

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		14-0068		FROM 4/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 3/31/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 8/31/2009 TIME 13:12

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:
 ROSELAND COMMUNITY HOSPITAL 14-0068
 FOR THE COST REPORTING PERIOD BEGINNING 4/ 1/2008 AND ENDING 3/31/2009 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		
1	HOSPITAL	0	1,009,764	35,336	0		
100	TOTAL	0	1,009,764	35,336	0		

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 45 W. 111TH STREET P. O. BOX:
 1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60628- COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVII	XIX
02.00	HOSPITAL	14-0068	2.01	6/ 1/1966	4	5	6
					N	P	O

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 4/ 1/2008 TO: 3/31/2009

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION. ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA \$5105 OR MI PPA \$147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) in column 3 (mm/dd/yyyy) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /
- 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N
- 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

HOSPITAL AND HOSPITAL HEALTH CARE
 COMPLEX STATISTICAL DATA

PROVIDER NO:
 14-0068

PERIOD:
 FROM 4/1/2008
 TO 3/31/2009

PREPARED 8/31/2009
 WORKSHEET S-3
 PART I

COMPONENT	I & R FTES		--- FULL TIME EQUIV ---		DISCHARGES			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX		
16 NURSING FACILITY	9	10	11	12	13	14	15	
16 01 ICF/MR								
17 OTHER LONG TERM CARE								
18 HOME HEALTH AGENCY								
20 AMBULATORY SURGICAL CENTER (
21 HOSPI CE								
23 CORF								
25 TOTAL		377.38						
26 OBSERVATION BED DAYS								
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								

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	19,670,708		19,670,708	784,944.00	25.06	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	265,000		265,000	1,950.00	135.90	PAYROLL
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	87,030		87,030	527.00	165.14	PAYROLL
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	7,432		7,432	8,430.00	.88	PAYROLL REGISTER
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,944,013		1,944,013	32,400.00	60.00	INVOICES
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT	262,675		262,675	1,495.00	175.70	
10 CONTRACT LABOR: PHYS PART A	265,000		265,000	1,950.00	135.90	INVOICES
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	2,930,375		2,930,375			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,128		1,128			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	40,212		40,212			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	13,206		13,206			CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	248,136		248,136	7,478.00	33.18	
22 ADMINISTRATIVE & GENERAL	2,998,325	-394,568	2,603,757	113,246.00	22.99	
22.01 A & G UNDER CONTRACT	9,000		9,000	60.00	150.00	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	478,391		478,391	17,488.00	27.36	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	424,393		424,393	40,574.00	10.46	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	458,283	-267,821	190,462	17,236.00	11.05	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		267,821	267,821	24,237.00	11.05	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,025,394		1,025,394	29,107.00	35.23	
31 CENTRAL SERVICE AND SUPPLY	107,577		107,577	6,856.00	15.69	
32 PHARMACY	466,571		466,571	15,917.00	29.31	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	365,677		365,677	24,347.00	15.02	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	19,592,678		19,592,678	784,477.00	24.98	
2 EXCLUDED AREA SALARIES	7,432		7,432	8,430.00	.88	
3 SUBTOTAL SALARIES	19,585,246		19,585,246	776,047.00	25.24	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	2,471,688		2,471,688	35,845.00	68.95	
5 SUBTOTAL WAGE-RELATED COSTS	2,970,587		2,970,587		15.17	
6 TOTAL	25,027,521		25,027,521	811,892.00	30.83	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	6,581,747	-394,568	6,187,179	296,546.00	20.86	

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	13,438,021
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	507,983
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	13,946,004
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)	.275219
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)	

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	55,304,283
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	15,220,789
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	15,459,864
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	4,254,848
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	15,220,789

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT				171,620	171,620
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		695,932	695,932		695,932
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		99,704	99,704	7,593	107,297
5	0500	EMPLOYEE BENEFITS	248,136	3,110,663	3,358,799		3,358,799
6.01	0610	NONPATIENT TELEPHONES	71,480	229,129	300,609		300,609
6.02	0620	DATA PROCESSING	242,451	611,778	854,229		854,229
6.03	0630	PURCHASING, RECEIVING AND STORES	190,035	559,433	749,468		749,468
6.04	0650	CASHIERING/ACCOUNTS RECEIVABLE	573,646	597,655	1,171,301		1,171,301
6.05	0660	OTHER ADMINISTRATIVE AND GENERAL	1,920,713	2,829,592	4,750,305	2,178,267	6,928,572
7	0700	MAINTENANCE & REPAIRS					
8	0800	OPERATION OF PLANT	478,391	1,578,226	2,056,617		2,056,617
9	0900	LAUNDRY & LINEN SERVICE					
10	1000	HOUSEKEEPING	424,393	445,333	869,726		869,726
11	1100	DIETARY	458,283	837,259	1,295,542	-590,919	704,623
12	1200	CAFETERIA				590,919	590,919
13	1300	MAINTENANCE OF PERSONNEL					
14	1400	NURSING ADMINISTRATION	1,025,394	173,417	1,198,811		1,198,811
15	1500	CENTRAL SERVICES & SUPPLY	107,577	481,464	589,041	-358,891	230,150
16	1600	PHARMACY	466,571	1,602,813	2,069,384	-1,287,756	781,628
17	1700	MEDICAL RECORDS & LIBRARY	365,677	385,145	750,822		750,822
18	1800	SOCIAL SERVICE					
20	2000	NONPHYSICIAN ANESTHETISTS					
21	2100	NURSING SCHOOL					
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400	PARAMED ED PRGM					
25	2500	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	5,124,711	1,974,025	7,098,736	-410,467	6,688,269
26	2600	INTENSIVE CARE UNIT	1,551,795	178,365	1,730,160		1,730,160
27	2700	CORONARY CARE UNIT					
28	2800	BURN INTENSIVE CARE UNIT					
29	2900	SURGICAL INTENSIVE CARE UNIT					
31	3100	SUBPROVIDER					
33	3300	NURSERY	393,331	44,877	438,208		438,208
34	3400	SKILLED NURSING FACILITY					
35	3500	NURSING FACILITY					
35.01	3510	ICF/MR					
36	3600	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	790,269	648,189	1,438,458	-409,466	1,028,992
38	3800	RECOVERY ROOM		4,108	4,108	300,919	305,027
39	3900	DELIVERY ROOM & LABOR ROOM				803,222	803,222
40	4000	ANESTHESIOLOGY		1,017,930	1,017,930	108,547	1,126,477
41	4100	RADIOLOGY-DIAGNOSTIC	1,275,366	908,110	2,183,476		2,183,476
42	4200	RADIOLOGY-THERAPEUTIC					
43	4300	RADIOISOTOPE					
44	4400	LABORATORY	928,129	1,459,943	2,388,072		2,388,072
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700	BLOOD STORING, PROCESSING & TRANS.					
48	4800	INTRAVENOUS THERAPY					
49	4900	RESPIRATORY THERAPY					
50	5000	PHYSICAL THERAPY	35,358	251,739	287,097		287,097
51	5100	OCCUPATIONAL THERAPY					
52	5200	SPEECH PATHOLOGY					
53	5300	ELECTROCARDIOLOGY					
53.01	3160	CARDIOPULMONARY	1,171,596	650,524	1,822,120		1,822,120
54	5400	ELECTROENCEPHALOGRAPHY					
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				358,891	358,891
56	5600	DRUGS CHARGED TO PATIENTS				1,287,756	1,287,756
57	5700	RENAL DIALYSIS					
58	5800	ASC (NON-DISTINCT PART)					
58.01	3350	HEMATOLOGY		368,490	368,490		368,490
60	6000	OUTPAT SERVICE COST CNTRS CLINIC	94,713	15,019	109,732		109,732
61	6100	EMERGENCY	1,725,261	1,966,963	3,692,224		3,692,224
61.01	4950	OTHER OUTPATIENT SERVICE COST CENTER				19,538	19,538
62	6200	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS					
64	6400	HOME PROGRAM DIALYSIS					
65	6500	AMBULANCE SERVICES					
66	6600	DURABLE MEDICAL EQUIP-RENTED					
67	6700	DURABLE MEDICAL EQUIP-SOLD					
69	6900	CORF					
70	7000	I&R SERVICES-NOT APPRVD PRGM					
71	7100	HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS					
82	8200	LUNG ACQUISITION					
83	8300	KIDNEY ACQUISITION					
84	8400	LIVER ACQUISITION					
85	8500	HEART ACQUISITION					
85.01	8510	PANCREAS ACQUISITION					
86	8600	OTHER ORGAN ACQUISITION					
88	8800	INTEREST EXPENSE		2,769,773	2,769,773	-2,769,773	

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0068
PERIOD: FROM 4/1/2008 TO 3/31/2009
PREPARED 8/31/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	SPEC PURPOSE COST CENTERS					
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D. P.)					
93	9300 HOSPICE					
95	SUBTOTALS	19,663,276	26,495,598	46,158,874	-0-	46,158,874
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		2,443	2,443		2,443
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES	7,432	186,156	193,588		193,588
99	9900 NONPAID WORKERS					
101	TOTAL	19,670,708	26,684,197	46,354,905	-0-	46,354,905

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I
I 14-0068 I
I I

I PERIOD: I
I FROM 4/ 1/2008 I
I TO 3/31/2009 I

I PREPARED 8/31/2009
I WORKSHEET A
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		171,620
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	-13,899	682,033
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		107,297
5 0500	EMPLOYEE BENEFITS		3,358,799
6.01 0610	NONPATIENT TELEPHONES		300,609
6.02 0620	DATA PROCESSING		854,229
6.03 0630	PURCHASING, RECEIVING AND STORES		749,468
6.04 0650	CASHIERING/ACCOUNTS RECEIVABLE	-53	1,171,248
6.05 0660	OTHER ADMINISTRATIVE AND GENERAL	-323,792	6,604,780
7 0700	MAINTENANCE & REPAIRS		
8 0800	OPERATION OF PLANT		2,056,617
9 0900	LAUNDRY & LINEN SERVICE		
10 1000	HOUSEKEEPING		869,726
11 1100	DIETARY	-114,622	590,001
12 1200	CAFETERIA		590,919
13 1300	MAINTENANCE OF PERSONNEL		
14 1400	NURSING ADMINISTRATION	-550	1,198,261
15 1500	CENTRAL SERVICES & SUPPLY		230,150
16 1600	PHARMACY		781,628
17 1700	MEDICAL RECORDS & LIBRARY	-3,735	747,087
18 1800	SOCIAL SERVICE		
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		
24 2400	PARAMED ED PRGM		
25 2500	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-512,119	6,176,150
26 2600	INTENSIVE CARE UNIT		1,730,160
27 2700	CORONARY CARE UNIT		
28 2800	BURN INTENSIVE CARE UNIT		
29 2900	SURGICAL INTENSIVE CARE UNIT		
31 3100	SUBPROVIDER		
33 3300	NURSERY		438,208
34 3400	SKILLED NURSING FACILITY		
35 3500	NURSING FACILITY		
35.01 3510	ICF/MR		
36 3600	OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-87,250	941,742
38 3800	RECOVERY ROOM		305,027
39 3900	DELIVERY ROOM & LABOR ROOM		803,222
40 4000	ANESTHESIOLOGY	-989,947	136,530
41 4100	RADIOLOGY-DIAGNOSTIC	-160,448	2,023,028
42 4200	RADIOLOGY-THERAPEUTIC		
43 4300	RADIOISOTOPE		
44 4400	LABORATORY	-42,671	2,345,401
45 4500	PBP CLINICAL LAB SERVICES-PRGM ONLY		
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		
47 4700	BLOOD STORING, PROCESSING & TRANS.		
48 4800	INTRAVENOUS THERAPY		
49 4900	RESPIRATORY THERAPY		
50 5000	PHYSICAL THERAPY		287,097
51 5100	OCCUPATIONAL THERAPY		
52 5200	SPEECH PATHOLOGY		
53 5300	ELECTROCARDIOLOGY		
53.01 3160	CARDIOPULMONARY	-203,833	1,618,287
54 5400	ELECTROENCEPHALOGRAPHY		
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		358,891
56 5600	DRUGS CHARGED TO PATIENTS		1,287,756
57 5700	RENAL DIALYSIS		
58 5800	ASC (NON-DISTINCT PART)		
58.01 3350	HEMATOLOGY		368,490
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		109,732
61 6100	EMERGENCY	-1,343,306	2,348,918
61.01 4950	OTHER OUTPATIENT SERVICE COST CENTER		19,538
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
64 6400	HOME PROGRAM DIALYSIS		
65 6500	AMBULANCE SERVICES		
66 6600	DURABLE MEDICAL EQUIP-RENTED		
67 6700	DURABLE MEDICAL EQUIP-SOLD		
69 6900	CORF		
70 7000	I&R SERVICES-NOT APPRVD PRGM		
71 7100	HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
82 8200	LUNG ACQUISITION		
83 8300	KIDNEY ACQUISITION		
84 8400	LIVER ACQUISITION		
85 8500	HEART ACQUISITION		
85.01 8510	PANCREAS ACQUISITION		
86 8600	OTHER ORGAN ACQUISITION		
88 8800	INTEREST EXPENSE		-0-

