

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).  
 FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE  
 THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS  
 (42 USC 1395g).

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0181		FROM 1/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						OO - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/28/2010 TIME 9: 07

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:  
 SOUTH SHORE HOSPITAL CORPORATION 14-0181  
 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2009 AND ENDING 12/31/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

\_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	A	B	TITLE XVIII	TITLE XIX
		1	2	3	4	
1	HOSPITAL	0	-729,379	-43,242		0
100	TOTAL	0	-729,379	-43,242		0

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

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













PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	20,420,617		20,420,617	910,945.91	22.42	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	348,125	15,488	363,613	23,811.62	15.27	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	684,311		684,311	10,358.40	66.06	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	3,533,271		3,533,271			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	61,279		61,279			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	148,146		148,146	8,341.00	17.76	
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	2,506,076	-15,488	2,490,588	108,139.00	23.03	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	876,895		876,895	48,526.00	18.07	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	499,791		499,791	47,653.00	10.49	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	699,918		699,918	61,963.00	11.30	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	49,381		49,381	4,202.00	11.75	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	629,463		629,463	19,864.00	31.69	
31 CENTRAL SERVICE AND SUPPLY	121,167		121,167	8,382.00	14.46	
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	785,046		785,046	36,005.00	21.80	
34 SOCIAL SERVICE	92,426		92,426	4,389.00	21.06	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	20,420,617		20,420,617	910,945.91	22.42	
2 EXCLUDED AREA SALARIES	348,125	15,488	363,613	23,811.62	15.27	
3 SUBTOTAL SALARIES	20,072,492	-15,488	20,057,004	887,134.29	22.61	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	684,311		684,311	10,358.40	66.06	
5 SUBTOTAL WAGE-RELATED COSTS	3,533,271		3,533,271		17.62	
6 TOTAL	24,290,074	-15,488	24,274,586	897,492.69	27.05	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	6,408,309	-15,488	6,392,821	347,464.00	18.40	

DESCRIPTION

UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
2.01	IS IT AT THE TIME OF ADMISSION?
2.02	IS IT AT THE TIME OF FIRST BILLING?
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
2.04	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE      8,208,235
17.01	GROSS MEDICAID REVENUES
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
20	RESTRICTED GRANTS
21	NON-RESTRICTED GRANTS
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES      8,208,235
UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)      .350175
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS      29,185,971

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	10,220,197
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	8,896,457
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	3,115,317
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	10,220,197

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0181

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

PREPARED 5/28/2010 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT		112,952	112,952		112,952
1.01	0101 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		257,273	257,273		257,273
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		1,051,877	1,051,877		1,051,877
5	0500 EMPLOYEE BENEFITS	148,146	2,327,358	2,475,504		2,475,504
6	0600 ADMINISTRATIVE & GENERAL	2,506,076	9,358,942	11,865,018	-66,151	11,798,867
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	876,895	955,945	1,832,840		1,832,840
9	0900 LAUNDRY & LINEN SERVICE					
10	1000 HOUSEKEEPING	499,791	224,083	723,874		723,874
11	1100 DIETARY	699,918	469,421	1,169,339		1,169,339
12	1200 CAFETERIA	49,381	187,582	236,963		236,963
13	1300 MAINTENANCE OF PERSONNEL		27,420	27,420		27,420
14	1400 NURSING ADMINISTRATION	629,463	84,930	714,393		714,393
15	1500 CENTRAL SERVICES & SUPPLY	121,167	202,381	323,548	-135,668	187,880
16	1600 PHARMACY		2,926,727	2,926,727		2,926,727
17	1700 MEDICAL RECORDS & LIBRARY	785,046	269,970	1,055,016		1,055,016
18	1800 SOCIAL SERVICE	92,426	31,065	123,491		123,491
19	1950 OTHER GENERAL SERVICE COST CENTERS					
19.01	1951 HOUSE PHYSICIAN		441,175	441,175		441,175
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMED ED PRGM					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	6,633,687	1,477,150	8,110,837		8,110,837
26	2600 INTENSIVE CARE UNIT	1,366,104	235,705	1,601,809		1,601,809
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
30	2040 OTHER SPECIAL CARE					
31	3100 SUBPROVIDER					
33	3300 NURSERY					
34	3400 SKILLED NURSING FACILITY					
35	3500 NURSING FACILITY					
35.01	3510 ICF/MR					
36	3600 OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	874,768	747,589	1,622,357	-491,964	1,130,393
38	3800 RECOVERY ROOM	243,511	35,914	279,425		279,425
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY	31,668	462,123	493,791	-33,852	459,939
41	4100 RADIOLOGY-DIAGNOSTIC	527,477	379,736	907,213		907,213
42	4200 RADIOLOGY-THERAPEUTIC					
43	4300 RADIOISOTOPE		312,934	312,934		312,934
44	4400 LABORATORY	981,269	1,336,986	2,318,255		2,318,255
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700 BLOOD STORING, PROCESSING & TRANS.	41,069	485,854	526,923		526,923
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	659,392	312,033	971,425		971,425
50	5000 PHYSICAL THERAPY	265,606	96,606	362,212	-16,682	345,530
51	5100 OCCUPATIONAL THERAPY					
52	5200 SPEECH PATHOLOGY		27,279	27,279		27,279
53	5300 ELECTROCARDIOLOGY	141,067	152,810	293,877		293,877
54	5400 ELECTROENCEPHALOGRAPHY		10,099	10,099		10,099
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				828,237	828,237
56	5600 DRUGS CHARGED TO PATIENTS		142,750	142,750		142,750
57	5700 RENAL DIALYSIS		328,082	328,082		328,082
58	5800 ASC (NON-DISTINCT PART)					
59	3020 OTHER ANCILLARY SERVICE COST CENTERS					
59.01	3230 CAT SCAN	185,258	169,794	355,052		355,052
59.02	3630 ULTRA SOUND	123,332	18,905	142,237		142,237
59.03	3650 VASCULAR LAB		3,923	3,923		3,923
59.04	3560 PULMONARY FUNCTION TESTING	1,574	107	1,681		1,681
59.05	3950 INDUSTRIAL MEDICINE		68	68		68
59.06	3951 PATIENT EDUCATION	51,624	6,477	58,101		58,101
59.07	3952 ADMISSION REVIEW	70,539	6,906	77,445		77,445
59.08	3953 EYE CARE					
59.09	3430 MAGNETIC RESONANCE IMAGING (MRI)		28,525	28,525		28,525
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	27,904	101,599	129,503		129,503
61	6100 EMERGENCY	1,438,334	1,422,762	2,861,096	-150,071	2,711,025
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTER					
	OTHER REIMBURS COST CNTRS					
64	6400 HOME PROGRAM DIALYSIS					
65	6500 AMBULANCE SERVICES					
66	6600 DURABLE MEDICAL EQUIP-RENTED					
67	6700 DURABLE MEDICAL EQUIP-SOLD					
68	5950 OTHER REIMBURSABLE COST CENTERS					
69	6900 CORF					
70	7000 I&R SERVICES-NOT APPRVD PRGM					
71	7100 HOME HEALTH AGENCY					

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0181  
PERIOD: FROM 1/1/2009 TO 12/31/2009  
PREPARED 5/28/2010  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	OTHER REIMBURS COST CNTRS					
	SPEC PURPOSE COST CENTERS					
82	8200 LUNG ACQUISITION					
83	8300 KIDNEY ACQUISITION					
84	8400 LIVER ACQUISITION					
85	8500 HEART ACQUISITION					
85.01	8510 PANCREAS ACQUISITION					
86	8600 OTHER ORGAN ACQUISITION					
88	8800 INTEREST EXPENSE					
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
93	9300 HOSPICE					
94	6950 OTHER SPECIAL PURPOSE (SPECIFY)					
95	SUBTOTALS	20,072,492	27,231,817	47,304,309	-66,151	47,238,158
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES	66,075	46,811	112,886		112,886
98.01	9801 PHYSICIANS' PRIVATE OFFICES-CLINICS	282,050	216,206	498,256		498,256
99	9900 NONPAID WORKERS					
100	7950 OTHER NONREIMBURSABLE COST CENTERS					
100.01	7951 FUND RAISING				51,394	51,394
100.02	7952 MARKETING OTHER				14,757	14,757
100.03	7953 RENTAL SPACE TO PROVIDERS					
100.04	7954 PHARMACY-RENTAL SPACE					
101	TOTAL	20,420,617	27,494,834	47,915,451	-0-	47,915,451

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0181  
PERIOD: FROM 1/1/2009 TO 12/31/2009  
PREPARED 5/28/2010  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		112,952
1.01 0101	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT		257,273
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		1,051,877
5 0500	EMPLOYEE BENEFITS		2,475,504
6 0600	ADMINISTRATIVE & GENERAL	-4,649,819	7,149,048
7 0700	MAINTENANCE & REPAIRS		
8 0800	OPERATION OF PLANT	-62,275	1,770,565
9 0900	LAUNDRY & LINEN SERVICE		
10 1000	HOUSEKEEPING		723,874
11 1100	DIETARY	-256,322	913,017
12 1200	CAFETERIA		236,963
13 1300	MAINTENANCE OF PERSONNEL		27,420
14 1400	NURSING ADMINISTRATION		714,393
15 1500	CENTRAL SERVICES & SUPPLY		187,880
16 1600	PHARMACY		2,926,727
17 1700	MEDICAL RECORDS & LIBRARY	-39,471	1,015,545
18 1800	SOCIAL SERVICE		123,491
19 1950	OTHER GENERAL SERVICE COST CENTERS		
19.01 1951	HOUSE PHYSICIAN	-441,175	
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		
24 2400	PARAMEDICAL PRGM		
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-296,887	7,813,950
26 2600	INTENSIVE CARE UNIT		1,601,809
27 2700	CORONARY CARE UNIT		
28 2800	BURN INTENSIVE CARE UNIT		
29 2900	SURGICAL INTENSIVE CARE UNIT		
30 2040	OTHER SPECIAL CARE		
31 3100	SUBPROVIDER		
33 3300	NURSERY		
34 3400	SKILLED NURSING FACILITY		
35 3500	NURSING FACILITY		
35.01 3510	ICF/MR		
36 3600	OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-83,448	1,046,945
38 3800	RECOVERY ROOM		279,425
39 3900	DELIVERY ROOM & LABOR ROOM		
40 4000	ANESTHESIOLOGY	-219,700	240,239
41 4100	RADIOLOGY-DIAGNOSTIC		907,213
42 4200	RADIOLOGY-THERAPEUTIC		
43 4300	RADIOISOTOPE		312,934
44 4400	LABORATORY		2,318,255
45 4500	PBP CLINICAL LAB SERVICES-PRGM ONLY		
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		
47 4700	BLOOD STORING, PROCESSING & TRANS.		526,923
48 4800	INTRAVENOUS THERAPY		
49 4900	RESPIRATORY THERAPY		971,425
50 5000	PHYSICAL THERAPY		345,530
51 5100	OCCUPATIONAL THERAPY		
52 5200	SPEECH PATHOLOGY		27,279
53 5300	ELECTROCARDIOLOGY		293,877
54 5400	ELECTROENCEPHALOGRAPHY		10,099
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		828,237
56 5600	DRUGS CHARGED TO PATIENTS		142,750
57 5700	RENAL DIALYSIS		328,082
58 5800	ASC (NON-DISTINCT PART)		
59 3020	OTHER ANCILLARY SERVICE COST CENTERS		
59.01 3230	CAT SCAN		355,052
59.02 3630	ULTRA SOUND		142,237
59.03 3650	VASCULAR LAB		3,923
59.04 3560	PULMONARY FUNCTION TESTING		1,681
59.05 3950	INDUSTRIAL MEDICINE		68
59.06 3951	PATIENT EDUCATION		58,101
59.07 3952	ADMISSION REVIEW		77,445
59.08 3953	EYE CARE		
59.09 3430	MAGNETIC RESONANCE IMAGING (MRI)		28,525
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		129,503
61 6100	EMERGENCY	-288,824	2,422,201
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63 4950	OTHER OUTPATIENT SERVICE COST CENTER		
	OTHER REIMBURS COST CNTRS		
64 6400	HOME PROGRAM DIALYSIS		
65 6500	AMBULANCE SERVICES		
66 6600	DURABLE MEDICAL EQUIP-RENTED		
67 6700	DURABLE MEDICAL EQUIP-SOLD		
68 5950	OTHER REIMBURSABLE COST CENTERS		
69 6900	CORF		
70 7000	I&R SERVICES-NOT APPRVD PRGM		
71 7100	HOME HEALTH AGENCY		

