	-43,036	14,047,367
39	3900 DELIVERY ROOM & LABOR ROOM				569,467	569,467
40	4000 ANESTHESIOLOGY	15,013	990,890	1,005,903		1,005,903
41	4100 RADIOLOGY-DIAGNOSTIC	2,221,593	1,408,250	3,629,843	-2,917	3,626,926
44	4400 LABORATORY	1,414,885	3,133,704	4,548,589		4,548,589
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS					
48	4800 INTRAVENOUS THERAPY	203,194	32,553	235,747		235,747
49	4900 RESPIRATORY THERAPY	824,782	245,760	1,070,542	-729	1,069,813
50	5000 PHYSICAL THERAPY	690,635	106,681	797,316		797,316
51	5100 OCCUPATIONAL THERAPY	359,536	7,833	367,369		367,369
52	5200 SPEECH PATHOLOGY	191,499	12,693	204,192		204,192
53	5300 ELECTROCARDIOLOGY	661,134	613,585	1,274,719		1,274,719
53.01	3120 CATH LAB	585,547	3,216,432	3,801,979	-26,259	3,775,720
54.01	5401 NEUROLOGY	33,734	13,631	47,365		47,365
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	163,433	300,628	464,061	-439,514	24,547
56	5600 DRUGS CHARGED TO PATIENTS	1,298,702	4,868,666	6,167,368		6,167,368
59	3950 ACUTE DIALYSIS		559,274	559,274		559,274
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	65,693	669	66,362		66,362
60.05	6003 OUTPATIENT PSYCHIATRIC SERVICES					
61	6100 EMERGENCY	2,133,273	941,146	3,074,419		3,074,419
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310 RURAL HEALTH CLINIC					
63.60	6320 FQHC					
	OTHER REIMBURS COST CNTRS					
69.10	6910 CMHC					
69.20	6920 OUTPATIENT PHYSICAL THERAPY					
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY					
69.40	6940 OUTPATIENT SPEECH PATHOLOGY					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
85.01	8510 PANCREAS ACQUISITION					
85.02	8520 INTESTINAL ACQUISITION					
85.03	8530 ISLET CELL ACQUISITION					
90	9000 OTHER CAPITAL RELATED COSTS		91,277	91,277	-91,277	
95	SUBTOTALS	37,269,937	73,013,668	110,283,605	197,125	110,480,730
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	81,441	1,323,168	1,404,609		1,404,609
100	7950 CHILD CARE	329,501	27,800	357,301	-197,125	160,176
101	TOTAL	37,680,879	74,364,636	112,045,515	-0-	112,045,515

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/18/2010
I 14-0046 I FROM 1/ 1/2009 I WORKSHEET A
I I TO 12/31/2009 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	-862,149	1,366,623
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	379,833	4,065,614
5 0500	EMPLOYEE BENEFITS	-4,162,901	10,203,977
6.04 0640	ADMINISTRATIVE		954,646
6.05 0650	CASHIERING/ACCOUNTS RECEIVABLE		1,093,473
6.06 0660	ADMINISTRATIVE & GENERAL	-9,759,448	15,107,524
7 0700	MAINTENANCE & REPAIRS	-102,913	1,204,735
7.01 0701	BIOMEDICAL SERVICES		567,960
8 0800	OPERATION OF PLANT		1,943,465
9 0900	LAUNDRY & LINEN SERVICE	-6,200	552,257
10 1000	HOUSEKEEPING	-681	886,842
11 1100	DIETARY	-39	629,812
12 1200	CAFETERIA	-353,764	674,125
13 1300	MAINTENANCE OF PERSONNEL		
14 1400	NURSING ADMINISTRATION	-2,569	691,204
15 1500	CENTRAL SERVICES & SUPPLY		
16 1600	PHARMACY		
17 1700	MEDICAL RECORDS & LIBRARY	-812	1,088,887
18 1800	SOCIAL SERVICE	-10	318,120
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		
24 2400	PARAMEDICAL PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-50,555	8,920,454
26 2600	INTENSIVE CARE UNIT	-19,507	2,196,801
31 3100	SUBPROVIDER I	-1,367	853,712
33 3300	NURSERY		754,954
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-738	14,046,629
39 3900	DELIVERY ROOM & LABOR ROOM		569,467
40 4000	ANESTHESIOLOGY	-594,284	411,619
41 4100	RADIOLOGY-DIAGNOSTIC	-41,234	3,585,692
44 4400	LABORATORY	-7,197	4,541,392
46.30 4650	BLOOD CLOTTING FACTORS ADMIN COSTS		
48 4800	INTRAVENOUS THERAPY		235,747
49 4900	RESPIRATORY THERAPY	-17,162	1,052,651
50 5000	PHYSICAL THERAPY	-7,792	789,524
51 5100	OCCUPATIONAL THERAPY	-60	367,309
52 5200	SPEECH PATHOLOGY	-150	204,042
53 5300	ELECTROCARDIOLOGY	-516,246	758,473
53.01 3120	CATH LAB	-11,000	3,764,720
54.01 5401	NEUROLOGY	-5,549	41,816
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	-24,547	
56 5600	DRUGS CHARGED TO PATIENTS	-940	6,166,428
59 3950	ACUTE DIALYSIS		559,274
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		66,362
60.05 6003	OUTPATIENT PSYCHIATRIC SERVICES		
61 6100	EMERGENCY	-652,060	2,422,359
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63.50 6310	RURAL HEALTH CLINIC		
63.60 6320	FQHC		
	OTHER REIMBURS COST CNTRS		
69.10 6910	CMHC		
69.20 6920	OUTPATIENT PHYSICAL THERAPY		
69.30 6930	OUTPATIENT OCCUPATIONAL THERAPY		
69.40 6940	OUTPATIENT SPEECH PATHOLOGY		
71 7100	HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
85.01 8510	PANCREAS ACQUISITION		
85.02 8520	INTESTINAL ACQUISITION		
85.03 8530	ISLET CELL ACQUISITION		
90 9000	OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-16,822,041	93,658,689
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98 9800	PHYSICIANS' PRIVATE OFFICES		1,404,609
100 7950	CHILD CARE		160,176
101	TOTAL	-16,822,041	95,223,474

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0046
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/18/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
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	
6.04	ADMINISTRATION	0640	ADMINISTRATION
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	ADMINISTRATIVE & GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
7.01	BIO MEDICAL SERVICES	0701	MAINTENANCE & REPAIRS
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMEDICAL PRGM-(SPECIFY)	2400	
	INPAT ROUTINE SRVC		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER I	3100	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
46.30	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	BLOOD CLOTTING FOR HEMOPHILIACS
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CATH LAB	3120	CARDIAC CATHETERIZATION LABORATORY
54.01	NEUROLOGY	5401	ELECTROENCEPHALOGRAPHY
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	ACUTE DIALYSIS	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.05	OUTPATIENT PSYCHIATRIC SERVICES	6003	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RURAL HEALTH CLINIC	6310	RURAL HEALTH CLINIC #####
63.60	FQHC	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	OTHER REIMBURS COST		
69.10	CMHC	6910	CMHC #####
69.20	OUTPATIENT PHYSICAL THERAPY	6920	OPT #####
69.30	OUTPATIENT OCCUPATIONAL THERAPY	6930	OOT #####
69.40	OUTPATIENT SPEECH PATHOLOGY	6940	OSP #####
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
85.01	PANCREAS ACQUISITION	8510	
85.02	INTESTINAL ACQUISITION	8520	
85.03	ISLET CELL ACQUISITION	8530	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GI FT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	CHILD CARE	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 OBSTETRICS UNIT COST	A	NURSERY	33	622,192	130,484
2		DELIVERY ROOM & LABOR ROOM	39	470,744	98,723
3 PLANT OPERATIONS	B	OPERATION OF PLANT	8	366,710	1,576,755
4 MATERIALS MANAGEMENT	C	ADMINISTRATIVE & GENERAL	6.06	86,384	
5		OPERATING ROOM	37	39,703	
6		RADIOLOGY-DIAGNOSTIC	41	2,692	
7		RESPIRATORY THERAPY	49	673	
8		CATH LAB	53.01	24,226	
9		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		140,235
10 INTEREST EXPENSE	D	NEW CAP REL COSTS-BLDG & FIXT	3		39
11		NEW CAP REL COSTS-MVBLE EQUIP	4		42
12 SHARED DIETARY COST	E	CAFETERIA	12	576,049	451,840
13 MAILROOM COST	F	ADMINISTRATIVE & GENERAL	6.06	9,755	770
14 CHILD CARE DIETARY	G	DIETARY	11		18,627
15 EMPLOYEE CHILD CARE	H	ADMINISTRATIVE & GENERAL	6.06	175,225	3,273
16 IV PUMP EXPENSE	I	ADULTS & PEDIATRICS	25		168,531
17		INTENSIVE CARE UNIT	26		56,936
18		NURSERY	33		2,278
19 INVENTORY COST	J	ADMINISTRATIVE & GENERAL	6.06		187,801
20 DOCUMENT SHREDDING COST	K	ADMINISTRATIVE & GENERAL	6.06		97,070
21 BIOMEDICAL SERVICES	L	BIOMEDICAL SERVICES	7.01		567,960
36 TOTAL RECLASSIFICATIONS				2,374,353	3,501,364

(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

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF 10
			LINE NO				
1 OBSTETRICS UNIT COST	A	ADULTS & PEDIATRICS	25		1,092,936	229,207	
2							
3 PLANT OPERATIONS	B	MAINTENANCE & REPAIRS	7		366,710	1,576,755	
4 MATERIALS MANAGEMENT	C	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		153,678		
5		OPERATING ROOM	37			82,739	
6		RADIOLOGY-DIAGNOSTIC	41			5,609	
7		RESPIRATORY THERAPY	49			1,402	
8		CATH LAB	53.01			50,485	
9							
10 INTEREST EXPENSE	D	ADMINISTRATIVE & GENERAL	6.06			81	11
11							11
12 SHARED DIETARY COST	E	DIETARY	11		576,049	451,840	
13 MAILROOM COST	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		9,755	770	
14 CHILD CARE DIETARY	G	CHILD CARE	100			18,627	
15 EMPLOYEE CHILD CARE	H	CHILD CARE	100		175,225	3,273	
16 IV PUMP EXPENSE	I	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			227,745	
17							
18							
19 INVENTORY COST	J	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			187,801	
20 DOCUMENT SHREDDING COST	K	HOUSEKEEPING	10			97,070	
21 BIOMEDICAL SERVICES	L	MAINTENANCE & REPAIRS	7			567,960	
36 TOTAL RECLASSIFICATIONS					2,374,353	3,501,364	

