

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

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0292		FROM 1/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 10/ 7/2010 TIME 11: 59

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:  
 ADVENTIST GLENOAKS HOSPITAL 14-0292  
 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2009 AND ENDING 12/31/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	286,886	39,633	0	
2	SUBPROVIDER	0	0	0	0	
100	TOTAL	0	286,886	39,633	0	

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 701 WINTHROP AVENUE      P.O. BOX:  
 1.01 CITY: GLENDALE HEIGHTS      STATE: IL      ZIP CODE: 60139-      COUNTY: DUPAGE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)
02.00 HOSPITAL	ADVENTIST GLENOAKS HOSPITAL	14-0292	2.01	11/23/1982	V XVIII XIX
03.00 SUBPROVIDER	GLEN OAKS MED CTR PSYCH UNIT	14-S292		1/1/1984	N P T

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

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1  
 20 SUBPROVIDER 4

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 42.105 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      16974
- 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)
- 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 PRECEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.      3      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).      / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? N

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)

	1	2	3	4
28.02	0	0.0000	0.0000	
28.02	0.00	0		

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

	%	Y/N
28.03 STAFFING	0.00%	
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N

35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

V XVIII XIX  
 PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL 1 2 3  
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N Y Y  
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y Y  
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N  
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES  
 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y  
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y  
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? Y  
 38.03 ARE TITLE XIX INPATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N  
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N  
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). Y 108013  
 40.01 NAME: ADVENTIST HEALTH SYSTEM FI/CONTRACTOR NAME FIRST COAST SERVICE OPTIONS FI/CONTRACTOR # 90  
 40.02 STREET: 111 N. ORLANDO AVE P.O. BOX:  
 40.03 CITY: WINTER PARK STATE: FL ZIP CODE: 32789-  
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? N  
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y  
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y  
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000  
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?  
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?  
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?  
 46 IF YOU ARE PARTICIPATING IN THE NCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS)					N
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV					N
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE					0
53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					0
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					
PREMIUMS:			0		
PAID LOSSES:			0		
AND/OR SELF INSURANCE:			0		
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.					N
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO.					N
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN O. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.					
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.					
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.					0.00 0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.					0.00 0





COMPONENT	I & R FTES		--- FULL TIME EQUIV ---		----- DISCHARGES -----			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX		
26 01 OBSERVATION BED DAYS-SUB I	9	10	11	12	13	14	15	
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								
29 LABOR & DELIVERY DAYS								

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	30,832,841	-7,381	30,825,460	1,009,372.00	30.54	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	4,367,847	190,706	4,558,553	174,174.00	26.17	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	367,544		367,544	4,318.00	85.12	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	2,625,008		2,625,008	39,426.00	66.58	HO CR 10-8013
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	6,112,127		6,112,127			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,008,760		1,008,760			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	25,442	221,983	247,425	5,084.00	48.67	
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	4,201,989	-761,374	3,440,615	108,978.00	31.57	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	897,287	231,585	1,128,872	39,301.00	28.72	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	642,075		642,075	47,103.00	13.63	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	742,841	-493,693	249,148	38,491.00	6.47	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		493,693	493,693	6,843.00	72.15	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,106,166	177,325	1,283,491	32,365.00	39.66	
31 CENTRAL SERVICE AND SUPPLY	201,822		201,822	11,681.00	17.28	
32 PHARMACY	991,168	9,406	1,000,574	22,392.00	44.68	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	345,030	47,245	392,275	21,328.00	18.39	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	30,832,841	-7,381	30,825,460	1,009,372.00	30.54	
2 EXCLUDED AREA SALARIES	4,367,847	190,706	4,558,553	174,174.00	26.17	
3 SUBTOTAL SALARIES	26,464,994	-198,087	26,266,907	835,198.00	31.45	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	2,992,552		2,992,552	43,744.00	68.41	
5 SUBTOTAL WAGE-RELATED COSTS	6,112,127		6,112,127		23.27	
6 TOTAL	35,569,673	-198,087	35,371,586	878,942.00	40.24	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	9,153,820	-73,830	9,079,990	333,566.00	27.22	

DESCRIPTION

UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
2.01	IS IT AT THE TIME OF ADMISSION?
2.02	IS IT AT THE TIME OF FIRST BILLING?
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
2.04	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE
17.01	GROSS MEDICAID REVENUES      25,993,036
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      25,993,036
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)      .278729
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      56,629,419