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0181  
PERIOD: FROM 1/1/2009 TO 12/31/2009  
PREPARED 5/28/2010  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	OTHER REIMBURS COST CNTRS		
	SPEC PURPOSE COST CENTERS		
82	8200 LUNG ACQUISITION		
83	8300 KIDNEY ACQUISITION		
84	8400 LIVER ACQUISITION		
85	8500 HEART ACQUISITION		
85.01	8510 PANCREAS ACQUISITION		
86	8600 OTHER ORGAN ACQUISITION		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D.P.)		
93	9300 HOSPICE		
94	6950 OTHER SPECIAL PURPOSE (SPECIFY)		
95	SUBTOTALS	-6,337,921	40,900,237
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		112,886
98.01	9801 PHYSICIANS' PRIVATE OFFICES-CLINICS		498,256
99	9900 NONPAID WORKERS		
100	7950 OTHER NONREIMBURSABLE COST CENTERS		
100.01	7951 FUND RAISING		51,394
100.02	7952 MARKETING OTHER		14,757
100.03	7953 RENTAL SPACE TO PROVIDERS		
100.04	7954 PHARMACY-RENTAL SPACE		
101	TOTAL	-6,337,921	41,577,530

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0181  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/28/2010  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
1.01	OLD CAP REL COSTS-BLDG & FIXT	0101	OLD CAP REL COSTS-BLDG & FIXT
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	OTHER GENERAL SERVICE COST CENTERS	1950	OTHER GENERAL SERVICE COST CENTERS
19.01	HOUSE PHYSICIAN	1951	OTHER GENERAL SERVICE COST CENTERS
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
30	OTHER SPECIAL CARE	2040	DETOXIFICATION INTENSIVE CARE UNIT
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
59	OTHER ANCILLARY SERVICE COST CENTERS	3020	ACUPUNCTURE
59.01	CAT SCAN	3230	CAT SCAN
59.02	ULTRA SOUND	3630	ULTRA SOUND
59.03	VASCULAR LAB	3650	VASCULAR LAB
59.04	PULMONARY FUNCTION TESTING	3560	PULMONARY FUNCTION TESTING
59.05	INDUSTRIAL MEDICINE	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.06	PATIENT EDUCATION	3951	OTHER ANCILLARY SERVICE COST CENTERS
59.07	ADMISSION REVIEW	3952	OTHER ANCILLARY SERVICE COST CENTERS
59.08	EYE CARE	3953	OTHER ANCILLARY SERVICE COST CENTERS
59.09	MAGNETIC RESONANCE IMAGING (MRI)	3430	MAGNETIC RESONANCE IMAGING (MRI)
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
68	OTHER REIMBURSABLE COST CENTERS	5950	OTHER REIMBURSABLE COST CENTERS
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	



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

RECLASSIFICATIONS

PROVIDER NO:  
140181

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

PREPARED 5/28/2010  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1) 1	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 MEDICAL SUPPLIES SOLD TO PATIENTS	A	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		828,237
2					
3					
4					
5					
6 FUNDRAISING	B	FUND RAISING	100.01		33,226
7		FUND RAISING	100.01		2,680
8		FUND RAISING	100.01	15,488	
9 MARKETING -OTHER	C	MARKETING OTHER	100.02		14,757
36 TOTAL RECLASSIFICATIONS				15,488	878,900

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.  
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:  
140181

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

PREPARED 5/28/2010  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			6	LINE NO 7			
1 MEDICAL SUPPLIES SOLD TO PATIENTS	A	OPERATING ROOM		37		491,964	
2		ANESTHESIOLOGY		40		33,852	
3		PHYSICAL THERAPY		50		16,682	
4		CENTRAL SERVICES & SUPPLY		15		135,668	
5		EMERGENCY		61		150,071	
6 FUNDRAISING	B	ADMINISTRATIVE & GENERAL		6		33,226	
7		ADMINISTRATIVE & GENERAL		6		2,680	
8		ADMINISTRATIVE & GENERAL		6	15,488		
9 MARKETING -OTHER	C	ADMINISTRATIVE & GENERAL		6		14,757	
36 TOTAL RECLASSIFICATIONS					15,488	878,900	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.  
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:  
140181

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

PREPARED 5/28/2010  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : MEDICAL SUPPLIES SOLD TO PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	828,237	OPERATING ROOM	37	491,964	
2.00			0	ANESTHESIOLOGY	40	33,852	
3.00			0	PHYSICAL THERAPY	50	16,682	
4.00			0	CENTRAL SERVICES & SUPPLY	15	135,668	
5.00			0	EMERGENCY	61	150,071	
TOTAL RECLASSIFICATIONS FOR CODE A			828,237	828,237			

RECLASS CODE: B  
EXPLANATION : FUNDRAISING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	FUND RAISING	100.01	33,226	ADMINISTRATIVE & GENERAL	6	33,226	
2.00	FUND RAISING	100.01	2,680	ADMINISTRATIVE & GENERAL	6	2,680	
3.00	FUND RAISING	100.01	15,488	ADMINISTRATIVE & GENERAL	6	15,488	
TOTAL RECLASSIFICATIONS FOR CODE B			51,394	51,394			

RECLASS CODE: C  
EXPLANATION : MARKETING -OTHER

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MARKETING OTHER	100.02	14,757	ADMINISTRATIVE & GENERAL	6	14,757	
TOTAL RECLASSIFICATIONS FOR CODE C			14,757	14,757			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
	BALANCES		DONATION	TOTAL				
	1	2	3	4	5	6	7	
1 LAND	1,110,698						1,110,698	
2 LAND IMPROVEMENTS	496,650						496,650	403,210
3 BUILDINGS & FIXTURE	7,032,723						7,032,723	4,506,112
4 BUILDING IMPROVEMENT								
5 FIXED EQUIPMENT	7,588,171						7,588,171	6,721,769
6 MOVABLE EQUIPMENT	4,773,660					1,303,164	3,470,496	3,483,015
7 SUBTOTAL	21,001,902					1,303,164	19,698,738	15,114,106
8 RECONCILING ITEMS								
9 TOTAL	21,001,902					1,303,164	19,698,738	15,114,106

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
	BALANCES		DONATION	TOTAL				
	1	2	3	4	5	6	7	
1 LAND	364,148						364,148	
2 LAND IMPROVEMENTS	580,911	16,210		16,210			597,121	288,737
3 BUILDINGS & FIXTURE	2,205,711	194,439		194,439			2,400,150	350,665
4 BUILDING IMPROVEMENT								
5 FIXED EQUIPMENT	1,659,768	291,113		291,113			1,950,881	365,918
6 MOVABLE EQUIPMENT	13,675,762	424,254		424,254		3,332	14,096,684	7,114,253
7 SUBTOTAL	18,486,300	926,016		926,016		3,332	19,408,984	8,119,573
8 RECONCILING ITEMS								
9 TOTAL	18,486,300	926,016		926,016		3,332	19,408,984	8,119,573

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	112,952						112,952
1 01	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	257,273						257,273
4	NEW CAP REL COSTS-MV	1,051,877						1,051,877
5	TOTAL	1,422,102						1,422,102

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	112,952						112,952
1 01	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	257,273						257,273
4	NEW CAP REL COSTS-MV	1,051,877						1,051,877
5	TOTAL	1,422,102						1,422,102

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

ADJUSTMENTS TO EXPENSES

DESCR IPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-11,258	ADMINISTRATIVE & GENERAL		6	
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES	A	-30,000	ADMINISTRATIVE & GENERAL		6	
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,330,034				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1					
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	A	-256,322	DIETARY		11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS	A	-62,275	OPERATION OF PLANT		8	
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-39,471	MEDICAL RECORDS & LIBRARY		17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES	B	-1,059	ADMINISTRATIVE & GENERAL		6	
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS		20	
34 PHYSICIANS' ASSI STANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 OTHER ADJUSTMENTS (SPECIFY)						
38 OTHER ADJUSTMENTS (BAD DEBT)	A	-4,602,666	ADMINISTRATIVE & GENERAL		6	
39 OTHER ADJUSTMENTS (DONATIONS)	A	-1,312	ADMINISTRATIVE & GENERAL		6	
40 OTHER ADJUSTMENTS (AHA DUES)	A	-3,524	ADMINISTRATIVE & GENERAL		6	
41 OTHER ADJUSTMENTS (SPECIFY)						
42 OTHER ADJUSTMENTS (SPECIFY)						
43 OTHER ADJUSTMENTS (SPECIFY)						
44 OTHER ADJUSTMENTS (SPECIFY)						
45 OTHER ADJUSTMENTS (SPECIFY)						
46 OTHER ADJUSTMENTS (SPECIFY)						
47 OTHER ADJUSTMENTS (SPECIFY)						
48 OTHER ADJUSTMENTS (SPECIFY)						
49 OTHER ADJUSTMENTS (SPECIFY)						
50 TOTAL (SUM OF LINES 1 THRU 49)		-6,337,921				

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:  
14-0181

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

PREPARED 5/28/2010  
WORKSHEET A-8-2  
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 61	EMERGENCY	466,024		466,024	177,200	2,080	177,200	8,860
2 19 1	HOUSE PHYSICIANS	441,175	441,175					
3 26	ICU	28,500		28,500	177,200	462	39,359	1,968
4 25	DETOX UNIT	296,887	296,887					
5 25	CHEMICAL DEPENDENCE	44,002		44,002	177,200	2,080	177,200	8,860
6 37	SURGERY	83,448	83,448					
7 40	ANESTHESIA	420,000		420,000	200,300	2,080	200,300	10,015
8 41	RADIOLOGY	3,000		3,000	177,200	173	14,738	737
9 59 5	NUCLEAR MEDICINE	2,459		2,459	225,300	345	37,369	1,868
10 53	EKG	107,500		107,500	177,200	1,618	137,841	6,892
11 49	RESPIRATORY THERAPY	20,001		20,001	177,200	416	35,440	1,772
12 44	LABORATORY	162,718		162,718	177,200	2,080	177,200	8,860
13 59 3	VASCULAR LAB	2,460		2,460	177,200	345	29,391	1,470
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,078,174	821,510	1,256,664		11,679	1,026,038	51,302

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:  
14-0181

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

PREPARED 5/28/2010  
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 61	EMERGENCY					177,200	288,824	288,824
2 19 1	HOUSE PHYSICIANS							441,175
3 26	ICU					39,359		
4 25	DETOX UNIT							296,887
5 25	CHEMICAL DEPENDENCE					177,200		
6 37	SURGERY							83,448
7 40	ANESTHESIA					200,300	219,700	219,700
8 41	RADIOLOGY					14,738		
9 59 5	NUCLEAR MEDICINE					37,369		
10 53	EKG					137,841		
11 49	RESPIRATORY THERAPY					35,440		
12 44	LABORATORY					177,200		
13 59 3	VASCULAR LAB					29,391		
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					1,026,038	508,524	1,330,034

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0181  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/28/2010  
 NOT A CMS WORKSHEET

