

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		14-0164		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: 8/26/2009 TIME 18:36

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: MEMORIAL HOSPITAL OF CARBONDALE 14-0164 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	-163,119	315,069	0	
9	RHC	0	0	13,022	0	
100	TOTAL	0	-163,119	328,091	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.













RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 2553 KEN GRAY BLVD  
 1.01 CITY: WEST FRANKFORT STATE: IL ZIP CODE: 62896 COUNTY: FRANKLIN  
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN R

SOURCE OF FEDERAL FUNDS:

	GRANT AWARD	DATE
3 COMMUNITY HEALTH CENTER (SECTION 339(d), PHS ACT)	1	2
4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)		/ /
5 HEALTH SERVICES FOR THE HOMELESS (SECTION 340(d), PHS ACT)		/ /
6 APPALACHIAN REGIONAL COMMISSION		/ /
7 LOOK-ALIKES		/ /
8 OTHER (SPECIFY)		/ /

PHYSICIAN INFORMATION:

	PHYSICIAN NAME	BILLING NUMBER
9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	TIPPY	236361
9.01 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	SCOTT	992902
9.02 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	SMAGA	D16450
9.03 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	GODDARD	236342
9.04 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	J. HARTMAN	K14238
9.05 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	R. HARTMAN	L90323
9.06 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	HOLMES	389830
9.07 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	GUNZEL	K37285
9.08 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	MOORE-CONNELLY	L90330
9.09 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	MORTHLAND	K28317
9.10 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	J. HUMPHREY	K39947

	PHYSICIAN NAME	HOURS OF SUPERVISION
11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS.)	N	45

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
12 CLINIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14
			800	1700	800	1700	800	1700	800	1700	800	1700		

(1) ENTER CLINIC HOURS OF OPERATIONS ON SUBSCRIPTS OF LINE 12 (BOTH TYPE AND HOURS OF OPERATION). LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? N

14 IS THIS A CONSOLIDATED COST REPORT DEFINED IN THE RURAL HEALTH CLINIC MANUAL? IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS INCLUDED IN THIS REPORT, COMPLETE LINE 15 AND COMPLETE ONLY ONE WORKSHEET SERIES M FOR THE CONSOLIDATED GROUP. IF NO, COMPLETE A SEPARATE WORKSHEET S-8 FOR EACH COMPONENT ACCOMPANIED BY A CORRESPONDING WORKSHEET M SERIES.

15 PROVIDER NAME: PROVIDER NUMBER:

	TITLE V	TITLE XVII I	TITLE XIX
16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS & RESIDENTS.	Y	962	1,658

17 HAS THE HOSPITALS' BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? IF YES, SEE INSTRUCTIONS. N

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	10,464,098
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	4,736
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	1,081,508
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	11,550,342
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	37,496
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.336403
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	12,614
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	47,383,388
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	15,939,914
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	5,020,011
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,688,747
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	15,952,528

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				8,658	8,658
1.01 0101	OLD CAP REL COSTS-NEW BUILDING		8,647,047	8,647,047	-5,295,998	3,351,049
1.02 0102	OLD CAP REL COSTS-NEW ADDITION				42,839	42,839
1.03 0103	OLD CAP REL COSTS-1988 ADDITION				9,713	9,713
2 0200	OLD CAP REL COSTS-MVBLE EQUIP					
3 0300	NEW CAP REL COSTS-BLDG & FIXT				7,918	7,918
3.01 0301	NEW CAP REL COSTS-NEW BUILDING				2,199,755	2,199,755
3.02 0302	NEW CAP REL COSTS-NEW ADDITION				871,718	871,718
3.03 0303	NEW CAP REL COSTS-1988 ADDITION				20,427	20,427
4 0400	NEW CAP REL COSTS-MVBLE EQUIP				5,082,893	5,082,893
5 0500	EMPLOYEE BENEFITS	571,371	17,136,709	17,708,080		17,708,080
6.01 0610	NONPATIENT TELEPHONES	354,556	98,232	452,788		452,788
6.02 0620	DATA PROCESSING					
6.03 0630	PURCHASING, RECEIVING AND STORES		125,553	125,553		125,553
6.04 0640	ADMINISTRATIVE					
6.05 0650	CASHIERING/ACCOUNTS RECEIVABLE	606,371	91,914	698,285		698,285
6.06 0660	OTHER ADMINISTRATIVE AND GENERAL	2,212,362	10,371,639	12,584,001	-109,702	12,474,299
7 0700	MAINTENANCE & REPAIRS	1,281,636	1,672,488	2,954,124		2,954,124
9 0900	LAUNDRY & LINEN SERVICE	25,879	814,964	840,843		840,843
10 1000	HOUSEKEEPING	837,114	614,144	1,451,258		1,451,258
11 1100	DIETARY	1,030,812	976,422	2,007,234	-1,412,260	594,974
12 1200	CAFETERIA				1,395,656	1,395,656
14 1400	NURSING ADMINISTRATION	1,506,920	210,813	1,717,733	-98,881	1,618,852
15 1500	CENTRAL SERVICES & SUPPLY	731,847	446,695	1,178,542	-14,480	1,164,062
17 1700	MEDICAL RECORDS & LIBRARY	490,591	36,124	526,715		526,715
18 1800	SOCIAL SERVICE	109,528	345	109,873		109,873
20 2000	NONPHYSICIAN ANESTHETISTS				1,650,877	1,650,877
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD	943,402		943,402		943,402
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		391,717	391,717		391,717
	INPAT ROUTINE SRVC CNTRS					
25 2500	ADULTS & PEDIATRICS	8,959,743	2,887,258	11,847,001	-36,594	11,810,407
26 2600	INTENSIVE CARE UNIT	2,050,778	765,996	2,816,774	-34,093	2,782,681
30 2060	NEONATAL INTENSIVE CARE UNIT	1,238,382	562,388	1,800,770		1,800,770
33 3300	NURSERY	198,980	201,826	400,806	-2,227	398,579
	ANCILLARY SRVC COST CNTRS					
37 3700	OPERATING ROOM	3,055,413	12,594,985	15,650,398	-6,577,841	9,072,557
37.01 3701	SAME DAY SURGERY	2,183,140	1,119,372	3,302,512	-3,302,512	
38 3800	RECOVERY ROOM	567,864	52,091	619,955	-1,596	618,359
39 3900	DELIVERY ROOM & LABOR ROOM	2,605,932	358,559	2,964,491	-14,901	2,949,590
40 4000	ANESTHESIOLOGY		2,183,931	2,183,931	-1,787,006	396,925
41 4100	RADIOLOGY-DIAGNOSTIC	2,149,878	1,384,335	3,534,213	-423,415	3,110,798
41.01 3440	MAMMOGRAPHY	449,499	420,965	870,464	-74,426	796,038
41.02 3480	ONCOLOGY	836,208	537,857	1,374,065	-1,975	1,372,090
41.03 3120	CARDIAC CATHETERIZATION LABORATORY	2,153,237	11,655,039	13,808,276	-5,148,542	8,659,734
43 4300	RADIOISOTOPE	356,232	908,418	1,264,650	-46,567	1,218,083
44 4400	LABORATORY	2,073,880	3,595,118	5,668,998	234,212	5,903,210
49 4900	RESPIRATORY THERAPY	1,130,055	275,059	1,405,114	-81,454	1,323,660
50 5000	PHYSICAL THERAPY	1,592,559	664,383	2,256,942	-100	2,256,842
53 5300	ELECTROCARDIOLOGY	472,279	291,739	764,018	-3,128	760,890
54 5400	ELECTROENCEPHALOGRAPHY	49,095	20,789	69,884		69,884
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				15,838,075	15,838,075
56 5600	DRUGS CHARGED TO PATIENTS	1,551,199	4,375,036	5,926,235	95,561	6,021,796
	OUTPAT SERVICE COST CNTRS					
60 6000	CLINIC					
61 6100	EMERGENCY	2,379,658	3,082,368	5,462,026	-13,673	5,448,353
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)					
63.50 6310	RURAL HEALTH CLINIC	369,820	1,093,833	1,463,653	-1,343	1,462,310
	SPEC PURPOSE COST CENTERS					
88 8800	INTEREST EXPENSE		4,733,168	4,733,168	-2,839,605	1,893,563
95	SUBTOTALS	47,126,220	95,399,319	142,525,539	135,983	142,661,522
	NONREIMBURS COST CENTERS					
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98 9800	PHYSICIANS' PRIVATE OFFICES		11,376	11,376		11,376
98.01 9801	FAMILY PRACTICE					
98.02 9802	REFERENCE LAB	155,559	79,305	234,864	-234,864	
98.03 9803	COMMUNITY HEALTH EDUCATION				98,881	98,881
98.04 9804	UNUSED SPACE					
101	TOTAL	47,281,779	95,490,000	142,771,779	-0-	142,771,779

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0164

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

PREPARED 8/26/2009  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT	16,841	25,499
1.01 0101	OLD CAP REL COSTS-NEW BUILDING	61,702	3,412,751
1.02 0102	OLD CAP REL COSTS-NEW ADDITION	231,278	274,117
1.03 0103	OLD CAP REL COSTS-1988 ADDITION		9,713
2 0200	OLD CAP REL COSTS-MVBLE EQUIP	203,582	203,582
3 0300	NEW CAP REL COSTS-BLDG & FIXT	268,379	276,297
3.01 0301	NEW CAP REL COSTS-NEW BUILDING	380,708	2,580,463
3.02 0302	NEW CAP REL COSTS-NEW ADDITION	-459,585	412,133
3.03 0303	NEW CAP REL COSTS-1988 ADDITION	9,789	30,216
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	2,708,104	7,790,997
5 0500	EMPLOYEE BENEFITS	-22,993	17,685,087
6.01 0610	NONPATIENT TELEPHONES	-73,919	378,869
6.02 0620	DATA PROCESSING	2,804,446	2,804,446
6.03 0630	PURCHASING, RECEIVING AND STORES	-31,623	93,930
6.04 0640	ADMINISTRATIVE		
6.05 0650	CASHIERING/ACCOUNTS RECEIVABLE	3,144,972	3,843,257
6.06 0660	OTHER ADMINISTRATIVE AND GENERAL	714,479	13,188,778
7 0700	MAINTENANCE & REPAIRS	-3,452	2,950,672
9 0900	LAUNDRY & LINEN SERVICE		840,843
10 1000	HOUSEKEEPING	-271	1,450,987
11 1100	DIETARY		594,974
12 1200	CAFETERIA	-629,937	765,719
14 1400	NURSING ADMINISTRATION		1,618,852
15 1500	CENTRAL SERVICES & SUPPLY		1,164,062
17 1700	MEDICAL RECORDS & LIBRARY	-91,124	435,591
18 1800	SOCIAL SERVICE		109,873
20 2000	NONPHYSICIAN ANESTHETISTS	-1,650,877	
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		943,402
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	-36,672	355,045
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS		11,810,407
26 2600	INTENSIVE CARE UNIT	-5,347	2,777,334
30 2060	NEONATAL INTENSIVE CARE UNIT	-436,335	1,364,435
33 3300	NURSERY		398,579
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-317,118	8,755,439
37.01 3701	SAME DAY SURGERY		
38 3800	RECOVERY ROOM	-15,384	602,975
39 3900	DELIVERY ROOM & LABOR ROOM		2,949,590
40 4000	ANESTHESIOLOGY		396,925
41 4100	RADIOLOGY-DIAGNOSTIC	-4,795	3,106,003
41.01 3440	MAMMOGRAPHY	-18,401	777,637
41.02 3480	ONCOLOGY	-3,301	1,368,789
41.03 3120	CARDIAC CATHETERIZATION LABORATORY	-164,340	8,495,394
43 4300	RADIOISOTOPE		1,218,083
44 4400	LABORATORY	-124,900	5,778,310
49 4900	RESPIRATORY THERAPY	-578	1,323,082
50 5000	PHYSICAL THERAPY	-23,279	2,233,563
53 5300	ELECTROCARDIOLOGY	-135,872	625,018
54 5400	ELECTROENCEPHALOGRAPHY	-8,200	61,684
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		15,838,075
56 5600	DRUGS CHARGED TO PATIENTS		6,021,796
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		
61 6100	EMERGENCY	-1,541,122	3,907,231
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63.50 6310	RURAL HEALTH CLINIC		1,462,310
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE	-1,893,563	-0-
95	SUBTOTALS	2,851,292	145,512,814
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98 9800	PHYSICIANS' PRIVATE OFFICES		11,376
98.01 9801	FAMILY PRACTICE		
98.02 9802	REFERENCE LAB		
98.03 9803	COMMUNITY HEALTH EDUCATION		98,881
98.04 9804	UNUSED SPACE		
101	TOTAL	2,851,292	145,623,071

## COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 8/26/2009  
 I 14-0164 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	
1.01	OLD CAP REL COSTS-NEW BUILDING	0101	OLD CAP REL COSTS-BLDG & FIXT
1.02	OLD CAP REL COSTS-NEW ADDITION	0102	OLD CAP REL COSTS-BLDG & FIXT
1.03	OLD CAP REL COSTS-1988 ADDITION	0103	OLD CAP REL COSTS-BLDG & FIXT
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-NEW BUILDING	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-NEW ADDITION	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CAP REL COSTS-1988 ADDITION	0303	NEW CAP REL COSTS-BLDG & FIXT
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	ADMINISTRATIVE	0640	ADMINISTRATIVE
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
30	NEONATAL INTENSIVE CARE UNIT	2060	NEONATAL INTENSIVE CARE UNIT
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	SAME DAY SURGERY	3701	OPERATING ROOM
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	MAMMOGRAPHY	3440	MAMMOGRAPHY
41.02	ONCOLOGY	3480	ONCOLOGY
41.03	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RURAL HEALTH CLINIC	6310	RURAL HEALTH CLINIC #####
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	FAMILY PRACTICE	9801	PHYSICIANS' PRIVATE OFFICES
98.02	REFERENCE LAB	9802	PHYSICIANS' PRIVATE OFFICES
98.03	COMMUNITY HEALTH EDUCATION	9803	PHYSICIANS' PRIVATE OFFICES
98.04	UNUSED SPACE	9804	PHYSICIANS' PRIVATE OFFICES
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:  
140164

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

PREPARED 8/26/2009  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE	
			LINE NO 3	SALARY 4 OTHER 5
1 DIETARY RECLASS	A	CAFETERIA	12	716,737 678,919
2 INSURANCE RECLASS	B	OLD CAP REL COSTS-BLDG & FIXT	1	1,289
3		OLD CAP REL COSTS-NEW BUILDING	1.01	11,404
4		OLD CAP REL COSTS-NEW ADDITION	1.02	2,047
5		OLD CAP REL COSTS-1988 ADDITION	1.03	425
6		NEW CAP REL COSTS-BLDG & FIXT	3	7,918
7		NEW CAP REL COSTS-NEW BUILDING	3.01	70,051
8		NEW CAP REL COSTS-NEW ADDITION	3.02	12,576
9		NEW CAP REL COSTS-1988 ADDITION	3.03	2,608
10 DEPRECIATION RECLASS	C	OLD CAP REL COSTS-NEW ADDITION	1.02	40,792
11		OLD CAP REL COSTS-1988 ADDITION	1.03	9,288
12		NEW CAP REL COSTS-NEW ADDITION	3.02	859,142
13		NEW CAP REL COSTS-1988 ADDITION	3.03	17,819
14		NEW CAP REL COSTS-MVBLE EQUIP	4	4,372,992
15		OLD CAP REL COSTS-BLDG & FIXT	1	7,369
16 SAME DAY SURGERY RECLASS	D	OPERATING ROOM	37	2,183,140 1,119,372
17 COMMUNITY EDUCATION RECLASS	E	COMMUNITY HEALTH EDUCATION	98.03	72,513 26,368
18 CRNA RECLASS	F	NONPHYSICIAN ANESTHETISTS	20	1,650,877
19 REFERENCE LAB RECLASS	G	LABORATORY	44	155,559 79,305
20 MEDICAL SUPPLY RECLASS	H	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	15,838,075
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
1 MEDICAL SUPPLY RECLASS	H			
2				
3				
4 NUTRITIONAL PRODUCT RECLASS	I	DRUGS CHARGED TO PATIENTS	56	95,561
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21 INTEREST RECLASS	J	NEW CAP REL COSTS-MVBLE EQUIP	4	709,901
22		NEW CAP REL COSTS-NEW BUILDING	3.01	2,129,704
36 TOTAL RECLASSIFICATIONS				3,127,949 27,743,802

