

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

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0182		FROM 1/1/2009		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						OO - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/26/2010 TIME 13:15

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:  
 ADVOCATE NORTHSIDE HEALTH SYSTEM 14-0182  
 FOR THE COST REPORTING PERIOD BEGINNING 1/1/2009 AND ENDING 12/31/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	1,266,969	560,556		0
2	SUBPROVIDER	0	280,907	0		0
2 .01	SUBPROVIDER II	0	86,771	0		0
100	TOTAL	0	1,634,647	560,556		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.









COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / O/P VISITS / NOT LTCH N/A 4	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	163	59,495			10,942	13,759
2 HMO					2,517	2,351
2 01 HMO - (IRF PPS SUBPROVIDER)						179
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS	163	59,495			10,942	13,759
6 INTENSIVE CARE UNIT	79	28,835			5,305	5,217
7 CORONARY CARE UNIT	43	15,695			5,107	1,678
8 BURN INTENSIVE CARE UNIT						
9 SURGICAL INTENSIVE CARE UNIT						
11 NURSERY						2,243
12 TOTAL	285	104,025			21,354	22,897
13 RPCH VISITS						
14 SUBPROVIDER	35	12,775			5,458	4,217
14 01 SUBPROVIDER 11 - REHAB	22	8,030			1,916	769
14 02 SUBPROVIDER 3						
15 SKILLED NURSING FACILITY						
18 HOME HEALTH AGENCY						
20 AMBULATORY SURGICAL CENTER (RHC)						
24 10 FOHC						
25 TOTAL	342					
26 OBSERVATION BED DAYS						
26 01 OBSERVATION BED DAYS-SUB I						
26 02 OBSERVATION BED DAYS-SUB II						
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						
29 LABOR & DELIVERY DAYS						

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	TRIPS / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES -- TOTAL 7	RES. FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			39,009	6.01	6.02		
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			39,009				
6 INTENSIVE CARE UNIT			21,767				
7 CORONARY CARE UNIT			11,619				
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY			4,360				
12 TOTAL			76,755			192.39	
13 RPCH VISITS							
14 SUBPROVIDER			11,237			1.00	
14 01 SUBPROVIDER 11 - REHAB			5,374				
14 02 SUBPROVIDER 3							
15 SKILLED NURSING FACILITY							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (RHC)							
24 10 FOHC							
25 TOTAL						193.39	
26 OBSERVATION BED DAYS			4,099		4,099		
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					4,175	4,260	16,141
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	192.39	1,978.00			4,175	4,260	16,141



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	127,614,009		127,614,009	4,264,000.00	29.93	
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	3,407,053		3,407,053	36,400.00	93.60	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)	11,929,348		11,929,348	436,800.00	27.31	
6.01 CONTRACT SERVICES, I&R	1,413,979		1,413,979	44,893.00	31.50	
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	4,537,645		4,537,645	149,760.00	30.30	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	3,308,328		3,308,328	90,794.00	36.44	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	10,551,489		10,551,489	163,367.00	64.59	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	25,727,103		25,727,103			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,349,119		1,349,119			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	1,013,812		1,013,812			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	3,549,729		3,549,729			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	2,192,752		2,192,752	18,720.00	117.13	
22 ADMINISTRATIVE & GENERAL	12,860,648		12,860,648	455,520.00	28.23	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	3,598,164		3,598,164	139,360.00	25.82	
25 LAUNDRY & LINEN SERVICE	232,004		232,004	14,560.00	15.93	
26 HOUSEKEEPING	3,452,795		3,452,795	232,960.00	14.82	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	2,484,283	-711,250	1,773,033	70,720.00	25.07	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		711,250	711,250	83,200.00	8.55	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	2,852,557		2,852,557	76,960.00	37.07	
31 CENTRAL SERVICE AND SUPPLY	1,419,234		1,419,234	74,880.00	18.95	
32 PHARMACY	3,406,373		3,406,373	95,680.00	35.60	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	2,237,726		2,237,726	106,080.00	21.09	
34 SOCIAL SERVICE	1,591,978		1,591,978	47,840.00	33.28	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	110,863,629		110,863,629	3,745,907.00	29.60	
2 EXCLUDED AREA SALARIES	4,537,645		4,537,645	149,760.00	30.30	
3 SUBTOTAL SALARIES	106,325,984		106,325,984	3,596,147.00	29.57	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	13,859,817		13,859,817	254,161.00	54.53	
5 SUBTOTAL WAGE-RELATED COSTS	25,727,103		25,727,103		24.20	
6 TOTAL	145,912,904		145,912,904	3,850,308.00	37.90	
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	36,328,514		36,328,514	1,416,480.00	25.65	

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	62,781,281
17.01	GROSS MEDICAID REVENUES	84,776,977
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	147,558,258
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)	.250465
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	

DESCRIPTION

29 TOTAL GROSS MEDICAID COST (LINE 24 \* LINE 28)  
30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS  
31 UNCOMPENSATED CARE COST (LINE 24 \* LINE 30)  
32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL  
(SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0182

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

PREPARED 5/26/2010 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				7,647,292	7,647,292
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				10,251,737	10,251,737
5	0500 EMPLOYEE BENEFITS	2,192,752	23,751,746	25,944,498	-8,230	25,936,268
6.01	0610 NONPATIENT PHONES	437,463	814,003	1,251,466	-112,289	1,139,177
6.02	0620 DATA PROCESSING		2,372,145	2,372,145	-146,762	2,225,383
6.03	0630 PURCHASING, RECEIVING AND STORES	261,779	600,771	862,550	-122,878	739,672
6.04	0640 ADMINITTING	2,516,694	754,706	3,271,400	-163,573	3,107,827
6.05	0650 CASHIERING, PATIENT ACCOUNTS	1,831,774	15,747,560	17,579,334	-52,013	17,527,321
6.06	0660 ADMINISTRATION AND GENERAL	7,812,938	66,879,937	74,692,875	-7,033,570	67,660,305
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	3,598,164	6,748,057	10,346,221	-175,527	10,170,694
9	0900 LAUNDRY & LINEN SERVICE	232,004	1,459,199	1,691,203	-5,582	1,685,621
10	1000 HOUSEKEEPING	3,452,795	914,474	4,367,269	-22,020	4,345,249
11	1100 DIETARY	2,484,283	1,997,001	4,481,284	-1,333,869	3,147,415
12	1200 CAFETERIA				1,282,991	1,282,991
14	1400 NURSING ADMINISTRATION	2,852,557	626,840	3,479,397	-23,851	3,455,546
15	1500 CENTRAL SERVICES & SUPPLY	1,419,234	1,335,936	2,755,170	-926,568	1,828,602
16	1600 PHARMACY	3,406,373	8,642,126	12,048,499	-8,222,650	3,825,849
17	1700 MEDICAL RECORDS & LIBRARY	2,237,726	969,854	3,207,580	-110,656	3,096,924
18	1800 SOCIAL SERVICE	1,591,978	755,720	2,347,698	-4,211	2,343,487
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	11,929,348		11,929,348		11,929,348
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		3,278,019	3,278,019	-52,603	3,225,416
24	2400 PARAMEDICAL PRGM-(SPECIFY)					
24.01	2401 PARAMEDICAL ANESTH SCHOOL					
24.02	2402 PARAMEDICAL RADIOLOGY SCHOOL					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	25,011,865	7,726,786	32,738,651	-3,986,472	28,752,179
26	2600 INTENSIVE CARE UNIT	12,898,807	4,654,774	17,553,581	-1,936,144	15,617,437
27	2700 CORONARY CARE UNIT	4,819,659	1,050,914	5,870,573	-379,069	5,491,504
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER	3,230,422	409,322	3,639,744	-28,007	3,611,737
31.01	3101 SUBPROVIDER 11 - REHAB	1,303,476	1,195,969	2,499,445	-114,868	2,384,577
31.02	3102 SUBPROVIDER 3					
33	3300 NURSERY				1,536,921	1,536,921
34	3400 SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	8,253,721	18,725,684	26,979,405	-16,178,077	10,801,328
38	3800 RECOVERY ROOM					
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY	81,439	1,498,163	1,579,602	-1,156,540	423,062
41	4100 RADIOLOGY-DIAGNOSTIC	4,916,586	6,017,274	10,933,860	-3,714,939	7,218,921
42	4200 RADIOLOGY-THERAPEUTIC					
43	4300 RADIOISOTOPE	430,743	644,144	1,074,887	-41,549	1,033,338
43.01	3630 ULTRASOUND	695,154	397,803	1,092,957	-292,374	800,583
43.02	3230 CAT SCAN	744,903	2,102,399	2,847,302	-1,555,824	1,291,478
43.03	3120 CARDIAC CATHETERIZATION LABORATORY	1,765,159	6,965,004	8,730,163	-5,521,924	3,208,239
44	4400 LABORATORY	8,528	11,030,874	11,039,402	-27,644	11,011,758
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700 BLOOD STORING, PROCESSING & TRANS.		1,439,038	1,439,038		1,439,038
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	2,878,310	827,995	3,706,305	-439,026	3,267,279
50	5000 PHYSICAL THERAPY	2,111,804	649,407	2,761,211	-97,451	2,663,760
51	5100 OCCUPATIONAL THERAPY					
52	5200 SPEECH PATHOLOGY					
52.01	3140 RADIOLOGY	314,420	47,555	361,975	-13,871	348,104
53	5300 ELECTROCARDIOLOGY	1,122,866	742,622	1,865,488	-251,846	1,613,642
54	5400 ELECTROENCEPHALOGRAPHY	93,823	65,906	159,729	-13,931	145,798
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				27,881,635	27,881,635
56	5600 DRUGS CHARGED TO PATIENTS				7,769,680	7,769,680
58	5800 ASC (NON-DISTINCT PART)					
59	3950 RENAL DIALYSIS	504,836	304,392	809,228	-254,658	554,570
59.01	3530 METABOLIC SUPPORT					
59.02	3550 CMHC					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	210,763	407,314	618,077	-262,620	355,457
60.01	6001 A. R. C. CLINIC	796,165	435,414	1,231,579	-262,804	968,775
60.02	6002 CANCER CTR CLINIC	1,063,918	5,041,237	6,105,155	-79,704	6,025,451
60.03	6003 UROLOGY CLINIC	200,831	104,015	304,846	-62,554	242,292
60.04	6004 ORTHOPEDIC CLINIC					
60.05	6005 EYE CENTER					
60.06	6006 WOUND CARE CLINIC	4,722	26,072	30,794	-15,979	14,815
60.07	6007 DENT CLINIC					
60.08	6008 O/P PHARMACY CLINIC	72,334	10,755	83,089		83,089
61	6100 EMERGENCY	5,817,146	4,092,437	9,909,583	-1,166,529	8,743,054
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4040 FAMILY HEALTH CENTER					
63.50	6310 RHC					
63.60	6320 FQHC					
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES					
66	6600 DURABLE MEDICAL EQUIP-RENTED					

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0182  
PERIOD: FROM 1/1/2009 TO 12/31/2009  
PREPARED 5/26/2010  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	OTHER REIMBURS COST CNTRS					
67	6700 DURABLE MEDICAL EQUIP-SOLD					
70	7000 I&R SERVICES-NOT APPRVD PRGM					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
95	SUBTOTALS	127,610,262	214,261,363	341,871,625	-0-	341,871,625
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,747	242	3,989		3,989
96.01	9601 SUBCORPS					
96.02	9602 GRANTS					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES					
98.01	9801 HOSPICE					
98.02	9802 OUTPATIENT PHARMACY					
99	9900 NONPAID WORKERS					
101	TOTAL	127,614,009	214,261,605	341,875,614	-0-	341,875,614

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2010  
I 14-0182 I FROM 1/ 1/2009 I WORKSHEET A  
I I TO 12/31/2009 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT	31,763	31,763
2	0200 OLD CAP REL COSTS-MVBLE EQUIP	29,503	29,503
3	0300 NEW CAP REL COSTS-BLDG & FIXT	194,332	7,841,624
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	1,611,279	11,863,016
5	0500 EMPLOYEE BENEFITS	4,666,007	30,602,275
6.01	0610 NONPATIENT PHONES		1,139,177
6.02	0620 DATA PROCESSING	4,527,872	6,753,255
6.03	0630 PURCHASING, RECEIVING AND STORES		739,672
6.04	0640 ADMITTING		3,107,827
6.05	0650 CASHIERING, PATIENT ACCOUNTS	-23,806	17,503,515
6.06	0660 ADMINISTRATION AND GENERAL	-55,939,222	11,721,083
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT	-465,962	9,704,732
9	0900 LAUNDRY & LINEN SERVICE		1,685,621
10	1000 HOUSEKEEPING		4,345,249
11	1100 DIETARY		3,147,415
12	1200 CAFETERIA	-401,847	881,144
14	1400 NURSING ADMINISTRATION	-16,162	3,439,384
15	1500 CENTRAL SERVICES & SUPPLY		1,828,602
16	1600 PHARMACY		3,825,849
17	1700 MEDICAL RECORDS & LIBRARY	-10,483	3,086,441
18	1800 SOCIAL SERVICE	-11,753	2,331,734
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	-1,869,189	10,060,159
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	-150,688	3,074,728
24	2400 PARAMEDICAL PRGM-(SPECIFY)		
24.01	2401 PARAMEDICAL ANESTH SCHOOL		
24.02	2402 PARAMEDICAL RADIOLOGY SCHOOL		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-1,883,241	26,868,938
26	2600 INTENSIVE CARE UNIT		15,617,437
27	2700 CORONARY CARE UNIT		5,491,504
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER		3,611,737
31.01	3101 SUBPROVIDER 11 - REHAB		2,384,577
31.02	3102 SUBPROVIDER 3		
33	3300 NURSERY		1,536,921
34	3400 SKILLED NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-924,658	9,876,670
38	3800 RECOVERY ROOM		
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY		423,062
41	4100 RADIOLOGY-DIAGNOSTIC	-181,825	7,037,096
42	4200 RADIOLOGY-THERAPEUTIC		
43	4300 RADIOISOTOPE		1,033,338
43.01	3630 ULTRASOUND		800,583
43.02	3230 CAT SCAN		1,291,478
43.03	3120 CARDIAC CATHETERIZATION LABORATORY	-794,963	2,413,276
44	4400 LABORATORY	-733,448	10,278,310
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700 BLOOD STORING, PROCESSING & TRANS.		1,439,038
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY	-249,736	3,017,543
50	5000 PHYSICAL THERAPY	-15,738	2,648,022
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		
52.01	3140 CARDIOLOGY		348,104
53	5300 ELECTROCARDIOLOGY		1,613,642
54	5400 ELECTROENCEPHALOGRAPHY		145,798
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		27,881,635
56	5600 DRUGS CHARGED TO PATIENTS		7,769,680
58	5800 ASC (NON-DISTINCT PART)		
59	3950 RENAL DIALYSIS		554,570
59.01	3530 METABOLIC SUPPORT		
59.02	3550 CMHC		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-133,304	222,153
60.01	6001 A. R. C. CLINIC	-2,665	966,110
60.02	6002 CANCER CTR CLINIC	-296,151	5,729,300
60.03	6003 UROLOGY CLINIC	-34,341	207,951
60.04	6004 ORTHOPEDIC CLINIC		
60.05	6005 EYE CENTER		
60.06	6006 WOUND CARE CLINIC		14,815
60.07	6007 DENT CLINIC		
60.08	6008 O/P PHARMACY CLINIC		83,089
61	6100 EMERGENCY	-1,900,119	6,842,935
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4040 FAMILY HEALTH CENTER		
63.50	6310 RHC		
63.60	6320 FQHC		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		
66	6600 DURABLE MEDICAL EQUIP-RENTED		

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0182  
PERIOD: FROM 1/1/2009 TO 12/31/2009  
PREPARED 5/26/2010  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	OTHER REIMBURS COST CNTRS		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D.P.)		
95	SUBTOTALS	-54,978,545	286,893,080
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		3,989
96.01	9601 SUBCORPS		
96.02	9602 GRANTS		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		
98.01	9801 HOSPICE		
98.02	9802 OUTPATIENT PHARMACY		
99	9900 NONPAID WORKERS		
101	TOTAL	-54,978,545	286,897,069

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2010  
 I 14-0182 I FROM 1/ 1/2009 I NOT A CMS WORKSHEET  
 I I TO 12/31/2009 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT PHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMINISTRATIVE	0640	ADMINISTRATIVE
6.05	CASHIERING, PATIENT ACCOUNTS	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED PRGM-(SPECIFY)	2400	
24.01	PARAMED ANESTH SCHOOL	2401	PARAMED PRGM
24.02	PARAMED RADIOLOGY SCHOOL	2402	PARAMED PRGM
	INPAT ROUTINE SRVC		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER 11 - REHAB	3101	SUBPROVIDER #####
31.02	SUBPROVIDER 3	3102	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
43.01	ULTRA SOUND	3630	ULTRA SOUND
43.02	CAT SCAN	3230	CAT SCAN
43.03	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
52.01	CARDIOLOGY	3140	CARDIOLOGY
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
58	ASC (NON-DISTINCT PART)	5800	
59	RENAL DIALYSIS	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.01	METABOLIC SUPPORT	3530	OSTEOPATHIC THERAPY
59.02	CMHC	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	A. R. C. CLINIC	6001	CLINIC
60.02	CANCER CTR CLINIC	6002	CLINIC
60.03	UROLOGY CLINIC	6003	CLINIC
60.04	ORTHOPEDIC CLINIC	6004	CLINIC
60.05	EYE CENTER	6005	CLINIC
60.06	WOUND CARE CLINIC	6006	CLINIC
60.07	EENT CLINIC	6007	CLINIC
60.08	O/P PHARMACY CLINIC	6008	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	FAMILY HEALTH CENTER	4040	FAMILY PRACTICE
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.60	FQHC	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0182  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/26/2010  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	OTHER REIMBURS COST		
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	SUBCORPS	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.02	GRANTS	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	HOSPICE	9801	PHYSICIANS' PRIVATE OFFICES
98.02	OUTPATIENT PHARMACY	9802	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:  
140182

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

PREPARED 5/26/2010  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RECLASS CAFETERIA	A	CAFETERIA	12	711,250	571,741
2 CHARGEABLE SUPPLY	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		27,881,635
3					
4					
5					
6					
7					
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33					
34					
35					

1 CHARGEABLE SUPPLY	B				
2					
3					
4 CHARGEABLE DRUGS	C	DRUGS CHARGED TO PATIENTS	56		7,769,680
5 EQUIPMENT DEPRECIATION RECLASS	D	ADMINISTRATIVE AND GENERAL	6.06		4,499,009
6					
7					
8					
9					
10					
11					
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RECLASSIFICATIONS

PROVIDER NO:  
140182

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

PREPARED 5/26/2010  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 EQUIPMENT DEPRECIATION RECLASS	D				
2					
3					
4					
5					
6					
7 RECLASS DEPRECIATION	E	NEW CAP REL COSTS-BLDG & FIXT	3		6,564,444
8		NEW CAP REL COSTS-MVBLE EQUIP	4		4,854,247
9 NURSERY RECLASS	H	NURSERY	33	1,098,895	438,026
10 CAPITAL RECLASS	I	NEW CAP REL COSTS-BLDG & FIXT	3		1,082,848
11		NEW CAP REL COSTS-MVBLE EQUIP	4		5,397,490
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
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27					
28					
29					
30					
31					
32					
33					
34					
35					
1 CAPITAL RECLASS	I				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
36 TOTAL RECLASSIFICATIONS				1,810,145	59,059,120

