

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 COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY | PROVIDER NO: 14-0223 | PERIOD FROM 1/1/2009 TO 12/31/2009 | INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS | DATE RECEIVED: / / | INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 5/24/2010 TIME 13: 01

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 LUTHERAN GENERAL HOSPITAL 14-0223 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

Table with 4 columns: TITLE V, TITLE XVIII (A, B), TITLE XIX. Rows include HOSPITAL, SUBPROVIDER, SUBPROVIDER II, and TOTAL with corresponding dollar amounts.

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.

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WORKSHEET S PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX | PROVIDER NO: 14-0223 | PERIOD FROM 1/1/2009 TO 12/31/2009 | INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS | DATE RECEIVED: / / | INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 5/24/2010 TIME 12:59

PART I - CERTIFICATION

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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 LUTHERAN GENERAL HOSPITAL 14-0223

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.

ECR ENCRYPTION INFORMATION DATE: 5/24/2010 TIME 12:59

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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TITLE

PI ENCRYPTION INFORMATION DATE: 5/24/2010 TIME 12:59

DATE

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PART II - SETTLEMENT SUMMARY

Table with columns: TITLE V, A, B, C, D, E. Rows include HOSPITAL, SUBPROVIDER, SUBPROVIDER II, and TOTAL.

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1775 W. DEMPSTER STREET      P.O. BOX:  
 1.01 CITY: PARK RIDGE      STATE: IL      ZIP CODE: 60068-      COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVIII	XIX
02.00	HOSPITAL	14-0223	2.01	7/1/1966	4	5	6
03.00	SUBPROVIDER	14-S223		7/1/1984	N	P	0
03.01	SUBPROVIDER 2	14-T223		7/1/1984	N	P	0

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/1/2009 TO: 12/31/2009

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1
20	SUBPROVIDER	4
20.01	SUBPROVIDER 11	5

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.						
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.	Y	N				
21.02	HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).						
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	1	N		N	29404	
21.04	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL	1					
21.05	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL	1					
21.06	DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA \$5105 OR MIPPA \$147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO.	N					
21.07	DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA \$147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)	N					
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.	1	N				
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	N					
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.	N					
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.	/	/		/	/	
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.	/	/		/	/	
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.	/	/		/	/	
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.	/	/		/	/	
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.	/	/		/	/	
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.	/	/		/	/	
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.	/	/		/	/	
24	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY)						/
24.01	IF THIS IS A MEDICARE TRANSPLANT CENTER: ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy).						/













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	37,981,000
17.01	GROSS MEDICAID REVENUES	53,327,736
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	91,308,736
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)	.329123
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	185,917,632

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	61,189,769
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	37,981,000
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	12,500,421
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	61,189,769

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT				-435,177	-435,177
2	0200 OLD CAP REL COSTS-MVBLE EQUIP				-23,975	-23,975
3	0300 NEW CAP REL COSTS-BLDG & FIXT				20,268,131	20,268,131
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				8,603,385	8,603,385
5	0500 EMPLOYEE BENEFITS	2,859,936	43,560,797	46,420,733	-717	46,420,016
6.03	0630 PURCHASING, RECEIVING & STORES	1,253,533	1,100,520	2,354,053	-29,898	2,324,155
6.05	0650 CASHIERING, ACCT REC & COLL	6,452,672	8,826,553	15,279,225	-123,069	15,156,156
6.06	0663 OTHER ADMINISTRATIVE AND GENERAL	18,527,949	112,506,879	131,034,828	-15,351,461	115,683,367
7	0700 MAINTENANCE & REPAIRS	5,618,430	18,572,447	24,190,877	-278,710	23,912,167
8	0800 OPERATION OF PLANT					
9	0900 LAUNDRY & LINEN SERVICE				2,377,099	2,377,099
10	1000 HOUSEKEEPING	4,860,805	3,799,240	8,660,045	-2,511,904	6,148,141
11	1100 DIETARY	3,708,420	3,828,723	7,537,143	-1,633,846	5,903,297
12	1200 CAFETERIA				1,538,608	1,538,608
14	1400 NURSING ADMINISTRATION	4,037,800	699,321	4,737,121	-53,739	4,683,382
15	1500 CENTRAL SERVICES & SUPPLY	1,843,736	377,798	2,221,534	59,526,324	61,747,858
16	1600 PHARMACY	6,081,961	21,839,508	27,921,469	-20,462,188	7,459,281
17	1700 MEDICAL RECORDS & LIBRARY	2,893,249	1,505,665	4,398,914	-10,498	4,388,416
18	1800 SOCIAL SERVICE	1,270,251	235,154	1,505,405	30,221	1,535,626
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	9,029,482	2,097,315	11,126,797		11,126,797
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	2,436,318	7,605,816	10,042,134	-61,932	9,980,202
24	2400 PARAMED ED PRGM-(SPECIFY)	1,085,705	132,924	1,218,629	-828,192	390,437
24.01	2401 PARAMED ED PRGM-PHARMACY INPAT ROUTINE SRVC CNTRS				138,813	138,813
25	2500 ADULTS & PEDIATRICS	44,427,044	8,166,211	52,593,255	-5,032,243	47,561,012
26	2600 INTENSIVE CARE UNIT	5,964,761	2,410,291	8,375,052	-782,519	7,592,533
27	2700 CORONARY CARE UNIT	6,553,669	2,421,426	8,975,095	-810,179	8,164,916
27.01	2701 NEONATAL CARE UNIT	8,696,628	1,978,325	10,674,953	-788,499	9,886,454
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER	5,145,519	609,603	5,755,122	-18,227	5,736,895
31.01	3101 SUBPROVIDER II	4,378,565	695,125	5,073,690	-232,285	4,841,405
33	3300 NURSERY				2,178,747	2,178,747
34	3400 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	9,549,366	40,406,835	49,956,201	-38,003,686	11,952,515
38	3800 RECOVERY ROOM	1,630,396	219,076	1,849,472	-44,403	1,805,069
39	3900 DELIVERY ROOM & LABOR ROOM	4,357,907	1,580,944	5,938,851	-1,086,481	4,852,370
40	4000 ANESTHESIOLOGY	453,487	1,853,944	2,307,431	-1,269,443	1,037,988
41	4100 RADIOLOGY-DIAGNOSTIC	12,029,126	16,366,278	28,395,404	-7,965,310	20,430,094
42	4200 RADIOLOGY-THERAPEUTIC	2,458,064	2,829,303	5,287,367	-978,875	4,308,492
43	4300 RADIOISOTOPE	1,332,816	1,888,376	3,221,192	-301,104	2,920,088
44	4400 LABORATORY		19,385,892	19,385,892		19,385,892
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		2,530,928	2,530,928		2,530,928
49	4900 RESPIRATORY THERAPY	4,564,431	2,067,068	6,631,499	-1,479,854	5,151,645
50	5000 PHYSICAL THERAPY	3,972,418	580,631	4,553,049	-109,236	4,443,813
51	5100 OCCUPATIONAL THERAPY	5,604,518	2,006,711	7,611,229	-1,339,876	6,271,353
52	5200 SPEECH PATHOLOGY					
53	5300 ELECTROCARDIOLOGY	2,497,386	860,544	3,357,930	-469,888	2,888,042
54	5400 ELECTROENCEPHALOGRAPHY	845,876	874,023	1,719,899	-219,489	1,500,410
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				274,703	274,703
56	5600 DRUGS CHARGED TO PATIENTS				19,846,303	19,846,303
57	5700 RENAL DIALYSIS	691,576	417,587	1,109,163	-261,783	847,380
58	5800 ASC (NON-DISTINCT PART)	2,801,547	1,822,360	4,623,907	-1,504,747	3,119,160
59	3951 REHAB MEDICINE	413,398	97,485	510,883	-46,317	464,566
59.10	3952 CARDIAC LAB	1,374,883	7,557,040	8,931,923	-6,936,749	1,995,174
59.20	3953 DAY HOSPITAL	498,723	346,718	845,441	-285,060	560,381
59.30	3954 LITHOTRIPTER		1,358,255	1,358,255		1,358,255
59.40	3955 COLO-RECTAL CENTER					
59.45	3957 GASTROENTEROLOGY LAB OUTPAT SERVICE COST CNTRS	2,342,497	1,658,790	4,001,287	-1,223,306	2,777,981
60	6000 CLINIC					
60.01	6001 DIABETES CARE CENTER	110,868	8,685	119,553		119,553
60.02	6002 OUTPATIENT CENTER	212,572	96,372	308,944	-52,448	256,496
60.03	6003 PAIN CLINIC	311,336	94,591	405,927	-57,241	348,686
60.04	6004 CARDIAC CONDITIONING	354,474	95,964	450,438	-58,183	392,255
60.05	6005 WOUND CARE CENTER	256,523	48,026	304,549	-25,896	278,653
60.06	6006 ANTI-COAG LAB	697,081	166,034	863,115	-105,024	758,091
60.07	6007 HEART RISK ASSESSMENT	129,260	55,690	184,950	-35,930	149,020
60.20	4951 IN-VITRO FERTILIZATION					
61	6100 EMERGENCY	8,241,939	3,062,061	11,304,000	-1,322,637	9,981,363
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES					
69	6900 CORF SPEC PURPOSE COST CENTERS					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS NONREIMBURS COST CENTERS	214,858,901	353,305,852	568,164,753	130,110	568,294,863
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	177,959	181,155	359,114	-130,110	229,004
96.01	9601 CHILDRN DAY CARE					
96.03	9603 LAUREATE DAY SCHOOL					
101	TOTAL	215,036,860	353,487,007	568,523,867	-0-	568,523,867

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0223  
PERIOD: FROM 1/1/2009 TO 12/31/2009  
PREPARED 5/24/2010  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT	1,850,840	1,415,663
2	0200 OLD CAP REL COSTS-MVBLE EQUIP	49,679	25,704
3	0300 NEW CAP REL COSTS-BLDG & FIXT	512,264	20,780,395
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	2,622,445	11,225,830
5	0500 EMPLOYEE BENEFITS	7,758,531	54,178,547
6.03	0630 PURCHASING, RECEIVING & STORES	-8,890	2,315,265
6.05	0650 CASHIERING, ACCT REC & COLL	-5,711,412	9,444,744
6.06	0663 OTHER ADMINISTRATIVE AND GENERAL	-56,275,610	59,407,757
7	0700 MAINTENANCE & REPAIRS	-1,493,177	22,418,990
8	0800 OPERATION OF PLANT		
9	0900 LAUNDRY & LINEN SERVICE		2,377,099
10	1000 HOUSEKEEPING	-7,101	6,141,040
11	1100 DIETARY	-2,329,791	3,573,506
12	1200 CAFETERIA		1,538,608
14	1400 NURSING ADMINISTRATION	-87,921	4,595,461
15	1500 CENTRAL SERVICES & SUPPLY	-24	61,747,834
16	1600 PHARMACY	-116,809	7,342,472
17	1700 MEDICAL RECORDS & LIBRARY	-44,507	4,343,909
18	1800 SOCIAL SERVICE	-137,306	1,398,320
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		11,126,797
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	-7,213,729	2,766,473
24	2400 PARAMED ED PRGM-(SPECIFY)	-66,229	324,208
24.01	2401 PARAMED ED PRGM-PHARMACY		138,813
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-75,025	47,485,987
26	2600 INTENSIVE CARE UNIT	-14,465	7,578,068
27	2700 CORONARY CARE UNIT	-14,852	8,150,064
27.01	2701 NEONATAL CARE UNIT	-49,996	9,836,458
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER	-174,580	5,562,315
31.01	3101 SUBPROVIDER II	-46,344	4,795,061
33	3300 NURSERY		2,178,747
34	3400 SKILLED NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-31,607	11,920,908
38	3800 RECOVERY ROOM	-579	1,804,490
39	3900 DELIVERY ROOM & LABOR ROOM	-4,031	4,848,339
40	4000 ANESTHESIOLOGY	-163,058	874,930
41	4100 RADIOLOGY-DIAGNOSTIC	-83,190	20,346,904
42	4200 RADIOLOGY-THERAPEUTIC	-171,806	4,136,686
43	4300 RADIOISOTOPE	-292	2,919,796
44	4400 LABORATORY		19,385,892
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		2,530,928
49	4900 RESPIRATORY THERAPY	-200	5,151,445
50	5000 PHYSICAL THERAPY	-4,035	4,439,778
51	5100 OCCUPATIONAL THERAPY	-102,915	6,168,438
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY	-9,275	2,878,767
54	5400 ELECTROENCEPHALOGRAPHY	-1,174	1,499,236
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		274,703
56	5600 DRUGS CHARGED TO PATIENTS		19,846,303
57	5700 RENAL DIALYSIS	-5,382	841,998
58	5800 ASC (NON-DISTINCT PART)	-11,585	3,107,575
59	3951 REHAB MEDICINE	-2,504	462,062
59.10	3952 CARDIAC LAB	-7,331	1,987,843
59.20	3953 DAY HOSPITAL	-22,153	538,228
59.30	3954 LI THOTRIPTER		1,358,255
59.40	3955 COLO-RECTAL CENTER		
59.45	3957 GASTROENTEROLOGY LAB	-5,468	2,772,513
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
60.01	6001 DIABETES CARE CENTER		119,553
60.02	6002 OUTPATIENT CENTER		256,496
60.03	6003 PAIN CLINIC	-375	348,311
60.04	6004 CARDIAC CONDITIONING	-1,173	391,082
60.05	6005 WOUND CARE CENTER	-1,847	276,806
60.06	6006 ANTI-COAG LAB	-12,649	745,442
60.07	6007 HEART RISK ASSESSMENT		149,020
60.20	4951 IN-VITRO FERTILIZATION		
61	6100 EMERGENCY	-123,239	9,858,124
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		
69	6900 CORF		
	SPEC PURPOSE COST CENTERS		
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-61,839,877	506,454,986
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	-5,293	223,711
96.01	9601 CHILD DAY CARE		
96.03	9603 LAUREATE DAY SCHOOL		
101	TOTAL	-61,845,170	506,678,697



RECLASSIFICATIONS

PROVIDER NO:  
140223

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

PREPARED 5/24/2010  
WORKSHEET A-6

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 MEDICAL SUPPLY CHARGED TO PATIENT	A	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		274, 703
2 DRUGS CHARGED TO PATIENT	B	DRUGS CHARGED TO PATIENTS	56		19, 846, 303
3 HLS BILLS	C	LAUNDRY & LINEN SERVICE	9		2, 377, 099
4 RADIOLOGY ADMIN	D	RADIOLOGY-THERAPEUTIC	42	134, 936	152, 410
5		RADIOISOTOPE	43	81, 935	92, 546
6 RECLASS DEPR EXPENSE	E	OLD CAP REL COSTS-BLDG & FIXT	1		13, 523, 773
7		OLD CAP REL COSTS-MVBLE EQUIP	2		8, 537, 725
8 RECLASS NEW CAPITAL COSTS	F	NEW CAP REL COSTS-BLDG & FIXT	3		13, 958, 950
9		NEW CAP REL COSTS-MVBLE EQUIP	4		8, 561, 700
10 RECLASS CAPITALIZED LEASE DEPR.	G	OTHER ADMINISTRATIVE AND GENERAL	6. 06		380, 232
11 RECLASS CAPITALIZED LEASE INTEREST	H	NEW CAP REL COSTS-MVBLE EQUIP	4		41, 685
12 RECLASS BLDG DEPR EXPENSE	I	OTHER ADMINISTRATIVE AND GENERAL	6. 06		284, 931
13					
14 RECLASS BUILDING RENT	J	NEW CAP REL COSTS-BLDG & FIXT	3		6, 309, 181
15					
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33					
34					
35 RECLASS NON-PARAMEDIC COSTS	L	OTHER ADMINISTRATIVE AND GENERAL	6. 06	790, 607	37, 032
1 RECLASS REHAB ADMIN PERSONNEL	M	PHYSICAL THERAPY	50	47, 035	9, 081
2		OCCUPATIONAL THERAPY	51	78, 626	15, 181
3 RECLASS NURSERY COSTS	O	NURSERY	33	1, 310, 117	868, 630
4 RECLASS CAFETERIA COSTS	Q	CAFETERIA	12	1, 887, 720	1, 818, 694
5 RECLASS CAFETERIA REVENUE OFFSET	R	DIETARY	11		2, 167, 806
6 RECLASS DEPT MANAGERS FROM CC1013	S	MAINTENANCE & REPAIRS	7	161, 814	
7		PHARMACY	16	84, 100	
8		SOCIAL SERVICE	18	30, 222	
9		SUBPROVIDER	31	29, 140	
10		SUBPROVIDER II	31. 01	89, 317	
11		OPERATING ROOM	37	116, 435	
12		RECOVERY ROOM	38	4, 311	
13		RADIOLOGY-DIAGNOSTIC	41	216, 081	
14		RADIOLOGY-THERAPEUTIC	42	43, 342	
15		RADIOISOTOPE	43	48, 955	
16		ELECTROCARDIOLOGY	53	23, 508	
17		ELECTROENCEPHALOGRAPHY	54	8, 970	
18		ASC (NON-DISTINCT PART)	58	10, 777	
19		REHAB MEDICINE	59	10, 256	
20		CARDIAC LAB	59. 10	62, 529	
21		DAY HOSPITAL	59. 20	15, 302	
22		GASTROENTEROLOGY LAB	59. 45	9, 326	
23		OUTPATIENT CENTER	60. 02	1, 611	
24		PAIN CLINIC	60. 03	2, 117	
25		CARDIAC CONDITIONING	60. 04	3, 153	
26		HEART RISK ASSESSMENT	60. 07	1, 295	
27		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96	829	
28 RECLASS PARAMED EDUC-PHARMACY	T	PARAMED ED PRGM-PHARMACY	24. 01	121, 510	17, 303
29 RECLASS CHILD LIFE/PRENATAL	U	ADULTS & PEDIATRICS	25	502, 619	
30		OTHER ADMINISTRATIVE AND GENERAL	6. 06		223, 069
31 REVERSE INTERNAL CC/IT CHARGEBACK	Y	CENTRAL SERVICES & SUPPLY	15		5, 399, 864
32					
33					
34					
35					

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 REVERSE INTERNAL CC/IT CHARGEBACK	Y				
2 RECLASS DEPR EXPENSE	Z	OTHER ADMINISTRATIVE AND GENERAL	6.06		7,326,639
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1 RECLASS DEPR EXPENSE	Z				
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9 MEDICAL SUPPLY COST	AA	CENTRAL SERVICES & SUPPLY	15		54,511,477
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RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
1 MEDICAL SUPPLY COST	AA				
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4					
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6					
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10					
11					
12					
13					
14					
15					
16					
17					
18					
36 TOTAL RECLASSIFICATIONS				5,928,495	146,736,014

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

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			6	7			
1 MEDICAL SUPPLY CHARGED TO PATIENT	A	CENTRAL SERVICES & SUPPLY		15		274,703	
2 DRUGS CHARGED TO PATIENT	B	PHARMACY		16		19,846,303	
3 HLS BILLS	C	HOUSEKEEPING		10		2,377,099	
4 RADIOLOGY ADMIN	D	RADIOLOGY-DIAGNOSTIC		41	216,871	244,956	
5							
6 RECLASS DEPR EXPENSE	E	OTHER ADMINISTRATIVE AND GENERAL		6.06		22,061,498	9
7							9
8 RECLASS NEW CAPITAL COSTS	F	OLD CAP REL COSTS-BLDG & FIXT		1		13,958,950	9
9		OLD CAP REL COSTS-MVBLE EQUIP		2		8,561,700	9
10 RECLASS CAPITALIZED LEASE DEPR.	G	RADIOLOGY-DIAGNOSTIC		41		380,232	9
11 RECLASS CAPITALIZED LEASE INTEREST	H	OTHER ADMINISTRATIVE AND GENERAL		6.06		41,685	11
12 RECLASS BLDG DEPR EXPENSE	I	MAINTENANCE & REPAIRS		7		73,312	9
13		RADIOLOGY-DIAGNOSTIC		41		211,619	9
14 RECLASS BUILDING RENT	J	OTHER ADMINISTRATIVE AND GENERAL		6.06		802,607	10
15		CASHIERING, ACCT REC & COLL		6.05		9,770	10
16		MAINTENANCE & REPAIRS		7		147,730	10
17		NURSING ADMINISTRATION		14		31,806	10
18		I & R SERVICES-OTHER PRGM COSTS APPRVD		23		46,620	10
19		OPERATING ROOM		37		54,854	10
20		RADIOLOGY-DIAGNOSTIC		41		2,353,667	10
21		RADIOLOGY-THERAPEUTIC		42		1,101,108	10
22		RADIOISOTOPE		43		235,344	10
23		OCCUPATIONAL THERAPY		51		653,078	10
24		ELECTROCARDIOLOGY		53		20,256	10
25		ELECTROENCEPHALOGRAPHY		54		94,740	10
26		REHAB MEDICINE		59		56,004	10
27		DAY HOSPITAL		59.20		299,568	10
28		OUTPATIENT CENTER		60.02		38,568	10
29		PAIN CLINIC		60.03		46,286	10
30		CARDIAC CONDITIONING		60.04		37,521	10
31		ANTI-COAG LAB		60.06		42,346	10
32		HEART RISK ASSESSMENT		60.07		17,331	10
33		EMERGENCY		61		93,900	10
34		GIFT, FLOWER, COFFEE SHOP & CANTEEN		96		126,077	10
35 RECLASS NON-PARAMEDIC COSTS	L	PARAMED ED PRGM-(SPECIFY)		24	790,607	37,032	
1 RECLASS REHAB ADMIN PERSONNEL	M	SUBPROVIDER II		31.01	125,661	24,262	
2							
3 RECLASS NURSERY COSTS	O	ADULTS & PEDIATRICS		25	1,310,117	868,630	
4 RECLASS CAFETERIA COSTS	Q	DIETARY		11	1,887,720	1,818,694	
5 RECLASS CAFETERIA REVENUE OFFSET	R	CAFETERIA		12		2,167,806	
6 RECLASS DEPT MANAGERS FROM CC1013	S	OTHER ADMINISTRATIVE AND GENERAL		6.06	973,390		
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26							
27							
28 RECLASS PARAMED EDUC-PHARMACY	T	PHARMACY		16	121,510	17,303	
29 RECLASS CHILD LIFE/PRENATAL	U	ADULTS & PEDIATRICS		25		223,069	
30		OTHER ADMINISTRATIVE AND GENERAL		6.06	502,619		
31 REVERSE INTERNAL CC/IT CHARGEBACK	Y	OPERATING ROOM		37		4,111,530	
32		DELIVERY ROOM & LABOR ROOM		39		527,002	
33		RADIOLOGY-DIAGNOSTIC		41		30,166	
34		ASC (NON-DISTINCT PART)		58		494,449	
35		CARDIAC LAB		59.10		219,648	