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	15,784,261
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	15,394,901
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	4,291,005
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	15,784,261

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0292

PERIOD: FROM 1/1/2009 TO 12/31/2009  
PREPARED 10/7/2010 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				6,398,228	6,398,228
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				2,419,421	2,419,421
5	0500 EMPLOYEE BENEFITS	25,442	1,543,671	1,569,113	2,895,648	4,464,761
6.01	1160 COMMUNICATIONS		282,903	282,903	-10,819	272,084
6.02	0620 DATA PROCESSING					
6.03	0630 PURCHASING					
6.04	0640 ADMINISTRATION	522,363	44,950	567,313		567,313
6.06	0660 ADMIN & GENERAL	3,679,626	15,513,382	19,193,008	-7,034,151	12,158,857
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	897,287	2,099,106	2,996,393	907,401	3,903,794
9	0900 LAUNDRY & LINEN SERVICE					
10	1000 HOUSEKEEPING	642,075	250,633	892,708	-437	892,271
11	1100 DIETARY	742,841	503,592	1,246,433	-828,381	418,052
12	1200 CAFETERIA				828,381	828,381
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	1,106,166	320,320	1,426,486	199,805	1,626,291
15	1500 CENTRAL SERVICES & SUPPLY	201,822	423,148	624,970	-384,786	240,184
16	1600 PHARMACY	991,168	2,438,247	3,429,415	-2,352,721	1,076,694
17	1700 MEDICAL RECORDS & LIBRARY	345,030	146,376	491,406	52,761	544,167
18	1800 SOCIAL SERVICE					
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMEDICAL PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	8,269,189	1,942,747	10,211,936	-1,812,463	8,399,473
26	2600 INTENSIVE CARE UNIT	1,699,566	378,515	2,078,081		2,078,081
31	3100 SUBPROVIDER I	1,502,015	277,154	1,779,169	207,197	1,986,366
33	3300 NURSERY		8,010	8,010	514,599	522,609
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	613,394	1,315,883	1,929,277	-40,993	1,888,284
38	3800 RECOVERY ROOM	194,188	19,898	214,086		214,086
39	3900 DELIVERY ROOM & LABOR ROOM	106	2,790	2,896	1,090,667	1,093,563
40	4000 ANESTHESIOLOGY	38,981	52,464	91,445		91,445
41	4100 RADIOLOGY-DIAGNOSTIC	885,231	640,190	1,525,421	83,581	1,609,002
41.01	4101 MRI	529,933	140,330	670,263		670,263
43.01	3450 NUCLEAR MEDICINE	146,249	87,209	233,458		233,458
44	4400 LABORATORY	1,079,908	1,315,771	2,395,679	-134,480	2,261,199
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS					
49	4900 RESPIRATORY THERAPY	558,601	146,889	705,490	-10,385	695,105
50	5000 PHYSICAL THERAPY	272,705	212,116	484,821	-35,064	449,757
52	5200 SPEECH PATHOLOGY	36,784	3,150	39,934		39,934
53	5300 ELECTROCARDIOLOGY	248,437	149,757	398,194		398,194
53.01	3120 CARDIAC CATH LAB	470,454	902,712	1,373,166		1,373,166
54	5400 ELECTROENCEPHALOGRAPHY	98,434	14,985	113,419		113,419
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				339,420	339,420
56	5600 DRUGS CHARGED TO PATIENTS				2,201,284	2,201,284
57	5700 RENAL DIALYSIS		167,312	167,312		167,312
58.01	5801 OP SURGERY	390,551	154,858	545,409	-13,775	531,634
58.02	3550 OP PSYCH SERVICES	77,298	75,273	152,571	-12,120	140,451
58.03	3551 CHEMICAL DEPENDENCY					
58.04	3950 PAIN CLINIC	14,196	14,304	28,500		28,500
59	3951 SLEEP LAB					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	50,582	17,383	67,965		67,965
61	6100 EMERGENCY	1,636,387	984,772	2,621,159		2,621,159
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310 RHC					
63.60	6320 FOHC					
	OTHER REIMBURS COST CNTRS					
69.10	6910 CMHC					
69.20	6920 OUTPATIENT PHYSICAL THERAPY					
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY					
69.40	6940 OUTPATIENT SPEECH PATHOLOGY					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
85.01	8510 PANCREAS ACQUISITION					
85.02	8520 INTESTINAL ACQUISITION					
85.03	8530 ISLET CELL ACQUISITION					
88	8800 INTEREST EXPENSE		3,944,651	3,944,651	-5,467,818	-1,523,167
95	SUBTOTALS	27,967,009	36,535,451	64,502,460	-0-	64,502,460
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		574	574		574
98	9800 PHYSICIANS' PRIVATE OFFICES	2,243	3,573,768	3,576,011		3,576,011
98.01	9802 THERAPEUTIC DAY SCHOOL	2,863,589	1,129,181	3,992,770		3,992,770
98.02	9801 RESP OUTSOURCE					
101	TOTAL	30,832,841	41,238,974	72,071,815	-0-	72,071,815