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

RECLASSIFICATIONS

PROVIDER NO:  
140182

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

PREPARED 5/26/2010  
WORKSHEET A-6

----- DECREASE -----					A-7	
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 RECLASS CAFETERIA	A	DIETARY	11	711,250	571,741	
2 CHARGEABLE SUPPLY	B	PURCHASING, RECEIVING AND STORES	6.03		2,003	
3		ADMINISTRATIVE AND GENERAL	6.04		20,431	
4		OPERATION OF PLANT	6.06		24,844	
5		LAUNDRY & LINEN SERVICE	8		109,773	
6		HOUSEKEEPING	9		5,162	
7		DIETARY	10		404	
8		NURSING ADMINISTRATION	11		282	
9		CENTRAL SERVICES & SUPPLY	14		1,762	
10		PHARMACY	15		331,475	
11		MEDICAL RECORDS & LIBRARY	16		27,234	
12		SOCIAL SERVICE	17		369	
13		I&R SERVICES-OTHER PRGM COSTS APPRVD	18		21	
14		ADULTS & PEDIATRICS	23		3,564	
15		INTENSIVE CARE UNIT	25		1,909,265	
16		CORONARY CARE UNIT	26		1,494,009	
17		SUBPROVIDER	27		291,968	
18		SUBPROVIDER II - REHAB	31		22,219	
19		OPERATING ROOM	31.01		91,363	
20		ANESTHESIOLOGY	37		14,467,750	
21		RADIOLOGY-DIAGNOSTIC	40		826,844	
22		RADIOISOTOPE	41		1,441,096	
23		ULTRA SOUND	43		7,079	
24		CAT SCAN	43.01		36,801	
25		CARDIAC CATHETERIZATION LABORATORY	43.02		446,682	
26		RESPIRATORY THERAPY	43.03		4,628,575	
27		PHYSICAL THERAPY	49		226,449	
28		CARDIOLOGY	50		65,280	
29		ELECTROCARDIOLOGY	52.01		3,596	
30		ELECTROENCEPHALOGRAPHY	53		47,558	
31		RENAL DIALYSIS	54		5,134	
32		CLINIC	59		237,094	
33		A. R. C. CLINIC	60		98,643	
34		CANCER CTR CLINIC	60.01		13,574	
35			60.02		43,953	
1 CHARGEABLE SUPPLY	B	UROLOGY CLINIC	60.03		27,691	
2		WOUND CARE CLINIC	60.06		15,979	
3		EMERGENCY	61		905,709	
4 CHARGEABLE DRUGS	C	PHARMACY	16		7,769,680	
5 EQUIPMENT DEPRECIATION RECLASS	D	EMPLOYEE BENEFITS	5		5,690	
6		NONPATIENT PHONES	6.01		11,243	
7		DATA PROCESSING	6.02		146,762	
8		PURCHASING, RECEIVING AND STORES	6.03		13,032	
9		ADMINISTRATIVE AND GENERAL	6.04		22,492	
10		CASHIERING, PATIENT ACCOUNTS	6.05		44,906	
11		OPERATION OF PLANT	8		60,415	
12		HOUSEKEEPING	10		20,604	
13		DIETARY	11		48,711	
14		NURSING ADMINISTRATION	14		17,585	
15		CENTRAL SERVICES & SUPPLY	15		43,334	
16		PHARMACY	16		12,378	
17		MEDICAL RECORDS & LIBRARY	17		100,718	
18		SOCIAL SERVICE	18		1,643	
19		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		39,593	
20		ADULTS & PEDIATRICS	25		295,297	
21		INTENSIVE CARE UNIT	26		215,744	
22		CORONARY CARE UNIT	27		48,089	
23		SUBPROVIDER	31		3,613	
24		OPERATING ROOM	37		1,076,356	
25		ANESTHESIOLOGY	40		310,955	
26		RADIOLOGY-DIAGNOSTIC	41		836,479	
27		RADIOISOTOPE	43		13,537	
28		ULTRA SOUND	43.01		132,494	
29		CAT SCAN	43.02		118,547	
30		CARDIAC CATHETERIZATION LABORATORY	43.03		132,247	
31		RESPIRATORY THERAPY	49		177,473	
32		PHYSICAL THERAPY	50		29,148	
33		CARDIOLOGY	52.01		9,769	
34		ELECTROCARDIOLOGY	53		147,793	
35		ELECTROENCEPHALOGRAPHY	54		8,797	

RECLASSIFICATIONS

PROVIDER NO:  
140182

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

PREPARED 5/26/2010  
WORKSHEET A-6  
CONTD

----- DECREASE -----						A-7
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 EQUIPMENT DEPRECIATION RECLASS	D	RENAL DIALYSIS	59		11,130	
2		CLINIC	60		27,585	
3		A. R. C. CLINIC	60.01		84,954	
4		CANCER CTR CLINIC	60.02		27,449	
5		UROLOGY CLINIC	60.03		33,661	
6		EMERGENCY	61		168,786	
7 RECLASS DEPRECIATION	E	ADMINISTRATIVE AND GENERAL	6.06		11,418,691	9
8						9
9 NURSERY RECLASS	H	ADULTS & PEDIATRICS	25	1,098,895	438,026	
10 CAPITAL RECLASS	I	EMPLOYEE BENEFITS	5		2,540	14
11		NONPATIENT PHONES	6.01		101,046	14
12		PURCHASING, RECEIVING AND STORES	6.03		107,843	14
13		ADMITTING	6.04		120,650	14
14		CASHIERING, PATIENT ACCOUNTS	6.05		7,107	14
15		ADMINISTRATIVE AND GENERAL	6.06		88,044	14
16		OPERATION OF PLANT	8		5,339	14
17		LAUNDRY & LINEN SERVICE	9		420	14
18		HOUSEKEEPING	10		1,012	14
19		DIETARY	11		1,885	14
20		NURSING ADMINISTRATION	14		4,504	14
21		CENTRAL SERVICES & SUPPLY	15		551,759	14
22		PHARMACY	16		413,358	14
23		MEDICAL RECORDS & LIBRARY	17		9,569	14
24		SOCIAL SERVICE	18		2,547	14
25		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		9,446	14
26		ADULTS & PEDIATRICS	25		244,989	14
27		INTENSIVE CARE UNIT	26		226,391	14
28		CORONARY CARE UNIT	27		39,012	14
29		SUBPROVIDER	31		2,175	14
30		SUBPROVIDER II - REHAB	31.01		23,505	14
31		OPERATING ROOM	37		633,971	14
32		ANESTHESIOLOGY	40		18,741	14
33		RADIOLOGY-DIAGNOSTIC	41		1,437,364	14
34		RADIOISOTOPE	43		20,933	14
35		ULTRA SOUND	43.01		123,079	14
1 CAPITAL RECLASS	I	CAT SCAN	43.02		990,595	14
2		CARDIAC CATHETERIZATION LABORATORY	43.03		761,102	14
3		LABORATORY	44		27,644	14
4		RESPIRATORY THERAPY	49		35,104	14
5		PHYSICAL THERAPY	50		3,023	14
6		CARDIOLOGY	52.01		506	14
7		ELECTROCARDIOLOGY	53		56,495	14
8		RENAL DIALYSIS	59		6,434	14
9		CLINIC	60		136,392	14
10		A. R. C. CLINIC	60.01		164,276	14
11		CANCER CTR CLINIC	60.02		8,302	14
12		UROLOGY CLINIC	60.03		1,202	14
13		EMERGENCY	61		92,034	14
36 TOTAL RECLASSIFICATIONS				1,810,145	59,059,120	

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

RECLASSIFICATIONS

PROVIDER NO:  
140182

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

PREPARED 5/26/2010  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : RECLASS CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,282,991	DIETARY	11	1,282,991	
TOTAL RECLASSIFICATIONS FOR CODE A			1,282,991				

RECLASS CODE: B  
EXPLANATION : CHARGEABLE SUPPLY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	27,881,635	PURCHASING, RECEIVING AND STOR	6.03	2,003	
2.00			0	ADMINISTRATIVE AND GENERAL	6.04	20,431	
3.00			0	OPERATION OF PLANT	8	109,773	
4.00			0	LAUNDRY & LINEN SERVICE	9	5,162	
5.00			0	HOUSEKEEPING	10	404	
6.00			0	DIETARY	11	282	
7.00			0	NURSING ADMINISTRATION	14	1,762	
8.00			0	CENTRAL SERVICES & SUPPLY	15	331,475	
9.00			0	PHARMACY	16	27,234	
10.00			0	MEDICAL RECORDS & LIBRARY	17	369	
11.00			0	SOCIAL SERVICE	18	21	
12.00			0	I&R SERVICES-OTHER PRGM COSTS	23	3,564	
13.00			0	ADULTS & PEDIATRICS	25	1,909,265	
14.00			0	INTENSIVE CARE UNIT	26	1,494,009	
15.00			0	CORONARY CARE UNIT	27	291,968	
16.00			0	SUBPROVIDER	31	22,219	
17.00			0	SUBPROVIDER II - REHAB	31.01	91,363	
18.00			0	OPERATING ROOM	37	14,467,750	
19.00			0	ANESTHESIOLOGY	40	826,844	
20.00			0	RADIOLOGY-DIAGNOSTIC	41	1,441,096	
21.00			0	RADIOISOTOPE	43	7,079	
22.00			0	ULTRA SOUND	43.01	36,801	
23.00			0	CAT SCAN	43.02	446,682	
24.00			0	CARDIAC CATHETERIZATION LABORATO	43.03	4,628,575	
25.00			0	RESPIRATORY THERAPY	49	226,449	
26.00			0	PHYSICAL THERAPY	50	65,280	
27.00			0	CARDIOLOGY	52.01	3,596	
28.00			0	ELECTROCARDIOLOGY	53	47,558	
29.00			0	ELECTROENCEPHALOGRAPHY	54	5,134	
30.00			0	RENAL DIALYSIS	59	237,094	
31.00			0	CLINIC	60	98,643	
32.00			0	A. R. C. CLINIC	60.01	13,574	
33.00			0	CANCER CTR CLINIC	60.02	43,953	
34.00			0	UROLOGY CLINIC	60.03	27,691	
35.00			0	WOUND CARE CLINIC	60.06	15,979	
36.00			0	EMERGENCY	61	905,709	
37.00			0				
38.00			0				
39.00			0				
40.00			0				
TOTAL RECLASSIFICATIONS FOR CODE B			27,881,635				

RECLASS CODE: C  
EXPLANATION : CHARGEABLE DRUGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	7,769,680	PHARMACY	16	7,769,680	
TOTAL RECLASSIFICATIONS FOR CODE C			7,769,680				

RECLASS CODE: D  
EXPLANATION : EQUIPMENT DEPRECIATION RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE AND GENERAL	6.06	4,499,009	EMPLOYEE BENEFITS	5	5,690	
2.00			0	NONPATIENT PHONES	6.01	11,243	
3.00			0	DATA PROCESSING	6.02	146,762	
4.00			0	PURCHASING, RECEIVING AND STOR	6.03	13,032	
5.00			0	ADMINISTRATIVE	6.04	22,492	
6.00			0	CASHIERING, PATIENT ACCOUNTS	6.05	44,906	
7.00			0	OPERATION OF PLANT	8	60,415	
8.00			0	HOUSEKEEPING	10	20,604	
9.00			0	DIETARY	11	48,711	
10.00			0	NURSING ADMINISTRATION	14	17,585	
11.00			0	CENTRAL SERVICES & SUPPLY	15	43,334	
12.00			0	PHARMACY	16	12,378	

RECLASSIFICATIONS

PROVIDER NO:  
140182

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

PREPARED 5/26/2010  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: D  
EXPLANATION : EQUIPMENT DEPRECIATION RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
13.00			0	MEDICAL RECORDS & LIBRARY	17	100,718	
14.00			0	SOCIAL SERVICE	18	1,643	
15.00			0	I&R SERVICES-OTHER PRGM COSTS	23	39,593	
16.00			0	ADULTS & PEDIATRICS	25	295,297	
17.00			0	INTENSIVE CARE UNIT	26	215,744	
18.00			0	CORONARY CARE UNIT	27	48,089	
19.00			0	SUBPROVIDER	31	3,613	
20.00			0	OPERATING ROOM	37	1,076,356	
21.00			0	ANESTHESIOLOGY	40	310,955	
22.00			0	RADIOLOGY-DIAGNOSTIC	41	836,479	
23.00			0	RADIOISOTOPE	43	13,537	
24.00			0	ULTRASOUND	43.01	132,494	
25.00			0	CAT SCAN	43.02	118,547	
26.00			0	CARDIAC CATHETERIZATION LABORATORY	43.03	132,247	
27.00			0	RESPIRATORY THERAPY	49	177,473	
28.00			0	PHYSICAL THERAPY	50	29,148	
29.00			0	CARDIOLOGY	52.01	9,769	
30.00			0	ELECTROCARDIOLOGY	53	147,793	
31.00			0	ELECTROENCEPHALOGRAPHY	54	8,797	
32.00			0	RENAL DIALYSIS	59	11,130	
33.00			0	CLINIC	60	27,585	
34.00			0	A. R. C. CLINIC	60.01	84,954	
35.00			0	CANCER CENTER CLINIC	60.02	27,449	
36.00			0	UROLOGY CLINIC	60.03	33,661	
39.00			0	EMERGENCY	61	168,786	
TOTAL RECLASSIFICATIONS FOR CODE D			4,499,009				4,499,009

RECLASS CODE: E  
EXPLANATION : RECLASS DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	6,564,444	ADMINISTRATIVE AND GENERAL	6.06	11,418,691	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	4,854,247			0	
TOTAL RECLASSIFICATIONS FOR CODE E			11,418,691				11,418,691

RECLASS CODE: H  
EXPLANATION : NURSERY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	1,536,921	ADULTS & PEDIATRICS	25	1,536,921	
TOTAL RECLASSIFICATIONS FOR CODE H			1,536,921				1,536,921

RECLASS CODE: I  
EXPLANATION : CAPITAL RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,082,848	EMPLOYEE BENEFITS	5	2,540	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	5,397,490	NONPATIENT PHONES	6.01	101,046	
3.00			0	PURCHASING, RECEIVING AND STORAGE	6.03	107,843	
4.00			0	ADMINISTRATIVE	6.04	120,650	
5.00			0	CASHIERING, PATIENT ACCOUNTS	6.05	7,107	
6.00			0	ADMINISTRATIVE AND GENERAL	6.06	88,044	
7.00			0	OPERATION OF PLANT	8	5,339	
8.00			0	LAUNDRY & LINEN SERVICE	9	420	
9.00			0	HOUSEKEEPING	10	1,012	
10.00			0	DIETARY	11	1,885	
11.00			0	NURSING ADMINISTRATION	14	4,504	
12.00			0	CENTRAL SERVICES & SUPPLY	15	551,759	
13.00			0	PHARMACY	16	413,358	
14.00			0	MEDICAL RECORDS & LIBRARY	17	9,569	
15.00			0	SOCIAL SERVICE	18	2,547	
16.00			0	I&R SERVICES-OTHER PRGM COSTS	23	9,446	
17.00			0	ADULTS & PEDIATRICS	25	244,989	
18.00			0	INTENSIVE CARE UNIT	26	226,391	
19.00			0	CORONARY CARE UNIT	27	39,012	
20.00			0	SUBPROVIDER	31	2,175	
21.00			0	SUBPROVIDER II - REHAB	31.01	23,505	
22.00			0	OPERATING ROOM	37	633,971	
23.00			0	ANESTHESIOLOGY	40	18,741	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140182	FROM 1/ 1/2009	5/26/2010
	TO 12/31/2009	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: I  
 EXPLANATION : CAPITAL RECLASS

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
24.00			0
25.00			0
26.00			0
27.00			0
28.00			0
29.00			0
30.00			0
31.00			0
32.00			0
33.00			0
34.00			0
35.00			0
36.00			0
37.00			0
38.00			0
40.00			0
TOTAL RECLASSIFICATIONS FOR CODE I			6,480,338

  

----- DECREASE -----		----- INCREASE -----	
COST CENTER	LINE	AMOUNT	LINE
RADIOLOGY-DIAGNOSTIC	41	1,437,364	
RADIOISOTOPE	43	20,933	
ULTRASOUND	43.01	123,079	
CAT SCAN	43.02	990,595	
CARDIAC CATHETERIZATION LABORATORY	43.03	761,102	
LABORATORY	44	27,644	
RESPIRATORY THERAPY	49	35,104	
PHYSICAL THERAPY	50	3,023	
CARDIOLOGY	52.01	506	
ELECTROCARDIOLOGY	53	56,495	
RENAL DIALYSIS	59	6,434	
CLINIC	60	136,392	
A. R. C. CLINIC	60.01	164,276	
CANCER CTR CLINIC	60.02	8,302	
UROLOGY CLINIC	60.03	1,202	
EMERGENCY	61	92,034	
		6,480,338	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND	2,137,891					2,137,891	2,137,891
2	LAND IMPROVEMENTS	29,098					29,098	29,098
3	BUILDINGS & FIXTURE	803,940					803,940	501,114
4	BUILDING IMPROVEMENT							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT							
7	SUBTOTAL	2,970,929					2,970,929	2,668,103
8	RECONCILING ITEMS							
9	TOTAL	2,970,929					2,970,929	2,668,103

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND	8,831,803					8,831,803	8,831,803
2	LAND IMPROVEMENTS	1,090,652	436,390		436,390		1,527,042	503,198
3	BUILDINGS & FIXTURE	94,148,642	3,048,609		3,048,609		97,197,251	44,691,988
4	BUILDING IMPROVEMENT	1,240,758					1,240,758	941,441
5	FIXED EQUIPMENT	41,025,716	5,102,573		5,102,573	1,186,917	44,941,372	28,836,367
6	MOVABLE EQUIPMENT	23,742					23,742	23,742
7	SUBTOTAL	146,361,313	8,587,572		8,587,572	1,186,917	153,761,968	83,828,539
8	RECONCILING ITEMS	4,334,760				4,334,760		
9	TOTAL	142,026,553	8,587,572		8,587,572	-3,147,843	153,761,968	83,828,539



ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF. 5
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-6,327,472			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-712,963			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 REVENUE OFFSET	B	-7,972	EMPLOYEE BENEFITS	5	
37.01 REVENUE OFFSET	B	-10,483	MEDICAL RECORDS & LIBRARY	17	
38 REVENUE OFFSET	B	-23,806	CASHIERING, PATIENT ACCOU	6.05	
39 REVENUE OFFSET	B	-3,082,355	ADMINISTRATIVE AND GENERA	6.06	
40 REVENUE OFFSET	B	-465,962	OPERATION OF PLANT	8	
41 REVENUE OFFSET	B	-401,847	CAFETERIA	12	
42 OTHER ADJUSTMENTS (SPECIFY)					
43 REVENUE OFFSET	B	-16,162	NURSING ADMINISTRATION	14	
44 OTHER ADJUSTMENTS (SPECIFY)					
45 REVENUE OFFSET	B	-150,688	I&R SERVICES-OTHER PRGM C	23	
46 REVENUE OFFSET	B	-141,006	ADULTS & PEDIATRICS	25	
47 REVENUE OFFSET	B	-6,433	OPERATING ROOM	37	
48 REVENUE OFFSET	B	-37,114	RADIOLOGY-DIAGNOSTIC	41	
49 REVENUE OFFSET	B	-108,563	CARDIAC CATHETERIZATION LAB	43.03	
49.01 REVENUE OFFSET	B	-724,920	LABORATORY	44	
49.02 REVENUE OFFSET	B	-11,753	SOCIAL SERVICE	18	
49.03 REVENUE OFFSET	B	-15,738	PHYSICAL THERAPY	50	
49.05 REVENUE OFFSET	B	-221,715	RESPIRATORY THERAPY	49	
49.06 REVENUE OFFSET	B	-295,576	CANCER CTR CLINIC	60.02	
49.07					
49.08 REVENUE OFFSET	B	-1,007,537	EMERGENCY	61	
49.09 REVENUE OFFSET	B	-539	CLINIC	60	
49.10 REVENUE OFFSET	B	-39,757	CLINIC	60	
49.13					
49.14					
49.15 REVENUE OFFSET	B	-93,008	CLINIC	60	
49.16					
49.21 AHA DUES	A	-39,745	ADMINISTRATIVE AND GENERA	6.06	
49.25 INTEREST	A	-2,384,447	ADMINISTRATIVE AND GENERA	6.06	
49.26 NONALLOWABLE EXPENSES	A	-2,057,746	ADMINISTRATIVE AND GENERA	6.06	
49.45 DEPRECIATION ADJUSTMENT TO S/L	A	-12,965	NEW CAP REL COSTS-BLDG &	3	11
49.46 DEPRECIATION ADJUSTMENT TO S/L	A	20,290	NEW CAP REL COSTS-MVBLE E	4	11
49.47					
49.50 UNCOLLECTIBLE ACCOUNTS	A	-22,168,920	ADMINISTRATIVE AND GENERA	6.06	
49.51 PUBLIC AID ASSESSMENT	A	-14,450,136	ADMINISTRATIVE AND GENERA	6.06	
49.52 IMMC LASPING SCHEDULE	A	18,493	OLD CAP REL COSTS-MVBLE E	2	11
49.53					
49.55					
49.56					
50 TOTAL (SUM OF LINES 1 THRU 49)		-54,978,545			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	5	EMPLOYEE BENEFITS	HOME OFFICE COST	4,673,979		4,673,979	
2	6 2	DATA PROCESSING	HOME OFFICE COST	4,527,872		4,527,872	
3	6 6	ADMINISTRATIVE AND GENERAL	HOME OFFICE COST	6,630,349	18,386,222	-11,755,873	
4	1	OLD CAP REL COSTS-BLDG &	HOME OFFICE COST	31,763		31,763	14
4.01	2	OLD CAP REL COSTS-MVBLE E	HOME OFFICE COST	11,010		11,010	14
4.02	3	NEW CAP REL COSTS-BLDG &	HOME OFFICE COST	207,297		207,297	14
4.03	4	NEW CAP REL COSTS-MVBLE E	HOME OFFICE COST	1,590,989		1,590,989	14
5		TOTALS		17,673,259	18,386,222	-712,963	