(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:
140046

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

PREPARED 5/18/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : OBSTETRICS UNIT COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	752,676	ADULTS & PEDIATRICS	25	1,322,143	
2.00	DELIVERY ROOM & LABOR ROOM	39	569,467			0	
TOTAL RECLASSIFICATIONS FOR CODE A			1,322,143				1,322,143

RECLASS CODE: B
EXPLANATION : PLANT OPERATIONS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	1,943,465	MAINTENANCE & REPAIRS	7	1,943,465	
TOTAL RECLASSIFICATIONS FOR CODE B			1,943,465				1,943,465

RECLASS CODE: C
EXPLANATION : MATERIALS MANAGEMENT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6.06	86,384	MEDICAL SUPPLIES CHARGED TO PA	55	153,678	
2.00	OPERATING ROOM	37	39,703	OPERATING ROOM	37	82,739	
3.00	RADIOLOGY-DIAGNOSTIC	41	2,692	RADIOLOGY-DIAGNOSTIC	41	5,609	
4.00	RESPIRATORY THERAPY	49	673	RESPIRATORY THERAPY	49	1,402	
5.00	CATH LAB	53.01	24,226	CATH LAB	53.01	50,485	
6.00	MEDICAL SUPPLIES CHARGED TO PA	55	140,235			0	
TOTAL RECLASSIFICATIONS FOR CODE C			293,913				293,913

RECLASS CODE: D
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	39	ADMINISTRATIVE & GENERAL	6.06	81	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	42			0	
TOTAL RECLASSIFICATIONS FOR CODE D			81				81

RECLASS CODE: E
EXPLANATION : SHARED DIETARY COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,027,889	DIETARY	11	1,027,889	
TOTAL RECLASSIFICATIONS FOR CODE E			1,027,889				1,027,889

RECLASS CODE: F
EXPLANATION : MAILROOM COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6.06	10,525	MEDICAL SUPPLIES CHARGED TO PA	55	10,525	
TOTAL RECLASSIFICATIONS FOR CODE F			10,525				10,525

RECLASS CODE: G
EXPLANATION : CHILD CARE DIETARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DIETARY	11	18,627	CHILD CARE	100	18,627	
TOTAL RECLASSIFICATIONS FOR CODE G			18,627				18,627

RECLASS CODE: H
EXPLANATION : EMPLOYEE CHILD CARE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6.06	178,498	CHILD CARE	100	178,498	
TOTAL RECLASSIFICATIONS FOR CODE H			178,498				178,498

RECLASS CODE: I
EXPLANATION : IV PUMP EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	168,531	MEDICAL SUPPLIES CHARGED TO PA	55	227,745	

RECLASSIFICATIONS

PROVIDER NO:
140046

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

PREPARED 5/18/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION : IV PUMP EXPENSE

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
2.00	INTENSIVE CARE UNIT	56,936	26		0
3.00	NURSERY	2,278	33		0
TOTAL RECLASSIFICATIONS FOR CODE I		227,745			227,745

RECLASS CODE: J
EXPLANATION : INVENTORY COST

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	187,801	6.06	MEDICAL SUPPLIES CHARGED TO PA	187,801
TOTAL RECLASSIFICATIONS FOR CODE J		187,801			187,801

RECLASS CODE: K
EXPLANATION : DOCUMENT SHREDDING COST

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	97,070	6.06	HOUSEKEEPING	97,070
TOTAL RECLASSIFICATIONS FOR CODE K		97,070			97,070

RECLASS CODE: L
EXPLANATION : BIOMEDICAL SERVICES

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	BIOMEDICAL SERVICES	567,960	7.01	MAINTENANCE & REPAIRS	567,960
TOTAL RECLASSIFICATIONS FOR CODE L		567,960			567,960

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	864,622					864,622	
2 LAND IMPROVEMENTS	1,481,491				963	1,480,528	
3 BUILDINGS & FIXTURE	16,759,177	66,058		66,058	4,464	16,820,771	
4 BUILDING IMPROVEMENT	369,560	5,258		5,258	980	373,838	
5 FIXED EQUIPMENT	15,483,888	1,645,933		1,645,933	2,083,835	15,045,986	
6 MOVABLE EQUIPMENT	51,286,790	991,033		991,033	4,266,768	48,011,055	
7 SUBTOTAL	86,245,528	2,708,282		2,708,282	6,357,010	82,596,800	
8 RECONCILING ITEMS							
9 TOTAL	86,245,528	2,708,282		2,708,282	6,357,010	82,596,800	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED GROSS ASSETS	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
* 1	DESCRIPTION	1	LEASES 2	FOR RATIO 3	5	6	7	8
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	35,450,367		35,450,367	.424752		38,770	38,770
4	NEW CAP REL COSTS-MV	48,011,055		48,011,055	.575248		52,507	52,507
5	TOTAL	83,461,422		83,461,422	1.000000		91,277	91,277

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
* 1	DESCRIPTION	9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	1,327,772		81			38,770	1,366,623
4	NEW CAP REL COSTS-MV	4,013,026		81			52,507	4,065,614
5	TOTAL	5,340,798		162			91,277	5,432,237

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
* 1	DESCRIPTION	9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	2,189,963						2,189,963
4	NEW CAP REL COSTS-MV	3,633,232						3,633,232
5	TOTAL	5,823,195						5,823,195

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

ADJUSTMENTS TO EXPENSES

DESCR I PT I ON (1)	(2) BAS I S / CODE 1	AMOUNT 2	EXPENSE CLASS I F I C A T I O N ON WORKSHEET A TO / FROM WH I C H THE AMOUNT I S TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
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	A	42	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	A	39	NEW CAP REL COSTS-MVBLE E	4	11
5 INVESTMENT INCOME-OTHER	A	60	ADMINISTRATIVE & GENERAL	6.06	
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-24,547	MEDICAL SUPPLIES CHARGED	55	
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	-2,013,036			
13 SALE OF SCRAP, WASTE, ETC.	B	-23,645	RADIOLOGY-DIAGNOSTIC	41	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-3,836,297			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-347,485	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-940	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-812	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-6,279	CAFETERIA	12	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES	B	-963,870	NEW CAP REL COSTS-BLDG &	3	9
32 DEPRECIATION-NEW MOVABLE EQUIP	B	-358,622	NEW CAP REL COSTS-MVBLE E	4	9
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	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 EDUCATION FEES	B	-108	EMPLOYEE BENEFITS	5	
38 TELEPHONE COMMISSIONS	B	-57	ADMINISTRATIVE & GENERAL	6.06	
39 MANGEMENT FEES	B	-53,918	ADMINISTRATIVE & GENERAL	6.06	
40 RENTAL INCOME	B	-1,000	ADMINISTRATIVE & GENERAL	6.06	
41 MISC. REVENUE	B	-35,135	ADMINISTRATIVE & GENERAL	6.06	
42 RENT REVENUE	B	-96,070	MAINTENANCE & REPAIRS	7	
43 MAINTENANCE REVENUE	B	-6,268	MAINTENANCE & REPAIRS	7	
44 LAUNDRY REVENUE	B	-6,200	LAUNDRY & LINEN SERVICE	9	
45 VENDING COMMISSIONS	B	-186	HOUSEKEEPING	10	
46 BABY PICTURE REVENUE	B	-681	ADULTS & PEDIATRICS	25	
47 CLASS REVENUE	B	-2,538	ADULTS & PEDIATRICS	25	
48 CARDIAC EXERCISE	B	-10,505	ELECTROCARDIOLOGY	53	
49 MANAGEMENT FEE	B	-11,000	CATH LAB	53.01	
49.01 ASTHMA STUDY	B	-1,100	EMERGENCY	61	
49.02 EXCESS PENSION EXPENSE	A	-5,115	EMPLOYEE BENEFITS	5	
49.03 RENTAL INCOME	B	-9,944	ADMINISTRATIVE & GENERAL	6.06	
49.04 PATIENT TELEPHONE COST	A	-33,753	ADMINISTRATIVE & GENERAL	6.06	
49.05 PATIENT TELEPHONE DEPRECIATION	A	-7,067	NEW CAP REL COSTS-MVBLE E	4	9
49.06 EMPLOYEE CHILD CARE	A	-205,491	ADMINISTRATIVE & GENERAL	6.06	
49.07 REAL ESTATE TAXES	A	-48	ADMINISTRATIVE & GENERAL	6.06	
49.08 ADVERTISING	A	-228,505	ADMINISTRATIVE & GENERAL	6.06	
49.09 PHYSICIAN RECRUITMENT	A	-558,215	ADMINISTRATIVE & GENERAL	6.06	
49.10 GOODWILL AMORTIZATION	A	-161,016	NEW CAP REL COSTS-MVBLE E	4	9
49.11 AHA LOBBING PORTION OF DUES	A	-4,228	ADMINISTRATIVE & GENERAL	6.06	
49.12 IHA LOBBING PORTION OF DUES	A	-27,611	ADMINISTRATIVE & GENERAL	6.06	
49.13 GIFTS & ENTERTAINMENT	A	-25,958	EMPLOYEE BENEFITS	5	
49.14 GIFTS & ENTERTAINMENT	A	-249,727	ADMINISTRATIVE & GENERAL	6.06	
49.15 GIFTS & ENTERTAINMENT	A	-575	MAINTENANCE & REPAIRS	7	
49.16 GIFTS & ENTERTAINMENT	A	-495	HOUSEKEEPING	10	
49.17 GIFTS & ENTERTAINMENT	A	-39	DIETARY	11	
49.18 GIFTS & ENTERTAINMENT	A	-2,569	NURSING ADMINISTRATIVE	14	
49.19 GIFTS & ENTERTAINMENT	A	-10	SOCIAL SERVICE	18	
49.20 GIFTS & ENTERTAINMENT	A	-211	ADULTS & PEDIATRICS	25	
49.21 GIFTS & ENTERTAINMENT	A	-201	INTENSIVE CARE UNIT	26	
49.22 GIFTS & ENTERTAINMENT	A	-1,367	SUBPROVIDER I	31	
49.23 GIFTS & ENTERTAINMENT	A	-738	OPERATING ROOM	37	
49.24 GIFTS & ENTERTAINMENT	A	-375	RADIOLOGY-DIAGNOSTIC	41	
49.25 GIFTS & ENTERTAINMENT	A	-7,197	LABORATORY	44	
49.26 GIFTS & ENTERTAINMENT	A	-1,240	PHYSICAL THERAPY	50	
49.27 GIFTS & ENTERTAINMENT	A	-60	OCCUPATIONAL THERAPY	51	
49.28 GIFTS & ENTERTAINMENT	A	-150	SPEECH PATHOLOGY	52	
49.29 GIFTS & ENTERTAINMENT	A	-248	ELECTROCARDIOLOGY	53	
49.30 GIFTS & ENTERTAINMENT	A	-392	EMERGENCY	61	
49.31 BAD DEBTS	A	-7,489,338	ADMINISTRATIVE & GENERAL	6.06	
50 TOTAL (SUM OF LINES 1 THRU 49)		-16,822,041			