(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:  
140164

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

PREPARED 8/26/2009  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			A-7 REF 10
			LINE NO	SALARY	OTHER	
	1	6	7	8	9	
1 DIETARY RECLASS	A	DIETARY	11	716,737	678,919	
2 INSURANCE RECLASS	B	OTHER ADMINISTRATIVE AND GENERAL	6.06		108,318	9
3						9
4						9
5						9
6						9
7						9
8						9
9						9
10 DEPRECIATION RECLASS	C	OLD CAP REL COSTS-NEW BUILDING	1.01		5,307,402	9
11						9
12						9
13						9
14						9
15						9
16 SAME DAY SURGERY RECLASS	D	SAME DAY SURGERY	37.01	2,183,140	1,119,372	
17 COMMUNITY EDUCATION RECLASS	E	NURSING ADMINISTRATION	14	72,513	26,368	
18 CRNA RECLASS	F	ANESTHESIOLOGY	40		1,650,877	
19 REFERENCE LAB RECLASS	G	REFERENCE LAB	98.02	155,559	79,305	
20 MEDICAL SUPPLY RECLASS	H	RESPIRATORY THERAPY	49		81,441	
21		CENTRAL SERVICES & SUPPLY	15		12,144	
22		ADULTS & PEDIATRICS	25		16,560	
23		INTENSIVE CARE UNIT	26		27,543	
24		OPERATING ROOM	37		9,862,535	
25		DELIVERY ROOM & LABOR ROOM	39		7,244	
26		ANESTHESIOLOGY	40		128,605	
27		RADIOLOGY-DIAGNOSTIC	41		422,527	
28		CARDIAC CATHETERIZATION LABORATORY	41.03		5,143,071	
29		EMERGENCY	61		7,190	
30		NURSERY	33		176	
31		RADIOISOTOPE	43		46,447	
32		LABORATORY	44		618	
33		ELECTROCARDIOLOGY	53		2,880	
34		MAMMOGRAPHY	41.01		74,292	
35		PHYSICAL THERAPY	50		100	
1 MEDICAL SUPPLY RECLASS	H	ONCOLOGY	41.02		1,975	
2		RURAL HEALTH CLINIC	63.50		1,343	
3		OTHER ADMINISTRATIVE AND GENERAL	6.06		1,384	
4 NUTRITIONAL PRODUCT RECLASS	I	CENTRAL SERVICES & SUPPLY	15		2,336	
5		ADULTS & PEDIATRICS	25		20,034	
6		INTENSIVE CARE UNIT	26		6,550	
7		NURSERY	33		2,051	
8		OPERATING ROOM	37		17,818	
9		RECOVERY ROOM	38		1,596	
10		DELIVERY ROOM & LABOR ROOM	39		7,657	
11		ANESTHESIOLOGY	40		7,524	
12		RADIOLOGY-DIAGNOSTIC	41		888	
13		CARDIAC CATHETERIZATION LABORATORY	41.03		5,471	
14		RADIOISOTOPE	43		120	
15		LABORATORY	44		34	
16		ELECTROCARDIOLOGY	53		248	
17		EMERGENCY	61		6,483	
18		MAMMOGRAPHY	41.01		134	
19		DIETARY	11		16,604	
20		RESPIRATORY THERAPY	49		13	
21 INTEREST RECLASS	J	INTEREST EXPENSE	88		2,839,605	9
22						9
36 TOTAL RECLASSIFICATIONS				3,127,949	27,743,802	

(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:  
140164

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

PREPARED 8/26/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : DIETARY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,395,656	DIETARY	11	1,395,656	
TOTAL RECLASSIFICATIONS FOR CODE A			1,395,656				1,395,656

RECLASS CODE: B  
EXPLANATION : INSURANCE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	1,289	OTHER ADMINISTRATIVE AND GENER	6.06	108,318	
2.00	OLD CAP REL COSTS-NEW BUILDING	1.01	11,404			0	
3.00	OLD CAP REL COSTS-NEW ADDITION	1.02	2,047			0	
4.00	OLD CAP REL COSTS-1988 ADDITION	1.03	425			0	
5.00	NEW CAP REL COSTS-BLDG & FIXT	3	7,918			0	
6.00	NEW CAP REL COSTS-NEW BUILDING	3.01	70,051			0	
7.00	NEW CAP REL COSTS-NEW ADDITION	3.02	12,576			0	
8.00	NEW CAP REL COSTS-1988 ADDITION	3.03	2,608			0	
TOTAL RECLASSIFICATIONS FOR CODE B			108,318				108,318

RECLASS CODE: C  
EXPLANATION : DEPRECIATION RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-NEW ADDITION	1.02	40,792	OLD CAP REL COSTS-NEW BUILDING	1.01	5,307,402	
2.00	OLD CAP REL COSTS-1988 ADDITION	1.03	9,288			0	
3.00	NEW CAP REL COSTS-NEW ADDITION	3.02	859,142			0	
4.00	NEW CAP REL COSTS-1988 ADDITION	3.03	17,819			0	
5.00	NEW CAP REL COSTS-MVBLE EQUIP	4	4,372,992			0	
6.00	OLD CAP REL COSTS-BLDG & FIXT	1	7,369			0	
TOTAL RECLASSIFICATIONS FOR CODE C			5,307,402				5,307,402

RECLASS CODE: D  
EXPLANATION : SAME DAY SURGERY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATING ROOM	37	3,302,512	SAME DAY SURGERY	37.01	3,302,512	
TOTAL RECLASSIFICATIONS FOR CODE D			3,302,512				3,302,512

RECLASS CODE: E  
EXPLANATION : COMMUNITY EDUCATION RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	COMMUNITY HEALTH EDUCATION	98.03	98,881	NURSING ADMINISTRATION	14	98,881	
TOTAL RECLASSIFICATIONS FOR CODE E			98,881				98,881

RECLASS CODE: F  
EXPLANATION : CRNA RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONPHYSICIAN ANESTHETISTS	20	1,650,877	ANESTHESIOLOGY	40	1,650,877	
TOTAL RECLASSIFICATIONS FOR CODE F			1,650,877				1,650,877

RECLASS CODE: G  
EXPLANATION : REFERENCE LAB RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LABORATORY	44	234,864	REFERENCE LAB	98.02	234,864	
TOTAL RECLASSIFICATIONS FOR CODE G			234,864				234,864

RECLASS CODE: H  
EXPLANATION : MEDICAL SUPPLY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	15,838,075	RESPIRATORY THERAPY	49	81,441	

RECLASSIFICATIONS

PROVIDER NO:  
140164

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

PREPARED 8/26/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: H  
EXPLANATION : MEDICAL SUPPLY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00			0	CENTRAL SERVICES & SUPPLY	15	12,144	
3.00			0	ADULTS & PEDIATRICS	25	16,560	
4.00			0	INTENSIVE CARE UNIT	26	27,543	
5.00			0	OPERATING ROOM	37	9,862,535	
6.00			0	DELIVERY ROOM & LABOR ROOM	39	7,244	
7.00			0	ANESTHESIOLOGY	40	128,605	
8.00			0	RADIOLOGY-DIAGNOSTIC	41	422,527	
9.00			0	CARDIAC CATHETERIZATION LABORATORY	41.03	5,143,071	
10.00			0	EMERGENCY	61	7,190	
11.00			0	NURSERY	33	176	
12.00			0	RADIOISOTOPE	43	46,447	
13.00			0	LABORATORY	44	618	
14.00			0	ELECTROCARDIOLOGY	53	2,880	
15.00			0	MAMMOGRAPHY	41.01	74,292	
16.00			0	PHYSICAL THERAPY	50	100	
17.00			0	ONCOLOGY	41.02	1,975	
18.00			0	RURAL HEALTH CLINIC	63.50	1,343	
19.00			0	OTHER ADMINISTRATIVE AND GENERAL	6.06	1,384	
TOTAL RECLASSIFICATIONS FOR CODE H			15,838,075				15,838,075

RECLASS CODE: I  
EXPLANATION : NUTRITIONAL PRODUCT RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	95,561	CENTRAL SERVICES & SUPPLY	15	2,336	
2.00			0	ADULTS & PEDIATRICS	25	20,034	
3.00			0	INTENSIVE CARE UNIT	26	6,550	
4.00			0	NURSERY	33	2,051	
5.00			0	OPERATING ROOM	37	17,818	
6.00			0	RECOVERY ROOM	38	1,596	
7.00			0	DELIVERY ROOM & LABOR ROOM	39	7,657	
8.00			0	ANESTHESIOLOGY	40	7,524	
9.00			0	RADIOLOGY-DIAGNOSTIC	41	888	
10.00			0	CARDIAC CATHETERIZATION LABORATORY	41.03	5,471	
11.00			0	RADIOISOTOPE	43	120	
12.00			0	LABORATORY	44	34	
13.00			0	ELECTROCARDIOLOGY	53	248	
14.00			0	EMERGENCY	61	6,483	
15.00			0	MAMMOGRAPHY	41.01	134	
16.00			0	DIETARY	11	16,604	
17.00			0	RESPIRATORY THERAPY	49	13	
TOTAL RECLASSIFICATIONS FOR CODE I			95,561				95,561

RECLASS CODE: J  
EXPLANATION : INTEREST RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	709,901	INTEREST EXPENSE	88	2,839,605	
2.00	NEW CAP REL COSTS-NEW BUILDING	3.01	2,129,704			0	
TOTAL RECLASSIFICATIONS FOR CODE J			2,839,605				2,839,605

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	1,856,155				45,485	1,810,670	
2	LAND IMPROVEMENTS	942,130				2,203	939,927	
3	BUILDINGS & FIXTURE	7,959,504				91,755	7,867,749	
4	BUILDING IMPROVEMENT	8,472,586	1,906,649		1,906,649		10,379,235	
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	1,195,800				70,322	1,125,478	
7	SUBTOTAL	20,426,175	1,906,649		1,906,649	209,765	22,123,059	
8	RECONCILING ITEMS							
9	TOTAL	20,426,175	1,906,649		1,906,649	209,765	22,123,059	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	820,410					820,410	
2	LAND IMPROVEMENTS	1,799,026	206,099		206,099		2,005,125	
3	BUILDINGS & FIXTURE	44,658,937	1,197,577		1,197,577	269,570	45,586,944	
4	BUILDING IMPROVEMENT	32,087,725				265,765	31,821,960	
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	45,318,938	5,049,045		5,049,045	4,103,427	46,264,556	
7	SUBTOTAL	124,685,036	6,452,721		6,452,721	4,638,762	126,498,995	
8	RECONCILING ITEMS							
9	TOTAL	124,685,036	6,452,721		6,452,721	4,638,762	126,498,995	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO		INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
1 01	OLD CAP REL COSTS-NE								
1 02	OLD CAP REL COSTS-NE								
1 03	OLD CAP REL COSTS-19								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
3 01	NEW CAP REL COSTS-NE								
3 02	NEW CAP REL COSTS-NE								
3 03	NEW CAP REL COSTS-19								
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	TOTAL (1)
		9	10	11	12	13	RELATED COST	14
1	OLD CAP REL COSTS-BL	25,499						25,499
1 01	OLD CAP REL COSTS-NE	3,412,751						3,412,751
1 02	OLD CAP REL COSTS-NE	274,117						274,117
1 03	OLD CAP REL COSTS-19	9,713						9,713
2	OLD CAP REL COSTS-MV	203,582						203,582
3	NEW CAP REL COSTS-BL	276,297						276,297
3 01	NEW CAP REL COSTS-NE	2,580,463						2,580,463
3 02	NEW CAP REL COSTS-NE	412,133						412,133
3 03	NEW CAP REL COSTS-19	30,216						30,216
4	NEW CAP REL COSTS-MV	7,790,997						7,790,997
5	TOTAL	15,015,768						15,015,768

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	TOTAL (1)
		9	10	11	12	13	RELATED COST	14
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-NE	8,647,047						8,647,047
1 02	OLD CAP REL COSTS-NE							
1 03	OLD CAP REL COSTS-19							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS-NE							
3 02	NEW CAP REL COSTS-NE							
3 03	NEW CAP REL COSTS-19							
4	NEW CAP REL COSTS-MV							
5	TOTAL	8,647,047						8,647,047

\* 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

DESCRPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,677,167			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	17,134,474			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-607,310	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-91,124	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-20,178	CAFETERIA	12	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST	A	-1,650,877	NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 EMPLOYEE OUTPATIENT PAYMENTS	B	-2,753,656	EMPLOYEE BENEFITS	5	
38 DEBT FORGIVENESS	A	-1,012,287	OTHER ADMINISTRATIVE AND	6.06	
39 TELEVISION AND RADIO SERVICE	A	-10,203	NEW CAP REL COSTS-MVBLE E	4	9
40 INTEREST INCOME UNRESTRICTED	B	-111,728	OTHER ADMINISTRATIVE AND	6.06	
41 LOSS ON 1994 BONDS	A	19,280	NEW CAP REL COSTS-BLDG &	3	9
42 LOSS ON 1994 BONDS	A	200,036	NEW CAP REL COSTS-NEW BUI	3.01	9
43 LOSS ON 1994 BONDS	A	9,789	NEW CAP REL COSTS-1988 AD	3.03	9
44 LOSS ON 1994 BONDS	A	196,504	NEW CAP REL COSTS-MVBLE E	4	9
45 AMORTIZATION OF MINNER CONSTRUCTION	A	-6,604	OLD CAP REL COSTS-NEW BUI	1.01	9
46 SIU REVENUE OFFSET	B	-9,142	I&R SERVICES-OTHER PRGM C	23	
47 FUNDED DEPR ADJ	A	-7,971	OLD CAP REL COSTS-NEW BUI	1.01	9
48 BOND EXPENSE	A	-1,893,563	INTEREST EXPENSE	88	
49 MISCELLANEOUS INCOME	B	-2,989	OTHER ADMINISTRATIVE AND	6.06	
49.01 SALE OF XRAY SILVER/FILM	B	-2,401	RADIOLOGY-DIAGNOSTIC	41	
49.02 OFFSET LOBBYING EXPENSES	A	-19,740	OTHER ADMINISTRATIVE AND	6.06	
49.03 PURCHASE DISCOUNT	B	-31,623	PURCHASING, RECEIVING AND	6.03	
49.04 LOSS ON 1987 BONDS	A	16,841	OLD CAP REL COSTS-BLDG &	1	9
49.05 LOSS ON 1987 BONDS	A	62,219	OLD CAP REL COSTS-NEW BUI	1.01	9
49.06 LOSS ON 1987 BONDS	A	229,048	OLD CAP REL COSTS-NEW ADD	1.02	9
49.07 LOSS ON 1987 BONDS	A	106,685	OLD CAP REL COSTS-MVBLE E	2	9
49.08 LOSS ON 1991 BONDS	A	14,058	OLD CAP REL COSTS-NEW BUI	1.01	9
49.09 LOSS ON 1991 BONDS	A	2,230	OLD CAP REL COSTS-NEW ADD	1.02	9
49.10 LOSS ON 1991 BONDS	A	96,711	OLD CAP REL COSTS-MVBLE E	2	9
49.11 LOSS ON 1991 BONDS	A	191,094	NEW CAP REL COSTS-MVBLE E	4	9
49.12 LOSS ON 1991 BONDS	A	180,672	NEW CAP REL COSTS-NEW BUI	3.01	9
49.13 LEASEHOLD REVENUE	B	-2,449	CAFETERIA	12	
49.14 LEASEHOLD REVENUE	B	-14,889	MAMMOGRAPHY	41.01	
49.15 VENDING MACHINE INCOME	B	-271	HOUSEKEEPING	10	
49.16 CABLE TV	A	-21,408	NONPATIENT TELEPHONES	6.01	
49.17 CABLE TV	A	-945	I&R SERVICES-OTHER PRGM C	23	
49.18 PATIENT'S GUEST LODGING EXPENSE	A	-47,209	OPERATING ROOM	37	
49.19 PATIENT'S GUEST LODGING EXPENSE	A	-15,384	RECOVERY ROOM	38	
49.20 PATIENT'S GUEST LODGING EXPENSE	A	-2,394	RADIOLOGY-DIAGNOSTIC	41	
49.21 BIO MED MAINTENANCE CONTRACTS	B	-3,452	MAINTENANCE & REPAIRS	7	
49.22 PATIENT'S GUEST LODGING EXPENSE	A	-16,249	CARDIAC CATHETERIZATION L	41.03	
49.23 LEASEHOLD REVENUE	B	-459,585	NEW CAP REL COSTS-NEW ADD	3.02	9
49.24 TELEPHONE SERVICES	B	-52,511	NONPATIENT TELEPHONES	6.01	
49.25 MEDICAL PROVIDER TAX	A	-4,063,040	OTHER ADMINISTRATIVE AND	6.06	
49.26					
49.27					
50 TOTAL (SUM OF LINES 1 THRU 49)		2,851,292			

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
50      TOTAL (SUM OF LINES 1 THRU 49)		2,851,292			