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2010  
 I 14-0182 I FROM 1/ 1/2009 I WORKSHEET A-8-2  
 I I TO 12/31/2009 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 22	AGGREGATE	1,869,189	1,869,189					
2 25	AGGREGATE	1,742,235	1,742,235					
3 26	AGGREGATE							
4 27	AGGREGATE							
5 31	AGGREGATE							
6 37	AGGREGATE	918,225	918,225					
7 40	AGGREGATE							
8 41	AGGREGATE	144,711	144,711					
9 43 3	AGGREGATE	686,400	686,400					
10 44	AGGREGATE	8,528	8,528					
11 49	AGGREGATE	28,021	28,021					
12 50	AGGREGATE							
13 60 1	AGGREGATE	2,665	2,665					
14 60 2	AGGREGATE	575	575					
15 60 3	AGGREGATE	34,341	34,341					
16 61	AGGREGATE	892,582	892,582					
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	6,327,472	6,327,472					



COST ALLOCATION STATISTICS

PROVIDER NO: 14-0182  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/26/2010  
 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
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	2	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	3	GROSS SALARIES	ENTERED
6.01	NONPATIENT PHONES	5	NONPATIENT PHONES	ENTERED
6.02	DATA PROCESSING	6	PATIENT REVENUE	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	7	PURCHASE REQUISITION	ENTERED
6.04	ADMITTING	8	INPATIENT REVENUE	ENTERED
6.05	CASHIERING, PATIENT ACCOUNTS	6	PATIENT REVENUE	ENTERED
6.06	ADMINISTRATIVE AND GENERAL	-9	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	10	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	10	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	11	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	12	SQUARE FEET	ENTERED
11	DIETARY	13	PATIENT DAYS	ENTERED
12	CAFETERIA	14	TOTAL FTES	ENTERED
14	NURSING ADMINISTRATION	16	DIRECT NRS ING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	17	COSTED REQUISITION	ENTERED
16	PHARMACY	18	COSTED REQUISITION	ENTERED
17	MEDICAL RECORDS & LIBRARY	6	PATIENT REVENUE	ENTERED
18	SOCIAL SERVICE	19	TIME SPENT	ENTERED
21	NURSING SCHOOL	22	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	23	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	ASSIGNED TIME	ENTERED
24	PARAMED ED PRGM-(SPECIFY)	-24	ACCUM. COST	NOT ENTERED
24.01	PARAMED ED ANESTH SCHOOL	25	ASSIGNED TIME	NOT ENTERED
24.02	PARAMED ED RADIOLOGY SCHOOL	26	ASSIGNED TIME	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT PH ONES
	0	1	2	3	4	5	6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	31,763	31,763					
003 OLD CAP REL COSTS-MVBLE E	29,503		29,503				
004 NEW CAP REL COSTS-BLDG &	7,841,624			7,841,624			
005 NEW CAP REL COSTS-MVBLE E	11,863,016				11,863,016		
006 EMPLOYEE BENEFITS	30,602,275	199	185	49,246	74,501	30,726,406	
006 01 NONPATIENT PHONES	1,139,177	186	173	45,923	69,474	112,866	1,367,799
006 02 DATA PROCESSING	6,753,255	596	553	147,035	222,438		
006 03 PURCHASING, RECEIVING AND	739,672	229	213	56,594	85,618	67,540	5,181
006 04 ADMINISTRATION	3,107,827	1,015	942	250,490	378,947	649,312	41,448
006 05 CASHIERING, PATIENT ACCOU	17,503,515	527	490	130,165	196,917	472,601	36,267
006 06 ADMINISTRATIVE AND GENERA	11,721,083	1,013	941	250,106	378,367	2,015,754	121,467
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	9,704,732	368	342	90,802	137,368	928,334	72,535
009 LAUNDRY & LINEN SERVICE	1,685,621	128	119	31,695	47,948	59,857	1,727
010 HOUSEKEEPING	4,345,249	472	439	116,597	176,391	890,828	16,695
011 DIETARY	3,147,415	849	789	209,657	317,175	493,440	28,784
012 CAFETERIA	881,144	650	604	160,475	242,771	147,510	
014 NURSING ADMINISTRATION	3,439,384	623	578	153,702	232,524	735,965	13,240
015 CENTRAL SERVICES & SUPPLY	1,828,602	626	582	154,596	233,878	366,165	14,392
016 PHARMACY	3,825,849	361	335	89,056	134,726	878,851	31,086
017 MEDICAL RECORDS & LIBRARY	3,086,441	440	408	108,567	164,243	577,338	48,932
018 SOCIAL SERVICE	2,331,734	175	163	43,303	65,510	410,734	16,119
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	10,060,159						
023 I&R SERVICES-OTHER PRGM C	3,074,728	165	153	40,683	61,547	2,595,541	36,843
024 PARAMEDICAL PRGM-(SPECIFY)							
024 01 PARAMEDICAL ANESTH SCHOOL							
024 02 PARAMEDICAL RADIOLOGY SCHO							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	26,868,938	5,350	4,968	1,320,463	1,997,626	5,720,065	185,946
026 INTENSIVE CARE UNIT	15,617,437	3,447	3,202	851,026	1,287,454	3,327,918	77,716
027 CORONARY CARE UNIT	5,491,504	1,364	1,267	336,776	509,484	1,243,482	24,754
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	3,611,737	1,364	1,267	336,776	509,484	833,455	19,573
031 01 SUBPROVIDER II - REHAB	2,384,577	629	584	155,321	234,973	336,299	11,513
031 02 SUBPROVIDER 3							
033 NURSERY	1,536,921	568	528	140,261	212,191	283,517	
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	9,876,670	1,381	1,283	341,036	515,929	1,892,573	119,740
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	423,062	404	376	99,834	151,031	21,011	21,300
041 RADIOLOGY-DIAGNOSTIC	7,037,096	1,162	1,079	286,913	434,049	1,231,153	90,956
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	1,033,338	206	191	50,801	76,853	111,133	8,059
043 01 ULTRA SOUND	800,583	22	21	5,538	8,378	179,351	2,878
043 02 CAT SCAN	1,291,478	102	95	25,155	38,056	192,186	2,878
043 03 CARDIAC CATHERIZATION LAB	2,413,276	906	842	223,715	338,442	278,322	40,297
044 LABORATORY	10,278,310						41,448
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	1,439,038						
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	3,017,543	381	354	93,976	142,170	735,380	31,662
050 PHYSICAL THERAPY	2,648,022	1,753	1,628	432,712	654,619	544,850	27,632
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
052 01 RADIOLOGY	348,104	220	205	54,422	82,331	81,121	4,030
053 ELECTROCARDIOLOGY	1,613,642	389	361	96,042	145,295	289,702	17,270
054 ELECTROENCEPHALOGRAPHY	145,798	67	62	16,465	24,909	24,207	12,665
055 MEDICAL SUPPLIES CHARGED	27,881,635						
056 DRUGS CHARGED TO PATIENTS	7,769,680						
058 ASC (NON-DISTINCT PART)							
059 RENAL DIALYSIS	554,570	50	46	12,311	18,625	130,249	2,878
059 01 METABOLIC SUPPORT							
059 02 CMHC							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	222,153					97,332	17,270
060 01 A.R.C. CLINIC	966,110	465	432	114,765	173,620	204,725	13,240
060 02 CANCER CTR CLINIC	5,729,300	486	451	119,920	181,418	274,345	40,297
060 03 UROLOGY CLINIC	207,951						
060 04 ORTHOPEDIC CLINIC							
060 05 EYE CENTER							
060 06 WOUND CARE CLINIC	14,815	976	907	241,032	364,640	1,218	2,303
060 07 DENT CLINIC							
060 08 O/P PHARMACY CLINIC	83,089	18	16	4,345	6,574	18,662	
061 EMERGENCY	6,842,935	1,431	1,329	353,327	534,522	1,270,547	66,778
062 OBSERVATION BEDS (NON-DIS							
063 FAMILY HEALTH CENTER							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	0	1	2	3	4	5	6.01
066 OTHER REIMBURS COST CNTRS								
067 DURABLE MEDICAL EQUIP-REN								
070 DURABLE MEDICAL EQUIP-SOL								
071 I&R SERVICES-NOT APPRVD P HOME HEALTH AGENCY								
092 SPEC PURPOSE COST CENTERS								
095 AMBULATORY SURGICAL CENTE SUBTOTALS	286,893,080		31,763	29,503	7,841,624	11,863,016	30,725,439	1,367,799
096 NONREIMBURS COST CENTERS								
096 01 GIFT, FLOWER, COFFEE SHOP	3,989						967	
096 02 SUBCORPS								
096 02 GRANTS								
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFIC								
098 01 HOSPICE								
098 02 OUTPATIENT PHARMACY								
099 NONPAID WORKERS								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	286,897,069		31,763	29,503	7,841,624	11,863,016	30,726,406	1,367,799

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING, PATIENT ACCOUNT	SUBTOTAL	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS
	6.02	6.03	6.04	6.05	6a.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING	7,123,877						
006 03 PURCHASING, RECEIVING AND		955,047					
006 04 ADMINISTRATION		3,952	4,433,933				
006 05 CASHIERING, PATIENT ACCOU		1,593		18,342,075			
006 06 ADMINISTRATION AND GENERA		51,621			14,540,352	14,540,352	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		15,928			10,950,409	584,609	
009 LAUNDRY & LINEN SERVICE		220			1,827,315	97,555	
010 HOUSEKEEPING		11,732			5,558,403	296,746	
011 DIETARY		58,916			4,257,025	227,270	
012 CAFETERIA					1,433,154	76,512	
014 NURSING ADMINISTRATION		1,786			4,577,802	244,395	
015 CENTRAL SERVICES & SUPPLY		11,428			2,610,269	139,354	
016 PHARMACY		3,268			4,963,532	264,988	
017 MEDICAL RECORDS & LIBRARY		1,178			3,987,547	212,883	
018 SOCIAL SERVICE		1,888			2,869,626	153,201	
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI					10,060,159	537,082	
023 I&R SERVICES-OTHER PRGM C		2,901			5,812,561	310,315	
024 PARAMEDICAL PRGM-(SPECIFY)							
024 01 PARAMEDICAL ANESTH SCHOOL							
024 02 PARAMEDICAL RADIOLOGY SCHO							
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	816,067	64,489	693,101	2,101,208	39,778,221	2,123,686	
026 INTENSIVE CARE UNIT	564,562	46,455	521,350	1,453,633	23,754,200	1,268,165	
027 CORONARY CARE UNIT	234,092	9,883	216,175	602,739	8,671,520	462,946	
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	87,383	1,736	80,695	224,995	5,708,465	304,758	
031 01 SUBPROVIDER II - REHAB	59,471	3,173	54,919	153,125	3,394,584	181,227	
031 02 SUBPROVIDER 3							
033 NURSERY	35,945		33,194	92,552	2,335,677	124,695	
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	756,647	398,219	333,123	1,948,215	16,184,816	864,059	
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	156,935	22,239	79,198	404,075	1,379,465	73,645	
041 RADIOLOGY-DIAGNOSTIC	496,646	42,003	152,703	1,278,765	11,052,525	590,061	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	53,049	316	15,305	136,589	1,485,840	79,325	
043 01 ULTRA SOUND	67,589	1,038	13,836	174,029	1,253,263	66,908	
043 02 CAT SCAN	307,275	11,847	121,778	791,171	2,782,021	148,524	
043 03 CARDIAC CATHETERIZATION LAB	214,925	122,880	126,741	553,389	4,313,735	230,297	
044 LABORATORY	650,800		430,082	1,675,680	13,076,320	698,105	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	82,133		69,209	211,477	1,801,857	96,196	
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	210,266	7,089	181,578	541,393	4,961,792	264,895	
050 PHYSICAL THERAPY	103,688	2,858	47,980	266,976	4,732,718	252,666	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
052 01 RADIOLOGY	3,458	297	483	8,904	583,575	31,155	
053 ELECTROCARDIOLOGY	108,303	4,715	56,139	278,858	2,610,716	139,378	
054 ELECTROENCEPHALOGRAPHY	5,582	342	1,985	14,373	246,455	13,157	
055 MEDICAL SUPPLIES CHARGED	495,389		280,880	1,275,528	29,933,432	1,598,056	
056 DRUGS CHARGED TO PATIENTS	884,710		670,046	2,277,469	11,601,905	619,391	
058 ASC (NON-DIAGNOSTIC PART)							
059 RENAL DIALYSIS	38,769	6,286	34,730	99,822	898,336	47,959	
059 01 METABOLIC SUPPORT							
059 02 CMHC							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	19,516	4,586		50,249	411,106	21,948	
060 01 A.R.C. CLINIC	60,968	1,229	1,770	156,981	1,694,305	90,454	
060 02 CANCER CTR CLINIC	95,875	4,621	5,156	246,858	6,698,727	357,625	
060 03 UROLOGY CLINIC	7,650		292	19,697	235,590	12,577	
060 04 ORTHOPEDIC CLINIC							
060 05 EYE CENTER							
060 06 WOUND CARE CLINIC	2,795	430	16	7,198	636,330	33,972	
060 07 DENT CLINIC							
060 08 O/P PHARMACY CLINIC	2,618	98	4	6,741	122,165	6,522	
061 EMERGENCY	500,771	31,807	211,465	1,289,386	11,104,298	592,825	
062 OBSERVATION BEDS (NON-DIS							
063 FAMILY HEALTH CENTER							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING, PATIENT ACCOU	SUBTOTAL	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS
	6.02	6.03	6.04	6.05	6a.05	6.06	7
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
092 SPEC PURPOSE COST CENTERS							
095 AMBULATORY SURGICAL CENTE							
SUBTOTALS	7,123,877	955,047	4,433,933	18,342,075	286,892,113	14,540,087	
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP					4,956	265	
096 02 SUBCORPS							
096 02 GRANTS							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 HOSPICE							
098 02 OUTPATIENT PHARMACY							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	7,123,877	955,047	4,433,933	18,342,075	286,897,069	14,540,352	

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING, PATIENT ACCOU							
006 06 ADMINISTRATIVE AND GENERA							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	11,535,018						
009 LAUNDRY & LINEN SERVICE	53,597	1,978,467					
010 HOUSEKEEPING	197,170		6,052,319				
011 DIETARY	354,539		192,325	5,031,159			
012 CAFETERIA	271,370		147,209		1,928,245		
014 NURSING ADMINISTRATION	259,916		140,996		35,425	5,258,534	
015 CENTRAL SERVICES & SUPPLY	261,428		141,816		47,502	8,190	3,208,559
016 PHARMACY	150,597		81,694		53,943	2,730	3,191
017 MEDICAL RECORDS & LIBRARY	183,591		99,592		51,527		43
018 SOCIAL SERVICE	73,227		39,723		19,323	69,070	2
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	68,797		37,320		170,684	5,460	418
024 PARAMEDICAL PRGM-(SPECIFY)							
024 01 PARAMEDICAL ANESTH SCHOOL							
024 02 PARAMEDICAL RADIOLOGY SCHO							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,232,949	569,312	1,211,301	2,205,026	491,925	2,584,796	213,390
026 INTENSIVE CARE UNIT	1,439,117	291,798	780,673	1,230,403	264,077	1,065,941	175,043
027 CORONARY CARE UNIT	569,502	174,745	308,936	656,776	115,131	408,959	34,208
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	569,502	147,839	308,936	635,183	69,240	189,191	2,603
031 01 SUBPROVIDER II - REHAB	262,653	70,703	142,481	303,771	34,620		10,704
031 02 SUBPROVIDER 3							
033 NURSERY	237,187	57,363	128,666		27,374	223,044	10,305
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	576,706	273,027	312,844		132,038	338,797	1,695,076
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	168,823		91,581		3,220	2,730	96,876
041 RADIOLOGY-DIAGNOSTIC	485,181	161,434	263,194		88,562	39,858	168,843
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	85,906	9,939	46,601		7,246		829
043 01 ULTRA SOUND	9,365	29,799	5,080		9,661		4,312
043 02 CAT SCAN	42,539	54,329	23,076		14,492		52,335
043 03 CARDIAC CATHETERIZATION LAB	378,311	9,199	205,221		28,179	10,647	542,298
044 LABORATORY							
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	158,917		86,207		65,214	4,095	26,531
050 PHYSICAL THERAPY	731,733	52,623	396,941		28,984	8,190	7,648
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
052 01 RADIOLOGY	92,029				3,220	11,739	421
053 ELECTROCARDIOLOGY	162,411		88,103		19,323	5,460	5,572
054 ELECTROENCEPHALOGRAPHY	27,843				1,610		602
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)							
059 RENAL DIALYSIS	20,819		11,294		7,246	14,278	27,779
059 01 METABOLIC SUPPORT							
059 02 CMHC							
060 OUTPAT SERVICE COST CNTRS							
060 01 A. R. C. CLINIC	194,072	4,149	105,278		6,441	8,190	14,802
060 02 CANCER CTR CLINIC	202,789		110,006		9,661		1,590
060 03 UROLOGY CLINIC					14,492	30,030	5,150
060 04 ORTHOPEDIC CLINIC							
060 05 EYE CENTER							
060 06 WOUND CARE CLINIC	407,595	1,417	221,107				1,872
060 07 DENT CLINIC							
060 08 O/P PHARMACY CLINIC	7,348				805		
061 EMERGENCY	597,489	70,791	324,118		107,080	227,139	106,116
062 OBSERVATION BEDS (NON-DIS							
063 FAMILY HEALTH CENTER							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
070 DURABLE MEDICAL EQUIP-SOL							
071 I&R SERVICES-NOT APPRVD P HOME HEALTH AGENCY							
092 SPEC PURPOSE COST CENTERS							
095 AMBULATORY SURGICAL CENTE SUBTOTALS	11,535,018	1,978,467	6,052,319	5,031,159	1,928,245	5,258,534	3,208,559
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP SUBCORPS							
096 02 GRANTS							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							
098 01 HOSPICE							
098 02 OUTPATIENT PHARMACY							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	11,535,018	1,978,467	6,052,319	5,031,159	1,928,245	5,258,534	3,208,559

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NURSING SCHOOL 21	I&R SERVICES-SALARY & FRI 22	I&R SERVICES-OTHER PRGM C 23	SUBTOTAL 23a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING, PATIENT ACCOU							
006 06 ADMINISTRATIVE AND GENERA							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	5,520,675						
017 MEDICAL RECORDS & LIBRARY		4,535,183					
018 SOCIAL SERVICE	69,038		3,293,210				
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI					10,597,241		
023 I&R SERVICES-OTHER PRGM C	6					6,405,561	
024 PARAMEDICAL PRGM-(SPECIFY)							
024 01 PARAMEDICAL ANESTH SCHOOL							
024 02 PARAMEDICAL RADIOLOGY SCHO							
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	199,610	519,562	1,955,344		10,497,091	6,345,025	70,927,238
026 INTENSIVE CARE UNIT	175,427	359,437	926,215				31,730,496
027 CORONARY CARE UNIT	63,798	149,038	411,651				12,027,210
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	20	55,634			100,150	60,536	8,152,057
031 01 SUBPROVIDER II - REHAB	4,214	37,863					4,442,820
031 02 SUBPROVIDER 3							
033 NURSERY	1,674	22,885					3,168,870
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	58,077	481,732					20,917,172
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	114,680	99,915					2,030,935
041 RADIOLOGY-DIAGNOSTIC	78,621	316,198					13,244,477
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	376,019	33,774					2,125,479
043 01 ULTRA SOUND	132	43,032					1,421,552
043 02 CAT SCAN	30,269	195,631					3,343,216
043 03 CARDIAC CATHETERIZATION LAB	17,456	136,836					5,872,179
044 LABORATORY		414,342					14,188,767
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING		52,291					1,950,344
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	37	133,869					5,701,557
050 PHYSICAL THERAPY		66,015					6,277,518
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
052 01 RADIOLOGY		2,202					724,341
053 ELECTROCARDIOLOGY	5,024	68,953					3,104,940
054 ELECTROENCEPHALOGRAPHY		3,554					293,221
055 MEDICAL SUPPLIES CHARGED		315,397					31,846,885
056 DRUGS CHARGED TO PATIENTS		562,918					12,784,214
058 ASC (NON-DISTINCT PART)							
059 RENAL DIALYSIS	2,669	24,683					1,055,063
059 01 METABOLIC SUPPORT							
059 02 CMHC							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	3,941	12,425					483,002
060 01 A. R. C. CLINIC		38,816					2,134,176
060 02 CANCER CTR CLINIC	4,099,965	61,040					11,579,824
060 03 UROLOGY CLINIC		4,870					253,037
060 04 ORTHOPEDIC CLINIC							
060 05 EYE CENTER							
060 06 WOUND CARE CLINIC	20	1,780					1,304,093
060 07 DENT CLINIC							
060 08 O/P PHARMACY CLINIC	1,421	1,667					139,928
061 EMERGENCY	218,557	318,824					13,667,237
062 OBSERVATION BEDS (NON-DIS							
063 FAMILY HEALTH CENTER							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING	SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	SUBTOTAL
	16	17	18	21		22	23	23a.00
066 OTHER REIMBURS COST CNTRS								
067 DURABLE MEDICAL EQUIP-REN								
070 DURABLE MEDICAL EQUIP-SOL								
071 I&R SERVICES-NOT APPRVD P								
071 HOME HEALTH AGENCY								
092 SPEC PURPOSE COST CENTERS								
095 AMBULATORY SURGICAL CENTE	5,520,675	4,535,183	3,293,210			10,597,241	6,405,561	286,891,848
095 SUBTOTALS								
096 NONREIMBURS COST CENTERS								
096 01 GIFT, FLOWER, COFFEE SHOP								5,221
096 01 SUBCORPS								
096 02 GRANTS								
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFICE								
098 01 HOSPICE								
098 02 OUTPATIENT PHARMACY								
099 NONPAID WORKERS								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	5,520,675	4,535,183	3,293,210			10,597,241	6,405,561	286,897,069