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON			WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	COST CENTER 3	LINE NO 4	
50 TOTAL (SUM OF LINES 1 THRU 49)		-16,822,041				

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	6	ADMINISTRATIVE & GENERAL	CORPORATE FEES	1,261,468	1,420,608	-159,140	
2	6	ADMINISTRATIVE & GENERAL	DATA PROCESSING	4,388,381	4,941,996	-553,615	
3	3	NEW CAP REL COSTS-BLDG &	DEPRECIATION	101,679		101,679	9
4	4	NEW CAP REL COSTS-MVBLE E	DEPRECIATION	906,499		906,499	9
4.01	5	EMPLOYEE BENEFITS	FLEX BENEFITS	4,901,118	9,032,838	-4,131,720	
5		TOTALS		11,559,145	15,395,442	-3,836,297	

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

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

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

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

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

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQ FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6.04	ADMITTING	6	ADMITTING CHARGES	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	7	GROSS REVENUE	ENTERED
6.06	ADMINISTRATIVE & GENERAL	-8	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	9	TIME SPENT	ENTERED
7.01	BIOMEDICAL SERVICES	10	TIME SPENT	ENTERED
8	OPERATION OF PLANT	11	SQ FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	12	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	13	HOURS OF SERVICE	ENTERED
11	DIETARY	14	MEALS SERVED	ENTERED
12	CAFETERIA	15	FTES SERVED	ENTERED
13	MAINTENANCE OF PERSONNEL	16	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	17	HOURS OF SERVICE	ENTERED
15	CENTRAL SERVICES & SUPPLY	18	COSTED REQUIS.	NOT ENTERED
16	PHARMACY	19	COSTED REQUIS.	NOT ENTERED
17	MEDICAL RECORDS & LIBRARY	20	GROSS REVENUE	ENTERED
18	SOCIAL SERVICE	21	TIME SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	22	COSTED REQUIS	NOT ENTERED
21	NURSING SCHOOL	23	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	24	ASSIGNED TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	25	ASSIGNED TIME	NOT ENTERED
24	PARAMED ED PRGM-(SPECIFY)	26	ASSIGNED TIME	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	ADMITTING 6.04
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	1,366,623			1,366,623			
005 NEW CAP REL COSTS-MVBLE E	4,065,614				4,065,614		
006 EMPLOYEE BENEFITS	10,203,977			34,587	6,637	10,245,201	
006 04 ADMITTING	954,646			7,711	1,680	245,196	1,209,233
006 05 CASHIERING/ACCOUNTS RECEI	1,093,473			56,058	6,614	200,766	
006 06 ADMINISTRATIVE & GENERAL	15,107,524			360,196	345,215	1,074,975	
007 MAINTENANCE & REPAIRS	1,204,735			116,791		122,468	
007 01 BIOMEDICAL SERVICES	567,960						
008 OPERATION OF PLANT	1,943,465				497,338	103,113	
009 LAUNDRY & LINEN SERVICE	552,257			5,483		19,288	
010 HOUSEKEEPING	886,842			5,232	6,492	195,785	
011 DIETARY	629,812			17,161	8,673	111,592	163
012 CAFETERIA	674,125			36,531	24,232	161,976	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	691,204			9,152	80,091	189,556	
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	1,088,887			19,826	16,805	230,391	
018 SOCIAL SERVICE	318,120			1,205	1,866	87,099	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	8,920,454			199,125	128,424	2,167,495	58,714
026 INTENSIVE CARE UNIT	2,196,801			31,778	55,256	496,196	13,514
031 SUBPROVIDER I	853,712			35,456	5,290	214,855	4,359
033 NURSERY	754,954			4,404		174,950	3,052
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	14,046,629			120,474	682,312	1,291,375	259,439
039 DELIVERY ROOM & LABOR ROO	569,467			8,339		132,366	21,863
040 ANESTHESIOLOGY	411,619			4,241	78,966		32,459
041 RADIOLOGY-DIAGNOSTIC	3,585,692			63,653	757,875	616,857	279,769
044 LABORATORY	4,541,392			29,359	163,174	397,843	146,124
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	235,747			7,864	3,537	57,135	5,310
049 RESPIRATORY THERAPY	1,052,651			9,799	95,411	232,105	14,482
050 PHYSICAL THERAPY	789,524			18,482	7,986	191,878	12,299
051 OCCUPATIONAL THERAPY	367,309			7,715		101,096	6,240
052 SPEECH PATHOLOGY	204,042			3,404	2,513	53,846	1,607
053 ELECTROCARDIOLOGY	758,473			18,096	128,714	168,808	37,106
053 01 CATH LAB	3,764,720			22,723	501,147	171,458	97,351
054 01 NEUROLOGY	41,816				3,923	9,485	917
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	6,166,428			9,250	88,681	365,174	146,575
059 ACUTE DIALYSIS	559,274			5,623			2,452
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	66,362			819		18,472	191
060 05 OUTPATIENT PSYCHIATRIC SE							
061 EMERGENCY	2,422,359			23,704	52,771	589,361	65,029
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	93,658,689			1,294,241	3,751,623	10,192,960	1,209,015
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				3,037			
098 PHYSICIANS' PRIVATE OFFIC	1,404,609			37,140	313,803	8,861	218
100 CHILD CARE	160,176			32,205	188	43,380	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	95,223,474			1,366,623	4,065,614	10,245,201	1,209,233

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	BIOMEDICAL SERVICES	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.05	6a.05	6.06	7	7.01	8	9
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 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS RECEI	1,356,911						
006 06 ADMINISTRATIVE & GENERAL		16,887,910	16,887,910				
007 MAINTENANCE & REPAIRS		1,443,994	311,302	1,755,296			
007 01 BIOMEDICAL SERVICES		567,960	122,443		690,403		
008 OPERATION OF PLANT		2,543,916	548,428	1,046,855		4,139,199	
009 LAUNDRY & LINEN SERVICE		577,028	124,398	440		28,682	730,548
010 HOUSEKEEPING		1,094,351	235,925	13,385		27,368	2,191
011 DIETARY	182	767,583	165,479	19,197		89,768	934
012 CAFETERIA		896,864	193,350	40,860		191,092	1,989
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		970,003	209,117	1,057	10,272	47,876	
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY		1,355,909	292,312	4,051		103,708	
018 SOCIAL SERVICE		408,290	88,021	2,025		6,301	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	65,844	11,540,056	2,487,851	214,514	76,398	1,041,632	414,220
026 INTENSIVE CARE UNIT	15,155	2,808,700	605,511	19,637	18,233	166,230	60,636
031 SUBPROVIDER I	4,888	1,118,560	241,144	21,751	1,798	185,473	62,097
033 NURSERY	3,422	940,782	202,818			23,038	21,917
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	290,944	16,691,173	3,598,363	91,670	166,534	630,203	61,366
039 DELIVERY ROOM & LABOR ROO	24,518	756,553	163,101			43,619	
040 ANESTHESIOLOGY	36,400	563,685	121,521		42,500	22,187	
041 RADIOLOGY-DIAGNOSTIC	314,821	5,618,667	1,211,295	24,569	186,051	332,970	22,282
044 LABORATORY	163,869	5,441,761	1,173,157	30,293	17,719	153,579	
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	5,955	315,548	68,027			41,138	
049 RESPIRATORY THERAPY	16,241	1,420,689	306,278	5,636	17,334	51,258	24,108
050 PHYSICAL THERAPY	13,793	1,033,962	222,906	4,491	5,136	96,677	11,689
051 OCCUPATIONAL THERAPY	6,998	489,358	105,498	3,875	1,027	40,359	
052 SPEECH PATHOLOGY	1,802	267,214	57,607	5,724	770	17,808	
053 ELECTROCARDIOLOGY	41,612	1,152,809	248,527	7,749	29,917	94,658	2,191
053 01 CATH LAB	109,173	4,666,572	1,006,038	15,146	77,938	118,864	18,994
054 01 NEUROLOGY	1,029	57,170	12,325	528	3,210		3,288
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	164,375	6,940,483	1,496,257	7,485		48,387	
059 ACUTE DIALYSIS	2,749	570,098	122,904		385	29,412	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	215	86,059	18,553			4,282	
060 05 OUTPATIENT PSYCHIATRIC SE							
061 EMERGENCY	72,926	3,226,150	695,506	26,770	12,198	123,997	20,455
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	1,356,911	93,219,857	16,455,962	1,607,708	667,420	3,760,566	728,357
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		3,037	655			15,886	
098 PHYSICIANS' PRIVATE OFFIC		1,764,631	380,426	138,254	22,983	194,279	
100 CHILD CARE		235,949	50,867	9,334		168,468	2,191
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,356,911	95,223,474	16,887,910	1,755,296	690,403	4,139,199	730,548

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	10	11	12	13	14	15	16
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 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 BIOMEDICAL SERVICES							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	1,373,220						
011 DIETARY	11,008	1,053,969					
012 CAFETERIA	23,442		1,347,597				
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	883		25,302		1,264,510		
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	5,300		55,846				
018 SOCIAL SERVICE			16,184				
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	504,372	705,008	375,422		572,944		
026 INTENSIVE CARE UNIT	98,932	52,394	67,927		103,665		
031 SUBPROVIDER I	32,683	49,131	33,963		51,833		
033 NURSERY			24,618		37,570		
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	143,947	40,223	222,928		340,217		
039 DELIVERY ROOM & LABOR ROO			18,691		28,525		
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	57,586		106,449				
044 LABORATORY	49,466		87,302				
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY			7,522				
049 RESPIRATORY THERAPY	2,684		46,728				
050 PHYSICAL THERAPY	26,500		35,787				
051 OCCUPATIONAL THERAPY	26,500		13,449				
052 SPEECH PATHOLOGY			7,522				
053 ELECTROCARDIOLOGY	30,033		31,684				
053 01 CATH LAB	28,096	7,168	27,125				
054 01 NEUROLOGY	883		2,051				
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	24,733		41,486				
059 ACUTE DIALYSIS	12,366						
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 05 OUTPATIENT PSYCHIATRIC SE							
061 EMERGENCY	242,573	7,294	85,023		129,756		
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	1,321,987	861,218	1,333,009		1,264,510		
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	24,733						
100 PHYSICIANS' PRIVATE OFFIC	26,500	192,751	14,588				
101 CHILD CARE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,373,220	1,053,969	1,347,597		1,264,510		