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

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS
	0	1	1.01	2	3	4	5
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &	112,952	112,952					
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &	257,273				257,273		
004 NEW CAP REL COSTS-MVBLE E	1,051,877					1,051,877	
005 EMPLOYEE BENEFITS	2,475,504	481			1,095		2,477,080
006 ADMIN STRATIVE & GENERAL	7,149,048	29,030			66,124	435,541	306,215
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	1,770,565	16,251			37,015	14,095	107,147
009 LAUNDRY & LINEN SERVICE		625			1,424		
010 HOUSEKEEPING	723,874	2,004			4,564	767	61,069
011 DIETARY	913,017	1,911			4,353	3,636	85,522
012 CAFETERIA	236,963	1,772			4,035	735	6,034
013 MAINTENANCE OF PERSONNEL	27,420	7,424			16,910	2,588	
014 NURSING ADMINISTRATION	714,393	530			1,207	3,234	76,913
015 CENTRAL SERVICES & SUPPLY	187,880	1,552			3,535	47	14,805
016 PHARMACY	2,926,727	1,619			3,687	2,644	
017 MEDICAL RECORDS & LIBRARY	1,015,545	1,775			4,044	1,214	95,924
018 SOCIAL SERVICE	123,491	88			199	49	11,293
019 OTHER GENERAL SERVICE COS							
019 01 HOUSE PHYSICIAN							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	7,813,950	18,119			41,269	32,167	810,573
026 INTENSIVE CARE UNIT	1,601,809	2,694			6,136	6,158	166,923
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 OTHER SPECIAL CARE							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,046,945	3,933			8,957	62,814	106,887
038 RECOVERY ROOM	279,425	493			1,122		29,754
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	240,239	265			603	6,739	3,869
041 RADIOLOGY-DIAGNOSTIC	907,213	2,527			5,756	222,732	64,452
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	312,934	348			793		
044 LABORATORY	2,318,255	2,866			6,529	11,697	119,900
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	526,923	198			451	252	5,018
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	971,425	800			1,823	22,714	80,570
050 PHYSICAL THERAPY	345,530	1,344			3,061		32,454
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY	27,279						
053 ELECTROCARDIOLOGY	293,877	1,539			3,505	19,856	17,237
054 ELECTROENCEPHALOGRAPHY	10,099						
055 MEDICAL SUPPLIES CHARGED	828,237						
056 DRUGS CHARGED TO PATIENTS	142,750						
057 RENAL DIALYSIS	328,082	72			164		
058 ASC (NON-DI STINCT PART)							
059 OTHER ANCILLARY SERVICE C							
059 01 CAT SCAN	355,052	376			857	175,451	22,636
059 02 ULTRA SOUND	142,237	205			466	17,580	15,070
059 03 VASCULAR LAB	3,923	107			245		
059 04 PULMONARY FUNCTION TESTIN	1,681	9			20		192
059 05 INDUSTRIAL MEDICINE	68						
059 06 PATIENT EDUCATION	58,101						6,308
059 07 ADMIN SSION REVIEW	77,445	300			684		8,619
059 08 EYE CARE							
059 09 MAGNETIC RESONANCE IMAGIN	28,525						
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	129,503	487			1,109	2,542	3,410
061 EMERGENCY	2,422,201	3,123			7,114	3,582	175,749
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE COST C							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-BLDG & 1.01	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5
071 OTHER REIMBURS COST CNTRS							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION							
086 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE (SP							
095 SUBTOTALS	40,900,237	104,867			238,856	1,048,834	2,434,543
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	112,886	1,242			2,830	277	8,074
098 01 PHYSICIANS' PRIVATE OFFIC	498,256					2,766	34,463
099 NONPAID WORKERS		6,546			14,910		
100 OTHER NONREIMBURSABLE COS		297			677		
100 01 FUND RAISING	51,394						
100 02 MARKETING OTHER	14,757						
100 03 RENTAL SPACE TO PROVIDERS							
100 04 PHARMACY-RENTAL SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	41,577,530	112,952			257,273	1,051,877	2,477,080

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	5a.00	6	7	8	9	10	11
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	7,985,958	7,985,958					
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	1,945,073	462,416		2,407,489			
009 LAUNDRY & LINEN SERVICE	2,049	487		22,397	24,933		
010 HOUSEKEEPING	792,278	188,354		71,793	377	1,052,802	
011 DIETARY	1,008,439	239,743		68,472			1,316,654
012 CAFETERIA	249,539	59,325		63,480		14,725	
013 MAINTENANCE OF PERSONNEL	54,342	12,919		266,010	445		
014 NURSING ADMINISTRATION	796,277	189,305				7,362	
015 CENTRAL SERVICES & SUPPLY	207,819	49,406		55,602	8,752	29,449	
016 PHARMACY	2,934,677	697,681		58,007		14,725	
017 MEDICAL RECORDS & LIBRARY	1,118,502	265,909		63,617		33,130	
018 SOCIAL SERVICE	135,120	32,123		3,137		3,681	
019 OTHER GENERAL SERVICE COS							
019 01 HOUSE PHYSICIAN							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	8,716,078	2,072,133		649,201	9,955	386,516	1,223,696
026 INTENSIVE CARE UNIT	1,783,720	424,056		96,525	2,784	88,347	92,958
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 OTHER SPECIAL CARE							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,229,536	292,306		140,906	504	117,796	
038 RECOVERY ROOM	310,794	73,887		17,656	332	14,725	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	251,715	59,842		9,481		80,985	
041 RADIOLOGY-DIAGNOSTIC	1,202,680	285,922		90,548	48		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	314,075	74,667		12,481			
044 LABORATORY	2,459,247	584,654		102,708			
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	532,842	126,676		7,099			
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,077,332	256,122		28,671		18,406	
050 PHYSICAL THERAPY	382,389	90,908		48,159	667	18,406	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY	27,279	6,485			64		
053 ELECTROCARDIOLOGY	336,014	79,883		55,144		25,768	
054 ELECTROENCEPHALOGRAPHY	10,099	2,401				7,362	
055 MEDICAL SUPPLIES CHARGED	828,237	196,903					
056 DRUGS CHARGED TO PATIENTS	142,750	33,937					
057 RENAL DIALYSIS	328,318	78,053		2,588			
058 ASC (NON-DI STINCT PART)							
059 OTHER ANCILLARY SERVICE C							
059 01 CAT SCAN	554,372	131,795		13,488		7,362	
059 02 ULTRA SOUND	175,558	41,737		7,328			
059 03 VASCULAR LAB	4,275	1,016		3,847			
059 04 PULMONARY FUNCTION TESTIN	1,902	452		321			
059 05 INDUSTRIAL MEDICINE	68	16					
059 06 PATIENT EDUCATION	64,409	15,312					
059 07 ADMIN SSION REVIEW	87,048	20,695		10,763			
059 08 EYE CARE							
059 09 MAGNETIC RESONANCE IMAGIN	28,525	6,781					
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	137,051	32,582		17,450			
061 EMERGENCY	2,611,769	620,914		111,914	1,005	161,970	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE COST C							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							

COST CENTER DESCRIPTION		SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		5a.00	6	7	8	9	10	11
071	OTHER REIMBURS COST CNTRS							
	HOME HEALTH AGENCY							
082	LUNG ACQUISITION							
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION							
085	01 PANCREAS ACQUISITION							
086	OTHER ORGAN ACQUISITION							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE							
094	OTHER SPECIAL PURPOSE (SP							
095	SUBTOTALS	40,828,155	7,807,803		2,117,777	24,933	1,030,715	1,316,654
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC	125,309	29,791		44,518		14,725	
098	01 PHYSICIANS' PRIVATE OFFIC	535,485	127,305					
099	NONPAID WORKERS	21,456	5,101		234,545			
100	OTHER NONREIMBURSABLE COS	974	232		10,649			
100	01 FUND RAISING	51,394	12,218				3,681	
100	02 MARKETING OTHER	14,757	3,508				3,681	
100	03 RENTAL SPACE TO PROVIDERS							
100	04 PHARMACY-RENTAL SPACE							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	41,577,530	7,985,958		2,407,489	24,933	1,052,802	1,316,654

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE OF PERSONNEL 13	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	387,069						
013 MAINTENANCE OF PERSONNEL		333,716					
014 NURSING ADMINISTRATION	12,988		1,024,916				
015 CENTRAL SERVICES & SUPPLY	8,383			359,411			
016 PHARMACY	13,909				3,718,999		
017 MEDICAL RECORDS & LIBRARY	24,042					1,505,200	
018 SOCIAL SERVICE	2,671						176,732
019 OTHER GENERAL SERVICE COS							
019 01 HOUSE PHYSICIAN							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	152,267	83,429	787,403	137,711	26,073		
026 INTENSIVE CARE UNIT	19,897	83,429	103,125	39,452	4,630	1,126,462	174,043
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 OTHER SPECIAL CARE							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	22,108	83,429	110,826	28,697	362,325	91,815	
038 RECOVERY ROOM	4,514		23,562	1,445	165		
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	3,408			4,514	682,591		
041 RADIOLOGY-DIAGNOSTIC	16,857			1,977	34,728		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	461			260			
044 LABORATORY	33,069			434			
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	1,382			3			
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	15,844				1,734,288		
050 PHYSICAL THERAPY	6,909			8,864	746,699		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	4,974			1,688			
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS				3,238			
057 RENAL DIALYSIS				930	58,982		
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY SERVICE C							
059 01 CAT SCAN	829			1,077			
059 02 ULTRA SOUND	1,658			358			
059 03 VASCULAR LAB	461						
059 04 PULMONARY FUNCTION TESTIN				12			
059 05 INDUSTRIAL MEDICINE							
059 06 PATIENT EDUCATION	1,382						
059 07 ADMINISTRATION REVIEW	1,566						
059 08 EYE CARE							
059 09 MAGNETIC RESONANCE IMAGIN							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	3,500			60			
061 EMERGENCY	27,450	83,429		121,015	9,261	286,923	2,689
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE COST C							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							

COST CENTER DESCRIPTION	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN I STRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVI C E
	12	13	14	15	16	17	18
071 OTHER REIMBURS COST CNTRS							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION							
086 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE (SP							
095 SUBTOTALS	380,529	333,716	1,024,916	351,735	3,659,742	1,505,200	176,732
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	6,172						
098 01 PHYSICIANS' PRIVATE OFFIC				7,676	59,257		
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
100 01 FUND RAISING	368						
100 02 MARKETING OTHER							
100 03 RENTAL SPACE TO PROVIDERS							
100 04 PHARMACY-RENTAL SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	387,069	333,716	1,024,916	359,411	3,718,999	1,505,200	176,732





COST CENTER DESCRIPTION	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	25	26	27
001 GENERAL SERVICE COST CNTR			
001 01 OLD CAP REL COSTS-BLDG &			
002 OLD CAP REL COSTS-MVBLE E			
003 NEW CAP REL COSTS-BLDG &			
004 NEW CAP REL COSTS-MVBLE E			
005 EMPLOYEE BENEFITS			
006 ADMINISTRATIVE & GENERAL			
007 MAINTENANCE & REPAIRS			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
013 MAINTENANCE OF PERSONNEL			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
019 OTHER GENERAL SERVICE COS			
019 01 HOUSE PHYSICIAN			
020 NONPHYSICIAN ANESTHETISTS			
021 NURSING SCHOOL			
022 I&R SERVICES-SALARY & FRI			
023 I&R SERVICES-OTHER PRGM C			
024 PARAMED ED PRGM			
025 INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	14,244,462		14,244,462
026 INTENSIVE CARE UNIT	4,039,428		4,039,428
027 CORONARY CARE UNIT			
028 BURN INTENSIVE CARE UNIT			
029 SURGICAL INTENSIVE CARE U			
030 OTHER SPECIAL CARE			
031 SUBPROVIDER			
033 NURSERY			
034 SKILLED NURSING FACILITY			
035 NURSING FACILITY			
035 01 ICF/MR			
036 OTHER LONG TERM CARE			
037 ANCILLARY SRVC COST CNTRS			
037 OPERATING ROOM	2,480,248		2,480,248
038 RECOVERY ROOM	447,080		447,080
039 DELIVERY ROOM & LABOR ROO			
040 ANESTHESIOLOGY	1,092,536		1,092,536
041 RADIOLOGY-DIAGNOSTIC	1,632,760		1,632,760
042 RADIOLOGY-THERAPEUTIC			
043 RADIOISOTOPE	401,944		401,944
044 LABORATORY	3,180,112		3,180,112
045 PBP CLINICAL LAB SERVICES			
046 WHOLE BLOOD & PACKED RED			
047 BLOOD STORING, PROCESSING	668,002		668,002
048 INTRAVENOUS THERAPY			
049 RESPIRATORY THERAPY	3,130,663		3,130,663
050 PHYSICAL THERAPY	1,303,001		1,303,001
051 OCCUPATIONAL THERAPY			
052 SPEECH PATHOLOGY	33,828		33,828
053 ELECTROCARDIOLOGY	503,471		503,471
054 ELECTROENCEPHALOGRAPHY	19,862		19,862
055 MEDICAL SUPPLIES CHARGED	1,025,140		1,025,140
056 DRUGS CHARGED TO PATIENTS	179,925		179,925
057 RENAL DIALYSIS	468,871		468,871
058 ASC (NON-DI STINCT PART)			
059 OTHER ANCILLARY SERVICE C			
059 01 CAT SCAN	708,923		708,923
059 02 ULTRA SOUND	226,639		226,639
059 03 VASCULAR LAB	9,599		9,599
059 04 PULMONARY FUNCTION TESTIN	2,687		2,687
059 05 INDUSTRIAL MEDICINE	84		84
059 06 PATIENT EDUCATION	81,103		81,103
059 07 ADMISSION REVIEW	120,072		120,072
059 08 EYE CARE			
059 09 MAGNETIC RESONANCE IMAGIN	35,306		35,306
060 OUTPAT SERVICE COST CNTRS			
060 CLINIC	190,643		190,643
061 EMERGENCY	4,038,339		4,038,339
062 OBSERVATION BEDS (NON-DIS			
063 OTHER OUTPATIENT SERVICE			
063 OTHER REIMBURS COST CNTRS			
064 HOME PROGRAM DIALYSIS			
065 AMBULANCE SERVICES			
066 DURABLE MEDICAL EQUIP-REN			
067 DURABLE MEDICAL EQUIP-SOL			
068 OTHER REIMBURSABLE COST C			
069 CORF			
070 I&R SERVICES-NOT APPRVD P			