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 10/ 7/2010  
I 14-0292 I FROM 1/ 1/2009 I WORKSHEET A  
I I TO 12/31/2009 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-2,077,236	4,320,992
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	201,250	2,620,671
5	0500 EMPLOYEE BENEFITS	144,474	4,609,235
6.01	1160 COMMUNICATIONS	-57,179	214,905
6.02	0620 DATA PROCESSING		
6.03	0630 PURCHASING		
6.04	0640 ADMINISTRATION	-4	567,309
6.06	0660 ADMIN & GENERAL	-6,487,395	5,671,462
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT	-18,533	3,885,261
9	0900 LAUNDRY & LINEN SERVICE		
10	1000 HOUSEKEEPING		892,271
11	1100 DIETARY	-9,830	408,222
12	1200 CAFETERIA	-63,551	764,830
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION		1,626,291
15	1500 CENTRAL SERVICES & SUPPLY		240,184
16	1600 PHARMACY		1,076,694
17	1700 MEDICAL RECORDS & LIBRARY	13,282	557,449
18	1800 SOCIAL SERVICE		
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		
24	2400 PARAMEDICAL PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-125	8,399,348
26	2600 INTENSIVE CARE UNIT		2,078,081
31	3100 SUBPROVIDER I		1,986,366
33	3300 NURSERY		522,609
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		1,888,284
38	3800 RECOVERY ROOM		214,086
39	3900 DELIVERY ROOM & LABOR ROOM		1,093,563
40	4000 ANESTHESIOLOGY		91,445
41	4100 RADIOLOGY-DIAGNOSTIC	-465	1,608,537
41.01	4101 MRI		670,263
43.01	3450 NUCLEAR MEDICINE		233,458
44	4400 LABORATORY	-90	2,261,109
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS		
49	4900 RESPIRATORY THERAPY		695,105
50	5000 PHYSICAL THERAPY	85	449,842
52	5200 SPEECH PATHOLOGY		39,934
53	5300 ELECTROCARDIOLOGY		398,194
53.01	3120 CARDIAC CATH LAB	-3,275	1,369,891
54	5400 ELECTROENCEPHALOGRAPHY		113,419
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		339,420
56	5600 DRUGS CHARGED TO PATIENTS	-247,259	1,954,025
57	5700 RENAL DIALYSIS		167,312
58.01	5801 OP SURGERY		531,634
58.02	3550 OP PSYCH SERVICES	-5,772,063	-5,631,612
58.03	3551 CHEMICAL DEPENDENCY		
58.04	3950 PAIN CLINIC		28,500
59	3951 SLEEP LAB		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-927	67,038
61	6100 EMERGENCY		2,621,159
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63.50	6310 RHC		
63.60	6320 FQHC		
	OTHER REIMBURS COST CNTRS		
69.10	6910 CMHC		
69.20	6920 OUTPATIENT PHYSICAL THERAPY		
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY		
69.40	6940 OUTPATIENT SPEECH PATHOLOGY		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
85.01	8510 PANCREAS ACQUISITION		
85.02	8520 INTESTINAL ACQUISITION		
85.03	8530 ISLET CELL ACQUISITION		
88	8800 INTEREST EXPENSE	1,523,167	-0-
95	SUBTOTALS	-12,855,674	51,646,786
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		574
98	9800 PHYSICIANS' PRIVATE OFFICES		3,576,011
98.01	9802 THERAPEUTIC DAY SCHOOL		3,992,770
98.02	9801 RESP OUTSOURCE		
101	TOTAL	-12,855,674	59,216,141