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	17	18	20	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 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 BIOMEDICAL SERVICES							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	1,817,126						
018 SOCIAL SERVICE		520,821					
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	88,275	374,991					
026 INTENSIVE CARE UNIT	20,317	20,833					
031 SUBPROVIDER I	6,553						
033 NURSERY	4,588						
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	390,059						
039 DELIVERY ROOM & LABOR ROO	32,870						
040 ANESTHESIOLOGY	48,801						
041 RADIOLOGY-DIAGNOSTIC	420,279						
044 LABORATORY	219,693						
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	7,984						
049 RESPIRATORY THERAPY	21,773						
050 PHYSICAL THERAPY	18,491						
051 OCCUPATIONAL THERAPY	9,381						
052 SPEECH PATHOLOGY	2,416						
053 ELECTROCARDIOLOGY	55,788						
053 01 CATH LAB	146,365						
054 01 NEUROLOGY	1,379						
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	220,371						
059 ACUTE DIALYSIS	3,686						
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	288						
060 05 OUTPATIENT PSYCHIATRIC SE							
061 EMERGENCY	97,769	124,997					
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	1,817,126	520,821					
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
100 PHYSICIANS' PRIVATE OFFIC							
101 CHILD CARE							
102 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,817,126	520,821					

COST CENTER DESCRIPTION	SUBTOTAL	I & R COST POST STEP-DOWN ADJ	TOTAL
	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 04 ADMINITTING			
006 05 CASHIERING/ACCOUNTS RECEI			
006 06 ADMINISTRATIVE & GENERAL			
007 MAINTENANCE & REPAIRS			
007 01 BIOMEDICAL SERVICES			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
013 MAINTENANCE OF PERSONNEL			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
020 NONPHYSICIAN ANESTHETISTS			
021 NURSING SCHOOL			
022 I&R SERVICES-SALARY & FRI			
023 I&R SERVICES-OTHER PRGM C			
024 PARAMED ED PRGM-(SPECIFY)			
025 INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	18,395,683		18,395,683
026 INTENSIVE CARE UNIT	4,043,015		4,043,015
031 SUBPROVIDER I	1,804,986		1,804,986
033 NURSERY	1,255,331		1,255,331
037 ANCILLARY SRVC COST CNTRS			
037 OPERATING ROOM	22,376,683		22,376,683
039 DELIVERY ROOM & LABOR ROO	1,043,359		1,043,359
040 ANESTHESIOLOGY	798,694		798,694
041 RADIOLOGY-DIAGNOSTIC	7,980,148		7,980,148
044 LABORATORY	7,172,970		7,172,970
046 30 BLOOD CLOTTING FACTORS AD			
048 INTRAVENOUS THERAPY	440,219		440,219
049 RESPIRATORY THERAPY	1,896,488		1,896,488
050 PHYSICAL THERAPY	1,455,639		1,455,639
051 OCCUPATIONAL THERAPY	689,447		689,447
052 SPEECH PATHOLOGY	359,061		359,061
053 ELECTROCARDIOLOGY	1,653,356		1,653,356
053 01 CATH LAB	6,112,306		6,112,306
054 01 NEUROLOGY	80,834		80,834
055 MEDICAL SUPPLIES CHARGED			
056 DRUGS CHARGED TO PATIENTS	8,779,202		8,779,202
059 ACUTE DIALYSIS	738,851		738,851
060 OUTPAT SERVICE COST CNTRS			
060 CLINIC	109,182		109,182
060 05 OUTPATIENT PSYCHIATRIC SE			
061 EMERGENCY	4,792,488		4,792,488
062 OBSERVATION BEDS (NON-DIS			
063 50 RURAL HEALTH CLINIC			
063 60 FOHC			
069 OTHER REIMBURS COST CNTRS			
069 10 CMHC			
069 20 OUTPATIENT PHYSICAL THERA			
069 30 OUTPATIENT OCCUPATIONAL T			
069 40 OUTPATIENT SPEECH PATHOLO			
071 HOME HEALTH AGENCY			
085 SPEC PURPOSE COST CENTERS			
085 01 PANCREAS ACQUISITION			
085 02 INTESTINAL ACQUISITION			
085 03 ISLET CELL ACQUISITION			
095 SUBTOTALS	91,977,942		91,977,942
096 NONREIMBURS COST CENTERS			
096 GIFT, FLOWER, COFFEE SHOP	19,578		19,578
098 PHYSICIANS' PRIVATE OFFIC	2,525,306		2,525,306
100 CHILD CARE	700,648		700,648
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 TOTAL	95,223,474		95,223,474

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0046
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/18/2010
 WORKSHEET B
 PART III

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 &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	63			34,587	6,637	41,287	41,287
006 04 ADMINITTING	63			7,711	1,680	9,454	988
006 05 CASHIERING/ACCOUNTS RECEI	21			56,058	6,614	62,693	809
006 06 ADMINISTRATIVE & GENERAL	6,247			360,196	345,215	711,658	4,331
007 MAINTENANCE & REPAIRS				116,791		116,791	493
007 01 BIOMEDICAL SERVICES							
008 OPERATION OF PLANT	59,829				497,338	557,167	415
009 LAUNDRY & LINEN SERVICE				5,483		5,483	78
010 HOUSEKEEPING				5,232	6,492	11,724	789
011 DIETARY	472			17,161	8,673	26,306	450
012 CAFETERIA	1,006			36,531	24,232	61,769	653
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	48			9,152	80,091	89,291	764
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	90			19,826	16,805	36,721	928
018 SOCIAL SERVICE				1,205	1,866	3,071	351
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS	226,840			199,125	128,424	554,389	8,741
026 ADULTS & PEDIATRICS	113,968			31,778	55,256	201,002	1,999
031 INTENSIVE CARE UNIT				35,456	5,290	40,746	866
033 SUBPROVIDER I				4,404		6,682	705
037 NURSERY	2,278						
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	175,125			120,474	682,312	977,911	5,203
040 DELIVERY ROOM & LABOR ROO				8,339		8,339	533
040 ANESTHESIOLOGY	3,488			4,241	78,966	86,695	
041 RADIOLOGY-DIAGNOSTIC	25,110			63,653	757,875	846,638	2,486
044 LABORATORY	164			29,359	163,174	192,697	1,603
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY				7,864	3,537	11,401	230
049 RESPIRATORY THERAPY	3,255			9,799	95,411	108,465	935
050 PHYSICAL THERAPY	1,247			18,482	7,986	27,715	773
051 OCCUPATIONAL THERAPY				7,715		7,715	407
052 SPEECH PATHOLOGY				3,404	2,513	5,917	217
053 ELECTROCARDIOLOGY				18,096	128,714	146,810	680
053 01 CATH LAB	9,396			22,723	501,147	533,266	691
054 01 NEUROLOGY					3,923	3,923	38
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS				9,250	88,681	97,931	1,471
059 ACUTE DIALYSIS				5,623		5,623	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC				819		819	74
060 05 OUTPATIENT PSYCHIATRIC SE							
061 EMERGENCY	42			23,704	52,771	76,517	2,375
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	628,752			1,294,241	3,751,623	5,674,616	41,076
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				3,037		3,037	
098 PHYSICIANS' PRIVATE OFFIC	566,324			37,140	313,803	917,267	36
100 CHILD CARE				32,205	188	32,393	175
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,195,076			1,366,623	4,065,614	6,627,313	41,287

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMITTING	CASHIERING/AC COUNTS RECEI	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	BIOMEDICAL SERVICES	SE OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.04	6.05	6.06	7	7.01	8	9
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 04 ADMITTING	10,442						
006 05 CASHIERING/ACCOUNTS RECEI		63,502					
006 06 ADMINISTRATIVE & GENERAL			715,989				
007 MAINTENANCE & REPAIRS			13,198	130,482			
007 01 BIOMEDICAL SERVICES			5,191		5,191		
008 OPERATION OF PLANT			23,251	77,820		658,653	
009 LAUNDRY & LINEN SERVICE			5,274	33		4,564	15,432
010 HOUSEKEEPING			10,002	995		4,355	46
011 DIETARY	1	9	7,016	1,427		14,284	20
012 CAFETERIA			8,197	3,037		30,408	42
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION			8,866	79	77	7,618	
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY			12,393	301		16,503	
018 SOCIAL SERVICE			3,732	151		1,003	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	506	3,080	105,476	15,946	574	165,751	8,751
026 INTENSIVE CARE UNIT	117	709	25,672	1,460	137	26,451	1,281
031 SUBPROVIDER I	38	229	10,224	1,617	14	29,513	1,312
033 NURSERY	26	160	8,599			3,666	463
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,237	13,609	152,557	6,814	1,252	100,282	1,296
039 DELIVERY ROOM & LABOR ROO	189	1,147	6,915			6,941	
040 ANESTHESIOLOGY	280	1,703	5,152		320	3,530	
041 RADIOLOGY-DIAGNOSTIC	2,426	14,756	51,355	1,826	1,398	52,984	471
044 LABORATORY	1,260	7,665	49,738	2,252	133	24,438	
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	46	279	2,884			6,546	
049 RESPIRATORY THERAPY	125	760	12,985	419	130	8,156	509
050 PHYSICAL THERAPY	106	645	9,450	334	39	15,384	247
051 OCCUPATIONAL THERAPY	54	327	4,473	288	8	6,422	
052 SPEECH PATHOLOGY	14	84	2,442	425	6	2,834	
053 ELECTROCARDIOLOGY	320	1,946	10,537	576	225	15,063	46
053 01 CATH LAB	839	5,107	42,652	1,126	586	18,914	401
054 01 NEUROLOGY	8	48	523	39	24		69
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	1,264	7,689	63,436	556		7,700	
059 ACUTE DIALYSIS	21	129	5,211		3	4,680	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	2	10	787			681	
060 05 OUTPATIENT PSYCHIATRIC SE							
061 EMERGENCY	561	3,411	29,487	1,990	92	19,731	432
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	10,440	63,502	697,675	119,511	5,018	598,402	15,386
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			28			2,528	
098 PHYSICIANS' PRIVATE OFFIC	2		16,129	10,277	173	30,915	
100 CHILD CARE			2,157	694		26,808	46
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	10,442	63,502	715,989	130,482	5,191	658,653	15,432