COST CENTER DESCRIPTION	SUBTOTAL	I & R COST POST STEP-DOWN ADJ	TOTAL
	25	26	27
071 OTHER REIMBURS COST CNTRS			
082 HOME HEALTH AGENCY			
083 LUNG ACQUISITION			
084 SPEC PURPOSE COST CENTERS			
085 KIDNEY ACQUISITION			
086 LIVER ACQUISITION			
085 HEART ACQUISITION			
085 01 PANCREAS ACQUISITION			
086 OTHER ORGAN ACQUISITION			
092 AMBULATORY SURGICAL CENTE			
093 HOSPICE			
094 OTHER SPECIAL PURPOSE (SP			
095 SUBTOTALS	40,264,728		40,264,728
096 NONREIMBURS COST CENTERS			
097 GIFT, FLOWER, COFFEE SHOP			
097 RESEARCH			
098 PHYSICIANS' PRIVATE OFFIC	220,515		220,515
098 01 PHYSICIANS' PRIVATE OFFIC	729,723		729,723
099 NONPAID WORKERS	261,102		261,102
100 OTHER NONREIMBURSABLE COS	11,855		11,855
100 01 FUND RAISING	67,661		67,661
100 02 MARKETING OTHER	21,946		21,946
100 03 RENTAL SPACE TO PROVIDERS			
100 04 PHARMACY-RENTAL SPACE			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 TOTAL	41,577,530		41,577,530

COST CENTER DESCRIPTION	DIR ASSIGNED OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-BLDG & 1.01	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS			481				481
006 ADMINISTRATIVE & GENERAL		29,030					29,030
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		16,251					16,251
009 LAUNDRY & LINEN SERVICE			625				625
010 HOUSEKEEPING		2,004					2,004
011 DIETARY		1,911					1,911
012 CAFETERIA		1,772					1,772
013 MAINTENANCE OF PERSONNEL		7,424					7,424
014 NURSING ADMINISTRATION		530					530
015 CENTRAL SERVICES & SUPPLY		1,552					1,552
016 PHARMACY		1,619					1,619
017 MEDICAL RECORDS & LIBRARY		1,775					1,775
018 SOCIAL SERVICE		88					88
019 OTHER GENERAL SERVICE COS							
019 01 HOUSE PHYSICIAN							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS		18,119					18,119
026 ADULTS & PEDIATRICS		2,694					2,694
027 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 OTHER SPECIAL CARE							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		3,933					3,933
038 RECOVERY ROOM		493					493
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY		265					265
041 RADIOLOGY-DIAGNOSTIC		2,527					2,527
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE		348					348
044 LABORATORY		2,866					2,866
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING		198					198
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		800					800
050 PHYSICAL THERAPY		1,344					1,344
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		1,539					1,539
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS		72					72
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY SERVICE C							
059 01 CAT SCAN		376					376
059 02 ULTRA SOUND		205					205
059 03 VASCULAR LAB		107					107
059 04 PULMONARY FUNCTION TESTIN		9					9
059 05 INDUSTRIAL MEDICINE							
059 06 PATIENT EDUCATION							
059 07 ADMSION REVIEW		300					300
059 08 EYE CARE							
059 09 MAGNETIC RESONANCE IMAGIN							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		487					487
061 EMERGENCY		3,123					3,123
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE COST C							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL
	0	1	1.01	2	3	4	4a
071 OTHER REIMBURS COST CNTRS							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION							
086 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE (SP							
095 SUBTOTALS		104,867					104,867
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC		1,242					1,242
098 01 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS		6,546					6,546
100 OTHER NONREIMBURSABLE COS		297					297
100 01 FUND RAISING							
100 02 MARKETING OTHER							
100 03 RENTAL SPACE TO PROVIDERS							
100 04 PHARMACY-RENTAL SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		112,952					112,952





ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0181  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/28/2010  
 WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE O F PERSONNEL 13	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVI CE 18
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMIN ISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	2,507						
013 MAINTENANCE OF PERSONNEL		9,469					
014 NURSING ADMIN ISTRATION	84		1,484				
015 CENTRAL SERVICES & SUPPLY	54			2,574			
016 PHARMACY	90				4,728		
017 MEDICAL RECORDS & LIBRARY	156					3,495	
018 SOCIAL SERVICE	17						258
019 OTHER GENERAL SERVICE COS							
019 01 HOUSE PHYSICIAN							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	987	2,368	1,141	986	33		
026 INTENSIVE CARE UNIT	129	2,367	149	283	6	2,616	254
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 OTHER SPECIAL CARE							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	143	2,367	160	206	461	213	
038 RECOVERY ROOM	29		34	10			
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	22			32	868		
041 RADIOLOGY-DIAGNOSTIC	109			14	44		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	3			2			
044 LABORATORY	214			3			
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	9						
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	103				2,205		
050 PHYSICAL THERAPY	45			63	949		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	32			12			
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS				23			
057 RENAL DIALYSIS				7	75		
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY SERVICE C							
059 01 CAT SCAN	5			8			
059 02 ULTRA SOUND	11			3			
059 03 VASCULAR LAB	3						
059 04 PULMONARY FUNCTION TESTIN							
059 05 INDUSTRIAL MEDICINE							
059 06 PATIENT EDUCATION	9						
059 07 ADMSION REVIEW	10						
059 08 EYE CARE							
059 09 MAGNETIC RESONANCE IMAGIN							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	23						
061 EMERGENCY	178	2,367		867	12	666	4
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE COST C							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE O F PERSONNEL 13	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVI C E 18
071 OTHER REIMBURS COST CNTRS							
082 HOME HEALTH AGENCY LUNG ACQUISITION SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE (SP							
095 SUBTOTALS	2,465	9,469	1,484	2,519	4,653	3,495	258
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	40						
098 01 PHYSICIANS' PRIVATE OFFIC				55	75		
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
100 01 FUND RAISING	2						
100 02 MARKETING OTHER							
100 03 RENTAL SPACE TO PROVIDERS							
100 04 PHARMACY-RENTAL SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	2,507	9,469	1,484	2,574	4,728	3,495	258







	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
071 OTHER REIMBURS COST CNTRS			
082 HOME HEALTH AGENCY			
083 LUNG ACQUISITION			
084 SPEC PURPOSE COST CENTERS			
085 KIDNEY ACQUISITION			
086 LIVER ACQUISITION			
085 HEART ACQUISITION			
085 01 PANCREAS ACQUISITION			
086 OTHER ORGAN ACQUISITION			
092 AMBULATORY SURGICAL CENTE			
093 HOSPICE			
094 OTHER SPECIAL PURPOSE (SP			
095 SUBTOTALS	101,808		101,808
096 NONREIMBURS COST CENTERS			
097 GIFT, FLOWER, COFFEE SHOP			
097 RESEARCH			
098 PHYSICIANS' PRIVATE OFFIC	1,770		1,770
098 01 PHYSICIANS' PRIVATE OFFIC	601		601
099 NONPAID WORKERS	8,314		8,314
100 OTHER NONREIMBURSABLE COS	377		377
100 01 FUND RAISING	58		58
100 02 MARKETING OTHER	24		24
100 03 RENTAL SPACE TO PROVIDERS			
100 04 PHARMACY-RENTAL SPACE			
101 CROSS FOOT ADJUSTMENTS			
102 NEGATIVE COST CENTER			
103 TOTAL	112,952		112,952

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL
	0	1	1.01	2	3	4	4a
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS					1,095		1,095
006 ADMINISTRATIVE & GENERAL					66,124	435,541	501,665
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT					37,015	14,095	51,110
009 LAUNDRY & LINEN SERVICE					1,424		1,424
010 HOUSEKEEPING					4,564	767	5,331
011 DIETARY					4,353	3,636	7,989
012 CAFETERIA					4,035	735	4,770
013 MAINTENANCE OF PERSONNEL					16,910	2,588	19,498
014 NURSING ADMINISTRATION					1,207	3,234	4,441
015 CENTRAL SERVICES & SUPPLY					3,535	47	3,582
016 PHARMACY					3,687	2,644	6,331
017 MEDICAL RECORDS & LIBRARY					4,044	1,214	5,258
018 SOCIAL SERVICE					199	49	248
019 OTHER GENERAL SERVICE COS							
019 01 HOUSE PHYSICIAN							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS					41,269	32,167	73,436
027 INTENSIVE CARE UNIT					6,136	6,158	12,294
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 OTHER SPECIAL CARE							
032 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM					8,957	62,814	71,771
039 RECOVERY ROOM					1,122		1,122
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY					603	6,739	7,342
042 RADIOLOGY-DIAGNOSTIC					5,756	222,732	228,488
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE					793		793
045 LABORATORY					6,529	11,697	18,226
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING					451	252	703
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY					1,823	22,714	24,537
051 PHYSICAL THERAPY					3,061		3,061
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY					3,505	19,856	23,361
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED							
057 DRUGS CHARGED TO PATIENTS							
058 RENAL DIALYSIS					164		164
059 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY SERVICE C							
059 01 CAT SCAN					857	175,451	176,308
059 02 ULTRA SOUND					466	17,580	18,046
059 03 VASCULAR LAB					245		245
059 04 PULMONARY FUNCTION TESTIN					20		20
059 05 INDUSTRIAL MEDICINE							
059 06 PATIENT EDUCATION							
059 07 ADMSION REVIEW					684		684
059 08 EYE CARE							
059 09 MAGNETIC RESONANCE IMAGIN							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC					1,109	2,542	3,651
062 EMERGENCY					7,114	3,582	10,696
063 OBSERVATION BEDS (NON-DIS							
064 OTHER OUTPATIENT SERVICE							
065 OTHER REIMBURS COST CNTRS							
066 HOME PROGRAM DIALYSIS							
067 AMBULANCE SERVICES							
068 DURABLE MEDICAL EQUIP-REN							
069 DURABLE MEDICAL EQUIP-SOL							
070 OTHER REIMBURSABLE COST C							
071 CORF							
072 I&R SERVICES-NOT APPRVD P							

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL
	0	1	1.01	2	3	4	4a
071 OTHER REIMBURS COST CNTRS							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION							
086 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE (SP							
095 SUBTOTALS					238,856	1,048,834	1,287,690
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC					2,830	277	3,107
098 01 PHYSICIANS' PRIVATE OFFIC						2,766	2,766
099 NONPAID WORKERS					14,910		14,910
100 OTHER NONREIMBURSABLE COS					677		677
100 01 FUND RAISING							
100 02 MARKETING OTHER							
100 03 RENTAL SPACE TO PROVIDERS							
100 04 PHARMACY-RENTAL SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL					257,273	1,051,877	1,309,150