RECLASSIFICATIONS

PROVIDER NO:  
140223

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

PREPARED 5/24/2010  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE 7				
1 REVERSE INTERNAL CC/IT CHARGEBACK	Y	GASTROENTEROLOGY LAB	59.45			17,069	
2 RECLASS DEPR EXPENSE	Z	EMPLOYEE BENEFITS	5			717	9
3		PURCHASING, RECEIVING & STORES	6.03			1,146	9
4		CASHIERING, ACCT REC & COLL	6.05			77,695	9
5		MAINTENANCE & REPAIRS	7			106,929	9
6		HOUSEKEEPING	10			28,526	9
7		DIETARY	11			93,921	9
8		NURSING ADMINISTRATION	14			20,328	9
9		CENTRAL SERVICES & SUPPLY	15			110,314	9
10		PHARMACY	16			125,784	9
11		MEDICAL RECORDS & LIBRARY	17			10,279	9
12		I&R SERVICES-OTHER PRGM COSTS APPRVD	23			12,159	9
13		PARAMED ED PRGM-(SPECIFY)	24			534	9
14		ADULTS & PEDIATRICS	25			771,970	9
15		INTENSIVE CARE UNIT	26			164,822	9
16		CORONARY CARE UNIT	27			199,227	9
17		NEONATAL CARE UNIT	27.01			226,694	9
18		SUBPROVIDER	31			15,530	9
19		SUBPROVIDER II	31.01			34,440	9
20		OPERATING ROOM	37			1,332,177	9
21		RECOVERY ROOM	38			6,069	9
22		DELIVERY ROOM & LABOR ROOM	39			82,363	9
23		ANESTHESIOLOGY	40			317,027	9
24		RADIOLOGY-DIAGNOSTIC	41			1,420,395	9
25		RADIOLOGY-THERAPEUTIC	42			99,654	9
26		RADIOISOTOPE	43			255,111	9
27		RESPIRATORY THERAPY	49			209,247	9
28		PHYSICAL THERAPY	50			7,073	9
29		OCCUPATIONAL THERAPY	51			60,952	9
30		ELECTROCARDIOLOGY	53			373,933	9
31		ELECTROENCEPHALOGRAPHY	54			49,192	9
32		RENAL DIALYSIS	57			20,869	9
33		ASC (NON-DISTINCT PART)	58			176,061	9
34		CARDIAC LAB	59.10			469,601	9
35		DAY HOSPITAL	59.20			88	9
1 RECLASS DEPR EXPENSE	Z	REHAB MEDICINE	59			40	9
2		GASTROENTEROLOGY LAB	59.45			307,282	9
3		OUTPATIENT CENTER	60.02			3,558	9
4		PAIN CLINIC	60.03			265	9
5		CARDIAC CONDITIONING	60.04			15,091	9
6		HEART RISK ASSESSMENT	60.07			14,266	9
7		EMERGENCY	61			100,552	9
8		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96			4,758	9
9 MEDICAL SUPPLY COST	AA						
10		PURCHASING, RECEIVING & STORES	6.03			28,752	
11		CASHIERING, ACCT REC & COLL	6.05			35,604	
12		OTHER ADMINISTRATIVE AND GENERAL	6.06			12,172	
13		MAINTENANCE & REPAIRS	7			112,553	
14		HOUSEKEEPING	10			106,279	
15		DIETARY	11			1,317	
16		NURSING ADMINISTRATION	14			1,605	
17		PHARMACY	16			435,388	
18		MEDICAL RECORDS & LIBRARY	17			219	
19		SOCIAL SERVICE	18			1	
20		I&R SERVICES-OTHER PRGM COSTS APPRVD	23			3,153	
21		PARAMED ED PRGM-(SPECIFY)	24			19	
22		ADULTS & PEDIATRICS	25			2,361,076	
23		INTENSIVE CARE UNIT	26			617,697	
24		CORONARY CARE UNIT	27			610,952	
25		NEONATAL CARE UNIT	27.01			561,805	
26		SUBPROVIDER	31			31,837	
27		SUBPROVIDER II	31.01			137,239	
28		OPERATING ROOM	37			32,621,560	
29		RECOVERY ROOM	38			42,645	
30		DELIVERY ROOM & LABOR ROOM	39			477,116	
31		ANESTHESIOLOGY	40			952,416	
32		RADIOLOGY-DIAGNOSTIC	41			3,323,485	
33		RADIOLOGY-THERAPEUTIC	42			108,801	
34		RADIOISOTOPE	43			34,085	
35		RESPIRATORY THERAPY	49			1,270,607	

RECLASSIFICATIONS

PROVIDER NO:  
140223

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

PREPARED 5/24/2010  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	----- DECREASE -----				A-7 REF 10
		COST CENTER 1	6	LINE NO 7	SALARY 8	
1 MEDICAL SUPPLY COST	AA			50		158,279
2				51		719,653
3				53		99,207
4				54		84,527
5				57		240,914
6				58		845,014
7				59		529
8				59.10		6,310,029
9				59.20		706
10				59.45		908,281
11				60.02		11,933
12				60.03		12,807
13				60.04		8,724
14				60.05		25,896
15				60.06		62,678
16				60.07		5,628
17				61		1,128,185
18				96		104
36 TOTAL RECLASSIFICATIONS					5,928,495	146,736,014

(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:  
140223

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

PREPARED 5/24/2010  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : MEDICAL SUPPLY CHARGED TO PATIENT

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	274,703
TOTAL RECLASSIFICATIONS FOR CODE A			274,703

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	274,703	
			274,703

RECLASS CODE: B  
EXPLANATION : DRUGS CHARGED TO PATIENT

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	19,846,303
TOTAL RECLASSIFICATIONS FOR CODE B			19,846,303

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	19,846,303	
			19,846,303

RECLASS CODE: C  
EXPLANATION : HLS BILLS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	LAUNDRY & LINEN SERVICE	9	2,377,099
TOTAL RECLASSIFICATIONS FOR CODE C			2,377,099

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
HOUSEKEEPING	10	2,377,099	
			2,377,099

RECLASS CODE: D  
EXPLANATION : RADIOLOGY ADMIN

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	RADIOLOGY-THERAPEUTIC	42	287,346
2.00	RADIOISOTOPE	43	174,481
TOTAL RECLASSIFICATIONS FOR CODE D			461,827

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
RADIOLOGY-DIAGNOSTIC	41	461,827	
			0
			461,827

RECLASS CODE: E  
EXPLANATION : RECLASS DEPR EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	13,523,773
2.00	OLD CAP REL COSTS-MVBLE EQUIP	2	8,537,725
TOTAL RECLASSIFICATIONS FOR CODE E			22,061,498

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	22,061,498	
			0
			22,061,498

RECLASS CODE: F  
EXPLANATION : RECLASS NEW CAPITAL COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	13,958,950
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	8,561,700
TOTAL RECLASSIFICATIONS FOR CODE F			22,520,650

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OLD CAP REL COSTS-BLDG & FIXT	1	13,958,950	
OLD CAP REL COSTS-MVBLE EQUIP	2	8,561,700	
			22,520,650

RECLASS CODE: G  
EXPLANATION : RECLASS CAPITALIZED LEASE DEPR.

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	380,232
TOTAL RECLASSIFICATIONS FOR CODE G			380,232

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
RADIOLOGY-DIAGNOSTIC	41	380,232	
			380,232

RECLASS CODE: H  
EXPLANATION : RECLASS CAPITALIZED LEASE INTEREST

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	41,685
TOTAL RECLASSIFICATIONS FOR CODE H			41,685

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	41,685	
			41,685

RECLASS CODE: I  
EXPLANATION : RECLASS BLDG DEPR EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	284,931

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MAINTENANCE & REPAIRS	7	73,312	

RECLASSIFICATIONS

PROVIDER NO:  
140223

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

PREPARED 5/24/2010  
WORKSHEET A-6  
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RECLASS CODE: I  
EXPLANATION : RECLASS BLDG DEPR EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00			0	RADIOLOGY-DIAGNOSTIC	41	211,619	
TOTAL RECLASSIFICATIONS FOR CODE I			284,931				284,931

RECLASS CODE: J  
EXPLANATION : RECLASS BUILDING RENT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	6,309,181	OTHER ADMINISTRATIVE AND GENER	6.06	802,607	
2.00			0	CASHIERING, ACCT REC & COLL	6.05	9,770	
3.00			0	MAINTENANCE & REPAIRS	7	147,730	
4.00			0	NURSING ADMINISTRATION	14	31,806	
5.00			0	I&R SERVICES-OTHER PRGM COSTS	23	46,620	
6.00			0	OPERATING ROOM	37	54,854	
7.00			0	RADIOLOGY-DIAGNOSTIC	41	2,353,667	
8.00			0	RADIOLOGY-THERAPEUTIC	42	1,101,108	
9.00			0	RADIOISOTOPE	43	235,344	
10.00			0	OCCUPATIONAL THERAPY	51	653,078	
11.00			0	ELECTROCARDIOLOGY	53	20,256	
12.00			0	ELECTROENCEPHALOGRAPHY	54	94,740	
13.00			0	REHAB MEDICINE	59	56,004	
14.00			0	DAY HOSPITAL	59.20	299,568	
15.00			0	OUTPATIENT CENTER	60.02	38,568	
16.00			0	PAIN CLINIC	60.03	46,286	
17.00			0	CARDIAC CONDITIONING	60.04	37,521	
18.00			0	ANTI-COAG LAB	60.06	42,346	
19.00			0	HEART RISK ASSESSMENT	60.07	17,331	
20.00			0	EMERGENCY	61	93,900	
21.00			0	GIFT, FLOWER, COFFEE SHOP & CA	96	126,077	
TOTAL RECLASSIFICATIONS FOR CODE J			6,309,181				6,309,181

RECLASS CODE: L  
EXPLANATION : RECLASS NON-PARAMEDIC COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	827,639	PARAMED ED PRGM-(SPECIFY)	24	827,639	
TOTAL RECLASSIFICATIONS FOR CODE L			827,639				827,639

RECLASS CODE: M  
EXPLANATION : RECLASS REHAB ADMIN PERSONNEL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICAL THERAPY	50	56,116	SUBPROVIDER II	31.01	149,923	
2.00	OCCUPATIONAL THERAPY	51	93,807			0	
TOTAL RECLASSIFICATIONS FOR CODE M			149,923				149,923

RECLASS CODE: O  
EXPLANATION : RECLASS NURSERY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	2,178,747	ADULTS & PEDIATRICS	25	2,178,747	
TOTAL RECLASSIFICATIONS FOR CODE O			2,178,747				2,178,747

RECLASS CODE: Q  
EXPLANATION : RECLASS CAFETERIA COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	3,706,414	DIETARY	11	3,706,414	
TOTAL RECLASSIFICATIONS FOR CODE Q			3,706,414				3,706,414

RECLASS CODE: R  
EXPLANATION : RECLASS CAFETERIA REVENUE OFFSET

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DIETARY	11	2,167,806	CAFETERIA	12	2,167,806	
TOTAL RECLASSIFICATIONS FOR CODE R			2,167,806				2,167,806

RECLASSIFICATIONS

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RECLASS CODE: S  
EXPLANATION : RECLASS DEPT MANAGERS FROM CC1013

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	MAINTENANCE & REPAIRS	161,814	6.06	OTHER ADMINISTRATIVE AND GENER	973,390
2.00	PHARMACY	84,100			0
3.00	SOCIAL SERVICE	30,222			0
4.00	SUBPROVIDER	29,140			0
5.00	SUBPROVIDER II	89,317			0
6.00	OPERATING ROOM	116,435			0
7.00	RECOVERY ROOM	4,311			0
8.00	RADIOLOGY-DIAGNOSTIC	216,081			0
9.00	RADIOLOGY-THERAPEUTIC	43,342			0
10.00	RADIOISOTOPE	48,955			0
11.00	ELECTROCARDIOLOGY	23,508			0
12.00	ELECTROENCEPHALOGRAPHY	8,970			0
13.00	ASC (NON-DISTINCT PART)	10,777			0
14.00	REHAB MEDICINE	10,256			0
15.00	CARDIAC LAB	62,529			0
16.00	DAY HOSPITAL	15,302			0
17.00	GASTROENTEROLOGY LAB	9,326			0
18.00	OUTPATIENT CENTER	1,611			0
19.00	PAIN CLINIC	2,117			0
20.00	CARDIAC CONDITIONING	3,153			0
21.00	HEART RISK ASSESSMENT	1,295			0
22.00	GIFT, FLOWER, COFFEE SHOP & CA	829			0
TOTAL	RECLASSIFICATIONS FOR CODE S	973,390			973,390

RECLASS CODE: T  
EXPLANATION : RECLASS PARAMED EDUC-PHARMACY

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	PARAMED ED PRGM-PHARMACY	138,813	16	PHARMACY	138,813
TOTAL	RECLASSIFICATIONS FOR CODE T	138,813			138,813

RECLASS CODE: U  
EXPLANATION : RECLASS CHILD LIFE/PRENATAL

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	ADULTS & PEDIATRICS	502,619	25	ADULTS & PEDIATRICS	223,069
2.00	OTHER ADMINISTRATIVE AND GENER	223,069	6.06	OTHER ADMINISTRATIVE AND GENER	502,619
TOTAL	RECLASSIFICATIONS FOR CODE U	725,688			725,688

RECLASS CODE: Y  
EXPLANATION : REVERSE INTERNAL CC/IT CHARGEBACK

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	CENTRAL SERVICES & SUPPLY	5,399,864	37	OPERATING ROOM	4,111,530
2.00		0	39	DELIVERY ROOM & LABOR ROOM	527,002
3.00		0	41	RADIOLOGY-DIAGNOSTIC	30,166
4.00		0	58	ASC (NON-DISTINCT PART)	494,449
5.00		0	59.10	CARDIAC LAB	219,648
6.00		0	59.45	GASTROENTEROLOGY LAB	17,069
TOTAL	RECLASSIFICATIONS FOR CODE Y	5,399,864			5,399,864

RECLASS CODE: Z  
EXPLANATION : RECLASS DEPR EXPENSE

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	7,326,639	5	EMPLOYEE BENEFITS	717
2.00		0	6.03	PURCHASING, RECEIVING & STORES	1,146
3.00		0	6.05	CASHIERING, ACCT REC & COLL	77,695
4.00		0	7	MAINTENANCE & REPAIRS	106,929
5.00		0	10	HOUSEKEEPING	28,526
6.00		0	11	DIETARY	93,921
7.00		0	14	NURSING ADMINISTRATION	20,328
8.00		0	15	CENTRAL SERVICES & SUPPLY	110,314
9.00		0	16	PHARMACY	125,784
10.00		0	17	MEDICAL RECORDS & LIBRARY	10,279
11.00		0	23	I&R SERVICES-OTHER PRGM COSTS	12,159
12.00		0	24	PARAMED ED PRGM-(SPECIFY)	534

RECLASSIFICATIONS

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RECLASS CODE: Z  
EXPLANATION : RECLASS DEPR EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
13.00			0	ADULTS & PEDIATRICS	25	771,970	
14.00			0	INTENSIVE CARE UNIT	26	164,822	
15.00			0	CORONARY CARE UNIT	27	199,227	
16.00			0	NEONATAL CARE UNIT	27.01	226,694	
17.00			0	SUBPROVIDER	31	15,530	
18.00			0	SUBPROVIDER II	31.01	34,440	
19.00			0	OPERATING ROOM	37	1,332,177	
20.00			0	RECOVERY ROOM	38	6,069	
21.00			0	DELIVERY ROOM & LABOR ROOM	39	82,363	
22.00			0	ANESTHESIOLOGY	40	317,027	
23.00			0	RADIOLOGY-DIAGNOSTIC	41	1,420,395	
24.00			0	RADIOLOGY-THERAPEUTIC	42	99,654	
25.00			0	RADIOISOTOPE	43	255,111	
26.00			0	RESPIRATORY THERAPY	49	209,247	
27.00			0	PHYSICAL THERAPY	50	7,073	
28.00			0	OCCUPATIONAL THERAPY	51	60,952	
29.00			0	ELECTROCARDIOLOGY	53	373,933	
30.00			0	ELECTROENCEPHALOGRAPHY	54	49,192	
31.00			0	RENAL DIALYSIS	57	20,869	
32.00			0	ASC (NON-DISTINCT PART)	58	176,061	
33.00			0	CARDIAC LAB	59.10	469,601	
34.00			0	DAY HOSPITAL	59.20	88	
35.00			0	REHAB MEDICINE	59	40	
36.00			0	GASTROENTEROLOGY LAB	59.45	307,282	
37.00			0	OUTPATIENT CENTER	60.02	3,558	
38.00			0	PAIN CLINIC	60.03	265	
39.00			0	CARDIAC CONDITIONING	60.04	15,091	
40.00			0	HEART RISK ASSESSMENT	60.07	14,266	
41.00			0	EMERGENCY	61	100,552	
42.00			0	GIFT, FLOWER, COFFEE SHOP & CA	96	4,758	
TOTAL RECLASSIFICATIONS FOR CODE Z			7,326,639				7,326,639

RECLASS CODE: AA  
EXPLANATION : MEDICAL SUPPLY COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CENTRAL SERVICES & SUPPLY	15	54,511,477			0	
2.00			0	PURCHASING, RECEIVING & STORES	6.03	28,752	
3.00			0	CASHIERING, ACCT REC & COLL	6.05	35,604	
4.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	12,172	
5.00			0	MAINTENANCE & REPAIRS	7	112,553	
6.00			0	HOUSEKEEPING	10	106,279	
7.00			0	DIETARY	11	1,317	
8.00			0	NURSING ADMINISTRATION	14	1,605	
9.00			0	PHARMACY	16	435,388	
10.00			0	MEDICAL RECORDS & LIBRARY	17	219	
11.00			0	SOCIAL SERVICE	18	1	
12.00			0	I&R SERVICES-OTHER PRGM COSTS	23	3,153	
13.00			0	PARAMED ED PRGM-(SPECIFY)	24	19	
14.00			0	ADULTS & PEDIATRICS	25	2,361,076	
15.00			0	INTENSIVE CARE UNIT	26	617,697	
16.00			0	CORONARY CARE UNIT	27	610,952	
17.00			0	NEONATAL CARE UNIT	27.01	561,805	
18.00			0	SUBPROVIDER	31	31,837	
19.00			0	SUBPROVIDER II	31.01	137,239	
20.00			0	OPERATING ROOM	37	32,621,560	
21.00			0	RECOVERY ROOM	38	42,645	
22.00			0	DELIVERY ROOM & LABOR ROOM	39	477,116	
23.00			0	ANESTHESIOLOGY	40	952,416	
24.00			0	RADIOLOGY-DIAGNOSTIC	41	3,323,485	
25.00			0	RADIOLOGY-THERAPEUTIC	42	108,801	
26.00			0	RADIOISOTOPE	43	34,085	
27.00			0	RESPIRATORY THERAPY	49	1,270,607	
28.00			0	PHYSICAL THERAPY	50	158,279	
29.00			0	OCCUPATIONAL THERAPY	51	719,653	
30.00			0	ELECTROCARDIOLOGY	53	99,207	
31.00			0	ELECTROENCEPHALOGRAPHY	54	84,527	
32.00			0	RENAL DIALYSIS	57	240,914	
33.00			0	ASC (NON-DISTINCT PART)	58	845,014	
34.00			0	REHAB MEDICINE	59	529	
35.00			0	CARDIAC LAB	59.10	6,310,029	
36.00			0	DAY HOSPITAL	59.20	706	
37.00			0	GASTROENTEROLOGY LAB	59.45	908,281	

RECLASSIFICATIONS

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TO 12/31/2009

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RECLASS CODE: AA  
EXPLANATION : MEDICAL SUPPLY COST

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
38.00		60.02	11,933
39.00		60.03	12,807
40.00		60.04	8,724
41.00		60.05	25,896
42.00		60.06	62,678
43.00		60.07	5,628
44.00		61	1,128,185
45.00		96	104
TOTAL RECLASSIFICATIONS FOR CODE AA			54,511,477

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			DONATION 3					
1 LAND	211,158						211,158	
2 LAND IMPROVEMENTS	1,252,008						1,252,008	1,252,008
3 BUILDINGS & FIXTURE	83,428,823						83,428,823	52,779,407
4 BUILDING IMPROVEMENT	300,744						300,744	300,744
5 FIXED EQUIPMENT								
6 MOVABLE EQUIPMENT	19,424,364					2,654,325	16,770,039	16,706,518
7 SUBTOTAL	104,617,097					2,654,325	101,962,772	71,038,677
8 RECONCILING ITEMS								
9 TOTAL	104,617,097					2,654,325	101,962,772	71,038,677

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			DONATION 3					
1 LAND	402,000						402,000	
2 LAND IMPROVEMENTS	4,908,595	9,268,002			9,268,002	227,954	13,948,643	853,086
3 BUILDINGS & FIXTURE	326,691,146	24,436,842			24,436,842	2,227,255	348,900,733	15,534,595
4 BUILDING IMPROVEMENT	4,854,114	37,829			37,829	2,212,821	2,679,122	1,780,485
5 FIXED EQUIPMENT								
6 MOVABLE EQUIPMENT	118,211,166	16,101,655			16,101,655	13,753,305	120,559,516	54,164,318
7 SUBTOTAL	455,067,021	49,844,328			49,844,328	18,421,335	486,490,014	72,332,484
8 RECONCILING ITEMS	156,782,443					153,748,008	3,034,435	
9 TOTAL	298,284,578	49,844,328			49,844,328	-135,326,673	483,455,579	72,332,484

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

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

DESCRIPTION      SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	1,415,663						1,415,663
2	OLD CAP REL COSTS-MV	25,704						25,704
3	NEW CAP REL COSTS-BL	14,306,072	6,474,323					20,780,395
4	NEW CAP REL COSTS-MV	11,225,830						11,225,830
5	TOTAL	26,973,269	6,474,323					33,447,592