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0068
PERIOD: FROM 4/1/2008 TO 3/31/2009
PREPARED 8/31/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	SPEC PURPOSE COST CENTERS		
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D. P.)		
93	9300 HOSPICE		
95	SUBTOTALS	-3,796,225	42,362,649
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		2,443
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		193,588
99	9900 NONPAID WORKERS		
101	TOTAL	-3,796,225	42,558,680

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 8/31/2009
 I 14-0068 I FROM 4/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 3/31/2009 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.05	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
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	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIOPULMONARY	3160	CARDIOPULMONARY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
58.01	HEMATOLOGY	3350	HEMATOLOGY
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
61.01	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
85.01	PANCREAS ACQUISITION	8510	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	

COST CENTERS USED IN COST REPORT

PROVIDER NO:	PERIOD:	PREPARED
14-0068	FROM 4/ 1/2008	8/31/2009
	TO 3/31/2009	NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	SPEC PURPOSE COST CE		
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140068

PERIOD:
FROM 4/ 1/2008
TO 3/31/2009

PREPARED 8/31/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1) 1	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RECLASS CAPITAL RELATED INT EXPENSE	A	OLD CAP REL COSTS-BLDG & FIXT	1		124,162
2 DELIVERY ROOM RECLASS	B	DELIVERY ROOM & LABOR ROOM	39	604,395	198,827
3 PROPERTY INSURANCE RECLASS	C	OLD CAP REL COSTS-BLDG & FIXT	1		47,458
4 RECLASS MEDICAL SUPPLIES	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		358,891
5 RECLASS DRUGS SOLD	E	DRUGS CHARGED TO PATIENTS	56		1,287,756
6 WICK PROGRAM RECLASS	F	ADULTS & PEDIATRICS	25	394,568	17,725
7 23HR OBSERVATION COSTS RECLASS	G	OTHER OUTPATIENT SERVICE COST CENTER	61.01	14,105	5,433
8 PROPERTY INSURANCE RECLASS	J	NEW CAP REL COSTS-MVBLE EQUIP	4		7,593
9 DIETARY/CAFETERIA RECLASS	K	CAFETERIA	12	267,821	323,098
10 RECLASS ANESTHESIA COSTS	L	ANESTHESIOLOGY	40		108,547
11 RECLASS RECOVERY ROOM COSTS	M	RECOVERY ROOM	38	178,814	122,105
12 OPERATING INTEREST	N	OTHER ADMINISTRATIVE AND GENERAL	6.05		2,721
13 IDPA PROVIDER TAX	O	OTHER ADMINISTRATIVE AND GENERAL	6.05		2,642,890
36 TOTAL RECLASSIFICATIONS				1,459,703	5,247,206

(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:
140068

PERIOD:
FROM 4/ 1/2008
TO 3/31/2009

PREPARED 8/31/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----					A-7 REF 10
	CODE (1) 1	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 RECLASS CAPITAL RELATED INT EXPENSE	A	INTEREST EXPENSE	88		124,162	9
2 DELIVERY ROOM RECLASS	B	ADULTS & PEDIATRICS	25	604,395	198,827	
3 PROPERTY INSURANCE RECLASS	C	OTHER ADMINISTRATIVE AND GENERAL	6.05		47,458	9
4 RECLASS MEDICAL SUPPLIES	D	CENTRAL SERVICES & SUPPLY	15		358,891	
5 RECLASS DRUGS SOLD	E	PHARMACY	16		1,287,756	
6 WICK PROGRAM RECLASS	F	OTHER ADMINISTRATIVE AND GENERAL	6.05	394,568	17,725	
7 23HR OBSERVATION COSTS RECLASS	G	ADULTS & PEDIATRICS	25	14,105	5,433	
8 PROPERTY INSURANCE RECLASS	J	OTHER ADMINISTRATIVE AND GENERAL	6.05		7,593	9
9 DIETARY/CAFETERIA RECLASS	K	DIETARY	11	267,821	323,098	
10 RECLASS ANESTHESIA COSTS	L	OPERATING ROOM	37		108,547	
11 RECLASS RECOVERY ROOM COSTS	M	OPERATING ROOM	37	178,814	122,105	
12 OPERATING INTEREST	N	INTEREST EXPENSE	88		2,721	
13 IDPA PROVIDER TAX	O	INTEREST EXPENSE	88		2,642,890	
36 TOTAL RECLASSIFICATIONS				1,459,703	5,247,206	

(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:
140068

PERIOD:
FROM 4/ 1/2008
TO 3/31/2009

PREPARED 8/31/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : RECLASS CAPITAL RELATED INT EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	124,162
TOTAL RECLASSIFICATIONS FOR CODE A			124,162

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	124,162	
			124,162

RECLASS CODE: B
EXPLANATION : DELIVERY ROOM RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DELIVERY ROOM & LABOR ROOM	39	803,222
TOTAL RECLASSIFICATIONS FOR CODE B			803,222

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	803,222	
			803,222

RECLASS CODE: C
EXPLANATION : PROPERTY INSURANCE RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	47,458
TOTAL RECLASSIFICATIONS FOR CODE C			47,458

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.05	47,458	
			47,458

RECLASS CODE: D
EXPLANATION : RECLASS MEDICAL SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	358,891
TOTAL RECLASSIFICATIONS FOR CODE D			358,891

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	358,891	
			358,891

RECLASS CODE: E
EXPLANATION : RECLASS DRUGS SOLD

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	1,287,756
TOTAL RECLASSIFICATIONS FOR CODE E			1,287,756

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	1,287,756	
			1,287,756

RECLASS CODE: F
EXPLANATION : WICK PROGRAM RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	412,293
TOTAL RECLASSIFICATIONS FOR CODE F			412,293

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.05	412,293	
			412,293

RECLASS CODE: G
EXPLANATION : 23HR OBSERVATION COSTS RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER OUTPATIENT SERVICE COST	61.01	19,538
TOTAL RECLASSIFICATIONS FOR CODE G			19,538

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	19,538	
			19,538

RECLASS CODE: J
EXPLANATION : PROPERTY INSURANCE RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	7,593
TOTAL RECLASSIFICATIONS FOR CODE J			7,593

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.05	7,593	
			7,593

RECLASS CODE: K
EXPLANATION : DIETARY/CAFETERIA RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	590,919
TOTAL RECLASSIFICATIONS FOR CODE K			590,919

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	590,919	
			590,919

RECLASSIFICATIONS

PROVIDER NO:
140068

PERIOD:
FROM 4/1/2008
TO 3/31/2009

PREPARED 8/31/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: L
EXPLANATION : RECLASS ANESTHESIA COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ANESTHESIOLOGY	40	108,547	OPERATING ROOM	37	108,547	
TOTAL RECLASSIFICATIONS FOR CODE L			108,547				108,547

RECLASS CODE: M
EXPLANATION : RECLASS RECOVERY ROOM COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RECOVERY ROOM	38	300,919	OPERATING ROOM	37	300,919	
TOTAL RECLASSIFICATIONS FOR CODE M			300,919				300,919

RECLASS CODE: N
EXPLANATION : OPERATING INTEREST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.05	2,721	INTEREST EXPENSE	88	2,721	
TOTAL RECLASSIFICATIONS FOR CODE N			2,721				2,721

RECLASS CODE: O
EXPLANATION : IDPA PROVIDER TAX

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.05	2,642,890	INTEREST EXPENSE	88	2,642,890	
TOTAL RECLASSIFICATIONS FOR CODE O			2,642,890				2,642,890

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	380,477					380,477	
2 LAND IMPROVEMENTS	403,347	62,454		62,454		465,801	
3 BUILDINGS & FIXTURE	10,460,084	4,747,394		4,747,394		15,207,478	
4 BUILDING IMPROVEMEN	6,526,154	312,477		312,477		6,838,631	
5 FIXED EQUIPMENT	2,420,506					2,420,506	
6 MOVABLE EQUIPMENT	11,077,383	1,474,679		1,474,679		12,552,062	
7 SUBTOTAL	31,267,951	6,597,004		6,597,004		37,864,955	
8 RECONCILING ITEMS							
9 TOTAL	31,267,951	6,597,004		6,597,004		37,864,955	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	171,620						171,620
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	712,847		-30,814				682,033
4	NEW CAP REL COSTS-MV	112,780		-5,483				107,297
5	TOTAL	997,247		-36,297				960,950

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	726,746		-30,814				695,932
4	NEW CAP REL COSTS-MV	105,187		-5,483				99,704
5	TOTAL	831,933		-36,297				795,636

* 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

PROVIDER NO: 14-0068

PERIOD: FROM 4/1/2008 TO 3/31/2009
 PREPARED 8/31/2009
 WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-3,339,126				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1					
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS						
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS						
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 OTHER ADJUSTMENTS (SPECIFY)						
38 MEDICAL RECORD COPIES	B	-3,735	MEDICAL RECORDS & LIBRARY		17	
39 BILL COPIES	B	-53	CASHIERING/ACCOUNTS RECEI		6.04	
40 NUTRITIONAL SERVICES INCOME	B	-102,482	DIETARY		11	
41 OTHER ADJUSTMENTS (SPECIFY)						
42 OTHER ADJUSTMENTS (SPECIFY)						
43 CPR TRAINING	B	-550	NURSING ADMINISTRATION		14	
44 OPERATING FUND INTEREST INCOME	B	-86,163	OTHER ADMINISTRATIVE AND		6.05	
45 RCH SUITE RENTAL	B	-40,036	NEW CAP REL COSTS-BLDG &		3	9
46						
47						
48						
49 INVESTMENT INCOME INTEREST FUND	B	-6	OTHER ADMINISTRATIVE AND		6.05	
49.02 FILM COPIES	B	-448	RADIOLOGY-DIAGNOSTIC		41	
49.03						
49.04 REMAINING NON OPERATING REVENUE	B	-213,770	OTHER ADMINISTRATIVE AND		6.05	
49.05						
49.06						
49.07 MEDICARE ADJ-BOND AMORTIZATION	A	30,814	NEW CAP REL COSTS-BLDG &		3	9
49.08 MEDICARE ADJ-MEDICARE AFFAIRS CO	A	-23,853	OTHER ADMINISTRATIVE AND		6.05	
49.09						
49.10						
49.11						
49.14 VENDING MACHINES	B	-12,140	DIETARY		11	
49.15 MONTEREY LUCK RENTAL	B	-4,677	NEW CAP REL COSTS-BLDG &		3	9
49.16						
49.19						
50 TOTAL (SUM OF LINES 1 THRU 49)		-3,796,225				