COST CENTER DESCRIPTION	PARAMED PR GM-(SPECIFY)	PARAMED AN ESTH SCHOOL	PARAMED RA BIOLOGY SCHO	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	24	24.01	24.02	25	26	27
001 GENERAL SERVICE COST CNTR						
002 OLD CAP REL COSTS-BLDG &						
003 OLD CAP REL COSTS-MVBLE E						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
006 01 NONPATIENT PHONES						
006 02 DATA PROCESSING						
006 03 PURCHASING, RECEIVING AND						
006 04 ADMINISTRATION						
006 05 CASHIERING, PATIENT ACCOU						
006 06 ADMINISTRATIVE AND GENERA						
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY						
017 MEDICAL RECORDS & LIBRARY						
018 SOCIAL SERVICE						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY & FRI						
023 I&R SERVICES-OTHER PRGM C						
024 PARAMED PRGM-(SPECIFY)						
024 01 PARAMED ANESTH SCHOOL						
024 02 PARAMED RADIOLOGY SCHO						
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS				70,927,238	-16,842,116	54,085,122
026 INTENSIVE CARE UNIT				31,730,496		31,730,496
027 CORONARY CARE UNIT				12,027,210		12,027,210
028 BURN INTENSIVE CARE UNIT						
029 SURGICAL INTENSIVE CARE U						
031 SUBPROVIDER				8,152,057	-160,686	7,991,371
031 01 SUBPROVIDER II - REHAB				4,442,820		4,442,820
031 02 SUBPROVIDER 3						
033 NURSERY				3,168,870		3,168,870
034 SKILLED NURSING FACILITY						
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM				20,917,172		20,917,172
038 RECOVERY ROOM						
039 DELIVERY ROOM & LABOR ROO						
040 ANESTHESIOLOGY				2,030,935		2,030,935
041 RADIOLOGY-DIAGNOSTIC				13,244,477		13,244,477
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE				2,125,479		2,125,479
043 01 ULTRA SOUND				1,421,552		1,421,552
043 02 CAT SCAN				3,343,216		3,343,216
043 03 CARDIAC CATHERIZATION LAB				5,872,179		5,872,179
044 LABORATORY				14,188,767		14,188,767
045 PBP CLINICAL LAB SERVICES						
046 WHOLE BLOOD & PACKED RED						
047 BLOOD STORING, PROCESSING				1,950,344		1,950,344
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY				5,701,557		5,701,557
050 PHYSICAL THERAPY				6,277,518		6,277,518
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
052 01 RADIOLOGY				724,341		724,341
053 ELECTROCARDIOLOGY				3,104,940		3,104,940
054 ELECTROENCEPHALOGRAPHY				293,221		293,221
055 MEDICAL SUPPLIES CHARGED				31,846,885		31,846,885
056 DRUGS CHARGED TO PATIENTS				12,784,214		12,784,214
058 ASC (NON-DISTINCT PART)						
059 RENAL DIALYSIS				1,055,063		1,055,063
059 01 METABOLIC SUPPORT						
059 02 CMHC						
060 OUTPAT SERVICE COST CNTRS						
060 CLINIC				483,002		483,002
060 01 A. R. C. CLINIC				2,134,176		2,134,176
060 02 CANCER CTR CLINIC				11,579,824		11,579,824
060 03 UROLOGY CLINIC				253,037		253,037
060 04 ORTHOPEDIC CLINIC						
060 05 EYE CENTER						
060 06 WOUND CARE CLINIC				1,304,093		1,304,093
060 07 DENT CLINIC						
060 08 O/P PHARMACY CLINIC				139,928		139,928
061 EMERGENCY				13,667,237		13,667,237
062 OBSERVATION BEDS (NON-DIS						
063 FAMILY HEALTH CENTER						
063 50 RHC						
063 60 FOHC						
065 OTHER REIMBURS COST CNTRS						
065 AMBULANCE SERVICES						

COST CENTER DESCRIPTION	PARAMED ED PR GM-(SPECIFY)	PARAMED ED AN ESTH SCHOOL	PARAMED ED RA BIOLOGY SCHO	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	24	24.01	24.02	25	26	27
066 OTHER REIMBURS COST CNTRS						
067 DURABLE MEDICAL EQUIP-REN						
070 DURABLE MEDICAL EQUIP-SOL						
071 I&R SERVICES-NOT APPRVD P HOME HEALTH AGENCY						
092 SPEC PURPOSE COST CENTERS						
095 AMBULATORY SURGICAL CENTE SUBTOTALS				286,891,848	-17,002,802	269,889,046
096 NONREIMBURS COST CENTERS						
096 01 GIFT, FLOWER, COFFEE SHOP				5,221		5,221
096 02 SUBCORPS						
097 01 GRANTS						
097 02 RESEARCH						
098 PHYSICIANS' PRIVATE OFFICE						
098 01 HOSPICE						
098 02 OUTPATIENT PHARMACY						
099 NONPAID WORKERS						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL				286,897,069	-17,002,802	269,894,267

ALLOCATION OF OLD CAPITAL RELATED COSTS

14-0182

FROM 1/ 1/2009

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TO 12/31/2009

PART II

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENE
	OLD CAPITAL REL COSTS	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		FITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		199	185			384	384
006 01 NONPATIENT PHONES		186	173			359	1
006 02 DATA PROCESSING		596	553			1,149	
006 03 PURCHASING, RECEIVING AND		229	213			442	1
006 04 ADMINITTING		1,015	942			1,957	8
006 05 CASHIERING, PATIENT ACCOU		527	490			1,017	5
006 06 ADMINISTRATIVE AND GENERA		1,013	941			1,954	23
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		368	342			710	11
009 LAUNDRY & LINEN SERVICE		128	119			247	1
010 HOUSEKEEPING		472	439			911	10
011 DIETARY		849	789			1,638	6
012 CAFETERIA		650	604			1,254	2
014 NURSING ADMINISTRATION		623	578			1,201	9
015 CENTRAL SERVICES & SUPPLY		626	582			1,208	4
016 PHARMACY		361	335			696	10
017 MEDICAL RECORDS & LIBRARY		440	408			848	7
018 SOCIAL SERVICE		175	163			338	5
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C		165	153			318	30
024 PARAMED ED PRGM-(SPECIFY)							
024 01 PARAMED ED ANESTH SCHOOL							
024 02 PARAMED ED RADIOLOGY SCHO							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		5,350	4,968			10,318	95
026 INTENSIVE CARE UNIT		3,447	3,202			6,649	39
027 CORONARY CARE UNIT		1,364	1,267			2,631	14
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		1,364	1,267			2,631	10
031 01 SUBPROVIDER II - REHAB		629	584			1,213	4
031 02 SUBPROVIDER 3							
033 NURSERY		568	528			1,096	3
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		1,381	1,283			2,664	22
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY		404	376			780	
041 RADIOLOGY-DIAGNOSTIC		1,162	1,079			2,241	14
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE		206	191			397	1
043 01 ULTRA SOUND		22	21			43	2
043 02 CAT SCAN		102	95			197	2
043 03 CARDIAC CATHERIZATION LAB		906	842			1,748	3
044 LABORATORY							
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		381	354			735	9
050 PHYSICAL THERAPY		1,753	1,628			3,381	6
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
052 01 RADIOLOGY		220	205			425	1
053 ELECTROCARDIOLOGY		389	361			750	3
054 ELECTROENCEPHALOGRAPHY		67	62			129	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)							
059 RENAL DIALYSIS		50	46			96	2
059 01 METABOLIC SUPPORT							
059 02 CMHC							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							1
060 01 A. R. C. CLINIC		465	432			897	2
060 02 CANCER CTR CLINIC		486	451			937	3
060 03 UROLOGY CLINIC							
060 04 ORTHOPEDIC CLINIC							
060 05 EYE CENTER							
060 06 WOUND CARE CLINIC		976	907			1,883	
060 07 EENT CLINIC							
060 08 O/P PHARMACY CLINIC		18	16			34	
061 EMERGENCY		1,431	1,329			2,760	15
062 OBSERVATION BEDS (NON-DIS							
063 FAMILY HEALTH CENTER							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
070 DURABLE MEDICAL EQUIP-SOL							
071 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
092 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS		31,763	29,503			61,266	384
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							
096 01 SUBCORPS							
096 02 GRANTS							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							
098 01 HOSPICE							
098 02 OUTPATIENT PHARMACY							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		31,763	29,503			61,266	384

ALLOCATION OF OLD CAPITAL RELATED COSTS

14-0182

FROM 1/1/2009

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TO 12/31/2009

PART II

COST CENTER DESCRIPTION	NONPATIENT PHONES	DATA PROCESSING	PURCHASING, RECEIVING AND RECEIVING	ADMINISTRATIVE	CASHIERING, PATIENT ACCOUNTS	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES	360						
006 02 DATA PROCESSING		1,149					
006 03 PURCHASING, RECEIVING AND	1		444				
006 04 ADMINISTRATION	11		2	1,978			
006 05 CASHIERING, PATIENT ACCOU	10		1		1,033		
006 06 ADMINISTRATIVE AND GENERA	32		24			2,033	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	19		7			77	
009 LAUNDRY & LINEN SERVICE						13	
010 HOUSEKEEPING	4		5			39	
011 DIETARY	8		27			30	
012 CAFETERIA						10	
014 NURSING ADMINISTRATION	3		1			32	
015 CENTRAL SERVICES & SUPPLY	4		5			18	
016 PHARMACY	8		1			35	
017 MEDICAL RECORDS & LIBRARY	13		1			28	
018 SOCIAL SERVICE	4		1			20	
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI						70	
023 I&R SERVICES-OTHER PRGM C	10		1			41	
024 PARAMEDICAL PRGM-(SPECIFY)							
024 01 PARAMEDICAL ANESTH SCHOOL							
024 02 PARAMEDICAL RADIOLOGY SCHO							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	47	123	30	139	123	404	
026 INTENSIVE CARE UNIT	20	85	21	256	85	166	
027 CORONARY CARE UNIT	7	35	5	106	35	61	
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	5	13	1	40	13	40	
031 01 SUBPROVIDER II - REHAB	3	9	1	27	9	24	
031 02 SUBPROVIDER 3							
033 NURSERY		5		16	5	16	
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	32	114	191	164	114	113	
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	6	24	10	39	24	10	
041 RADIOLOGY-DIAGNOSTIC	24	75	19	75	75	77	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	2	8		8	8	10	
043 01 ULTRA SOUND	1	10		7	10	9	
043 02 CAT SCAN	1	46	5	60	46	19	
043 03 CARDIAC CATHERIZATION LAB	11	33	56	62	33	30	
044 LABORATORY	11	98		211	98	92	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING		12		34	12	13	
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	8	32	3	89	32	35	
050 PHYSICAL THERAPY	7	16	1	24	16	33	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
052 01 RADIOLOGY	1	1			1	4	
053 ELECTROCARDIOLOGY	5	16	2	28	16	18	
054 ELECTROENCEPHALOGRAPHY	3	1		1	1	2	
055 MEDICAL SUPPLIES CHARGED		75		138	75	210	
056 DRUGS CHARGED TO PATIENTS		208		329	92	81	
058 ASC (NON-DISTINCT PART)							
059 RENAL DIALYSIS	1	6	3	17	6	6	
059 01 METABOLIC SUPPORT							
059 02 CMHC							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	5	3	2		3	3	
060 01 A. R. C. CLINIC	3	9	1	1	9	12	
060 02 CANCER CTR CLINIC	11	15	2	3	15	47	
060 03 UROLOGY CLINIC		1			1	2	
060 04 ORTHOPEDIC CLINIC							
060 05 EYE CENTER							
060 06 WOUND CARE CLINIC	1					4	
060 07 DENT CLINIC							
060 08 O/P PHARMACY CLINIC							
061 EMERGENCY	18	76	15	104	76	78	
062 OBSERVATION BEDS (NON-DIS							
063 FAMILY HEALTH CENTER							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							



ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING, PATIENT ACCOU							
006 06 ADMINISTRATIVE AND GENERA							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	824						
009 LAUNDRY & LINEN SERVICE	4	265					
010 HOUSEKEEPING	14		983				
011 DIETARY	25		31	1,765			
012 CAFETERIA	19		24		1,309		
014 NURSING ADMINISTRATION	19		23		24	1,312	
015 CENTRAL SERVICES & SUPPLY	19		23		32	2	1,315
016 PHARMACY	11		13		37	1	1
017 MEDICAL RECORDS & LIBRARY	13		16		35		
018 SOCIAL SERVICE	5		6		13	17	
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	5		6		116	1	
024 PARAMEDICAL PRGM-(SPECIFY)							
024 01 PARAMEDICAL ANESTH SCHOOL							
024 02 PARAMEDICAL RADIOLOGY SCHO							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	158	77	197	773	332	645	87
026 INTENSIVE CARE UNIT	103	39	127	432	179	266	72
027 CORONARY CARE UNIT	41	23	50	230	78	102	14
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	41	20	50	223	47	47	1
031 01 SUBPROVIDER II - REHAB	19	9	23	107	24		4
031 02 SUBPROVIDER 3							
033 NURSERY	17	8	21		19	56	4
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	41	37	51		90	84	698
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	12		15		2	1	40
041 RADIOLOGY-DIAGNOSTIC	35	22	43		60	10	69
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	6	1	8		5		
043 01 ULTRA SOUND	1	4	1		7		2
043 02 CAT SCAN	3	7	4		10		21
043 03 CARDIAC CATHERIZATION LAB	27	1	33		19	3	222
044 LABORATORY							
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	11		14		44	1	11
050 PHYSICAL THERAPY	52	7	64		20	2	3
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
052 01 RADIOLOGY	7				2	3	
053 ELECTROCARDIOLOGY	12		14		13	1	2
054 ELECTROENCEPHALOGRAPHY	2				1		
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)							
059 RENAL DIALYSIS	1		2		5	4	11
059 01 METABOLIC SUPPORT							
059 02 CMHC							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		1			4	2	6
060 01 A. R. C. CLINIC	14		17		7		1
060 02 CANCER CTR CLINIC	14		18		10	7	2
060 03 UROLOGY CLINIC							
060 04 ORTHOPEDIC CLINIC							
060 05 EYE CENTER							
060 06 WOUND CARE CLINIC	29		36				1
060 07 DENT CLINIC							
060 08 O/P PHARMACY CLINIC	1				1		
061 EMERGENCY	43	9	53		73	57	43
062 OBSERVATION BEDS (NON-DIS							
063 FAMILY HEALTH CENTER							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
092 SPEC PURPOSE COST CENTERS							
095 AMBULATORY SURGICAL CENTE	824	265	983	1,765	1,309	1,312	1,315
096 SUBTOTALS							
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							
096 01 SUBCORPS							
096 02 GRANTS							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							
098 01 HOSPICE							
098 02 OUTPATIENT PHARMACY							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	824	265	983	1,765	1,309	1,312	1,315

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED PRGM-(SPECIFY)
	16	17	18	21	22	23	24
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING, PATIENT ACCOU							
006 06 ADMINISTRATIVE AND GENERA							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	813						
017 MEDICAL RECORDS & LIBRARY		961					
018 SOCIAL SERVICE	10		419				
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI					70		
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED PRGM-(SPECIFY)							528
024 01 PARAMED ANESTH SCHOOL							
024 02 PARAMED RADIOLOGY SCHO							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	29	123	249				
026 INTENSIVE CARE UNIT	26	85	118				
027 CORONARY CARE UNIT	9	35	52				
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		13					
031 01 SUBPROVIDER II - REHAB	1	9					
031 02 SUBPROVIDER 3							
033 NURSERY		5					
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	9	114					
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	17	24					
041 RADIOLOGY-DIAGNOSTIC	12	75					
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	55	8					
043 01 ULTRA SOUND		10					
043 02 CAT SCAN	4	46					
043 03 CARDIAC CATHETERIZATION LAB	3	33					
044 LABORATORY		98					
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING		12					
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		32					
050 PHYSICAL THERAPY		16					
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
052 01 RADIOLOGY		1					
053 ELECTROCARDIOLOGY	1	16					
054 ELECTROENCEPHALOGRAPHY		1					
055 MEDICAL SUPPLIES CHARGED		75					
056 DRUGS CHARGED TO PATIENTS		20					
058 ASC (NON-DISTINCT PART)							
059 RENAL DIALYSIS		6					
059 01 METABOLIC SUPPORT							
059 02 CMHC							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1	3					
060 01 A. R. C. CLINIC		9					
060 02 CANCER CTR CLINIC	604	15					
060 03 UROLOGY CLINIC		1					
060 04 ORTHOPEDIC CLINIC							
060 05 EYE CENTER							
060 06 WOUND CARE CLINIC							
060 07 DENT CLINIC							
060 08 O/P PHARMACY CLINIC							
061 EMERGENCY	32	76					
062 OBSERVATION BEDS (NON-DIS							
063 FAMILY HEALTH CENTER							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							



ALLOCATION OF OLD CAPITAL RELATED COSTS

	PARAMED ED AN ESTH SCHOOL	PARAMED ED RADIOLOGY SCHO	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24.01	24.02	25	26	27
001	GENERAL SERVICE COST CNTR				
002	OLD CAP REL COSTS-BLDG &				
003	OLD CAP REL COSTS-MVBLE E				
004	NEW CAP REL COSTS-BLDG &				
005	NEW CAP REL COSTS-MVBLE E				
006	EMPLOYEE BENEFITS				
006	01	NONPATIENT PHONES			
006	02	DATA PROCESSING			
006	03	PURCHASING, RECEIVING AND			
006	04	ADMINISTRATIVE			
006	05	CASHIERING, PATIENT ACCOU			
006	06	ADMINISTRATIVE AND GENERA			
007	MAINTENANCE & REPAIRS				
008	OPERATION OF PLANT				
009	LAUNDRY & LINEN SERVICE				
010	HOUSEKEEPING				
011	DIETARY				
012	CAFETERIA				
014	NURSING ADMINISTRATION				
015	CENTRAL SERVICES & SUPPLY				
016	PHARMACY				
017	MEDICAL RECORDS & LIBRARY				
018	SOCIAL SERVICE				
021	NURSING SCHOOL				
022	I&R SERVICES-SALARY & FRI				
023	I&R SERVICES-OTHER PRGM C				
024	PARAMED ED PRGM-(SPECIFY)				
024	01	PARAMED ED ANESTH SCHOOL			
024	02	PARAMED ED RADIOLOGY SCHO			
025	INPAT ROUTINE SRVC CNTRS				
025	ADULTS & PEDIATRICS				
026	INTENSIVE CARE UNIT				
027	CORONARY CARE UNIT				
028	BURN INTENSIVE CARE UNIT				
029	SURGICAL INTENSIVE CARE U				
031	SUBPROVIDER				
031	01	SUBPROVIDER II - REHAB			
031	02	SUBPROVIDER 3			
033	NURSERY				
034	SKILLED NURSING FACILITY				
037	ANCILLARY SRVC COST CNTRS				
037	OPERATING ROOM				
038	RECOVERY ROOM				
039	DELIVERY ROOM & LABOR ROO				
040	ANESTHESIOLOGY				
041	RADIOLOGY-DIAGNOSTIC				
042	RADIOLOGY-THERAPEUTIC				
043	RADIOISOTOPE				
043	01	ULTRA SOUND			
043	02	CAT SCAN			
043	03	CARDIAC CATHETERIZATION LAB			
044	LABORATORY				
045	PBP CLINICAL LAB SERVICES				
046	WHOLE BLOOD & PACKED RED				
047	BLOOD STORING, PROCESSING				
048	INTRAVENOUS THERAPY				
049	RESPIRATORY THERAPY				
050	PHYSICAL THERAPY				
051	OCCUPATIONAL THERAPY				
052	SPEECH PATHOLOGY				
052	01	CARDIOLOGY			
053	ELECTROCARDIOLOGY				
054	ELECTROENCEPHALOGRAPHY				
055	MEDICAL SUPPLIES CHARGED				
056	DRUGS CHARGED TO PATIENTS				
058	ASC (NON-DISTINCT PART)				
059	RENAL DIALYSIS				
059	01	METABOLIC SUPPORT			
059	02	CMHC			
060	OUTPAT SERVICE COST CNTRS				
060	CLINIC				
060	01	A. R. C. CLINIC			
060	02	CANCER CTR CLINIC			
060	03	UROLOGY CLINIC			
060	04	ORTHOPEDIC CLINIC			
060	05	EYE CENTER			
060	06	WOUND CARE CLINIC			
060	07	EENT CLINIC			
060	08	O/P PHARMACY CLINIC			
061	EMERGENCY				
062	OBSERVATION BEDS (NON-DIS				
063	FAMILY HEALTH CENTER				
063	50	RHC			
063	60	FOHC			
065	OTHER REIMBURS COST CNTRS				
065	AMBULANCE SERVICES				