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4  
 DESCRIPTION      SUMMARY OF OLD AND NEW CAPITAL

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

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
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	A	-178,221	OTHER ADMINI STRATIVE AND	6.06	
10 TELEVISION AND RADIO SERVICE	A	-163,463	MAINTENANCE & REPAIRS	7	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-11,550,172			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATI ON TRANSACTIONS	A-8-1	-3,341,625			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-2,167,806	DIETARY	11	
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 UTILIZATI ON REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES	A	1,838,429	OLD CAP REL COSTS-BLDG &	1	9
30 DEPRECIATION-OLD MOVABLE EQUIP	A	31,243	OLD CAP REL COSTS-MVBLE E	2	9
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					
37.01 PUBLIC RELATIONS	A	-2,572	OTHER ADMINI STRATIVE AND	6.06	
37.02 MARKETING COSTS	A	-600,100	OTHER ADMINI STRATIVE AND	6.06	
37.03 COMMUNITY RELATIONS	A	-130,999	OTHER ADMINI STRATIVE AND	6.06	
37.04 BAD DEBT EXPENSE	A	-5,696,000	CASHIERING, ACCT REC & CO	6.05	
37.05 BAD DEBT EXPENSE	A	9,000	OTHER ADMINI STRATIVE AND	6.06	
37.06 MISC LEGAL FEES	A	-4,502	OTHER ADMINI STRATIVE AND	6.06	
37.07 MISC LEGAL FEES	A	-393	EMERGENCY	61	
37.08 CLAIM SETTLEMENT	A	300,000	OTHER ADMINI STRATIVE AND	6.06	
37.09 HPO ADMIN FEES	A	-2,903,826	OTHER ADMINI STRATIVE AND	6.06	
37.10 PHYSICIAN SERP INCENTIVE	A	-87,709	EMPLOYEE BENEFITS	5	
37.11 AMGNICU OUTREACH	A	-35,616	OTHER ADMINI STRATIVE AND	6.06	
37.12 FITNESS CENTER SUPPORT/INTER-CO MARK	A	-304,627	OTHER ADMINI STRATIVE AND	6.06	
37.13 PUBLIC AID ASSESSMENT EXPENSE	A	-19,570,041	OTHER ADMINI STRATIVE AND	6.06	
37.14					
37.15 RESEARCH COSTS IN EXCESS OF FUNDING	A	-645,604	OTHER ADMINI STRATIVE AND	6.06	
37.16 OFFSET MEN'S ASSOCIATION	A	-2,829	OTHER ADMINI STRATIVE AND	6.06	
37.17 ADJUST WOMEN'S HEALTH OFFSET	A	-90,509	OTHER ADMINI STRATIVE AND	6.06	
37.18 CENTER FOR PEDS BRAIN TUMOR	A	12,153	OTHER ADMINI STRATIVE AND	6.06	
37.19 ADJUST PARAMEDIC CHAPLAINCY FICA	A	11,037	PARAMED ED PRGM-(SPECIFY)	24	
37.20					
37.21 PARKING LOST COSTS	A	-1,268,284	MAINTENANCE & REPAIRS	7	
37.22 LOBBYING COSTS	A	-54,830	OTHER ADMINI STRATIVE AND	6.06	
37.23 ADJUST GL INT EXPENSE TO ACTUAL	A	-2,541,932	OTHER ADMINI STRATIVE AND	6.06	11
37.24 UNNECESSARY INTEREST EXPENSE	A	-1,997,942	OTHER ADMINI STRATIVE AND	6.06	11
37.25 PRIOR YEARS MEDICARE WORKPAPER	A	-40,777	OLD CAP REL COSTS-BLDG &	1	9
37.26 ADJUST PARKSIDE RENT TO COST	A	165,142	NEW CAP REL COSTS-BLDG &	3	10
37.27 INTEREST INCOME OFFSET ADV BORROWING	B	-2,420,287	OTHER ADMINI STRATIVE AND	6.06	11
37.28 INTEREST INCOME OFFSET CAP LEASE	B	-41,685	NEW CAP REL COSTS-MVBLE E	4	11
37.29					
37.30					
38					
39					
40					
41					
42					
43					
44					
45					
46 MISC INC	B	-750	EMPLOYEE BENEFITS	5	
47 MISC INC	B	-5,740	PURCHASING, RECEIVING & S	6.03	
47.01 MISC INC	B	-7,681	CASHIERING, ACCT REC & CO	6.05	
47.02 MISC INC	B	-4,808,480	OTHER ADMINI STRATIVE AND	6.06	
47.03 MISC INC	B	-47,923	MAINTENANCE & REPAIRS	7	
47.04 MISC INC	B	-6,766	HOUSEKEEPING	10	
47.05 MISC INC	B	-155,033	DIETARY	11	
47.06 MISC INC	B	-51,764	NURSING ADMINI STRATION	14	
47.07 MISC INC	B	-114,869	PHARMACY	16	
47.08 MISC INC	B	-42,227	MEDICAL RECORDS & LIBRARY	17	

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
47.09	MI SC INC	B	-371	SOCIAL SERVICE	18
47.10	MI SC INC	B	-177,091	I&R SERVICES-OTHER PRGM C	23
47.11	MI SC INC	B	-73,974	PARAMED ED PRGM-(SPECIFY)	24
47.13	MI SC INC	B	-22,945	ADULTS & PEDIATRICS	25
47.14	MI SC INC	B	-10,958	CORONARY CARE UNIT	27
47.15	MI SC INC	B	-24,785	SUBPROVIDER	31
47.16	MI SC INC	B	-45,403	SUBPROVIDER II	31.01
47.17	MI SC INC	B	-39,113	NEONATAL CARE UNIT	27.01
47.18	MI SC INC	B	-22,050	OPERATING ROOM	37
47.19	MI SC INC	B	-250	DELIVERY ROOM & LABOR ROO	39
47.20	MI SC INC	B	-12,000	ANESTHESIOLOGY	40
47.21	MI SC INC	B	-68,654	RADIOLOGY-DIAGNOSTIC	41
47.22	MI SC INC	B	-137,031	RADIOLOGY-THERAPEUTIC	42
47.23	MI SC INC	B	-200	RESPIRATORY THERAPY	49
47.24	MI SC INC	B	-51,046	OCCUPATIONAL THERAPY	51
47.25	MI SC INC	B	-6,332	ELECTROCARDIOLOGY	53
47.26	MI SC INC	B	-3,896	ASC (NON-DISTINCT PART)	58
47.27	MI SC INC	B	-4,800	CARDIAC LAB	59.10
47.28	MI SC INC	B	-21,943	DAY HOSPITAL	59.20
47.29	MI SC INC	B	-2,449	REHAB MEDICINE	59
47.30	MI SC INC	B	-5,046	GASTROENTEROLOGY LAB	59.45
47.31	MI SC INC	B	-23,627	EMERGENCY	61
47.32	MI SC INC	B	-375	PAIN CLINIC	60.03
47.33	MI SC INC	B	-12,649	ANTI-COAG LAB	60.06
47.34					
47.35	FOOD&BEV	A	-1,723	EMPLOYEE BENEFITS	5
48	FOOD&BEV	A	-840	CASHIERING, ACCT REC & CO	6.05
48.01	FOOD&BEV	A	-44,377	OTHER ADMINISTRATIVE AND	6.06
48.02	FOOD&BEV	A	-4,415	MAINTENANCE & REPAIRS	7
48.04	FOOD&BEV	A	-2,507	DIETARY	11
48.05	FOOD&BEV	A	-200	NURSING ADMINISTRATIVE	14
48.10	FOOD&BEV	A	-750	PHARMACY	16
48.11	FOOD&BEV	A	-300	PARAMED ED PRGM-(SPECIFY)	24
48.12	FOOD&BEV	A	-531	ADULTS & PEDIATRICS	25
48.13	FOOD&BEV	A	-87	SUBPROVIDER II	31.01
48.14	FOOD&BEV	A	-1,338	NEONATAL CARE UNIT	27.01
48.15	FOOD&BEV	A	-355	OPERATING ROOM	37
48.16	FOOD&BEV	A	-134	RECOVERY ROOM	38
48.17	FOOD&BEV	A	-3,905	RADIOLOGY-DIAGNOSTIC	41
48.18	FOOD&BEV	A	-268	RADIOLOGY-THERAPEUTIC	42
48.21	FOOD&BEV	A	-496	OCCUPATIONAL THERAPY	51
48.23	FOOD&BEV	A	-87	ASC (NON-DISTINCT PART)	58
48.25	FOOD&BEV	A	-334	GASTROENTEROLOGY LAB	59.45
48.26	FOOD&BEV	A	-357	EMERGENCY	61
48.27					
48.28					
48.29					
48.30					
48.31					
48.32					
49					
49.01					
49.02	MI SC COSTS	A	-311	EMPLOYEE BENEFITS	5
49.03	MI SC COSTS	A	-3,150	PURCHASING, RECEIVING & S	6.03
49.04	MI SC COSTS	A	-5,918	CASHIERING, ACCT REC & CO	6.05
49.05	MI SC COSTS	A	-1,737,063	OTHER ADMINISTRATIVE AND	6.06
49.06	MI SC COSTS	A	-9,092	MAINTENANCE & REPAIRS	7
49.08	MI SC COSTS	A	-3,320	DIETARY	11
49.09	MI SC COSTS	A	-34,754	NURSING ADMINISTRATIVE	14
49.10	MI SC COSTS	A	-968	PHARMACY	16
49.11	MI SC COSTS	A	-2,280	MEDICAL RECORDS & LIBRARY	17
49.12	MI SC COSTS	A	-136,935	SOCIAL SERVICE	18
49.13	MI SC COSTS	A	-33,156	I&R SERVICES-OTHER PRGM C	23
49.14	MI SC COSTS	A	-2,941	PARAMED ED PRGM-(SPECIFY)	24
49.15	MI SC COSTS	A	-37,411	ADULTS & PEDIATRICS	25
49.16	MI SC COSTS	A	-13,531	INTENSIVE CARE UNIT	26
49.17	MI SC COSTS	A	-1,685	CORONARY CARE UNIT	27
49.18	MI SC COSTS	A	-9,740	SUBPROVIDER	31
49.19	MI SC COSTS	A	-834	SUBPROVIDER II	31.01
49.20	MI SC COSTS	A	-7,520	NEONATAL CARE UNIT	27.01
49.21	MI SC COSTS	A	-9,055	OPERATING ROOM	37
49.22	MI SC COSTS	A	-379	RECOVERY ROOM	38
49.23	MI SC COSTS	A	-1,526	DELIVERY ROOM & LABOR ROO	39
49.24	MI SC COSTS	A	-9,993	RADIOLOGY-DIAGNOSTIC	41
49.25	MI SC COSTS	A	-34,492	RADIOLOGY-THERAPEUTIC	42
49.26	MI SC COSTS	A	-292	RADIOISOTOPE	43
49.28	MI SC COSTS	A	-3,999	PHYSICAL THERAPY	50
49.29	MI SC COSTS	A	-51,038	OCCUPATIONAL THERAPY	51
49.30	MI SC COSTS	A	-590	ELECTROCARDIOLOGY	53
49.31	MI SC COSTS	A	-1,174	ELECTROENCEPHALOGRAPHY	54
49.32	MI SC COSTS	A	-5,179	RENAL DIALYSIS	57
49.33	MI SC COSTS	A	-7,533	ASC (NON-DISTINCT PART)	58
49.34	MI SC COSTS	A	-2,243	CARDIAC LAB	59.10
49.35	MI SC COSTS	A	-210	DAY HOSPITAL	59.20
49.36	MI SC COSTS	A	-55	REHAB MEDICINE	59

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
	BASIS/CODE	AMOUNT	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	
	1	2	3	4	
49.37 MI SC COSTS	A	-28,284	EMERGENCY	61	
49.38 MI SC COSTS	A	-1,161	CARDIAC CONDITIONING	60.04	
49.39 MI SC COSTS	A	-1,847	WOUND CARE CENTER	60.05	
49.40 MI SC COSTS	A	-5,293	GIFT, FLOWER, COFFEE SHOP	96	
49.41					
49.42 EMPLOYEE RELATIONS	A	-973	CASHIERING, ACCT REC & CO	6.05	
49.43 EMPLOYEE RELATIONS	A	-60,441	OTHER ADMINISTRATIVE AND	6.06	
49.44 EMPLOYEE RELATIONS	A	-335	HOUSEKEEPING	10	
49.45 EMPLOYEE RELATIONS	A	-1,125	DIETARY	11	
49.46 EMPLOYEE RELATIONS	A	-1,203	NURSING ADMINISTRATION	14	
49.47 EMPLOYEE RELATIONS	A	-24	CENTRAL SERVICES & SUPPLY	15	
49.48 EMPLOYEE RELATIONS	A	-222	PHARMACY	16	
49.49 EMPLOYEE RELATIONS	A	-5,660	I&R SERVICES-OTHER PRGM C	23	
49.50 EMPLOYEE RELATIONS	A	-51	PARAMED ED PRGM-(SPECIFY)	24	
49.51 EMPLOYEE RELATIONS	A	-14,138	ADULTS & PEDIATRICS	25	
49.52 EMPLOYEE RELATIONS	A	-934	INTENSIVE CARE UNIT	26	
49.53 EMPLOYEE RELATIONS	A	-2,209	CORONARY CARE UNIT	27	
49.54 EMPLOYEE RELATIONS	A	-87	SUBPROVIDER	31	
49.55 EMPLOYEE RELATIONS	A	-20	SUBPROVIDER II	31.01	
49.56 EMPLOYEE RELATIONS	A	-2,025	NEONATAL CARE UNIT	27.01	
49.57 EMPLOYEE RELATIONS	A	-147	OPERATING ROOM	37	
49.58 EMPLOYEE RELATIONS	A	-66	RECOVERY ROOM	38	
49.59 EMPLOYEE RELATIONS	A	-2,255	DELIVERY ROOM & LABOR ROO	39	
49.60 EMPLOYEE RELATIONS	A	-638	RADIOLOGY-DIAGNOSTIC	41	
49.61 EMPLOYEE RELATIONS	A	-15	RADIOLOGY-THERAPEUTIC	42	
49.62 EMPLOYEE RELATIONS	A	-36	PHYSICAL THERAPY	50	
49.63 EMPLOYEE RELATIONS	A	-335	OCCUPATIONAL THERAPY	51	
49.64 EMPLOYEE RELATIONS	A	-9	ELECTROCARDIOLOGY	53	
49.65 EMPLOYEE RELATIONS	A	-203	RENAL DIALYSIS	57	
49.66 EMPLOYEE RELATIONS	A	-69	ASC (NON-DISTINCT PART)	58	
49.67 EMPLOYEE RELATIONS	A	-288	CARDIAC LAB	59.10	
49.68 EMPLOYEE RELATIONS	A	-88	GASTROENTEROLOGY LAB	59.45	
49.69 EMPLOYEE RELATIONS	A	-38	EMERGENCY	61	
49.70 EMPLOYEE RELATIONS	A	-12	CARDIAC CONDITIONING	60.04	
49.71					
50 TOTAL (SUM OF LINES 1 THRU 49)		-61,845,170			

(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	1	OLD CAP REL COSTS-BLDG & CAPITAL OLD BLDG	53,188		53,188	9
2	2	OLD CAP REL COSTS-MVBLE E CAPITAL OLD EQUIP	18,436		18,436	9
3	3	NEW CAP REL COSTS-BLDG & CAPITAL NEW BLDG	347,122		347,122	9
4	4	NEW CAP REL COSTS-MVBLE E CAPITAL NEW EQUIP	2,664,130		2,664,130	9
4.01	5	EMPLOYEE BENEFITS BENEFITS	7,849,024		7,849,024	
4.02	6	OTHER ADMINISTRATIVE AND A&G	17,556,176	31,829,701	-14,273,525	
5		TOTALS	28,488,076	31,829,701	-3,341,625	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE			
			NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	B	100.00	AHCS	100.00	HEALTH CARE	
2		0.00		0.00		
3		0.00		0.00		
4		0.00		0.00		
5		0.00		0.00		

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





COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2010  
 I 14-0223 I FROM 1/ 1/2009 I NOT A CMS WORKSHEET  
 I I TO 12/31/2009 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6.03	PURCHASING, RECEIVING & STORES	6	PURCHASED	REQUISITIO	ENTERED
6.05	CASHIERING, ACCT REC & COLL	7	GROSS	REVENUES	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM.	COST	ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	9	PATIENT	DAYS	ENTERED
10	HOUSEKEEPING	1	SQUARE	FEET	ENTERED
11	DIETARY	9	PATIENT	DAYS	ENTERED
12	CAFETERIA	S	GROSS	SALARIES	ENTERED
14	NURSING ADMINISTRATION	13	NURSING	SALARIES	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS	ENTERED
16	PHARMACY	15	COSTED	REQUIS	ENTERED
17	MEDICAL RECORDS & LIBRARY	7	GROSS	REVENUES	ENTERED
18	SOCIAL SERVICE	9	PATIENT	DAYS	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	19	ASSIGNED	TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	19	ASSIGNED	TIME	ENTERED
24	PARAMED ED PRGM-(SPECIFY)	20	ASSIGNED	TIME	ENTERED
24.01	PARAMED ED PRGM-PHARMACY	21	ASSIGNED	TIME	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	PURCHASING, RECEIVING & S
	0	1	2	3	4	5	6.03
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	1,415,663	1,415,663					
003 OLD CAP REL COSTS-MVBLE E	25,704		25,704				
004 NEW CAP REL COSTS-BLDG &	20,780,395			20,780,395			
005 NEW CAP REL COSTS-MVBLE E	11,225,830				11,225,830		
006 EMPLOYEE BENEFITS	54,178,547	14,266	145	209,410	113,126	54,515,494	
006 03 PURCHASING, RECEIVING & S	2,315,265	6,805	33	99,896	53,965	322,075	2,798,039
006 05 CASHIERING, ACCT REC & CO	9,444,744	24,112	415	353,940	191,203	1,657,911	2,592
006 06 OTHER ADMINISTRATIVE AND	59,407,757	87,461	5,650	1,283,830	693,541	4,584,357	114,105
007 MAINTENANCE & REPAIRS	22,418,990	273,393	487	4,013,086	2,167,919	1,485,141	53,553
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	2,377,099						
010 HOUSEKEEPING	6,141,040	12,921	67	189,659	102,456	1,248,906	16,769
011 DIETARY	3,573,506	22,344	181	327,980	177,179	467,800	136,367
012 CAFETERIA	1,538,608	25,713		377,435	203,895	485,019	
014 NURSING ADMINISTRATION	4,595,461	18,463	59	271,015	146,406	1,037,448	1,323
015 CENTRAL SERVICES & SUPPLY	61,747,834	19,390	583	284,623	153,757	473,718	2,399,651
016 PHARMACY	7,342,472	9,141	155	134,174	72,482	1,553,051	3,486
017 MEDICAL RECORDS & LIBRARY	4,343,909	10,278	82	150,875	81,505	743,374	3,199
018 SOCIAL SERVICE	1,398,320	2,581	8	37,887	20,467	334,136	50
022 I&R SERVICES-SALARY & FRI	11,126,797					2,319,981	
023 I&R SERVICES-OTHER PRGM C	2,766,473	57,933	421	850,394	459,394	625,973	4,289
024 PARAMED PRGM-(SPECIFY)	324,208	2,172	3	31,879	17,221	75,821	81
024 01 PARAMED PRGM-PHARMACY	138,813	160		2,354	1,272	31,220	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	47,485,987	215,707	713	3,166,341	1,710,497	11,207,374	12,679
026 INTENSIVE CARE UNIT	7,578,068	22,188	587	325,693	175,944	1,532,550	2,651
027 CORONARY CARE UNIT	8,150,064	16,894	100	247,991	133,968	1,683,860	2,442
027 01 NEONATAL CARE UNIT	9,836,458	16,025	242	235,235	127,077	2,234,459	1,448
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	5,562,315	38,824	125	569,896	307,865	1,329,546	1,231
031 01 SUBPROVIDER II	4,795,061	26,586	62	390,258	210,822	1,115,664	994
033 NURSERY	2,178,747	1,197	78	17,576	9,495	336,614	548
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	11,920,908	62,464	1,751	916,909	495,326	2,483,473	18,626
038 RECOVERY ROOM	1,804,490	3,772	38	55,373	29,913	420,012	181
039 DELIVERY ROOM & LABOR ROO	4,848,339	37,773	361	554,472	299,533	1,119,694	2,228
040 ANESTHESIOLOGY	874,930	1,533	467	22,508	12,159	116,516	822
041 RADIOLOGY-DIAGNOSTIC	20,346,904	95,169	3,608	1,396,975	754,664	3,090,488	2,393
042 RADIOLOGY-THERAPEUTIC	4,136,686	30,800	2,491	452,110	244,236	677,366	1,820
043 RADIOISOTOPE	2,919,796	10,532	1,004	154,597	83,515	376,076	273
044 LABORATORY	19,385,892	37,237	1,272	546,604	295,282		12
046 WHOLE BLOOD & PACKED RED	2,530,928	3,302	42	48,468	26,183		
049 RESPIRATORY THERAPY	5,151,445	4,143	460	60,821	32,856	1,172,758	675
050 PHYSICAL THERAPY	4,439,778	3,068	45	45,038	24,330	1,032,734	462
051 OCCUPATIONAL THERAPY	6,168,438	45,013	204	660,735	356,937	1,460,193	2,340
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	2,878,767	6,083	472	89,292	48,237	647,703	2,111
054 ELECTROENCEPHALOGRAPHY	1,499,236	7,349	202	107,877	58,276	219,639	341
055 MEDICAL SUPPLIES CHARGED	274,703						
056 DRUGS CHARGED TO PATIENTS	19,846,303						
057 RENAL DIALYSIS	841,998	3,667	83	53,826	29,078	177,689	310
058 ASC (NON-DISTINCT PART)	3,107,575	20,100	312	295,048	159,388	722,582	1,180
059 REHAB MEDICINE	462,062	3,317	37	48,693	26,304	108,851	334
059 10 CARDIAC LAB	1,987,843	21,397	1,550	314,081	169,670	369,320	951
059 20 DAY HOSPITAL	538,228	7,719	22	113,302	61,207	132,070	278
059 30 LI THOTRIPTER	1,358,255						
059 40 COLO-RECTAL CENTER							
059 45 GASTROENTEROLOGY LAB	2,772,513	12,610	913	185,108	99,998	604,263	1,533
060 OUTPAT SERVICE COST CNTRS							
060 01 DIABETES CARE CENTER	119,553	4,258		62,502	33,765	28,486	15
060 02 OUTPATIENT CENTER	256,496	2,992	3	43,917	23,725	55,031	74
060 03 PAIN CLINIC	348,311	3,591	5	52,705	28,472	80,537	58
060 04 CARDIAC CONDTIONING	391,082	2,911	25	42,729	23,083	91,887	146
060 05 WOUND CARE CENTER	276,806	559		8,205	4,433	65,909	86
060 06 ANTI-COAG LAB	745,442	4,513		66,246	35,787	179,104	52
060 07 HEART RISK ASSESSMENT	149,020	1,565		22,979	12,413	33,544	148
060 20 IN-VITRO FERTILIZATION							
061 EMERGENCY	9,858,124	40,154	140	589,423	318,413	2,117,634	2,900
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
069 AMBULANCE SERVICES							
069 CORF							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	506,454,986	1,402,145	25,703	20,581,970	11,118,639	54,469,557	2,797,807
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	223,711	13,518	1	198,425	107,191	45,937	232
096 01 CHILDDAY CARE							
096 03 LAUREATE DAY SCHOOL							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	506,678,697	1,415,663	25,704	20,780,395	11,225,830	54,515,494	2,798,039