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0068
 PERIOD: FROM 4/1/2008 TO 3/31/2009
 PREPARED: 8/31/2009
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	ADULTS & PEDIATRICS	678,244	413,244	265,000	177,200	1,950	166,125	8,306
2 33	NURSERY							
3 40	ANESTHESIOLOGY	989,947	989,947					
4 61	EMERGENCY	1,343,306	1,343,306					
5 60	CLINIC							
6 44	LABORATORY	42,671	42,671					
7 41	RADIOLOGY - DIAGNOSTIC	160,000	160,000					
8								
9 37	OPER ROOM	87,250	87,250					
10 53 1	CARDIO-PULMONARY	203,833	203,833					
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	3,505,251	3,240,251	265,000		1,950	166,125	8,306

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0068
 PERIOD: FROM 4/1/2008 TO 3/31/2009
 PREPARED: 8/31/2009
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 25	ADULTS & PEDIATRICS					166,125	98,875	512,119
2 33	NURSERY							
3 40	ANESTHESIOLOGY							989,947
4 61	EMERGENCY			69,000				1,343,306
5 60	CLINIC			17,000				
6 44	LABORATORY							42,671
7 41	RADIOLOGY - DIAGNOSTIC							160,000
8								
9 37	OPER ROOM							87,250
10 53 1	CARDIO-PULMONARY							203,833
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL			86,000		166,125	98,875	3,339,126

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 8/31/2009
 I 14-0068 I FROM 4/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 3/31/2009 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	7	PHONES		ENTERED
6.02	DATA PROCESSING	8	MACH		ENTERED
6.03	PURCHASING, RECEIVING AND STORES	9	CHARGES		ENTERED
6.04	CASHIERING/ACCOUNTS RECEIVABLE	9	CHARGES		ENTERED
6.05	OTHER ADMINISTRATIVE AND GENERAL	-10	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	11	SQUARE	FEET	NOT ENTERED
8	OPERATION OF PLANT	12	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	13	POUNDS OF	LAUNDRY	NOT ENTERED
10	HOUSEKEEPING	14	HOURS OF	SERVICE	ENTERED
11	DIETARY	15	MEALS	SERVED	ENTERED
12	CAFETERIA	16	MEALS	SERVED	ENTERED
13	MAINTENANCE OF PERSONNEL	17	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	18	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	19	COSTED	REQUI S.	ENTERED
16	PHARMACY	20	COSTED	REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	21	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	22	TIME	SPENT	NOT ENTERED
20	NONPHYSICIAN ANESTHETISTS	24	ASSIGNED	TIME	NOT ENTERED
21	NURSING SCHOOL	25	ASSIGNED	TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	26	ASSIGNED	TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	27	ASSIGNED	TIME	NOT ENTERED
24	PARAMED ED PRGM	28	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	NONPATIENT TELEPHONES 6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	171,620	171,620					
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	682,033			682,033			
005 NEW CAP REL COSTS-MVBLE E	107,297				107,297		
006 EMPLOYEE BENEFITS	3,358,799	1,812		7,199	1,524	3,369,334	
006 01 NONPATIENT TELEPHONES	300,609	69		274	185	12,400	313,537
006 02 DATA PROCESSING	854,229	362		1,440	2,041	42,059	7,710
006 03 PURCHASING, RECEIVING AND	749,468	2,380		9,460	2,473	32,966	5,140
006 04 CASHIERING/ACCOUNTS RECEI	1,171,248	2,533		10,067	1,386	99,513	48,830
006 05 OTHER ADMINISTRATIVE AND	6,604,780	21,015		83,517	7,604	264,748	66,817
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	2,056,617	20,262		80,524	1,881	82,989	7,710
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	869,726	2,114		8,401	1,148	73,622	7,710
011 DIETARY	590,001	6,589		26,185		33,040	10,280
012 CAFETERIA	590,919	2,777		11,037		46,460	10,280
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,198,261	437		1,737	3,076	177,880	2,570
015 CENTRAL SERVICES & SUPPLY	230,150	3,247		12,905	263	18,662	7,710
016 PHARMACY	781,628	4,322		17,177		80,938	10,280
017 MEDICAL RECORDS & LIBRARY	747,087	2,825		11,227	1,056	63,436	33,410
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							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	6,176,150	53,274		211,718	10,130	850,167	12,850
026 INTENSIVE CARE UNIT	1,730,160	5,203		20,675	5,585	269,198	5,140
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY	438,208	2,463		9,787	1,152	68,233	2,570
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	941,742	7,950		31,593	7,671	106,072	5,140
038 RECOVERY ROOM	305,027	948		3,766	397	31,020	2,570
039 DELIVERY ROOM & LABOR ROO	803,222	3,104		12,334	3,324	104,847	7,710
040 ANESTHESIOLOGY	136,530	198		785	4,022		
041 RADIOLOGY-DIAGNOSTIC	2,023,028	5,885		23,389	33,506	221,244	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	2,345,401	4,951		19,676	3,614	161,007	25,700
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY	287,097	1,785		7,092	354	6,134	2,570
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY	1,618,287	1,127		4,480	14,905	203,243	7,710
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	358,891						
056 DRUGS CHARGED TO PATIENTS	1,287,756						
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 HEMATOLOGY	368,490	135		535			5,140
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	109,732	862		3,427		16,430	
061 EMERGENCY	2,348,918	12,991		51,626		299,290	17,990
061 01 OTHER OUTPATIENT SERVICE	19,538					2,447	
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	0	1	2	3	4	5	6.01
092 SPEC PURPOSE COST CENTERS								
093 AMBULATORY SURGICAL CENTE								
095 HOSPICE								
095 SUBTOTALS	42,362,649		171,620		682,033	107,297	3,368,045	313,537
096 NONREIMBURS COST CENTERS								
097 GIFT, FLOWER, COFFEE SHOP	2,443							
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFIC	193,588						1,289	
099 NONPAID WORKERS								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	42,558,680		171,620		682,033	107,297	3,369,334	313,537

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL	OTHER ADMINISTRATIVE AND MAINTENANCE REPAIRS	OPERATION OF PLANT	
	6.02	6.03	6.04	6a.04	6.05	7	8
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	907,841						
006 03 PURCHASING, RECEIVING AND	45,392	847,279					
006 04 CASHIERING/ACCOUNTS RECEI	805,255	2,707	2,141,539				
006 05 OTHER ADMINISTRATIVE AND	57,194	33,886	85,924	7,225,485	7,225,485		
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		46,712	118,446	2,415,141	493,887		2,909,028
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING		11,220	28,451	1,002,392	204,985		49,921
011 DIETARY		4,173	10,582	680,850	139,231		155,596
012 CAFETERIA				661,473	135,269		65,583
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		2,406	6,101	1,392,468	284,754		10,324
015 CENTRAL SERVICES & SUPPLY				272,937	55,815		76,685
016 PHARMACY				894,345	182,890		102,069
017 MEDICAL RECORDS & LIBRARY		1,422	3,606	864,069	176,699		66,715
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							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		60,730	153,991	7,529,010	1,539,639		1,258,064
026 INTENSIVE CARE UNIT		21,172	53,685	2,110,818	431,654		122,858
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY		102,082	258,844	883,339	180,639		58,159
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		102,082	258,844	1,461,094	298,788		187,734
038 RECOVERY ROOM		955	2,421	347,104	70,981		22,380
039 DELIVERY ROOM & LABOR ROO		7,479	18,964	960,984	196,517		73,290
040 ANESTHESIOLOGY		5,429	13,765	160,729	32,868		4,667
041 RADIOLOGY-DIAGNOSTIC		58,570	148,513	2,514,135	514,131		138,980
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		118,854	301,369	2,980,572	609,515		116,918
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY		688	1,743	307,463	62,875		42,143
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY		67,282	170,604	2,087,638	426,914		26,622
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED		95,328	241,720	695,939	142,317		
056 DRUGS CHARGED TO PATIENTS		31,013	78,638	1,397,407	285,764		
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 HEMATOLOGY				374,300	76,543		3,182
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		7,691	19,501	157,643	32,237		20,364
061 EMERGENCY		53,377	135,345	2,919,537	597,034		306,774
061 01 OTHER OUTPATIENT SERVICE		1,659	4,206	27,850	5,695		
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							

	COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	R CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINISTRATIVE AND	MAINTENANCE REPAIRS	& OPERATION OF PLANT
		6.02	6.03	6.04	6a.04	6.05	7	8
092	SPEC PURPOSE COST CENTERS							
093	AMBULATORY SURGICAL CENTE							
095	HOSPICE							
	SUBTOTALS	907,841	836,917	2,115,263	42,324,722	7,177,641		2,909,028
096	NONREIMBURS COST CENTERS							
097	GIFT, FLOWER, COFFEE SHOP				2,443	500		
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC		10,362	26,276	231,515	47,344		
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	907,841	847,279	2,141,539	42,558,680	7,225,485		2,909,028

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	9	10	11	12	13	14	15
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING		1,257,298					
011 DIETARY		21,712	997,389				
012 CAFETERIA		21,712		884,037			
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		10,856		46,243		1,744,645	
015 CENTRAL SERVICES & SUPPLY		26,365					431,802
016 PHARMACY		10,856					
017 MEDICAL RECORDS & LIBRARY		18,611		38,707			
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							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		797,773	906,230	305,122		999,988	51,516
026 INTENSIVE CARE UNIT		18,611	68,206	66,340		217,417	19,190
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY		10,856		16,527		54,165	10,352
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		56,607		37,484		122,846	92,527
038 RECOVERY ROOM		5,428					866
039 DELIVERY ROOM & LABOR ROO		16,284					6,772
040 ANESTHESIOLOGY		2,326					4,921
041 RADIOLOGY-DIAGNOSTIC		41,874		73,314			34,821
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		29,467		69,150			
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY		7,754		3,570		11,700	623
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY		13,493		77,975			39,005
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED				10,908			86,406
056 DRUGS CHARGED TO PATIENTS		2,326		25,287			28,110
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 HEMATOLOGY							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC				10,115			6,971
061 EMERGENCY		124,070		103,295		338,529	48,309
061 01 OTHER OUTPATIENT SERVICE		20,317	22,953				1,413
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF F PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	9	10	11	12	13	14	15
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTER							
095 HOSPICE							
095 SUBTOTALS		1,257,298	997,389	884,037		1,744,645	431,802
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL		1,257,298	997,389	884,037		1,744,645	431,802