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	9
1	2	OLD CAP REL COSTS-MVBLE E HOME OFFICE	186		186	9
2	3	NEW CAP REL COSTS-BLDG & HOME OFFICE	249,099		249,099	9
3	4	NEW CAP REL COSTS-MVBLE E HOME OFFICE	2,330,709		2,330,709	9
4	5	EMPLOYEE BENEFITS HOME OFFICE	2,730,663		2,730,663	
4.01	6 2	DATA PROCESSING HOME OFFICE	2,804,446		2,804,446	
4.02	6 5	CASHIERING/ACCOUNTS RECEI HOME OFFICE	3,144,972		3,144,972	
4.03	6 6	OTHER ADMINISTRATIVE AND HOME OFFICE	5,924,263		5,924,263	
4.04	50	PHYSICAL THERAPY RENT	87,372	110,651	-23,279	
4.05	23	I&R SERVICES-OTHER PRGM C RENT	119,532	146,117	-26,585	
5		TOTALS	17,391,242	256,768	17,134,474	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	SO. ILL. HOSPITAL SVCS.		100.00	
2	B	SO. ILL. HEALTHCARE ENTRP		100.00	
3	B	HEALTH SVCS. OF SO ILL		100.00	
4	B	SIH CAYMAN GROUP. LTD.		100.00	
5	B	SOUTHERN ILL. MEDICAL SVCS		100.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:  
14-0164

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

PREPARED 8/26/2009  
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 30	MIDWEST REG NEONATOLOGY	531,600	12,600	519,000	159,800	1,240	95,265	4,763
2 44	SO. ILL. PATHOLOGY	125,000		125,000	208,000	1	100	5
3 61	LEGATUS/SIMS	1,541,122	1,541,122					
4 26	DR. SCHUPP	13,875		13,875	159,800	111	8,528	426
5 37	SIU PHYSICIANS/SURGEONS	269,909	269,909					
6 41 2	DR. ROSENOW	29,664		29,664	217,600	252	26,363	1,318
7 41 1	DR. MATTISON	26,318		26,318	217,600	218	22,806	1,140
8 53	PRAIRIE CARDIOVASCULAR	135,872	135,872					
9 54	ST. LOUIS UNIVERSITY	8,200	8,200					
10 41 3	PRAIRIE CARDIOVASCULAR	155,937	140,937	15,000	217,600	75	7,846	392
11 49	DR. SCHUPP	1,500		1,500	159,800	12	922	46
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,838,997	2,108,640	730,357		1,909	161,830	8,090

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:  
14-0164

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

PREPARED 8/26/2009  
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 30	MIDWEST REG NEONATOLOGY					95,265	423,735	436,335
2 44	SO. ILL. PATHOLOGY					100	124,900	124,900
3 61	LEGATUS/SIMS							1,541,122
4 26	DR. SCHUPP					8,528	5,347	5,347
5 37	SIU PHYSICIANS/SURGEONS							269,909
6 41 2	DR. ROSENOW					26,363	3,301	3,301
7 41 1	DR. MATTISON					22,806	3,512	3,512
8 53	PRAIRIE CARDIOVASCULAR							135,872
9 54	ST. LOUIS UNIVERSITY							8,200
10 41 3	PRAIRIE CARDIOVASCULAR					7,846	7,154	148,091
11 49	DR. SCHUPP					922	578	578
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					161,830	568,527	2,677,167

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0164  
 PERIOD: FROM 4/1/2008 TO 3/31/2009  
 PREPARED 8/26/2009  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
1.01	OLD CAP REL COSTS-NEW BUILDING	2	SQUARE FEET	ENTERED
1.02	OLD CAP REL COSTS-NEW ADDITION	3	SQUARE FEET	ENTERED
1.03	OLD CAP REL COSTS-1988 ADDITION	4	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	5	DOLLAR VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
3.01	NEW CAP REL COSTS-NEW BUILDING	2	SQUARE FEET	ENTERED
3.02	NEW CAP REL COSTS-NEW ADDITION	3	SQUARE FEET	ENTERED
3.03	NEW CAP REL COSTS-1988 ADDITION	4	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	6	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	7	GROSS SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	8	# OF PHONES	ENTERED
6.02	DATA PROCESSING	9	# OF P	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	10	PURCH SUPPLIES	ENTERED
6.04	ADMITTING	11	INPATIENT REVENUE	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	12	GROSS REVENUE	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	13	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	14	PATIENT DAYS	ENTERED
10	HOUSEKEEPING	15	SQUARE FEET	ENTERED
11	DIETARY	16	MEALS SERVED	ENTERED
12	CAFETERIA	17	# OF FTES	ENTERED
14	NURSING ADMINISTRATION	18	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	19	COSTED REQS	ENTERED
17	MEDICAL RECORDS & LIBRARY	12	GROSS REVENUE	ENTERED
18	SOCIAL SERVICE	14	PATIENT DAYS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	20	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	21	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-NEW BUI	OLD CAP REL C OSTS-NEW ADD	OLD CAP REL C OSTS-1988 AD	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &
	0	1	1.01	1.02	1.03	2	3
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &	25,499	25,499					
001 02 OLD CAP REL COSTS-NEW BUI	3,412,751		3,412,751				
001 02 OLD CAP REL COSTS-NEW ADD	274,117			274,117			
001 03 OLD CAP REL COSTS-1988 AD	9,713				9,713		
002 OLD CAP REL COSTS-MVBLE E	203,582					203,582	
003 NEW CAP REL COSTS-BLDG &	276,297						276,297
003 01 NEW CAP REL COSTS-NEW BUI	2,580,463						
003 02 NEW CAP REL COSTS-NEW ADD	412,133						
003 03 NEW CAP REL COSTS-1988 AD	30,216						
004 NEW CAP REL COSTS-MVBLE E	7,790,997						
005 EMPLOYEE BENEFITS	17,685,087	1,247	1,266				13,516
006 01 NONPATIENT TELEPHONES	378,869	101					1,096
006 02 DATA PROCESSING	2,804,446	348	14,684		93		3,771
006 03 PURCHASING, RECEIVING AND	93,930			13,034			
006 04 ADMINISTRATION		2,040					22,102
006 05 CASHIERING/ACCOUNTS RECEI	3,843,257		21,899				
006 06 OTHER ADMINISTRATIVE AND	13,188,778	11,515	750,325	26,329			124,766
007 MAINTENANCE & REPAIRS	2,950,672	3,319	461,194	13,729		7,731	35,962
009 LAUNDRY & LINEN SERVICE	840,843			4,004			
010 HOUSEKEEPING	1,450,987	507	25,045				5,491
011 DIETARY	594,974	222	1,429	18,333		92,772	2,408
012 CAFETERIA	765,719		30,579	11,560		91,483	
014 NURSING ADMINISTRATION	1,618,852	5,414	9,530	2,765			58,663
015 CENTRAL SERVICES & SUPPLY	1,164,062		4,250	12,356			
017 MEDICAL RECORDS & LIBRARY	435,591		33,707				
018 SOCIAL SERVICE	109,873						
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI	943,402						
023 I&R SERVICES-OTHER PRGM C	355,045						
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	11,810,407		611,411	148,493			
026 INTENSIVE CARE UNIT	2,777,334		25,823	23,421			
030 NEONATAL INTENSIVE CARE U	1,364,435		34,231			11,596	
033 NURSERY	398,579		17,450				
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	8,755,439		370,543				
037 01 SAME DAY SURGERY							
038 RECOVERY ROOM	602,975		69,096				
039 DELIVERY ROOM & LABOR ROO	2,949,590		147,270				
040 ANESTHESIOLOGY	396,925		7,866				
041 RADIOLOGY-DIAGNOSTIC	3,106,003		200,271				
041 01 MAMMOGRAPHY	777,637						
041 02 ONCOLOGY	1,368,789	239			9,713		2,586
041 03 CARDIAC CATHETERIZATION L	8,495,394		184,015				
043 RADIOISOTOPE	1,218,083		16,239				
044 LABORATORY	5,778,310	304	89,204				3,299
049 RESPIRATORY THERAPY	1,323,082		29,584				
050 PHYSICAL THERAPY	2,233,563		11,808				
053 ELECTROCARDIOLOGY	625,018		28,571				
054 ELECTROENCEPHALOGRAPHY	61,684		16,022				
055 MEDICAL SUPPLIES CHARGED	15,838,075						
056 DRUGS CHARGED TO PATIENTS	6,021,796		36,022				
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	3,907,231		126,600				
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC	1,462,310						
063 50 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	145,512,814	25,256	3,375,934	274,117	9,713	203,582	273,660
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	11,376						
098 01 FAMILY PRACTICE							
098 02 REFERENCE LAB							
098 03 COMMUNITY HEALTH EDUCATIO	98,881						
098 04 UNUSED SPACE		243	36,817				2,637
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	145,623,071	25,499	3,412,751	274,117	9,713	203,582	276,297

COST CENTER DESCRIPTION	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TELE	DATA PROCESSI			
	OSTS-NEW BUI	OSTS-NEW ADD	OSTS-1988 AD	OSTS-MVBLE E	FITS	LEPHONES	NG
	3.01	3.02	3.03	4	5	6.01	6.02
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BUI							
001 03 OLD CAP REL COSTS-1988 AD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BUI	2,580,463						
003 02 NEW CAP REL COSTS-NEW ADD		412,133					
003 03 NEW CAP REL COSTS-1988 AD			30,216				
004 NEW CAP REL COSTS-MVBLE E				7,790,997			
005 EMPLOYEE BENEFITS	957			1,151	17,703,224		
006 01 NONPATIENT TELEPHONES				56,275	134,377	570,718	
006 02 DATA PROCESSING	11,103	140				4,832	2,839,417
006 03 PURCHASING, RECEIVING AND		19,597				18,254	14,918
006 04 ADMINISTRATION				5,391		9,127	
006 05 CASHIERING/ACCOUNTS RECEI	16,558				229,815	1,611	99,454
006 06 OTHER ADMINISTRATIVE AND	567,339	39,585		3,705,570	838,485	37,583	203,881
007 MAINTENANCE & REPAIRS	348,720	20,641		44,195	485,740	32,214	134,263
009 LAUNDRY & LINEN SERVICE		6,020			9,808	537	
010 HOUSEKEEPING	18,937			19,869	317,266	8,590	14,918
011 DIETARY	1,080	27,564		5,714	119,034	3,758	39,782
012 CAFETERIA	23,121	17,381		13,039	271,643	1,074	
014 NURSING ADMINISTRATION	7,206	4,158		72,559	543,640	15,570	159,127
015 CENTRAL SERVICES & SUPPLY	3,213	18,578		78,463	277,370		24,864
017 MEDICAL RECORDS & LIBRARY	25,487			12,927	185,934	25,234	114,372
018 SOCIAL SERVICE				27	41,511	3,758	9,945
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI					357,549		
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	462,302	223,255		227,798	3,395,724	94,491	343,116
026 INTENSIVE CARE UNIT	19,525	35,214		91,603	777,245	15,033	39,782
030 NEONATAL INTENSIVE CARE U	25,883			56,899	469,347	4,832	79,563
033 NURSERY	13,195			6,577	75,413	537	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	280,176			514,774	1,985,412	45,099	243,663
037 01 SAME DAY SURGERY							
038 RECOVERY ROOM	52,245				215,220	1,611	
039 DELIVERY ROOM & LABOR ROO	111,354			89,979	987,648	17,181	193,936
040 ANESTHESIOLOGY	5,948			19,784		1,074	9,945
041 RADIOLOGY-DIAGNOSTIC	151,430			929,868	814,804	34,898	149,181
041 01 MAMMOGRAPHY				214,519	170,360	8,590	74,591
041 02 ONCOLOGY			30,216	417,097	316,923	10,201	99,454
041 03 CARDIAC CATHETERIZATION L	139,138			442,268	816,077	25,771	84,536
043 RADIOISOTOPE	12,278			163,472	135,012	4,832	4,973
044 LABORATORY	67,450			220,837	844,957	15,033	174,045
049 RESPIRATORY THERAPY	22,369			77,117	428,291	1,074	39,782
050 PHYSICAL THERAPY	8,929			14,941	603,580	17,181	94,481
053 ELECTROCARDIOLOGY	21,604			124,797	178,994	16,644	34,809
054 ELECTROENCEPHALOGRAPHY	12,114			8,893	18,607	537	4,973
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	27,237			6,301	587,904	6,443	59,673
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	95,726			140,572	901,890	23,086	124,318
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC				7,721	140,162		154,154
063 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,552,624	412,133	30,216	7,790,997	17,675,742	506,290	2,824,499
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC						62,817	14,918
098 01 FAMILY PRACTICE						1,611	
098 02 REFERENCE LAB							
098 03 COMMUNITY HEALTH EDUCATIO					27,482		
098 04 UNUSED SPACE	27,839						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,580,463	412,133	30,216	7,790,997	17,703,224	570,718	2,839,417

COST CENTER DESCRIPTION	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE
	6.03	6.04	6.05		6a.05	6.06	7
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BUI							
001 03 OLD CAP REL COSTS-1988 AD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BUI							
003 02 NEW CAP REL COSTS-NEW ADD							
003 03 NEW CAP REL COSTS-1988 AD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND	159,733						
006 04 ADMINISTRATIVE		38,660					
006 05 CASHIERING/ACCOUNTS RECEI	627		4,213,221				
006 06 OTHER ADMINISTRATIVE AND				19,494,156	19,494,156		
007 MAINTENANCE & REPAIRS	7			4,538,387	701,439	5,239,826	
009 LAUNDRY & LINEN SERVICE				861,212	133,106	27,994	1,022,312
010 HOUSEKEEPING	37			1,861,647	287,731	51,558	
011 DIETARY	6			907,076	140,195	135,795	
012 CAFETERIA	14			1,225,613	189,427	128,839	
014 NURSING ADMINISTRATION	47			2,497,531	386,011	165,038	
015 CENTRAL SERVICES & SUPPLY	901			1,584,057	244,827	93,066	
017 MEDICAL RECORDS & LIBRARY				833,252	128,785	52,921	
018 SOCIAL SERVICE				165,114	25,520		
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI				1,300,951	201,071		
023 I&R SERVICES-OTHER PRGM C				355,045	54,875		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	17,300	3,759	236,467	17,574,523	2,716,315	1,998,176	779,843
026 INTENSIVE CARE UNIT	6,409	792	41,634	3,853,815	595,634	204,303	94,292
030 NEONATAL INTENSIVE CARE U	13	840	44,137	2,091,776	323,299	53,745	60,875
033 NURSERY	4,046	466	24,521	540,784	83,582	27,398	87,302
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	78,954	5,547	572,774	12,852,381	1,986,425	581,764	
037 01 SAME DAY SURGERY							
038 RECOVERY ROOM	565	697	66,532	1,008,941	155,939	108,483	
039 DELIVERY ROOM & LABOR ROO	4,633	735	67,722	4,570,048	706,333	231,218	
040 ANESTHESIOLOGY	8,862	973	81,697	533,074	82,390	12,350	
041 RADIOLOGY-DIAGNOSTIC	4,018	2,297	479,258	5,872,028	907,563	314,433	
041 01 MAMMOGRAPHY	178		43,691	1,289,566	199,311		
041 02 ONCOLOGY	12	8	105,017	2,360,255	364,794	200,612	
041 03 CARDIAC CATHETERIZATION L	19,752	1,762	264,005	10,472,718	1,618,632	288,909	
043 RADIOISOTOPE	291	363	101,992	1,657,535	256,184	25,495	
044 LABORATORY	2,813	5,153	559,776	7,761,181	1,199,545	147,407	
049 RESPIRATORY THERAPY	1,140	1,306	76,067	1,999,812	309,085	46,448	
050 PHYSICAL THERAPY	484	289	82,951	3,068,207	474,213	18,539	
053 ELECTROCARDIOLOGY	233	1,079	149,373	1,181,122	182,551	44,858	
054 ELECTROENCEPHALOGRAPHY		39	4,224	127,093	19,643	25,155	
055 MEDICAL SUPPLIES CHARGED		7,732	771,941	16,617,748	2,568,389		
056 DRUGS CHARGED TO PATIENTS	384	4,110	280,896	7,030,766	1,086,654	56,555	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	7,859	713	158,546	5,486,541	847,983	198,767	
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC	148			1,764,495	272,715		
063 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	159,733	38,660	4,213,221	145,338,450	19,450,166	5,239,826	1,022,312
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC				89,111	13,773		
098 01 FAMILY PRACTICE				1,611	249		
098 02 REFERENCE LAB							
098 03 COMMUNITY HEALTH EDUCATIO				126,363	19,530		
098 04 UNUSED SPACE				67,536	10,438		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	159,733	38,660	4,213,221	145,623,071	19,494,156	5,239,826	1,022,312