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	5	6	7	8	9	10	11
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	1,095						
006 ADMINISTRATIVE & GENERAL	135	501,800					
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	47	29,056		80,213			
009 LAUNDRY & LINEN SERVICE				746	2,201		
010 HOUSEKEEPING	27	11,835		2,392	33	19,618	
011 DIETARY	38	15,064		2,281			25,372
012 CAFETERIA	3	3,728		2,115		274	
013 MAINTENANCE OF PERSONNEL		812		8,863	39		
014 NURSING ADMINISTRATION	34	11,895		633		137	
015 CENTRAL SERVICES & SUPPLY	7	3,104		1,853	773	549	
016 PHARMACY		43,838		1,933		274	
017 MEDICAL RECORDS & LIBRARY	42	16,708		2,120		617	
018 SOCIAL SERVICE	5	2,018		105		69	
019 OTHER GENERAL SERVICE COS							
019 01 HOUSE PHYSICIAN							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	357	130,211		21,628	879	7,204	23,581
026 INTENSIVE CARE UNIT	74	26,645		3,216	246	1,646	1,791
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 OTHER SPECIAL CARE							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	47	18,367		4,695	44	2,195	
038 RECOVERY ROOM	13	4,643		588	29	274	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	2	3,760		316		1,509	
041 RADIOLOGY-DIAGNOSTIC	28	17,966		3,017	4		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE		4,692		416			
044 LABORATORY	53	36,736		3,422			
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	2	7,960		237			
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	36	16,093		955		343	
050 PHYSICAL THERAPY	14	5,712		1,605	59	343	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY		407			6		
053 ELECTROCARDIOLOGY	8	5,019		1,837		480	
054 ELECTROENCEPHALOGRAPHY		151				137	
055 MEDICAL SUPPLIES CHARGED		12,372					
056 DRUGS CHARGED TO PATIENTS		2,132					
057 RENAL DIALYSIS		4,904		86			
058 ASC (NON-DI STINCT PART)							
059 OTHER ANCILLARY SERVICE C							
059 01 CAT SCAN	10	8,281		449		137	
059 02 ULTRA SOUND	7	2,622		244			
059 03 VASCULAR LAB		64		128			
059 04 PULMONARY FUNCTION TESTIN		28		11			
059 05 INDUSTRIAL MEDICINE		1					
059 06 PATIENT EDUCATION	3	962					
059 07 ADMM SSION REVIEW	4	1,300		359			
059 08 EYE CARE							
059 09 MAGNETIC RESONANCE IMAGIN		426					
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	2	2,047		581			
061 EMERGENCY	78	39,015		3,729	89	3,018	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE COST C							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							



ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE OF PERSONNEL 13	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	10,890						
013 MAINTENANCE OF PERSONNEL		29,212					
014 NURSING ADMINISTRATION	365		17,505				
015 CENTRAL SERVICES & SUPPLY	236			10,104			
016 PHARMACY	391				52,767		
017 MEDICAL RECORDS & LIBRARY	676					25,421	
018 SOCIAL SERVICE	75						2,520
019 OTHER GENERAL SERVICE COS							
019 01 HOUSE PHYSICIAN							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	4,286	7,303	13,449	3,872	370		
026 INTENSIVE CARE UNIT	560	7,303	1,761	1,109	66	19,024	2,482
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 OTHER SPECIAL CARE							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	622	7,303	1,893	807	5,141	1,551	
038 RECOVERY ROOM	127		402	41	2		
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	96			127	9,685		
041 RADIOLOGY-DIAGNOSTIC	474			56	493		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	13			7			
044 LABORATORY	930			12			
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	39						
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	446				24,606		
050 PHYSICAL THERAPY	194			249	10,595		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	140			47			
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS				91			
057 RENAL DIALYSIS				26	837		
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY SERVICE C							
059 01 CAT SCAN	23			30			
059 02 ULTRA SOUND	47			10			
059 03 VASCULAR LAB	13						
059 04 PULMONARY FUNCTION TESTIN							
059 05 INDUSTRIAL MEDICINE							
059 06 PATIENT EDUCATION	39						
059 07 ADMIN SI ON REVIEW	44						
059 08 EYE CARE							
059 09 MAGNETIC RESONANCE IMAGIN							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	98			2			
061 EMERGENCY	772	7,303		3,402	131	4,846	38
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE COST C							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE O F PERSONNEL 13	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVI C E 18
071 OTHER REIMBURS COST CNTRS							
082 HOME HEALTH AGENCY LUNG ACQUISITION SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPI CE							
094 OTHER SPECIAL PURPOSE (SP							
095 SUBTOTALS	10,706	29,212	17,505	9,888	51,926	25,421	2,520
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	174						
098 01 PHYSICIANS' PRIVATE OFFIC				216	841		
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
100 01 FUND RAISING	10						
100 02 MARKETING OTHER							
100 03 RENTAL SPACE TO PROVIDERS							
100 04 PHARMACY-RENTAL SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	10,890	29,212	17,505	10,104	52,767	25,421	2,520







	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
071 OTHER REIMBURS COST CNTRS			
082 HOME HEALTH AGENCY			
083 LUNG ACQUISITION			
084 SPEC PURPOSE COST CENTERS			
085 KIDNEY ACQUISITION			
086 LIVER ACQUISITION			
085 HEART ACQUISITION			
085 01 PANCREAS ACQUISITION			
086 OTHER ORGAN ACQUISITION			
092 AMBULATORY SURGICAL CENTE			
093 HOSPICE			
094 OTHER SPECIAL PURPOSE (SP			
095 SUBTOTALS	1,265,170		1,265,170
096 NONREIMBURS COST CENTERS			
097 GIFT, FLOWER, COFFEE SHOP			
097 RESEARCH			
098 PHYSICIANS' PRIVATE OFFIC	6,914		6,914
098 01 PHYSICIANS' PRIVATE OFFIC	11,837		11,837
099 NONPAID WORKERS	23,046		23,046
100 OTHER NONREIMBURSABLE COS	1,047		1,047
100 01 FUND RAISING	847		847
100 02 MARKETING OTHER	289		289
100 03 RENTAL SPACE TO PROVIDERS			
100 04 PHARMACY-RENTAL SPACE			
101 CROSS FOOT ADJUSTMENTS			
102 NEGATIVE COST CENTER			
103 TOTAL	1,309,150		1,309,150

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)
	1	1.01	2	3	4	5
001 GENERAL SERVICE COST						
001 01 OLD CAP REL COSTS-BLD	176,729					
002 OLD CAP REL COSTS-MVB		176,729				
003 NEW CAP REL COSTS-BLD			1,051,878			
004 NEW CAP REL COSTS-MVB				176,729		
005 EMPLOYEE BENEFITS	752	752		752	1,051,878	20,272,471
006 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	45,421	45,421	1,051,878	45,421	435,542	2,506,076
008 OPERATION OF PLANT	25,427	25,427		25,427	14,095	876,895
009 LAUNDRY & LINEN SERVICE	978	978		978		
010 HOUSEKEEPING	3,135	3,135		3,135	767	499,791
011 DIETARY	2,990	2,990		2,990	3,636	699,918
012 CAFETERIA	2,772	2,772		2,772	735	49,381
013 MAINTENANCE OF PERSONNEL	11,616	11,616		11,616	2,588	
014 NURSING ADMINISTRATION	829	829		829	3,234	629,463
015 CENTRAL SERVICES & SUPPLIES	2,428	2,428		2,428	47	121,167
016 PHARMACY	2,533	2,533		2,533	2,644	
017 MEDICAL RECORDS & LIBRARY	2,778	2,778		2,778	1,214	785,046
018 SOCIAL SERVICE	137	137		137	49	92,426
019 OTHER GENERAL SERVICE						
019 01 HOUSE PHYSICIAN						
020 NONPHYSICIAN ANESTHETIC						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY & BENEFITS						
023 I&R SERVICES-OTHER PERSONNEL						
024 PARAMEDICAL PROGRAM						
025 INPATIENT ROUTINE SERVICE CENTER ADULTS & PEDIATRICS	28,349	28,349		28,349	32,167	6,633,687
026 INTENSIVE CARE UNIT	4,215	4,215		4,215	6,158	1,366,104
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE UNIT						
029 SURGICAL INTENSIVE CARE UNIT						
030 OTHER SPECIAL CARE						
031 SUBPROVIDER						
033 NURSERY						
034 SKILLED NURSING FACILITY						
035 NURSING FACILITY						
035 01 ICU/MR						
036 OTHER LONG TERM CARE						
037 ANCILLARY SERVICE COST CENTER OPERATING ROOM	6,153	6,153		6,153	62,814	874,768
038 RECOVERY ROOM	771	771		771		243,511
039 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY	414	414		414	6,739	31,668
041 RADIOLOGY-DIAGNOSTIC	3,954	3,954		3,954	222,732	527,477
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE	545	545		545		
044 LABORATORY	4,485	4,485		4,485	11,697	981,268
045 PBP CLINICAL LAB SERVICE						
046 WHOLE BLOOD & PACKED BLOOD STORAGE, PROCESSING	310	310		310	252	41,069
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY	1,252	1,252		1,252	22,714	659,392
050 PHYSICAL THERAPY	2,103	2,103		2,103		265,606
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY	2,408	2,408		2,408	19,856	141,067
054 ELECTROENCEPHALOGRAPHY						
055 MEDICAL SUPPLIES CHARACTERIZED AS CHARGED TO PATIENTS						
056 DRUGS CHARGED TO PATIENTS						
057 RENAL DIALYSIS	113	113		113		
058 ASC (NON-DISTINCT PARADISE)						
059 OTHER ANCILLARY SERVICE						
059 01 CAT SCAN	589	589		589	175,451	185,258
059 02 ULTRA SOUND	320	320		320	17,580	123,332
059 03 VASCULAR LAB	168	168		168		
059 04 PULMONARY FUNCTION TEST	14	14		14		1,574
059 05 INDUSTRIAL MEDICINE						
059 06 PATIENT EDUCATION						51,625
059 07 ADMISSION REVIEW	470	470		470		70,539
059 08 EYE CARE						
059 09 MAGNETIC RESONANCE IMAGING						
060 OUTPATIENT SERVICE COST CENTER CLINIC	762	762		762	2,542	27,904
061 EMERGENCY	4,887	4,887		4,887	3,582	1,438,334
062 OBSERVATION BEDS (NON-RESIDENT)						
063 OTHER OUTPATIENT SERVICE						
064 HOME PROGRAM DIALYSIS						
065 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIPMENT						

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENE FITS (GROSS SALARIES)
	1	1.01	2	3	4	5
067 OTHER REIMBURS COST C DURABLE MEDICAL EQUIP						
068 OTHER REIMBURSABLE CO						
069 CORF						
070 I&R SERVICES-NOT APPR						
071 HOME HEALTH AGENCY						
082 LUNG ACQUISITION SPEC PURPOSE COST CEN						
083 KIDNEY ACQUISITION						
084 LIVER ACQUISITION						
085 HEART ACQUISITION						
085 01 PANCREAS ACQUISITION						
086 OTHER ORGAN ACQUISITI						
092 AMBULATORY SURGICAL C						
093 HOSPICE						
094 OTHER SPECIAL PURPOSE						
095 SUBTOTALS	164,078	164,078	1,051,878	164,078	1,048,835	19,924,346
096 NONREIMBURS COST CENT						
097 GIFT, FLOWER, COFFEE RESEARCH						
098 PHYSICIANS' PRIVATE O	1,944	1,944		1,944	277	66,075
098 01 PHYSICIANS' PRIVATE O					2,766	282,050
099 NONPAID WORKERS	10,242	10,242		10,242		
100 OTHER NONREIMBURSABLE	465	465		465		
100 01 FUND RAISING						
100 02 MARKETING OTHER						
100 03 RENTAL SPACE TO PROVI						
100 04 PHARMACY-RENTAL SPACE						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSH B, PART I)	112,952			257,273	1,051,877	2,477,080
104 UNIT COST MULTIPLIER (WRKSH B, PT I)	.639125			1.455749	.999999	.122189481
105 COST TO BE ALLOCATED (WRKSH B, PART II)						
106 UNIT COST MULTIPLIER (WRKSH B, PT II)						.0000241,095
107 COST TO BE ALLOCATED (WRKSH B, PART III)						
108 UNIT COST MULTIPLIER (WRKSH B, PT III)						.000054