	PARAMED ED AN ESTH SCHOOL	PARAMED ED RA DI OLOGY SCHO	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24.01	24.02	25	26	27
066	OTHER REIMBURS COST CNTRS				
067	DURABLE MEDICAL EQUIP-REN				
070	DURABLE MEDICAL EQUIP-SOL				
071	I&R SERVICES-NOT APPRVD P				
	HOME HEALTH AGENCY				
	SPEC PURPOSE COST CENTERS				
092	AMBULATORY SURGICAL CENTE				
095	SUBTOTALS				
			60,668		60,668
	NONREIMBURS COST CENTERS				
096	GIFT, FLOWER, COFFEE SHOP				
096 01	SUBCORPS				
096 02	GRANTS				
097	RESEARCH				
098	PHYSICIANS' PRIVATE OFFIC				
098 01	HOSPICE				
098 02	OUTPATIENT PHARMACY				
099	NONPAID WORKERS				
101	CROSS FOOT ADJUSTMENTS				
102	NEGATIVE COST CENTER				
103	TOTAL				
			598		598
			61,266		61,266



COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
070 DURABLE MEDICAL EQUIP-SOL							
071 I&R SERVICES-NOT APPRVD P HOME HEALTH AGENCY							
092 SPEC PURPOSE COST CENTERS							
095 AMBULATORY SURGICAL CENTE SUBTOTALS				7,841,624	11,863,016	19,704,640	123,743
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP SUBCORPS							4
096 02 GRANTS							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							
098 01 HOSPICE							
098 02 OUTPATIENT PHARMACY							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				7,841,624	11,863,016	19,704,640	123,747

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0182  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/26/2010  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	NONPATIENT PHONES	DATA PROCESSING	PURCHASING, RECEIVING AND RECEIVING	ADMINISTRATIVE	CASHIERING, PATIENT ACCOUNTS	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES	115,852						
006 02 DATA PROCESSING		369,473					
006 03 PURCHASING, RECEIVING AND		439	142,923				
006 04 ADMINISTRATION		3,511	591	636,154			
006 05 CASHIERING, PATIENT ACCOU		3,072	238		332,295		
006 06 ADMINISTRATIVE AND GENERA		10,288	7,725			654,604	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		6,144	2,384			26,314	
009 LAUNDRY & LINEN SERVICE		146	33			4,391	
010 HOUSEKEEPING		1,414	1,756			13,357	
011 DIETARY		2,438	8,817			10,230	
012 CAFETERIA						3,444	
014 NURSING ADMINISTRATION		1,121	267			11,000	
015 CENTRAL SERVICES & SUPPLY		1,219	1,710			6,272	
016 PHARMACY		2,633	489			11,927	
017 MEDICAL RECORDS & LIBRARY		4,145	176			9,582	
018 SOCIAL SERVICE		1,365	283			6,896	
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI						24,175	
023 I&R SERVICES-OTHER PRGM C		3,121	434			13,968	
024 PARAMEDICAL PRGM-(SPECIFY)							
024 01 PARAMEDICAL ANESTH SCHOOL							
024 02 PARAMEDICAL RADIOLOGY SCHO							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	15,748	42,340	9,651	99,387	38,020	95,718	
026 INTENSIVE CARE UNIT	6,582	29,291	6,952	74,808	26,302	57,081	
027 CORONARY CARE UNIT	2,097	12,145	1,479	31,019	10,906	20,838	
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	1,658	4,534	260	11,579	4,071	13,717	
031 01 SUBPROVIDER II - REHAB	975	3,086	475	7,880	2,771	8,157	
031 02 SUBPROVIDER 3							
033 NURSERY		1,865		4,763	1,675	5,613	
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	10,142	39,257	59,593	47,799	35,251	38,892	
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	1,804	8,142	3,328	11,364	7,311	3,315	
041 RADIOLOGY-DIAGNOSTIC	7,704	25,768	6,286	21,911	23,138	26,559	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	683	2,752	47	2,196	2,471	3,570	
043 01 ULTRA SOUND	244	3,507	155	1,985	3,149	3,012	
043 02 CAT SCAN	244	15,942	1,773	17,474	14,316	6,685	
043 03 CARDIAC CATHETERIZATION LAB	3,413	11,151	18,389	18,186	10,013	10,366	
044 LABORATORY	3,511	33,766		61,712	30,320	31,422	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING		4,261		9,931	3,827	4,330	
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	2,682	10,909	1,061	26,054	9,796	11,923	
050 PHYSICAL THERAPY	2,340	5,380	428	6,885	4,831	11,373	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
052 01 RADIOLOGY	341	179	44	69	161	1,402	
053 ELECTROCARDIOLOGY	1,463	5,619	706	8,055	5,046	6,274	
054 ELECTROENCEPHALOGRAPHY	1,073	290	51	285	260	592	
055 MEDICAL SUPPLIES CHARGED		25,702		40,303	23,080	71,930	
056 DRUGS CHARGED TO PATIENTS		45,766		96,144	41,620	27,879	
058 ASC (NON-DISTINCT PART)							
059 RENAL DIALYSIS	244	2,011	941	4,983	1,806	2,159	
059 01 METABOLIC SUPPORT							
059 02 CMHC							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,463	1,013	686		909	988	
060 01 A. R. C. CLINIC	1,121	3,163	184	254	2,840	4,071	
060 02 CANCER CTR CLINIC	3,413	4,974	692	740	4,467	16,097	
060 03 UROLOGY CLINIC		397		42	356	566	
060 04 ORTHOPEDIC CLINIC							
060 05 EYE CENTER							
060 06 WOUND CARE CLINIC	195	145	64	2	130	1,529	
060 07 DENT CLINIC							
060 08 O/P PHARMACY CLINIC		136	15	1	122	294	
061 EMERGENCY	5,656	25,982	4,760	30,343	23,330	26,684	
062 OBSERVATION BEDS (NON-DIS							
063 FAMILY HEALTH CENTER							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							

COST CENTER DESCRIPTION	NONPATIENT PHONES	PH DATA NG	PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING	CASHIERING, PATIENT ACCOUNT	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS		
	6.01		6.02		6.03		6.04	6.05	6.06	7
066 OTHER REIMBURS COST CNTRS										
067 DURABLE MEDICAL EQUIP-REN										
070 DURABLE MEDICAL EQUIP-SOL										
071 I&R SERVICES-NOT APPRVD P HOME HEALTH AGENCY										
092 SPEC PURPOSE COST CENTERS										
095 AMBULATORY SURGICAL CENTER SUBTOTALS	115,852		369,473		142,923		636,154	332,295	654,592	
096 NONREIMBURS COST CENTERS										
096 01 GIFT, FLOWER, COFFEE SHOP									12	
096 02 SUBCORPS										
097 01 GRANTS										
097 02 RESEARCH										
098 PHYSICIANS' PRIVATE OFFICE										
098 01 HOSPICE										
098 02 OUTPATIENT PHARMACY										
099 NONPAID WORKERS										
101 CROSS FOOT ADJUSTMENTS										
102 NEGATIVE COST CENTER										
103 TOTAL	115,852		369,473		142,923		636,154	332,295	654,604	

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING, PATIENT ACCOU							
006 06 ADMINISTRATIVE AND GENERA							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	266,750						
009 LAUNDRY & LINEN SERVICE	1,239	85,693					
010 HOUSEKEEPING	4,560		317,662				
011 DIETARY	8,199		10,094	568,597			
012 CAFETERIA	6,275		7,726		421,285		
014 NURSING ADMINISTRATION	6,011		7,400		7,740	422,729	
015 CENTRAL SERVICES & SUPPLY	6,046		7,443		10,378	658	423,675
016 PHARMACY	3,483		4,288		11,785	219	421
017 MEDICAL RECORDS & LIBRARY	4,246		5,227		11,258		6
018 SOCIAL SERVICE	1,693		2,085		4,222	5,552	
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	1,591		1,959		37,291	439	55
024 PARAMEDICAL PRGM-(SPECIFY)							
024 01 PARAMEDICAL ANESTH SCHOOL							
024 02 PARAMEDICAL RADIOLOGY SCHO							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	51,634	24,659	63,576	249,201	107,474	207,792	28,177
026 INTENSIVE CARE UNIT	33,280	12,639	40,974	139,054	57,696	85,690	23,114
027 CORONARY CARE UNIT	13,170	7,569	16,215	74,226	25,154	32,876	4,517
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	13,170	6,403	16,215	71,785	15,128	15,209	344
031 01 SUBPROVIDER II - REHAB	6,074	3,062	7,478	34,331	7,564		1,413
031 02 SUBPROVIDER 3							
033 NURSERY	5,485	2,485	6,753		5,981	17,930	1,361
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	13,336	11,826	16,420		28,848	27,236	223,825
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	3,904		4,807		704	219	12,792
041 RADIOLOGY-DIAGNOSTIC	11,220	6,992	13,814		19,349	3,204	22,295
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	1,987	430	2,446		1,583		110
043 01 ULTRA SOUND	217	1,291	267		2,111		569
043 02 CAT SCAN	984	2,353	1,211		3,166		6,911
043 03 CARDIAC CATHERIZATION LAB	8,749	398	10,771		6,157	856	71,609
044 LABORATORY							
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	3,675		4,525		14,248	329	3,503
050 PHYSICAL THERAPY	16,922	2,279	20,834		6,332	658	1,010
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
052 01 RADIOLOGY	2,128				704	944	56
053 ELECTROCARDIOLOGY	3,756		4,624		4,222	439	736
054 ELECTROENCEPHALOGRAPHY	644				352		79
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)							
059 RENAL DIALYSIS	481		593		1,583	1,148	3,668
059 01 METABOLIC SUPPORT							
059 02 CMHC							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		180					
060 01 A. R. C. CLINIC	4,488		5,526		1,407	658	1,955
060 02 CANCER CTR CLINIC	4,690		5,774		2,111		210
060 03 UROLOGY CLINIC					3,166	2,414	680
060 04 ORTHOPEDIC CLINIC							
060 05 EYE CENTER							
060 06 WOUND CARE CLINIC	9,426	61	11,605				247
060 07 DENT CLINIC							
060 08 O/P PHARMACY CLINIC	170				176		
061 EMERGENCY	13,817	3,066	17,012		23,395	18,259	14,012
062 OBSERVATION BEDS (NON-DIS							
063 FAMILY HEALTH CENTER							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
070 DURABLE MEDICAL EQUIP-SOL							
071 I&R SERVICES-NOT APPRVD P HOME HEALTH AGENCY							
092 SPEC PURPOSE COST CENTERS							
095 AMBULATORY SURGICAL CENTE SUBTOTALS	266,750	85,693	317,662	568,597	421,285	422,729	423,675
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP SUBCORPS							
096 02 GRANTS							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							
098 01 HOSPICE							
098 02 OUTPATIENT PHARMACY							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	266,750	85,693	317,662	568,597	421,285	422,729	423,675

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NURSING SCHOOL 21	I&R SERVICES-SALARY & FRI 22	I&R SERVICES-OTHER PRGM C 23	PARAMED ED PRGM-(SPECIFY) 24
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING, PATIENT ACCOU							
006 06 ADMINISTRATIVE AND GENERA							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	262,566						
017 MEDICAL RECORDS & LIBRARY		309,775					
018 SOCIAL SERVICE	3,283		135,846				
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI					24,175		
023 I&R SERVICES-OTHER PRGM C						171,541	
024 PARAMED ED PRGM-(SPECIFY)							
024 01 PARAMED ED ANESTH SCHOOL							
024 02 PARAMED ED RADIOLOGY SCHO							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	9,493	35,427	80,658				
026 INTENSIVE CARE UNIT	8,343	24,509	38,207				
027 CORONARY CARE UNIT	3,034	10,163	16,981				
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	1	3,794					
031 01 SUBPROVIDER II - REHAB	200	2,582					
031 02 SUBPROVIDER 3							
033 NURSERY	80	1,560					
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,762	32,848					
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	5,454	6,813					
041 RADIOLOGY-DIAGNOSTIC	3,739	21,561					
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	17,884	2,303					
043 01 ULTRA SOUND	6	2,934					
043 02 CAT SCAN	1,440	13,340					
043 03 CARDIAC CATHERIZATION LAB	830	9,330					
044 LABORATORY		28,253					
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING		3,566					
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	2	9,128					
050 PHYSICAL THERAPY		4,501					
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
052 01 RADIOLOGY		150					
053 ELECTROCARDIOLOGY	239	4,702					
054 ELECTROENCEPHALOGRAPHY		242					
055 MEDICAL SUPPLIES CHARGED		21,506					
056 DRUGS CHARGED TO PATIENTS		38,917					
058 ASC (NON-DISTINCT PART)							
059 RENAL DIALYSIS	127	1,683					
059 01 METABOLIC SUPPORT							
059 02 CMHC							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	187	847					
060 01 A. R. C. CLINIC		2,647					
060 02 CANCER CTR CLINIC	194,998	4,162					
060 03 UROLOGY CLINIC		332					
060 04 ORTHOPEDIC CLINIC							
060 05 EYE CENTER							
060 06 WOUND CARE CLINIC	1	121					
060 07 DENT CLINIC							
060 08 O/P PHARMACY CLINIC	68	114					
061 EMERGENCY	10,395	21,740					
062 OBSERVATION BEDS (NON-DIS							
063 FAMILY HEALTH CENTER							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NURSING SCHOOL 21	I&R SERVICES- SALARY & FRI 22	I&R SERVICES- OTHER PRGM C 23	PARAMED ED PR GM-(SPECIFY) 24
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
070 DURABLE MEDICAL EQUIP-SOL							
071 I&R SERVICES-NOT APPRVD P HOME HEALTH AGENCY							
092 SPEC PURPOSE COST CENTERS							
095 AMBULATORY SURGICAL CENTE SUBTOTALS	262,566	309,775	135,846				
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP SUBCORPS							
096 02 GRANTS							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							
098 01 HOSPICE							
098 02 OUTPATIENT PHARMACY							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS					24,175	171,541	
102 NEGATIVE COST CENTER							
103 TOTAL	262,566	309,775	135,846		24,175	171,541	

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0182

FROM 1/ 1/2009

WORKSHEET B

TO 12/31/2009

PART III

	PARAMED ED AN ESTH SCHOOL	PARAMED ED RA DI OLOGY SCHO	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24.01	24.02	25	26	27
001	GENERAL SERVICE COST CNTR				
002	OLD CAP REL COSTS-BLDG &				
003	OLD CAP REL COSTS-MVBLE E				
004	NEW CAP REL COSTS-BLDG &				
005	NEW CAP REL COSTS-MVBLE E				
006	EMPLOYEE BENEFITS				
006	01				
006	02				
006	03				
006	04				
006	05				
006	06				
007	NONPATIENT PHONES				
008	DATA PROCESSING				
009	PURCHASING, RECEIVING AND				
010	ADMINISTRATIVE				
011	CASHIERING, PATIENT ACCOU				
012	ADMINISTRATIVE AND GENERA				
013	MAINTENANCE & REPAIRS				
014	OPERATION OF PLANT				
015	LAUNDRY & LINEN SERVICE				
016	HOUSEKEEPING				
017	DIETARY				
018	CAFETERIA				
019	NURSING ADMINISTRATION				
020	CENTRAL SERVICES & SUPPLY				
021	PHARMACY				
022	MEDICAL RECORDS & LIBRARY				
023	SOCIAL SERVICE				
024	NURSING SCHOOL				
025	I&R SERVICES-SALARY & FRI				
026	I&R SERVICES-OTHER PRGM C				
027	PARAMED ED PRGM-(SPECIFY)				
028	01				
029	02				
030	PARAMED ED ANESTH SCHOOL				
031	PARAMED ED RADIOLOGY SCHO				
032	INPAT ROUTINE SRVC CNTRS				
033	ADULTS & PEDIATRICS				
034	INTENSIVE CARE UNIT				
035	CORONARY CARE UNIT				
036	BURN INTENSIVE CARE UNIT				
037	SURGICAL INTENSIVE CARE U				
038	SUBPROVIDER				
039	01				
040	02				
041	SUBPROVIDER II - REHAB				
042	SUBPROVIDER 3				
043	NURSERY				
044	SKILLED NURSING FACILITY				
045	ANCILLARY SRVC COST CNTRS				
046	OPERATING ROOM				
047	RECOVERY ROOM				
048	DELIVERY ROOM & LABOR ROO				
049	ANESTHESIOLOGY				
050	RADIOLOGY-DIAGNOSTIC				
051	RADIOLOGY-THERAPEUTIC				
052	RADIOISOTOPE				
053	01				
054	02				
055	03				
056	ULTRA SOUND				
057	CAT SCAN				
058	CARDIAC CATHETERIZATION LAB				
059	LABORATORY				
060	PBP CLINICAL LAB SERVICES				
061	WHOLE BLOOD & PACKED RED				
062	BLOOD STORING, PROCESSING				
063	INTRAVENOUS THERAPY				
064	RESPIRATORY THERAPY				
065	PHYSICAL THERAPY				
066	OCCUPATIONAL THERAPY				
067	SPEECH PATHOLOGY				
068	01				
069	02				
070	03				
071	04				
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264	197				
265	198				
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267	200				
268	201				
269	202				
270	203				
271	204				
272	205				
273	206				

	PARAMED ED AN ESTH SCHOOL	PARAMED ED RA DI OLOGY SCHO	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24.01	24.02	25	26	27
066	OTHER REIMBURS COST CNTRS				
067	DURABLE MEDICAL EQUIP-REN				
070	DURABLE MEDICAL EQUIP-SOL				
071	I&R SERVICES-NOT APPRVD P				
	HOME HEALTH AGENCY				
	SPEC PURPOSE COST CENTERS				
092	AMBULATORY SURGICAL CENTE				
095	SUBTOTALS				
			19,508,908		19,508,908
	NONREIMBURS COST CENTERS				
096	GIFT, FLOWER, COFFEE SHOP				
096 01	SUBCORPS				
096 02	GRANTS				
097	RESEARCH				
098	PHYSICIANS' PRIVATE OFFIC				
098 01	HOSPICE				
098 02	OUTPATIENT PHARMACY				
099	NONPAID WORKERS				
101	CROSS FOOT ADJUSTMENTS				
102	NEGATIVE COST CENTER				
103	TOTAL				
			195,716		195,716
			19,704,640		19,704,640