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	16	17	18	20	21	22	23
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	1,190,160						
017 MEDICAL RECORDS & LIBRARY		1,164,801					
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							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		809,538					
027 INTENSIVE CARE UNIT		73,382					
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY		55,910					
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM							
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC							
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY							
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	1,190,160						
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 HEMATOLOGY							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY		205,005					
061 01 OTHER OUTPATIENT SERVICE		20,966					
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	16	17	18	20	21	22	23
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTE							
095 HOSPICE							
095 SUBTOTALS	1,190,160	1,164,801					
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,190,160	1,164,801					

COST CENTER DESCRIPTION	PARAMED ED PR GM	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	24	25	26	27
001 GENERAL SERVICE COST CNTR				
002 OLD CAP REL COSTS-BLDG &				
003 OLD CAP REL COSTS-MVBLE E				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
006 01 NONPATIENT TELEPHONES				
006 02 DATA PROCESSING				
006 03 PURCHASING, RECEIVING AND				
006 04 CASHIERING/ACCOUNTS RECEI				
006 05 OTHER ADMINISTRATIVE AND				
007 MAINTENANCE & REPAIRS				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
013 MAINTENANCE OF PERSONNEL				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE				
020 NONPHYSICIAN ANESTHETISTS				
021 NURSING SCHOOL				
022 I&R SERVICES-SALARY & FRI				
023 I&R SERVICES-OTHER PRGM C				
024 PARAMED ED PRGM				
025 INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS		14,196,880		14,196,880
026 INTENSIVE CARE UNIT		3,128,476		3,128,476
027 CORONARY CARE UNIT				
028 BURN INTENSIVE CARE UNIT				
029 SURGICAL INTENSIVE CARE U				
031 SUBPROVIDER				
033 NURSERY		1,269,947		1,269,947
034 SKILLED NURSING FACILITY				
035 NURSING FACILITY				
036 01 ICF/MR				
036 OTHER LONG TERM CARE				
037 ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		2,257,080		2,257,080
038 RECOVERY ROOM		446,759		446,759
039 DELIVERY ROOM & LABOR ROO		1,253,847		1,253,847
040 ANESTHESIOLOGY		205,511		205,511
041 RADIOLOGY-DIAGNOSTIC		3,317,255		3,317,255
042 RADIOLOGY-THERAPEUTIC				
043 RADIOISOTOPE				
044 LABORATORY		3,805,622		3,805,622
045 PBP CLINICAL LAB SERVICES				
046 WHOLE BLOOD & PACKED RED				
047 BLOOD STORING, PROCESSING				
048 INTRAVENOUS THERAPY				
049 RESPIRATORY THERAPY				
050 PHYSICAL THERAPY		436,128		436,128
051 OCCUPATIONAL THERAPY				
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY				
053 01 CARDIOPULMONARY		2,671,647		2,671,647
054 ELECTROENCEPHALOGRAPHY				
055 MEDICAL SUPPLIES CHARGED		935,570		935,570
056 DRUGS CHARGED TO PATIENTS		2,929,054		2,929,054
057 RENAL DIALYSIS				
058 ASC (NON-DISTINCT PART)				
058 01 HEMATOLOGY		454,025		454,025
060 OUTPAT SERVICE COST CNTRS				
061 CLINIC		227,330		227,330
061 EMERGENCY		4,642,553		4,642,553
061 01 OTHER OUTPATIENT SERVICE		99,194		99,194
062 OBSERVATION BEDS (NON-DIS				
064 OTHER REIMBURS COST CNTRS				
064 HOME PROGRAM DIALYSIS				
065 AMBULANCE SERVICES				
066 DURABLE MEDICAL EQUIP-REN				
067 DURABLE MEDICAL EQUIP-SOL				
069 CORF				
070 I&R SERVICES-NOT APPRVD P				
071 HOME HEALTH AGENCY				
082 LUNG ACQUISITION				
082 SPEC PURPOSE COST CENTERS				
083 KIDNEY ACQUISITION				
084 LIVER ACQUISITION				
085 HEART ACQUISITION				
085 01 PANCREAS ACQUISITION				
086 OTHER ORGAN ACQUISITION				

ALLOCATION OF OLD CAPITAL RELATED COSTS

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 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS		1,812				1,812	1,812
006 01 NONPATIENT TELEPHONES		69				69	7
006 02 DATA PROCESSING		362				362	23
006 03 PURCHASING, RECEIVING AND		2,380				2,380	18
006 04 CASHIERING/ACCOUNTS RECEI		2,533				2,533	53
006 05 OTHER ADMINISTRATIVE AND		21,015				21,015	142
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		20,262				20,262	44
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING		2,114				2,114	39
011 DIETARY		6,589				6,589	18
012 CAFETERIA		2,777				2,777	25
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		437				437	95
015 CENTRAL SERVICES & SUPPLY		3,247				3,247	10
016 PHARMACY		4,322				4,322	43
017 MEDICAL RECORDS & LIBRARY		2,825				2,825	34
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							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		53,274				53,274	462
026 INTENSIVE CARE UNIT		5,203				5,203	144
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY		2,463				2,463	37
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		7,950				7,950	57
038 RECOVERY ROOM		948				948	17
039 DELIVERY ROOM & LABOR ROO		3,104				3,104	56
040 ANESTHESIOLOGY		198				198	
041 RADIOLOGY-DIAGNOSTIC		5,885				5,885	119
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		4,951				4,951	86
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY		1,785				1,785	3
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY		1,127				1,127	109
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 HEMATOLOGY		135				135	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		862				862	9
061 EMERGENCY		12,991				12,991	160
061 01 OTHER OUTPATIENT SERVICE							1
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							

ALLOCATION OF OLD CAPITAL RELATED COSTS

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 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTE							
095 HOSPICE							
095 SUBTOTALS		171,620				171,620	1,811
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							1
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		171,620				171,620	1,812

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	CASHIERING/ACCOUNTS RECEI	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT
	6.01	6.02	6.03	6.04	6.05	7	8
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	76						
006 02 DATA PROCESSING	2	387					
006 03 PURCHASING, RECEIVING AND	1	19	2,418				
006 04 CASHIERING/ACCOUNTS RECEI	12	344	8	2,950			
006 05 OTHER ADMINISTRATIVE AND	17	24	97	118	21,413		
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	2		133	163	1,464		22,068
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	2		32	39	607		379
011 DIETARY	2		12	15	413		1,180
012 CAFETERIA	2				401		498
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1		7	8	844		78
015 CENTRAL SERVICES & SUPPLY	2				165		582
016 PHARMACY	2				542		774
017 MEDICAL RECORDS & LIBRARY	8		4	5	524		506
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							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	3		173	212	4,565		9,545
026 INTENSIVE CARE UNIT	1		60	74	1,279		932
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY	1		291	356	535		441
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1		291	356	885		1,424
038 RECOVERY ROOM	1		3	3	210		170
039 DELIVERY ROOM & LABOR ROO	2		21	26	582		556
040 ANESTHESIOLOGY			15	19	97		35
041 RADIOLOGY-DIAGNOSTIC			167	205	1,524		1,054
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	6		340	418	1,806		887
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY	1		2	2	186		320
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY	2		192	235	1,265		202
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED			272	333	422		
056 DRUGS CHARGED TO PATIENTS			89	108	847		
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 HEMATOLOGY	1				227		24
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			22	27	96		154
061 EMERGENCY	4		152	186	1,769		2,327
061 01 OTHER OUTPATIENT SERVICE			5	6	17		
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							

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COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	CASHIERING/AC COUNTS RECEI	OTHER ADMINISTRATIVE AND	MAINTENANCE REPAIRS	& OPERATION OF PLANT
	6.01	6.02	6.03	6.04	6.05	7	8
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTER							
095 HOSPICE							
095 SUBTOTALS	76	387	2,388	2,914	21,272		22,068
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP					1		
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE			30	36	140		
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	76	387	2,418	2,950	21,413		22,068

ALLOCATION OF OLD CAPITAL RELATED COSTS

14-0068

FROM 4/ 1/2008

WORKSHEET B

TO 3/31/2009

PART II

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR						
002 OLD CAP REL COSTS-BLDG &						
003 OLD CAP REL COSTS-MVBLE E						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
006 01 NONPATIENT TELEPHONES						
006 02 DATA PROCESSING						
006 03 PURCHASING, RECEIVING AND						
006 04 CASHIERING/ACCOUNTS RECEI						
006 05 OTHER ADMINISTRATIVE AND						
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING		3,212				
011 DIETARY		55	8,284			
012 CAFETERIA		55		3,758		
013 MAINTENANCE OF PERSONNEL						
014 NURSING ADMINISTRATION		28		197	1,695	
015 CENTRAL SERVICES & SUPPLY		67				4,073
016 PHARMACY		28				
017 MEDICAL RECORDS & LIBRARY		48		165		
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						
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS		2,037	7,527	1,298	972	486
026 INTENSIVE CARE UNIT		48	566	282	211	181
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE UNIT						
029 SURGICAL INTENSIVE CARE U						
031 SUBPROVIDER						
033 NURSERY		28		70	53	98
034 SKILLED NURSING FACILITY						
035 NURSING FACILITY						
036 01 ICF/MR						
036 OTHER LONG TERM CARE						
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM		145		159	119	873
038 RECOVERY ROOM		14				8
039 DELIVERY ROOM & LABOR ROO		42				64
040 ANESTHESIOLOGY		6				46
041 RADIOLOGY-DIAGNOSTIC		107		312		328
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE						
044 LABORATORY		75		294		
045 PBP CLINICAL LAB SERVICES						
046 WHOLE BLOOD & PACKED RED						
047 BLOOD STORING, PROCESSING						
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY						
050 PHYSICAL THERAPY		20		15	11	6
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY						
053 01 CARDIOPULMONARY		34		331		368
054 ELECTROENCEPHALOGRAPHY						
055 MEDICAL SUPPLIES CHARGED				46		815
056 DRUGS CHARGED TO PATIENTS		6		107		265
057 RENAL DIALYSIS						
058 ASC (NON-DISTINCT PART)						
058 01 HEMATOLOGY						
060 OUTPAT SERVICE COST CNTRS						
060 CLINIC				43		66
061 EMERGENCY		317		439	329	456
061 01 OTHER OUTPATIENT SERVICE		52	191			13
062 OBSERVATION BEDS (NON-DIS						
062 OTHER REIMBURS COST CNTRS						
064 HOME PROGRAM DIALYSIS						
065 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIP-REN						
067 DURABLE MEDICAL EQUIP-SOL						
069 CORF						
070 I&R SERVICES-NOT APPRVD P						
071 HOME HEALTH AGENCY						
082 LUNG ACQUISITION						
082 SPEC PURPOSE COST CENTERS						
083 KIDNEY ACQUISITION						
084 LIVER ACQUISITION						
085 HEART ACQUISITION						
085 01 PANCREAS ACQUISITION						
086 OTHER ORGAN ACQUISITION						

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COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	16	17	18	20	21	22	23
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	5,711						
017 MEDICAL RECORDS & LIBRARY		4,119					
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							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		2,863					
026 INTENSIVE CARE UNIT		259					
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY		198					
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM							
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC							
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY							
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	5,711						
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 HEMATOLOGY							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY		725					
061 01 OTHER OUTPATIENT SERVICE		74					
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NONPHYSICIAN ANESTHETISTS 20	NURSING SCHOOL 21	I&R SERVICES-SALARY & FRI 22	I&R SERVICES-OTHER PRGM C 23
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTE							
095 HOSPICE							
095 SUBTOTALS	5,711	4,119					
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	5,711	4,119					