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 10/ 7/2010  
 I 14-0292 I FROM 1/ 1/2009 I NOT A CMS WORKSHEET  
 I I TO 12/31/2009 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	COMMUNICATIONS	1160	COMMUNICATIONS
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMITTING	0640	ADMITTING
6.06	ADMIN & GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM-(SPECIFY)	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER I	3100	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	MRI	4101	RADIOLOGY-DIAGNOSTIC
43.01	NUCLEAR MEDICINE	3450	NUCLEAR MEDICINE-DIAGNOSTIC
44	LABORATORY	4400	
46.30	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	BLOOD CLOTTING FOR HEMOPHILIACS
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC CATH LAB	3120	CARDIAC CATHETERIZATION LABORATORY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58.01	OP SURGERY	5801	ASC (NON-DISTINCT PART)
58.02	OP PSYCH SERVICES	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
58.03	CHEMICAL DEPENDENCY	3551	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
58.04	PAIN CLINIC	3950	OTHER ANCILLARY SERVICE COST CENTERS
59	SLEEP LAB	3951	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.60	FOHC	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	OTHER REIMBURS COST		
69.10	CMHC	6910	CMHC #####
69.20	OUTPATIENT PHYSICAL THERAPY	6920	OPT #####
69.30	OUTPATIENT OCCUPATIONAL THERAPY	6930	OOT #####
69.40	OUTPATIENT SPEECH PATHOLOGY	6940	OSP #####
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
85.01	PANCREAS ACQUISITION	8510	
85.02	INTESTINAL ACQUISITION	8520	
85.03	ISLET CELL ACQUISITION	8530	
88	INTEREST EXPENSE	8800	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	THERAPEUTIC DAY SCHOOL	9802	PHYSICIANS' PRIVATE OFFICES
98.02	RESP OUTSOURCE	9801	PHYSICIANS' PRIVATE OFFICES
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:  
140292

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

PREPARED 10/ 7/2010  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 CAFETERIA RECLASS	A	CAFETERIA	12	493,693	334,688
2 NURSERY SALARY RECLASS	B	NURSERY	33	370,674	143,925
3		DELIVERY ROOM & LABOR ROOM	39	775,454	315,213
4 DRUGS CHGD TO PATIENTS	C	DRUGS CHARGED TO PATIENTS	56		2,201,284
5 MEDICAL SUPPLIES CHGD TO PATIENTS	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		339,420
6 RENTS AND LEASES	E	NEW CAP REL COSTS-BLDG & FIXT	3		191,794
7		NEW CAP REL COSTS-MVBLE EQUIP	4		424,706
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19 DEPRECIATION RECLASS	F	NEW CAP REL COSTS-BLDG & FIXT	3		1,460,567
20		NEW CAP REL COSTS-MVBLE EQUIP	4		1,783,937
21 INTEREST RECLASS	G	NEW CAP REL COSTS-BLDG & FIXT	3		2,466,899
22		NEW CAP REL COSTS-MVBLE EQUIP	4		204,778
23 PSYCH ASS REF	H	SUBPROVIDER I	31	190,706	16,491
24 SHARED SERVICE RECLASS	I	NEW CAP REL COSTS-BLDG & FIXT	3		2,241,424
25		EMPLOYEE BENEFITS	5	221,983	2,673,665
26		ADMIN & GENERAL	6.06	1,259,103	2,041,220
27		OPERATION OF PLANT	8	231,585	676,350
28		NURSING ADMINISTRATION	14	24,789	22,480
29		PHARMACY	16	9,406	1,202
30		MEDICAL RECORDS & LIBRARY	17	47,245	7,978
31		RADIOLOGY-DIAGNOSTIC	41	66,449	17,132
32		ADMIN & GENERAL	6.06		7,373
33 CHIEF NURSING OFFICER	J	NURSING ADMINISTRATION	14	152,536	
34 BANK FEES	K	ADMIN & GENERAL	6.06		17,966
35 INSURANCE RECLASS	L	NEW CAP REL COSTS-MVBLE EQUIP	4		6,000
1 INSURANCE RECLASS	L	NEW CAP REL COSTS-BLDG & FIXT	3		37,544
36 TOTAL RECLASSIFICATIONS				3,843,623	17,634,036