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		10	11	12	14	15	17	18
001	GENERAL SERVICE COST CNTR							
001	01 OLD CAP REL COSTS-BLDG &							
001	02 OLD CAP REL COSTS-NEW BUI							
001	03 OLD CAP REL COSTS-1988 AD							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003	01 NEW CAP REL COSTS-NEW BUI							
003	02 NEW CAP REL COSTS-NEW ADD							
003	03 NEW CAP REL COSTS-1988 AD							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING AND							
006	04 ADMINISTRATION							
006	05 CASHIERING/ACCOUNTS RECEI							
006	06 OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING	2,200,936						
011	DIETARY	57,919	1,240,985					
012	CAFETERIA	54,952		1,598,831				
014	NURSING ADMINISTRATION	70,391		52,487	3,171,458			
015	CENTRAL SERVICES & SUPPLY	39,694		56,524		2,018,168		
017	MEDICAL RECORDS & LIBRARY	22,572		36,337			1,073,867	
018	SOCIAL SERVICE			4,037				194,671
020	NONPHYSICIAN ANESTHETISTS							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C			38,356				
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	852,253	1,107,122	397,689	1,263,032	2,110	60,273	148,500
026	INTENSIVE CARE UNIT	87,138	133,863	82,768	259,835	3,510	10,612	17,955
030	NEONATAL INTENSIVE CARE U	22,923		38,356	124,833		11,250	11,592
033	NURSERY	11,685		6,056	20,331	22	6,250	16,624
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	248,131		187,742	599,675	1,256,952	145,993	
037	01 SAME DAY SURGERY							
038	RECOVERY ROOM	46,270		16,150	50,119		16,958	
039	DELIVERY ROOM & LABOR ROO	98,618		104,974	331,893	923	17,262	
040	ANESTHESIOLOGY	5,268				16,390	20,823	
041	RADIOLOGY-DIAGNOSTIC	134,110		94,880		53,850	122,157	
041	01 MAMMOGRAPHY					9,468	11,136	
041	02 ONCOLOGY	85,564		28,262		252	26,768	
041	03 CARDIAC CATHETERIZATION L	123,224		70,655	225,973	655,469	67,292	
043	RADIOISOTOPE	10,874		10,094		5,920	25,997	
044	LABORATORY	62,871		111,030		79	142,680	
049	RESPIRATORY THERAPY	19,811		46,431		10,379	19,389	
050	PHYSICAL THERAPY	7,907		58,543		13	21,143	
053	ELECTROCARDIOLOGY	19,133		20,187		367	38,073	
054	ELECTROENCEPHALOGRAPHY	10,729		2,019			1,077	
055	MEDICAL SUPPLIES CHARGED					1,548	196,726	
056	DRUGS CHARGED TO PATIENTS	24,122		42,393			71,597	
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
061	EMERGENCY	84,777		92,861	295,767	916	40,411	
062	OBSERVATION BEDS (NON-DIS							
063	50 RURAL HEALTH CLINIC							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	2,200,936	1,240,985	1,598,831	3,171,458	2,018,168	1,073,867	194,671
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
098	PHYSICIANS' PRIVATE OFFIC							
098	01 FAMILY PRACTICE							
098	02 REFERENCE LAB							
098	03 COMMUNITY HEALTH EDUCATIO							
098	04 UNUSED SPACE							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	2,200,936	1,240,985	1,598,831	3,171,458	2,018,168	1,073,867	194,671

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	20	22	23	25	26	27
001 GENERAL SERVICE COST CNTR						
001 01 OLD CAP REL COSTS-BLDG &						
001 02 OLD CAP REL COSTS-NEW BUI						
001 03 OLD CAP REL COSTS-1988 AD						
002 OLD CAP REL COSTS-MVBLE E						
003 NEW CAP REL COSTS-BLDG &						
003 01 NEW CAP REL COSTS-NEW BUI						
003 02 NEW CAP REL COSTS-NEW ADD						
003 03 NEW CAP REL COSTS-1988 AD						
004 NEW CAP REL COSTS-MVBLE E						
005 EMPLOYEE BENEFITS						
006 01 NONPATIENT TELEPHONES						
006 02 DATA PROCESSING						
006 03 PURCHASING, RECEIVING AND						
006 04 ADMINITTING						
006 05 CASHIERING/ACCOUNTS RECEI						
006 06 OTHER ADMINISTRATIVE AND						
007 MAINTENANCE & REPAIRS						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
017 MEDICAL RECORDS & LIBRARY						
018 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHETISTS						
022 I&R SERVICES-SALARY & FRI		1,502,022				
023 I&R SERVICES-OTHER PRGM C			448,276			
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS		177,303	52,916	27,130,055	-230,219	26,899,836
026 INTENSIVE CARE UNIT				5,343,725		5,343,725
030 NEONATAL INTENSIVE CARE U		46,952	14,013	2,799,614	-60,965	2,738,649
033 NURSERY				800,034		800,034
037 ANCILLARY SRVC COST CNTRS						
037 01 OPERATING ROOM		33,200	9,908	17,902,171	-43,108	17,859,063
037 01 SAME DAY SURGERY						
038 RECOVERY ROOM				1,402,860		1,402,860
039 DELIVERY ROOM & LABOR ROO				6,061,269		6,061,269
040 ANESTHESIOLOGY				670,295		670,295
041 RADIOLOGY-DIAGNOSTIC				7,499,021		7,499,021
041 01 MAMMOGRAPHY				1,509,481		1,509,481
041 02 ONCOLOGY				3,066,507		3,066,507
041 03 CARDIAC CATHETERIZATION L				13,522,872		13,522,872
043 RADIOISOTOPE				1,992,099		1,992,099
044 LABORATORY				9,424,793		9,424,793
049 RESPIRATORY THERAPY		14,863	4,436	2,470,654	-19,299	2,451,355
050 PHYSICAL THERAPY		35,250	10,520	3,694,335	-45,770	3,648,565
053 ELECTROCARDIOLOGY		27,477	8,200	1,521,968	-35,677	1,486,291
054 ELECTROENCEPHALOGRAPHY				185,716		185,716
055 MEDICAL SUPPLIES CHARGED				19,384,411		19,384,411
056 DRUGS CHARGED TO PATIENTS				8,312,087		8,312,087
060 OUTPAT SERVICE COST CNTRS						
061 CLINIC						
061 EMERGENCY		64,805	19,341	7,132,169	-84,146	7,048,023
062 OBSERVATION BEDS (NON-DIS						
063 50 RURAL HEALTH CLINIC		239,460	71,467	2,348,137	-310,927	2,037,210
063 50 SPEC PURPOSE COST CENTERS						
095 SUBTOTALS		639,310	190,801	144,174,273	-830,111	143,344,162
096 NONREIMBURS COST CENTERS						
098 GIFT, FLOWER, COFFEE SHOP						
098 PHYSICIANS' PRIVATE OFFIC				102,884		102,884
098 01 FAMILY PRACTICE		862,712	257,475	1,122,047	-1,120,187	1,860
098 02 REFERENCE LAB						
098 03 COMMUNITY HEALTH EDUCATIO				145,893		145,893
098 04 UNUSED SPACE				77,974		77,974
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL		1,502,022	448,276	145,623,071	-1,950,298	143,672,773

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0164  
 PERIOD: FROM 4/1/2008 TO 3/31/2009  
 PREPARED 8/26/2009  
 WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-NEW BUI	OLD CAP REL C OSTS-NEW ADD	OLD CAP REL C OSTS-1988 AD	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &
	0	1	1.01	1.02	1.03	2	3
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BUI							
001 03 OLD CAP REL COSTS-NEW ADD							
002 03 OLD CAP REL COSTS-1988 AD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BUI							
003 02 NEW CAP REL COSTS-NEW ADD							
003 03 NEW CAP REL COSTS-1988 AD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		1,247	1,266				
006 01 NONPATIENT TELEPHONES		101					
006 02 DATA PROCESSING		348	14,684	93			
006 03 PURCHASING, RECEIVING AND				13,034			
006 04 ADMINITTING		2,040					
006 05 CASHIERING/ACCOUNTS RECEI			21,899				
006 06 OTHER ADMINISTRATIVE AND		11,515	750,325	26,329			
007 MAINTENANCE & REPAIRS		3,319	461,194	13,729		7,731	
009 LAUNDRY & LINEN SERVICE				4,004			
010 HOUSEKEEPING		507	25,045				
011 DIETARY		222	1,429	18,333		92,772	
012 CAFETERIA			30,579	11,560		91,483	
014 NURSING ADMINISTRATION		5,414	9,530	2,765			
015 CENTRAL SERVICES & SUPPLY			4,250	12,356			
017 MEDICAL RECORDS & LIBRARY			33,707				
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			611,411	148,493			
026 INTENSIVE CARE UNIT			25,823	23,421			
030 NEONATAL INTENSIVE CARE U			34,231			11,596	
033 NURSERY			17,450				
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM			370,543				
037 01 SAME DAY SURGERY							
038 RECOVERY ROOM			69,096				
039 DELIVERY ROOM & LABOR ROO			147,270				
040 ANESTHESIOLOGY			7,866				
041 RADIOLOGY-DIAGNOSTIC			200,271				
041 01 MAMMOGRAPHY							
041 02 ONCOLOGY		239			9,713		
041 03 CARDIAC CATHETERIZATION L			184,015				
043 RADIOISOTOPE			16,239				
044 LABORATORY		304	89,204				
049 RESPIRATORY THERAPY			29,584				
050 PHYSICAL THERAPY			11,808				
053 ELECTROCARDIOLOGY			28,571				
054 ELECTROENCEPHALOGRAPHY			16,022				
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS			36,022				
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY			126,600				
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC							
063 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		25,256	3,375,934	274,117	9,713	203,582	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FAMILY PRACTICE							
098 02 REFERENCE LAB							
098 03 COMMUNITY HEALTH EDUCATIO							
098 04 UNUSED SPACE		243	36,817				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		25,499	3,412,751	274,117	9,713	203,582	

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NEW CAP REL C	SUBTOTAL	EMPLOYEE	BENE	NONPATIENT	TE			
	OSTS-NEW BUI	OSTS-NEW ADD	OSTS-1988 AD	OSTS-MVBLE E		FITS	LEPHONES		
	3.01	3.02	3.03	4	4a	5		6.01	
001 GENERAL SERVICE COST CNTR									
001 01 OLD CAP REL COSTS-BLDG &									
001 02 OLD CAP REL COSTS-NEW BUI									
001 03 OLD CAP REL COSTS-NEW ADD									
002 03 OLD CAP REL COSTS-1988 AD									
002 OLD CAP REL COSTS-MVBLE E									
003 NEW CAP REL COSTS-BLDG &									
003 01 NEW CAP REL COSTS-NEW BUI									
003 02 NEW CAP REL COSTS-NEW ADD									
003 03 NEW CAP REL COSTS-1988 AD									
004 NEW CAP REL COSTS-MVBLE E									
005 EMPLOYEE BENEFITS					2,513	2,513			
006 01 NONPATIENT TELEPHONES					101	19			120
006 02 DATA PROCESSING					15,125				1
006 03 PURCHASING, RECEIVING AND					13,034				4
006 04 ADMINITTING					2,040				2
006 05 CASHIERING/ACCOUNTS RECEI					21,899		33		
006 06 OTHER ADMINISTRATIVE AND					788,169		119		8
007 MAINTENANCE & REPAIRS					485,973		69		7
009 LAUNDRY & LINEN SERVICE					4,004		1		
010 HOUSEKEEPING					25,552		45		2
011 DIETARY					112,756		17		1
012 CAFETERIA					133,622		39		
014 NURSING ADMINISTRATION					17,709		77		3
015 CENTRAL SERVICES & SUPPLY					16,606		40		
017 MEDICAL RECORDS & LIBRARY					33,707		26		5
018 SOCIAL SERVICE							6		1
020 NONPHYSICIAN ANESTHETISTS								51	
022 I&R SERVICES-SALARY & FRI									
023 I&R SERVICES-OTHER PRGM C									
INPAT ROUTINE SRVC CNTRS									
025 ADULTS & PEDIATRICS					759,904		474		23
026 INTENSIVE CARE UNIT					49,244		111		3
030 NEONATAL INTENSIVE CARE U					45,827		67		1
033 NURSERY					17,450		11		
037 ANCILLARY SRVC COST CNTRS									
OPERATING ROOM					370,543		283		9
037 01 SAME DAY SURGERY									
038 RECOVERY ROOM					69,096		31		
039 DELIVERY ROOM & LABOR ROO					147,270		141		4
040 ANESTHESIOLOGY					7,866				
041 RADIOLOGY-DIAGNOSTIC					200,271		116		7
041 01 MAMMOGRAPHY							24		2
041 02 ONCOLOGY					9,952		45		2
041 03 CARDIAC CATHETERIZATION L					184,015		116		5
043 RADIOISOTOPE					16,239		19		1
044 LABORATORY					89,508		120		3
049 RESPIRATORY THERAPY					29,584		61		
050 PHYSICAL THERAPY					11,808		86		4
053 ELECTROCARDIOLOGY					28,571		26		3
054 ELECTROENCEPHALOGRAPHY					16,022		3		
055 MEDICAL SUPPLIES CHARGED									
056 DRUGS CHARGED TO PATIENTS					36,022		84		1
OUTPAT SERVICE COST CNTRS									
CLINIC									
061 EMERGENCY					126,600		129		5
062 OBSERVATION BEDS (NON-DIS									
063 50 RURAL HEALTH CLINIC							20		
SPEC PURPOSE COST CENTERS									
095 SUBTOTALS					3,888,602		2,509		107
NONREIMBURS COST CENTERS									
096 GIFT, FLOWER, COFFEE SHOP									
098 PHYSICIANS' PRIVATE OFFIC									13
098 01 FAMILY PRACTICE									
098 02 REFERENCE LAB									
098 03 COMMUNITY HEALTH EDUCATIO							4		
098 04 UNUSED SPACE					37,060				
101 CROSS FOOT ADJUSTMENTS									
102 NEGATIVE COST CENTER									
103 TOTAL					3,925,662		2,513		120

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE	MAINTENANCE REPAIRS	LAUNDRY & LINEN SERVICE
	6.02	6.03	6.04	6.05	6.06	7	9
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BUI							
001 03 OLD CAP REL COSTS-1988 AD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BUI							
003 02 NEW CAP REL COSTS-NEW ADD							
003 03 NEW CAP REL COSTS-1988 AD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	15,126						
006 03 PURCHASING, RECEIVING AND	79	13,117					
006 04 ADMINISTRATION			2,042				
006 05 CASHIERING/ACCOUNTS RECEI	530	51		22,513			
006 06 OTHER ADMINISTRATIVE AND	1,086				789,382		
007 MAINTENANCE & REPAIRS	715	1			28,406	515,171	
009 LAUNDRY & LINEN SERVICE					5,390	2,752	12,147
010 HOUSEKEEPING	79	3			11,652	5,069	
011 DIETARY	212				5,677	13,351	
012 CAFETERIA					7,671	12,667	
014 NURSING ADMINISTRATION	848	4			15,632	16,226	
015 CENTRAL SERVICES & SUPPLY	132	74			9,915	9,150	
017 MEDICAL RECORDS & LIBRARY	609				5,215	5,203	
018 SOCIAL SERVICE	53				1,033		
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI					8,143		
023 I&R SERVICES-OTHER PRGM C					2,222		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,832	1,420	201	1,252	109,940	196,458	9,267
026 INTENSIVE CARE UNIT	212	526	42	220	24,121	20,087	1,120
030 NEONATAL INTENSIVE CARE U	424	1	45	234	13,092	5,284	723
033 NURSERY		332	25	130	3,385	2,694	1,037
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	1,298	6,486	297	3,033	80,443	57,198	
037 01 SAME DAY SURGERY							
038 RECOVERY ROOM		46	37	352	6,315	10,666	
039 DELIVERY ROOM & LABOR ROO	1,033	380	39	359	28,604	22,733	
040 ANESTHESIOLOGY	53	728	52	433	3,337	1,214	
041 RADIOLOGY-DIAGNOSTIC	795	330	123	2,538	36,753	30,915	
041 01 MAMMOGRAPHY	397	15		231	8,071		
041 02 ONCOLOGY	530	1		556	14,773	19,724	
041 03 CARDIAC CATHETERIZATION L	450	1,622	94	1,398	65,549	28,405	
043 RADIOISOTOPE	26	24	19	540	10,375	2,507	
044 LABORATORY	927	231	276	2,964	48,577	14,493	
049 RESPIRATORY THERAPY	212	94	70	403	12,517	4,567	
050 PHYSICAL THERAPY	503	40	15	439	19,204	1,823	
053 ELECTROCARDIOLOGY	185	19	58	791	7,393	4,410	
054 ELECTROENCEPHALOGRAPHY	26		2	22	795	2,473	
055 MEDICAL SUPPLIES CHARGED			389	4,291	104,010		
056 DRUGS CHARGED TO PATIENTS	318	31	220	1,487	44,006	5,560	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	662	645	38	840	34,340	19,542	
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC	821	12			11,044		
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	15,047	13,117	2,042	22,513	787,600	515,171	12,147
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	79				558		
098 01 FAMILY PRACTICE					10		
098 02 REFERENCE LAB							
098 03 COMMUNITY HEALTH EDUCATIO					791		
098 04 UNUSED SPACE					423		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	15,126	13,117	2,042	22,513	789,382	515,171	12,147