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	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24	25	26	27
001	GENERAL SERVICE COST CNTR			
002	OLD CAP REL COSTS-BLDG &			
003	OLD CAP REL COSTS-MVBLE E			
004	NEW CAP REL COSTS-BLDG &			
005	NEW CAP REL COSTS-MVBLE E			
006	EMPLOYEE BENEFITS			
006	01 NONPATIENT TELEPHONES			
006	02 DATA PROCESSING			
006	03 PURCHASING, RECEIVING AND			
006	04 CASHIERING/ACCOUNTS RECEI			
006	05 OTHER ADMINISTRATIVE AND			
007	MAINTENANCE & REPAIRS			
008	OPERATION OF PLANT			
009	LAUNDRY & LINEN SERVICE			
010	HOUSEKEEPING			
011	DIETARY			
012	CAFETERIA			
013	MAINTENANCE OF PERSONNEL			
014	NURSING ADMINISTRATION			
015	CENTRAL SERVICES & SUPPLY			
016	PHARMACY			
017	MEDICAL RECORDS & LIBRARY			
018	SOCIAL SERVICE			
020	NONPHYSICIAN ANESTHETISTS			
021	NURSING SCHOOL			
022	I&R SERVICES-SALARY & FRI			
023	I&R SERVICES-OTHER PRGM C			
024	PARAMED ED PRGM			
	INPAT ROUTINE SRVC CNTRS			
025	ADULTS & PEDIATRICS	83,417		83,417
026	INTENSIVE CARE UNIT	9,240		9,240
027	CORONARY CARE UNIT			
028	BURN INTENSIVE CARE UNIT			
029	SURGICAL INTENSIVE CARE U			
031	SUBPROVIDER			
033	NURSERY	4,571		4,571
034	SKILLED NURSING FACILITY			
035	NURSING FACILITY			
035	01 ICF/MR			
036	OTHER LONG TERM CARE			
	ANCILLARY SRVC COST CNTRS			
037	OPERATING ROOM	12,260		12,260
038	RECOVERY ROOM	1,374		1,374
039	DELIVERY ROOM & LABOR ROO	4,453		4,453
040	ANESTHESIOLOGY	416		416
041	RADIOLOGY-DIAGNOSTIC	9,701		9,701
042	RADIOLOGY-THERAPEUTIC			
043	RADIOISOTOPE			
044	LABORATORY	8,863		8,863
045	PBP CLINICAL LAB SERVICES			
046	WHOLE BLOOD & PACKED RED			
047	BLOOD STORING, PROCESSING			
048	INTRAVENOUS THERAPY			
049	RESPIRATORY THERAPY			
050	PHYSICAL THERAPY	2,351		2,351
051	OCCUPATIONAL THERAPY			
052	SPEECH PATHOLOGY			
053	ELECTROCARDIOLOGY			
053	01 CARDIOPULMONARY	3,865		3,865
054	ELECTROENCEPHALOGRAPHY			
055	MEDICAL SUPPLIES CHARGED	1,888		1,888
056	DRUGS CHARGED TO PATIENTS	7,133		7,133
057	RENAL DIALYSIS			
058	ASC (NON-DISTINCT PART)			
058	01 HEMATOLOGY	387		387
	OUTPAT SERVICE COST CNTRS			
060	CLINIC	1,279		1,279
061	EMERGENCY	19,855		19,855
061	01 OTHER OUTPATIENT SERVICE	359		359
062	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
064	HOME PROGRAM DIALYSIS			
065	AMBULANCE SERVICES			
066	DURABLE MEDICAL EQUIP-REN			
067	DURABLE MEDICAL EQUIP-SOL			
069	CORF			
070	I&R SERVICES-NOT APPRVD P			
071	HOME HEALTH AGENCY			
082	LUNG ACQUISITION			
	SPEC PURPOSE COST CENTERS			
083	KIDNEY ACQUISITION			
084	LIVER ACQUISITION			
085	HEART ACQUISITION			
085	01 PANCREAS ACQUISITION			
086	OTHER ORGAN ACQUISITION			

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	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24	25	26	27
092	SPEC PURPOSE COST CENTERS			
093	AMBULATORY SURGICAL CENTE			
095	HOSPICE			
	SUBTOTALS	171,412		171,412
096	NONREIMBURS COST CENTERS			
097	GIFT, FLOWER, COFFEE SHOP	1		1
098	RESEARCH			
099	PHYSICIANS' PRIVATE OFFIC	207		207
101	NONPAID WORKERS			
102	CROSS FOOT ADJUSTMENTS			
103	NEGATIVE COST CENTER			
	TOTAL	171,620		171,620

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COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
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				7,199	1,524	8,723	8,723
006 01 NONPATIENT TELEPHONES				274	185	459	32
006 02 DATA PROCESSING				1,440	2,041	3,481	109
006 03 PURCHASING, RECEIVING AND				9,460	2,473	11,933	85
006 04 CASHIERING/ACCOUNTS RECEI				10,067	1,386	11,453	258
006 05 OTHER ADMINISTRATIVE AND				83,517	7,604	91,121	685
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT				80,524	1,881	82,405	215
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING				8,401	1,148	9,549	191
011 DIETARY				26,185		26,185	86
012 CAFETERIA				11,037		11,037	120
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION				1,737	3,076	4,813	460
015 CENTRAL SERVICES & SUPPLY				12,905	263	13,168	48
016 PHARMACY				17,177		17,177	209
017 MEDICAL RECORDS & LIBRARY				11,227	1,056	12,283	164
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							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				211,718	10,130	221,848	2,202
026 INTENSIVE CARE UNIT				20,675	5,585	26,260	697
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY				9,787	1,152	10,939	177
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				31,593	7,671	39,264	275
038 RECOVERY ROOM				3,766	397	4,163	80
039 DELIVERY ROOM & LABOR ROO				12,334	3,324	15,658	271
040 ANESTHESIOLOGY				785	4,022	4,807	
041 RADIOLOGY-DIAGNOSTIC				23,389	33,506	56,895	573
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY				19,676	3,614	23,290	417
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY				7,092	354	7,446	16
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY				4,480	14,905	19,385	526
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 HEMATOLOGY				535		535	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC				3,427		3,427	43
061 EMERGENCY				51,626		51,626	775
061 01 OTHER OUTPATIENT SERVICE							6
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							

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COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	CASHIERING/ACCOUNTS RECEI	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT
	6.01	6.02	6.03	6.04	6.05	7	8
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	491						
006 02 DATA PROCESSING	12	3,602					
006 03 PURCHASING, RECEIVING AND	8	180	12,206				
006 04 CASHIERING/ACCOUNTS RECEI	76	3,195	39	15,021			
006 05 OTHER ADMINISTRATIVE AND	107	227	488	603	93,231		
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	12		673	831	6,374		90,510
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	12		162	200	2,645		1,553
011 DIETARY	16		60	74	1,797		4,841
012 CAFETERIA	16				1,746		2,041
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	4		35	43	3,675		321
015 CENTRAL SERVICES & SUPPLY	12				720		2,386
016 PHARMACY	16				2,360		3,176
017 MEDICAL RECORDS & LIBRARY	52		20	25	2,280		2,076
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							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	20		875	1,080	19,856		39,142
026 INTENSIVE CARE UNIT	8		305	377	5,570		3,823
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY	4		1,471	1,816	2,331		1,810
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	8		1,471	1,816	3,856		5,841
038 RECOVERY ROOM	4		14	17	916		696
039 DELIVERY ROOM & LABOR ROO	12		108	133	2,536		2,280
040 ANESTHESIOLOGY			78	97	424		145
041 RADIOLOGY-DIAGNOSTIC			844	1,042	6,635		4,324
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	40		1,711	2,110	7,866		3,638
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY	4		10	12	811		1,311
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY	12		969	1,197	5,509		828
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED			1,373	1,696	1,837		
056 DRUGS CHARGED TO PATIENTS			447	552	3,688		
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 HEMATOLOGY	8				988		99
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			111	137	416		634
061 EMERGENCY	28		769	949	7,705		9,545
061 01 OTHER OUTPATIENT SERVICE			24	30	73		
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							

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	COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	TELEPHONE DATA PROCESSING	PURCHASING, RECEIVING AND	CASHIERING/AC COUNTS RECEI	OTHER ADMINISTRATIVE AND	MAINTENANCE REPAIRS	& OPERATION OF PLANT
		6.01	6.02	6.03	6.04	6.05	7	8
092	SPEC PURPOSE COST CENTERS							
093	AMBULATORY SURGICAL CENTER							
095	HOSPICE							
	SUBTOTALS	491	3,602	12,057	14,837	92,614		90,510
096	NONREIMBURS COST CENTERS							
097	GIFT, FLOWER, COFFEE SHOP					6		
098	RESEARCH							
099	PHYSICIANS' PRIVATE OFFICE			149	184	611		
101	NONPAID WORKERS							
102	CROSS FOOT ADJUSTMENTS							
103	NEGATIVE COST CENTER							
	TOTAL	491	3,602	12,206	15,021	93,231		90,510

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COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	9	10	11	12	13	14	15
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING		14,312					
011 DIETARY		247	33,306				
012 CAFETERIA		247		15,207			
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		124		795		10,270	
015 CENTRAL SERVICES & SUPPLY		300					16,634
016 PHARMACY		124					
017 MEDICAL RECORDS & LIBRARY		212		666			
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							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		9,082	30,262	5,250		5,886	1,985
026 INTENSIVE CARE UNIT		212	2,278	1,141		1,280	739
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY		124		284		319	399
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		644		645		723	3,563
038 RECOVERY ROOM		62					33
039 DELIVERY ROOM & LABOR ROO		185					261
040 ANESTHESIOLOGY		26					190
041 RADIOLOGY-DIAGNOSTIC		477		1,261			1,341
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		335		1,189			
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY		88		61		69	24
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY		154		1,341			1,503
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED				188			3,329
056 DRUGS CHARGED TO PATIENTS		26		435			1,083
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 HEMATOLOGY							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC				174			269
061 EMERGENCY		1,412		1,777		1,993	1,861
061 01 OTHER OUTPATIENT SERVICE		231	766				54
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0068

FROM 4/ 1/2008

WORKSHEET B

TO 3/31/2009

PART III

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	16	17	18	20	21	22	23
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	23,062						
017 MEDICAL RECORDS & LIBRARY		17,778					
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							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		12,356					
026 INTENSIVE CARE UNIT		1,120					
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY		853					
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM							
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC							
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY							
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	23,062						
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 HEMATOLOGY							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY		3,129					
061 01 OTHER OUTPATIENT SERVICE		320					
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	16	17	18	20	21	22	23
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTE							
095 HOSPICE							
095 SUBTOTALS	23,062	17,778					
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	23,062	17,778					