COST CENTER DESCRIPTION	RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	S
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	
	6a.00	6	7	8	9	10	11	
067 OTHER REIMBURS COST C								
068 DURABLE MEDICAL EQUIP								
069 OTHER REIMBURSABLE CO								
070 CORF								
071 I&R SERVICES-NOT APPR								
082 HOME HEALTH AGENCY								
083 LUNG ACQUISITION								
084 SPEC PURPOSE COST CEN								
085 KIDNEY ACQUISITION								
086 LIVER ACQUISITION								
092 HEART ACQUISITION								
093 01 PANCREAS ACQUISITION								
094 OTHER ORGAN ACQUISITI								
095 AMBULATORY SURGICAL C								
096 HOSPICE								
097 OTHER SPECIAL PURPOSE								
098 SUBTOTALS	-7,985,958	32,842,197	117,905	92,478	480,374	7,000	81,018	
099 NONREIMBURS COST CENT								
100 GIFT, FLOWER, COFFEE								
101 RESEARCH								
102 PHYSICIANS' PRIVATE O		125,309	1,944	1,944		100		
103 01 PHYSICIANS' PRIVATE O		535,485						
104 NONPAID WORKERS		21,456	10,242	10,242				
105 OTHER NONREIMBURSABLE		974	465	465				
106 01 FUND RAISING		51,394				25		
107 02 MARKETING OTHER		14,757				25		
108 03 RENTAL SPACE TO PROVI								
109 04 PHARMACY-RENTAL SPACE								
110 CROSS FOOT ADJUSTMENT								
111 NEGATIVE COST CENTER								
112 COST TO BE ALLOCATED		7,985,958		2,407,489	24,933	1,052,802	1,316,654	
113 (WRKSHT B, PART I)								
114 UNIT COST MULTIPLIER		.237737		22.900332	.051903	147.245035	16.251376	
115 (WRKSHT B, PT I)					794	3,249	3,312	
116 COST TO BE ALLOCATED		29,090		17,956				
117 (WRKSHT B, PART II)								
118 UNIT COST MULTIPLIER		.000866		.170800		.454406		
119 (WRKSHT B, PT II)					.001653		.040880	
120 COST TO BE ALLOCATED		501,800		80,213	2,201	19,618	25,372	
121 (WRKSHT B, PART III)								
122 UNIT COST MULTIPLIER		.014938		.762996		2.743776		
123 (WRKSHT B, PT III)					.004582		.313165	

COST CENTER DESCRIPTION	CAFETERIA (MEALS SERVED)	MAINTENANCE PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT SING HRS)	CENTRAL SERVICES & SUPPLY (COSTED) EQUI S.	PHARMACY (COSTED) EQUI S.	MEDICAL RECORDS & LIBRARY (TIME) SPENT	SOCIAL SERVICE (TIME) SPENT
	12	13	14	15	16	17	18
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	4,202						
013 MAINTENANCE OF PERSONNEL		4					
014 NURSING ADMINISTRATION	141		15,703				
015 CENTRAL SERVICES & SUPPLY	91			385,487			
016 PHARMACY	151				67,467		
017 MEDICAL RECORDS & LIBRARY	261					131,150	
018 SOCIAL SERVICE	29						986
019 OTHER GENERAL SERVICE							
019 01 HOUSE PHYSICIAN							
020 NONPHYSICIAN ANESTHETIC							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PRGM							
025 INPATIENT ROUTINE SERVICE CENTER ADULTS & PEDIATRICS	1,653	1	12,064	147,702	473		
026 INTENSIVE CARE UNIT	216	1	1,580	42,314	84	98,150	971
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE UNIT							
030 OTHER SPECIAL CARE							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SERVICE COST CENTER OPERATING ROOM	240	1	1,698	30,779	6,573	8,000	
038 RECOVERY ROOM	49		361	1,550	3		
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY	37			4,842	12,383		
041 RADIOLOGY-DIAGNOSTIC	183			2,120	630		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	5			279			
044 LABORATORY	359			465			
045 PBP CLINICAL LAB SERVICE							
046 WHOLE BLOOD & PACKED BLOOD STORAGE, PROCESSING	15			3			
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	172				31,462		
050 PHYSICAL THERAPY	75			9,507	13,546		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	54			1,811			
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARACTERIZED AS DRUGS CHARGED TO PATIENTS				3,473			
056 DRUGS CHARGED TO PATIENTS				998	1,070		
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PARALLEL)							
059 OTHER ANCILLARY SERVICE							
059 01 CAT SCAN	9			1,155			
059 02 ULTRA SOUND	18			384			
059 03 VASCULAR LAB	5						
059 04 PULMONARY FUNCTION TEST				13			
059 05 INDUSTRIAL MEDICINE							
059 06 PATIENT EDUCATION	15						
059 07 ADMISSION REVIEW	17						
059 08 EYE CARE							
059 09 MAGNETIC RESONANCE IMAGING							
060 OUTPATIENT SERVICE COST CENTER CLINIC	38			64			
061 EMERGENCY	298	1		129,795	168	25,000	15
062 OBSERVATION BEDS (NON-PAYING)							
063 OTHER OUTPATIENT SERVICE COST CENTER REIMBURSABLE							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIPMENT							

COST CENTER DESCRIPTION	CAFETERIA (MEALS SERVED)	MAINTENANCE PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT) (SING HRS)	CENTRAL SERVICES & SUPPLY (NR(COSTED) EQUI S.)	PHARMACY (R(COSTED) EQUI S.)	MEDICAL RECORDS & LIBRARY (R(TIME) SPENT)	SOCIAL SERVICES (TIME) SPENT
	12	13	14	15	16	17	18
067 OTHER REIMBURS COST C							
068 DURABLE MEDICAL EQUIP							
069 OTHER REIMBURSABLE CO							
070 CORF							
071 I&R SERVICES-NOT APPR							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CEN							
085 KIDNEY ACQUISITION							
086 LIVER ACQUISITION							
092 HEART ACQUISITION							
093 01 PANCREAS ACQUISITION							
094 OTHER ORGAN ACQUISITI							
095 AMBULATORY SURGICAL C							
096 HOSPICE							
097 OTHER SPECIAL PURPOSE							
098 SUBTOTALS	4,131	4	15,703	377,254	66,392	131,150	986
099 NONREIMBURS COST CENT							
100 GIFT, FLOWER, COFFEE							
101 RESEARCH							
102 PHYSICIANS' PRIVATE O	67						
103 01 PHYSICIANS' PRIVATE O				8,233	1,075		
104 NONPAID WORKERS							
105 OTHER NONREIMBURSABLE							
106 01 FUND RAISING	4						
107 02 MARKETING OTHER							
108 03 RENTAL SPACE TO PROVI							
109 04 PHARMACY-RENTAL SPACE							
110 CROSS FOOT ADJUSTMENT							
111 NEGATIVE COST CENTER							
112 COST TO BE ALLOCATED	387,069	333,716	1,024,916	359,411	3,718,999	1,505,200	176,732
113 (WRKSHT B, PART I)							
114 UNIT COST MULTIPLIER		83,429.000000		.932356		11.476935	
115 (WRKSHT B, PT I)	92.115421		65.268802		55.123231		179.241379
116 COST TO BE ALLOCATED	2,507	9,469	1,484	2,574	4,728	3,495	258
117 (WRKSHT B, PART II)							
118 UNIT COST MULTIPLIER		2,367.250000		.006677		.026649	
119 (WRKSHT B, PT II)	.596621		.094504		.070079		.261663
120 COST TO BE ALLOCATED	10,890	29,212	17,505	10,104	52,767	25,421	2,520
121 (WRKSHT B, PART III)							
122 UNIT COST MULTIPLIER		7,303.000000		.026211		.193831	
123 (WRKSHT B, PT III)	2.591623		1.114755		.782116		2.555781



COST CENTER DESCRIPTION	OTHER GENERAL SERVICE	HOUSE PHYSICIAN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM
			(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	19	19.01	20	21	22	23	24
067 OTHER REIMBURS COST C							
068 DURABLE MEDICAL EQUIP							
069 OTHER REIMBURSABLE CO							
070 CORF							
071 I&R SERVICES-NOT APPR							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CEN							
085 KIDNEY ACQUISITION							
086 LIVER ACQUISITION							
092 HEART ACQUISITION							
093 01 PANCREAS ACQUISITION							
094 OTHER ORGAN ACQUISITI							
095 AMBULATORY SURGICAL C							
096 HOSPICE							
097 OTHER SPECIAL PURPOSE							
098 SUBTOTALS							
099 NONREIMBURS COST CENT							
100 GIFT, FLOWER, COFFEE							
101 RESEARCH							
102 PHYSICIANS' PRIVATE O							
103 01 PHYSICIANS' PRIVATE O							
104 NONPAID WORKERS							
105 OTHER NONREIMBURSABLE							
106 01 FUND RAISING							
107 02 MARKETING OTHER							
108 03 RENTAL SPACE TO PROVI							
109 04 PHARMACY-RENTAL SPACE							
110 CROSS FOOT ADJUSTMENT							
111 NEGATIVE COST CENTER							
112 COST TO BE ALLOCATED							
113 (WRKSH T B, PART I)							
114 UNIT COST MULTIPLIER							
115 (WRKSH T B, PT I)							
116 COST TO BE ALLOCATED							
117 (WRKSH T B, PART II)							
118 UNIT COST MULTIPLIER							
119 (WRKSH T B, PT II)							
120 COST TO BE ALLOCATED							
121 (WRKSH T B, PART III)							
122 UNIT COST MULTIPLIER							
123 (WRKSH T 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	14,244,462		14,244,462		14,244,462
26	INTENSIVE CARE UNIT	4,039,428		4,039,428		4,039,428
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
30	OTHER SPECIAL CARE					
31	SUBPROVIDER					
33	NURSERY					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
01	ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,480,248		2,480,248		2,480,248
38	RECOVERY ROOM	447,080		447,080		447,080
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	1,092,536		1,092,536	219,700	1,312,236
41	RADIOLOGY-DIAGNOSTIC	1,632,760		1,632,760		1,632,760
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	401,944		401,944		401,944
44	LABORATORY	3,180,112		3,180,112		3,180,112
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING	668,002		668,002		668,002
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	3,130,663		3,130,663		3,130,663
50	PHYSICAL THERAPY	1,303,001		1,303,001		1,303,001
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY	33,828		33,828		33,828
53	ELECTROCARDIOLOGY	503,471		503,471		503,471
54	ELECTROENCEPHALOGRAPHY	19,862		19,862		19,862
55	MEDICAL SUPPLIES CHARGED	1,025,140		1,025,140		1,025,140
56	DRUGS CHARGED TO PATIENTS	179,925		179,925		179,925
57	RENAL DIALYSIS	468,871		468,871		468,871
58	ASC (NON-DISTINCT PART)					
59	OTHER ANCILLARY SERVICE C					
59	01 CAT SCAN	708,923		708,923		708,923
59	02 ULTRA SOUND	226,639		226,639		226,639
59	03 VASCULAR LAB	9,599		9,599		9,599
59	04 PULMONARY FUNCTION TESTIN	2,687		2,687		2,687
59	05 INDUSTRIAL MEDICINE	84		84		84
59	06 PATIENT EDUCATION	81,103		81,103		81,103
59	07 ADMISSION REVIEW	120,072		120,072		120,072
59	08 EYE CARE					
59	09 MAGNETIC RESONANCE IMAGIN	35,306		35,306		35,306
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	190,643		190,643		190,643
61	EMERGENCY	4,038,339		4,038,339	288,824	4,327,163
62	OBSERVATION BEDS (NON-DIS					
63	OTHER OUTPATIENT SERVICE					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
68	OTHER REIMBURSABLE COST C					
101	SUBTOTAL	40,264,728		40,264,728	508,524	40,773,252
102	LESS OBSERVATION BEDS					
103	TOTAL	40,264,728		40,264,728	508,524	40,773,252