COST CENTER DESCRIPTION		OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE (SQUARE FEET)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (SQUARE FEET)	EMPLOYEE BENE FITS (GROSS SALARIES)	NONPATIENT PHONES (NONPATIENT PHONES)
		1	2	3	4	5	6.01
001	GENERAL SERVICE COST						
002	OLD CAP REL COSTS-BLD	368,149					
003	OLD CAP REL COSTS-MVB		368,149				
004	NEW CAP REL COSTS-BLD			368,149			
005	NEW CAP REL COSTS-MVB				368,149		
006	EMPLOYEE BENEFITS	2,312	2,312	2,312	2,312	119,093,785	
006 01	NONPATIENT PHONES	2,156	2,156	2,156	2,156	437,463	2,376
006 02	DATA PROCESSING	6,903	6,903	6,903	6,903		
006 03	PURCHASING, RECEIVING	2,657	2,657	2,657	2,657	261,779	9
006 04	ADMINISTRATIVE	11,760	11,760	11,760	11,760	2,516,694	72
006 05	CASHIERING, PATIENT A	6,111	6,111	6,111	6,111	1,831,774	63
006 06	ADMINISTRATIVE AND GE	11,742	11,742	11,742	11,742	7,812,938	211
007	MAINTENANCE & REPAIRS						
008	OPERATION OF PLANT	4,263	4,263	4,263	4,263	3,598,164	126
009	LAUNDRY & LINEN SERVI	1,488	1,488	1,488	1,488	232,004	3
010	HOUSEKEEPING	5,474	5,474	5,474	5,474	3,452,795	29
011	DIETARY	9,843	9,843	9,843	9,843	1,912,542	50
012	CAFETERIA	7,534	7,534	7,534	7,534	571,741	
014	NURSING ADMINISTRATION	7,216	7,216	7,216	7,216	2,852,557	23
015	CENTRAL SERVICES & SU	7,258	7,258	7,258	7,258	1,419,234	25
016	PHARMACY	4,181	4,181	4,181	4,181	3,406,373	54
017	MEDICAL RECORDS & LIB	5,097	5,097	5,097	5,097	2,237,726	85
018	SOCIAL SERVICE	2,033	2,033	2,033	2,033	1,591,978	28
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY &						
023	I&R SERVICES-OTHER PR	1,910	1,910	1,910	1,910	10,060,159	64
024	PARAMEDICAL PRGM-(SPEC						
024 01	PARAMEDICAL ANESTH SCH						
024 02	PARAMEDICAL RADIOLOGY						
025	INPAT ROUTINE SRVC CN						
026	ADULTS & PEDIATRICS	61,993	61,993	61,993	61,993	22,170,735	323
027	INTENSIVE CARE UNIT	39,954	39,954	39,954	39,954	12,898,807	135
028	CORONARY CARE UNIT	15,811	15,811	15,811	15,811	4,819,659	43
029	BURN INTENSIVE CARE U						
031	SURGICAL INTENSIVE CA						
031 01	SUBPROVIDER - REHA	15,811	15,811	15,811	15,811	3,230,422	34
031 02	SUBPROVIDER 3	7,292	7,292	7,292	7,292	1,303,476	20
033	NURSERY	6,585	6,585	6,585	6,585	1,098,895	
034	SKILLED NURSING FACIL						
037	ANCILLARY SRVC COST C						
038	OPERATING ROOM	16,011	16,011	16,011	16,011	7,335,496	208
039	RECOVERY ROOM						
040	DELIVERY ROOM & LABOR						
041	ANESTHESIOLOGY	4,687	4,687	4,687	4,687	81,439	37
042	RADIOLOGY-DIAGNOSTIC	13,470	13,470	13,470	13,470	4,771,875	158
043	RADIOLOGY-THERAPEUTIC						
043 01	RADIOISOTOPE	2,385	2,385	2,385	2,385	430,743	14
043 02	ULTRA SOUND	260	260	260	260	695,154	5
043 03	CAT SCAN	1,181	1,181	1,181	1,181	744,903	5
044	CARDIAC CATHETERIZATION	10,503	10,503	10,503	10,503	1,078,759	70
045	LABORATORY						72
046	PBP CLINICAL LAB SERV						
047	WHOLE BLOOD & PACKED						
048	BLOOD STORING, PROCES						
049	INTRAVENOUS THERAPY	4,412	4,412	4,412	4,412	2,850,289	55
050	RESPIRATORY THERAPY	20,315	20,315	20,315	20,315	2,111,804	48
051	PHYSICAL THERAPY						
052	OCCUPATIONAL THERAPY						
052 01	SPEECH PATHOLOGY	2,555	2,555	2,555	2,555	314,420	7
053	CARDIOLOGY	4,509	4,509	4,509	4,509	1,122,866	30
054	ELECTROCARDIOLOGY	773	773	773	773	93,823	22
055	ELECTROENCEPHALOGRAPH						
056	MEDICAL SUPPLIES CHAR						
058	DRUGS CHARGED TO PATI						
059	ASC (NON-DISTINCT PAR						
059 01	RENAL DIALYSIS	578	578	578	578	504,836	5
059 02	METABOLIC SUPPORT						
060	CMHC						
060 01	OUTPAT SERVICE COST C					377,253	30
060 02	CLINIC					793,500	23
060 03	A. R. C. CLINIC	5,388	5,388	5,388	5,388	1,063,343	70
060 04	CANCER CTR CLINIC	5,630	5,630	5,630	5,630		
060 05	UROLOGY CLINIC						
060 06	ORTHOPEDIC CLINIC						
060 07	EYE CENTER						
060 08	WOUND CARE CLINIC	11,316	11,316	11,316	11,316	4,722	4
061	EENT CLINIC						
062	O/P PHARMACY CLINIC	204	204	204	204	72,334	
063	EMERGENCY	16,588	16,588	16,588	16,588	4,924,564	116
064	OBSERVATION BEDS (NON						
065	FAMILY HEALTH CENTER						

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (SQUARE FEET)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (SQUARE FEET)	EMPLOYEE BENE FITS (GROSS SALARIES)	NONPATIENT PHONES (NONPATIENT PHONES)
	1	2	3	4	5	6.01
063 50 RHC						
063 60 FOHC						
065 OTHER REIMBURS COST C						
066 AMBULANCE SERVICES						
067 DURABLE MEDICAL EQUIP						
070 DURABLE MEDICAL EQUIP						
071 I&R SERVICES-NOT APPR						
092 HOME HEALTH AGENCY						
095 SPEC PURPOSE COST CEN						
096 AMBULATORY SURGICAL C						
095 SUBTOTALS	368,149	368,149	368,149	368,149	119,090,038	2,376
096 NONREIMBURS COST CENT						
096 01 GIFT, FLOWER, COFFEE					3,747	
096 01 SUBCORPS						
096 02 GRANTS						
097 RESEARCH						
098 PHYSICIANS' PRIVATE O						
098 01 HOSPICE						
098 02 OUTPATIENT PHARMACY						
099 NONPAID WORKERS						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	31,763	29,503	7,841,624	11,863,016	30,726,406	1,367,799
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.086278	.080139	21.300137	32.223410	.258002	575.672980
105 COST TO BE ALLOCATED (WRKSHT B, PART II)					384	360
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)					.000003	.151515
107 COST TO BE ALLOCATED (WRKSHT B, PART III)					123,747	115,852
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.001039	48.759259

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING	CASHIERING, PATIENT ACCOUNT	RECONCILIATION	ADMINISTRATIVE MAINTENANCE & GENERAL REPAIRS	(SQUARE FEET)
	(PATIENT REVENUE)	(PURCHASE REQUISITION)	(INPATIENT REVENUE)	(PATIENT REVENUE)		(ACCUM. COST)	
	6.02	6.03	6.04	6.05	6a.06	6.06	7
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING	1077,551,352						
006 03 PURCHASING, RECEIVING		36,496,139					
006 04 ADMITTING		151,008	726,266,744				
006 05 CASHIERING, PATIENT A		60,893		1077,551,352			
006 06 ADMINISTRATIVE AND GE		1,972,689			-14,540,352	272,356,717	
007 MAINTENANCE & REPAIRS							324,508
008 OPERATION OF PLANT		608,696				10,950,409	4,263
009 LAUNDRY & LINEN SERVI		8,397				1,827,315	1,488
010 HOUSEKEEPING		448,320				5,558,403	5,474
011 DIETARY		2,251,450				4,257,025	9,843
012 CAFETERIA						1,433,154	7,534
014 NURSING ADMINISTRATIO		68,268				4,577,802	7,216
015 CENTRAL SERVICES & SU		436,730				2,610,269	7,258
016 PHARMACY		124,873				4,963,532	4,181
017 MEDICAL RECORDS & LIB		45,030				3,987,547	5,097
018 SOCIAL SERVICE		72,168				2,869,626	2,033
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &						10,060,159	
023 I&R SERVICES-OTHER PR		110,868				5,812,561	1,910
024 PARAMED ED PRGM-(SPEC							
024 01 PARAMED ED ANESTH SCH							
024 02 PARAMED ED RADIOLOGY							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICALS	123,440,744	2,464,406	113,517,876	123,440,744		39,778,221	61,993
026 INTENSIVE CARE UNIT	85,397,294	1,775,241	85,397,294	85,397,294		23,754,200	39,954
027 CORONARY CARE UNIT	35,409,432	377,657	35,409,432	35,409,432		8,671,520	15,811
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER	13,217,889	66,359	13,217,889	13,217,889		5,708,465	15,811
031 01 SUBPROVIDER II - REHA	8,995,728	121,240	8,995,728	8,995,728		3,394,584	7,292
031 02 SUBPROVIDER 3							
033 NURSERY	5,437,220		5,437,220	5,437,220		2,335,677	6,585
034 SKILLED NURSING FACIL							
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	114,452,752	15,217,121	54,565,571	114,452,752		16,184,816	16,011
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY	23,738,415	849,860	12,972,580	23,738,415		1,379,465	4,687
041 RADIOLOGY-DIAGNOSTIC	75,124,253	1,605,142	25,012,768	75,124,253		11,052,525	13,470
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	8,024,279	12,078	2,506,986	8,024,279		1,485,840	2,385
043 01 ULTRA SOUND	10,223,743	39,649	2,266,332	10,223,743		1,253,263	260
043 02 CAT SCAN	46,479,317	452,741	19,947,310	46,479,317		2,782,021	1,181
043 03 CARDIAC CATHETERIZATI	32,510,237	4,695,821	20,760,136	32,510,237		4,313,735	10,503
044 LABORATORY	98,442,017		70,447,581	98,442,017		13,076,320	
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCES	12,423,717		11,336,457	12,423,717		1,801,857	
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	31,805,516	270,922	29,742,483	31,805,516		4,961,792	4,412
050 PHYSICAL THERAPY	15,684,155	109,211	7,859,118	15,684,155		4,732,718	20,315
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
052 01 RADIOLOGY	523,074	11,346	79,056	523,074		583,575	2,555
053 ELECTROCARDIOLOGY	16,382,216	180,178	9,195,601	16,382,216		2,610,716	4,509
054 ELECTROENCEPHALOGRAPH	844,383	13,079	325,095	844,383		246,455	773
055 MEDICAL SUPPLIES CHAR	74,934,068		46,008,122	74,934,068		29,933,432	
056 DRUGS CHARGED TO PATI	133,795,839		109,753,702	133,795,839		11,601,905	
058 ASC (NON-DIAGNOSTIC PAR							
059 RENAL DIALYSIS	5,864,268	240,230	5,688,789	5,864,268		898,336	578
059 01 METABOLIC SUPPORT							
059 02 CMHC							
060 OUTPAT SERVICE COST C							
060 01 CLINIC	2,952,016	175,261		2,952,016		411,106	
060 01 A. R. C. CLINIC	9,222,238	46,973	289,912	9,222,238		1,694,305	5,388
060 02 CANCER CTR CLINIC	14,502,313	176,601	844,621	14,502,313		6,698,727	5,630
060 03 UROLOGY CLINIC	1,157,157		47,847	1,157,157		235,590	
060 04 ORTHOPEDIC CLINIC							
060 05 EYE CENTER							
060 06 WOUND CARE CLINIC	422,849	16,419	2,598	422,849		636,330	11,316
060 07 EENT CLINIC							
060 08 O/P PHARMACY CLINIC	396,031	3,729	713	396,031		122,165	204
061 EMERGENCY	75,748,192	1,215,485	34,637,927	75,748,192		11,104,298	16,588
062 OBSERVATION BEDS (NON							
063 FAMILY HEALTH CENTER							

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING	CASHIERING, PATIENT ACCOU	ADMINISTRATIVE MAINTENANCE & E AND GENERAL REPAIRS		
	(PATIENT REVENUE)	(PURCHASE )REQUISITIO	(INPATIENT )REVENUE	(PATIENT )REVENUE	RECONCILIATION	( ACCUM. COST	(SQUARE )FEET
OUTPAT SERVICE COST C	6.02	6.03	6.04	6.05	6a.06	6.06	7
063 50 RHC							
063 60 FOHC							
OTHER REIMBURS COST C							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CEN							
092 AMBULATORY SURGICAL C							
095 SUBTOTALS	1077,551,352	36,496,139	726,266,744	1077,551,352	-14,540,352	272,351,761	324,508
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE						4,956	
096 01 SUBCORPS							
096 02 GRANTS							
097 RESEARCH							
098 PHYSICIANS' PRIVATE O							
098 01 HOSPICE							
098 02 OUTPATIENT PHARMACY							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	7,123,877	955,047	4,433,933	18,342,075		14,540,352	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.006611	.026168	.006105	.017022		.053387	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	1,149	444	1,978	1,033		2,033	
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	.000001	.000012	.000003	.000001		.000007	
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	369,473	142,923	636,154	332,295		654,604	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000343	.003916	.000876	.000308		.002403	

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(PATIENT DAYS)	(TOTAL FTES)	(DIRECT NRS ING HRS)	(COSTED REQUISITION)
		8	9	10	11	12	14	15
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	01 NONPATIENT PHONES							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING							
006	04 ADMINITTING							
006	05 CASHIERING, PATIENT A							
006	06 ADMINISTRATIVE AND GE							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	320,245						
009	LAUNDRY & LINEN SERVI	1,488	1,977,337					
010	HOUSEKEEPING	5,474		309,751				
011	DIETARY	9,843		9,843	89,006			
012	CAFETERIA	7,534		7,534		2,395		
014	NURSING ADMINISTRATION	7,216		7,216		44	4,006,454	
015	CENTRAL SERVICES & SU	7,258		7,258		59	6,240	27,385,499
016	PHARMACY	4,181		4,181		67	2,080	27,234
017	MEDICAL RECORDS & LIB	5,097		5,097		64		369
018	SOCIAL SERVICE	2,033		2,033		24	52,624	21
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY &							
023	I&R SERVICES-OTHER PR	1,910		1,910				
024	PARAMED PRGM-(SPEC					212	4,160	3,564
024	01 PARAMED ANESTH SCH							
024	02 PARAMED RADIOLOGY							
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	61,993	568,986	61,993	39,009	611	1,969,344	1,821,309
026	INTENSIVE CARE UNIT	39,954	291,631	39,954	21,767	328	812,136	1,494,009
027	CORONARY CARE UNIT	15,811	174,645	15,811	11,619	143	311,584	291,968
028	BURN INTENSIVE CARE U							
029	SURGICAL INTENSIVE CA							
031	SUBPROVIDER	15,811	147,755	15,811	11,237	86	144,144	22,219
031	01 SUBPROVIDER II - REHA	7,292	70,663	7,292	5,374	43		91,363
031	02 SUBPROVIDER 3							
033	NURSERY	6,585	57,330	6,585		34	169,936	87,956
034	SKILLED NURSING FACIL							
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	16,011	272,871	16,011		164	258,128	14,467,750
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR							
040	ANESTHESIOLOGY	4,687		4,687		4	2,080	826,844
041	RADIOLOGY-DIAGNOSTIC	13,470	161,342	13,470		110	30,368	1,441,096
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE	2,385	9,933	2,385		9		7,079
043	01 ULTRA SOUND	260	29,782	260		12		36,801
043	02 CAT SCAN	1,181	54,298	1,181		18		446,682
043	03 CARDIAC CATHETERIZATI	10,503	9,194	10,503		35	8,112	4,628,575
044	LABORATORY							
045	PBP CLINICAL LAB SERV							
046	WHOLE BLOOD & PACKED							
047	BLOOD STORING, PROCES							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	4,412		4,412		81	3,120	226,449
050	PHYSICAL THERAPY	20,315	52,593	20,315		36	6,240	65,280
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
052	01 RADIOLOGY	2,555				4	8,944	3,596
053	ELECTROCARDIOLOGY	4,509		4,509		24	4,160	47,558
054	ELECTROENCEPHALOGRAPH	773				2		5,134
055	MEDICAL SUPPLIES CHAR							
056	DRUGS CHARGED TO PATI							
058	ASC (NON-DISTINCT PAR							
059	RENAL DIALYSIS	578		578		9	10,878	237,094
059	01 METABOLIC SUPPORT							
059	02 CMHC							
	OUTPAT SERVICE COST C							
	CLINIC		4,147			8	6,240	126,334
060	01 A. R. C. CLINIC	5,388		5,388		12		13,574
060	02 CANCER CTR CLINIC	5,630		5,630		18	22,880	43,953
060	03 UROLOGY CLINIC							
060	04 ORTHOPEDIC CLINIC							
060	05 EYE CENTER							
060	06 WOUND CARE CLINIC	11,316	1,416	11,316				15,979
060	07 DENT CLINIC							
060	08 O/P PHARMACY CLINIC	204				1		
061	EMERGENCY	16,588	70,751	16,588		133	173,056	905,709
062	OBSERVATION BEDS (NON							
063	FAMILY HEALTH CENTER							

COST CENTER DESCRIPTION	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (TOTAL FTES)	NURSING ADMINISTRATION (DIRECT NRS'ING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITION)
	8	9	10	11	12	14	15
063 50 OUTPAT SERVICE COST C RHC							
063 60 FQHC							
065 OTHER REIMBURS COST C							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP							
070 DURABLE MEDICAL EQUIP							
071 I&R SERVICES-NOT APPR							
092 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CEN							
095 AMBULATORY SURGICAL C							
095 SUBTOTALS	320,245	1,977,337	309,751	89,006	2,395	4,006,454	27,385,499
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
096 01 SUBCORPS							
096 02 GRANTS							
097 RESEARCH							
098 PHYSICIANS' PRIVATE O							
098 01 HOSPICE							
098 02 OUTPATIENT PHARMACY							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	11,535,018	1,978,467	6,052,319	5,031,159	1,928,245	5,258,534	3,208,559
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		1.000571		56.526066		1.312516	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	36,019,354	265	19,539,304	1,765	805,112,735	1,312	1,171,63
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)		.000134		.019830		.000327	
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	.002573	266,750	.003174	568,597	.546555	422,729	.000048
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		.043338		6.388300		.105512	
	.832956		1.025540		175.901879		.015471



COST CENTER DESCRIPTION	PHARMACY (COSTED REQUISITION)	MEDICAL RECORDS & LIBRARY (PATIENT REVENUE)	SOCIAL SERVICE (TIME SPENT)	NURSING SCHOOL (ASSIGNED TIME)	I&R SERVICES-SALARY & FRI (ASSIGNED TIME)	I&R SERVICES-OTHER PRGM C (ASSIGNED TIME)	RECONCILIATION ( )
OUTPAT SERVICE COST C	16	17	18	21	22	23	24a.00
063 50 RHC							
063 60 FOHC							
OTHER REIMBURS COST C							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CEN							
092 AMBULATORY SURGICAL C							
095 SUBTOTALS	5,902,565	1077,551,352	16,640		19,364	19,364	
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
096 01 SUBCORPS							
096 02 GRANTS							
097 RESEARCH							
098 PHYSICIANS' PRIVATE O							
098 01 HOSPICE							
098 02 OUTPATIENT PHARMACY							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	5,520,675	4,535,183	3,293,210		10,597,241	6,405,561	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.935301	.004209	197.909255		547.265080	330.797408	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	813	961	419		70	528	
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	.000138	.000001	.025180		.003615	.027267	
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	262,566	309,775	135,846		24,175	171,541	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.044483	.000287	8.163822		1.248451	8.858759	