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	10	11	12	13	14	15	16
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 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 BIOMEDICAL SERVICES							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	27,911						
011 DIETARY	224	49,737					
012 CAFETERIA	476		104,582				
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	18		1,964		108,677		
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	108		4,334				
018 SOCIAL SERVICE			1,256				
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	10,251	33,271	29,134		49,240		
026 INTENSIVE CARE UNIT	2,011	2,472	5,272		8,909		
031 SUBPROVIDER I	664	2,318	2,636		4,455		
033 NURSERY			1,910		3,229		
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	2,926	1,898	17,301		29,240		
040 DELIVERY ROOM & LABOR ROO			1,451		2,452		
041 ANESTHESIOLOGY							
044 RADIOLOGY-DIAGNOSTIC	1,170		8,261				
044 LABORATORY	1,005		6,775				
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY			584				
049 RESPIRATORY THERAPY	55		3,626				
050 PHYSICAL THERAPY	539		2,777				
051 OCCUPATIONAL THERAPY	539		1,044				
052 SPEECH PATHOLOGY			584				
053 ELECTROCARDIOLOGY	610		2,459				
053 01 CATH LAB	571	338	2,105				
054 01 NEUROLOGY	18		159				
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	503		3,220				
059 ACUTE DIALYSIS	251						
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 05 OUTPATIENT PSYCHIATRIC SE							
061 EMERGENCY	4,930	344	6,598		11,152		
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	26,869	40,641	103,450		108,677		
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	503						
100 PHYSICIANS' PRIVATE OFFIC	539	9,096	1,132				
101 CHILD CARE							
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL	27,911	49,737	104,582		108,677		

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	17	18		20	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 04 ADMINITTING								
006 05 CASHIERING/ACCOUNTS RECEI								
006 06 ADMINISTRATIVE & GENERAL								
007 MAINTENANCE & REPAIRS								
007 01 BIOMEDICAL SERVICES								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE								
010 HOUSEKEEPING								
011 DIETARY								
012 CAFETERIA								
013 MAINTENANCE OF PERSONNEL								
014 NURSING ADMINISTRATION								
015 CENTRAL SERVICES & SUPPLY								
016 PHARMACY								
017 MEDICAL RECORDS & LIBRARY	71,288							
018 SOCIAL SERVICE		9,564						
020 NONPHYSICIAN ANESTHETISTS								
021 NURSING SCHOOL								
022 I&R SERVICES-SALARY & FRI								
023 I&R SERVICES-OTHER PRGM C								
024 PARAMED ED PRGM-(SPECIFY)								
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	3,460			6,886				
026 INTENSIVE CARE UNIT				796				
031 SUBPROVIDER I				383				
033 NURSERY				180				
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	15,287							
039 DELIVERY ROOM & LABOR ROO	1,288							
040 ANESTHESIOLOGY	1,913							
041 RADIOLOGY-DIAGNOSTIC	16,543							
044 LABORATORY	8,610							
046 30 BLOOD CLOTTING FACTORS AD								
048 INTRAVENOUS THERAPY	313							
049 RESPIRATORY THERAPY	853							
050 PHYSICAL THERAPY	725							
051 OCCUPATIONAL THERAPY	368							
052 SPEECH PATHOLOGY	95							
053 ELECTROCARDIOLOGY	2,186							
053 01 CATH LAB	5,736							
054 01 NEUROLOGY	54							
055 MEDICAL SUPPLIES CHARGED								
056 DRUGS CHARGED TO PATIENTS	8,637							
059 ACUTE DIALYSIS	144							
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC	11							
060 05 OUTPATIENT PSYCHIATRIC SE								
061 EMERGENCY	3,832			2,295				
062 OBSERVATION BEDS (NON-DIS								
063 50 RURAL HEALTH CLINIC								
063 60 FOHC								
069 OTHER REIMBURS COST CNTRS								
069 10 CMHC								
069 20 OUTPATIENT PHYSICAL THERA								
069 30 OUTPATIENT OCCUPATIONAL T								
069 40 OUTPATIENT SPEECH PATHOLO								
071 HOME HEALTH AGENCY								
085 01 PANCREAS ACQUISITION								
085 02 INTESTINAL ACQUISITION								
085 03 ISLET CELL ACQUISITION								
095 SUBTOTALS	71,288			9,564				
096 NONREIMBURS COST CENTERS								
098 GIFT, FLOWER, COFFEE SHOP								
100 PHYSICIANS' PRIVATE OFFIC								
101 CHILD CARE								
102 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	71,288			9,564				

ALLOCATION OF NEW CAPITAL RELATED COSTS

	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	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 04 ADMINISTRATION			
006 05 CASHIERING/ACCOUNTS RECEI			
006 06 ADMINISTRATIVE & GENERAL			
007 MAINTENANCE & REPAIRS			
007 01 BIOMEDICAL SERVICES			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
013 MAINTENANCE OF PERSONNEL			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
020 NONPHYSICIAN ANESTHETISTS			
021 NURSING SCHOOL			
022 I&R SERVICES-SALARY & FRI			
023 I&R SERVICES-OTHER PRGM C			
024 PARAMED ED PRGM-(SPECIFY)			
025 INPAT ROUTINE SRVC CNTRS	995,456		995,456
026 ADULTS & PEDIATRICS	278,671		278,671
031 INTENSIVE CARE UNIT	94,889		94,889
033 SUBPROVIDER I	25,620		25,620
033 NURSERY			
037 ANCILLARY SRVC COST CNTRS			
037 OPERATING ROOM	1,327,813		1,327,813
039 DELIVERY ROOM & LABOR ROO	29,255		29,255
040 ANESTHESIOLOGY	99,593		99,593
041 RADIOLOGY-DIAGNOSTIC	1,000,314		1,000,314
044 LABORATORY	296,176		296,176
046 30 BLOOD CLOTTING FACTORS AD			
048 INTRAVENOUS THERAPY	22,283		22,283
049 RESPIRATORY THERAPY	137,018		137,018
050 PHYSICAL THERAPY	58,734		58,734
051 OCCUPATIONAL THERAPY	21,645		21,645
052 SPEECH PATHOLOGY	12,618		12,618
053 ELECTROCARDIOLOGY	181,458		181,458
053 01 CATH LAB	612,332		612,332
054 01 NEUROLOGY	4,903		4,903
055 MEDICAL SUPPLIES CHARGED			
056 DRUGS CHARGED TO PATIENTS	192,407		192,407
059 ACUTE DIALYSIS	16,062		16,062
060 OUTPAT SERVICE COST CNTRS			
060 CLINIC	2,384		2,384
060 05 OUTPATIENT PSYCHIATRIC SE			
061 EMERGENCY	163,747		163,747
062 OBSERVATION BEDS (NON-DIS			
063 50 RURAL HEALTH CLINIC			
063 60 FOHC			
069 10 CMHC			
069 20 OUTPATIENT PHYSICAL THERA			
069 30 OUTPATIENT OCCUPATIONAL T			
069 40 OUTPATIENT SPEECH PATHOLO			
071 HOME HEALTH AGENCY			
085 01 PANCREAS ACQUISITION			
085 02 INTESTINAL ACQUISITION			
085 03 ISLET CELL ACQUISITION			
095 SUBTOTALS	5,573,378		5,573,378
096 NONREIMBURS COST CENTERS			
096 GIFT, FLOWER, COFFEE SHOP	5,593		5,593
098 PHYSICIANS' PRIVATE OFFIC	975,302		975,302
100 CHILD CARE	73,040		73,040
101 CROSS FOOT ADJUSTMENTS			
102 NEGATIVE COST CENTER			
103 TOTAL	6,627,313		6,627,313

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI		ADMINISTRATIVE MAINTENANCE & BIOMEDICAL SE OPERATIONS OF LAUNDRY & LINEN SERVICE				
	(GROSS REVENUE)	RECONCILIATION	(ACCUM. COST)	(TIME SPENT)	(TIME SPENT)	(SQ FEET)	(POUNDS OF LAUNDRY)
	6.05	6a.06	6.06	7	7.01	8	9
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 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS R	289,796,982						
006 06 ADMINISTRATIVE & GENE		-16,887,910	78,335,564				
007 MAINTENANCE & REPAIRS			1,443,994	19,933			
007 01 BIOMEDICAL SERVICES			567,960		5,377		
008 OPERATION OF PLANT			2,543,916	11,888		170,145	
009 LAUNDRY & LINEN SERVI			577,028	5		1,179	939,729
010 HOUSEKEEPING			1,094,351	152		1,125	2,819
011 DIETARY	38,967		767,583	218		3,690	1,201
012 CAFETERIA			896,864	464		7,855	2,558
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIO			970,003	12	80	1,968	
015 CENTRAL SERVICES & SU							
016 PHARMACY							
017 MEDICAL RECORDS & LIB			1,355,909	46		4,263	
018 SOCIAL SERVICE			408,290	23		259	
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM-(SPEC							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICALS	14,063,201		11,540,056	2,436	595	42,817	532,826
026 INTENSIVE CARE UNIT	3,236,799		2,808,700	223	142	6,833	77,998
031 SUBPROVIDER I	1,044,031		1,118,560	247	14	7,624	79,877
033 NURSERY	730,967		940,782			947	28,192
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	62,140,989		16,691,173	1,041	1,297	25,905	78,937
039 DELIVERY ROOM & LABOR	5,236,635		756,553			1,793	
040 ANESTHESIOLOGY	7,774,562		563,685		331	912	
041 RADIOLOGY-DIAGNOSTIC	67,223,537		5,618,667	279	1,449	13,687	28,662
044 LABORATORY	34,999,682		5,441,761	344	138	6,313	
046 30 BLOOD CLOTTING FACTOR							
048 INTRAVENOUS THERAPY	1,271,881		315,548			1,691	
049 RESPIRATORY THERAPY	3,468,748		1,420,689	64	135	2,107	31,011
050 PHYSICAL THERAPY	2,945,891		1,033,962	51	40	3,974	15,036
051 OCCUPATIONAL THERAPY	1,494,569		489,358	44	8	1,659	
052 SPEECH PATHOLOGY	384,892		267,214	65	6	732	
053 ELECTROCARDIOLOGY	8,887,702		1,152,809	88	233	3,891	2,819
053 01 CATH LAB	23,317,704		4,666,572	172	607	4,886	24,433
054 01 NEUROLOGY	219,709		57,170	6	25		4,229
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI	35,107,758		6,940,483	85		1,989	
059 ACUTE DIALYSIS	587,189		570,098		3	1,209	
060 OUTPAT SERVICE COST C							
060 CLINIC	45,822		86,059			176	
060 05 OUTPATIENT PSYCHIATRI							
061 EMERGENCY	15,575,747		3,226,150	304	95	5,097	26,312
062 OBSERVATION BEDS (NON							
063 50 RURAL HEALTH CLINIC							
063 60 FOHC							
069 OTHER REIMBURS COST C							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL T							
069 30 OUTPATIENT OCCUPATION							
069 40 OUTPATIENT SPEECH PAT							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CEN							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITIO							
085 03 SLET CELL ACQUISITIO							
095 SUBTOTALS	289,796,982	-16,887,910	76,331,947	18,257	5,198	154,581	936,910
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE			3,037			653	
098 PHYSICIANS' PRIVATE O			1,764,631	1,570	179	7,986	
100 CHILD CARE			235,949	106		6,925	2,819
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	1,356,911		16,887,910	1,755,296	690,403	4,139,199	730,548
(WRKSH T B, PART I)							
104 UNIT COST MULTIPLIER				88.059800		24.327480	
(WRKSH T B, PT I)							
105 COST TO BE ALLOCATED	.004682		.215584		128.399293		.777403
(WRKSH T B, PART II)							
106 UNIT COST MULTIPLIER							