COST CENTER DESCRIPTION	CASHIERING, ACCT REC & CO 6.05	SUBTOTAL 6a.05	OTHER ADMINISTRATIVE AND MAINTENANCE REPAIRS 6.06	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSEKEEPING 9	10
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 03 PURCHASING, RECEIVING & S							
006 05 CASHIERING, ACCT REC & CO	11,674,917						
006 06 OTHER ADMINISTRATIVE AND		66,176,701	66,176,701				
007 MAINTENANCE & REPAIRS		30,412,569	4,568,880	34,981,449			
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE		2,377,099	357,112			2,734,211	
010 HOUSEKEEPING		7,711,818	1,158,546	447,668			9,318,032
011 DIETARY		4,705,357	706,886	774,159			208,886
012 CAFETERIA		2,630,670	395,206	890,891			240,384
014 NURSING ADMINISTRATION		6,070,175	911,922	639,700			172,606
015 CENTRAL SERVICES & SUPPLY		65,079,556	9,776,902	671,820			181,273
016 PHARMACY		9,114,961	1,369,341	316,701			85,454
017 MEDICAL RECORDS & LIBRARY		5,333,222	801,210	356,124			96,091
018 SOCIAL SERVICE		1,793,449	269,430	89,428			24,130
022 I&R SERVICES-SALARY & FRI		13,446,778	2,020,109				
023 I&R SERVICES-OTHER PRGM C		4,764,877	715,827	2,007,257			541,605
024 PARAMED PRGM-(SPECIFY)		451,385	67,812	75,246			20,303
024 01 PARAMED PRGM-PHARMACY		173,819	26,113	5,556			1,499
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,284,752	65,084,050	9,777,661	7,473,781		1,682,194	2,016,601
026 INTENSIVE CARE UNIT	156,358	9,794,039	1,471,358	768,761		107,961	207,430
027 CORONARY CARE UNIT	168,711	10,404,030	1,562,997	585,355		119,432	157,943
027 01 NEONATAL CARE UNIT	345,694	12,796,638	1,922,439	555,246		251,045	149,819
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		7,929,288	1,191,217	1,345,174		196,258	362,960
031 01 SUBPROVIDER II	119,486	6,672,513	1,002,412	921,159		220,974	248,551
033 NURSERY	71,549	2,615,804	392,972	41,486		156,347	11,194
034 SKILLED NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	706,569	16,606,026	2,494,723	2,164,258			583,968
038 RECOVERY ROOM	131,497	2,445,276	367,354	130,702			35,267
039 DELIVERY ROOM & LABOR ROO	153,523	7,015,923	1,054,002	1,308,768			353,137
040 ANESTHESIOLOGY	308,877	1,337,812	200,979	53,128			14,335
041 RADIOLOGY-DIAGNOSTIC	1,620,049	27,310,250	4,102,819	3,297,398			889,716
042 RADIOLOGY-THERAPEUTIC	248,283	5,793,792	870,401	1,067,154			287,943
043 RADIOISOTOPE	205,428	3,751,221	563,546	364,908			98,461
044 LABORATORY	1,039,071	21,305,370	3,200,706	1,290,194			348,125
046 WHOLE BLOOD & PACKED RED	125,658	2,734,581	410,816	114,404			30,869
049 RESPIRATORY THERAPY	321,444	6,744,602	1,013,242	143,561			38,736
050 PHYSICAL THERAPY	142,784	5,688,239	854,544	106,308			28,684
051 OCCUPATIONAL THERAPY	161,845	8,855,705	1,330,393	1,559,589			420,814
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	271,675	3,944,340	592,558	210,764			56,869
054 ELECTROENCEPHALOGRAPHY	70,721	1,963,641	294,998	254,631			68,705
055 MEDICAL SUPPLIES CHARGED	958,117	1,232,820	185,207				
056 DRUGS CHARGED TO PATIENTS	1,280,582	21,126,885	3,173,892				
057 RENAL DIALYSIS	35,302	1,141,953	171,556	127,051			34,281
058 ASC (NON-DISTINCT PART)	213,211	4,519,396	678,949	696,425			187,912
059 REHAB MEDICINE	9,579	659,177	99,028	114,933			31,012
059 10 CARDIAC LAB	297,864	3,162,676	475,129	741,351			200,034
059 20 DAY HOSPITAL	16,588	869,414	130,612	267,437			72,161
059 30 LI THOTRIPTER	60,333	1,418,588	213,114				
059 40 COLO-RECTAL CENTER							
059 45 GASTROENTEROLOGY LAB	242,592	3,919,530	588,831	436,926			117,893
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETES CARE CENTER	570	249,149	37,430	147,529			39,807
060 02 OUTPATIENT CENTER	10,851	393,089	59,054	103,662			27,971
060 03 PAIN CLINIC	7,833	521,512	78,347	124,405			33,567
060 04 CARDIAC CONDI TIONING	12,311	564,174	84,756	100,858			27,214
060 05 WOUND CARE CENTER	443	356,441	53,548	19,367			5,226
060 06 ANTI-COAG LAB	19,343	1,050,487	157,815	156,366			42,191
060 07 HEART RISK ASSESSMENT	20,202	239,871	36,036	54,239			14,635
060 20 IN-VITRO FERTILIZATION							
061 EMERGENCY	702,156	13,628,944	2,047,476	1,391,263			375,396
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
069 CORF							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	11,674,917	506,089,682	66,088,213	34,513,091		2,734,211	9,191,658
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		589,015	88,488	468,358			126,374
096 01 CHILD DAY CARE							
096 03 LAUREATE DAY SCHOOL							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	11,674,917	506,678,697	66,176,701	34,981,449		2,734,211	9,318,032

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	11	12	14	15	16	17	18
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 03 PURCHASING, RECEIVING & S							
006 05 CASHIERING, ACCT REC & CO							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	6,395,288						
012 CAFETERIA		4,157,151					
014 NURSING ADMINISTRATION			7,891,835				
015 CENTRAL SERVICES & SUPPLY				75,754,040			
016 PHARMACY			42,484		11,074,796		
017 MEDICAL RECORDS & LIBRARY						6,656,461	
018 SOCIAL SERVICE							2,207,817
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C					88		
024 PARAMED PRGM-(SPECIFY)							
024 01 PARAMED PRGM-PHARMACY							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	3,934,629	1,052,607	3,770,708		194,310	732,527	1,358,335
026 INTENSIVE CARE UNIT	252,519	143,930	521,642		51,203	89,150	87,176
027 CORONARY CARE UNIT	279,351	158,140	573,145		34,839	96,194	96,439
027 01 NEONATAL CARE UNIT	587,192	209,850	757,246		72,174	197,104	202,714
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	459,046	124,865			1,081	68,128	158,474
031 01 SUBPROVIDER II	516,857	104,778			4,351	75,870	178,432
033 NURSERY	365,694	31,613	114,575		8,397	40,795	126,247
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		233,236			68,229	402,864	
038 RECOVERY ROOM		39,445			17,795	74,976	
039 DELIVERY ROOM & LABOR ROO		105,156	381,116		26,894	87,534	
040 ANESTHESIOLOGY		10,943			245,032	176,112	
041 RADIOLOGY-DIAGNOSTIC		290,244	15,641		113,608	923,480	
042 RADIOLOGY-THERAPEUTIC		63,615			705	141,564	
043 RADIOISOTOPE		35,319	116,560		500,012	117,129	
044 LABORATORY						592,447	
046 WHOLE BLOOD & PACKED RED						71,646	
049 RESPIRATORY THERAPY		110,140	399,178		32,864	183,278	
050 PHYSICAL THERAPY		96,989				81,411	
051 OCCUPATIONAL THERAPY		137,134			3,972	92,279	
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		60,829	218,406		15,466	154,901	
054 ELECTROENCEPHALOGRAPHY		20,627			2,427	40,323	
055 MEDICAL SUPPLIES CHARGED				75,754,040		546,289	
056 DRUGS CHARGED TO PATIENTS					9,256,023	730,149	
057 RENAL DIALYSIS		16,688	60,481		11,029	20,128	
058 ASC (NON-DISTINCT PART)		67,861			22,396	121,566	
059 REHAB MEDICINE		10,223				5,461	
059 10 CARDIAC LAB		34,685	120,239		158,036	169,833	
059 20 DAY HOSPITAL		12,403				9,458	
059 30 LI THOTRIPTER						34,400	
059 40 COLO-RECTAL CENTER							
059 45 GASTROENTEROLOGY LAB		56,749			40,037	138,319	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETES CARE CENTER		2,675	9,696			325	
060 02 OUTPATIENT CENTER		5,168			8,250	6,187	
060 03 PAIN CLINIC		7,564			1,381	4,466	
060 04 CARDIAC CONDTIONING		8,630	31,000		7	7,020	
060 05 WOUND CARE CENTER		6,190	22,434		98	252	
060 06 ANTI-COAG LAB		16,821				11,029	
060 07 HEART RISK ASSESSMENT		3,150	11,304			11,519	
060 20 IN-VITRO FERTILIZATION							
061 EMERGENCY		198,878	720,790		184,019	400,348	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
069 CORF							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	6,395,288	4,152,837	7,886,645	75,754,040	11,074,723	6,656,461	2,207,817
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP		4,314	5,190		73		
096 03 CHILD DAY CARE							
096 03 LAUREATE DAY SCHOOL							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	6,395,288	4,157,151	7,891,835	75,754,040	11,074,796	6,656,461	2,207,817

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI		I&R SERVICES- OTHER PRGM C		PARAMED PR GM-(SPECIFY)		PARAMED PR GM-PHARMACY		SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	22	23	24	24.01	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 03 PURCHASING, RECEIVING & S											
006 05 CASHIERING, ACCT REC & CO											
006 06 OTHER ADMINISTRATIVE AND											
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											
022 I&R SERVICES-SALARY & FRI	15,684,768										
023 I&R SERVICES-OTHER PRGM C		8,088,442									
024 PARAMED PRGM-(SPECIFY)				621,867							
024 01 PARAMED PRGM-PHARMACY						209,919					
025 INPAT ROUTINE SRVC CNTRS											
025 ADULTS & PEDIATRICS	11,899,477	6,136,414	405,801	41,777	115,560,872	-18,035,891	97,524,981				
026 INTENSIVE CARE UNIT			26,044	24,241	13,545,454		13,545,454				
027 CORONARY CARE UNIT			28,811	27,336	14,124,012		14,124,012				
027 01 NEONATAL CARE UNIT			60,561	6,705	17,768,733		17,768,733				
028 BURN INTENSIVE CARE UNIT											
029 SURGICAL INTENSIVE CARE U											
031 SUBPROVIDER	1,085,388	559,721	47,344		13,528,944	-1,645,109	11,883,835				
031 01 SUBPROVIDER II		904	466	53,306	10,000,573	-1,370	9,999,203				
033 NURSERY					3,905,124		3,905,124				
034 SKILLED NURSING FACILITY											
037 ANCILLARY SRVC COST CNTRS											
037 OPERATING ROOM	1,381,157	712,246			27,852	24,674,559	-2,093,403	22,581,156			
038 RECOVERY ROOM						3,110,815		3,110,815			
039 DELIVERY ROOM & LABOR ROO						10,332,530		10,332,530			
040 ANESTHESIOLOGY	181,803	93,753				2,313,897	-275,556	2,038,341			
041 RADIOLOGY-DIAGNOSTIC	6,331	3,265				36,952,752	-9,596	36,943,156			
042 RADIOLOGY-THERAPEUTIC						8,225,174		8,225,174			
043 RADIOISOTOPE						5,547,156		5,547,156			
044 LABORATORY	482,093	248,610				27,467,545	-730,703	26,736,842			
046 WHOLE BLOOD & PACKED RED						3,362,316		3,362,316			
049 RESPIRATORY THERAPY						8,665,601		8,665,601			
050 PHYSICAL THERAPY						6,856,175		6,856,175			
051 OCCUPATIONAL THERAPY						12,399,886		12,399,886			
052 SPEECH PATHOLOGY											
053 ELECTROCARDIOLOGY						5,254,133		5,254,133			
054 ELECTROENCEPHALOGRAPHY						2,645,352		2,645,352			
055 MEDICAL SUPPLIES CHARGED						77,718,356		77,718,356			
056 DRUGS CHARGED TO PATIENTS						48,999	34,335,948	34,335,948			
057 RENAL DIALYSIS						1,583,167		1,583,167			
058 ASC (NON-DISTINCT PART)						6,294,505		6,294,505			
059 REHAB MEDICINE						919,834		919,834			
059 10 CARDIAC LAB						5,061,983		5,061,983			
059 20 DAY HOSPITAL						1,361,485		1,361,485			
059 30 LI THOTRIPTER						1,666,102		1,666,102			
059 40 COLO-RECTAL CENTER											
059 45 GASTROENTEROLOGY LAB											
060 OUTPAT SERVICE COST CNTRS											
060 CLINIC											
060 01 DIABETES CARE CENTER						486,611		486,611			
060 02 OUTPATIENT CENTER						603,381		603,381			
060 03 PAIN CLINIC						771,242		771,242			
060 04 CARDIAC CONDITIONING						823,659		823,659			
060 05 WOUND CARE CENTER						463,556		463,556			
060 06 ANTI-COAG LAB						1,434,709		1,434,709			
060 07 HEART RISK ASSESSMENT						370,754		370,754			
060 20 IN-VITRO FERTILIZATION											
061 EMERGENCY	647,615	333,967			33,009	19,961,705	-981,582	18,980,123			
062 OBSERVATION BEDS (NON-DIS											
065 OTHER REIMBURS COST CNTRS											
069 AMBULANCE SERVICES											
CORF											
095 SPEC PURPOSE COST CENTERS											
095 SUBTOTALS	15,684,768	8,088,442	621,867	209,919	505,396,885	-23,773,210	481,623,675				
096 NONREIMBURS COST CENTERS											
096 01 GIFT, FLOWER, COFFEE SHOP						1,281,812		1,281,812			
096 03 CHILD DAY CARE											
096 101 LAUREATE DAY SCHOOL											
102 CROSS FOOT ADJUSTMENT											
103 NEGATIVE COST CENTER											
103 TOTAL	15,684,768	8,088,442	621,867	209,919	506,678,697	-23,773,210	482,905,487				

COST CENTER DESCRIPTION	DIR ASSIGNED OLD CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
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		14,266	145			14,411	14,411
006 03 PURCHASING, RECEIVING & S		6,805	33			6,838	85
006 05 CASHIERING, ACCT REC & CO		24,112	415			24,527	439
006 06 OTHER ADMINISTRATIVE AND		87,461	5,650			93,111	1,213
007 MAINTENANCE & REPAIRS		273,393	487			273,880	393
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING		12,921	67			12,988	331
011 DIETARY		22,344	181			22,525	124
012 CAFETERIA		25,713				25,713	128
014 NURSING ADMINISTRATION		18,463	59			18,522	275
015 CENTRAL SERVICES & SUPPLY		19,390	583			19,973	125
016 PHARMACY		9,141	155			9,296	411
017 MEDICAL RECORDS & LIBRARY		10,278	82			10,360	197
018 SOCIAL SERVICE		2,581	8			2,589	88
022 I&R SERVICES-SALARY & FRI							614
023 I&R SERVICES-OTHER PRGM C		57,933	421			58,354	166
024 PARAMED PRGM-(SPECIFY)		2,172	3			2,175	20
024 01 PARAMED PRGM-PHARMACY		160				160	8
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		215,707	713			216,420	2,952
026 INTENSIVE CARE UNIT		22,188	587			22,775	406
027 CORONARY CARE UNIT		16,894	100			16,994	446
027 01 NEONATAL CARE UNIT		16,025	242			16,267	591
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		38,824	125			38,949	352
031 01 SUBPROVIDER II		26,586	62			26,648	295
033 NURSERY		1,197	78			1,275	89
034 SKILLED NURSING FACILITY							
037 OPERATING ROOM		62,464	1,751			64,215	657
038 RECOVERY ROOM		3,772	38			3,810	111
039 DELIVERY ROOM & LABOR ROO		37,773	361			38,134	296
040 ANESTHESIOLOGY		1,533	467			2,000	31
041 RADIOLOGY-DIAGNOSTIC		95,169	3,608			98,777	818
042 RADIOLOGY-THERAPEUTIC		30,800	2,491			33,291	179
043 RADIOISOTOPE		10,532	1,004			11,536	100
044 LABORATORY		37,237	1,272			38,509	
046 WHOLE BLOOD & PACKED RED		3,302	42			3,344	
049 RESPIRATORY THERAPY		4,143	460			4,603	310
050 PHYSICAL THERAPY		3,068	45			3,113	273
051 OCCUPATIONAL THERAPY		45,013	204			45,217	386
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		6,083	472			6,555	171
054 ELECTROENCEPHALOGRAPHY		7,349	202			7,551	58
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS		3,667	83			3,750	47
058 ASC (NON-DISTINCT PART)		20,100	312			20,412	191
059 REHAB MEDICINE		3,317	37			3,354	29
059 10 CARDIAC LAB		21,397	1,550			22,947	98
059 20 DAY HOSPITAL		7,719	22			7,741	35
059 30 LI THOTRIPTER							
059 40 COLO-RECTAL CENTER							
059 45 GASTROENTEROLOGY LAB		12,610	913			13,523	160
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETES CARE CENTER		4,258				4,258	8
060 02 OUTPATIENT CENTER		2,992	3			2,995	15
060 03 PAIN CLINIC		3,591	5			3,596	21
060 04 CARDIAC CONDTIONING		2,911	25			2,936	24
060 05 WOUND CARE CENTER		559				559	17
060 06 ANTI-COAG LAB		4,513				4,513	47
060 07 HEART RISK ASSESSMENT		1,565				1,565	9
060 20 IN-VITRO FERTILIZATION							
061 EMERGENCY		40,154	140			40,294	560
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
069 CORF							
095 SPEC PURPOSE COST CENTERS							
SUBTOTALS		1,402,145	25,703			1,427,848	14,399
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		13,518	1			13,519	12
096 01 CHILD DAY CARE							
096 03 LAUREATE DAY SCHOOL							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		1,415,663	25,704			1,441,367	14,411

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PURCHASING, RECEIVING & S	CASHIERING, ACCT REC & CO	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.03	6.05	6.06	7	8	9	10
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 03 PURCHASING, RECEIVING & S	6,923						
006 05 CASHIERING, ACCT REC & CO	6	24,972					
006 06 OTHER ADMINISTRATIVE AND	283		94,607				
007 MAINTENANCE & REPAIRS	133		6,539	280,945			
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE						511	
010 HOUSEKEEPING	42		1,658	3,595			18,614
011 DIETARY	339		1,012	6,217			417
012 CAFETERIA			566	7,155			480
014 NURSING ADMINISTRATION	3		1,305	5,138			345
015 CENTRAL SERVICES & SUPPLY	5,934		13,992	5,396			362
016 PHARMACY	9		1,960	2,544			171
017 MEDICAL RECORDS & LIBRARY	8		1,147	2,860			192
018 SOCIAL SERVICE			386	718			48
022 I&R SERVICES-SALARY & FRI			2,891				
023 I&R SERVICES-OTHER PRGM C	11		1,024	16,121			1,082
024 PARAMED PRGM-(SPECIFY)			97	604			41
024 01 PARAMED PRGM-PHARMACY			37	45			3
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	31	2,704	13,887	60,021		315	4,030
026 INTENSIVE CARE UNIT	7	329	2,106	6,174		20	414
027 CORONARY CARE UNIT	6	355	2,237	4,701		22	316
027 01 NEONATAL CARE UNIT	4	727	2,751	4,459		47	299
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	3	251	1,705	10,803		37	725
031 01 SUBPROVIDER II	2	280	1,435	7,398		41	497
033 NURSERY	1	151	562	333		29	22
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	46	1,487	3,570	17,382			1,167
038 RECOVERY ROOM		277	526	1,050			70
039 DELIVERY ROOM & LABOR ROO	6	323	1,508	10,511			705
040 ANESTHESIOLOGY	2	650	288	427			29
041 RADIOLOGY-DIAGNOSTIC	6	3,812	5,872	26,482			1,777
042 RADIOLOGY-THERAPEUTIC	5	522	1,246	8,571			575
043 RADIOISOTOPE	1	432	807	2,931			197
044 LABORATORY		2,187	4,581	10,362			695
046 WHOLE BLOOD & PACKED RED		264	588	919			62
049 RESPIRATORY THERAPY	2	676	1,450	1,153			77
050 PHYSICAL THERAPY	1	300	1,223	854			57
051 OCCUPATIONAL THERAPY	6	341	1,904	12,525			841
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	5	572	848	1,693			114
054 ELECTROENCEPHALOGRAPHY	1	149	422	2,045			137
055 MEDICAL SUPPLIES CHARGED		2,016	265				
056 DRUGS CHARGED TO PATIENTS		2,695	4,542				
057 RENAL DIALYSIS	1	74	246	1,020			68
058 ASC (NON-DISTINCT PART)	3	449	972	5,593			375
059 REHAB MEDICINE	1	20	142	923			62
059 10 CARDIAC LAB	2	627	680	5,954			400
059 20 DAY HOSPITAL	1	35	187	2,148			144
059 30 LI THOTRIPTER		127	305				
059 40 COLO-RECTAL CENTER							
059 45 GASTROENTEROLOGY LAB	4	511	843	3,509			236
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETES CARE CENTER		1	54	1,185			80
060 02 OUTPATIENT CENTER		23	85	833			56
060 03 PAIN CLINIC		16	112	999			67
060 04 CARDIAC CONDTIONING		26	121	810			54
060 05 WOUND CARE CENTER		1	77	156			10
060 06 ANTI-COAG LAB		41	226	1,256			84
060 07 HEART RISK ASSESSMENT		43	52	436			29
060 20 IN-VITRO FERTILIZATION							
061 EMERGENCY	7	1,478	2,930	11,174			750
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
069 AMBULANCE SERVICES							
069 CORF							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	6,922	24,972	94,480	277,183		511	18,362
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	1		127	3,762			252
096 01 CHILD DAY CARE							
096 03 LAUREATE DAY SCHOOL							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	6,923	24,972	94,607	280,945		511	18,614