COST CENTER DESCRIPTION	PARAMED ED PR GM-(SPECIFY)	PARAMED ED AN ESTH SCHOOL	PARAMED ED RA DIOLOGY SCHO
	( ACCUM. COST )	(ASSIGNED )TIME	(ASSIGNED )TIME
	24	24.01	24.02
GENERAL SERVICE COST			
001 OLD CAP REL COSTS-BLD			
002 OLD CAP REL COSTS-MVB			
003 NEW CAP REL COSTS-BLD			
004 NEW CAP REL COSTS-MVB			
005 EMPLOYEE BENEFITS			
006 01 NONPATIENT PHONES			
006 02 DATA PROCESSING			
006 03 PURCHASING, RECEIVING			
006 04 ADMITTING			
006 05 CASHIERING, PATIENT A			
006 06 ADMINISTRATIVE AND GE			
007 MAINTENANCE & REPAIRS			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVI			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SU			
016 PHARMACY			
017 MEDICAL RECORDS & LIB			
018 SOCIAL SERVICE			
021 NURSING SCHOOL			
022 I&R SERVICES-SALARY &			
023 I&R SERVICES-OTHER PR			
024 PARAMED ED PRGM-(SPEC	286,897,069		
024 01 PARAMED ED ANESTH SCH			
024 02 PARAMED ED RADIOLOGY			
025 INPAT ROUTINE SRVC CN			
025 ADULTS & PEDIATRICS	70,927,238		
026 INTENSIVE CARE UNIT	31,730,496		
027 CORONARY CARE UNIT	12,027,210		
028 BURN INTENSIVE CARE U			
029 SURGICAL INTENSIVE CA			
031 SUBPROVIDER	8,152,057		
031 01 SUBPROVIDER II - REHA	4,442,820		
031 02 SUBPROVIDER 3			
033 NURSERY	3,168,870		
034 SKILLED NURSING FACIL			
037 ANCILLARY SRVC COST C			
037 OPERATING ROOM	20,917,172		
038 RECOVERY ROOM			
039 DELIVERY ROOM & LABOR			
040 ANESTHESIOLOGY	2,030,935		
041 RADIOLOGY-DIAGNOSTIC	13,244,477		
042 RADIOLOGY-THERAPEUTIC			
043 RADIOISOTOPE	2,125,479		
043 01 ULTRA SOUND	1,421,552		
043 02 CAT SCAN	3,343,216		
043 03 CARDIAC CATHETERIZATION	5,872,179		
044 LABORATORY	14,188,767		
045 PBP CLINICAL LAB SERV			
046 WHOLE BLOOD & PACKED			
047 BLOOD STORING, PROCES	1,950,344		
048 INTRAVENOUS THERAPY			
049 RESPIRATORY THERAPY	5,701,557		
050 PHYSICAL THERAPY	6,277,518		
051 OCCUPATIONAL THERAPY			
052 SPEECH PATHOLOGY			
052 01 RADIOLOGY	724,341		
053 ELECTROCARDIOLOGY	3,104,940		
054 ELECTROENCEPHALOGRAPH	293,221		
055 MEDICAL SUPPLIES CHAR	31,846,885		
056 DRUGS CHARGED TO PATI	12,784,214		
058 ASC (NON-DISTINCT PAR			
059 RENAL DIALYSIS	1,055,063		
059 01 METABOLIC SUPPORT			
059 02 CMHC			
060 OUTPAT SERVICE COST C			
060 CLINIC	483,002		
060 01 A. R. C. CLINIC	2,134,176		
060 02 CANCER CTR CLINIC	11,579,824		
060 03 UROLOGY CLINIC	253,037		
060 04 ORTHOPEDIC CLINIC			
060 05 EYE CENTER			
060 06 WOUND CARE CLINIC	1,304,093		
060 07 DENT CLINIC			
060 08 O/P PHARMACY CLINIC	139,928		
061 EMERGENCY	13,667,237		
062 OBSERVATION BEDS (NON			
063 FAMILY HEALTH CENTER			

COST CENTER DESCRIPTION		PARAMED ED PR GM-(SPECIFY)	PARAMED ED AN ESTH SCHOOL	PARAMED ED RA DI OLOGY SCHO
		( ACCUM. COST )	(ASSIGNED )TIME	(ASSIGNED )TIME )
	OUTPAT SERVICE COST C	24	24.01	24.02
063	50 RHC			
063	60 FOHC			
	OTHER REIMBURS COST C			
065	AMBULANCE SERVICES			
066	DURABLE MEDICAL EQUIP			
067	DURABLE MEDICAL EQUIP			
070	I&R SERVICES-NOT APPR			
071	HOME HEALTH AGENCY			
	SPEC PURPOSE COST CEN			
092	AMBULATORY SURGICAL C			
095	SUBTOTALS	286,891,848		
	NONREIMBURS COST CENT			
096	GIFT, FLOWER, COFFEE	5,221		
096	01 SUBCORPS			
096	02 GRANTS			
097	RESEARCH			
098	PHYSICIANS' PRIVATE O			
098	01 HOSPICE			
098	02 OUTPATIENT PHARMACY			
099	NONPAID WORKERS			
101	CROSS FOOT ADJUSTMENT			
102	NEGATIVE COST CENTER			
103	COST TO BE ALLOCATED (PER WRKSHT B, PART			
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)			
105	COST TO BE ALLOCATED (PER WRKSHT B, PART			
106	UNIT COST MULTIPLIER (WRKSHT B, PT I I)			
107	COST TO BE ALLOCATED (PER WRKSHT B, PART			
108	UNIT COST MULTIPLIER (WRKSHT B, PT I I I)			

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	54,085,122		54,085,122		54,085,122
26	INTENSIVE CARE UNIT	31,730,496		31,730,496		31,730,496
27	CORONARY CARE UNIT	12,027,210		12,027,210		12,027,210
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	7,991,371		7,991,371		7,991,371
31	01 SUBPROVIDER II - REHAB	4,442,820		4,442,820		4,442,820
31	02 SUBPROVIDER 3					
33	NURSERY	3,168,870		3,168,870		3,168,870
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	20,917,172		20,917,172		20,917,172
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	2,030,935		2,030,935		2,030,935
41	RADIOLOGY-DIAGNOSTIC	13,244,477		13,244,477		13,244,477
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	2,125,479		2,125,479		2,125,479
43	01 ULTRA SOUND	1,421,552		1,421,552		1,421,552
43	02 CAT SCAN	3,343,216		3,343,216		3,343,216
43	03 CARDIAC CATHETERIZATION LAB	5,872,179		5,872,179		5,872,179
44	LABORATORY	14,188,767		14,188,767		14,188,767
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING	1,950,344		1,950,344		1,950,344
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	5,701,557		5,701,557		5,701,557
50	PHYSICAL THERAPY	6,277,518		6,277,518		6,277,518
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
52	01 RADIOLOGY	724,341		724,341		724,341
53	ELECTROCARDIOLOGY	3,104,940		3,104,940		3,104,940
54	ELECTROENCEPHALOGRAPHY	293,221		293,221		293,221
55	MEDICAL SUPPLIES CHARGED	31,846,885		31,846,885		31,846,885
56	DRUGS CHARGED TO PATIENTS	12,784,214		12,784,214		12,784,214
58	ASC (NON-DISTINCT PART)					
59	RENAL DIALYSIS	1,055,063		1,055,063		1,055,063
59	01 METABOLIC SUPPORT					
59	02 CMHC					
60	OUTPAT SERVICE COST CNTRS CLINIC	483,002		483,002		483,002
60	01 A. R. C. CLINIC	2,134,176		2,134,176		2,134,176
60	02 CANCER CTR CLINIC	11,579,824		11,579,824		11,579,824
60	03 UROLOGY CLINIC	253,037		253,037		253,037
60	04 ORTHOPEDIC CLINIC					
60	05 EYE CENTER					
60	06 WOUND CARE CLINIC	1,304,093		1,304,093		1,304,093
60	07 EENT CLINIC					
60	08 O/P PHARMACY CLINIC	139,928		139,928		139,928
61	EMERGENCY	13,667,237		13,667,237		13,667,237
62	OBSERVATION BEDS (NON-DIS	5,142,769		5,142,769		5,142,769
63	FAMILY HEALTH CENTER					
63	50 RHC					
63	60 FOHC					
65	OTHER REIMBURS COST CNTRS					
66	AMBULANCE SERVICES					
67	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	275,031,815		275,031,815		275,031,815
102	LESS OBSERVATION BEDS	5,142,769		5,142,769		5,142,769
103	TOTAL	269,889,046		269,889,046		269,889,046

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	113,517,876		113,517,876			
26	INTENSIVE CARE UNIT	85,397,294		85,397,294			
27	CORONARY CARE UNIT	35,409,432		35,409,432			
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	13,217,889		13,217,889			
31	01 SUBPROVIDER II - REHAB	8,995,728		8,995,728			
31	02 SUBPROVIDER 3						
33	NURSERY	5,437,220		5,437,220			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	54,565,571	59,887,181	114,452,752	.182758	.182758	.182758
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	12,972,580	10,765,835	23,738,415	.085555	.085555	.085555
41	RADIOLOGY-DIAGNOSTIC	25,012,768	50,111,485	75,124,253	.176301	.176301	.176301
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	2,506,986	5,517,293	8,024,279	.264881	.264881	.264881
43	01 ULTRA SOUND	2,266,332	7,957,411	10,223,743	.139044	.139044	.139044
43	02 CAT SCAN	19,947,310	26,532,007	46,479,317	.071929	.071929	.071929
43	03 CARDIAC CATHERIZATION LAB	20,760,136	11,750,101	32,510,237	.180626	.180626	.180626
44	LABORATORY	70,447,581	27,994,436	98,442,017	.144133	.144133	.144133
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	11,336,457	1,087,260	12,423,717	.156986	.156986	.156986
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	29,742,483	2,063,033	31,805,516	.179263	.179263	.179263
50	PHYSICAL THERAPY	7,859,118	7,825,037	15,684,155	.400246	.400246	.400246
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52	01 RADIOLOGY	79,056	444,018	523,074	1.384777	1.384777	1.384777
53	ELECTROCARDIOLOGY	9,195,601	7,186,615	16,382,216	.189531	.189531	.189531
54	ELECTROENCEPHALOGRAPHY	325,095	519,288	844,383	.347261	.347261	.347261
55	MEDICAL SUPPLIES CHARGED	46,008,122	28,925,946	74,934,068	.424999	.424999	.424999
56	DRUGS CHARGED TO PATIENTS	109,753,702	24,042,137	133,795,839	.095550	.095550	.095550
58	ASC (NON-DIAGNOSTIC PART)						
59	RENAL DIALYSIS	5,688,789	175,479	5,864,268	.179914	.179914	.179914
59	01 METABOLIC SUPPORT						
59	02 CMHC						
	OUTPAT SERVICE COST CNTRS						
	CLINIC		2,952,016	2,952,016	.163618	.163618	.163618
60	01 A. R. C. CLINIC	289,912	8,932,326	9,222,238	.231416	.231416	.231416
60	02 CANCER CTR CLINIC	844,621	13,657,692	14,502,313	.798481	.798481	.798481
60	03 UROLOGY CLINIC	47,847	1,109,310	1,157,157	.218671	.218671	.218671
60	04 ORTHOPEDIC CLINIC						
60	05 EYE CENTER						
60	06 WOUND CARE CLINIC	2,598	420,251	422,849	3.084063	3.084063	3.084063
60	07 EENT CLINIC						
60	08 O/P PHARMACY CLINIC	713	395,318	396,031	.353326	.353326	.353326
61	EMERGENCY	34,637,927	41,110,265	75,748,192	.180430	.180430	.180430
62	OBSERVATION BEDS (NON-DIS		9,922,868	9,922,868	.518274	.518274	.518274
63	FAMILY HEALTH CENTER						
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	726,266,744	351,284,608	1077,551,352			
102	LESS OBSERVATION BEDS						
103	TOTAL	726,266,744	351,284,608	1077,551,352			





WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	20,917,172	1,457,160	19,460,012			20,917,172
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	2,030,935	321,911	1,709,024			2,030,935
42	RADIOLOGY-DIAGNOSTIC	13,244,477	942,386	12,302,091			13,244,477
43	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	2,125,479	167,081	1,958,398			2,125,479
43	01 ULTRA SOUND	1,421,552	34,192	1,387,360			1,421,552
43	02 CAT SCAN	3,343,216	150,295	3,192,921			3,343,216
43	03 CARDIAC CATHERIZATION LAB	5,872,179	745,813	5,126,366			5,872,179
44	LABORATORY	14,188,767	189,592	13,999,175			14,188,767
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	1,950,344	25,998	1,924,346			1,950,344
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	5,701,557	337,998	5,363,559			5,701,557
50	PHYSICAL THERAPY	6,277,518	1,176,946	5,100,572			6,277,518
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52	01 RADIOLOGY	724,341	143,704	580,637			724,341
53	ELECTROCARDIOLOGY	3,104,940	289,282	2,815,658			3,104,940
54	ELECTROENCEPHALOGRAPHY	293,221	45,480	247,741			293,221
55	MEDICAL SUPPLIES CHARGED	31,846,885	183,094	31,663,791			31,846,885
56	DRUGS CHARGED TO PATIENTS	12,784,214	251,056	12,533,158			12,784,214
58	ASC (NON-DISTINCT PART)						
59	RENAL DIALYSIS	1,055,063	53,054	1,002,009			1,055,063
59	01 METABOLIC SUPPORT						
59	02 CMHC						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	483,002	10,719	472,283			483,002
60	01 A. R. C. CLINIC	2,134,176	316,806	1,817,370			2,134,176
60	02 CANCER CTR CLINIC	11,579,824	550,413	11,029,411			11,579,824
60	03 UROLOGY CLINIC	253,037	1,698	251,339			253,037
60	04 ORTHOPEDIC CLINIC						
60	05 EYE CENTER						
60	06 WOUND CARE CLINIC	1,304,093	631,157	672,936			1,304,093
60	07 EENT CLINIC						
60	08 O/P PHARMACY CLINIC	139,928	12,127	127,801			139,928
61	EMERGENCY	13,667,237	1,134,945	12,532,292			13,667,237
62	OBSERVATION BEDS (NON-DIS	5,142,769	429,226	4,713,543			5,142,769
63	FAMILY HEALTH CENTER						
63	50 RHC						
63	60 FQHC						
65	OTHER REIMBURS COST CNTRS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	161,585,926	9,602,133	151,983,793			161,585,926
102	LESS OBSERVATION BEDS	5,142,769	429,226	4,713,543			5,142,769
103	TOTAL	156,443,157	9,172,907	147,270,250			156,443,157

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	114,452,752	.182758	.182758
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY	23,738,415	.085555	.085555
42	RADIOLOGY-DIAGNOSTIC	75,124,253	.176301	.176301
43	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	8,024,279	.264881	.264881
43	01 ULTRA SOUND	10,223,743	.139044	.139044
43	02 CAT SCAN	46,479,317	.071929	.071929
43	03 CARDIAC CATHETERIZATION LAB	32,510,237	.180626	.180626
44	LABORATORY	98,442,017	.144133	.144133
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING	12,423,717	.156986	.156986
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	31,805,516	.179263	.179263
50	PHYSICAL THERAPY	15,684,155	.400246	.400246
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
52	01 RADIOLOGY	523,074	1.384777	1.384777
53	ELECTROCARDIOLOGY	16,382,216	.189531	.189531
54	ELECTROENCEPHALOGRAPHY	844,383	.347261	.347261
55	MEDICAL SUPPLIES CHARGED	74,934,068	.424999	.424999
56	DRUGS CHARGED TO PATIENTS	133,795,839	.095550	.095550
58	ASC (NON-DISTINCT PART)			
59	RENAL DIALYSIS	5,864,268	.179914	.179914
59	01 METABOLIC SUPPORT			
59	02 CMHC			
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2,952,016	.163618	.163618
60	01 A. R. C. CLINIC	9,222,238	.231416	.231416
60	02 CANCER CTR CLINIC	14,502,313	.798481	.798481
60	03 UROLOGY CLINIC	1,157,157	.218671	.218671
60	04 ORTHOPEDIC CLINIC			
60	05 EYE CENTER			
60	06 WOUND CARE CLINIC	422,849	3.084063	3.084063
60	07 EENT CLINIC			
60	08 O/P PHARMACY CLINIC	396,031	.353326	.353326
61	EMERGENCY	75,748,192	.180430	.180430
62	OBSERVATION BEDS (NON-DIS	9,922,868	.518274	.518274
63	FAMILY HEALTH CENTER			
63	50 RHC			
63	60 FQHC			
65	OTHER REIMBURS COST CNTRS			
66	AMBULANCE SERVICES			
67	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	815,575,913		
102	LESS OBSERVATION BEDS	9,922,868		
103	TOTAL	805,653,045		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	20,917,172	1,457,160	19,460,012	145,716	1,128,681	19,642,775
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	2,030,935	321,911	1,709,024	32,191	99,123	1,899,621
42	RADIOLOGY-DIAGNOSTIC	13,244,477	942,386	12,302,091	94,239	713,521	12,436,717
43	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	2,125,479	167,081	1,958,398	16,708	113,587	1,995,184
43	01 ULTRA SOUND	1,421,552	34,192	1,387,360	3,419	80,467	1,337,666
43	02 CAT SCAN	3,343,216	150,295	3,192,921	15,030	185,189	3,142,997
43	03 CARDIAC CATHERIZATION LAB	5,872,179	745,813	5,126,366	74,581	297,329	5,500,269
44	LABORATORY	14,188,767	189,592	13,999,175	18,959	811,952	13,357,856
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	1,950,344	25,998	1,924,346	2,600	111,612	1,836,132
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	5,701,557	337,998	5,363,559	33,800	311,086	5,356,671
50	PHYSICAL THERAPY	6,277,518	1,176,946	5,100,572	117,695	295,833	5,863,990
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52	01 CARDIOLOGY	724,341	143,704	580,637	14,370	33,677	676,294
53	ELECTROCARDIOLOGY	3,104,940	289,282	2,815,658	28,928	163,308	2,912,704
54	ELECTROENCEPHALOGRAPHY	293,221	45,480	247,741	4,548	14,369	274,304
55	MEDICAL SUPPLIES CHARGED	31,846,885	183,094	31,663,791	18,309	1,836,500	29,992,076
56	DRUGS CHARGED TO PATIENTS	12,784,214	251,056	12,533,158	25,106	726,923	12,032,185
58	ASC (NON-DISTINCT PART)						
59	RENAL DIALYSIS	1,055,063	53,054	1,002,009	5,305	58,117	991,641
59	01 METABOLIC SUPPORT						
59	02 CMHC						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	483,002	10,719	472,283	1,072	27,392	454,538
60	01 A. R. C. CLINIC	2,134,176	316,806	1,817,370	31,681	105,407	1,997,088
60	02 CANCER CTR CLINIC	11,579,824	550,413	11,029,411	55,041	639,706	10,885,077
60	03 UROLOGY CLINIC	253,037	1,698	251,339	170	14,578	238,289
60	04 ORTHOPEDIC CLINIC						
60	05 EYE CENTER						
60	06 WOUND CARE CLINIC	1,304,093	631,157	672,936	63,116	39,030	1,201,947
60	07 EENT CLINIC						
60	08 O/P PHARMACY CLINIC	139,928	12,127	127,801	1,213	7,412	131,303
61	EMERGENCY	13,667,237	1,134,945	12,532,292	113,495	726,873	12,826,869
62	OBSERVATION BEDS (NON-DIS	5,142,769	429,226	4,713,543	42,923	273,385	4,826,461
63	FAMILY HEALTH CENTER						
63	50 RHC						
63	60 FQHC						
65	OTHER REIMBURS COST CNTRS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	161,585,926	9,602,133	151,983,793	960,215	8,815,057	151,810,654
102	LESS OBSERVATION BEDS	5,142,769	429,226	4,713,543	42,923	273,385	4,826,461
103	TOTAL	156,443,157	9,172,907	147,270,250	917,292	8,541,672	146,984,193

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	114,452,752	.171623	.181485
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY	23,738,415	.080023	.084199
42	RADIOLOGY-DIAGNOSTIC	75,124,253	.165549	.175047
43	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	8,024,279	.248643	.262799
43	01 ULTRA SOUND	10,223,743	.130839	.138710
43	02 CAT SCAN	46,479,317	.067621	.071606
43	03 CARDIAC CATHERIZATION LAB	32,510,237	.169186	.178331
44	LABORATORY	98,442,017	.135693	.143941
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING	12,423,717	.147792	.156776
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	31,805,516	.168420	.178200
50	PHYSICAL THERAPY	15,684,155	.373880	.392742
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
52	01 RADIOLOGY	523,074	1.292922	1.357305
53	ELECTROCARDIOLOGY	16,382,216	.177797	.187765
54	ELECTROENCEPHALOGRAPHY	844,383	.324857	.341874
55	MEDICAL SUPPLIES CHARGED	74,934,068	.400246	.424754
56	DRUGS CHARGED TO PATIENTS	133,795,839	.089929	.095363
58	ASC (NON-DISTINCT PART)			
59	RENAL DIALYSIS	5,864,268	.169099	.179009
59	01 METABOLIC SUPPORT			
59	02 CMHC			
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2,952,016	.153975	.163255
60	01 A. R. C. CLINIC	9,222,238	.216551	.227981
60	02 CANCER CTR CLINIC	14,502,313	.750575	.794686
60	03 UROLOGY CLINIC	1,157,157	.205926	.218524
60	04 ORTHOPEDIC CLINIC			
60	05 EYE CENTER			
60	06 WOUND CARE CLINIC	422,849	2.842497	2.934799
60	07 EENT CLINIC			
60	08 O/P PHARMACY CLINIC	396,031	.331547	.350263
61	EMERGENCY	75,748,192	.169336	.178932
62	OBSERVATION BEDS (NON-DIS	9,922,868	.486398	.513949
63	FAMILY HEALTH CENTER			
63	50 RHC			
63	60 FQHC			
65	OTHER REIMBURS COST CNTRS			
66	AMBULANCE SERVICES			
67	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	815,575,913		
102	LESS OBSERVATION BEDS	9,922,868		
103	TOTAL	805,653,045		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	13,949		13,949	4,500,086		4,500,086
26	INTENSIVE CARE UNIT	8,768		8,768	2,816,404		2,816,404
27	CORONARY CARE UNIT	3,528		3,528	1,133,657		1,133,657
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	3,195		3,195	1,027,484		1,027,484
31	01 SUBPROVIDER II - REHAB	1,486		1,486	477,696		477,696
31	02 SUBPROVIDER 3						
33	NURSERY	1,271		1,271	409,145		409,145
101	TOTAL	32,197		32,197	10,364,472		10,364,472