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	BIOMEDICAL SERVICES	SE OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
		(GROSS REVENUE)	RECONCILIATION	(ACCUM. COST)	(TIME)SPENT	(TIME)SPENT	(SQ FEET)	(POUNDS OF)LAUNDRY)
		6.05	6a.06	6.06	7	7.01	8	9
107	NONREIMBURS COST CENT (WRKSHT B, PT III) COST TO BE ALLOCATED (WRKSHT B, PART III)	63,502		715,989	130,482	5,191	658,653	15,432
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000219		.009140	6.546029	.965408	3.871128	.016422

COST CENTER DESCRIPTION	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES SERVED)	MAINTENANCE O F PERSONNEL (NUMBER HOUSED)	NURSING ADMIN ISTRATION (HOURS OF SERVICE)	CENTRAL SERVI CES & SUPPLY (COSTED)REQUIS.	PHARMACY (COSTED)REQUIS.
	10	11	12	13	14	15	16
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 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS R							
006 06 ADMINISTRATIVE & GENE							
007 01 MAINTENANCE & REPAIRS							
008 BIOMEDICAL SERVICES							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVI							
011 HOUSEKEEPING	40,420						
012 DIETARY	324	150,852					
013 CAFETERIA	690		5,912				
014 MAINTENANCE OF PERSON							
015 NURSING ADMINISTRATION	26		111		756,080		
016 CENTRAL SERVICES & SU							
017 PHARMACY							
018 MEDICAL RECORDS & LIB	156		245				
020 SOCIAL SERVICE			71				
021 NONPHYSICIAN ANESTHET							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY &							
024 I&R SERVICES-OTHER PR							
025 PARAMED ED PRGM-(SPEC							
026 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	14,846	100,906	1,647		342,576		
026 INTENSIVE CARE UNIT	2,912	7,499	298		61,984		
031 SUBPROVIDER I	962	7,032	149		30,992		
033 NURSERY			108		22,464		
037 ANCILLARY SRVC COST C							
039 OPERATING ROOM	4,237	5,757	978		203,424		
040 DELIVERY ROOM & LABOR			82		17,056		
041 ANESTHESIOLOGY							
044 RADIOLOGY-DIAGNOSTIC	1,695		467				
046 LABORATORY	1,456		383				
048 30 BLOOD CLOTTING FACTOR							
049 INTRAVENOUS THERAPY			33				
050 RESPIRATORY THERAPY	79		205				
051 PHYSICAL THERAPY	780		157				
052 OCCUPATIONAL THERAPY	780		59				
053 SPEECH PATHOLOGY			33				
054 ELECTROCARDIOLOGY	884		139				
055 01 CATH LAB	827	1,026	119				
056 01 NEUROLOGY	26		9				
059 MEDICAL SUPPLIES CHAR							
060 DRUGS CHARGED TO PATI	728		182				
060 ACUTE DIALYSIS	364						
060 OUTPAT SERVICE COST C							
060 CLINIC							
060 05 OUTPATIENT PSYCHIATRI							
061 EMERGENCY	7,140	1,044	373		77,584		
062 OBSERVATION BEDS (NON							
063 50 RURAL HEALTH CLINIC							
063 60 FOHC							
069 OTHER REIMBURS COST C							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL T							
069 30 OUTPATIENT OCCUPATION							
069 40 OUTPATIENT SPEECH PAT							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CEN							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITIO							
085 03 ISLET CELL ACQUISITIO							
095 SUBTOTALS	38,912	123,264	5,848		756,080		
096 NONREIMBURS COST CENT							
098 GIFT, FLOWER, COFFEE							
100 PHYSICIANS' PRIVATE O	728						
101 CHILD CARE	780	27,588	64				
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
104 COST TO BE ALLOCATED	1,373,220	1,053,969	1,347,597		1,264,510		
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		6.986775					
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED	33.973775		227.942659		1.672455		
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							

	COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
		(HOURS OF SERVICE)	(MEALS)SERVED	(FTES)SERVED	(NUMBER)HOUSED	(HOURS OF)SERVICE	(COSTED)REQUIS.	(COSTED)REQUIS.
		10	11	12	13	14	15	16
107	NONREIMBURS COST CENT (WRKSHT B, PT III) COST TO BE ALLOCATED (WRKSHT B, PART III)	27,911	49,737	104,582		108,677		
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.690524	.329707	17.689783		.143737		

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	(GROSS REVENUE)	(TIME SPENT)	(COSTED) REQUIS	(ASSIGNED) TIME	(ASSIGNED) TIME	(ASSIGNED) TIME	(ASSIGNED) TIME
	17	18	20	21	22	23	24
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 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS R							
006 06 ADMINISTRATIVE & GENE							
007 MAINTENANCE & REPAIRS							
007 01 BIOMEDICAL SERVICES							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIO							
015 CENTRAL SERVICES & SU							
016 PHARMACY							
017 MEDICAL RECORDS & LIB	289,512,487						
018 SOCIAL SERVICE			100				
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM-(SPEC							
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	14,063,201		72				
026 INTENSIVE CARE UNIT	3,236,799		4				
031 SUBPROVIDER I	1,044,031						
033 NURSERY	730,967						
ANCILLARY SRVC COST C							
037 OPERATING ROOM	62,140,989						
039 DELIVERY ROOM & LABOR	5,236,635						
040 ANESTHESIOLOGY	7,774,562						
041 RADIOLOGY-DIAGNOSTIC	66,978,009						
044 LABORATORY	34,999,682						
046 30 BLOOD CLOTTING FACTOR							
048 INTRAVENOUS THERAPY	1,271,881						
049 RESPIRATORY THERAPY	3,468,748						
050 PHYSICAL THERAPY	2,945,891						
051 OCCUPATIONAL THERAPY	1,494,569						
052 SPEECH PATHOLOGY	384,892						
053 ELECTROCARDIOLOGY	8,887,702						
053 01 CATH LAB	23,317,704						
054 01 NEUROLOGY	219,709						
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI	35,107,758						
059 ACUTE DIALYSIS	587,189						
OUTPAT SERVICE COST C							
060 CLINIC	45,822						
060 05 OUTPATIENT PSYCHIATRI							
061 EMERGENCY	15,575,747		24				
062 OBSERVATION BEDS (NON							
063 50 RURAL HEALTH CLINIC							
063 60 FOHC							
OTHER REIMBURS COST C							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL T							
069 30 OUTPATIENT OCCUPATION							
069 40 OUTPATIENT SPEECH PAT							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CEN							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITIO							
085 03 ISLET CELL ACQUISITIO							
095 SUBTOTALS	289,512,487		100				
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE O							
100 CHILD CARE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	1,817,126	520,821					
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		5,208.210000					
(WRKSHT B, PT I)	.006277						
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							

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	13,328,658		13,328,658			
26	INTENSIVE CARE UNIT	3,189,155		3,189,155			
31	SUBPROVIDER I	1,030,471		1,030,471			
33	NURSERY	709,594		709,594			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	31,247,094	29,052,166	60,299,260	.371094	.371094	.371094
39	DELIVERY ROOM & LABOR ROO	3,688,057	1,386,840	5,074,897	.205592	.205592	.205592
40	ANESTHESIOLOGY	2,975,527	4,548,304	7,523,831	.106155	.106155	.112429
41	RADIOLOGY-DIAGNOSTIC	15,554,823	49,725,466	65,280,289	.122244	.122244	.122430
44	LABORATORY	17,543,295	16,429,152	33,972,447	.211141	.211141	.211141
46	30 BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY	312,743	939,704	1,252,447	.351487	.351487	.351487
49	RESPIRATORY THERAPY	2,986,938	420,473	3,407,411	.556577	.556577	.556577
50	PHYSICAL THERAPY	2,234,813	619,105	2,853,918	.510049	.510049	.512345
51	OCCUPATIONAL THERAPY	1,185,347	257,377	1,442,724	.477879	.477879	.477879
52	SPEECH PATHOLOGY	221,604	149,288	370,892	.968101	.968101	.968101
53	ELECTROCARDIOLOGY	4,198,147	3,349,391	7,547,538	.219059	.219059	.219810
53	01 CATH LAB	17,824,999	5,025,645	22,850,644	.267489	.267489	.267489
54	01 NEUROLOGY	135,520	82,065	217,585	.371505	.371505	.397008
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	22,747,120	11,768,792	34,515,912	.254352	.254352	.254352
59	ACUTE DIALYSIS	582,467		582,467	1.268486	1.268486	1.268486
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,052	44,448	45,500	2.399604	2.399604	2.399604
60	05 OUTPATIENT PSYCHIATRIC SE						
61	EMERGENCY	3,560,190	10,309,875	13,870,065	.345527	.345527	.345527
62	OBSERVATION BEDS (NON-DIS	72,653	475,879	548,532	.627920	.627920	.627920
63	50 RURAL HEALTH CLINIC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	145,330,267	134,583,970	279,914,237			
102	LESS OBSERVATION BEDS						
103	TOTAL	145,330,267	134,583,970	279,914,237			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	22,376,683	1,327,813	21,048,870			22,376,683
39	DELIVERY ROOM & LABOR ROO	1,043,359	29,255	1,014,104			1,043,359
40	ANESTHESIOLOGY	798,694	99,593	699,101			798,694
41	RADIOLOGY-DIAGNOSTIC	7,980,148	1,000,314	6,979,834			7,980,148
44	LABORATORY	7,172,970	296,176	6,876,794			7,172,970
46	30 BLOOD CLOTTING FACTORS AD						
	INTRAVENOUS THERAPY	440,219	22,283	417,936			440,219
48	RESPIRATORY THERAPY	1,896,488	137,018	1,759,470			1,896,488
49	PHYSICAL THERAPY	1,455,639	58,734	1,396,905			1,455,639
50	OCCUPATIONAL THERAPY	689,447	21,645	667,802			689,447
51	SPEECH PATHOLOGY	359,061	12,618	346,443			359,061
52	ELECTROCARDIOLOGY	1,653,356	181,458	1,471,898			1,653,356
53	01 CATH LAB	6,112,306	612,332	5,499,974			6,112,306
54	01 NEUROLOGY	80,834	4,903	75,931			80,834
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	8,779,202	192,407	8,586,795			8,779,202
59	ACUTE DIALYSIS	738,851	16,062	722,789			738,851
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	109,182	2,384	106,798			109,182
60	05 OUTPATIENT PSYCHIATRIC SE						
	EMERGENCY	4,792,488	163,747	4,628,741			4,792,488
62	OBSERVATION BEDS (NON-DIS	344,434	18,639	325,795			344,434
63	50 RURAL HEALTH CLINIC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	66,823,361	4,197,381	62,625,980			66,823,361
102	LESS OBSERVATION BEDS	344,434	18,639	325,795			344,434
103	TOTAL	66,478,927	4,178,742	62,300,185			66,478,927