COST CENTER DESCRIPTION		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		10	11	12	14	15	17	18
001	GENERAL SERVICE COST CNTR							
001	01 OLD CAP REL COSTS-BLDG &							
001	02 OLD CAP REL COSTS-NEW BUI							
001	03 OLD CAP REL COSTS-1988 AD							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003	01 NEW CAP REL COSTS-NEW BUI							
003	02 NEW CAP REL COSTS-NEW ADD							
003	03 NEW CAP REL COSTS-1988 AD							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING AND							
006	04 ADMINITTING							
006	05 CASHIERING/ACCOUNTS RECEI							
006	06 OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING	42,402						
011	DIETARY	1,116	133,130					
012	CAFETERIA	1,059		155,059				
014	NURSING ADMINISTRATION	1,356		5,090	56,945			
015	CENTRAL SERVICES & SUPPLY	765		5,482		42,164		
017	MEDICAL RECORDS & LIBRARY	435		3,524			48,724	
018	SOCIAL SERVICE			392				1,485
020	NONPHYSICIAN ANESTHETISTS							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C			3,720				
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	16,419	118,770	38,568	22,680	44	2,745	1,133
026	INTENSIVE CARE UNIT	1,679	14,360	8,027	4,665	73	483	137
030	NEONATAL INTENSIVE CARE U	442		3,720	2,241		512	88
033	NURSERY	225		587	365		285	127
037	ANCILLARY SRVC COST CNTRS							
037	01 OPERATING ROOM	4,780		18,208	10,767	26,260	6,649	
037	01 SAME DAY SURGERY							
038	RECOVERY ROOM	891		1,566	900		772	
039	DELIVERY ROOM & LABOR ROO	1,900		10,181	5,959	19	786	
040	ANESTHESIOLOGY	101				342	948	
041	RADIOLOGY-DIAGNOSTIC	2,584		9,202		1,125	5,564	
041	01 MAMMOGRAPHY					198	507	
041	02 ONCOLOGY	1,648		2,741		5	1,219	
041	03 CARDIAC CATHETERIZATION L	2,374		6,852	4,057	13,696	3,065	
043	RADIOISOTOPE	209		979		124	1,184	
044	LABORATORY	1,211		10,768		2	6,498	
049	RESPIRATORY THERAPY	382		4,503		217	883	
050	PHYSICAL THERAPY	152		5,678			963	
053	ELECTROCARDIOLOGY	369		1,958		8	1,734	
054	ELECTROENCEPHALOGRAPHY	207		196			49	
055	MEDICAL SUPPLIES CHARGED					32	8,776	
056	DRUGS CHARGED TO PATIENTS	465		4,111			3,261	
060	OUTPAT SERVICE COST CNTRS							
061	CLINIC							
061	EMERGENCY	1,633		9,006	5,311	19	1,841	
062	OBSERVATION BEDS (NON-DIS							
063	50 RURAL HEALTH CLINIC							
063	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	42,402	133,130	155,059	56,945	42,164	48,724	1,485
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
098	PHYSICIANS' PRIVATE OFFIC							
098	01 FAMILY PRACTICE							
098	02 REFERENCE LAB							
098	03 COMMUNITY HEALTH EDUCATIO							
098	04 UNUSED SPACE							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	42,402	133,130	155,059	56,945	42,164	48,724	1,485

ALLOCATION OF OLD CAPITAL RELATED COSTS

	NONPHYSICIAN ANESTHETISTS	I & R SERVICES- SALARY & FRI	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	20	22	25	26	27
001	GENERAL SERVICE COST CNTR				
001	OLD CAP REL COSTS-BLDG &				
001	01	OLD CAP REL COSTS-NEW BUI			
001	02	OLD CAP REL COSTS-NEW ADD			
001	03	OLD CAP REL COSTS-1988 AD			
002	OLD CAP REL COSTS-MVBLE E				
003	NEW CAP REL COSTS-BLDG &				
003	01	NEW CAP REL COSTS-NEW BUI			
003	02	NEW CAP REL COSTS-NEW ADD			
003	03	NEW CAP REL COSTS-1988 AD			
004	NEW CAP REL COSTS-MVBLE E				
005	EMPLOYEE BENEFITS				
006	01	NONPATIENT TELEPHONES			
006	02	DATA PROCESSING			
006	03	PURCHASING, RECEIVING AND			
006	04	ADMINISTRATIVE			
006	05	CASHIERING/ACCOUNTS RECEI			
006	06	OTHER ADMINISTRATIVE AND			
007	MAINTENANCE & REPAIRS				
009	LAUNDRY & LINEN SERVICE				
010	HOUSEKEEPING				
011	DIETARY				
012	CAFETERIA				
014	NURSING ADMINISTRATION				
015	CENTRAL SERVICES & SUPPLY				
017	MEDICAL RECORDS & LIBRARY				
018	SOCIAL SERVICE				
020	NONPHYSICIAN ANESTHETISTS				
022		I & R SERVICES-SALARY & FRI	8,194		
023		I & R SERVICES-OTHER PRGM C	5,942		
		INPAT ROUTINE SRVC CNTRS			
025	ADULTS & PEDIATRICS		1,281,130		1,281,130
026	INTENSIVE CARE UNIT		125,110		125,110
030	NEONATAL INTENSIVE CARE U		72,701		72,701
033	NURSERY		26,653		26,653
	ANCILLARY SRVC COST CNTRS				
037	OPERATING ROOM		586,254		586,254
037	01	SAME DAY SURGERY			
038	RECOVERY ROOM		90,672		90,672
039	DELIVERY ROOM & LABOR ROO		219,408		219,408
040	ANESTHESIOLOGY		15,074		15,074
041	RADIOLOGY-DIAGNOSTIC		290,323		290,323
041	01	MAMMOGRAPHY	9,445		9,445
041	02	ONCOLOGY	51,196		51,196
041	03	CARDIAC CATHETERIZATION L	311,698		311,698
043	RADIOISOTOPE		32,246		32,246
044	LABORATORY		175,578		175,578
049	RESPIRATORY THERAPY		53,493		53,493
050	PHYSICAL THERAPY		40,715		40,715
053	ELECTROCARDIOLOGY		45,525		45,525
054	ELECTROENCEPHALOGRAPHY		19,795		19,795
055	MEDICAL SUPPLIES CHARGED		117,498		117,498
056	DRUGS CHARGED TO PATIENTS		95,566		95,566
	OUTPAT SERVICE COST CNTRS				
060	CLINIC				
061	EMERGENCY		200,611		200,611
062	OBSERVATION BEDS (NON-DIS				
063	50	RURAL HEALTH CLINIC	11,897		11,897
	SPEC PURPOSE COST CENTERS				
095	SUBTOTALS		3,872,588		3,872,588
	NONREIMBURS COST CENTERS				
096	GIFT, FLOWER, COFFEE SHOP				
098	PHYSICIANS' PRIVATE OFFIC		650		650
098	01	FAMILY PRACTICE	10		10
098	02	REFERENCE LAB			
098	03	COMMUNITY HEALTH EDUCATIO	795		795
098	04	UNUSED SPACE	37,483		37,483
101	CROSS FOOT ADJUSTMENTS		8,194	5,942	14,136
102	NEGATIVE COST CENTER				
103	TOTAL		8,194	5,942	3,925,662



ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NEW CAP REL C	SUBTOTAL	EMPLOYEE	BENE	NONPATIENT	TE			
	OSTS-NEW BUI	OSTS-NEW ADD	OSTS-1988 AD	OSTS-MVBLE E		FITS	LEPHONES		
	3.01	3.02	3.03	4	4a	5		6.01	
001 GENERAL SERVICE COST CNTR									
001 01 OLD CAP REL COSTS-BLDG &									
001 02 OLD CAP REL COSTS-NEW BUI									
001 03 OLD CAP REL COSTS-NEW ADD									
001 03 OLD CAP REL COSTS-1988 AD									
002 OLD CAP REL COSTS-MVBLE E									
003 NEW CAP REL COSTS-BLDG &									
003 01 NEW CAP REL COSTS-NEW BUI									
003 02 NEW CAP REL COSTS-NEW ADD									
003 03 NEW CAP REL COSTS-1988 AD									
004 NEW CAP REL COSTS-MVBLE E									
005 EMPLOYEE BENEFITS	957			1,151	15,624	15,624			
006 01 NONPATIENT TELEPHONES				56,275	57,371	118		57,489	
006 02 DATA PROCESSING	11,103	140			15,014			487	
006 03 PURCHASING, RECEIVING AND		19,597			19,597			1,839	
006 04 ADMINITTING				5,391	27,493			919	
006 05 CASHIERING/ACCOUNTS RECEI	16,558				16,558	203		162	
006 06 OTHER ADMINI STRATIVE AND	567,339	39,585		3,705,570	4,437,260	739		3,786	
007 MAINTENANCE & REPAIRS	348,720	20,641		44,195	449,518	428		3,245	
009 LAUNDRY & LINEN SERVICE		6,020			6,020	9		54	
010 HOUSEKEEPING	18,937			19,869	44,297	280		865	
011 DIETARY	1,080	27,564		5,714	36,766	105		379	
012 CAFETERIA	23,121	17,381		13,039	53,541	239		108	
014 NURSING ADMINI STRATION	7,206	4,158		72,559	142,586	479		1,568	
015 CENTRAL SERVICES & SUPPLY	3,213	18,578		78,463	100,254	244			
017 MEDICAL RECORDS & LIBRARY	25,487			12,927	38,414	164		2,542	
018 SOCIAL SERVICE				27	27	37		379	
020 NONPHYSICIAN ANESTHETISTS									
022 I&R SERVICES-SALARY & FRI						315			
023 I&R SERVICES-OTHER PRGM C									
INPAT ROUTINE SRVC CNTRS									
025 ADULTS & PEDIATRICS	462,302	223,255		227,798	913,355	3,015		9,517	
026 INTENSIVE CARE UNIT	19,525	35,214		91,603	146,342	685		1,514	
030 NEONATAL INTENSIVE CARE U	25,883			56,899	82,782	414		487	
033 NURSERY	13,195			6,577	19,772	66		54	
037 ANCILLARY SRVC COST CNTRS									
OPERATING ROOM	280,176			514,774	794,950	1,750		4,543	
037 01 SAME DAY SURGERY									
038 RECOVERY ROOM	52,245				52,245	190		162	
039 DELIVERY ROOM & LABOR ROO	111,354			89,979	201,333	870		1,731	
040 ANESTHESIOLOGY	5,948			19,784	25,732			108	
041 RADIOLOGY-DIAGNOSTIC	151,430			929,868	1,081,298	718		3,515	
041 01 MAMMOGRAPHY				214,519	214,519	150		865	
041 02 ONCOLOGY			30,216	417,097	449,899	279		1,028	
041 03 CARDIAC CATHETERIZATI ON L	139,138			442,268	581,406	719		2,596	
043 RADIOISOTOPE	12,278			163,472	175,750	119		487	
044 LABORATORY	67,450			220,837	291,586	745		1,514	
049 RESPIRATORY THERAPY	22,369			77,117	99,486	377		108	
050 PHYSICAL THERAPY	8,929			14,941	23,870	532		1,731	
053 ELECTROCARDIOLOGY	21,604			124,797	146,401	158		1,677	
054 ELECTROENCEPHALOGRAPHY	12,114			8,893	21,007	16		54	
055 MEDICAL SUPPLIES CHARGED									
056 DRUGS CHARGED TO PATIENTS	27,237			6,301	33,538	518		649	
OUTPAT SERVICE COST CNTRS									
CLINIC									
060 EMERGENCY	95,726			140,572	236,298	795		2,326	
062 OBSERVATION BEDS (NON-DIS									
063 50 RURAL HEALTH CLINIC				7,721	7,721	124			
SPEC PURPOSE COST CENTERS									
095 SUBTOTALS	2,552,624	412,133	30,216	7,790,997	11,059,630	15,600		50,999	
NONREIMBURS COST CENTERS									
096 GIFT, FLOWER, COFFEE SHOP									
098 PHYSICIANS' PRIVATE OFFIC								6,328	
098 01 FAMILY PRACTICE								162	
098 02 REFERENCE LAB									
098 03 COMMUNITY HEALTH EDUCATIO						24			
098 04 UNUSED SPACE	27,839				30,476				
101 CROSS FOOT ADJUSTMENTS									
102 NEGATIVE COST CENTER									
103 TOTAL	2,580,463	412,133	30,216	7,790,997	11,090,106	15,624		57,489	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE
	6.02	6.03	6.04	6.05	6.06	7	9
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BUI							
001 03 OLD CAP REL COSTS-1988 AD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BUI							
003 02 NEW CAP REL COSTS-NEW ADD							
003 03 NEW CAP REL COSTS-1988 AD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	15,501						
006 03 PURCHASING, RECEIVING AND	81	21,517					
006 04 ADMINISTRATIVE			28,412				
006 05 CASHIERING/ACCOUNTS RECEI	543	84		17,550			
006 06 OTHER ADMINISTRATIVE AND	1,113				4,442,898		
007 MAINTENANCE & REPAIRS	733	1			159,865	613,790	
009 LAUNDRY & LINEN SERVICE					30,336	3,279	39,698
010 HOUSEKEEPING	81	5			65,577	6,040	
011 DIETARY	217	1			31,952	15,907	
012 CAFETERIA		2			43,172	15,092	
014 NURSING ADMINISTRATION	869	6			87,976	19,332	
015 CENTRAL SERVICES & SUPPLY	136	121			55,798	10,902	
017 MEDICAL RECORDS & LIBRARY	624				29,351	6,199	
018 SOCIAL SERVICE	54				5,816		
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI					45,826		
023 I&R SERVICES-OTHER PRGM C					12,506		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,875	2,331	2,754	987	619,069	234,062	30,282
026 INTENSIVE CARE UNIT	217	863	580	174	135,751	23,932	3,662
030 NEONATAL INTENSIVE CARE U	434	2	616	184	73,683	6,296	2,364
033 NURSERY		545	342	102	19,049	3,209	3,390
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	1,330	10,635	4,064	2,391	452,725	68,148	
037 01 SAME DAY SURGERY							
038 RECOVERY ROOM		76	510	278	35,540	12,708	
039 DELIVERY ROOM & LABOR ROO	1,059	624	539	283	160,980	27,085	
040 ANESTHESIOLOGY	54	1,194	713	341	18,778	1,447	
041 RADIOLOGY-DIAGNOSTIC	814	541	1,683	2,001	206,842	36,832	
041 01 MAMMOGRAPHY	407	24		182	45,425		
041 02 ONCOLOGY	543	2	6	438	83,140	23,500	
041 03 CARDIAC CATHETERIZATION L	462	2,661	1,291	1,102	368,901	33,843	
043 RADIOISOTOPE	27	39	266	426	58,387	2,987	
044 LABORATORY	950	379	3,776	2,337	273,388	17,267	
049 RESPIRATORY THERAPY	217	154	957	318	70,443	5,441	
050 PHYSICAL THERAPY	516	65	212	346	108,078	2,172	
053 ELECTROCARDIOLOGY	190	31	790	624	41,605	5,255	
054 ELECTROENCEPHALOGRAPHY	27		29	18	4,477	2,947	
055 MEDICAL SUPPLIES CHARGED			5,751	3,183	585,360		
056 DRUGS CHARGED TO PATIENTS	326	52	3,011	1,173	247,659	6,625	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	679	1,059	522	662	193,263	23,283	
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC	842	20			62,154		
063 50 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	15,420	21,517	28,412	17,550	4,432,872	613,790	39,698
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	81				3,139		
098 01 FAMILY PRACTICE					57		
098 02 REFERENCE LAB							
098 03 COMMUNITY HEALTH EDUCATIO					4,451		
098 04 UNUSED SPACE					2,379		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	15,501	21,517	28,412	17,550	4,442,898	613,790	39,698