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	43,108	10,942	.32	3,501	104.39	1,142,235
26	INTENSIVE CARE UNIT	21,767	5,305	.40	2,122	129.39	686,414
27	CORONARY CARE UNIT	11,619	5,107	.30	1,532	97.57	498,290
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	11,237	5,458	.28	1,528	91.44	499,080
31	01 SUBPROVIDER 11 - REHAB	5,374	1,916	.28	536	88.89	170,313
31	02 SUBPROVIDER 3						
33	NURSERY	4,360		.29		93.84	
101	TOTAL	97,465	28,728		9,219		2,996,332





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

PROVIDER NO: 14-0182  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/26/2010  
 WORKSHEET D  
 PART III

PPS

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

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

PROVIDER NO: 14-0182  
PERIOD: FROM 1/1/2009 TO 12/31/2009  
PREPARED 5/26/2010  
WORKSHEET D  
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	43,108		10,942	
26	INTENSIVE CARE UNIT	21,767		5,305	
27	CORONARY CARE UNIT	11,619		5,107	
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE U				
31	SUBPROVIDER	11,237		5,458	
31 01	SUBPROVIDER 11 - REHAB	5,374		1,916	
31 02	SUBPROVIDER 3				
33	NURSERY	4,360			
34	SKILLED NURSING FACILITY				
101	TOTAL	97,465		28,728	

TITLE XVIII, PART A HOSPITAL PPS

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

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			114,452,752			12,956,043	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY			23,738,415			2,443,347	
42	RADIOLOGY-DIAGNOSTIC			75,124,253			8,516,973	
43	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			8,024,279			1,009,446	
43	01 ULTRA SOUND			10,223,743			566,195	
43	02 CAT SCAN			46,479,317			5,816,997	
43	03 CARDIAC CATHERIZATION LAB			32,510,237			7,839,473	
44	LABORATORY			98,442,017			20,165,464	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING			12,423,717			3,266,369	
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			31,805,516			8,118,066	
50	PHYSICAL THERAPY			15,684,155			1,055,470	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
52	01 RADIOLOGY			523,074			29,883	
53	ELECTROCARDIOLOGY			16,382,216			3,527,659	
54	ELECTROENCEPHALOGRAPHY			844,383			140,215	
55	MEDICAL SUPPLIES CHARGED			74,934,068			13,127,573	
56	DRUGS CHARGED TO PATIENTS			133,795,839			31,062,661	
58	ASC (NON-DISTINCT PART)							
59	RENAL DIALYSIS			5,864,268			2,917,738	
59	01 METABOLIC SUPPORT							
59	02 CMHC							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			2,952,016				
60	01 A. R. C. CLINIC			9,222,238			585	
60	02 CANCER CTR CLINIC			14,502,313			136,447	
60	03 UROLOGY CLINIC			1,157,157			33,798	
60	04 ORTHOPEDIC CLINIC							
60	05 EYE CENTER							
60	06 WOUND CARE CLINIC			422,849			2,462	
60	07 EENT CLINIC							
60	08 O/P PHARMACY CLINIC			396,031			511	
61	EMERGENCY			75,748,192			9,611,445	
62	OBSERVATION BEDS (NON-DIS			9,922,868				
63	FAMILY HEALTH CENTER							
63	50 RHC							
63	60 FQHC							
65	OTHER REIMBURS COST CNTRS							
66	AMBULANCE SERVICES							
67	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			815,575,913			132,344,820	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	10,035,017					
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	1,922,858					
42	RADIOLOGY-DIAGNOSTIC	8,580,634					
43	RADIOLOGY-THERAPEUTIC						
43	01 RADIOISOTOPE	1,015,945					
43	02 ULTRA SOUND	634,835					
43	03 CAT SCAN	3,994,589					
44	CARDIAC CATHETERIZATION LAB LABORATORY	3,967,839					
45	PBP CLINICAL LAB SERVICES	1,215,713					
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	148,130					
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	454,834					
50	PHYSICAL THERAPY	110,075					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52	01 RADIOLOGY	140,353					
53	ELECTROCARDIOLOGY	1,243,863					
54	ELECTROENCEPHALOGRAPHY	83,209					
55	MEDICAL SUPPLIES CHARGED	7,533,816					
56	DRUGS CHARGED TO PATIENTS	5,623,369					
58	ASC (NON-DISTINCT PART)						
59	RENAL DIALYSIS	105,278					
59	01 METABOLIC SUPPORT						
59	02 CMHC						
60	OUTPAT SERVICE COST CNTRS CLINIC	636,986					
60	01 A. R. C. CLINIC	56,532					
60	02 CANCER CTR CLINIC	3,066,521					
60	03 UROLOGY CLINIC	325,914					
60	04 ORTHOPEDIC CLINIC						
60	05 EYE CENTER						
60	06 WOUND CARE CLINIC	209,607					
60	07 EENT CLINIC						
60	08 O/P PHARMACY CLINIC	139,426					
61	EMERGENCY	4,042,313					
62	OBSERVATION BEDS (NON-DIS	3,121,966					
63	FAMILY HEALTH CENTER						
63	50 RHC						
63	60 FQHC						
65	OTHER REIMBURS COST CNTRS						
66	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	58,409,622					





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				1,833,980	
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				164,510	
41 RADIOLOGY-DIAGNOSTIC				1,512,774	
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE				269,105	
43 01 ULTRA SOUND				88,270	
43 02 CAT SCAN				287,327	
43 03 CARDIAC CATHETERIZATION LABORATORY				716,695	
44 LABORATORY				175,224	
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.				23,254	
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY				81,535	
50 PHYSICAL THERAPY				44,057	
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
52 01 RADIOLOGY				194,358	
53 ELECTROCARDIOLOGY				235,751	
54 ELECTROENCEPHALOGRAPHY				28,895	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				3,201,864	91,553
56 DRUGS CHARGED TO PATIENTS				537,313	72
58 ASC (NON-DISTINCT PART)					
59 RENAL DIALYSIS				18,941	
59 01 METABOLIC SUPPORT					
59 02 CMHC					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC				104,222	
60 01 A. R. C. CLINIC				13,082	
60 02 CANCER CTR CLINIC				2,448,559	
60 03 UROLOGY CLINIC				71,268	
60 04 ORTHOPEDIC CLINIC					
60 05 EYE CENTER					
60 06 WOUND CARE CLINIC				646,441	
60 07 EENT CLINIC					
60 08 O/P PHARMACY CLINIC				49,263	
61 EMERGENCY				729,355	
62 OBSERVATION BEDS (NON-DISTINCT PART)				1,618,034	
63 FAMILY HEALTH CENTER					
63 50 RHC					
63 60 FOHC					
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL				15,094,077	91,625
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				15,094,077	91,625











TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			114,452,752			1,611	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY			23,738,415				
42	RADIOLOGY-DIAGNOSTIC			75,124,253			69,564	
43	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			8,024,279			4,254	
43	01 ULTRA SOUND			10,223,743			10,492	
43	02 CAT SCAN			46,479,317			56,273	
43	03 CARDIAC CATHERIZATION LAB			32,510,237				
44	LABORATORY			98,442,017			1,215,652	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING			12,423,717				
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			31,805,516			96,431	
50	PHYSICAL THERAPY			15,684,155			2,244	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
52	01 RADIOLOGY			523,074				
53	ELECTROCARDIOLOGY			16,382,216			38,655	
54	ELECTROENCEPHALOGRAPHY			844,383			620	
55	MEDICAL SUPPLIES CHARGED			74,934,068				
56	DRUGS CHARGED TO PATIENTS			133,795,839			1,762,273	
58	ASC (NON-DISTINCT PART)							
59	RENAL DIALYSIS			5,864,268				
59	01 METABOLIC SUPPORT							
59	02 CMHC							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			2,952,016				
60	01 A. R. C. CLINIC			9,222,238				
60	02 CANCER CTR CLINIC			14,502,313				
60	03 UROLOGY CLINIC			1,157,157				
60	04 ORTHOPEDIC CLINIC							
60	05 EYE CENTER							
60	06 WOUND CARE CLINIC			422,849				
60	07 EENT CLINIC							
60	08 O/P PHARMACY CLINIC			396,031				
61	EMERGENCY			75,748,192			629,772	
62	OBSERVATION BEDS (NON-DIS			9,922,868				
63	FAMILY HEALTH CENTER							
63	50 RHC							
63	60 FQHC							
65	OTHER REIMBURS COST CNTRS							
66	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			815,575,913			3,887,841	

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43 01	ULTRA SOUND						
43 02	CAT SCAN						
43 03	CARDIAC CATHERIZATION LAB						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52 01	CARDIOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
59	RENAL DIALYSIS						
59 01	METABOLIC SUPPORT						
59 02	CMHC						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	A. R. C. CLINIC						
60 02	CANCER CTR CLINIC						
60 03	UROLOGY CLINIC						
60 04	ORTHOPEDIC CLINIC						
60 05	EYE CENTER						
60 06	WOUND CARE CLINIC						
60 07	EENT CLINIC						
60 08	O/P PHARMACY CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	FAMILY HEALTH CENTER						
63 50	RHC						
63 60	FQHC						
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						







TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			114,452,752			13,022	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY			23,738,415			2,654	
42	RADIOLOGY-DIAGNOSTIC			75,124,253			63,902	
43	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			8,024,279			2,722	
43	01 ULTRA SOUND			10,223,743			4,858	
43	02 CAT SCAN			46,479,317			29,755	
43	03 CARDIAC CATHERIZATION LAB			32,510,237				
44	LABORATORY			98,442,017			231,131	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING			12,423,717			26,969	
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			31,805,516			195,052	
50	PHYSICAL THERAPY			15,684,155			1,780,663	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
52	01 RADIOLOGY			523,074				
53	ELECTROCARDIOLOGY			16,382,216			2,499	
54	ELECTROENCEPHALOGRAPHY			844,383			1,609	
55	MEDICAL SUPPLIES CHARGED			74,934,068				
56	DRUGS CHARGED TO PATIENTS			133,795,839			1,060,947	
58	ASC (NON-DISTINCT PART)							
59	RENAL DIALYSIS			5,864,268			117,047	
59	01 METABOLIC SUPPORT							
59	02 CMHC							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			2,952,016				
60	01 A. R. C. CLINIC			9,222,238				
60	02 CANCER CTR CLINIC			14,502,313				
60	03 UROLOGY CLINIC			1,157,157				
60	04 ORTHOPEDIC CLINIC							
60	05 EYE CENTER							
60	06 WOUND CARE CLINIC			422,849				
60	07 EENT CLINIC							
60	08 O/P PHARMACY CLINIC			396,031				
61	EMERGENCY			75,748,192				
62	OBSERVATION BEDS (NON-DIS			9,922,868				
63	FAMILY HEALTH CENTER							
63	50 RHC							
63	60 FQHC							
65	OTHER REIMBURS COST CNTRS							
66	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			815,575,913			3,532,830	

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43 01	ULTRA SOUND						
43 02	CAT SCAN						
43 03	CARDIAC CATHETERIZATION LAB						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52 01	CARDIOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
59	RENAL DIALYSIS						
59 01	METABOLIC SUPPORT						
59 02	CMHC						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	A. R. C. CLINIC						
60 02	CANCER CTR CLINIC						
60 03	UROLOGY CLINIC						
60 04	ORTHOPEDIC CLINIC						
60 05	EYE CENTER						
60 06	WOUND CARE CLINIC						
60 07	EENT CLINIC						
60 08	O/P PHARMACY CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	FAMILY HEALTH CENTER						
63 50	RHC						
63 60	FQHC						
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XIX - O/P		HOSPITAL				All Other (1)
Cost Center	Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	
		1	2	3	4	5
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	. 171623				6, 222, 998
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY	. 080023				1, 173, 888
41	RADIOLOGY-DIAGNOSTIC	. 165549				5, 526, 096
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	. 248643				465, 186
43 01	ULTRA SOUND	. 130839				1, 380, 525
43 02	CAT SCAN	. 067621				3, 390, 979
43 03	CARDIAC CATHETERIZATION LABORATORY	. 169186				557, 190
44	LABORATORY	. 135693				5, 572, 613
45	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	BLOOD STORING, PROCESSING & TRANS.	. 147792				224, 691
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	. 168420				236, 396
50	PHYSICAL THERAPY	. 373880				1, 661, 249
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
52 01	CARDIOLOGY	1. 292922				
53	ELECTROCARDIOLOGY	. 177797				1, 084, 624
54	ELECTROENCEPHALOGRAPHY	. 324857				75, 185
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	. 400246				2, 262, 418
56	DRUGS CHARGED TO PATIENTS	. 089929				2, 564, 706
58	ASC (NON-DISTINCT PART)					
59	RENAL DIALYSIS	. 169099				39, 349
59 01	METABOLIC SUPPORT					
59 02	CMHC					
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC	. 153975				155, 108
60 01	A. R. C. CLINIC	. 216551				5, 354, 321
60 02	CANCER CTR CLINIC	. 750575				2, 102, 089
60 03	UROLOGY CLINIC	. 205926				60, 051
60 04	ORTHOPEDIC CLINIC					
60 05	EYE CENTER					
60 06	WOUND CARE CLINIC	2. 842497				55, 557
60 07	EENT CLINIC					
60 08	O/P PHARMACY CLINIC	. 331547				71, 622
61	EMERGENCY	. 169336				9, 070, 750
62	OBSERVATION BEDS (NON-DISTINCT PART)	. 486398				4, 923, 799
63	FAMILY HEALTH CENTER					
63 50	RHC					
63 60	FOHC					
65	OTHER REIMBURS COST CNTRS					
66	AMBULANCE SERVICES					
67	DURABLE MEDICAL EQUIP-RENTED					
67	DURABLE MEDICAL EQUIP-SOLD					
101	SUBTOTAL					54, 231, 390
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES					54, 231, 390

TITLE XIX - O/P

HOSPITAL

Cost Center Description	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
43 01 ULTRA SOUND					
43 02 CAT SCAN					
43 03 CARDIAC CATHETERIZATION LABORATORY					
44 LABORATORY					
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					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
52 01 CARDIOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
58 ASC (NON-DISTINCT PART)					
59 RENAL DIALYSIS					
59 01 METABOLIC SUPPORT					
59 02 CMHC					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 A. R. C. CLINIC					
60 02 CANCER CTR CLINIC					
60 03 UROLOGY CLINIC					
60 04 ORTHOPEDIC CLINIC					
60 05 EYE CENTER					
60 06 WOUND CARE CLINIC					
60 07 EENT CLINIC					
60 08 O/P PHARMACY CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 FAMILY HEALTH CENTER					
63 50 RHC					
63 60 FOHC					
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					







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	4,099
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,254.64
85	OBSERVATION BED COST	5,142,769

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	13,949	.000258	5,142,769	1,327
87	NEW CAPITAL-RELATED COST	4,500,086	.083204	5,142,769	427,899
88	NON PHYSICIAN ANESTHETIST			5,142,769	
89	MEDICAL EDUCATION			5,142,769	
89.01	MEDICAL EDUCATION - ALLIED HEA			5,142,769	
89.02	MEDICAL EDUCATION - ALL OTHER			5,142,769	





























TITLE XIX - I/P SUBPROVIDER II OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	826.72
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				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				























TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		60,537,234		10,856,364
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	11/20/2009	28,987	11/20/2009	7,294
ADJUSTMENTS TO PROGRAM .51	8/7/2009	739,683		
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-768,670		-7,294
4 TOTAL INTERIM PAYMENTS		59,768,564		10,849,070
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		1,266,969		560,556
7 TOTAL MEDICARE PROGRAM LIABILITY		61,035,533		11,409,626

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,633,135		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		3,633,135		
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		280,907		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		3,914,042		

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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







PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
SUBPROVIDER 2

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		2,126,993
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		.1187
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		371,745
1.05	OUTLIER PAYMENTS		15,443
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		2,514,181
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
	INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		
1.09	NET IPF PPS OUTLIER PAYMENTS		
1.10	NET IPF PPS ECT PAYMENTS		
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$ .		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		
	INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		14.723288
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$ .		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		2,514,181
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL		2,514,181
7	DEDUCTIBLES		9,568
8	SUBTOTAL		2,504,613
9	COINSURANCE		58,707
10	SUBTOTAL		2,445,906
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		30,575
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		21,403
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL		2,467,309
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
SUBPROVIDER 2

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,467,309
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	2,380,538
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	86,771
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		217.60
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4	+ LINE 3.03 -38.14
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	205.98	-38.14
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		167.84
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		181.69
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		167.84
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		102.66
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		73.62
3.10	SEE INSTRUCTIONS		176.28
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		162.84
3.12	SEE INSTRUCTIONS		11.01
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		79.02
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		85.85
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	78.38
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		78.38
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		110,894.84
3.18	SEE INSTRUCTIONS		8,691,938
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		87.50
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		95.95
3.21	SEE INSTRUCTIONS	RES INIT YEARS	92.76
3.22	SEE INSTRUCTIONS		92.76
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		117,052.89
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		10,857,826
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		19,549,764

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		28,728
5	TOTAL INPATIENT DAYS		89,006
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.322765
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	6,309,980	6,309,980
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		2,517
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		89,006
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		474,731
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES

TITLE XVIII

10 MEDICARE OUTPATIENT ESRD CHARGES  
 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	56,886,985
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	42,711
16	TOTAL PART A REASONABLE COST	56,844,274

PART B REASONABLE COST

17	REASONABLE COST	15,186,468
18	PRIMARY PAYER PAYMENTS	1,956
19	TOTAL PART B REASONABLE COST	15,184,512
20	TOTAL REASONABLE COST	72,028,786
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.789188
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.210812

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

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	6,784,711
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	5,354,413
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	1,430,298

TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT

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

COMPUTATION OF PROGRAM PATIENT LOAD

- 4 PROGRAM PART A INPATIENT DAYS 25,640
- 5 TOTAL INPATIENT DAYS 89,006
- 6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. LN 6 \* LN 3.25 + E-3, 6 L 11 .288070
- 6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS
- 6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS) 2,351
- 6.03 ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE. 89,006
- 6.04 ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS) 100.00
- 6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.
- 6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)
- 6.07 ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS) 100.00
- 6.08 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD PRIOR TO 422 E-3, 6 LN 12

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

- 7 RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS
- 8 RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES
- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES

TITLE XIX

- 10 MEDICARE OUTPATIENT ESRD CHARGES
- 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

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

PART B REASONABLE COST

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

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

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

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	205.98	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	217.60	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	205.98	

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

- 5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)
- 5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)
- 6 DIRECT GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 7 SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)
- 8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)
- 9 MULTIPLY LINE 7 TIMES LINE 8
- 10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.
- 11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 \* LN 10)
- 12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5] )

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

13 REDUCED IIME FTE CAP (SEE INSTRUCTIONS)	207.50
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	222.34
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP	207.50

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

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



	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	15,652,000			
29 SALARIES, WAGES & FEES PAYABLE	16,256,000			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	4,751,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	36,641,000			
36 TOTAL CURRENT LIABILITIES	73,300,000			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66	66,379,000			
41 OTHER LONG TERM LIABILITIES	9,465,000			
42 TOTAL LONG-TERM LIABILITIES	75,844,000			
43 TOTAL LIABILITIES	149,144,000			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	227,418,000			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	227,418,000			
52 TOTAL LIABILITIES AND FUND BALANCES	376,562,000			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		171,430,614		
2	NET INCOME (LOSS)		55,987,386		
3	TOTAL		227,418,000		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		227,418,000		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		227,418,000		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
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	77,141,657		77,141,657
2 00 SUBPROVIDER	13,217,889		13,217,889
2 01 SUBPROVIDER 11 - REHAB	8,995,728		8,995,728
2 02 SUBPROVIDER 3			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	99,355,274		99,355,274
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	85,397,294		85,397,294
11 00 CORONARY CARE UNIT	35,409,432		35,409,432
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	120,806,726		120,806,726
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	220,162,000		220,162,000
17 00 ANCILLARY SERVICES	495,755,000	361,946,000	857,701,000
18 00 OUTPATIENT SERVICES			
18 50 RHC			
18 60 FOHC			
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
24 00			
25 00 TOTAL PATIENT REVENUES	715,917,000	361,946,000	1077,863,000

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	341,875,614		
ADD (SPECIFY)			
27 00 8400'S			
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		341,875,614	