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	60,299,260	.371094	.371094
39	DELIVERY ROOM & LABOR ROO	5,074,897	.205592	.205592
40	ANESTHESIOLOGY	7,523,831	.106155	.106155
41	RADIOLOGY-DIAGNOSTIC	65,280,289	.122244	.122244
44	LABORATORY	33,972,447	.211141	.211141
46	30 BLOOD CLOTTING FACTORS AD			
	INTRAVENOUS THERAPY	1,252,447	.351487	.351487
48	RESPIRATORY THERAPY	3,407,411	.556577	.556577
49	PHYSICAL THERAPY	2,853,918	.510049	.510049
50	OCCUPATIONAL THERAPY	1,442,724	.477879	.477879
51	SPEECH PATHOLOGY	370,892	.968101	.968101
52	ELECTROCARDIOLOGY	7,547,538	.219059	.219059
53	01 CATH LAB	22,850,644	.267489	.267489
54	01 NEUROLOGY	217,585	.371505	.371505
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	34,515,912	.254352	.254352
59	ACUTE DIALYSIS	582,467	1.268486	1.268486
60	OUTPAT SERVICE COST CNTRS			
	CLINIC	45,500	2.399604	2.399604
60	05 OUTPATIENT PSYCHIATRIC SE			
	EMERGENCY	13,870,065	.345527	.345527
61	OBSERVATION BEDS (NON-DIS	548,532	.627920	.627920
62	RURAL HEALTH CLINIC			
63	50 FQHC			
63	60 OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	261,656,359		
102	LESS OBSERVATION BEDS	548,532		
103	TOTAL	261,107,827		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	22,376,683	1,327,813	21,048,870	132,781	1,220,834	21,023,068
39	DELIVERY ROOM & LABOR ROO	1,043,359	29,255	1,014,104	2,926	58,818	981,615
40	ANESTHESIOLOGY	798,694	99,593	699,101	9,959	40,548	748,187
41	RADIOLOGY-DIAGNOSTIC	7,980,148	1,000,314	6,979,834	100,031	404,830	7,475,287
44	LABORATORY	7,172,970	296,176	6,876,794	29,618	398,854	6,744,498
46	30 BLOOD CLOTTING FACTORS AD						
	INTRAVENOUS THERAPY	440,219	22,283	417,936	2,228	24,240	413,751
49	RESPIRATORY THERAPY	1,896,488	137,018	1,759,470	13,702	102,049	1,780,737
50	PHYSICAL THERAPY	1,455,639	58,734	1,396,905	5,873	81,020	1,368,746
51	OCCUPATIONAL THERAPY	689,447	21,645	667,802	2,165	38,733	648,549
52	SPEECH PATHOLOGY	359,061	12,618	346,443	1,262	20,094	337,705
53	ELECTROCARDIOLOGY	1,653,356	181,458	1,471,898	18,146	85,370	1,549,840
53	01 CATH LAB	6,112,306	612,332	5,499,974	61,233	318,998	5,732,075
54	01 NEUROLOGY	80,834	4,903	75,931	490	4,404	75,940
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	8,779,202	192,407	8,586,795	19,241	498,034	8,261,927
59	ACUTE DIALYSIS	738,851	16,062	722,789	1,606	41,922	695,323
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	109,182	2,384	106,798	238	6,194	102,750
60	05 OUTPATIENT PSYCHIATRIC SE						
	EMERGENCY	4,792,488	163,747	4,628,741	16,375	268,467	4,507,646
62	OBSERVATION BEDS (NON-DIS	344,434	18,639	325,795	1,864	18,896	323,674
63	50 RURAL HEALTH CLINIC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	66,823,361	4,197,381	62,625,980	419,738	3,632,305	62,771,318
102	LESS OBSERVATION BEDS	344,434	18,639	325,795	1,864	18,896	323,674
103	TOTAL	66,478,927	4,178,742	62,300,185	417,874	3,613,409	62,447,644

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	60,299,260	.348646	.368892
39	DELIVERY ROOM & LABOR ROO	5,074,897	.193426	.205016
40	ANESTHESIOLOGY	7,523,831	.099442	.104832
41	RADIOLOGY-DIAGNOSTIC	65,280,289	.114511	.120712
44	LABORATORY	33,972,447	.198528	.210269
46	30 BLOOD CLOTTING FACTORS AD			
	INTRAVENOUS THERAPY	1,252,447	.330354	.349708
48	RESPIRATORY THERAPY	3,407,411	.522607	.552556
49	PHYSICAL THERAPY	2,853,918	.479602	.507991
50	OCCUPATIONAL THERAPY	1,442,724	.449531	.476378
51	SPEECH PATHOLOGY	370,892	.910521	.964699
52	ELECTROCARDIOLOGY	7,547,538	.205344	.216655
53	01 CATH LAB	22,850,644	.250850	.264810
54	01 NEUROLOGY	217,585	.349013	.369253
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	34,515,912	.239366	.253795
59	ACUTE DIALYSIS	582,467	1.193755	1.265728
60	OUTPAT SERVICE COST CNTRS			
	CLINIC	45,500	2.258242	2.394374
60	05 OUTPATIENT PSYCHIATRIC SE			
	EMERGENCY	13,870,065	.324991	.344347
62	OBSERVATION BEDS (NON-DIS	548,532	.590073	.624521
63	50 RURAL HEALTH CLINIC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	261,656,359		
102	LESS OBSERVATION BEDS	548,532		
103	TOTAL	261,107,827		

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				995,456		995,456
26	INTENSIVE CARE UNIT				278,671		278,671
31	SUBPROVIDER I				94,889		94,889
33	NURSERY				25,620		25,620
101	TOTAL				1,394,636		1,394,636

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	24,194	15,255			41.14	627,591
26	INTENSIVE CARE UNIT	2,812	1,945			99.10	192,750
31	SUBPROVIDER I	2,277	1,907			41.67	79,465
33	NURSERY	2,909				8.81	
101	TOTAL	32,192	19,107				899,806

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

PROVIDER NO: 14-0046
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/18/2010
 WORKSHEET D
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					24,194	
26	INTENSIVE CARE UNIT					2,812	
31	SUBPROVIDER I					2,277	
33	NURSERY					2,909	
101	TOTAL					32,192	

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	15,255	
26	INTENSIVE CARE UNIT	1,945	
31	SUBPROVIDER I	1,907	
33	NURSERY		
101	TOTAL	19,107	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CATH LAB						
54	01 NEUROLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	ACUTE DIALYSIS						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	05 OUTPATIENT PSYCHIATRIC SE						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RURAL HEALTH CLINIC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			60,299,260			14,269,423	
39	DELIVERY ROOM & LABOR ROO			5,074,897			12,987	
40	ANESTHESIOLOGY			7,523,831			1,442,336	
41	RADIOLOGY-DIAGNOSTIC			65,280,289			10,245,881	
44	LABORATORY			33,972,447			11,360,742	
46	30 BLOOD CLOTTING FACTORS AD							
48	INTRAVENOUS THERAPY			1,252,447			92,452	
49	RESPIRATORY THERAPY			3,407,411			2,124,850	
50	PHYSICAL THERAPY			2,853,918			1,482,312	
51	OCCUPATIONAL THERAPY			1,442,724				
52	SPEECH PATHOLOGY			370,892			79,488	
53	01 ELECTROCARDIOLOGY			7,547,538			2,544,683	
53	01 CATH LAB			22,850,644			13,207,337	
54	01 NEUROLOGY			217,585			93,748	
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS			34,515,912			13,644,506	
59	ACUTE DIALYSIS			582,467			459,424	
60	OUTPAT SERVICE COST CNTRS CLINIC			45,500			460	
60	05 OUTPATIENT PSYCHIATRIC SE							
61	EMERGENCY			13,870,065			2,030,150	
62	OBSERVATION BEDS (NON-DIS			548,532			6,231	
63	50 RURAL HEALTH CLINIC							
63	60 FOHC							
101	OTHER REIMBURS COST CNTRS TOTAL			261,656,359			73,097,010	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	9,689,334					
39	DELIVERY ROOM & LABOR ROO	5,384					
40	ANESTHESIOLOGY	1,274,484					
41	RADIOLOGY-DIAGNOSTIC	19,074,797					
44	LABORATORY	699,848					
46	30 BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY	477,025					
49	RESPIRATORY THERAPY	138,363					
50	PHYSICAL THERAPY	2,811					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,469,923					
53	01 CATH LAB	2,238,138					
54	01 NEUROLOGY	29,190					
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	4,569,499					
59	ACUTE DIALYSIS						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	141					
60	05 OUTPATIENT PSYCHIATRIC SE						
61	EMERGENCY	2,433,424					
62	OBSERVATION BEDS (NON-DIS	149,047					
63	50 RURAL HEALTH CLINIC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	42,251,408					