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	10	11	12	14	15	17	18
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BUI							
001 03 OLD CAP REL COSTS-NEW ADD							
001 03 OLD CAP REL COSTS-1988 AD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BUI							
003 02 NEW CAP REL COSTS-NEW ADD							
003 03 NEW CAP REL COSTS-1988 AD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	117,145						
011 DIETARY	3,083	88,410					
012 CAFETERIA	2,925		115,079				
014 NURSING ADMINISTRATION	3,747			260,341			
015 CENTRAL SERVICES & SUPPLY	2,113				173,636		
017 MEDICAL RECORDS & LIBRARY	1,201					81,110	
018 SOCIAL SERVICE			291				6,604
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C			2,761				
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	45,361	78,873	28,624	103,680	182	4,551	5,038
026 INTENSIVE CARE UNIT	4,638	9,537	5,957	21,330	302	801	609
030 NEONATAL INTENSIVE CARE U	1,220		2,761	10,247		849	393
033 NURSERY	622		436	1,669	2	472	564
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	13,207		13,513	49,227	108,143	11,024	
037 01 SAME DAY SURGERY							
038 RECOVERY ROOM	2,463		1,162	4,114		1,281	
039 DELIVERY ROOM & LABOR ROO	5,249		7,556	27,245	79	1,303	
040 ANESTHESIOLOGY	280				1,410	1,572	
041 RADIOLOGY-DIAGNOSTIC	7,138		6,829		4,633	9,224	
041 01 MAMMOGRAPHY					815	841	
041 02 ONCOLOGY	4,554		2,034		22	2,021	
041 03 CARDIAC CATHETERIZATION L	6,559		5,086	18,550	56,394	5,081	
043 RADIOISOTOPE	579		727		509	1,963	
044 LABORATORY	3,346		7,992		7	10,774	
049 RESPIRATORY THERAPY	1,054		3,342		893	1,464	
050 PHYSICAL THERAPY	421		4,214		1	1,597	
053 ELECTROCARDIOLOGY	1,018		1,453		32	2,875	
054 ELECTROENCEPHALOGRAPHY	571		145			81	
055 MEDICAL SUPPLIES CHARGED					133	14,879	
056 DRUGS CHARGED TO PATIENTS	1,284		3,051			5,406	
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY	4,512		6,684	24,279	79	3,051	
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	117,145	88,410	115,079	260,341	173,636	81,110	6,604
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FAMILY PRACTICE							
098 02 REFERENCE LAB							
098 03 COMMUNITY HEALTH EDUCATIO							
098 04 UNUSED SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	117,145	88,410	115,079	260,341	173,636	81,110	6,604

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0164

FROM 4/ 1/2008

WORKSHEET B

1

TO 3/31/2009

PART III

	NONPHYSICIAN ANESTHETISTS	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	20	22	23	25	26	27
001	GENERAL SERVICE COST CNTR					
001	01 OLD CAP REL COSTS-BLDG &					
001	02 OLD CAP REL COSTS-NEW BUI					
001	03 OLD CAP REL COSTS-1988 AD					
002	01 OLD CAP REL COSTS-MVBLE E					
003	02 NEW CAP REL COSTS-BLDG &					
003	01 NEW CAP REL COSTS-NEW BUI					
003	02 NEW CAP REL COSTS-NEW ADD					
003	03 NEW CAP REL COSTS-1988 AD					
004	01 NEW CAP REL COSTS-MVBLE E					
005	02 EMPLOYEE BENEFITS					
006	01 NONPATIENT TELEPHONES					
006	02 DATA PROCESSING					
006	03 PURCHASING, RECEIVING AND					
006	04 ADMINITTING					
006	05 CASHIERING/ACCOUNTS RECEI					
006	06 OTHER ADMINISTRATIVE AND					
007	01 MAINTENANCE & REPAIRS					
009	02 LAUNDRY & LINEN SERVICE					
010	03 HOUSEKEEPING					
011	04 DIETARY					
012	05 CAFETERIA					
014	01 NURSING ADMINISTRATION					
015	02 CENTRAL SERVICES & SUPPLY					
017	03 MEDICAL RECORDS & LIBRARY					
018	04 SOCIAL SERVICE					
020	01 NONPHYSICIAN ANESTHETISTS					
022		46,141				
023			15,267			
025	01 INPAT ROUTINE SRVC CNTRS					
025				2,083,556		2,083,556
026	01 ADULTS & PEDIATRICS					
026				356,894		356,894
030	01 INTENSIVE CARE UNIT					
030				182,732		182,732
033	01 NEONATAL INTENSIVE CARE U					
033				50,294		50,294
037	01 ANCILLARY SRVC COST CNTRS					
037				1,535,650		1,535,650
037	01 OPERATING ROOM					
037				110,729		110,729
038	01 SAME DAY SURGERY					
038				435,936		435,936
039	01 RECOVERY ROOM					
039				51,629		51,629
040	01 DELIVERY ROOM & LABOR ROO					
040				1,362,068		1,362,068
041	01 ANESTHESIOLOGY					
041				263,228		263,228
041	01 RADIOLOGY-DIAGNOSTIC					
041				567,466		567,466
041	01 MAMMOGRAPHY					
041				1,084,651		1,084,651
041	02 ONCOLOGY					
041				242,266		242,266
043	01 CARDIAC CATHETERIZATION L					
043				614,061		614,061
044	01 RADIOISOTOPE					
044				184,254		184,254
049	01 LABORATORY					
049				143,755		143,755
050	01 RESPIRATORY THERAPY					
050				202,109		202,109
053	01 PHYSICAL THERAPY					
053				29,372		29,372
054	01 ELECTROCARDIOLOGY					
054				609,306		609,306
055	01 ELECTROENCEPHALOGRAPHY					
055				303,292		303,292
056	01 MEDICAL SUPPLIES CHARGED					
056						
056	01 DRUGS CHARGED TO PATIENTS					
056						
060	01 OUTPAT SERVICE COST CNTRS					
060						
061	01 CLINIC					
061				497,492		497,492
062	01 EMERGENCY					
062						
062	01 OBSERVATION BEDS (NON-DIS					
062				70,861		70,861
063	01 RURAL HEALTH CLINIC					
063						
063	01 SPEC PURPOSE COST CENTERS					
063						
095	01 SUBTOTALS					
095				10,981,601		10,981,601
096	01 NONREIMBURS COST CENTERS					
096						
098	01 GIFT, FLOWER, COFFEE SHOP					
098				9,548		9,548
098	01 PHYSICIANS' PRIVATE OFFIC					
098				219		219
098	01 FAMILY PRACTICE					
098						
098	02 REFERENCE LAB					
098				4,475		4,475
098	03 COMMUNITY HEALTH EDUCATIO					
098				32,855		32,855
098	04 UNUSED SPACE					
098						
101	01 CROSS FOOT ADJUSTMENTS					
101		46,141	15,267	61,408		61,408
102	01 NEGATIVE COST CENTER					
102						
103	01 TOTAL					
103		46,141	15,267	11,090,106		11,090,106

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C
	OSTS-BLDG & (SQUARE FEET)	OSTS-NEW BUI (SQUARE FEET)	OSTS-NEW ADD (SQUARE FEET)	OSTS-1988 AD (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)
	1	1.01	1.02	1.03	2	3
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	21,689					
001 01 OLD CAP REL COSTS-NEW		188,725				
001 02 OLD CAP REL COSTS-NEW			67,507			
001 03 OLD CAP REL COSTS-198				6,863		
002 OLD CAP REL COSTS-MVB					158	
003 NEW CAP REL COSTS-BLD						21,689
003 01 NEW CAP REL COSTS-NEW						
003 02 NEW CAP REL COSTS-NEW						
003 03 NEW CAP REL COSTS-198						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS	1,061	70				1,061
006 01 NONPATIENT TELEPHONES	86					86
006 02 DATA PROCESSING	296	812	23			296
006 03 PURCHASING, RECEIVING			3,210			
006 04 ADMITTING	1,735					1,735
006 05 CASHIERING/ACCOUNTS R		1,211				
006 06 OTHER ADMINISTRATIVE	9,794	41,493	6,484			9,794
007 MAINTENANCE & REPAIRS	2,823	25,504	3,381		6	2,823
009 LAUNDRY & LINEN SERVI			986			
010 HOUSEKEEPING	431	1,385				431
011 DIETARY	189	79	4,515		72	189
012 CAFETERIA		1,691	2,847		71	
014 NURSING ADMINISTRATIO	4,605	527	681			4,605
015 CENTRAL SERVICES & SU		235	3,043			
017 MEDICAL RECORDS & LIB		1,864				
018 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHET						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
025 INPAT ROUTINE SRVC CN		33,811	36,569			
026 ADULTS & PEDIATRICS		1,428	5,768			
030 INTENSIVE CARE UNIT		1,893			9	
033 NEONATAL INTENSIVE CA		965				
037 ANCILLARY SRVC COST C						
037 01 OPERATING ROOM		20,491				
038 SAME DAY SURGERY						
038 RECOVERY ROOM		3,821				
039 DELIVERY ROOM & LABOR		8,144				
040 ANESTHESIOLOGY		435				
041 RADIOLOGY-DIAGNOSTIC		11,075				
041 01 MAMMOGRAPHY						
041 02 ONCOLOGY	203			6,863		203
041 03 CARDIAC CATHETERIZATI		10,176				
043 RADIOISOTOPE		898				
044 LABORATORY	259	4,933				259
049 RESPIRATORY THERAPY		1,636				
050 PHYSICAL THERAPY		653				
053 ELECTROCARDIOLOGY		1,580				
054 ELECTROENCEPHALOGRAPH		886				
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI		1,992				
060 OUTPAT SERVICE COST C						
061 CLINIC						
061 EMERGENCY		7,001				
062 OBSERVATION BEDS (NON						
063 50 RURAL HEALTH CLINIC						
063 SPEC PURPOSE COST CEN						
095 SUBTOTALS	21,482	186,689	67,507	6,863	158	21,482
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
098 PHYSICIANS' PRIVATE O						
098 01 FAMILY PRACTICE						
098 02 REFERENCE LAB						
098 03 COMMUNITY HEALTH EDUC						
098 04 UNUSED SPACE	207	2,036				207
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	25,499	3,412,751	274,117	9,713	203,582	276,297
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	1.175665		4.060571		1,288.493671	
(WRKSHT B, PT I)		18.083195		1.415270		12.739038
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						
(WRKSHT B, PT III)						

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-NEW BUI (SQUARE FEET)	NEW CAP REL C OSTS-NEW ADD (SQUARE FEET)	NEW CAP REL C OSTS-1988 AD (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENE FITS (GROSS SALARIES)	NONPATIENT TELEPHONES (S(# OF PHONES))	TE DATA PROCESSING (# OF P)
	3.01	3.02	3.03	4	5	6.01	6.02
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-NEW							
001 02 OLD CAP REL COSTS-NEW							
001 03 OLD CAP REL COSTS-198							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-NEW	188,725						
003 02 NEW CAP REL COSTS-NEW		67,507					
003 03 NEW CAP REL COSTS-198			6,863				
004 NEW CAP REL COSTS-MVB				8,398,427			
005 EMPLOYEE BENEFITS	70			1,241	46,710,408		
006 01 NONPATIENT TELEPHONES				60,663	354,556	1,063	
006 02 DATA PROCESSING	812	23				9	571
006 03 PURCHASING, RECEIVING		3,210				34	3
006 04 ADMITTING				5,811		17	
006 05 CASHIERING/ACCOUNTS R	1,211				606,371	3	20
006 06 OTHER ADMINISTRATIVE	41,493	6,484		3,994,477	2,212,362	70	41
007 MAINTENANCE & REPAIRS	25,504	3,381		47,641	1,281,636	60	27
009 LAUNDRY & LINEN SERVI		986			25,879	1	
010 HOUSEKEEPING	1,385			21,418	837,114	16	3
011 DIETARY	79	4,515		6,159	314,075	7	8
012 CAFETERIA	1,691	2,847		14,056	716,737	2	
014 NURSING ADMINISTRATIO	527	681		78,216	1,434,407	29	32
015 CENTRAL SERVICES & SU	235	3,043		84,580	731,847		5
017 MEDICAL RECORDS & LIB	1,864			13,935	490,591	47	23
018 SOCIAL SERVICE				29	109,528	7	2
020 NONPHYSICIAN ANESTHET							
022 I&R SERVICES-SALARY &					943,402		
023 I&R SERVICES-OTHER PR							
025 ADULTS & PEDIATRICS	33,811	36,569		245,558	8,959,743	176	69
026 INTENSIVE CARE UNIT	1,428	5,768		98,745	2,050,778	28	8
030 NEONATAL INTENSIVE CA	1,893			61,335	1,238,382	9	16
033 NURSERY	965			7,090	198,980	1	
ANCILLARY SRVC COST C							
037 OPERATING ROOM	20,491			554,909	5,238,553	84	49
037 01 SAME DAY SURGERY							
038 RECOVERY ROOM	3,821				567,864	3	
039 DELIVERY ROOM & LABOR	8,144			96,994	2,605,932	32	39
040 ANESTHESIOLOGY	435			21,327		2	2
041 RADIOLOGY-DIAGNOSTIC	11,075			1,002,366	2,149,878	65	30
041 01 MAMMOGRAPHY				231,244	449,499	16	15
041 02 ONCOLOGY			6,863	449,616	836,208	19	20
041 03 CARDIAC CATHETERIZATI	10,176			476,750	2,153,237	48	17
043 RADIOISOTOPE	898			176,217	356,232	9	1
044 LABORATORY	4,933			238,055	2,229,439	28	35
049 RESPIRATORY THERAPY	1,636			83,129	1,130,055	2	8
050 PHYSICAL THERAPY	653			16,106	1,592,559	32	19
053 ELECTROCARDIOLOGY	1,580			134,527	472,279	31	7
054 ELECTROENCEPHALOGRAPH	886			9,586	49,095	1	1
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI	1,992			6,792	1,551,199	12	12
060 OUTPAT SERVICE COST C							
061 CLINIC							
061 EMERGENCY	7,001			151,532	2,379,658	43	25
062 OBSERVATION BEDS (NON							
063 50 RURAL HEALTH CLINIC				8,323	369,820		31
063 SPEC PURPOSE COST CEN							
095 SUBTOTALS	186,689	67,507	6,863	8,398,427	46,637,895	943	568
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE O						117	3
098 01 FAMILY PRACTICE						3	
098 02 REFERENCE LAB							
098 03 COMMUNITY HEALTH EDUC					72,513		
098 04 UNUSED SPACE	2,036						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSH T B, PART I)	2,580,463	412,133	30,216	7,790,997	17,703,224	570,718	2,839,417
104 UNIT COST MULTIPLIER (WRKSH T B, PT I)	13.673138	6.105041	4.402739	.927673	.379000	536.893697	4,972.709282
105 COST TO BE ALLOCATED (WRKSH T B, PART II)					2,513	120	15,126
106 UNIT COST MULTIPLIER (WRKSH T B, PT II)					.000054	.112888	26.490368
107 COST TO BE ALLOCATED (WRKSH T B, PART III)					15,624	57,489	15,501
108 UNIT COST MULTIPLIER (WRKSH T B, PT III)					.000334	54.081844	27.147110