(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:  
140292

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

PREPARED 10/ 7/2010  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 CAFETERIA RECLASS	A	DIETARY	11		493,693	334,688	
2 NURSERY SALARY RECLASS	B	ADULTS & PEDIATRICS	25		1,146,128	459,138	
3							
4 DRUGS CHGD TO PATIENTS	C	PHARMACY	16			2,201,284	
5 MEDICAL SUPPLIES CHGD TO PATIENTS	D	CENTRAL SERVICES & SUPPLY	15			339,420	
6 RENTS AND LEASES	E	COMMUNICATIONS	6.01			10,819	10
7		ADMIN & GENERAL	6.06			148,020	10
8		OPERATION OF PLANT	8			534	
9		HOUSEKEEPING	10			437	
10		CENTRAL SERVICES & SUPPLY	15			45,366	
11		PHARMACY	16			162,045	
12		MEDICAL RECORDS & LIBRARY	17			2,462	
13		OPERATING ROOM	37			40,993	
14		LABORATORY	44			134,480	
15		RESPIRATORY THERAPY	49			10,385	
16		PHYSICAL THERAPY	50			35,064	
17		OP SURGERY	58.01			13,775	
18		OP PSYCH SERVICES	58.02			12,120	
19 DEPRECIATION RECLASS	F	INTEREST EXPENSE	88			2,778,175	10
20		ADMIN & GENERAL	6.06			466,329	10
21 INTEREST RECLASS	G	INTEREST EXPENSE	88			2,671,677	11
22							11
23 PSYCH ASS REF	H	ADULTS & PEDIATRICS	25		190,706	16,491	
24 SHARED SERVICE RECLASS	I	ADMIN & GENERAL	6.06		1,860,568	7,681,443	11
25		ADMIN & GENERAL	6.06		7,373		
26							
27							
28							
29							
30							
31							
32							
33 CHIEF NURSING OFFICER	J	ADMIN & GENERAL	6.06		152,536		
34 BANK FEES	K	INTEREST EXPENSE	88			17,966	
35 INSURANCE RECLASS	L	ADMIN & GENERAL	6.06			6,000	12
1 INSURANCE RECLASS	L	ADMIN & GENERAL	6.06			37,544	12
36 TOTAL RECLASSIFICATIONS					3,851,004	17,626,655	

(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:  
140292

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

PREPARED 10/ 7/2010  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : CAFETERIA RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	828,381	DIETARY	11	828,381	
TOTAL RECLASSIFICATIONS FOR CODE A			828,381				828,381

RECLASS CODE: B  
EXPLANATION : NURSERY SALARY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	514,599	ADULTS & PEDIATRICS	25	1,605,266	
2.00	DELIVERY ROOM & LABOR ROOM	39	1,090,667			0	
TOTAL RECLASSIFICATIONS FOR CODE B			1,605,266				1,605,266

RECLASS CODE: C  
EXPLANATION : DRUGS CHGD TO PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	2,201,284	PHARMACY	16	2,201,284	
TOTAL RECLASSIFICATIONS FOR CODE C			2,201,284				2,201,284

RECLASS CODE: D  
EXPLANATION : MEDICAL SUPPLIES CHGD TO PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	339,420	CENTRAL SERVICES & SUPPLY	15	339,420	
TOTAL RECLASSIFICATIONS FOR CODE D			339,420				339,420

RECLASS CODE: E  
EXPLANATION : RENTS AND LEASES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	191,794	COMMUNICATIONS	6.01	10,819	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	424,706	ADMIN & GENERAL	6.06	148,020	
3.00			0	OPERATION OF PLANT	8	534	
4.00			0	HOUSEKEEPING	10	437	
5.00			0	CENTRAL SERVICES & SUPPLY	15	45,366	
6.00			0	PHARMACY	16	162,045	
7.00			0	MEDICAL RECORDS & LIBRARY	17	2,462	
8.00			0	OPERATING ROOM	37	40,993	
9.00			0	LABORATORY	44	134,480	
10.00			0	RESPIRATORY THERAPY	49	10,385	
11.00			0	PHYSICAL THERAPY	50	35,064	
12.00			0	OP SURGERY	58.01	13,775	
13.00			0	OP PSYCH SERVICES	58.02	12,120	
TOTAL RECLASSIFICATIONS FOR CODE E			616,500				616,500