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0068

FROM 4/ 1/2008

WORKSHEET B

TO 3/31/2009

PART III

	PARAMED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24	25	26	27
001	GENERAL SERVICE COST CNTR			
002	OLD CAP REL COSTS-BLDG &			
003	OLD CAP REL COSTS-MVBLE E			
004	NEW CAP REL COSTS-BLDG &			
005	NEW CAP REL COSTS-MVBLE E			
006	EMPLOYEE BENEFITS			
006	01 NONPATIENT TELEPHONES			
006	02 DATA PROCESSING			
006	03 PURCHASING, RECEIVING AND			
006	04 CASHIERING/ACCOUNTS RECEI			
006	05 OTHER ADMINISTRATIVE AND			
007	MAINTENANCE & REPAIRS			
008	OPERATION OF PLANT			
009	LAUNDRY & LINEN SERVICE			
010	HOUSEKEEPING			
011	DIETARY			
012	CAFETERIA			
013	MAINTENANCE OF PERSONNEL			
014	NURSING ADMINISTRATION			
015	CENTRAL SERVICES & SUPPLY			
016	PHARMACY			
017	MEDICAL RECORDS & LIBRARY			
018	SOCIAL SERVICE			
020	NONPHYSICIAN ANESTHETISTS			
021	NURSING SCHOOL			
022	I&R SERVICES-SALARY & FRI			
023	I&R SERVICES-OTHER PRGM C			
024	PARAMED PRGM			
	INPAT ROUTINE SRVC CNTRS			
025	ADULTS & PEDIATRICS	349,844		349,844
026	INTENSIVE CARE UNIT	43,810		43,810
027	CORONARY CARE UNIT			
028	BURN INTENSIVE CARE UNIT			
029	SURGICAL INTENSIVE CARE U			
031	SUBPROVIDER			
033	NURSERY	20,527		20,527
034	SKILLED NURSING FACILITY			
035	NURSING FACILITY			
035	01 ICF/MR			
036	OTHER LONG TERM CARE			
	ANCILLARY SRVC COST CNTRS			
037	OPERATING ROOM	58,106		58,106
038	RECOVERY ROOM	5,985		5,985
039	DELIVERY ROOM & LABOR ROO	21,444		21,444
040	ANESTHESIOLOGY	5,767		5,767
041	RADIOLOGY-DIAGNOSTIC	73,392		73,392
042	RADIOLOGY-THERAPEUTIC			
043	RADIOISOTOPE			
044	LABORATORY	40,596		40,596
045	PBP CLINICAL LAB SERVICES			
046	WHOLE BLOOD & PACKED RED			
047	BLOOD STORING, PROCESSING			
048	INTRAVENOUS THERAPY			
049	RESPIRATORY THERAPY			
050	PHYSICAL THERAPY	9,852		9,852
051	OCCUPATIONAL THERAPY			
052	SPEECH PATHOLOGY			
053	ELECTROCARDIOLOGY			
053	01 CARDIOPULMONARY	31,424		31,424
054	ELECTROENCEPHALOGRAPHY			
055	MEDICAL SUPPLIES CHARGED	8,423		8,423
056	DRUGS CHARGED TO PATIENTS	29,293		29,293
057	RENAL DIALYSIS			
058	ASC (NON-DISTINCT PART)			
058	01 HEMATOLOGY	1,630		1,630
	OUTPAT SERVICE COST CNTRS			
060	CLINIC	5,211		5,211
061	EMERGENCY	81,569		81,569
061	01 OTHER OUTPATIENT SERVICE	1,504		1,504
062	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
064	HOME PROGRAM DIALYSIS			
065	AMBULANCE SERVICES			
066	DURABLE MEDICAL EQUIP-REN			
067	DURABLE MEDICAL EQUIP-SOL			
069	CORF			
070	I&R SERVICES-NOT APPRVD P			
071	HOME HEALTH AGENCY			
082	LUNG ACQUISITION			
	SPEC PURPOSE COST CENTERS			
083	KIDNEY ACQUISITION			
084	LIVER ACQUISITION			
085	HEART ACQUISITION			
085	01 PANCREAS ACQUISITION			
086	OTHER ORGAN ACQUISITION			

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0068
 PERIOD: FROM 4/1/2008 TO 3/31/2009
 PREPARED 8/31/2009
 WORKSHEET B
 PART III

	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24	25	26	27
092	SPEC PURPOSE COST CENTERS			
093	AMBULATORY SURGICAL CENTE			
095	HOSPICE			
	SUBTOTALS	788,377		788,377
096	NONREIMBURS COST CENTERS			
097	GIFT, FLOWER, COFFEE SHOP	6		6
098	RESEARCH			
099	PHYSICIANS' PRIVATE OFFIC	947		947
101	NONPAID WORKERS			
102	CROSS FOOT ADJUSTMENTS			
103	NEGATIVE COST CENTER			
	TOTAL	789,330		789,330

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING	CASHIERING/ACCOUNTS RECEIVABLE	RECONCILIATION	OTHER ADMINISTRATIVE AND MAINTENANCE REPAIRS	OPERATION OF PLANT	
	(MACH)	(CHARGES)	(CHARGES)	()	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)
GENERAL SERVICE COST	6.02	6.03	6.04	6a.05	6.05	7	8
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	1,000						
006 03 PURCHASING, RECEIVING	50	2,151,632					
006 04 CASHIERING/ACCOUNTS R	887	6,875	2,144,757				
006 05 OTHER ADMINISTRATIVE	63	86,053	86,053	-7,225,485	35,333,195		
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		118,624	118,624		2,415,141		82,281
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING		28,494	28,494		1,002,392		1,412
011 DIETARY		10,598	10,598		680,850		4,401
012 CAFETERIA					661,473		1,855
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIO		6,110	6,110		1,392,468		292
015 CENTRAL SERVICES & SU					272,937		2,169
016 PHARMACY					894,345		2,887
017 MEDICAL RECORDS & LIB		3,611	3,611		864,069		1,887
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I & R SERVICES-SALARY &							
023 I & R SERVICES-OTHER PR							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS		154,222	154,222		7,529,010		35,584
026 INTENSIVE CARE UNIT		53,766	53,766		2,110,818		3,475
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER							
033 NURSERY		259,233	259,233		883,339		1,645
034 SKILLED NURSING FACIL							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM		259,233	259,233		1,461,094		5,310
038 RECOVERY ROOM		2,425	2,425		347,104		633
039 DELIVERY ROOM & LABOR		18,992	18,992		960,984		2,073
040 ANESTHESIOLOGY		13,786	13,786		160,729		132
041 RADIOLOGY-DIAGNOSTIC		148,736	148,736		2,514,135		3,931
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		301,824	301,824		2,980,572		3,307
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCES							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY		1,746	1,746		307,463		1,192
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY		170,860	170,860		2,087,638		753
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHAR		242,083	242,083		695,939		
056 DRUGS CHARGED TO PATI		78,756	78,756		1,397,407		
057 RENAL DIALYSIS							
058 ASC (NON-DI STINCT PAR							
058 01 HEMATOLOGY					374,300		90
060 OUTPAT SERVICE COST C							
060 CLINIC		19,530	19,530		157,643		576
061 EMERGENCY		135,548	135,548		2,919,537		8,677
061 01 OTHER OUTPATIENT SERV		4,212	4,212		27,850		
062 OBSERVATION BEDS (NON							
062 OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
069 CORF							
070 I & R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
SPEC PURPOSE COST CEN							
083 KIDNEY ACQUISITION							

COST CENTER DESCRIPTION	DATA PROCESSING (MACH)	PURCHASING, RECEIVING AND (CHARGES)	CASHIERING/AC COUNTS RECEI (CHARGES)	RECONCILIATION (6a.05)	OTHER ADMINISTRATIVE AND (ACCUM. COST)	MAINTENANCE REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)
SPEC PURPOSE COST CEN	6.02	6.03	6.04	6a.05	6.05	7	8
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITI							
092 AMBULATORY SURGICAL C							
093 HOSPICE							
095 SUBTOTALS	1,000	2,125,317	2,118,442	-7,225,485	35,099,237		82,281
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE					2,443		
097 RESEARCH							
098 PHYSICIANS' PRIVATE O		26,315	26,315		231,515		
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	907,841	847,279	2,141,539		7,225,485		2,909,028
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.393784					
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED	907.841000		.998500		.204496		35.354796
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER	387	2,418	2,950		21,413		22,068
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	.387000		.001375		.000606		.268203
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER	3,602	12,206	15,021		93,231		90,510
(WRKSHT B, PT III)							
109 COST TO BE ALLOCATED	3.602000	.005673	.007004		.002639		1.100011
(WRKSHT B, PT III)							

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(MEALS SERVED)	(NUMBER HOUSED)	(DIRECT NRSNG HRS)	(COSTED)REQUIS.
	9	10	11	12	13	14	15
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 CASHIERING/ACCOUNTS R							
006 05 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING		8,107					
011 DIETARY			65,570				
012 CAFETERIA				26,745			
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION		70		1,399		16,105	
015 CENTRAL SERVICES & SU		170					1,209,780
016 PHARMACY		70					
017 MEDICAL RECORDS & LIB		120		1,171			
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMEDICAL PRGM							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS		5,144	59,577	9,231		9,231	144,333
026 INTENSIVE CARE UNIT		120	4,484	2,007		2,007	53,766
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER							
033 NURSERY		70		500		500	29,004
034 SKILLED NURSING FACIL							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM		365		1,134		1,134	259,233
038 RECOVERY ROOM		35					2,425
039 DELIVERY ROOM & LABOR		105					18,972
040 ANESTHESIOLOGY		15					13,786
041 RADIOLOGY-DIAGNOSTIC		270		2,218			97,558
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		190		2,092			
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCES							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY		50		108		108	1,746
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY		87		2,359			109,281
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHAR				330			242,083
056 DRUGS CHARGED TO PATI		15		765			78,756
057 RENAL DIALYSIS							
058 ASC (NON-DI STINCT PAR							
058 01 HEMATOLOGY							
060 OUTPAT SERVICE COST C							
060 CLINIC				306			19,530
061 EMERGENCY		800		3,125		3,125	135,347
061 01 OTHER OUTPATIENT SERV		131	1,509				3,960
062 OBSERVATION BEDS (NON							
062 OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
069 CORF							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
SPEC PURPOSE COST CEN							
083 KIDNEY ACQUISITION							

	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(MEALS SERVED)	(NUMBER HOUSED)	(DIRECT NRSING HRS)	(COSTED REQUIS.)
		9	10	11	12	13	14	15
084	SPEC PURPOSE COST CENTER							
085	LIVER ACQUISITION							
085	HEART ACQUISITION							
085	01 PANCREAS ACQUISITION							
086	OTHER ORGAN ACQUISITION							
092	AMBULATORY SURGICAL CENTER							
093	HOSPICE							
095	SUBTOTALS		8,107	65,570	26,745		16,105	1,209,780
096	NONREIMBURS COST CENTER							
097	GIFT, FLOWER, COFFEE RESEARCH							
098	PHYSICIANS' PRIVATE OPPORTUNITY							
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)		1,257,298	997,389	884,037		1,744,645	431,802
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		155.087949		33.054291		108.329401	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)		3,212	15,211,057	8,284	3,758	1,695	4,073
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)		.396201		.126338		.105247	
107	COST TO BE ALLOCATED (WRKSHT B, PART III)		14,312	33,306	15,207		10,270	16,634
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)		1.765388		.568592		.637690	
				.507946				.013750

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0068
 PERIOD: FROM 4/1/2008 TO 3/31/2009
 PREPARED 8/31/2009
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COST CENTER DESCRIPTION	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	I&R SERVICES-SALARY & FRI (ASSIGNED TIME)	I&R SERVICES-OTHER PRGM C (ASSIGNED TIME)
SPEC PURPOSE COST CEN	16	17	18	20	21	22	23
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL C							
093 HOSPICE							
095 SUBTOTALS	1,000	1,000					
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
097 RESEARCH							
098 PHYSICIANS' PRIVATE O							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	1,190,160	1,164,801					
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		1,164.801000					
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED	5,711	4,119					
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER		4.119000					
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	23,062	17,778					
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		17.778000					
(WRKSHT B, PT III)							
	23.062000						