COST CENTER DESCRIPTION	PURCHASING, RECEIVING AND		CASHIERING/ACCOUNTS RECEIVABLE		OTHER ADMINISTRATIVE AND MAINTENANCE REPAIRS		LAUNDRY & LINEN SERVICE	
	(PURCH SUPPLIES)	(INPATIENT) REVENUE	(GROSS) REVENUE	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(PATIENT) DAYS	
	6.03	6.04	6.05	6a.06	6.06	7	9	
GENERAL SERVICE COST								
001 01 OLD CAP REL COSTS-BLD								
001 02 OLD CAP REL COSTS-NEW								
001 03 OLD CAP REL COSTS-198								
002 01 OLD CAP REL COSTS-MVB								
003 02 NEW CAP REL COSTS-BLD								
003 01 NEW CAP REL COSTS-NEW								
003 02 NEW CAP REL COSTS-NEW								
003 03 NEW CAP REL COSTS-198								
004 01 NEW CAP REL COSTS-MVB								
005 EMPLOYEE BENEFITS								
006 01 NONPATIENT TELEPHONES								
006 02 DATA PROCESSING								
006 03 PURCHASING, RECEIVING	7,523,588							
006 04 ADMINISTRATION		207,256,606						
006 05 CASHIERING/ACCOUNTS R	29,531		429,038,361					
006 06 OTHER ADMINISTRATIVE				-19,494,156	126,128,915			
007 MAINTENANCE & REPAIRS	334				4,538,387	184,558		
009 LAUNDRY & LINEN SERVICE					861,212	986	36,711	
010 HOUSEKEEPING	1,723				1,861,647	1,816		
011 DIETARY	285				907,076	4,783		
012 CAFETERIA	649				1,225,613	4,538		
014 NURSING ADMINISTRATION	2,202				2,497,531	5,813		
015 CENTRAL SERVICES & SUPPLIES	42,459				1,584,057	3,278		
017 MEDICAL RECORDS & LIBRARY					833,252	1,864		
018 SOCIAL SERVICE					165,114			
020 NONPHYSICIAN ANESTHESIOLOGISTS								
022 I&R SERVICES-SALARY & BENEFITS					1,300,951			
023 I&R SERVICES-OTHER PERSONNEL					355,045			
025 ADULTS & PEDIATRICS	814,864	20,099,854	24,080,192		17,574,523	70,380	28,004	
026 INTENSIVE CARE UNIT	301,866	4,232,667	4,239,758		3,853,815	7,196	3,386	
030 NEONATAL INTENSIVE CARE	602	4,494,012	4,494,622		2,091,776	1,893	2,186	
033 NURSERY	190,564	2,492,850	2,497,053		540,784	965	3,135	
037 ANCILLARY SERVICE COST CENTER								
037 01 OPERATING ROOM	3,718,873	29,660,837	58,327,269		12,852,381	20,491		
037 01 SAME DAY SURGERY								
038 RECOVERY ROOM	26,599	3,725,651	6,775,188		1,008,941	3,821		
039 DELIVERY ROOM & LABOR	218,232	3,931,248	6,896,355		4,570,048	8,144		
040 ANESTHESIOLOGY	417,398	5,205,571	8,319,414		533,074	435		
041 RADIOLOGY-DIAGNOSTIC	189,271	12,284,084	48,804,320		5,872,028	11,075		
041 01 MAMMOGRAPHY	8,375		4,449,190		1,289,566			
041 02 ONCOLOGY	570	43,564	10,694,233		2,360,255	7,066		
041 03 CARDIAC CATHETERIZATION	930,337	9,424,215	26,884,412		10,472,718	10,176		
043 RADIOISOTOPE	13,704	1,942,352	10,386,155		1,657,535	898		
044 LABORATORY	132,473	27,558,538	57,003,632		7,761,181	5,192		
049 RESPIRATORY THERAPY	53,681	6,985,461	7,746,142		1,999,812	1,636		
050 PHYSICAL THERAPY	22,781	1,545,860	8,447,160		3,068,207	653		
053 ELECTROCARDIOLOGY	10,995	5,769,237	15,211,129		1,181,122	1,580		
054 ELECTROENCEPHALOGRAPHY	17	208,114	430,140		127,093	886		
055 MEDICAL SUPPLIES CHARACTERIZED		41,863,097	78,602,381		16,617,748			
056 DRUGS CHARGED TO OUTPAT SERVICE COST CENTER	18,065	21,976,160	28,604,447		7,030,766	1,992		
060 CLINIC								
061 EMERGENCY	370,167	3,813,234	16,145,169		5,486,541	7,001		
062 OBSERVATION BEDS (NON-REVENUE)								
063 50 RURAL HEALTH CLINIC	6,971				1,764,495			
063 50 SPEC PURPOSE COST CENTER								
095 SUBTOTALS	7,523,588	207,256,606	429,038,361	-19,494,156	125,844,294	184,558	36,711	
096 NONREIMBURSABLE COST CENTER								
098 GIFT, FLOWER, COFFEE								
098 PHYSICIANS' PRIVATE OFFICE					89,111			
098 01 FAMILY PRACTICE					1,611			
098 02 REFERENCE LAB								
098 03 COMMUNITY HEALTH EDUCATION					126,363			
098 04 UNUSED SPACE					67,536			
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	159,733	38,660	4,213,221		19,494,156	5,239,826	1,022,312	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.000187				28.391216		
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	.021231		.009820		.154557		27.847566	
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	13,117	2,042	22,513		789,382	515,171	12,147	
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	.001743		.000052		.006259		.330882	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	21,517	28,412	17,550		4,442,898	613,790	39,698	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.002860	.000137	.000041		.035225	3.325730	1.081365	

COST CENTER DESCRIPTION	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (# OF FTES)	NURSING ADMINISTRATION (DIRECT SING HRS)	CENTRAL SERVICES & SUPPLY NR(COSTED) REQS	MEDICAL RECORDS & LIBRARY (GROSS) REVENUE	SOCIAL SERVICE (PATIENT DAYS)
	10	11	12	14	15	17	18
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-NEW							
001 02 OLD CAP REL COSTS-NEW							
001 03 OLD CAP REL COSTS-198							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-NEW							
003 02 NEW CAP REL COSTS-NEW							
003 03 NEW CAP REL COSTS-198							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	181,756						
011 DIETARY	4,783	110,116					
012 CAFETERIA	4,538		792				
014 NURSING ADMINISTRATION	5,813		26	1,029,231			
015 CENTRAL SERVICES & SUPPLY	3,278		28		15,835,346		
017 MEDICAL RECORDS & LIBRARY	1,864		18			429,038,361	
018 SOCIAL SERVICE			2				36,711
020 NONPHYSICIAN ANESTHETIC							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL			19				
025 ADULTS & PEDIATRICS	70,380	98,238	197	409,891	16,559	24,080,192	28,004
026 INTENSIVE CARE UNIT	7,196	11,878	41	84,324	27,544	4,239,758	3,386
030 NEONATAL INTENSIVE CARE	1,893		19	40,512		4,494,622	2,186
033 NURSERY	965		3	6,598	176	2,497,053	3,135
ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	20,491		93	194,612	9,862,534	58,327,269	
037 01 SAME DAY SURGERY							
038 RECOVERY ROOM	3,821		8	16,265		6,775,188	
039 DELIVERY ROOM & LABOR	8,144		52	107,709	7,244	6,896,355	
040 ANESTHESIOLOGY	435				128,604	8,319,414	
041 RADIOLOGY-DIAGNOSTIC	11,075		47		422,527	48,804,320	
041 01 MAMMOGRAPHY					74,292	4,449,190	
041 02 ONCOLOGY	7,066		14		1,975	10,694,233	
041 03 CARDIAC CATHETERIZATION	10,176		35	73,335	5,143,071	26,884,412	
043 RADIOISOTOPE	898		5		46,447	10,386,155	
044 LABORATORY	5,192		55		618	57,003,632	
049 RESPIRATORY THERAPY	1,636		23		81,441	7,746,142	
050 PHYSICAL THERAPY	653		29		100	8,447,160	
053 ELECTROCARDIOLOGY	1,580		10		2,880	15,211,129	
054 ELECTROENCEPHALOGRAPHY	886		1			430,140	
055 MEDICAL SUPPLIES CHARGED TO PATIENT					12,144	78,602,381	
056 DRUGS CHARGED TO PATIENT	1,992		21			28,604,447	
060 CLINIC							
061 EMERGENCY	7,001		46	95,985	7,190	16,145,169	
062 OBSERVATION BEDS (NON-PAYING)							
063 50 RURAL HEALTH CLINIC							
SPEC PURPOSE COST CENTER SUBTOTALS	181,756	110,116	792	1,029,231	15,835,346	429,038,361	36,711
NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE OFFICE							
098 01 FAMILY PRACTICE							
098 02 REFERENCE LAB							
098 03 COMMUNITY HEALTH EDUCATION							
098 04 UNUSED SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	2,200,936	1,240,985	1,598,831	3,171,458	2,018,168	1,073,867	194,671
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		11.269797		3.081386		.002503	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	12.109289	42,402	133,130	2,018.726010	155,059	56,945	42,164
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)		1.208998		.055328		.000114	
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	.233291	117,145	88,410	195.781566	115,079	260,341	173,636
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		.802881		.252947		.010965	
	.644518		145.301768				.179892

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	I & R SERVICES- SALARY & FRI	I & R SERVICES- OTHER PRGM C
	(ASSIGNED TIME )	(ASSIGNED TIME )	(ASSIGNED TIME )
GENERAL SERVICE COST	20	22	23
001 OLD CAP REL COSTS-BLD			
001 01 OLD CAP REL COSTS-NEW			
001 02 OLD CAP REL COSTS-NEW			
001 03 OLD CAP REL COSTS-198			
002 OLD CAP REL COSTS-MVB			
003 NEW CAP REL COSTS-BLD			
003 01 NEW CAP REL COSTS-NEW			
003 02 NEW CAP REL COSTS-NEW			
003 03 NEW CAP REL COSTS-198			
004 NEW CAP REL COSTS-MVB			
005 EMPLOYEE BENEFITS			
006 01 NONPATIENT TELEPHONES			
006 02 DATA PROCESSING			
006 03 PURCHASING, RECEIVING			
006 04 ADMINISTRATION			
006 05 CASHIERING/ACCOUNTS R			
006 06 OTHER ADMINISTRATIVE			
007 MAINTENANCE & REPAIRS			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SU			
017 MEDICAL RECORDS & LIB			
018 SOCIAL SERVICE			
020 NONPHYSICIAN ANESTHET			
022 I & R SERVICES-SALARY &		52,752	
023 I & R SERVICES-OTHER PR			52,752
INPAT ROUTINE SRVC CN			
025 ADULTS & PEDIATRICS		6,227	6,227
026 INTENSIVE CARE UNIT			
030 NEONATAL INTENSIVE CA		1,649	1,649
033 NURSERY			
ANCILLARY SRVC COST C			
037 OPERATING ROOM		1,166	1,166
037 01 SAME DAY SURGERY			
038 RECOVERY ROOM			
039 DELIVERY ROOM & LABOR			
040 ANESTHESIOLOGY			
041 RADIOLOGY-DIAGNOSTIC			
041 01 MAMMOGRAPHY			
041 02 ONCOLOGY			
041 03 CARDIAC CATHETERIZATI			
043 RADIOISOTOPE			
044 LABORATORY			
049 RESPIRATORY THERAPY		522	522
050 PHYSICAL THERAPY		1,238	1,238
053 ELECTROCARDIOLOGY		965	965
054 ELECTROENCEPHALOGRAPH			
055 MEDICAL SUPPLIES CHAR			
056 DRUGS CHARGED TO PATI			
OUTPAT SERVICE COST C			
060 CLINIC			
061 EMERGENCY		2,276	2,276
062 OBSERVATION BEDS (NON			
063 50 RURAL HEALTH CLINIC		8,410	8,410
SPEC PURPOSE COST CEN			
095 SUBTOTALS		22,453	22,453
NONREIMBURS COST CENT			
096 GIFT, FLOWER, COFFEE			
098 PHYSICIANS' PRIVATE O			
098 01 FAMILY PRACTICE		30,299	30,299
098 02 REFERENCE LAB			
098 03 COMMUNITY HEALTH EDUC			
098 04 UNUSED SPACE			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED		1,502,022	448,276
(PER WRKSHT B, PART			
104 UNIT COST MULTIPLIER		28.473271	
(WRKSHT B, PT I)			
105 COST TO BE ALLOCATED		8,194	5,942
(PER WRKSHT B, PART			
106 UNIT COST MULTIPLIER		.155331	
(WRKSHT B, PT II)			
107 COST TO BE ALLOCATED		46,141	15,267
(PER WRKSHT B, PART			
108 UNIT COST MULTIPLIER		.874678	.289411
(WRKSHT B, PT III)			

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	26,899,836		26,899,836		26,899,836
26	INTENSIVE CARE UNIT	5,343,725		5,343,725	5,347	5,349,072
30	NEONATAL INTENSIVE CARE U	2,738,649		2,738,649	423,735	3,162,384
33	NURSERY	800,034		800,034		800,034
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	17,859,063		17,859,063		17,859,063
37	01 SAME DAY SURGERY					
38	RECOVERY ROOM	1,402,860		1,402,860		1,402,860
39	DELIVERY ROOM & LABOR ROO	6,061,269		6,061,269		6,061,269
40	ANESTHESIOLOGY	670,295		670,295		670,295
41	RADIOLOGY-DIAGNOSTIC	7,499,021		7,499,021		7,499,021
41	01 MAMMOGRAPHY	1,509,481		1,509,481	3,512	1,512,993
41	02 ONCOLOGY	3,066,507		3,066,507	3,301	3,069,808
41	03 CARDIAC CATHETERIZATION L	13,522,872		13,522,872	7,154	13,530,026
43	RADIOISOTOPE	1,992,099		1,992,099		1,992,099
44	LABORATORY	9,424,793		9,424,793	124,900	9,549,693
49	RESPIRATORY THERAPY	2,451,355		2,451,355	578	2,451,933
50	PHYSICAL THERAPY	3,648,565		3,648,565		3,648,565
53	ELECTROCARDIOLOGY	1,486,291		1,486,291		1,486,291
54	ELECTROENCEPHALOGRAPHY	185,716		185,716		185,716
55	MEDICAL SUPPLIES CHARGED	19,384,411		19,384,411		19,384,411
56	DRUGS CHARGED TO PATIENTS	8,312,087		8,312,087		8,312,087
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	7,048,023		7,048,023		7,048,023
62	OBSERVATION BEDS (NON-DIS	2,268,411		2,268,411		2,268,411
63	50 RURAL HEALTH CLINIC	2,037,210		2,037,210		2,037,210
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	145,612,573		145,612,573	568,527	146,181,100
102	LESS OBSERVATION BEDS	2,268,411		2,268,411		2,268,411
103	TOTAL	143,344,162		143,344,162	568,527	143,912,689

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	21,229,727		21,229,727			
26	INTENSIVE CARE UNIT	4,239,758		4,239,758			
30	NEONATAL INTENSIVE CARE U	4,493,821		4,493,821			
33	NURSERY	2,497,053		2,497,053			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	29,595,763	28,159,384	57,755,147	.309220	.309220	.309220
37	01 SAME DAY SURGERY						
38	RECOVERY ROOM	3,796,808	3,393,528	7,190,336	.195104	.195104	.195104
39	DELIVERY ROOM & LABOR ROO	3,931,248	2,920,358	6,851,606	.884649	.884649	.884649
40	ANESTHESIOLOGY	5,205,571	3,047,675	8,253,246	.081216	.081216	.081216
41	RADIOLOGY-DIAGNOSTIC	12,284,084	35,743,196	48,027,280	.156141	.156141	.156141
41	01 MAMMOGRAPHY		4,369,544	4,369,544	.345455	.345455	.346259
41	02 ONCOLOGY	43,564	10,562,894	10,606,458	.289117	.289117	.289428
41	03 CARDIAC CATHETERIZATION L	9,424,215	17,123,314	26,547,529	.509383	.509383	.509653
43	RADIOISOTOPE	1,942,352	8,327,488	10,269,840	.193976	.193976	.193976
44	LABORATORY	27,558,538	29,213,955	56,772,493	.166010	.166010	.168210
49	RESPIRATORY THERAPY	6,985,461	745,060	7,730,521	.317101	.317101	.317176
50	PHYSICAL THERAPY	1,545,860	6,696,917	8,242,777	.442638	.442638	.442638
53	ELECTROCARDIOLOGY	5,500,157	8,858,828	14,358,985	.103509	.103509	.103509
54	ELECTROENCEPHALOGRAPHY	208,114	219,258	427,372	.434554	.434554	.434554
55	MEDICAL SUPPLIES CHARGED	41,863,097	36,216,443	78,079,540	.248265	.248265	.248265
56	DRUGS CHARGED TO PATIENTS	21,976,160	6,450,928	28,427,088	.292400	.292400	.292400
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	3,813,234	12,144,830	15,958,064	.441659	.441659	.441659
62	OBSERVATION BEDS (NON-DIS	311,645	1,833,443	2,145,088	1.057491	1.057491	1.057491
63	50 RURAL HEALTH CLINIC		1,635,140	1,635,140	1.245893	1.245893	1.245893
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	208,446,230	217,662,183	426,108,413			
102	LESS OBSERVATION BEDS						
103	TOTAL	208,446,230	217,662,183	426,108,413			





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						
37	OPERATING ROOM	17,859,063	2,121,904	15,737,159			17,859,063
37	01 SAME DAY SURGERY						
38	RECOVERY ROOM	1,402,860	201,401	1,201,459			1,402,860
39	DELIVERY ROOM & LABOR ROO	6,061,269	655,344	5,405,925			6,061,269
40	ANESTHESIOLOGY	670,295	66,703	603,592			670,295
41	RADIOLOGY-DIAGNOSTIC	7,499,021	1,652,391	5,846,630			7,499,021
41	01 MAMMOGRAPHY	1,509,481	272,673	1,236,808			1,509,481
41	02 ONCOLOGY	3,066,507	618,662	2,447,845			3,066,507
41	03 CARDIAC CATHETERIZATION L	13,522,872	1,396,349	12,126,523			13,522,872
43	RADIOISOTOPE	1,992,099	274,512	1,717,587			1,992,099
44	LABORATORY	9,424,793	789,639	8,635,154			9,424,793
49	RESPIRATORY THERAPY	2,451,355	237,747	2,213,608			2,451,355
50	PHYSICAL THERAPY	3,648,565	184,470	3,464,095			3,648,565
53	ELECTROCARDIOLOGY	1,486,291	247,634	1,238,657			1,486,291
54	ELECTROENCEPHALOGRAPHY	185,716	49,167	136,549			185,716
55	MEDICAL SUPPLIES CHARGED	19,384,411	726,804	18,657,607			19,384,411
56	DRUGS CHARGED TO PATIENTS	8,312,087	398,858	7,913,229			8,312,087
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	7,048,023	698,103	6,349,920			7,048,023
62	OBSERVATION BEDS (NON-DIS	2,268,411	283,737	1,984,674			2,268,411
63	50 RURAL HEALTH CLINIC	2,037,210	82,758	1,954,452			2,037,210
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	109,830,329	10,958,856	98,871,473			109,830,329
102	LESS OBSERVATION BEDS	2,268,411	283,737	1,984,674			2,268,411
103	TOTAL	107,561,918	10,675,119	96,886,799			107,561,918