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
	ANCILLARY SRVC COST CNTRS										
37	OPERATING ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
44	LABORATORY										
46	30 BLOOD CLOTTING FACTORS AD										
48	INTRAVENOUS THERAPY										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
53	01 CATH LAB										
54	01 NEUROLOGY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
59	ACUTE DIALYSIS										
60	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60	05 OUTPATIENT PSYCHIATRIC SE										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
63	50 RURAL HEALTH CLINIC										
63	60 FOHC										
101	OTHER REIMBURS COST CNTRS										
	TOTAL										

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			60,299,260			1,415	
39	DELIVERY ROOM & LABOR ROO			5,074,897				
40	ANESTHESIOLOGY			7,523,831			1,374	
41	RADIOLOGY-DIAGNOSTIC			65,280,289			91,959	
44	LABORATORY			33,972,447			1,873	
46	30 BLOOD CLOTTING FACTORS AD							
48	INTRAVENOUS THERAPY			1,252,447			188,664	
49	RESPIRATORY THERAPY			3,407,411			58,080	
50	PHYSICAL THERAPY			2,853,918			628,298	
51	OCCUPATIONAL THERAPY			1,442,724			619,857	
52	SPEECH PATHOLOGY			370,892			83,034	
53	ELECTROCARDIOLOGY			7,547,538			17,094	
53	01 CATH LAB			22,850,644				
54	01 NEUROLOGY			217,585			2,124	
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS			34,515,912			257,712	
59	ACUTE DIALYSIS			582,467			5,422	
60	OUTPAT SERVICE COST CNTRS CLINIC			45,500				
60	05 OUTPATIENT PSYCHIATRIC SE							
61	EMERGENCY			13,870,065			33,980	
62	OBSERVATION BEDS (NON-DIS			548,532				
63	50 RURAL HEALTH CLINIC							
63	60 FOHC							
101	OTHER REIMBURS COST CNTRS TOTAL			261,656,359			1,990,886	

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						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CATH LAB						
54	01 NEUROLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	ACUTE DIALYSIS						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	05 OUTPATIENT PSYCHIATRIC SE						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RURAL HEALTH CLINIC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

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				995,456		995,456
26	INTENSIVE CARE UNIT				278,671		278,671
31	SUBPROVIDER I				94,889		94,889
33	NURSERY				25,620		25,620
101	TOTAL				1,394,636		1,394,636

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
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	24,194	3,448			41.14	141,851
26	INTENSIVE CARE UNIT	2,812	372			99.10	36,865
31	SUBPROVIDER I	2,277	95			41.67	3,959
33	NURSERY	2,909	972			8.81	8,563
101	TOTAL	32,192	4,887				191,238

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XIX

PROVIDER NO: 14-0046
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/18/2010
 WORKSHEET D
 PART III
 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					24,194	
26	INTENSIVE CARE UNIT					2,812	
31	SUBPROVIDER I					2,277	
33	NURSERY					2,909	
101	TOTAL					32,192	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	3,448	
26	INTENSIVE CARE UNIT	372	
31	SUBPROVIDER I	95	
33	NURSERY	972	
101	TOTAL	4,887	

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CATH LAB						
54	01 NEUROLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	ACUTE DIALYSIS						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	05 OUTPATIENT PSYCHIATRIC SE						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RURAL HEALTH CLINIC						
63	60 FOHC						
101	OTHER REIMBURS COST CNTRS						
	TOTAL						

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			60,299,260			3,360,126	
39	DELIVERY ROOM & LABOR ROO			5,074,897			2,299,905	
40	ANESTHESIOLOGY			7,523,831			516,786	
41	RADIOLOGY-DIAGNOSTIC			65,280,289			1,744,928	
44	LABORATORY			33,972,447			2,332,206	
46	30 BLOOD CLOTTING FACTORS AD							
48	INTRAVENOUS THERAPY			1,252,447			435	
49	RESPIRATORY THERAPY			3,407,411			326,539	
50	PHYSICAL THERAPY			2,853,918			74,664	
51	OCCUPATIONAL THERAPY			1,442,724			19,775	
52	SPEECH PATHOLOGY			370,892			4,581	
53	ELECTROCARDIOLOGY			7,547,538			360,268	
53	01 CATH LAB			22,850,644			1,426,224	
54	01 NEUROLOGY			217,585			13,448	
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS			34,515,912			3,113,445	
59	ACUTE DIALYSIS			582,467			34,685	
60	OUTPAT SERVICE COST CNTRS CLINIC			45,500				
60	05 OUTPATIENT PSYCHIATRIC SE							
61	EMERGENCY			13,870,065			451,639	
62	OBSERVATION BEDS (NON-DIS			548,532				
63	50 RURAL HEALTH CLINIC							
63	60 FOHC							
101	OTHER REIMBURS COST CNTRS TOTAL			261,656,359			16,079,654	

TITLE XIX

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						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CATH LAB						
54	01 NEUROLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	ACUTE DIALYSIS						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	05 OUTPATIENT PSYCHIATRIC SE						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RURAL HEALTH CLINIC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS
 PROVIDER NO: 14-0046 PERIOD: FROM 1/1/2009 TO 12/31/2009 PREPARED 5/18/2010
 COMPONENT NO: 14-T046 WORKSHEET D PART II

TITLE XIX SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,327,813	60,299,260			
39	DELIVERY ROOM & LABOR ROO		29,255	5,074,897			
40	ANESTHESIOLOGY		99,593	7,523,831			
41	RADIOLOGY-DIAGNOSTIC		1,000,314	65,280,289	3,261		
44	LABORATORY		296,176	33,972,447	4,509		
46	30 BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY		22,283	1,252,447			
49	RESPIRATORY THERAPY		137,018	3,407,411	2,355		
50	PHYSICAL THERAPY		58,734	2,853,918	28,805		
51	OCCUPATIONAL THERAPY		21,645	1,442,724	30,745		
52	SPEECH PATHOLOGY		12,618	370,892	9,111		
53	53 01 ELECTROCARDIOLOGY		181,458	7,547,538	177		
54	01 CATH LAB		612,332	22,850,644			
54	01 NEUROLOGY		4,903	217,585			
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS		192,407	34,515,912	9,735		
59	ACUTE DIALYSIS		16,062	582,467			
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC		2,384	45,500			
60	05 OUTPATIENT PSYCHIATRIC SE						
61	EMERGENCY		163,747	13,870,065			
62	OBSERVATION BEDS (NON-DIS		18,639	548,532			
63	50 RURAL HEALTH CLINIC						
63	60 FOHC						
101	OTHER REIMBURS COST CNTRS						
	TOTAL		4,197,381	261,656,359	88,698		

TITLE XIX SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CATH LAB						
54	01 NEUROLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	ACUTE DIALYSIS						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	05 OUTPATIENT PSYCHIATRIC SE						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RURAL HEALTH CLINIC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XIX

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			60,299,260				
	OPERATING ROOM			5,074,897				
39	DELIVERY ROOM & LABOR ROO			7,523,831				
40	ANESTHESIOLOGY			65,280,289			3,261	
41	RADIOLOGY-DIAGNOSTIC			33,972,447			4,509	
44	LABORATORY							
46	30 BLOOD CLOTTING FACTORS AD			1,252,447				
48	INTRAVENOUS THERAPY			3,407,411			2,355	
49	RESPIRATORY THERAPY			2,853,918			28,805	
50	PHYSICAL THERAPY			1,442,724			30,745	
51	OCCUPATIONAL THERAPY			370,892			9,111	
52	SPEECH PATHOLOGY			7,547,538			177	
53	01 CATH LAB			22,850,644				
54	01 NEUROLOGY			217,585				
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS			34,515,912			9,735	
59	ACUTE DIALYSIS			582,467				
60	OUTPAT SERVICE COST CNTRS							
	CLINIC			45,500				
60	05 OUTPATIENT PSYCHIATRIC SE							
61	EMERGENCY			13,870,065				
62	OBSERVATION BEDS (NON-DIS			548,532				
63	50 RURAL HEALTH CLINIC							
63	60 FOHC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			261,656,359			88,698	

TITLE XIX

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						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CATH LAB						
54	01 NEUROLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	ACUTE DIALYSIS						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	05 OUTPATIENT PSYCHIATRIC SE						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RURAL HEALTH CLINIC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XIX - I/P HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	453
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	760.34
85	OBSERVATION BED COST	344,434

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	18,395,683		344,434	
87	NEW CAPITAL-RELATED COST	995,456	.054114	344,434	18,639
88	NON PHYSICIAN ANESTHETIST	18,395,683		344,434	
89	MEDICAL EDUCATION	18,395,683		344,434	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	28,871,142	
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)	28,871,142	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		2,182,003
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	31,053,145	
17 PRIMARY PAYER PAYMENTS		22,113
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	31,031,032	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		2,764,688
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		84,595
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		852,271
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		596,590
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		694,173
22 SUBTOTAL	28,778,339	
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	28,778,339	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	28,721,992	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		56,347
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		50,000

----- 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 SUBPROVIDER 1

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		2,265,847		
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		2,265,847		
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		.01		
SETTLEMENT TO PROGRAM		.02		
		9,322		
7 TOTAL MEDICARE PROGRAM LIABILITY		2,256,525		

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	2,165,056
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0288
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	93,169
1.05	OUTLIER PAYMENTS	13,913
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	2,272,138
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	6.238356
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	2,272,138
5	PRIMARY PAYER PAYMENTS	5,000
6	SUBTOTAL	2,267,138
7	DEDUCTIBLES	12,772
8	SUBTOTAL	2,254,366
9	COINSURANCE	
10	SUBTOTAL	2,254,366
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	3,084
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	2,159
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	2,092
12	SUBTOTAL	2,256,525
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)		2,256,525
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
19	INTERIM PAYMENTS		2,265,847
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
20	BALANCE DUE PROVIDER/PROGRAM		-9,322
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.

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	13,508,005		13,508,005
2 00 SUBPROVIDER I	1,046,559		1,046,559
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	14,554,564		14,554,564
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	3,236,799		3,236,799
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	3,236,799		3,236,799
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	17,791,363		17,791,363
17 00 ANCILLARY SERVICES	126,954,910	128,926,072	255,880,982
18 00 OUTPATIENT SERVICES	3,956,362	12,220,537	16,176,899
18 50 RURAL HEALTH CLINIC			
18 60 FQHC			
19 00 HOME HEALTH AGENCY			
21 10 CMHC			
21 20 OUTPATIENT PHYSICAL THERAPY			
21 30 OUTPATIENT OCCUPATIONAL THERAPY			
21 40 OUTPATIENT SPEECH PATHOLOGY			
24 00			
25 00 TOTAL PATIENT REVENUES	148,702,635	141,146,609	289,849,244

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		112,045,515	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		112,045,515	