COST CENTER	PARAMETER	DESCRIPTION	PRGM	(ASSIGNED TIME)
				24
001		GENERAL SERVICE COST		
002		OLD CAP REL COSTS-BLD		
003		OLD CAP REL COSTS-MVB		
004		NEW CAP REL COSTS-BLD		
005		NEW CAP REL COSTS-MVB		
006		EMPLOYEE BENEFITS		
006	01	NONPATIENT TELEPHONES		
006	02	DATA PROCESSING		
006	03	PURCHASING, RECEIVING		
006	04	CASHIERING/ACCOUNTS R		
006	05	OTHER ADMINISTRATIVE		
007		MAINTENANCE & REPAIRS		
008		OPERATION OF PLANT		
009		LAUNDRY & LINEN SERVI		
010		HOUSEKEEPING		
011		DIETARY		
012		CAFETERIA		
013		MAINTENANCE OF PERSON		
014		NURSING ADMINISTRATION		
015		CENTRAL SERVICES & SU		
016		PHARMACY		
017		MEDICAL RECORDS & LI B		
018		SOCIAL SERVICE		
020		NONPHYSICIAN ANESTHET		
021		NURSING SCHOOL		
022		I&R SERVICES-SALARY &		
023		I&R SERVICES-OTHER PR		
024		PARAMETER PRGM		
025		INPAT ROUTINE SRVC CN		
026		ADULTS & PEDIATRICS		
027		INTENSIVE CARE UNIT		
028		CORONARY CARE UNIT		
029		BURN INTENSIVE CARE U		
031		SURGICAL INTENSIVE CA		
033		SUBPROVIDER		
034		NURSERY		
035		SKILLED NURSING FACIL		
035		NURSING FACILITY		
035	01	ICF/MR		
036		OTHER LONG TERM CARE		
037		ANCILLARY SRVC COST C		
038		OPERATING ROOM		
039		RECOVERY ROOM		
040		DELIVERY ROOM & LABOR		
041		ANESTHESIOLOGY		
042		RADIOLOGY-DIAGNOSTIC		
043		RADIOLOGY-THERAPEUTIC		
044		RADIOISOTOPE		
045		LABORATORY		
046		PBP CLINICAL LAB SERV		
047		WHOLE BLOOD & PACKED		
048		BLOOD STORING, PROCES		
049		INTRAVENOUS THERAPY		
050		RESPIRATORY THERAPY		
051		PHYSICAL THERAPY		
052		OCCUPATIONAL THERAPY		
053		SPEECH PATHOLOGY		
053	01	ELECTROCARDIOLOGY		
054		CARDIOPULMONARY		
055		ELECTROENCEPHALOGRAPH		
056		MEDICAL SUPPLIES CHAR		
057		DRUGS CHARGED TO PATI		
058		RENAL DIALYSIS		
058		ASC (NON-DIAGNOSTIC PAR		
058	01	HEMATOLOGY		
060		OUTPAT SERVICE COST C		
061		CLINIC		
061	01	EMERGENCY		
062		OTHER OUTPATIENT SERV		
064		OBSERVATION BEDS (NON		
065		OTHER REIMBURS COST C		
066		HOME PROGRAM DIALYSIS		
067		AMBULANCE SERVICES		
069		DURABLE MEDICAL EQUIP		
070		DURABLE MEDICAL EQUIP		
071		CORF		
072		I&R SERVICES-NOT APPR		
073		HOME HEALTH AGENCY		
074		LUNG ACQUISITION		
075		SPEC PURPOSE COST CEN		
076		KIDNEY ACQUISITION		
083				

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	14,196,880		14,196,880	98,875	14,295,755
26	INTENSIVE CARE UNIT	3,128,476		3,128,476		3,128,476
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY	1,269,947		1,269,947		1,269,947
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
01	ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,257,080		2,257,080		2,257,080
38	RECOVERY ROOM	446,759		446,759		446,759
39	DELIVERY ROOM & LABOR ROO	1,253,847		1,253,847		1,253,847
40	ANESTHESIOLOGY	205,511		205,511		205,511
41	RADIOLOGY-DIAGNOSTIC	3,317,255		3,317,255		3,317,255
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	3,805,622		3,805,622		3,805,622
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY	436,128		436,128		436,128
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
01	CARDIOPULMONARY	2,671,647		2,671,647		2,671,647
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	935,570		935,570		935,570
56	DRUGS CHARGED TO PATIENTS	2,929,054		2,929,054		2,929,054
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
01	HEMATOLOGY	454,025		454,025		454,025
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	227,330		227,330		227,330
61	EMERGENCY	4,642,553		4,642,553		4,642,553
01	OTHER OUTPATIENT SERVICE	99,194		99,194		99,194
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	42,276,878		42,276,878	98,875	42,375,753
102	LESS OBSERVATION BEDS					
103	TOTAL	42,276,878		42,276,878	98,875	42,375,753

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	47,586,368		47,586,368			
26	INTENSIVE CARE UNIT	8,450,905		8,450,905			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	865,289		865,289			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	3,203,691	107,394	3,311,085	.681674	.681674	.681674
38	RECOVERY ROOM	665,985	250,824	916,809	.487298	.487298	.487298
39	DELIVERY ROOM & LABOR ROO	628,111	1,097,055	1,725,166	.726798	.726798	.726798
40	ANESTHESIOLOGY	3,344,912	1,013,581	4,358,493	.047152	.047152	.047152
41	RADIOLOGY-DIAGNOSTIC	4,982,113	6,084,105	11,066,218	.299764	.299764	.299764
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	11,753,878	6,024,636	17,778,514	.214057	.214057	.214057
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	219,391	447,842	667,233	.653637	.653637	.653637
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
01	CARDIOPULMONARY	14,290,315	2,518,792	16,809,107	.158940	.158940	.158940
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,694,338	477,387	2,171,725	.430796	.430796	.430796
56	DRUGS CHARGED TO PATIENTS	20,717,612	2,151,364	22,868,976	.128080	.128080	.128080
57	RENAL DIALYSIS						
58	ASC (NON-DIAGNOSTIC PART)						
01	HEMATOLOGY	1,151,315	5,324	1,156,639	.392538	.392538	.392538
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	129,318	209,732	339,050	.670491	.670491	.670491
61	EMERGENCY	2,436,702	10,972,350	13,409,052	.346225	.346225	.346225
01	OTHER OUTPATIENT SERVICE	41,336	90,000	131,336	.755269	.755269	.755269
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	122,161,579	31,450,386	153,611,965			
102	LESS OBSERVATION BEDS						
103	TOTAL	122,161,579	31,450,386	153,611,965			

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	14,196,880		14,196,880	98,875	14,295,755
26	INTENSIVE CARE UNIT	3,128,476		3,128,476		3,128,476
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY	1,269,947		1,269,947		1,269,947
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,257,080		2,257,080		2,257,080
38	RECOVERY ROOM	446,759		446,759		446,759
39	DELIVERY ROOM & LABOR ROO	1,253,847		1,253,847		1,253,847
40	ANESTHESIOLOGY	205,511		205,511		205,511
41	RADIOLOGY-DIAGNOSTIC	3,317,255		3,317,255		3,317,255
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	3,805,622		3,805,622		3,805,622
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY	436,128		436,128		436,128
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
53	01 CARDIOPULMONARY	2,671,647		2,671,647		2,671,647
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	935,570		935,570		935,570
56	DRUGS CHARGED TO PATIENTS	2,929,054		2,929,054		2,929,054
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
58	01 HEMATOLOGY	454,025		454,025		454,025
60	OUTPAT SERVICE COST CNTRS CLINIC	227,330		227,330		227,330
61	EMERGENCY	4,642,553		4,642,553		4,642,553
61	01 OTHER OUTPATIENT SERVICE	99,194		99,194		99,194
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	42,276,878		42,276,878	98,875	42,375,753
102	LESS OBSERVATION BEDS					
103	TOTAL	42,276,878		42,276,878	98,875	42,375,753

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	47,586,368		47,586,368			
26	INTENSIVE CARE UNIT	8,450,905		8,450,905			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	865,289		865,289			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	3,203,691	107,394	3,311,085	.681674	.681674	.681674
38	RECOVERY ROOM	665,985	250,824	916,809	.487298	.487298	.487298
39	DELIVERY ROOM & LABOR ROO	628,111	1,097,055	1,725,166	.726798	.726798	.726798
40	ANESTHESIOLOGY	3,344,912	1,013,581	4,358,493	.047152	.047152	.047152
41	RADIOLOGY-DIAGNOSTIC	4,982,113	6,084,105	11,066,218	.299764	.299764	.299764
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	11,753,878	6,024,636	17,778,514	.214057	.214057	.214057
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	219,391	447,842	667,233	.653637	.653637	.653637
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
01	CARDIOPULMONARY	14,290,315	2,518,792	16,809,107	.158940	.158940	.158940
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,694,338	477,387	2,171,725	.430796	.430796	.430796
56	DRUGS CHARGED TO PATIENTS	20,717,612	2,151,364	22,868,976	.128080	.128080	.128080
57	RENAL DIALYSIS						
58	ASC (NON-DIAGNOSTIC PART)						
01	HEMATOLOGY	1,151,315	5,324	1,156,639	.392538	.392538	.392538
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	129,318	209,732	339,050	.670491	.670491	.670491
61	EMERGENCY	2,436,702	10,972,350	13,409,052	.346225	.346225	.346225
01	OTHER OUTPATIENT SERVICE	41,336	90,000	131,336	.755269	.755269	.755269
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	122,161,579	31,450,386	153,611,965			
102	LESS OBSERVATION BEDS						
103	TOTAL	122,161,579	31,450,386	153,611,965			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,257,080	70,366	2,186,714			2,257,080
38	RECOVERY ROOM	446,759	7,359	439,400			446,759
39	DELIVERY ROOM & LABOR ROO	1,253,847	25,897	1,227,950			1,253,847
40	ANESTHESIOLOGY	205,511	6,183	199,328			205,511
41	RADIOLOGY-DIAGNOSTIC	3,317,255	83,093	3,234,162			3,317,255
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	3,805,622	49,459	3,756,163			3,805,622
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	436,128	12,203	423,925			436,128
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIOPULMONARY	2,671,647	35,289	2,636,358			2,671,647
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	935,570	10,311	925,259			935,570
56	DRUGS CHARGED TO PATIENTS	2,929,054	36,426	2,892,628			2,929,054
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58	01 HEMATOLOGY	454,025	2,017	452,008			454,025
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	227,330	6,490	220,840			227,330
61	EMERGENCY	4,642,553	101,424	4,541,129			4,642,553
61	01 OTHER OUTPATIENT SERVICE	99,194	1,863	97,331			99,194
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	23,681,575	448,380	23,233,195			23,681,575
102	LESS OBSERVATION BEDS						
103	TOTAL	23,681,575	448,380	23,233,195			23,681,575