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	57,755,147	.309220	.309220
37	01 SAME DAY SURGERY			
38	RECOVERY ROOM	7,190,336	.195104	.195104
39	DELIVERY ROOM & LABOR ROO	6,851,606	.884649	.884649
40	ANESTHESIOLOGY	8,253,246	.081216	.081216
41	RADIOLOGY-DIAGNOSTIC	48,027,280	.156141	.156141
41	01 MAMMOGRAPHY	4,369,544	.345455	.345455
41	02 ONCOLOGY	10,606,458	.289117	.289117
41	03 CARDIAC CATHETERIZATION L	26,547,529	.509383	.509383
43	RADIOISOTOPE	10,269,840	.193976	.193976
44	LABORATORY	56,772,493	.166010	.166010
49	RESPIRATORY THERAPY	7,730,521	.317101	.317101
50	PHYSICAL THERAPY	8,242,777	.442638	.442638
53	ELECTROCARDIOLOGY	14,358,985	.103509	.103509
54	ELECTROENCEPHALOGRAPHY	427,372	.434554	.434554
55	MEDICAL SUPPLIES CHARGED	78,079,540	.248265	.248265
56	DRUGS CHARGED TO PATIENTS	28,427,088	.292400	.292400
60	OUTPAT SERVICE COST CNTRS			
	CLINIC			
61	EMERGENCY	15,958,064	.441659	.441659
62	OBSERVATION BEDS (NON-DIS	2,145,088	1.057491	1.057491
63	50 RURAL HEALTH CLINIC	1,635,140	1.245893	1.245893
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	393,648,054		
102	LESS OBSERVATION BEDS	2,145,088		
103	TOTAL	391,502,966		

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	17,902,171	2,121,904	15,780,267	212,190	915,255	16,774,726
37 01	SAME DAY SURGERY						
38	RECOVERY ROOM	1,402,860	201,401	1,201,459	20,140	69,685	1,313,035
39	DELIVERY ROOM & LABOR ROO	6,061,269	655,344	5,405,925	65,534	313,544	5,682,191
40	ANESTHESIOLOGY	670,295	66,703	603,592	6,670	35,008	628,617
41	RADIOLOGY-DIAGNOSTIC	7,499,021	1,652,391	5,846,630	165,239	339,105	6,994,677
41 01	MAMMOGRAPHY	1,509,481	272,673	1,236,808	27,267	71,735	1,410,479
41 02	ONCOLOGY	3,066,507	618,662	2,447,845	61,866	141,975	2,862,666
41 03	CARDIAC CATHETERIZATION L	13,522,872	1,396,349	12,126,523	139,635	703,338	12,679,899
43	RADIOISOTOPE	1,992,099	274,512	1,717,587	27,451	99,620	1,865,028
44	LABORATORY	9,424,793	789,639	8,635,154	78,964	500,839	8,844,990
49	RESPIRATORY THERAPY	2,470,654	237,747	2,232,907	23,775	129,509	2,317,370
50	PHYSICAL THERAPY	3,694,335	184,470	3,509,865	18,447	203,572	3,472,316
53	ELECTROCARDIOLOGY	1,521,968	247,634	1,274,334	24,763	73,911	1,423,294
54	ELECTROENCEPHALOGRAPHY	185,716	49,167	136,549	4,917	7,920	172,879
55	MEDICAL SUPPLIES CHARGED	19,384,411	726,804	18,657,607	72,680	1,082,141	18,229,590
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	8,312,087	398,858	7,913,229	39,886	458,967	7,813,234
60	CLINIC						
61	EMERGENCY	7,132,169	698,103	6,434,066	69,810	373,176	6,689,183
62	OBSERVATION BEDS (NON-DIS	2,268,411	283,737	1,984,674	28,374	115,111	2,124,926
63 50	RURAL HEALTH CLINIC OTHER REIMBURS COST CNTRS	2,348,137	82,758	2,265,379	8,276	131,392	2,208,469
101	SUBTOTAL	110,369,256	10,958,856	99,410,400	1,095,884	5,765,803	103,507,569
102	LESS OBSERVATION BEDS	2,268,411	283,737	1,984,674	28,374	115,111	2,124,926
103	TOTAL	108,100,845	10,675,119	97,425,726	1,067,510	5,650,692	101,382,643

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	57,755,147	.290446	.306293
37 01	SAME DAY SURGERY			
38	RECOVERY ROOM	7,190,336	.182611	.192303
39	DELIVERY ROOM & LABOR ROO	6,851,606	.829322	.875085
40	ANESTHESIOLOGY	8,253,246	.076166	.080408
41	RADIOLOGY-DIAGNOSTIC	48,027,280	.145640	.152700
41 01	MAMMOGRAPHY	4,369,544	.322798	.339215
41 02	ONCOLOGY	10,606,458	.269898	.283284
41 03	CARDIAC CATHETERIZATION L	26,547,529	.477630	.504124
43	RADIOISOTOPE	10,269,840	.181602	.191303
44	LABORATORY	56,772,493	.155797	.164619
49	RESPIRATORY THERAPY	7,730,521	.299769	.316522
50	PHYSICAL THERAPY	8,242,777	.421256	.445953
53	ELECTROCARDIOLOGY	14,358,985	.099122	.104270
54	ELECTROENCEPHALOGRAPHY	427,372	.404516	.423048
55	MEDICAL SUPPLIES CHARGED	78,079,540	.233475	.247334
56	DRUGS CHARGED TO PATIENTS	28,427,088	.274852	.290997
60	OUTPAT SERVICE COST CNTRS			
	CLINIC			
61	EMERGENCY	15,958,064	.419173	.442557
62	OBSERVATION BEDS (NON-DIS	2,145,088	.990601	1.044263
63 50	RURAL HEALTH CLINIC	1,635,140	1.350630	1.430985
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	393,648,054		
102	LESS OBSERVATION BEDS	2,145,088		
103	TOTAL	391,502,966		

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	1,281,130		1,281,130	2,083,556		2,083,556
26	INTENSIVE CARE UNIT	125,110		125,110	356,894		356,894
30	NEONATAL INTENSIVE CARE U	72,701		72,701	182,732		182,732
33	NURSERY	26,653		26,653	50,294		50,294
101	TOTAL	1,505,594		1,505,594	2,673,476		2,673,476

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	30,583	13,079	41.89	547,879	68.13	891,072
26	INTENSIVE CARE UNIT	3,386	1,605	36.95	59,305	105.40	169,167
30	NEONATAL INTENSIVE CARE U	2,186		33.26		83.59	
33	NURSERY	3,135		8.50		16.04	
101	TOTAL	39,290	14,684		607,184		1,060,239





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

PROVIDER NO: 14-0164  
PERIOD: FROM 4/1/2008 TO 3/31/2009  
PREPARED 8/26/2009  
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					30,583	
26	INTENSIVE CARE UNIT					3,386	
30	NEONATAL INTENSIVE CARE U					2,186	
33	NURSERY					3,135	
101	TOTAL					39,290	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	13,079	
26	INTENSIVE CARE UNIT	1,605	
30	NEONATAL INTENSIVE CARE U		
33	NURSERY		
101	TOTAL	14,684	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 SAME DAY SURGERY						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 MAMMOGRAPHY						
41	02 ONCOLOGY						
41	03 CARDIAC CATHETERIZATION L						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			57,755,147			13,061,154	
37	01 SAME DAY SURGERY							
38	RECOVERY ROOM			7,190,336			1,502,474	
39	DELIVERY ROOM & LABOR ROO			6,851,606			27,875	
40	ANESTHESIOLOGY			8,253,246			2,132,947	
41	RADIOLOGY-DIAGNOSTIC			48,027,280			6,499,001	
41	01 MAMMOGRAPHY			4,369,544				
41	02 ONCOLOGY			10,606,458			19,865	
41	03 CARDIAC CATHETERIZATION L			26,547,529			4,581,919	
43	RADIOISOTOPE			10,269,840			1,159,089	
44	LABORATORY			56,772,493			14,411,189	
49	RESPIRATORY THERAPY			7,730,521			3,955,034	
50	PHYSICAL THERAPY			8,242,777			1,026,803	
53	ELECTROCARDIOLOGY			14,358,985			3,424,244	
54	ELECTROENCEPHALOGRAPHY			427,372			77,419	
55	MEDICAL SUPPLIES CHARGED			78,079,540			22,254,442	
56	DRUGS CHARGED TO PATIENTS			28,427,088			12,089,323	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY			15,958,064			1,864,860	
62	OBSERVATION BEDS (NON-DIS			2,145,088			275,497	
63	50 RURAL HEALTH CLINIC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			392,012,914			88,363,135	

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						
	OPERATING ROOM	7,247,682					
37 01	SAME DAY SURGERY						
38	RECOVERY ROOM	2,545,759					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	744,312					
41	RADIOLOGY-DIAGNOSTIC	9,460,305					
41 01	MAMMOGRAPHY						
41 02	ONCOLOGY	4,527,497					
41 03	CARDIAC CATHETERIZATION L	7,380,951					
43	RADIOISOTOPE	3,644,325					
44	LABORATORY	1,048,362					
49	RESPIRATORY THERAPY	243,433					
50	PHYSICAL THERAPY	4,500					
53	ELECTROCARDIOLOGY	3,112,069					
54	ELECTROENCEPHALOGRAPHY	32,404					
55	MEDICAL SUPPLIES CHARGED	18,791,616					
56	DRUGS CHARGED TO PATIENTS	2,805,010					
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
61	EMERGENCY	2,514,535					
62	OBSERVATION BEDS (NON-DIS	1,246,432					
63 50	RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	65,349,192					





























PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	3,950
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	18,554,602
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	16,060,034
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.872
1.04	LINE 1.01 TIMES LINE 1.03.	16,179,613
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	99.26
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	3,950
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	13,509
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	13,509
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	13,509
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	9,559
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	3,950
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	16,060,034
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	3,519,386
19	SUBTOTAL (SEE INSTRUCTIONS)	12,544,598
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	161,669
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	12,706,267
24	PRIMARY PAYER PAYMENTS	185
25	SUBTOTAL	12,706,082
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	230,580
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	161,406
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	12,867,488
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	12,867,488
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	12,552,419
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	315,069
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	



TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		15.80
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		15.80
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		13.67
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		13.67
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		13.67
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		13.67
3.10	SEE INSTRUCTIONS		13.67
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		
3.18	SEE INSTRUCTIONS		
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		15.80
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		15.03
3.21	SEE INSTRUCTIONS	RES INIT YEARS	14.83
3.22	SEE INSTRUCTIONS		14.83
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		73,648.61
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		1,092,209
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		1,092,209

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		14,684
5	TOTAL INPATIENT DAYS		33,576
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.437336
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	477,662	477,662
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		33,576
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES

TITLE XVIII

- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES
- 10 MEDICARE OUTPATIENT ESRD CHARGES
- 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

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

- 12 REASONABLE COST (SEE INSTRUCTIONS) 36,845,761
- 13 ORGAN ACQUISITION COSTS
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS
- 16 TOTAL PART A REASONABLE COST 36,845,761

PART B REASONABLE COST

- 17 REASONABLE COST 18,851,251
- 18 PRIMARY PAYER PAYMENTS 185
- 19 TOTAL PART B REASONABLE COST 18,851,066
- 20 TOTAL REASONABLE COST 55,696,827
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST .661541
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST .338459

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

- 23 TOTAL PROGRAM GME PAYMENT
- 23.01 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 477,662  
(SUM OF LINES 6.01, 6.05, & 6.08)
- 24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY 315,993
- 25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY 161,669

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)		
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		

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

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

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

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

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IIME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).	7.00	
17 IIME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	8.50	
18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)	7.00	
19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)	.052317	
20 IIME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.013772	
21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.	28,075,067	
22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005		
23 ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	386,650	



	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	4,924,345			
29 SALARIES, WAGES & FEES PAYABLE	6,695,256			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	7,207,351			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	2,105,569			
35 OTHER CURRENT LIABILITIES	664,814			
36 TOTAL CURRENT LIABILITIES	21,597,335			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	89,066,319			
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	2,619,707			
42 TOTAL LONG-TERM LIABILITIES	91,686,026			
43 TOTAL LIABILITIES	113,283,361			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	128,461,061			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED			4,000	
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
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	128,461,061		4,000	
52 TOTAL LIABILITIES AND FUND BALANCES	241,744,422		4,000	

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		141,201,842		
2 NET INCOME (LOSS)		-12,740,781		
3 TOTAL		128,461,061		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		128,461,061		
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		128,461,061		

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD				
2 NET INCOME (LOSS)				
3 TOTAL				
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM		4,000		
6				
7				
8				
9				
10 TOTAL ADDITIONS		4,000		
11 SUBTOTAL		4,000		
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		4,000		



DESCRIPTION

1	TOTAL PATIENT REVENUES	430,673,502
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	252,511,055
3	NET PATIENT REVENUES	178,162,447
4	LESS: TOTAL OPERATING EXPENSES	142,771,779
5	NET INCOME FROM SERVICE TO PATIENTS	35,390,668
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	75
7	INCOME FROM INVESTMENTS	-26,726,679
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	31,623
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	607,310
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	2,401
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	91,124
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	20,449
22	RENTAL OF HOSPITAL SPACE	599,369
23	GOVERNMENTAL APPROPRIATIONS	1,081,508
24	BIO-MED, MISCELLANEOUS	9,718
25	TOTAL OTHER INCOME	-24,283,102
26	TOTAL	11,107,566
	OTHER EXPENSES	
27	LOSS ON DISPOSAL OF EQUIPMENT	133,149
28	CORPORATE ALLOCATION	23,715,196
29	ROUNDING	2
30	TOTAL OTHER EXPENSES	23,848,347
31	NET INCOME (OR LOSS) FOR THE PERIOD	-12,740,781







ALLOCATION OF OVERHEAD  
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-0164	FROM 4/ 1/2008	8/26/2009
COMPONENT NO:	TO 3/31/2009	WORKSHEET M-2
14-3454		

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1	PHYSICIANS		4,200	
2	PHYSICIAN ASSISTANTS		2,100	
3	NURSE PRACTITIONERS		2,100	
4	SUBTOTAL (SUM OF LINES 1-3)			
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)			
9	PHYSICIAN SERVICES UNDER AGREEMENTS	15,262		
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES				
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	976,251		
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)			
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	976,251		
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000		
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	486,059		
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	574,900		
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	1,060,959		
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)	182,133		
18	SUBTRACT LINE 17 FROM LINE 16	878,826		
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	878,826		
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	1,855,077		

ALLOCATION OF OVERHEAD  
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-0164	FROM 4/ 1/2008	8/26/2009
COMPONENT NO:	TO 3/31/2009	WORKSHEET M-2
14-3454		

RHC 1

VISITS AND PRODUCTIVITY

GREATER OF  
COL. 2 OR  
COL. 4  
5

- 1 POSITIONS
- 2 PHYSICIANS
- 3 PHYSICIAN ASSISTANTS
- 4 NURSE PRACTITIONERS
- 5 SUBTOTAL (SUM OF LINES 1-3)
- 6 VISITING NURSE
- 7 CLINICAL PSYCHOLOGIST
- 8 CLINICAL SOCIAL WORKER
- 9 TOTAL FTEs AND VISITS (SUM OF LINES 4-7)
- PHYSICIAN SERVICES UNDER AGREEMENTS

15,262

(1) THE PRODUCTIVITY STANDARD FOR PHYSICIANS IS 4,200 AND 2,100 FOR ALL OTHERS. IF AN EXCEPTION TO THE STANDARD HAS BEEN GRANTED (WORKSHEET S-8, LINE 13 EQUALS "Y"), COLUMN 3, LINES 1 THRU 3 OF THIS WORKSHEET SHOULD BE BLANK. THIS APPLIES TO RHC ONLY.