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	27,306,692		27,306,692			
26	INTENSIVE CARE UNIT	4,434,402		4,434,402			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	OTHER SPECIAL CARE						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	5,962,412	1,041,380	7,003,792	.354129	.354129	.354129
38	RECOVERY ROOM	1,176,965	555,369	1,732,334	.258080	.258080	.258080
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,969,811	681,379	2,651,190	.412093	.412093	.494961
41	RADIOLOGY-DIAGNOSTIC	792,797	1,370,605	2,163,402	.754719	.754719	.754719
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	2,411,350	405,846	2,817,196	.142675	.142675	.142675
44	LABORATORY	13,546,524	5,802,351	19,348,875	.164356	.164356	.164356
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	909,633	55,277	964,910	.692295	.692295	.692295
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	9,868,536	454,440	10,322,976	.303271	.303271	.303271
50	PHYSICAL THERAPY	1,730,347	335,403	2,065,750	.630764	.630764	.630764
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	91,217	3,424	94,641	.357435	.357435	.357435
53	ELECTROCARDIOLOGY	2,425,684	558,730	2,984,414	.168700	.168700	.168700
54	ELECTROENCEPHALOGRAPHY	102,993	8,284	111,277	.178492	.178492	.178492
55	MEDICAL SUPPLIES CHARGED	2,335,898	1,285,461	3,621,359	.283082	.283082	.283082
56	DRUGS CHARGED TO PATIENTS	9,983,070	780,128	10,763,198	.016717	.016717	.016717
57	RENAL DIALYSIS	1,744,363	18,484	1,762,847	.265974	.265974	.265974
58	ASC (NON-DISTINCT PART)						
59	OTHER ANCILLARY SERVICE C						
59	01 CAT SCAN	3,063,662	2,352,127	5,415,789	.130899	.130899	.130899
59	02 ULTRA SOUND	465,779	556,582	1,022,361	.221682	.221682	.221682
59	03 VASCULAR LAB	544,343	197,416	741,759	.012941	.012941	.012941
59	04 PULMONARY FUNCTION TESTIN	19,925	36,662	56,587	.047484	.047484	.047484
59	05 INDUSTRIAL MEDICINE						
59	06 PATIENT EDUCATION						
59	07 ADMISSION REVIEW						
59	08 EYE CARE						
59	09 MAGNETIC RESONANCE IMAGIN						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	1,871,983	4,990,986	6,862,969	.588424	.588424	.630509
62	OBSERVATION BEDS (NON-DIS	25,340	710,420	735,760			
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE COST C						
101	SUBTOTAL	92,783,726	22,200,754	114,984,480			
102	LESS OBSERVATION BEDS						
103	TOTAL	92,783,726	22,200,754	114,984,480			





WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,480,248	124,436	2,355,812			2,480,248
38	RECOVERY ROOM	447,080	8,270	438,810			447,080
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,092,536	24,564	1,067,972			1,092,536
41	RADIOLOGY-DIAGNOSTIC	1,632,760	254,952	1,377,808			1,632,760
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	401,944	6,639	395,305			401,944
44	LABORATORY	3,180,112	65,382	3,114,730			3,180,112
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	668,002	9,663	658,339			668,002
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	3,130,663	71,344	3,059,319			3,130,663
50	PHYSICAL THERAPY	1,303,001	25,007	1,277,994			1,303,001
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	33,828	439	33,389			33,828
53	ELECTROCARDIOLOGY	503,471	33,260	470,211			503,471
54	ELECTROENCEPHALOGRAPHY	19,862	320	19,542			19,862
55	MEDICAL SUPPLIES CHARGED	1,025,140	13,089	1,012,051			1,025,140
56	DRUGS CHARGED TO PATIENTS	179,925	2,370	177,555			179,925
57	RENAL DIALYSIS	468,871	6,474	462,397			468,871
58	ASC (NON-DISTINCT PART)						
59	OTHER ANCILLARY SERVICE C						
59	01 CAT SCAN	708,923	186,235	522,688			708,923
59	02 ULTRA SOUND	226,639	21,405	205,234			226,639
59	03 VASCULAR LAB	9,599	593	9,006			9,599
59	04 PULMONARY FUNCTION TESTIN	2,687	72	2,615			2,687
59	05 INDUSTRIAL MEDICINE	84	1	83			84
59	06 PATIENT EDUCATION	81,103	1,070	80,033			81,103
59	07 ADMISSION REVIEW	120,072	2,858	117,214			120,072
59	08 EYE CARE						
59	09 MAGNETIC RESONANCE IMAGIN	35,306	451	34,855			35,306
60	OUTPAT SERVICE COST CNTRS						
	CLINIC	190,643	7,141	183,502			190,643
61	EMERGENCY	4,038,339	83,998	3,954,341			4,038,339
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE COST C						
101	SUBTOTAL	21,980,838	950,033	21,030,805			21,980,838
102	LESS OBSERVATION BEDS						
103	TOTAL	21,980,838	950,033	21,030,805			21,980,838

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	7,003,792	.354129	.354129
38	RECOVERY ROOM	1,732,334	.258080	.258080
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	2,651,190	.412093	.412093
41	RADIOLOGY-DIAGNOSTIC	2,163,402	.754719	.754719
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	2,817,196	.142675	.142675
44	LABORATORY	19,348,875	.164356	.164356
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING	964,910	.692295	.692295
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	10,322,976	.303271	.303271
50	PHYSICAL THERAPY	2,065,750	.630764	.630764
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY	94,641	.357435	.357435
53	ELECTROCARDIOLOGY	2,984,414	.168700	.168700
54	ELECTROENCEPHALOGRAPHY	111,277	.178492	.178492
55	MEDICAL SUPPLIES CHARGED	3,621,359	.283082	.283082
56	DRUGS CHARGED TO PATIENTS	10,763,198	.016717	.016717
57	RENAL DIALYSIS	1,762,847	.265974	.265974
58	ASC (NON-DISTINCT PART)			
59	OTHER ANCILLARY SERVICE C			
59	01 CAT SCAN	5,415,789	.130899	.130899
59	02 ULTRA SOUND	1,022,361	.221682	.221682
59	03 VASCULAR LAB	741,759	.012941	.012941
59	04 PULMONARY FUNCTION TESTIN	56,587	.047484	.047484
59	05 INDUSTRIAL MEDICINE			
59	06 PATIENT EDUCATION			
59	07 ADMISSION REVIEW			
59	08 EYE CARE			
59	09 MAGNETIC RESONANCE IMAGIN			
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	6,862,969	.588424	.588424
62	OBSERVATION BEDS (NON-DIS	735,760		
63	OTHER OUTPATIENT SERVICE			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
68	OTHER REIMBURSABLE COST C			
101	SUBTOTAL	83,243,386		
102	LESS OBSERVATION BEDS	735,760		
103	TOTAL	82,507,626		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,480,248	124,436	2,355,812	12,444	136,637	2,331,167
38	RECOVERY ROOM	447,080	8,270	438,810	827	25,451	420,802
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,092,536	24,564	1,067,972	2,456	61,942	1,028,138
41	RADIOLOGY-DIAGNOSTIC	1,632,760	254,952	1,377,808	25,495	79,913	1,527,352
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	401,944	6,639	395,305	664	22,928	378,352
44	LABORATORY	3,180,112	65,382	3,114,730	6,538	180,654	2,992,920
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	668,002	9,663	658,339	966	38,184	628,852
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	3,130,663	71,344	3,059,319	7,134	177,441	2,946,088
50	PHYSICAL THERAPY	1,303,001	25,007	1,277,994	2,501	74,124	1,226,376
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	33,828	439	33,389	44	1,937	31,847
53	ELECTROCARDIOLOGY	503,471	33,260	470,211	3,326	27,272	472,873
54	ELECTROENCEPHALOGRAPHY	19,862	320	19,542	32	1,133	18,697
55	MEDICAL SUPPLIES CHARGED	1,025,140	13,089	1,012,051	1,309	58,699	965,132
56	DRUGS CHARGED TO PATIENTS	179,925	2,370	177,555	237	10,298	169,390
57	RENAL DIALYSIS	468,871	6,474	462,397	647	26,819	441,405
58	ASC (NON-DISTINCT PART)						
59	OTHER ANCILLARY SERVICE C						
59	01 CAT SCAN	708,923	186,235	522,688	18,624	30,316	659,983
59	02 ULTRA SOUND	226,639	21,405	205,234	2,141	11,904	212,594
59	03 VASCULAR LAB	9,599	593	9,006	59	522	9,018
59	04 PULMONARY FUNCTION TESTIN	2,687	72	2,615	7	152	2,528
59	05 INDUSTRIAL MEDICINE	84	1	83		5	79
59	06 PATIENT EDUCATION	81,103	1,070	80,033	107	4,642	76,354
59	07 ADMISSION REVIEW	120,072	2,858	117,214	286	6,798	112,988
59	08 EYE CARE						
59	09 MAGNETIC RESONANCE IMAGIN	35,306	451	34,855	45	2,022	33,239
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC	190,643	7,141	183,502	714	10,643	179,286
62	EMERGENCY	4,038,339	83,998	3,954,341	8,400	229,352	3,800,587
63	OBSERVATION BEDS (NON-DIS						
	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE COST C						
101	SUBTOTAL	21,980,838	950,033	21,030,805	95,003	1,219,788	20,666,047
102	LESS OBSERVATION BEDS						
103	TOTAL	21,980,838	950,033	21,030,805	95,003	1,219,788	20,666,047

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	7,003,792	.332844	.352353
38	RECOVERY ROOM	1,732,334	.242910	.257602
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	2,651,190	.387802	.411166
41	RADIOLOGY-DIAGNOSTIC	2,163,402	.705995	.742934
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	2,817,196	.134301	.142440
44	LABORATORY	19,348,875	.154682	.164019
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING	964,910	.651721	.691293
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	10,322,976	.285391	.302580
50	PHYSICAL THERAPY	2,065,750	.593671	.629553
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY	94,641	.336503	.356970
53	ELECTROCARDIOLOGY	2,984,414	.158448	.167586
54	ELECTROENCEPHALOGRAPHY	111,277	.168022	.178204
55	MEDICAL SUPPLIES CHARGED	3,621,359	.266511	.282720
56	DRUGS CHARGED TO PATIENTS	10,763,198	.015738	.016695
57	RENAL DIALYSIS	1,762,847	.250393	.265607
58	ASC (NON-DISTINCT PART)			
59	OTHER ANCILLARY SERVICE C			
59	01 CAT SCAN	5,415,789	.121863	.127460
59	02 ULTRA SOUND	1,022,361	.207944	.219588
59	03 VASCULAR LAB	741,759	.012158	.012861
59	04 PULMONARY FUNCTION TESTIN	56,587	.044675	.047361
59	05 INDUSTRIAL MEDICINE			
59	06 PATIENT EDUCATION			
59	07 ADMISSION REVIEW			
59	08 EYE CARE			
59	09 MAGNETIC RESONANCE IMAGIN			
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	6,862,969	.553782	.587201
62	OBSERVATION BEDS (NON-DIS	735,760		
63	OTHER OUTPATIENT SERVICE			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
68	OTHER REIMBURSABLE COST C			
101	SUBTOTAL	83,243,386		
102	LESS OBSERVATION BEDS	735,760		
103	TOTAL	82,507,626		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO RATIO 4	TOTAL INPATIENT COST 5
37	ANCILLARY SRVC COST CNTRS			5,962,412		
38	OPERATING ROOM			1,176,965		
39	RECOVERY ROOM					
40	DELIVERY ROOM & LABOR ROO					
41	ANESTHESIOLOGY			1,969,811		
42	RADIOLOGY-DIAGNOSTIC			792,797		
43	RADIOLOGY-THERAPEUTIC					
44	RADIOISOTOPE			2,411,350		
45	LABORATORY			13,546,524		
46	PBP CLINICAL LAB SERVICES					
47	WHOLE BLOOD & PACKED RED					
48	BLOOD STORING, PROCESSING			909,633		
49	INTRAVENOUS THERAPY					
50	RESPIRATORY THERAPY			9,868,536		
51	PHYSICAL THERAPY			1,730,347		
52	OCCUPATIONAL THERAPY					
53	SPEECH PATHOLOGY			91,217		
54	ELECTROCARDIOLOGY			2,425,684		
55	ELECTROENCEPHALOGRAPHY			102,993		
56	MEDICAL SUPPLIES CHARGED			2,335,898		
57	DRUGS CHARGED TO PATIENTS			9,983,070		
58	RENAL DIALYSIS			1,744,363		
59	ASC (NON-DISTINCT PART)					
59	OTHER ANCILLARY SERVICE C					
59	01 CAT SCAN			3,063,662		
59	02 ULTRA SOUND			465,779		
59	03 VASCULAR LAB			544,343		
59	04 PULMONARY FUNCTION TESTIN			19,925		
59	05 INDUSTRIAL MEDICINE					
59	06 PATIENT EDUCATION			19,138		
59	07 ADMISSION REVIEW			6,202		
59	08 EYE CARE					
59	09 MAGNETIC RESONANCE IMAGIN					
60	OUTPAT SERVICE COST CNTRS					
61	CLINIC					
62	EMERGENCY			1,842,809		
63	OBSERVATION BEDS (NON-DIS					
64	OTHER OUTPATIENT SERVICE					
65	OTHER REIMBURS COST CNTRS					
66	HOME PROGRAM DIALYSIS					
67	AMBULANCE SERVICES					
68	DURABLE MEDICAL EQUIP-REN					
68	DURABLE MEDICAL EQUIP-SOL					
68	OTHER REIMBURSABLE COST C					
101	TOTAL					