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	3,311,085	.681674	.681674
38	RECOVERY ROOM	916,809	.487298	.487298
39	DELIVERY ROOM & LABOR ROO	1,725,166	.726798	.726798
40	ANESTHESIOLOGY	4,358,493	.047152	.047152
41	RADIOLOGY-DIAGNOSTIC	11,066,218	.299764	.299764
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	17,778,514	.214057	.214057
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY	667,233	.653637	.653637
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
53	01 CARDIOPULMONARY	16,809,107	.158940	.158940
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	2,171,725	.430796	.430796
56	DRUGS CHARGED TO PATIENTS	22,868,976	.128080	.128080
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
58	01 HEMATOLOGY	1,156,639	.392538	.392538
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	339,050	.670491	.670491
61	EMERGENCY	13,409,052	.346225	.346225
61	01 OTHER OUTPATIENT SERVICE	131,336	.755269	.755269
62	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	96,709,403		
102	LESS OBSERVATION BEDS			
103	TOTAL	96,709,403		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,257,080	70,366	2,186,714	7,037	126,829	2,123,214
38	RECOVERY ROOM	446,759	7,359	439,400	736	25,485	420,538
39	DELIVERY ROOM & LABOR ROO	1,253,847	25,897	1,227,950	2,590	71,221	1,180,036
40	ANESTHESIOLOGY	205,511	6,183	199,328	618	11,561	193,332
41	RADIOLOGY-DIAGNOSTIC	3,317,255	83,093	3,234,162	8,309	187,581	3,121,365
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	3,805,622	49,459	3,756,163	4,946	217,857	3,582,819
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	436,128	12,203	423,925	1,220	24,588	410,320
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIOPULMONARY	2,671,647	35,289	2,636,358	3,529	152,909	2,515,209
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	935,570	10,311	925,259	1,031	53,665	880,874
56	DRUGS CHARGED TO PATIENTS	2,929,054	36,426	2,892,628	3,643	167,772	2,757,639
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58	01 HEMATOLOGY	454,025	2,017	452,008	202	26,216	427,607
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	227,330	6,490	220,840	649	12,809	213,872
61	EMERGENCY	4,642,553	101,424	4,541,129	10,142	263,385	4,369,026
61	01 OTHER OUTPATIENT SERVICE	99,194	1,863	97,331	186	5,645	93,363
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	23,681,575	448,380	23,233,195	44,838	1,347,523	22,289,214
102	LESS OBSERVATION BEDS						
103	TOTAL	23,681,575	448,380	23,233,195	44,838	1,347,523	22,289,214

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	3,311,085	.641244	.679549
38	RECOVERY ROOM	916,809	.458698	.486495
39	DELIVERY ROOM & LABOR ROO	1,725,166	.684013	.725297
40	ANESTHESIOLOGY	4,358,493	.044358	.047010
41	RADIOLOGY-DIAGNOSTIC	11,066,218	.282062	.299013
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	17,778,514	.201525	.213779
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY	667,233	.614958	.651808
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
53	01 CARDIOPULMONARY	16,809,107	.149634	.158731
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	2,171,725	.405610	.430321
56	DRUGS CHARGED TO PATIENTS	22,868,976	.120584	.127921
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
58	01 HEMATOLOGY	1,156,639	.369698	.392364
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	339,050	.630798	.668577
61	EMERGENCY	13,409,052	.325827	.345469
61	01 OTHER OUTPATIENT SERVICE	131,336	.710871	.753853
62	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	96,709,403		
102	LESS OBSERVATION BEDS			
103	TOTAL	96,709,403		

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	83,417		83,417	349,844		349,844
26	INTENSIVE CARE UNIT	9,240		9,240	43,810		43,810
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	4,571		4,571	20,527		20,527
101	TOTAL	97,228		97,228	414,181		414,181

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	19,859	7,224	4.20	30,341	17.62	127,287
26	INTENSIVE CARE UNIT	2,989	1,390	3.09	4,295	14.66	20,377
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	1,135		4.03		18.09	
101	TOTAL	23,983	8,614		34,636		147,664

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	12,260	58,106	3,311,085	1,027,718	.003703	3,806
38	RECOVERY ROOM	1,374	5,985	916,809	154,870	.001499	232
39	DELIVERY ROOM & LABOR ROO	4,453	21,444	1,725,166	1,442	.002581	4
40	ANESTHESIOLOGY	416	5,767	4,358,493	385,846	.000095	37
41	RADIOLOGY-DIAGNOSTIC	9,701	73,392	11,066,218	1,907,403	.000877	1,673
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	8,863	40,596	17,778,514	6,444,739	.000499	3,216
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	2,351	9,852	667,233	130,357	.003524	459
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIOPULMONARY	3,865	31,424	16,809,107	5,309,201	.000230	1,221
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,888	8,423	2,171,725	1,261,332	.000869	1,096
56	DRUGS CHARGED TO PATIENTS	7,133	29,293	22,868,976	8,070,923	.000312	2,518
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58	01 HEMATOLOGY	387	1,630	1,156,639	699,380	.000335	234
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,279	5,211	339,050		.003772	
61	EMERGENCY	19,855	81,569	13,409,052	883,587	.001481	1,309
61	01 OTHER OUTPATIENT SERVICE	359	1,504	131,336	35,926	.002733	98
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	74,184	374,196	96,709,403	26,312,724		15,903

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

PROVIDER NO: 14-0068
PERIOD: FROM 4/1/2008 TO 3/31/2009
PREPARED 8/31/2009
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					19,859	
26	INTENSIVE CARE UNIT					2,989	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY					1,135	
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL					23,983	

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

PROVIDER NO:	PERIOD:	PREPARED
14-0068	FROM 4/ 1/2008	8/31/2009
	TO 3/31/2009	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	7	7,224
26	INTENSIVE CARE UNIT		1,390
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER		
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
01	ICF/MR		
101	TOTAL		8,614

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			3,311,085			1,027,718	
38	OPERATING ROOM			916,809			154,870	
39	RECOVERY ROOM			1,725,166			1,442	
40	DELIVERY ROOM & LABOR ROO			4,358,493			385,846	
41	ANESTHESIOLOGY			11,066,218			1,907,403	
42	RADIOLOGY-DIAGNOSTIC							
43	RADIOLOGY-THERAPEUTIC							
44	RADIOISOTOPE							
45	LABORATORY			17,778,514			6,444,739	
46	PBP CLINICAL LAB SERVICES							
47	WHOLE BLOOD & PACKED RED							
48	BLOOD STORING, PROCESSING							
49	INTRAVENOUS THERAPY							
50	RESPIRATORY THERAPY			667,233			130,357	
51	PHYSICAL THERAPY							
52	OCCUPATIONAL THERAPY							
53	SPEECH PATHOLOGY							
54	ELECTROCARDIOLOGY							
55	01 CARDIOPULMONARY			16,809,107			5,309,201	
56	ELECTROENCEPHALOGRAPHY							
57	MEDICAL SUPPLIES CHARGED			2,171,725			1,261,332	
58	DRUGS CHARGED TO PATIENTS			22,868,976			8,070,923	
59	RENAL DIALYSIS							
60	ASC (NON-DISTINCT PART)							
61	01 HEMATOLOGY			1,156,639			699,380	
62	OUTPAT SERVICE COST CNTRS							
63	CLINIC			339,050				
64	EMERGENCY			13,409,052			883,587	
65	01 OTHER OUTPATIENT SERVICE			131,336			35,926	
66	OBSERVATION BEDS (NON-DIS							
67	OTHER REIMBURS COST CNTRS							
68	HOME PROGRAM DIALYSIS							
69	AMBULANCE SERVICES							
70	DURABLE MEDICAL EQUIP-REN							
71	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			96,709,403			26,312,724	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	107,394					
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO	915					
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	556,785					
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	15,411					
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY						
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	01 CARDIOPULMONARY	673,637					
56	ELECTROENCEPHALOGRAPHY						
57	MEDICAL SUPPLIES CHARGED	326,562					
58	DRUGS CHARGED TO PATIENTS	153,832					
59	RENAL DIALYSIS						
60	ASC (NON-DISTINCT PART)						
61	01 HEMATOLOGY						
62	OUTPAT SERVICE COST CNTRS						
63	CLINIC						
64	EMERGENCY	686,314					
65	01 OTHER OUTPATIENT SERVICE	9,299					
66	OBSERVATION BEDS (NON-DIS						
67	OTHER REIMBURS COST CNTRS						
68	HOME PROGRAM DIALYSIS						
69	AMBULANCE SERVICES						
70	DURABLE MEDICAL EQUIP-REN						
71	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	2,530,149					

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	4,308,034	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	2,154,017	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	2,154,017	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	146,791	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	187.00	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005	
	E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19. (SEE INST)		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	19.79	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	50.88	
4.02 SUM OF LINES 4 AND 4.01	70.67	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	47.52	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	4,094,356	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)	1,320	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
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)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	12,857,215	
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)	12,857,215	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	835,236	
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	13,692,451	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	13,692,451	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	693,947	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	247,129	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	373,869	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	261,708	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	373,869	
22 SUBTOTAL	13,013,083	
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	13,013,083	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	12,003,319	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	1,009,764	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		11,209,082		417,736
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.		147,537		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	10/17/2008	790,217		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	3/20/2009	143,517		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		646,700		NONE
4 TOTAL INTERIM PAYMENTS		12,003,319		417,736
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		1,009,764		35,336
7 TOTAL MEDICARE PROGRAM LIABILITY		13,013,083		453,072

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.

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	721,679			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	47,885,687			
5 OTHER RECEIVABLES	341,512			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-42,999,391			
7 INVENTORY	462,356			
8 PREPAID EXPENSES	136,530			
9 OTHER CURRENT ASSETS	396			
10 DUE FROM OTHER FUNDS	2,157,458			
11 TOTAL CURRENT ASSETS	8,706,227			
FIXED ASSETS				
12 LAND	380,477			
12.01 LAND IMPROVEMENTS	465,801			
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	6,751,260			
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS	73,398			
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT	6,765,233			
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	14,972,568			
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION	-23,472,103			
20 MINOR EQUIPMENT-NONDEPRECIABLE	8,456,221			
21 TOTAL FIXED ASSETS	14,392,855			
OTHER ASSETS				
22 INVESTMENTS	8,667,051			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS				
26 TOTAL OTHER ASSETS	8,667,051			
27 TOTAL ASSETS	31,766,133			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	5,826,804			
29 SALARIES, WAGES & FEES PAYABLE	2,633,646			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	5,050,119			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	4,172,418			
36 TOTAL CURRENT LIABILITIES	17,682,987			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	6,549,780			
42 TOTAL LONG-TERM LIABILITIES	6,549,780			
43 TOTAL LIABILITIES	24,232,767			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	7,533,366			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	7,533,366			
52 TOTAL LIABILITIES AND FUND BALANCES	31,766,133			

	GENERAL FUND	SPECIFIC PURPOSE FUND
	1	2 3 4
1 FUND BALANCE AT BEGINNING OF PERIOD		890,081
2 NET INCOME (LOSS)		6,639,027
3 TOTAL		7,529,108
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
5 CHANGE IN FUND BALANCE	4,258	
6		
7		
8		
9		
10 TOTAL ADDITIONS		4,258
11 SUBTOTAL		7,533,366
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13 DEDUCTIONS (DEBIT ADJUSTM		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		7,533,366

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

DESCRIPTION

1	TOTAL PATIENT REVENUES	154,019,795
2	LESS: ALLOWANCES AND DISCOUNTS ON	88,937,834
3	NET PATIENT REVENUES	65,081,961
4	LESS: TOTAL OPERATING EXPENSES	59,434,451
5	NET INCOME FROM SERVICE TO PATIENT OTHER INCOME	5,647,510
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDI NG MACHI NES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REV	216,441
24.01	MISC REVENUE	775,076
25	TOTAL OTHER INCOME	991,517
26	TOTAL	6,639,027
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	6,639,027

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	723,191
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	746
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	62.60
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	19.79
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	50.88
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	70.67
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	15.39
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	111,299
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	835,236
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	