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	11	12	14	15	16	17	18
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 03 PURCHASING, RECEIVING & S							
006 05 CASHIERING, ACCT REC & CO							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	30,634						
012 CAFETERIA		34,042					
014 NURSING ADMINISTRATION			26,387				
015 CENTRAL SERVICES & SUPPLY				46,147			
016 PHARMACY		1,197	142		15,730		
017 MEDICAL RECORDS & LIBRARY		573				15,337	
018 SOCIAL SERVICE		257					4,086
022 I&R SERVICES-SALARY & FRI		1,788					
023 I&R SERVICES-OTHER PRGM C		482					
024 PARAMED PRGM-(SPECIFY)		58					
024 01 PARAMED PRGM-PHARMACY		24					
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	18,846	8,566	12,626		276	1,690	2,515
026 INTENSIVE CARE UNIT	1,210	1,181	1,742		73	206	161
027 CORONARY CARE UNIT	1,338	1,298	1,914		49	222	178
027 01 NEONATAL CARE UNIT	2,813	1,722	2,528		102	455	375
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	2,199	1,025			2	157	293
031 01 SUBPROVIDER II	2,476	860			6	175	330
033 NURSERY	1,752	259	383		12	94	234
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		1,914			97	929	
038 RECOVERY ROOM		324			25	173	
039 DELIVERY ROOM & LABOR ROO		863	1,273		38	202	
040 ANESTHESIOLOGY		90			348	406	
041 RADIOLOGY-DIAGNOSTIC		2,382	52		161	2,112	
042 RADIOLOGY-THERAPEUTIC		522			1	327	
043 RADIOISOTOPE		290	389		710	270	
044 LABORATORY						1,367	
046 WHOLE BLOOD & PACKED RED						165	
049 RESPIRATORY THERAPY		904	1,333		47	423	
050 PHYSICAL THERAPY		796				188	
051 OCCUPATIONAL THERAPY		1,125			6	213	
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		499	729		22	357	
054 ELECTROENCEPHALOGRAPHY		169			3	93	
055 MEDICAL SUPPLIES CHARGED				46,147		1,260	
056 DRUGS CHARGED TO PATIENTS					13,148	1,684	
057 RENAL DIALYSIS		137	202		16	46	
058 ASC (NON-DISTINCT PART)		557			32	280	
059 REHAB MEDICINE		84				13	
059 10 CARDIAC LAB		285	401		224	392	
059 20 DAY HOSPITAL		102				22	
059 30 LI THOTRIPTER						79	
059 40 COLO-RECTAL CENTER							
059 45 GASTROENTEROLOGY LAB		466			57	319	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETES CARE CENTER		22	32			1	
060 02 OUTPATIENT CENTER		42			12	14	
060 03 PAIN CLINIC		62			2	10	
060 04 CARDIAC CONDTIONING		71	104			16	
060 05 WOUND CARE CENTER		51	75			1	
060 06 ANTI-COAG LAB		138				25	
060 07 HEART RISK ASSESSMENT		26	38			27	
060 20 IN-VITRO FERTILIZATION							
061 EMERGENCY		1,632	2,407		261	924	
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
069 AMBULANCE SERVICES							
069 CORF							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	30,634	34,007	26,370	46,147	15,730	15,337	4,086
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP		35	17				
096 03 CHILD DAY CARE							
096 03 LAUREATE DAY SCHOOL							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	30,634	34,042	26,387	46,147	15,730	15,337	4,086

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	PARAMED ED PR GM-PHARMACY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	22	23	24	24.01	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 03 PURCHASING, RECEIVING & S							
006 05 CASHIERING, ACCT REC & CO							
006 06 OTHER ADMINISTRATIVE AND							
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							
022 I&R SERVICES-SALARY & FRI	5,293						
023 I&R SERVICES-OTHER PRGM C		77,240					
024 PARAMED ED PRGM-(SPECIFY)			2,995				
024 01 PARAMED ED PRGM-PHARMACY				277			
025 INPAT ROUTINE SRVC CNTRS					344,879		344,879
026 ADULTS & PEDIATRICS					36,804		36,804
027 INTENSIVE CARE UNIT					30,076		30,076
027 01 CORONARY CARE UNIT					33,140		33,140
028 NEONATAL CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER					56,501		56,501
031 01 SUBPROVIDER II					40,443		40,443
033 NURSERY					5,196		5,196
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS					91,464		91,464
038 OPERATING ROOM					6,366		6,366
039 RECOVERY ROOM					53,859		53,859
040 DELIVERY ROOM & LABOR ROO					4,271		4,271
041 ANESTHESIOLOGY					142,251		142,251
042 RADIOLOGY-DIAGNOSTIC					45,239		45,239
043 RADIOLOGY-THERAPEUTIC					17,663		17,663
044 RADIOISOTOPE					57,701		57,701
046 LABORATORY					5,342		5,342
049 WHOLE BLOOD & PACKED RED					10,978		10,978
050 RESPIRATORY THERAPY					6,805		6,805
051 PHYSICAL THERAPY					62,564		62,564
052 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY					11,565		11,565
053 ELECTROCARDIOLOGY					10,628		10,628
054 ELECTROENCEPHALOGRAPHY					49,688		49,688
055 MEDICAL SUPPLIES CHARGED					22,069		22,069
056 DRUGS CHARGED TO PATIENTS					5,607		5,607
057 RENAL DIALYSIS					28,864		28,864
058 ASC (NON-DISTINCT PART)					4,628		4,628
059 REHAB MEDICINE					32,010		32,010
059 10 CARDIAC LAB					10,415		10,415
059 20 DAY HOSPITAL					511		511
059 30 LI THOTRIPTER							
059 40 COLO-RECTAL CENTER							
059 45 GASTROENTEROLOGY LAB					19,628		19,628
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETES CARE CENTER					5,641		5,641
060 02 OUTPATIENT CENTER					4,075		4,075
060 03 PAIN CLINIC					4,885		4,885
060 04 CARDIAC CONDI TIONING					4,162		4,162
060 05 WOUND CARE CENTER					947		947
060 06 ANTI-COAG LAB					6,330		6,330
060 07 HEART RISK ASSESSMENT					2,225		2,225
060 20 IN-VITRO FERTILIZATION							
061 EMERGENCY					62,417		62,417
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
069 AMBULANCE SERVICES							
095 CORF							
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS					1,337,837		1,337,837
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP					17,725		17,725
096 03 CHILD DAY CARE							
096 03 LAUREATE DAY SCHOOL							
101 CROSS FOOT ADJUSTMENTS	5,293	77,240	2,995	277	85,805		85,805
102 NEGATIVE COST CENTER							
103 TOTAL	5,293	77,240	2,995	277	1,441,367		1,441,367



COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				209,410	113,126	322,536	322,536
006 03 PURCHASING, RECEIVING & S	101,177			99,896	53,965	255,038	1,905
006 05 CASHIERING, ACCT REC & CO	120			353,940	191,203	545,263	9,808
006 06 OTHER ADMINISTRATIVE AND	494,855			1,283,830	693,541	2,472,226	27,121
007 MAINTENANCE & REPAIRS	84,191			4,013,086	2,167,919	6,265,196	8,786
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING				189,659	102,456	292,115	7,388
011 DIETARY	7,452			327,980	177,179	512,611	2,767
012 CAFETERIA				377,435	203,895	581,330	2,869
014 NURSING ADMINISTRATION	1,693			271,015	146,406	419,114	6,137
015 CENTRAL SERVICES & SUPPLY	274,703			284,623	153,757	713,083	2,802
016 PHARMACY	614,950			134,174	72,482	821,606	9,188
017 MEDICAL RECORDS & LIBRARY				150,875	81,505	232,380	4,398
018 SOCIAL SERVICE				37,887	20,467	58,354	1,977
022 I&R SERVICES-SALARY & FRI							13,725
023 I&R SERVICES-OTHER PRGM C				850,394	459,394	1,309,788	3,703
024 PARAMED PRGM-(SPECIFY)				31,879	17,221	49,100	449
024 01 PARAMED PRGM-PHARMACY				2,354	1,272	3,626	185
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	270,883			3,166,341	1,710,497	5,147,721	66,329
026 INTENSIVE CARE UNIT	29,923			325,693	175,944	531,560	9,066
027 CORONARY CARE UNIT	54,970			247,991	133,968	436,929	9,962
027 01 NEONATAL CARE UNIT	292			235,235	127,077	362,604	13,219
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	6,492			569,896	307,865	884,253	7,865
031 01 SUBPROVIDER II	71,428			390,258	210,822	672,508	6,600
033 NURSERY				17,576	9,495	27,071	1,991
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	750,158			916,909	495,326	2,162,393	14,692
038 RECOVERY ROOM				55,373	29,913	85,286	2,485
039 DELIVERY ROOM & LABOR ROO	12,391			554,472	299,533	866,396	6,624
040 ANESTHESIOLOGY				22,508	12,159	34,667	689
041 RADIOLOGY-DIAGNOSTIC	5,465,650			1,396,975	754,664	7,617,289	18,283
042 RADIOLOGY-THERAPEUTIC	1,012,988			452,110	244,236	1,709,334	4,007
043 RADIOISOTOPE	71,590			154,597	83,515	309,702	2,225
044 LABORATORY				546,604	295,282	841,886	
046 WHOLE BLOOD & PACKED RED				48,468	26,183	74,651	
049 RESPIRATORY THERAPY	101,274			60,821	32,856	194,951	6,938
050 PHYSICAL THERAPY				45,038	24,330	69,368	6,110
051 OCCUPATIONAL THERAPY				660,735	356,937	1,017,672	8,638
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY				89,292	48,237	137,529	3,832
054 ELECTROENCEPHALOGRAPHY	2,410			107,877	58,276	168,563	1,299
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	6,439			53,826	29,078	89,343	1,051
058 ASC (NON-DISTINCT PART)				295,048	159,388	454,436	4,275
059 REHAB MEDICINE				48,693	26,304	74,997	644
059 10 CARDIAC LAB	239,006			314,081	169,670	722,757	2,185
059 20 DAY HOSPITAL				113,302	61,207	174,509	781
059 30 LI THOTRIPTER							
059 40 COLO-RECTAL CENTER							
059 45 GASTROENTEROLOGY LAB				185,108	99,998	285,106	3,575
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETES CARE CENTER				62,502	33,765	96,267	169
060 02 OUTPATIENT CENTER				43,917	23,725	67,642	326
060 03 PAIN CLINIC				52,705	28,472	81,177	476
060 04 CARDIAC CONDITIONING				42,729	23,083	65,812	544
060 05 WOUND CARE CENTER				8,205	4,433	12,638	390
060 06 ANTI-COAG LAB				66,246	35,787	102,033	1,060
060 07 HEART RISK ASSESSMENT				22,979	12,413	35,392	198
060 20 IN-VITRO FERTILIZATION							
061 EMERGENCY				589,423	318,413	907,836	12,528
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
069 CORF							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	9,675,035			20,581,970	11,118,639	41,375,644	322,264
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				198,425	107,191	305,616	272
096 01 CHILD DAY CARE							
096 03 LAUREATE DAY SCHOOL							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	9,675,035			20,780,395	11,225,830	41,681,260	322,536

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PURCHASING, RECEIVING & S	CASHIERING, ACCT REC & CO	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.03	6.05	6.06	7	8	9	10
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 03 PURCHASING, RECEIVING & S	256,943						
006 05 CASHIERING, ACCT REC & CO	238	555,309					
006 06 OTHER ADMINISTRATIVE AND	10,479		2,509,826				
007 MAINTENANCE & REPAIRS	4,918		173,291	6,452,191			
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE						13,545	
010 HOUSEKEEPING			13,545				427,556
011 DIETARY	12,523		43,942	82,571			9,585
012 CAFETERIA			26,811	142,791			11,030
014 NURSING ADMINISTRATION	122		14,990	164,321			7,920
015 CENTRAL SERVICES & SUPPLY	220,360		34,588	117,990			8,318
016 PHARMACY	320		370,823	123,914			3,921
017 MEDICAL RECORDS & LIBRARY	294		51,937	58,414			4,409
018 SOCIAL SERVICE	5		30,389	65,686			1,107
022 I&R SERVICES-SALARY & FRI			10,219	16,495			
023 I&R SERVICES-OTHER PRGM C	394		76,620	27,150	370,231		24,851
024 PARAMED PRGM-(SPECIFY)	7		2,572	13,879			932
024 01 PARAMED PRGM-PHARMACY			990	1,025			69
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,164	61,171	370,691	1,378,511		8,332	92,531
026 INTENSIVE CARE UNIT	243	7,445	55,806	141,795		535	9,518
027 CORONARY CARE UNIT	224	8,033	59,282	107,966		592	7,247
027 01 NEONATAL CARE UNIT	133	16,459	72,915	102,413		1,244	6,874
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	113	5,689	45,181	248,112		972	16,654
031 01 SUBPROVIDER II	91	6,336	38,020	169,904		1,095	11,405
033 NURSERY	50	3,407	14,905	7,652		775	514
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,710	33,642	94,621	399,189			26,795
038 RECOVERY ROOM	17	6,261	13,933	24,107			1,618
039 DELIVERY ROOM & LABOR ROO	205	7,310	7,310	39,977			16,204
040 ANESTHESIOLOGY	75	14,707	7,623	9,799			658
041 RADIOLOGY-DIAGNOSTIC	220	76,566	155,614	608,192			40,824
042 RADIOLOGY-THERAPEUTIC	167	11,821	33,013	196,832			13,212
043 RADIOISOTOPE	25	9,781	21,374	67,306			4,518
044 LABORATORY	1	49,473	121,398	237,971			15,974
046 WHOLE BLOOD & PACKED RED		5,983	15,582	21,101			1,416
049 RESPIRATORY THERAPY	62	15,305	38,431	26,479			1,777
050 PHYSICAL THERAPY	42	6,798	32,412	19,608			1,316
051 OCCUPATIONAL THERAPY	215	7,706	50,460	287,660			19,309
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	194	12,935	22,475	38,875			2,609
054 ELECTROENCEPHALOGRAPHY	31	3,367	11,189	46,966			3,153
055 MEDICAL SUPPLIES CHARGED		45,619	7,025				
056 DRUGS CHARGED TO PATIENTS		60,972	120,381				
057 RENAL DIALYSIS	28	1,681	6,507	23,434			1,573
058 ASC (NON-DISTINCT PART)	108	10,152	25,752	128,453			8,622
059 REHAB MEDICINE	31	456	3,756	21,199			1,423
059 10 CARDIAC LAB	87	14,182	18,021	136,739			9,179
059 20 DAY HOSPITAL	26	790	4,954	49,328			3,311
059 30 LI THOTRIPTER		2,873	8,083				
059 40 COLO-RECTAL CENTER							
059 45 GASTROENTEROLOGY LAB	141	11,550	22,333	80,589			5,409
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETES CARE CENTER	1	27	1,420	27,211			1,827
060 02 OUTPATIENT CENTER	7	517	2,240	19,120			1,283
060 03 PAIN CLINIC	5	373	2,972	22,946			1,540
060 04 CARDIAC CONDTIONING	13	586	3,215	18,603			1,249
060 05 WOUND CARE CENTER	8	21	2,031	3,572			240
060 06 ANTI-COAG LAB	5	921	5,986	28,841			1,936
060 07 HEART RISK ASSESSMENT	14	962	1,367	10,004			672
060 20 IN-VITRO FERTILIZATION							
061 EMERGENCY	266	33,432	77,658	256,613			17,225
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
069 CORF							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	256,922	555,309	2,506,470	6,365,804		13,545	421,757
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	21		3,356	86,387			5,799
096 01 CHILD DAY CARE							
096 03 LAUREATE DAY SCHOOL							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	256,943	555,309	2,509,826	6,452,191		13,545	427,556

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
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 03 PURCHASING, RECEIVING & S							
006 05 CASHIERING, ACCT REC & CO							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	707,088						
012 CAFETERIA		774,540					
014 NURSING ADMINISTRATION		18,154	604,025				
015 CENTRAL SERVICES & SUPPLY		8,289		1,447,589			
016 PHARMACY		27,176	3,252		975,814		
017 MEDICAL RECORDS & LIBRARY		13,008				350,564	
018 SOCIAL SERVICE		5,847					94,004
022 I&R SERVICES-SALARY & FRI		40,597					
023 I&R SERVICES-OTHER PRGM C		10,954			8		
024 PARAMED PRGM-(SPECIFY)		1,327					
024 01 PARAMED PRGM-PHARMACY		546					
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	435,028	196,090	288,582		17,121	38,527	57,836
026 INTENSIVE CARE UNIT	27,919	26,818	39,928		4,512	4,689	3,712
027 CORONARY CARE UNIT	30,886	29,465	43,870		3,070	5,059	4,106
027 01 NEONATAL CARE UNIT	64,922	39,100	57,962		6,359	10,367	8,631
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	50,754	23,265			95	3,583	6,747
031 01 SUBPROVIDER II	57,146	19,523			383	3,990	7,597
033 NURSERY	40,433	5,890	8,770		740	2,146	5,375
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		43,457			6,012	21,189	
038 RECOVERY ROOM		7,350			1,568	3,943	
039 DELIVERY ROOM & LABOR ROO		19,593	29,172		2,370	4,604	
040 ANESTHESIOLOGY		2,039			21,590	9,263	
041 RADIOLOGY-DIAGNOSTIC		54,079	1,197		10,010	49,039	
042 RADIOLOGY-THERAPEUTIC		11,853			62	7,446	
043 RADIOISOTOPE		6,581	8,922		44,057	6,160	
044 LABORATORY						31,160	
046 WHOLE BLOOD & PACKED RED						3,768	
049 RESPIRATORY THERAPY		20,522	30,554		2,896	9,640	
050 PHYSICAL THERAPY		18,071				4,282	
051 OCCUPATIONAL THERAPY		25,551			350	4,853	
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		11,334	16,718		1,363	8,147	
054 ELECTROENCEPHALOGRAPHY		3,843			214	2,121	
055 MEDICAL SUPPLIES CHARGED				1,447,589		28,732	
056 DRUGS CHARGED TO PATIENTS					815,557	38,402	
057 RENAL DIALYSIS		3,109	4,629		972	1,059	
058 ASC (NON-DISTINCT PART)		12,644			1,973	6,394	
059 REHAB MEDICINE		1,905				287	
059 10 CARDIAC LAB		6,463	9,203		13,925	8,932	
059 20 DAY HOSPITAL		2,311				497	
059 30 LIOTHRIPTER						1,809	
059 40 COLO-RECTAL CENTER							
059 45 GASTROENTEROLOGY LAB		10,574			3,528	7,275	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETES CARE CENTER		498	742			17	
060 02 OUTPATIENT CENTER		963			727	325	
060 03 PAIN CLINIC		1,409			122	235	
060 04 CARDIAC CONDTIONING		1,608	2,373		1	369	
060 05 WOUND CARE CENTER		1,153	1,717		9	13	
060 06 ANTI-COAG LAB		3,134				580	
060 07 HEART RISK ASSESSMENT		587	865			606	
060 20 IN-VITRO FERTILIZATION							
061 EMERGENCY		37,056	55,172		16,214	21,056	
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
069 AMBULANCE SERVICES							
069 CORF							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	707,088	773,736	603,628	1,447,589	975,808	350,564	94,004
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		804	397		6		
096 01 CHILD DAY CARE							
096 03 LAUREATE DAY SCHOOL							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	707,088	774,540	604,025	1,447,589	975,814	350,564	94,004

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	PARAMED ED PR GM-PHARMACY	25	POST STEPDOWN ADJUSTMENT	TOTAL
	22	23	24	24.01	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 03 PURCHASING, RECEIVING & S							
006 05 CASHIERING, ACCT REC & CO							
006 06 OTHER ADMINISTRATIVE AND							
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							
022 I&R SERVICES-SALARY & FRI	130,942						
023 I&R SERVICES-OTHER PRGM C		1,747,079					
024 PARAMED ED PRGM-(SPECIFY)			68,266				
024 01 PARAMED ED PRGM-PHARMACY				6,441			
025 INPAT ROUTINE SRVC CNTRS					8,159,634		8,159,634
026 ADULTS & PEDIATRICS					863,546		863,546
027 INTENSIVE CARE UNIT					746,691		746,691
027 01 CORONARY CARE UNIT					763,202		763,202
027 01 NEONATAL CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER					1,293,283		1,293,283
031 01 SUBPROVIDER II					994,598		994,598
033 NURSERY					119,719		119,719
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS					2,803,700		2,803,700
038 OPERATING ROOM					146,568		146,568
039 RECOVERY ROOM					1,233,852		1,233,852
040 DELIVERY ROOM & LABOR ROO					101,110		101,110
041 ANESTHESIOLOGY					8,631,313		8,631,313
042 RADIOLOGY-DIAGNOSTIC					1,987,747		1,987,747
043 RADIOLOGY-THERAPEUTIC					480,651		480,651
044 RADIOISOTOPE					1,297,863		1,297,863
046 LABORATORY					122,501		122,501
049 WHOLE BLOOD & PACKED RED					347,555		347,555
050 RESPIRATORY THERAPY					158,007		158,007
051 PHYSICAL THERAPY					1,422,414		1,422,414
052 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY					256,011		256,011
053 ELECTROCARDIOLOGY					240,746		240,746
054 ELECTROENCEPHALOGRAPHY					1,528,965		1,528,965
055 MEDICAL SUPPLIES CHARGED					1,035,312		1,035,312
056 DRUGS CHARGED TO PATIENTS					133,386		133,386
057 RENAL DIALYSIS					652,809		652,809
058 ASC (NON-DISTINCT PART)					104,698		104,698
059 REHAB MEDICINE					941,673		941,673
059 10 CARDIAC LAB					236,507		236,507
059 20 DAY HOSPITAL					12,765		12,765
059 30 LI THOTRIPTER							
059 40 COLO-RECTAL CENTER							
059 45 GASTROENTEROLOGY LAB					430,080		430,080
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETES CARE CENTER					128,179		128,179
060 02 OUTPATIENT CENTER					93,150		93,150
060 03 PAIN CLINIC					111,255		111,255
060 04 CARDIAC CONDI TIONING					94,373		94,373
060 05 WOUND CARE CENTER					21,792		21,792
060 06 ANTI-COAG LAB					144,496		144,496
060 07 HEART RISK ASSESSMENT					50,667		50,667
060 20 IN-VITRO FERTILIZATION							
061 EMERGENCY					1,435,056		1,435,056
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
069 AMBULANCE SERVICES							
095 CORF							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS					39,325,874		39,325,874
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					402,658		402,658
096 01 CHILD DAY CARE							
096 03 LAUREATE DAY SCHOOL							
101 CROSS FOOT ADJUSTMENTS	130,942	1,747,079	68,266	6,441	1,952,728		1,952,728
102 NEGATIVE COST CENTER							
103 TOTAL	130,942	1,747,079	68,266	6,441	41,681,260		41,681,260



COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG &	OLD CAP REL COSTS-MVBLE	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS	PURCHASING, RECEIVING & S
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(SQUARE FEET)	(GROSS SALARIES)	(PURCHASED REQUISITION)
	1	2	3	4	5	6.03
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	926,938					
002 OLD CAP REL COSTS-MVB		10,246,748				
003 NEW CAP REL COSTS-BLD			926,938			
004 NEW CAP REL COSTS-MVB				926,938		
005 EMPLOYEE BENEFITS	9,341	57,755	9,341	9,341	212,176,924	
006 03 PURCHASING, RECEIVING	4,456	13,194	4,456	4,456	1,253,533	69,484,194
006 05 CASHIERING, ACCT REC	15,788	165,566	15,788	15,788	6,452,672	64,373
006 06 OTHER ADMINISTRATIVE	57,267	2,254,239	57,267	57,267	17,842,547	2,833,565
007 MAINTENANCE & REPAIRS	179,009	194,142	179,009	179,009	5,780,244	1,329,891
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING	8,460	26,700	8,460	8,460	4,860,805	416,425
011 DIETARY	14,630	72,321	14,630	14,630	1,820,700	3,386,402
012 CAFETERIA	16,836		16,836	16,836	1,887,720	
014 NURSING ADMINISTRATION	12,089	23,471	12,089	12,089	4,037,800	32,856
015 CENTRAL SERVICES & SU	12,696	232,358	12,696	12,696	1,843,736	59,591,000
016 PHARMACY	5,985	61,608	5,985	5,985	6,044,551	86,571
017 MEDICAL RECORDS & LIB	6,730	32,817	6,730	6,730	2,893,249	79,439
018 SOCIAL SERVICE	1,690	3,347	1,690	1,690	1,300,473	1,253
022 I&R SERVICES-SALARY &					9,029,482	
023 I&R SERVICES-OTHER PR	37,933	167,662	37,933	37,933	2,436,318	106,505
024 PARAMED ED PRGM-(SPEC	1,422	1,339	1,422	1,422	295,098	2,000
024 01 PARAMED PHARM	105		105	105	121,510	
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	141,239	283,997	141,239	141,239	43,619,546	314,854
026 INTENSIVE CARE UNIT	14,528	234,077	14,528	14,528	5,964,761	65,826
027 CORONARY CARE UNIT	11,062	39,982	11,062	11,062	6,553,669	60,635
027 01 NEONATAL CARE UNIT	10,493	96,439	10,493	10,493	8,696,628	35,954
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
031 SUBPROVIDER	25,421	49,892	25,421	25,421	5,174,659	30,579
031 01 SUBPROVIDER II	17,408	24,650	17,408	17,408	4,342,221	24,694
033 NURSERY	784	31,023	784	784	1,310,117	13,607
034 SKILLED NURSING FACIL						
ANCILLARY SRVC COST C						
037 OPERATING ROOM	40,900	698,019	40,900	40,900	9,665,801	462,544
038 RECOVERY ROOM	2,470	15,287	2,470	2,470	1,634,707	4,485
039 DELIVERY ROOM & LABOR	24,733	143,761	24,733	24,733	4,357,907	55,323
040 ANESTHESIOLOGY	1,004	186,013	1,004	1,004	453,487	20,415
041 RADIOLOGY-DIAGNOSTIC	62,314	1,437,831	62,314	62,314	12,028,336	59,431
042 RADIOLOGY-THERAPEUTIC	20,167	992,758	20,167	20,167	2,636,342	45,186
043 RADIOISOTOPE	6,896	400,159	6,896	6,896	1,463,706	6,782
044 LABORATORY	24,382	506,929	24,382	24,382		304
046 WHOLE BLOOD & PACKED	2,162	16,875	2,162	2,162		
049 RESPIRATORY THERAPY	2,713	183,210	2,713	2,713	4,564,431	16,761
050 PHYSICAL THERAPY	2,009	17,853	2,009	2,009	4,019,453	11,476
051 OCCUPATIONAL THERAPY	29,473	81,266	29,473	29,473	5,683,144	58,097
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY	3,983	188,178	3,983	3,983	2,520,894	52,427
054 ELECTROENCEPHALOGRAPH	4,812	80,340	4,812	4,812	854,846	8,474
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS	2,401	32,922	2,401	2,401	691,576	7,698
058 ASC (NON-DISTINCT PAR	13,161	124,413	13,161	13,161	2,812,324	29,305
059 REHAB MEDICINE	2,172	14,858	2,172	2,172	423,654	8,299
059 10 CARDIAC LAB	14,010	617,682	14,010	14,010	1,437,412	23,623
059 20 DAY HOSPITAL	5,054	8,817	5,054	5,054	514,025	6,905
059 30 LI THOTRIPTER						
059 40 COLO-RECTAL CENTER						
059 45 GASTROENTEROLOGY LAB	8,257	363,771	8,257	8,257	2,351,823	38,063
OUTPAT SERVICE COST C						
060 CLINIC						
060 01 DIABETES CARE CENTER	2,788		2,788	2,788	110,868	361
060 02 OUTPATIENT CENTER	1,959	1,051	1,959	1,959	214,183	1,845
060 03 PAIN CLINIC	2,351	1,858	2,351	2,351	313,453	1,437
060 04 CARDIAC CONDITIONING	1,906	10,092	1,906	1,906	357,627	3,634
060 05 WOUND CARE CENTER	366		366	366	256,523	2,138
060 06 ANTI-COAG LAB	2,955		2,955	2,955	697,081	1,298
060 07 HEART RISK ASSESSMENT	1,025		1,025	1,025	130,555	3,671
060 20 IN-VITRO FERTILIZATION						
061 EMERGENCY	26,292	55,653	26,292	26,292	8,241,939	72,019
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
065 AMBULANCE SERVICES						
069 CORF						
SPEC PURPOSE COST CEN						
095 SUBTOTALS	918,087	10,246,175	918,087	918,087	211,998,136	69,478,430
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	8,851	573	8,851	8,851	178,788	5,764
096 01 CHILD DAY CARE						
096 03 LAUREATE DAY SCHOOL						

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE ( DOLLAR )VALUE	NEW CAP REL C OSTS-BLDG & (SQUARE )FEET	NEW CAP REL C OSTS-MVBLE (SQUARE )FEET	EMPLOYEE BENE ( GROSS ) SALARIES	PURCHASING, R ECEIVING & S (PURCHASED )REQUI SITI O )
	1	2	3	4	5	6.03
101 NONREIMBURS COST CENT						
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,415,663	25,704	20,780,395	11,225,830	54,515,494	2,798,039
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	1.527247		22.418322		.256934	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		.002509		12.110659	14,411	6,923
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)					.000068	
107 COST TO BE ALLOCATED (WRKSHT B, PART III)					322,536	256,943
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.001520	.003698

COST CENTER DESCRIPTION	CASHIERING, ACCT REC & CO		OTHER ADMINISTRATIVE AND MAINTENANCE & OPERATIONS		LAUNDRY & LINEN HOUSEKEEPING SERVICE		
	(GROSS REVENUES)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(PATIENT DAYS)	(SQUARE FEET)
	6.05	6a.06	6.06	7	8	9	10
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 03 PURCHASING, RECEIVING							
006 05 CASHIERING, ACCT REC	1535,585,312						
006 06 OTHER ADMINISTRATIVE		-66,176,701	440,501,996				
007 MAINTENANCE & REPAIRS			30,412,569	661,077			
008 OPERATION OF PLANT					661,077		
009 LAUNDRY & LINEN SERVICE			2,377,099			154,210	
010 HOUSEKEEPING			7,711,818	8,460	8,460		652,617
011 DIETARY			4,705,357	14,630	14,630		14,630
012 CAFETERIA			2,630,670	16,836	16,836		16,836
014 NURSING ADMINISTRATION			6,070,175	12,089	12,089		12,089
015 CENTRAL SERVICES & SU			65,079,556	12,696	12,696		12,696
016 PHARMACY			9,114,961	5,985	5,985		5,985
017 MEDICAL RECORDS & LIB			5,333,222	6,730	6,730		6,730
018 SOCIAL SERVICE			1,793,449	1,690	1,690		1,690
022 I&R SERVICES-SALARY &			13,446,778				
023 I&R SERVICES-OTHER PR			4,764,877	37,933	37,933		37,933
024 PARAMED PRGM-(SPEC			451,385	1,422	1,422		1,422
024 01 PARAMED PRGM-PHARM			173,819	105	105		105
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	168,979,638		65,084,050	141,239	141,239	94,876	141,239
026 INTENSIVE CARE UNIT	20,565,252		9,794,039	14,528	14,528	6,089	14,528
027 CORONARY CARE UNIT	22,190,028		10,404,030	11,062	11,062	6,736	11,062
027 01 NEONATAL CARE UNIT	45,468,126		12,796,638	10,493	10,493	14,159	10,493
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER	15,715,700		7,929,288	25,421	25,421	11,069	25,421
031 01 SUBPROVIDER II	17,501,770		6,672,513	17,408	17,408	12,463	17,408
033 NURSERY	9,410,653		2,615,804	784	784	8,818	784
034 SKILLED NURSING FACIL							
ANCILLARY SRVC COST C							
037 OPERATING ROOM	92,932,917		16,606,026	40,900	40,900		40,900
038 RECOVERY ROOM	17,295,444		2,445,276	2,470	2,470		2,470
039 DELIVERY ROOM & LABOR	20,192,366		7,015,923	24,733	24,733		24,733
040 ANESTHESIOLOGY	40,625,715		1,337,812	1,004	1,004		1,004
041 RADIOLOGY-DIAGNOSTIC	213,098,663		27,310,250	62,314	62,314		62,314
042 RADIOLOGY-THERAPEUTIC	32,655,967		5,793,792	20,167	20,167		20,167
043 RADIOISOTOPE	27,019,274		3,751,221	6,896	6,896		6,896
044 LABORATORY	136,665,868		21,305,370	24,382	24,382		24,382
046 WHOLE BLOOD & PACKED	16,527,364		2,734,581	2,162	2,162		2,162
049 RESPIRATORY THERAPY	42,278,552		6,744,602	2,713	2,713		2,713
050 PHYSICAL THERAPY	18,779,893		5,688,239	2,009	2,009		2,009
051 OCCUPATIONAL THERAPY	21,286,935		8,855,705	29,473	29,473		29,473
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	35,732,555		3,944,340	3,983	3,983		3,983
054 ELECTROENCEPHALOGRAPH	9,301,730		1,963,641	4,812	4,812		4,812
055 MEDICAL SUPPLIES CHAR	126,018,286		1,232,820				
056 DRUGS CHARGED TO PATI	168,431,185		21,126,885				
057 RENAL DIALYSIS	4,643,133		1,141,953	2,401	2,401		2,401
058 ASC (NON-DISTINCT PAR	28,042,944		4,519,396	13,161	13,161		13,161
059 REHAB MEDICINE	1,259,846		659,177	2,172	2,172		2,172
059 10 CARDIAC LAB	39,177,183		3,162,676	14,010	14,010		14,010
059 20 DAY HOSPITAL	2,181,780		869,414	5,054	5,054		5,054
059 30 LI THOTRIPTER	7,935,432		1,418,588				
059 40 COLO-RECTAL CENTER							
059 45 GASTROENTEROLOGY LAB	31,907,456		3,919,530	8,257	8,257		8,257
OUTPAT SERVICE COST C							
060 CLINIC							
060 01 DIABETES CARE CENTER	75,022		249,149	2,788	2,788		2,788
060 02 OUTPATIENT CENTER	1,427,163		393,089	1,959	1,959		1,959
060 03 PAIN CLINIC	1,030,271		521,512	2,351	2,351		2,351
060 04 CARDIAC CONDI TIONI NG	1,619,275		564,174	1,906	1,906		1,906
060 05 WOUND CARE CENTER	58,229		356,441	366	366		366
060 06 ANTI -COAG LAB	2,544,062		1,050,487	2,955	2,955		2,955
060 07 HEART RISK ASSESSMENT	2,657,149		239,871	1,025	1,025		1,025
060 20 IN-VITRO FERTILIZATIO							
061 EMERGENCY	92,352,486		13,628,944	26,292	26,292		26,292
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
065 AMBULANCE SERVICES							
069 CORF							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	1535,585,312	-66,176,701	439,912,981	652,226	652,226	154,210	643,766
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE			589,015	8,851	8,851		8,851
096 01 CHILD DAY CARE							
096 03 LAUREATE DAY SCHOOL							

	COST CENTER DESCRIPTION	CASHIERING, A CCT REC & CO		OTHER ADMINIS	MAINTENANCE &	OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING
		( GROSS REVENUES )	RECONCILIATION	( ACCUM. COST )	(SQUARE )FEET	(SQUARE )FEET	(PATIENT )DAYS	(SQUARE )FEET
		6.05	6a.06	6.06	7	8	9	10
101	NONREIMBURS COST CENT							
102	CROSS FOOT ADJUSTMENT							
103	NEGATIVE COST CENTER							
	COST TO BE ALLOCATED	11,674,917		66,176,701	34,981,449		2,734,211	9,318,032
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER				52.915846		17.730439	
	(WRKSHT B, PT I)	.007603		.150230				14.277949
105	COST TO BE ALLOCATED	24,972		94,607	280,945		511	18,614
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER				.424981		.003314	
	(WRKSHT B, PT II)	.000016		.000215				.028522
107	COST TO BE ALLOCATED	555,309		2,509,826	6,452,191		13,545	427,556
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER				9.760120		.087835	
	(WRKSHT B, PT III)	.000362		.005698				.655141

COST CENTER DESCRIPTION	DIETARY (PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICES (PATIENT DAYS)
	11	12	14	15	16	17	18
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 03 PURCHASING, RECEIVING							
006 05 CASHIERING, ACCT REC							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	154,210						
012 CAFETERIA		172,278,703					
014 NURSING ADMINISTRATION		4,037,800	90,240,299				
015 CENTRAL SERVICES & SUPPLY		1,843,736		59,006,154			
016 PHARMACY		6,044,551	485,783		23,746,030		
017 MEDICAL RECORDS & LIBRARY		2,893,249				1535,585,312	
018 SOCIAL SERVICE		1,300,473					154,210
022 I&R SERVICES-SALARY & BENEFITS		9,029,482					
023 I&R SERVICES-OTHER PERSONNEL		2,436,318			188		
024 PARAMEDICAL PRGM-(SPECIALTY)		295,098					
024 01 PARAMEDICAL PRGM-PHARMACY		121,510					
025 ADULTS & PEDIATRICS	94,876	43,619,546	43,116,927		416,631	168,979,638	94,876
026 INTENSIVE CARE UNIT	6,089	5,964,761	5,964,761		109,787	20,565,252	6,089
027 CORONARY CARE UNIT	6,736	6,553,669	6,553,669		74,700	22,190,028	6,736
027 01 NEONATAL CARE UNIT	14,159	8,696,628	8,658,787		154,752	45,468,126	14,159
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE UNIT							
031 SUBPROVIDER	11,069	5,174,659			2,317	15,715,700	11,069
031 01 SUBPROVIDER II	12,463	4,342,221			9,329	17,501,770	12,463
033 NURSERY	8,818	1,310,117	1,310,117		18,005	9,410,653	8,818
034 SKILLED NURSING FACILITY							
037 ANCILLARY SERVICE COST CENTER							
038 OPERATING ROOM		9,665,801			146,294	92,932,917	
038 RECOVERY ROOM		1,634,707			38,155	17,295,444	
039 DELIVERY ROOM & LABOR		4,357,907	4,357,907		57,664	20,192,366	
040 ANESTHESIOLOGY		453,487			525,385	40,625,715	
041 RADIOLOGY-DIAGNOSTIC		12,028,336	178,851		243,592	213,098,663	
042 RADIOLOGY-THERAPEUTIC		2,636,342			1,512	32,655,967	
043 RADIOISOTOPE		1,463,706	1,332,816		1,072,102	27,019,274	
044 LABORATORY						136,665,868	
046 WHOLE BLOOD & PACKED						16,527,364	
049 RESPIRATORY THERAPY		4,564,431	4,564,431		70,466	42,278,552	
050 PHYSICAL THERAPY		4,019,453				18,779,893	
051 OCCUPATIONAL THERAPY		5,683,144			8,517	21,286,935	
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		2,520,894	2,497,386		33,162	35,732,555	
054 ELECTROENCEPHALOGRAPHY		854,846			5,204	9,301,730	
055 MEDICAL SUPPLIES CHARACTERIZED				59,006,154		126,018,286	
056 DRUGS CHARGED TO PATIENTS					19,846,303	168,431,185	
057 RENAL DIALYSIS		691,576	691,576		23,648	4,643,133	
058 ASC (NON-DISTINCT PART)		2,812,324			48,020	28,042,944	
059 REHAB MEDICINE		423,654				1,259,846	
059 10 CARDIAC LAB		1,437,412	1,374,883		338,854	39,177,183	
059 20 DAY HOSPITAL		514,025				2,181,780	
059 30 LIOTHOTRIPTER						7,935,432	
059 40 COLO-RECTAL CENTER							
059 45 GASTROENTEROLOGY LAB		2,351,823			85,845	31,907,456	
060 OUTPAT SERVICE COST CENTER							
060 01 DIABETES CARE CENTER		110,868	110,868			75,022	
060 02 OUTPATIENT CENTER		214,183			17,690	1,427,163	
060 03 PAIN CLINIC		313,453			2,962	1,030,271	
060 04 CARDIAC CONDI TIONING		357,627	354,474		15	1,619,275	
060 05 WOUND CARE CENTER		256,523	256,523		210	58,229	
060 06 ANTI-COAG LAB		697,081				2,544,062	
060 07 HEART RISK ASSESSMENT		130,555	129,260			2,657,149	
060 20 IN-VITRO FERTILIZATION							
061 EMERGENCY		8,241,939	8,241,938		394,565	92,352,486	
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
065 OTHER REIMBURSABLE SERVICES							
069 CORF							
095 SPEC PURPOSE COST CENTER							
095 SUBTOTALS	154,210	172,099,915	90,180,957	59,006,154	23,745,874	1535,585,312	154,210
096 NONREIMBURSABLE COST CENTER							
096 01 GIFT, FLOWER, COFFEE		178,788	59,342		156		
096 03 CHILD DAY CARE							
096 03 LAUREATE DAY SCHOOL							

	COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		(PATIENT DAYS)	(GROSS SALARIES)	(NURSING SALARIES)	(COSTED REQUIS)	(COSTED REQUIS)	(GROSS REVENUES)	(PATIENT DAYS)
		11	12	14	15	16	17	18
101	NONREIMBURS COST CENT							
102	CROSS FOOT ADJUSTMENT							
103	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	6,395,288	4,157,151	7,891,835	75,754,040	11,074,796	6,656,461	2,207,817
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		.024130		1.283833		.004335	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	41.471292 30,634	34,042	.087454 26,387	46,147	.466385 15,730	15,337	14.316951 4,086
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)		.000198		.000782		.000010	
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	.198651 707,088	774,540	.000292 604,025	1,447,589	.000662 975,814	350,564	.026496 94,004
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)		.004496	.006694	.024533	.041094	.000228	.609584

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI ( ASSIGNED TIME )	I&R SERVICES- OTHER PRGM C ( ASSIGNED TIME )	PARAMED ED PR GM-(SPECIFY) ( ASSIGNED TIME )	PARAMED ED PR GM-PHARMACY ( ASSIGNED TIME )
GENERAL SERVICE COST	22	23	24	24.01
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 03 PURCHASING, RECEIVING				
006 05 CASHIERING, ACCT REC				
006 06 OTHER ADMINISTRATIVE				
007 MAINTENANCE & REPAIRS				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVI				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATIO				
015 CENTRAL SERVICES & SU				
016 PHARMACY				
017 MEDICAL RECORDS & LIB				
018 SOCIAL SERVICE				
022 I&R SERVICES-SALARY &	17,341			
023 I&R SERVICES-OTHER PR		17,341		
024 PARAMED ED PRGM-(SPEC			145,392	
024 01 PARAMED ED PRGM-PHARM				3,256
INPAT ROUTINE SRVC CN				
025 ADULTS & PEDIATRICS	13,156	13,156	94,876	648
026 INTENSIVE CARE UNIT			6,089	376
027 CORONARY CARE UNIT			6,736	424
027 01 NEONATAL CARE UNIT			14,159	104
028 BURN INTENSIVE CARE U				
029 SURGICAL INTENSIVE CA				
031 SUBPROVIDER	1,200	1,200	11,069	
031 01 SUBPROVIDER II	1	1	12,463	
033 NURSERY				
034 SKILLED NURSING FACIL				
ANCILLARY SRVC COST C				
037 OPERATING ROOM	1,527	1,527		432
038 RECOVERY ROOM				
039 DELIVERY ROOM & LABOR				
040 ANESTHESIOLOGY	201	201		
041 RADIOLOGY-DIAGNOSTIC	7	7		
042 RADIOLOGY-THERAPEUTI C				
043 RADIOISOTOPE				
044 LABORATORY	533	533		
046 WHOLE BLOOD & PACKED				
049 RESPIRATORY THERAPY				
050 PHYSICAL THERAPY				
051 OCCUPATIONAL THERAPY				
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY				
054 ELECTROENCEPHALOGRAPH				
055 MEDICAL SUPPLIES CHAR				760
056 DRUGS CHARGED TO PATI				
057 RENAL DIALYSIS				
058 ASC (NON-DISTINCT PAR				
059 REHAB MEDICINE				
059 10 CARDIAC LAB				
059 20 DAY HOSPITAL				
059 30 LI THOTRIPTER				
059 40 COLO-RECTAL CENTER				
059 45 GASTROENTEROLOGY LAB				
OUTPAT SERVICE COST C				
060 CLINIC				
060 01 DIABETES CARE CENTER				
060 02 OUTPATIENT CENTER				
060 03 PAIN CLINIC				
060 04 CARDIAC CONDI TIONI NG				
060 05 WOUND CARE CENTER				
060 06 ANTI -COAG LAB				
060 07 HEART RISK ASSESSMENT				
060 20 IN-VITRO FERTILIZATIO				
061 EMERGENCY	716	716		512
062 OBSERVATION BEDS (NON				
OTHER REIMBURS COST C				
065 AMBULANCE SERVICES				
069 CORF				
SPEC PURPOSE COST CEN				
095 SUBTOTALS	17,341	17,341	145,392	3,256
NONREIMBURS COST CENT				
096 GIFT, FLOWER, COFFEE				
096 01 CHILD DAY CARE				
096 03 LAUREATE DAY SCHOOL				

	COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	PARAMED ED PR GM-PHARMACY
		( ASSIGNED TIME	( ASSIGNED TIME	( ASSIGNED TIME	( ASSIGNED TIME
		22	23	24	24.01
101	NONREIMBURS COST CENT				
102	CROSS FOOT ADJUSTMENT				
103	NEGATIVE COST CENTER				
103	COST TO BE ALLOCATED	15,684,768	8,088,442	621,867	209,919
104	(PER WRKSHT B, PART				
104	UNIT COST MULTIPLIER		466.434577		64.471437
	(WRKSHT B, PT I)	904.490398		4.277175	
105	COST TO BE ALLOCATED	5,293	77,240	2,995	277
105	(PER WRKSHT B, PART				
106	UNIT COST MULTIPLIER		4.454184		.085074
	(WRKSHT B, PT II)	.305230		.020599	
107	COST TO BE ALLOCATED	130,942	1,747,079	68,266	6,441
107	(PER WRKSHT B, PART				
108	UNIT COST MULTIPLIER		100.748457		1.978194
	(WRKSHT B, PT III)	7.551006		.469531	

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	97,524,981		97,524,981		97,524,981
26	INTENSIVE CARE UNIT	13,545,454		13,545,454		13,545,454
27	CORONARY CARE UNIT	14,124,012		14,124,012		14,124,012
27	01 NEONATAL CARE UNIT	17,768,733		17,768,733		17,768,733
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	11,883,835		11,883,835	139,968	12,023,803
31	01 SUBPROVIDER II	9,999,203		9,999,203		9,999,203
33	NURSERY	3,905,124		3,905,124		3,905,124
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	22,581,156		22,581,156		22,581,156
38	RECOVERY ROOM	3,110,815		3,110,815		3,110,815
39	DELIVERY ROOM & LABOR ROO	10,332,530		10,332,530		10,332,530
40	ANESTHESIOLOGY	2,038,341		2,038,341	151,058	2,189,399
41	RADIOLOGY-DIAGNOSTIC	36,943,156		36,943,156		36,943,156
42	RADIOLOGY-THERAPEUTIC	8,225,174		8,225,174		8,225,174
43	RADIOISOTOPE	5,547,156		5,547,156		5,547,156
44	LABORATORY	26,736,842		26,736,842		26,736,842
46	WHOLE BLOOD & PACKED RED	3,362,316		3,362,316		3,362,316
49	RESPIRATORY THERAPY	8,665,601		8,665,601		8,665,601
50	PHYSICAL THERAPY	6,856,175		6,856,175		6,856,175
51	OCCUPATIONAL THERAPY	12,399,886		12,399,886		12,399,886
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	5,254,133		5,254,133		5,254,133
54	ELECTROENCEPHALOGRAPHY	2,645,352		2,645,352		2,645,352
55	MEDICAL SUPPLIES CHARGED	77,718,356		77,718,356		77,718,356
56	DRUGS CHARGED TO PATIENTS	34,335,948		34,335,948		34,335,948
57	RENAL DIALYSIS	1,583,167		1,583,167		1,583,167
58	ASC (NON-DISTINCT PART)	6,294,505		6,294,505		6,294,505
59	REHAB MEDICINE	919,834		919,834		919,834
59	10 CARDIAC LAB	5,061,983		5,061,983		5,061,983
59	20 DAY HOSPITAL	1,361,485		1,361,485		1,361,485
59	30 LITHOTRIPTER	1,666,102		1,666,102		1,666,102
59	40 COLO-RECTAL CENTER					
59	45 GASTROENTEROLOGY LAB OUTPAT SERVICE COST CNTRS	5,298,285		5,298,285		5,298,285
60	CLINIC					
60	01 DIABETES CARE CENTER	486,611		486,611		486,611
60	02 OUTPATIENT CENTER	603,381		603,381		603,381
60	03 PAIN CLINIC	771,242		771,242		771,242
60	04 CARDIAC CONDITIONING	823,659		823,659		823,659
60	05 WOUND CARE CENTER	463,556		463,556		463,556
60	06 ANTI-COAG LAB	1,434,709		1,434,709		1,434,709
60	07 HEART RISK ASSESSMENT	370,754		370,754		370,754
60	20 IN-VITRO FERTILIZATION					
61	EMERGENCY	18,980,123		18,980,123	70,540	19,050,663
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	7,790,020		7,790,020		7,790,020
65	AMBULANCE SERVICES					
101	SUBTOTAL	489,413,695		489,413,695	361,566	489,775,261
102	LESS OBSERVATION BEDS	7,790,020		7,790,020		7,790,020
103	TOTAL	481,623,675		481,623,675	361,566	481,985,241

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	153,423,805		153,423,805			
26	INTENSIVE CARE UNIT	20,565,252		20,565,252			
27	CORONARY CARE UNIT	22,190,028		22,190,028			
27	01 NEONATAL CARE UNIT	45,468,126		45,468,126			
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	15,715,700		15,715,700			
31	01 SUBPROVIDER II	17,501,770		17,501,770			
33	NURSERY	9,410,653		9,410,653			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	61,656,749	31,276,168	92,932,917	.242983	.242983	.242983
38	RECOVERY ROOM	9,323,176	7,972,268	17,295,444	.179863	.179863	.179863
39	DELIVERY ROOM & LABOR ROO	18,628,711	1,563,655	20,192,366	.511705	.511705	.511705
40	ANESTHESIOLOGY	20,352,624	20,273,091	40,625,715	.050174	.050174	.053892
41	RADIOLOGY-DIAGNOSTIC	81,436,907	131,661,756	213,098,663	.173362	.173362	.173362
42	RADIOLOGY-THERAPEUTIC	1,858,844	30,797,123	32,655,967	.251874	.251874	.251874
43	RADIOISOTOPE	10,496,160	16,523,114	27,019,274	.205304	.205304	.205304
44	LABORATORY	93,734,774	42,931,094	136,665,868	.195637	.195637	.195637
46	WHOLE BLOOD & PACKED RED	13,296,148	3,231,216	16,527,364	.203439	.203439	.203439
49	RESPIRATORY THERAPY	39,073,244	3,205,308	42,278,552	.204964	.204964	.204964
50	PHYSICAL THERAPY	18,453,783	326,110	18,779,893	.365081	.365081	.365081
51	OCCUPATIONAL THERAPY	2,106,685	19,180,250	21,286,935	.582512	.582512	.582512
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	17,228,290	18,504,265	35,732,555	.147041	.147041	.147041
54	ELECTROENCEPHALOGRAPHY	5,078,508	4,223,222	9,301,730	.284394	.284394	.284394
55	MEDICAL SUPPLIES CHARGED	96,441,178	29,577,108	126,018,286	.616723	.616723	.616723
56	DRUGS CHARGED TO PATIENTS	147,269,017	21,162,168	168,431,185	.203857	.203857	.203857
57	RENAL DIALYSIS	4,281,703	361,430	4,643,133	.340970	.340970	.340970
58	ASC (NON-DI STINCT PART)	2,093,991	25,948,953	28,042,944	.224459	.224459	.224459
59	REHAB MEDICINE	643,218	616,628	1,259,846	.730116	.730116	.730116
59	10 CARDIAC LAB	20,180,408	18,996,775	39,177,183	.129207	.129207	.129207
59	20 DAY HOSPITAL	9,502	2,172,278	2,181,780	.624025	.624025	.624025
59	30 LITHOTRIPTER	150,695	7,784,737	7,935,432	.209957	.209957	.209957
59	40 COLO-RECTAL CENTER						
59	45 GASTROENTEROLOGY LAB OUTPAT SERVICE COST CNTRS	4,999,250	26,908,206	31,907,456	.166052	.166052	.166052
60	CLINIC						
60	01 DIABETES CARE CENTER	470	74,552	75,022	6.486244	6.486244	6.486244
60	02 OUTPATIENT CENTER	44,888	1,382,275	1,427,163	.422784	.422784	.422784
60	03 PAIN CLINIC	5,861	1,024,410	1,030,271	.748582	.748582	.748582
60	04 CARDIAC CONDITIONING	106,750	1,512,525	1,619,275	.508659	.508659	.508659
60	05 WOUND CARE CENTER	547	57,682	58,229	7.960913	7.960913	7.960913
60	06 ANTI-COAG LAB	6,314	2,537,748	2,544,062	.563944	.563944	.563944
60	07 HEART RISK ASSESSMENT	13,615	2,643,534	2,657,149	.139531	.139531	.139531
60	20 IN-VITRO FERTILIZATION						
61	EMERGENCY	38,669,123	53,683,363	92,352,486	.205518	.205518	.206282
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,382,270	14,173,563	15,555,833	.500778	.500778	.500778
65	AMBULANCE SERVICES						
101	SUBTOTAL	993,298,737	542,286,575	1535,585,312			
102	LESS OBSERVATION BEDS						
103	TOTAL	993,298,737	542,286,575	1535,585,312			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	22,581,156	2,895,164	19,685,992			22,581,156
38	RECOVERY ROOM	3,110,815	152,934	2,957,881			3,110,815
39	DELIVERY ROOM & LABOR ROO	10,332,530	1,287,711	9,044,819			10,332,530
40	ANESTHESIOLOGY	2,038,341	105,381	1,932,960			2,038,341
41	RADIOLOGY-DIAGNOSTIC	36,943,156	8,773,564	28,169,592			36,943,156
42	RADIOLOGY-THERAPEUTIC	8,225,174	2,032,986	6,192,188			8,225,174
43	RADIOISOTOPE	5,547,156	498,314	5,048,842			5,547,156
44	LABORATORY	26,736,842	1,355,564	25,381,278			26,736,842
46	WHOLE BLOOD & PACKED RED	3,362,316	127,843	3,234,473			3,362,316
49	RESPIRATORY THERAPY	8,665,601	358,533	8,307,068			8,665,601
50	PHYSICAL THERAPY	6,856,175	164,812	6,691,363			6,856,175
51	OCCUPATIONAL THERAPY	12,399,886	1,484,978	10,914,908			12,399,886
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	5,254,133	267,576	4,986,557			5,254,133
54	ELECTROENCEPHALOGRAPHY	2,645,352	251,374	2,393,978			2,645,352
55	MEDICAL SUPPLIES CHARGED	77,718,356	1,578,653	76,139,703			77,718,356
56	DRUGS CHARGED TO PATIENTS	34,335,948	1,057,381	33,278,567			34,335,948
57	RENAL DIALYSIS	1,583,167	138,993	1,444,174			1,583,167
58	ASC (NON-DISTINCT PART)	6,294,505	681,673	5,612,832			6,294,505
59	REHAB MEDICINE	919,834	109,326	810,508			919,834
59	10 CARDIAC LAB	5,061,983	973,683	4,088,300			5,061,983
59	20 DAY HOSPITAL	1,361,485	246,922	1,114,563			1,361,485
59	30 LI THOTRIPTER	1,666,102	13,276	1,652,826			1,666,102
59	40 COLO-RECTAL CENTER						
59	45 GASTROENTEROLOGY LAB	5,298,285	449,708	4,848,577			5,298,285
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 DIABETES CARE CENTER	486,611	133,820	352,791			486,611
60	02 OUTPATIENT CENTER	603,381	97,225	506,156			603,381
60	03 PAIN CLINIC	771,242	116,140	655,102			771,242
60	04 CARDIAC CONDITIONING	823,659	98,535	725,124			823,659
60	05 WOUND CARE CENTER	463,556	22,739	440,817			463,556
60	06 ANTI-COAG LAB	1,434,709	150,826	1,283,883			1,434,709
60	07 HEART RISK ASSESSMENT	370,754	52,892	317,862			370,754
60	20 IN-VITRO FERTILIZATION						
61	EMERGENCY	18,980,123	1,497,473	17,482,650			18,980,123
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	7,790,020	679,314	7,110,706			7,790,020
65	AMBULANCE SERVICES						
101	SUBTOTAL	320,662,353	27,855,313	292,807,040			320,662,353
102	LESS OBSERVATION BEDS	7,790,020	679,314	7,110,706			7,790,020
103	TOTAL	312,872,333	27,175,999	285,696,334			312,872,333

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	92,932,917	.242983	.242983
38	RECOVERY ROOM	17,295,444	.179863	.179863
39	DELIVERY ROOM & LABOR ROO	20,192,366	.511705	.511705
40	ANESTHESIOLOGY	40,625,715	.050174	.050174
41	RADIOLOGY-DIAGNOSTIC	213,098,663	.173362	.173362
42	RADIOLOGY-THERAPEUTIC	32,655,967	.251874	.251874
43	RADIOISOTOPE	27,019,274	.205304	.205304
44	LABORATORY	136,665,868	.195637	.195637
46	WHOLE BLOOD & PACKED RED	16,527,364	.203439	.203439
49	RESPIRATORY THERAPY	42,278,552	.204964	.204964
50	PHYSICAL THERAPY	18,779,893	.365081	.365081
51	OCCUPATIONAL THERAPY	21,286,935	.582512	.582512
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	35,732,555	.147041	.147041
54	ELECTROENCEPHALOGRAPHY	9,301,730	.284394	.284394
55	MEDICAL SUPPLIES CHARGED	126,018,286	.616723	.616723
56	DRUGS CHARGED TO PATIENTS	168,431,185	.203857	.203857
57	RENAL DIALYSIS	4,643,133	.340970	.340970
58	ASC (NON-DISTINCT PART)	28,042,944	.224459	.224459
59	REHAB MEDICINE	1,259,846	.730116	.730116
59 10	CARDIAC LAB	39,177,183	.129207	.129207
59 20	DAY HOSPITAL	2,181,780	.624025	.624025
59 30	LITHOTRIPTER	7,935,432	.209957	.209957
59 40	COLO-RECTAL CENTER			
59 45	GASTROENTEROLOGY LAB	31,907,456	.166052	.166052
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	DIABETES CARE CENTER	75,022	6.486244	6.486244
60 02	OUTPATIENT CENTER	1,427,163	.422784	.422784
60 03	PAIN CLINIC	1,030,271	.748582	.748582
60 04	CARDIAC CONDITIONING	1,619,275	.508659	.508659
60 05	WOUND CARE CENTER	58,229	7.960913	7.960913
60 06	ANTI-COAG LAB	2,544,062	.563944	.563944
60 07	HEART RISK ASSESSMENT	2,657,149	.139531	.139531
60 20	IN-VITRO FERTILIZATION			
61	EMERGENCY	92,352,486	.205518	.205518
62	OBSERVATION BEDS (NON-DIS	15,555,833	.500778	.500778
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	1251,309,978		
102	LESS OBSERVATION BEDS	15,555,833		
103	TOTAL	1235,754,145		

WKST A LINE NO.	COST CENTER DESCRIPTION	-----	OLD CAPITAL	-----	-----	NEW CAPITAL	-----
		CAPITAL REL COST (B, I I)	SWING BED ADJUSTMENT	REDUCED CAP RELATED COST	CAPITAL REL COST (B, I I I)	SWING BED ADJUSTMENT	REDUCED CAP RELATED COST
		1	2	3	4	5	6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	344,879		344,879	8,159,634		8,159,634
26	INTENSIVE CARE UNIT	36,804		36,804	863,546		863,546
27	CORONARY CARE UNIT	30,076		30,076	746,691		746,691
27	01 NEONATAL CARE UNIT	33,140		33,140	763,202		763,202
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	56,501		56,501	1,293,283		1,293,283
31	01 SUBPROVIDER II	40,443		40,443	994,598		994,598
33	NURSERY	5,196		5,196	119,719		119,719
101	TOTAL	547,039		547,039	12,940,673		12,940,673

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	102,958	41,053	3.35	137,528	79.25	3,253,450
26	INTENSIVE CARE UNIT	6,075	1,580	6.06	9,575	142.15	224,597
27	CORONARY CARE UNIT	6,728	3,815	4.47	17,053	110.98	423,389
27	01 NEONATAL CARE UNIT	14,162		2.34		53.89	
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	10,990	4,789	5.14	24,615	117.68	563,570
31	01 SUBPROVIDER II	12,239	8,388	3.30	27,680	81.26	681,609
33	NURSERY	8,795		.59		13.61	
101	TOTAL	161,947	59,625		216,451		5,146,615







TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.030169	
38	RECOVERY ROOM	.008474	
39	DELIVERY ROOM & LABOR ROO	.061105	
40	ANESTHESIOLOGY	.002489	
41	RADIOLOGY-DIAGNOSTIC	.040504	12,239
42	RADIOLOGY-THERAPEUTIC	.060869	
43	RADIOISOTOPE	.017789	476
44	LABORATORY	.009497	7,575
46	WHOLE BLOOD & PACKED RED	.007412	25
49	RESPIRATORY THERAPY	.008221	603
50	PHYSICAL THERAPY	.008414	1,199
51	OCCUPATIONAL THERAPY	.066821	7,568
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.007165	527
54	ELECTROENCEPHALOGRAPHY	.025882	315
55	MEDICAL SUPPLIES CHARGED	.012133	471
56	DRUGS CHARGED TO PATIENTS	.006147	7,162
57	RENAL DIALYSIS	.028728	263
58	ASC (NON-DISTINCT PART)	.023279	
59	REHAB MEDICINE	.083104	2,122
59 10	CARDIAC LAB	.024036	
59 20	DAY HOSPITAL	.108401	1,002
59 30	LITHOTRIPTER	.001609	
59 40	COLO-RECTAL CENTER		
59 45	GASTROENTEROLOGY LAB	.013479	234
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	DIABETES CARE CENTER	1.708552	
60 02	OUTPATIENT CENTER	.065269	
60 03	PAIN CLINIC	.107986	15
60 04	CARDIAC CONDITIONING	.058281	
60 05	WOUND CARE CENTER	.374247	
60 06	ANTI-COAG LAB	.056797	
60 07	HEART RISK ASSESSMENT	.019068	
60 20	IN-VITRO FERTILIZATION		
61	EMERGENCY	.015539	6,197
62	OBSERVATION BEDS (NON-DIS	.041899	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		47,993





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

PROVIDER NO: 14-0223  
PERIOD: FROM 1/1/2009 TO 12/31/2009  
PREPARED 5/24/2010  
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			447,578			447,578
26	INTENSIVE CARE UNIT			50,285			50,285
27	CORONARY CARE UNIT			56,147			56,147
27 01	NEONATAL CARE UNIT			67,266			67,266
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER			47,344			47,344
31 01	SUBPROVIDER II			53,306			53,306
33	NURSERY						
34	SKILLED NURSING FACILITY						
101	TOTAL			721,926			721,926

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

PROVIDER NO: 14-0223  
PERIOD: FROM 1/1/2009 TO 12/31/2009  
PREPARED 5/24/2010  
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	102,958	4.35	41,053	178,581
26	INTENSIVE CARE UNIT	6,075	8.28	1,580	13,082
27	CORONARY CARE UNIT	6,728	8.35	3,815	31,855
27	01 NEONATAL CARE UNIT	14,162	4.75		
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE U				
31	SUBPROVIDER	10,990	4.31	4,789	20,641
31	01 SUBPROVIDER II	12,239	4.36	8,388	36,572
33	NURSERY	8,795			
34	SKILLED NURSING FACILITY				
101	TOTAL	161,947		59,625	280,731

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS										
37	OPERATING ROOM										
38	RECOVERY ROOM										27,852
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
42	RADIOLOGY-THERAPEUTIC										
43	RADIOISOTOPE										
44	LABORATORY										
46	WHOLE BLOOD & PACKED RED										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										48,999
57	RENAL DIALYSIS										
58	ASC (NON-DISTINCT PART)										
59	REHAB MEDICINE										
59	10 CARDIAC LAB										
59	20 DAY HOSPITAL										
59	30 LI THOTRIPTER										
59	40 COLO-RECTAL CENTER										
59	45 GASTROENTEROLOGY LAB										
60	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60	01 DIABETES CARE CENTER										
60	02 OUTPATIENT CENTER										
60	03 PAIN CLINIC										
60	04 CARDIAC CONDITIONING										
60	05 WOUND CARE CENTER										
60	06 ANTI-COAG LAB										
60	07 HEART RISK ASSESSMENT										
60	20 IN-VITRO FERTILIZATION										
61	EMERGENCY										33,009
62	OBSERVATION BEDS (NON-DIS										35,748
	OTHER REIMBURS COST CNTRS										
65	AMBULANCE SERVICES										
101	TOTAL										145,608

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	27,852	27,852	92,932,917	.000300	.000300	21,968,206	6,590
38	RECOVERY ROOM			17,295,444			3,591,020	
39	DELIVERY ROOM & LABOR ROO			20,192,366			48,817	
40	ANESTHESIOLOGY			40,625,715			5,431,723	
41	RADIOLOGY-DIAGNOSTIC			213,098,663			37,397,348	
42	RADIOLOGY-THERAPEUTIC			32,655,967			716,748	
43	RADIOISOTOPE			27,019,274			5,458,297	
44	LABORATORY			136,665,868			39,528,658	
46	WHOLE BLOOD & PACKED RED			16,527,364			5,292,701	
49	RESPIRATORY THERAPY			42,278,552			10,856,348	
50	PHYSICAL THERAPY			18,779,893			4,788,628	
51	OCCUPATIONAL THERAPY			21,286,935			269,250	
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			35,732,555			8,944,536	
54	ELECTROENCEPHALOGRAPHY			9,301,730			1,362,696	
55	MEDICAL SUPPLIES CHARGED			126,018,286			37,690,897	
56	DRUGS CHARGED TO PATIENTS	48,999	48,999	168,431,185	.000291	.000291	50,290,526	14,635
57	RENAL DIALYSIS			4,643,133			2,487,787	
58	ASC (NON-DISTINCT PART)			28,042,944			299,116	
59	REHAB MEDICINE			1,259,846			54,046	
59 10	CARDIAC LAB			39,177,183			10,284,766	
59 20	DAY HOSPITAL			2,181,780				
59 30	LITHOTRIPTER			7,935,432			93,499	
59 40	COLO-RECTAL CENTER							
59 45	GASTROENTEROLOGY LAB			31,907,456			2,875,202	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60 01	DIABETES CARE CENTER			75,022			284	
60 02	OUTPATIENT CENTER			1,427,163			27,647	
60 03	PAIN CLINIC			1,030,271			272	
60 04	CARDIAC CONDITIONING			1,619,275			59,138	
60 05	WOUND CARE CENTER			58,229			547	
60 06	ANTI-COAG LAB			2,544,062			6,314	
60 07	HEART RISK ASSESSMENT			2,657,149			12,332	
60 20	IN-VITRO FERTILIZATION							
61	EMERGENCY	33,009	33,009	92,352,486	.000357	.000357	18,678,454	6,668
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	35,748	35,748	15,555,833	.002298	.002298	623,184	1,432
65	AMBULANCE SERVICES							
101	TOTAL	145,608	145,608	1251,309,978			269,138,987	29,325