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCI LLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCI LLARY SRVC COST CNTRS							
38	OPERATING ROOM					1,975,715		
39	RECOVERY ROOM					555,369		
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY					835,910		
42	RADIOLOGY-DIAGNOSTIC					1,370,605		
43	RADIOLOGY-THERAPEUTIC							
44	RADIOISOTOPE					410,104		
45	LABORATORY					5,802,351		
46	PBP CLINICAL LAB SERVICES							
47	WHOLE BLOOD & PACKED RED							
48	BLOOD STORING, PROCESSING					55,277		
49	INTRAVENOUS THERAPY							
50	RESPIRATORY THERAPY					454,440		
51	PHYSICAL THERAPY					337,939		
52	OCCUPATIONAL THERAPY							
53	SPEECH PATHOLOGY					3,424		
54	ELECTROCARDIOLOGY					558,730		
55	ELECTROENCEPHALOGRAPHY					8,284		
56	MEDICAL SUPPLIES CHARGED					189,801		
57	DRUGS CHARGED TO PATIENTS					780,128		
58	RENAL DIALYSIS					18,484		
59	ASC (NON-DISTINCT PART)							
59	OTHER ANCI LLARY SERVICE C							
59	01 CAT SCAN					2,352,127		
59	02 ULTRA SOUND					556,582		
59	03 VASCULAR LAB					197,416		
59	04 PULMONARY FUNCTION TESTIN					36,662		
59	05 INDUSTRIAL MEDICINE							
59	06 PATIENT EDUCATION					228		
59	07 ADMISSION REVIEW					51,743		
59	08 EYE CARE							
59	09 MAGNETIC RESONANCE IMAGIN							
60	OUTPAT SERVICE COST CNTRS							
61	CLINIC							
62	EMERGENCY					5,591,161		
63	OBSERVATION BEDS (NON-DIS							
64	OTHER OUTPATIENT SERVICE							
65	OTHER REIMBURS COST CNTRS							
66	HOME PROGRAM DIALYSIS							
67	AMBULANCE SERVICES							
68	DURABLE MEDICAL EQUIP-REN							
101	DURABLE MEDICAL EQUIP-SOL							
102	OTHER REIMBURSABLE COST C							
103	TOTAL							
104	TOTAL OUTPATIENT VISITS							
105	AGGREGATE COST PER VISIT							
106	TITLE V OUTPATIENT VISITS							
107	TITLE XVI I I OUTPAT VISITS							
108	TITLE XIX OUTPAT VISITS							
109	TITLE V OUTPAT COSTS							
	TITLE XVI I I OUTPAT COSTS							
	TITLE XIX OUTPAT COSTS							

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	40,760		40,760	286,576		286,576
26	INTENSIVE CARE UNIT	11,392		11,392	78,217		78,217
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	OTHER SPECIAL CARE						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL	52,152		52,152	364,793		364,793

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	27,828	16,742	1.46	24,443	10.30	172,443
26	INTENSIVE CARE UNIT	2,348	1,560	4.85	7,566	33.31	51,964
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	OTHER SPECIAL CARE						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL	30,176	18,302		32,009		224,407





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

PROVIDER NO: 14-0181  
PERIOD: FROM 1/1/2009 TO 12/31/2009  
PREPARED 5/28/2010  
WORKSHEET D  
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					27,828	
26	INTENSIVE CARE UNIT					2,348	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	OTHER SPECIAL CARE						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL					30,176	

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	16,742	
26	INTENSIVE CARE UNIT	1,560	
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
30	OTHER SPECIAL CARE		
31	SUBPROVIDER		
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
35 01	ICF/MR		
101	TOTAL	18,302	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC						
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY						
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY						
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED						
57	DRUGS CHARGED TO PATIENTS						
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
59	OTHER ANCILLARY SERVICE C						
59	01 CAT SCAN						
59	02 ULTRA SOUND						
59	03 VASCULAR LAB						
59	04 PULMONARY FUNCTION TESTIN						
59	05 INDUSTRIAL MEDICINE						
59	06 PATIENT EDUCATION						
59	07 ADMISSION REVIEW						
59	08 EYE CARE						
59	09 MAGNETIC RESONANCE IMAGIN						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
62	EMERGENCY						
63	OBSERVATION BEDS (NON-DIS						
64	OTHER OUTPATIENT SERVICE						
65	OTHER REIMBURS COST CNTRS						
66	HOME PROGRAM DIALYSIS						
67	AMBULANCE SERVICES						
68	DURABLE MEDICAL EQUIP-REN						
68	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE COST C						
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			7,003,792			2,734,660	
38	OPERATING ROOM			1,732,334			622,057	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY			2,651,190			1,051,245	
42	RADIOLOGY-DIAGNOSTIC			2,163,402			578,255	
43	RADIOLOGY-THERAPEUTIC							
44	RADIOISOTOPE			2,817,196			1,745,593	
45	LABORATORY			19,348,875			11,734,617	
46	PBP CLINICAL LAB SERVICES							
47	WHOLE BLOOD & PACKED RED							
48	BLOOD STORING, PROCESSING			964,910			307,561	
49	INTRAVENOUS THERAPY							
50	RESPIRATORY THERAPY			10,322,976			2,977,926	
51	PHYSICAL THERAPY			2,065,750			1,543,165	
52	OCCUPATIONAL THERAPY							
53	SPEECH PATHOLOGY			94,641			75,005	
54	ELECTROCARDIOLOGY			2,984,414			2,032,085	
55	ELECTROENCEPHALOGRAPHY			111,277			76,942	
56	MEDICAL SUPPLIES CHARGED			3,621,359				
57	DRUGS CHARGED TO PATIENTS			10,763,198			7,360,045	
58	RENAL DIALYSIS			1,762,847			1,274,052	
59	ASC (NON-DISTINCT PART)							
59	OTHER ANCILLARY SERVICE C							
59	01 CAT SCAN			5,415,789			2,032,802	
59	02 ULTRA SOUND			1,022,361			256,022	
59	03 VASCULAR LAB			741,759			419,967	
59	04 PULMONARY FUNCTION TESTIN			56,587				
59	05 INDUSTRIAL MEDICINE							
59	06 PATIENT EDUCATION							
59	07 ADMISSION REVIEW							
59	08 EYE CARE							
59	09 MAGNETIC RESONANCE IMAGIN							
60	OUTPAT SERVICE COST CNTRS							
61	CLINIC							
62	EMERGENCY			6,862,969			1,182,095	
63	OBSERVATION BEDS (NON-DIS			735,760			5,267	
64	OTHER OUTPATIENT SERVICE							
65	OTHER REIMBURS COST CNTRS							
66	HOME PROGRAM DIALYSIS							
67	AMBULANCE SERVICES							
68	DURABLE MEDICAL EQUIP-REN							
68	DURABLE MEDICAL EQUIP-SOL							
68	OTHER REIMBURSABLE COST C							
101	TOTAL			83,243,386			38,009,361	

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	261,177					
38	RECOVERY ROOM	110,386					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	158,915					
41	RADIOLOGY-DIAGNOSTIC	300,245					
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	143,039					
44	LABORATORY	32,425					
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	31,345					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	164,590					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	408,903					
56	DRUGS CHARGED TO PATIENTS	137,635					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	OTHER ANCILLARY SERVICE C						
59	01 CAT SCAN	502,049					
59	02 ULTRA SOUND						
59	03 VASCULAR LAB						
59	04 PULMONARY FUNCTION TESTIN	13,398					
59	05 INDUSTRIAL MEDICINE						
59	06 PATIENT EDUCATION						
59	07 ADMISSION REVIEW						
59	08 EYE CARE						
59	09 MAGNETIC RESONANCE IMAGIN						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
61	EMERGENCY	635,089					
62	OBSERVATION BEDS (NON-DIS	127,176					
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE COST C	135,747					
101	TOTAL	3,162,119					





TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				92,490	
38 RECOVERY ROOM				28,488	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				65,488	
41 RADIOLOGY-DIAGNOSTIC				226,601	
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE				20,408	
44 LABORATORY				5,329	
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY				9,506	
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				27,766	
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				115,753	
56 DRUGS CHARGED TO PATIENTS				2,301	
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 OTHER ANCILLARY SERVICE COST CENTERS					
59 01 CAT SCAN				65,718	
59 02 ULTRA SOUND					
59 03 VASCULAR LAB					
59 04 PULMONARY FUNCTION TESTING				636	
59 05 INDUSTRIAL MEDICINE					
59 06 PATIENT EDUCATION					
59 07 ADMISSION REVIEW					
59 08 EYE CARE					
59 09 MAGNETIC RESONANCE IMAGING (MRI)					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY				373,702	
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
68 OTHER REIMBURSABLE COST CENTERS					
101 SUBTOTAL				1,034,186	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				1,034,186	



WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	40,760		40,760	286,576		286,576
26	INTENSIVE CARE UNIT	11,392		11,392	78,217		78,217
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	OTHER SPECIAL CARE						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL	52,152		52,152	364,793		364,793



APPORTIONMENT OF INPATIENT ROUTINE  
SERVICE OTHER PASS THROUGH COSTS  
TITLE XIX

PROVIDER NO: 14-0181  
PERIOD: FROM 1/1/2009 TO 12/31/2009  
PREPARED 5/28/2010  
WORKSHEET D  
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					27,828	
26	INTENSIVE CARE UNIT					2,348	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	OTHER SPECIAL CARE						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL					30,176	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	9,339	
26	INTENSIVE CARE UNIT		
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
30	OTHER SPECIAL CARE		
31	SUBPROVIDER		
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
35 01	ICF/MR		
101	TOTAL	9,339	





TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	511.88
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	40,760	14,244,462	.002861	
87	NEW CAPITAL-RELATED COST	286,576	14,244,462	.020118	
88	NON PHYSICIAN ANESTHETIST		14,244,462		
89	MEDICAL EDUCATION		14,244,462		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				





PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	20,328,012	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	20,328,012	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,428,890	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	21,756,902	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	21,756,902	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,223,720	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	390,522	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,035,718	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	725,003	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	20,867,663	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	20,867,663	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	21,597,042	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-729,379	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		



TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		20,700,479		1,140,523
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	8/21/2009	414,263		
ADJUSTMENTS TO PROVIDER .02	12/4/2009	482,300		
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		896,563		NONE
4 TOTAL INTERIM PAYMENTS		21,597,042		1,140,523
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		729,379		43,242
7 TOTAL MEDICARE PROGRAM LIABILITY		20,867,663		1,097,281

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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





		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		24,648,837		
2	NET INCOME (LOSS)		18,095		
3	TOTAL		24,666,932		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	UNREALIZED GAIN	140,092			
6					
7					
8					
9					
10	TOTAL ADDITIONS		140,092		
11	SUBTOTAL		24,807,024		
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		24,807,024		

		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	UNREALIZED GAIN				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	27,077,672		27,077,672
2 00 SUBPROVIDER			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
7 01 ICF/MR			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	27,077,672		27,077,672
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	4,434,401		4,434,401
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
14 00 OTHER SPECIAL CARE			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	4,434,401		4,434,401
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	31,512,073		31,512,073
17 00 ANCILLARY SERVICES	61,271,653	22,200,754	83,472,407
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE			
24 00			
25 00 TOTAL PATIENT REVENUES	92,783,726	22,200,754	114,984,480

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	47,915,451		
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES	47,915,451		



PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,298,004
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	696
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	82.67
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	16.26
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	30.95
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	47.21
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	10.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	130,190
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,428,890
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	82.67
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	30.95
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	30.95
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	6.47
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	