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,203,045					
38	RECOVERY ROOM	2,082,879					
39	DELIVERY ROOM & LABOR ROO	6,425					
40	ANESTHESIOLOGY	4,190,226					
41	RADIOLOGY-DIAGNOSTIC	34,961,173					
42	RADIOLOGY-THERAPEUTIC	14,268,309					
43	RADIOISOTOPE	6,571,125					
44	LABORATORY	3,145,847					
46	WHOLE BLOOD & PACKED RED	1,254,903					
49	RESPIRATORY THERAPY	1,026,800					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY	614,367					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	4,796,480					
54	ELECTROENCEPHALOGRAPHY	1,163,956					
55	MEDICAL SUPPLIES CHARGED	11,810,510					
56	DRUGS CHARGED TO PATIENTS	5,920,590					
57	RENAL DIALYSIS	377,292					
58	ASC (NON-DISTINCT PART)	2,449,172					
59	REHAB MEDICINE	72,874					
59 10	CARDIAC LAB	9,447,351					
59 20	DAY HOSPITAL	394,478					
59 30	LITHOTRIPTER	5,791,902					
59 40	COLO-RECTAL CENTER						
59 45	GASTROENTEROLOGY LAB	9,039,701					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	DIABETES CARE CENTER						
60 02	OUTPATIENT CENTER	654,860					
60 03	PAIN CLINIC	485,691					
60 04	CARDIAC CONDITIONING	762,650					
60 05	WOUND CARE CENTER	25,474					
60 06	ANTI-COAG LAB	1,103,542					
60 07	HEART RISK ASSESSMENT	1,314,550					
60 20	IN-VITRO FERTILIZATION						
61	EMERGENCY	10,903,244				3,892	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	6,620,487				15,214	
65	AMBULANCE SERVICES						
101	TOTAL	148,459,903				22,990	

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
38	OPERATING ROOM							27,852			
39	RECOVERY ROOM										
40	DELIVERY ROOM & LABOR ROO										
41	ANESTHESIOLOGY										
42	RADIOLOGY-DIAGNOSTIC										
43	RADIOLOGY-THERAPEUTIC										
44	RADIOISOTOPE										
45	LABORATORY										
46	WHOLE BLOOD & PACKED RED										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS							48,999			
57	RENAL DIALYSIS										
58	ASC (NON-DISTINCT PART)										
59	REHAB MEDICINE										
59	10 CARDIAC LAB										
59	20 DAY HOSPITAL										
59	30 LI THOTRIPTER										
59	40 COLO-RECTAL CENTER										
59	45 GASTROENTEROLOGY LAB										
60	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60	01 DIABETES CARE CENTER										
60	02 OUTPATIENT CENTER										
60	03 PAIN CLINIC										
60	04 CARDIAC CONDITIONING										
60	05 WOUND CARE CENTER										
60	06 ANTI-COAG LAB										
60	07 HEART RISK ASSESSMENT										
60	20 IN-VITRO FERTILIZATION										
61	EMERGENCY							33,009			
62	OBSERVATION BEDS (NON-DIS							35,748			
65	OTHER REIMBURS COST CNTRS										
65	AMBULANCE SERVICES										
101	TOTAL							145,608			

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	27,852	27,852	92,932,917	.000300	.000300		
38	RECOVERY ROOM			17,295,444				
39	DELIVERY ROOM & LABOR ROO			20,192,366				
40	ANESTHESIOLOGY			40,625,715				
41	RADIOLOGY-DIAGNOSTIC			213,098,663			302,173	
42	RADIOLOGY-THERAPEUTIC			32,655,967				
43	RADIOISOTOPE			27,019,274			26,767	
44	LABORATORY			136,665,868			797,668	
46	WHOLE BLOOD & PACKED RED			16,527,364			3,322	
49	RESPIRATORY THERAPY			42,278,552			73,323	
50	PHYSICAL THERAPY			18,779,893			142,470	
51	OCCUPATIONAL THERAPY			21,286,935			113,256	
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			35,732,555			73,506	
54	ELECTROENCEPHALOGRAPHY			9,301,730			12,170	
55	MEDICAL SUPPLIES CHARGED			126,018,286			38,787	
56	DRUGS CHARGED TO PATIENTS	48,999	48,999	168,431,185	.000291	.000291	1,165,087	339
57	RENAL DIALYSIS			4,643,133			9,151	
58	ASC (NON-DISTINCT PART)			28,042,944				
59	REHAB MEDICINE			1,259,846			25,530	
59 10	CARDIAC LAB			39,177,183				
59 20	DAY HOSPITAL			2,181,780			9,243	
59 30	LITHOTRIPTER			7,935,432				
59 40	COLO-RECTAL CENTER							
59 45	GASTROENTEROLOGY LAB			31,907,456			17,326	
60	OUTPAT SERVICE COST CNTRS							
	CLINIC							
60 01	DIABETES CARE CENTER			75,022				
60 02	OUTPATIENT CENTER			1,427,163				
60 03	PAIN CLINIC			1,030,271			141	
60 04	CARDIAC CONDITIONING			1,619,275				
60 05	WOUND CARE CENTER			58,229				
60 06	ANTI-COAG LAB			2,544,062				
60 07	HEART RISK ASSESSMENT			2,657,149				
60 20	IN-VITRO FERTILIZATION							
61	EMERGENCY	33,009	33,009	92,352,486	.000357	.000357	398,822	142
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	35,748	35,748	15,555,833	.002298	.002298		
65	AMBULANCE SERVICES							
101	TOTAL	145,608	145,608	1251,309,978			3,208,742	481

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	REHAB MEDICINE						
59	10 CARDIAC LAB						
59	20 DAY HOSPITAL						
59	30 LI THOTRIPTER						
59	40 COLO-RECTAL CENTER						
59	45 GASTROENTEROLOGY LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 DIABETES CARE CENTER						
60	02 OUTPATIENT CENTER						
60	03 PAIN CLINIC						
60	04 CARDIAC CONDITIONING						
60	05 WOUND CARE CENTER						
60	06 ANTI-COAG LAB						
60	07 HEART RISK ASSESSMENT						
60	20 IN-VITRO FERTILIZATION						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
38	OPERATING ROOM										
39	RECOVERY ROOM										
40	DELIVERY ROOM & LABOR ROO										
41	ANESTHESIOLOGY										
42	RADIOLOGY-DIAGNOSTIC										
43	RADIOLOGY-THERAPEUTIC										
44	RADIOISOTOPE										
45	LABORATORY										
46	WHOLE BLOOD & PACKED RED										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
58	ASC (NON-DISTINCT PART)										
59	REHAB MEDICINE										
59	10 CARDIAC LAB										
59	20 DAY HOSPITAL										
59	30 LI THOTRIPTER										
59	40 COLO-RECTAL CENTER										
59	45 GASTROENTEROLOGY LAB										
60	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60	01 DIABETES CARE CENTER										
60	02 OUTPATIENT CENTER										
60	03 PAIN CLINIC										
60	04 CARDIAC CONDITIONING										
60	05 WOUND CARE CENTER										
60	06 ANTI-COAG LAB										
60	07 HEART RISK ASSESSMENT										
60	20 IN-VITRO FERTILIZATION										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
62	OTHER REIMBURS COST CNTRS										
65	AMBULANCE SERVICES										
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							
	OPERATING ROOM	27,852	27,852	92,932,917	.000300	.000300	7,698	2
38	RECOVERY ROOM			17,295,444			1,297	
39	DELIVERY ROOM & LABOR ROO			20,192,366				
40	ANESTHESIOLOGY			40,625,715			2,404	
41	RADIOLOGY-DIAGNOSTIC			213,098,663			579,144	
42	RADIOLOGY-THERAPEUTIC			32,655,967			105,630	
43	RADIOISOTOPE			27,019,274			162,590	
44	LABORATORY			136,665,868			1,181,152	
46	WHOLE BLOOD & PACKED RED			16,527,364			55,160	
49	RESPIRATORY THERAPY			42,278,552			457,375	
50	PHYSICAL THERAPY			18,779,893			7,242,075	
51	OCCUPATIONAL THERAPY			21,286,935			87,800	
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			35,732,555			48,510	
54	ELECTROENCEPHALOGRAPHY			9,301,730			18,522	
55	MEDICAL SUPPLIES CHARGED			126,018,286			627,642	
56	DRUGS CHARGED TO PATIENTS	48,999	48,999	168,431,185	.000291	.000291	3,183,063	926
57	RENAL DIALYSIS			4,643,133			198,104	
58	ASC (NON-DISTINCT PART)			28,042,944				
59	REHAB MEDICINE			1,259,846			224,010	
59	10 CARDIAC LAB			39,177,183				
59	20 DAY HOSPITAL			2,181,780				
59	30 LI THOTRIPTER			7,935,432				
59	40 COLO-RECTAL CENTER							
59	45 GASTROENTEROLOGY LAB			31,907,456			16,068	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 DIABETES CARE CENTER			75,022				
60	02 OUTPATIENT CENTER			1,427,163			2,022	
60	03 PAIN CLINIC			1,030,271				
60	04 CARDIAC CONDITIONING			1,619,275				
60	05 WOUND CARE CENTER			58,229				
60	06 ANTI-COAG LAB			2,544,062				
60	07 HEART RISK ASSESSMENT			2,657,149				
60	20 IN-VITRO FERTILIZATION							
61	EMERGENCY	33,009	33,009	92,352,486	.000357	.000357	2,879	1
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	35,748	35,748	15,555,833	.002298	.002298		
65	AMBULANCE SERVICES							
101	TOTAL	145,608	145,608	1251,309,978			14,203,145	929

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						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	REHAB MEDICINE						
59	10 CARDIAC LAB						
59	20 DAY HOSPITAL						
59	30 LI THOTRIPTER						
59	40 COLO-RECTAL CENTER						
59	45 GASTROENTEROLOGY LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 DIABETES CARE CENTER						
60	02 OUTPATIENT CENTER						
60	03 PAIN CLINIC						
60	04 CARDIAC CONDITIONING						
60	05 WOUND CARE CENTER						
60	06 ANTI-COAG LAB						
60	07 HEART RISK ASSESSMENT						
60	20 IN-VITRO FERTILIZATION						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.242983	.242983			
38 RECOVERY ROOM	.179863	.179863			
39 DELIVERY ROOM & LABOR ROOM	.511705	.511705			
40 ANESTHESIOLOGY	.050174	.050174			
41 RADIOLOGY-DIAGNOSTIC	.173362	.173362			
42 RADIOLOGY-THERAPEUTIC	.251874	.251874			
43 RADIOISOTOPE	.205304	.205304			
44 LABORATORY	.195637	.195637			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.203439	.203439			
49 RESPIRATORY THERAPY	.204964	.204964			
50 PHYSICAL THERAPY	.365081	.365081			
51 OCCUPATIONAL THERAPY	.582512	.582512			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY	.147041	.147041			
54 ELECTROENCEPHALOGRAPHY	.284394	.284394			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.616723	.616723			
56 DRUGS CHARGED TO PATIENTS	.203857	.203857			
57 RENAL DIALYSIS	.340970	.340970			
58 ASC (NON-DISTINCT PART)	.224459	.224459			
59 REHAB MEDICINE	.730116	.730116			
59 10 CARDIAC LAB	.129207	.129207			
59 20 DAY HOSPITAL	.624025	.624025			
59 30 LITHOTRIPTER	.209957	.209957			
59 40 COLO-RECTAL CENTER					
59 45 GASTROENTEROLOGY LAB	.166052	.166052			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 DIABETES CARE CENTER	6.486244	6.486244			
60 02 OUTPATIENT CENTER	.422784	.422784			
60 03 PAIN CLINIC	.748582	.748582			
60 04 CARDIAC CONDITIONING	.508659	.508659			
60 05 WOUND CARE CENTER	7.960913	7.960913			
60 06 ANTI-COAG LAB	.563944	.563944			
60 07 HEART RISK ASSESSMENT	.139531	.139531			
60 20 IN-VITRO FERTILIZATION					
61 EMERGENCY	.205518	.205518			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.500778	.500778			
65 OTHER REIMBURS COST CNTRS					
101 AMBULANCE SERVICES					
102 SUBTOTAL					
103 CRNA CHARGES					
104 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS  
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B

HOSPITAL

	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		7,203,045			
38 RECOVERY ROOM		2,082,879			
39 DELIVERY ROOM & LABOR ROOM		6,425			
40 ANESTHESIOLOGY		4,190,226			
41 RADIOLOGY-DIAGNOSTIC		34,961,173			
42 RADIOLOGY-THERAPEUTIC		14,268,309			
43 RADIOISOTOPE		6,571,125			
44 LABORATORY		3,145,847			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS		1,254,903			
49 RESPIRATORY THERAPY		1,026,800			
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY		614,367			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		4,796,480			
54 ELECTROENCEPHALOGRAPHY		1,163,956			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		11,810,510			
56 DRUGS CHARGED TO PATIENTS		5,920,590			
57 RENAL DIALYSIS		377,292			
58 ASC (NON-DISTINCT PART)		2,449,172			
59 REHAB MEDICINE		72,874			
59 10 CARDIAC LAB		9,447,351			
59 20 DAY HOSPITAL		394,478			
59 30 LITHOTRIPTER		5,791,902			
59 40 COLO-RECTAL CENTER					
59 45 GASTROENTEROLOGY LAB		9,039,701			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 DIABETES CARE CENTER					
60 02 OUTPATIENT CENTER		654,860			
60 03 PAIN CLINIC		485,691			
60 04 CARDIAC CONDITIONING		762,650			
60 05 WOUND CARE CENTER		25,474			
60 06 ANTI-COAG LAB		1,103,542			
60 07 HEART RISK ASSESSMENT		1,314,550			
60 20 IN-VITRO FERTILIZATION					
61 EMERGENCY		10,903,244			
62 OBSERVATION BEDS (NON-DISTINCT PART)		6,620,487			
65 OTHER REIMBURS COST CNTRS					
101 AMBULANCE SERVICES					
102 SUBTOTAL		148,459,903			
103 CRNA CHARGES					
104 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
NET CHARGES		148,459,903			

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)





TITLE XVIII, PART B      HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.203857
2	PROGRAM VACCINE CHARGES		56,838
3	PROGRAM COSTS		11,587











TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,094.07
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	56,501	12,023,803	.004699	
87	NEW CAPITAL-RELATED COST	1,293,283	12,023,803	.107560	
88	NON PHYSICIAN ANESTHETIST		12,023,803		
89	MEDICAL EDUCATION		12,023,803		
89.01	MEDICAL EDUCATION - ALLIED HEA	47,344	12,023,803	.003938	
89.02	MEDICAL EDUCATION - ALL OTHER		12,023,803		





































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		194.81
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	9.51
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	191.76	201.27
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS	9.51	195.53
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		195.53
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.		132.94
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.		51.23
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		184.17
3.10	SEE INSTRUCTIONS		184.17
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		51.23
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		51.63
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		53.16
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	52.01
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)		52.01
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		92,118.10
3.18	SEE INSTRUCTIONS		4,791,062
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		131.05
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		129.94
3.21	SEE INSTRUCTIONS	RES INIT YEARS	131.31
3.22	SEE INSTRUCTIONS		131.31
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		95,995.27
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		12,605,139
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		17,396,201

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		59,625
5	TOTAL INPATIENT DAYS		144,928
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.411411
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	7,156,988	7,156,988
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		1,632
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		144,928
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.		168,218
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		4,643,133
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)	136,949,486
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	101,236
16	TOTAL PART A REASONABLE COST	136,848,250

PART B REASONABLE COST

17	REASONABLE COST	36,828,599
18	PRIMARY PAYER PAYMENTS	3,479
19	TOTAL PART B REASONABLE COST	36,825,120
20	TOTAL REASONABLE COST	173,673,370
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.787963
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.212037

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)	7,325,206
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	5,771,991
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	1,553,215

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)	191.76	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	194.81	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	191.76	

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)	185.06
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	188.61
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP	185.06

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	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		1,778,534,273		
2	NET INCOME (LOSS)		71,187,727		
3	TOTAL		1,849,722,000		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		1,849,722,000		
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		1,849,722,000		

		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 - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	6,264,148
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	340,466
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	333.42
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	189.87
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	17.43
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	1,091,841
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	2.55
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	20.47
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	23.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.77
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	298,800
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	7,995,255
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	





WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	24,674,559	2,895,164	21,779,395	289,516	1,263,205	23,121,838
38	RECOVERY ROOM	3,110,815	152,934	2,957,881	15,293	171,557	2,923,965
39	DELIVERY ROOM & LABOR ROO	10,332,530	1,287,711	9,044,819	128,771	524,600	9,679,159
40	ANESTHESIOLOGY	2,313,897	105,381	2,208,516	10,538	128,094	2,175,265
41	RADIOLOGY-DIAGNOSTIC	36,952,752	8,773,564	28,179,188	877,356	1,634,393	34,441,003
42	RADIOLOGY-THERAPEUTIC	8,225,174	2,032,986	6,192,188	203,299	359,147	7,662,728
43	RADIOISOTOPE	5,547,156	498,314	5,048,842	49,831	292,833	5,204,492
44	LABORATORY	27,467,545	1,355,564	26,111,981	135,556	1,514,495	25,817,494
46	WHOLE BLOOD & PACKED RED	3,362,316	127,843	3,234,473	12,784	187,599	3,161,933
49	RESPIRATORY THERAPY	8,665,601	358,533	8,307,068	35,853	481,810	8,147,938
50	PHYSICAL THERAPY	6,856,175	164,812	6,691,363	16,481	388,099	6,451,595
51	OCCUPATIONAL THERAPY	12,399,886	1,484,978	10,914,908	148,498	633,065	11,618,323
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	5,254,133	267,576	4,986,557	26,758	289,220	4,938,155
54	ELECTROENCEPHALOGRAPHY	2,645,352	251,374	2,393,978	25,137	138,851	2,481,364
55	MEDICAL SUPPLIES CHARGED	77,718,356	1,578,653	76,139,703	157,865	4,416,103	73,144,388
56	DRUGS CHARGED TO PATIENTS	34,335,948	1,057,381	33,278,567	105,738	1,930,157	32,300,053
57	RENAL DIALYSIS	1,583,167	138,993	1,444,174	13,899	83,762	1,485,506
58	ASC (NON-DISTINCT PART)	6,294,505	681,673	5,612,832	68,167	325,544	5,900,794
59	REHAB MEDICINE	919,834	109,326	810,508	10,933	47,009	861,892
59 10	CARDIAC LAB	5,061,983	973,683	4,088,300	97,368	237,121	4,727,494
59 20	DAY HOSPITAL	1,361,485	246,922	1,114,563	24,692	64,645	1,272,148
59 30	LITHOTRIPTER	1,666,102	13,276	1,652,826	1,328	95,864	1,568,910
59 40	COLO-RECTAL CENTER						
59 45	GASTROENTEROLOGY LAB	5,298,285	449,708	4,848,577	44,971	281,217	4,972,097
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	DIABETES CARE CENTER	486,611	133,820	352,791	13,382	20,462	452,767
60 02	OUTPATIENT CENTER	603,381	97,225	506,156	9,723	29,357	564,301
60 03	PAIN CLINIC	771,242	116,140	655,102	11,614	37,996	721,632
60 04	CARDIAC CONDITIONING	823,659	98,535	725,124	9,854	42,057	771,748
60 05	WOUND CARE CENTER	463,556	22,739	440,817	2,274	25,567	435,715
60 06	ANTI-COAG LAB	1,434,709	150,826	1,283,883	15,083	74,465	1,345,161
60 07	HEART RISK ASSESSMENT	370,754	52,892	317,862	5,289	18,436	347,029
60 20	IN-VITRO FERTILIZATION						
61	EMERGENCY	19,961,705	1,497,473	18,464,232	149,747	1,070,925	18,741,033
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	7,790,020	679,314	7,110,706	67,931	412,421	7,309,668
65	AMBULANCE SERVICES						
101	SUBTOTAL	324,753,193	27,855,313	296,897,880	2,785,529	17,220,076	304,747,588
102	LESS OBSERVATION BEDS	7,790,020	679,314	7,110,706	67,931	412,421	7,309,668
103	TOTAL	316,963,173	27,175,999	289,787,174	2,717,598	16,807,655	297,437,920

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	92,932,917	.248801	.262394
38	RECOVERY ROOM	17,295,444	.169060	.178979
39	DELIVERY ROOM & LABOR ROO	20,192,366	.479347	.505328
40	ANESTHESIOLOGY	40,625,715	.053544	.056697
41	RADIOLOGY-DIAGNOSTIC	213,098,663	.161620	.169290
42	RADIOLOGY-THERAPEUTIC	32,655,967	.234650	.245648
43	RADIOISOTOPE	27,019,274	.192621	.203459
44	LABORATORY	136,665,868	.188910	.199991
46	WHOLE BLOOD & PACKED RED	16,527,364	.191315	.202666
49	RESPIRATORY THERAPY	42,278,552	.192720	.204116
50	PHYSICAL THERAPY	18,779,893	.343537	.364203
51	OCCUPATIONAL THERAPY	21,286,935	.545796	.575536
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	35,732,555	.138198	.146292
54	ELECTROENCEPHALOGRAPHY	9,301,730	.266764	.281691
55	MEDICAL SUPPLIES CHARGED	126,018,286	.580427	.615470
56	DRUGS CHARGED TO PATIENTS	168,431,185	.191770	.203230
57	RENAL DIALYSIS	4,643,133	.319936	.337976
58	ASC (NON-DISTINCT PART)	28,042,944	.210420	.222029
59	REHAB MEDICINE	1,259,846	.684125	.721438
59 10	CARDIAC LAB	39,177,183	.120670	.126722
59 20	DAY HOSPITAL	2,181,780	.583078	.612708
59 30	LITHOTRIPTER	7,935,432	.197709	.209790
59 40	COLO-RECTAL CENTER			
59 45	GASTROENTEROLOGY LAB	31,907,456	.155829	.164642
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	DIABETES CARE CENTER	75,022	6.035123	6.307870
60 02	OUTPATIENT CENTER	1,427,163	.395401	.415971
60 03	PAIN CLINIC	1,030,271	.700429	.737309
60 04	CARDIAC CONDITIONING	1,619,275	.476601	.502574
60 05	WOUND CARE CENTER	58,229	7.482783	7.921860
60 06	ANTI-COAG LAB	2,544,062	.528745	.558015
60 07	HEART RISK ASSESSMENT	2,657,149	.130602	.137540
60 20	IN-VITRO FERTILIZATION			
61	EMERGENCY	92,352,486	.202929	.214525
62	OBSERVATION BEDS (NON-DIS	15,555,833	.469899	.496411
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	1251,309,978		
102	LESS OBSERVATION BEDS	15,555,833		
103	TOTAL	1235,754,145		