RECLASS CODE: F  
EXPLANATION : DEPRECIATION RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,460,567	INTEREST EXPENSE	88	2,778,175	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,783,937	ADMIN & GENERAL	6.06	466,329	
TOTAL RECLASSIFICATIONS FOR CODE F			3,244,504				3,244,504

RECLASS CODE: G  
EXPLANATION : INTEREST RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,466,899	INTEREST EXPENSE	88	2,671,677	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	204,778			0	
TOTAL RECLASSIFICATIONS FOR CODE G			2,671,677				2,671,677

RECLASS CODE: H  
EXPLANATION : PSYCH ASS REF

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SUBPROVIDER I	31	207,197	ADULTS & PEDIATRICS	25	207,197	
TOTAL RECLASSIFICATIONS FOR CODE H			207,197				207,197

RECLASSIFICATIONS

PROVIDER NO:  
140292

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

PREPARED 10/7/2010  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: I  
EXPLANATION: SHARED SERVICE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,241,424	ADMIN & GENERAL	6.06	9,542,011	
2.00	EMPLOYEE BENEFITS	5	2,895,648	ADMIN & GENERAL	6.06	7,373	
3.00	ADMIN & GENERAL	6.06	3,300,323			0	
4.00	OPERATION OF PLANT	8	907,935			0	
5.00	NURSING ADMINISTRATION	14	47,269			0	
6.00	PHARMACY	16	10,608			0	
7.00	MEDICAL RECORDS & LIBRARY	17	55,223			0	
8.00	RADIOLOGY-DIAGNOSTIC	41	83,581			0	
9.00	ADMIN & GENERAL	6.06	7,373			0	
TOTAL RECLASSIFICATIONS FOR CODE I			9,549,384				9,549,384

RECLASS CODE: J  
EXPLANATION: CHIEF NURSING OFFICER

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING ADMINISTRATION	14	152,536	ADMIN & GENERAL	6.06	152,536	
TOTAL RECLASSIFICATIONS FOR CODE J			152,536				152,536

RECLASS CODE: K  
EXPLANATION: BANK FEES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMIN & GENERAL	6.06	17,966	INTEREST EXPENSE	88	17,966	
TOTAL RECLASSIFICATIONS FOR CODE K			17,966				17,966

RECLASS CODE: L  
EXPLANATION: INSURANCE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	6,000	ADMIN & GENERAL	6.06	6,000	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	37,544	ADMIN & GENERAL	6.06	37,544	
TOTAL RECLASSIFICATIONS FOR CODE L			43,544				43,544

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	1,869,112					1,869,112	
2 LAND IMPROVEMENTS	78,294					78,294	
3 BUILDINGS & FIXTURE	22,649,173	2,201,899		2,201,899	4,400	24,846,672	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT	6,573,031	458,253		458,253		7,031,284	
6 MOVABLE EQUIPMENT	6,139,302	479,342		479,342	576,297	6,042,347	
7 SUBTOTAL	37,308,912	3,139,494		3,139,494	580,697	39,867,709	
8 RECONCILING ITEMS							
9 TOTAL	37,308,912	3,139,494		3,139,494	580,697	39,867,709	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	31,877,956		31,877,956	.840657				
4	NEW CAP REL COSTS-MV	6,042,347		6,042,347	.159343				
5	TOTAL	37,920,303		37,920,303	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	-2,077,236	1,652,361	4,708,323	37,544			4,320,992
4	NEW CAP REL COSTS-MV	201,250	2,208,643	204,778	6,000			2,620,671
5	TOTAL	-1,875,986	3,861,004	4,913,101	43,544			6,941,663

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
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

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
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-2,121,929	NEW CAP REL COSTS-BLDG &	3	9
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-184,516	NEW CAP REL COSTS-MVBLE E	4	9
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	-57,179	COMMUNICATIONS	6.01	
10 TELEVISION AND RADIO SERVICE	A	-15,153	OPERATION OF PLANT	8	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2				
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-891,971			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-63,551	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-15,395	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-1,683	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 OFFSET MARKETING DEPT	A	-658,971	ADMIN & GENERAL	6.06	
38 OTHER OPERATING REVENUE	B	-4	ADMINITTING	6.04	
38.01 OTHER OPERATING REVENUE	B	-108,040	ADMIN & GENERAL	6.06	
38.02 OTHER OPERATING REVENUE	B	-3,380	OPERATION OF PLANT	8	
38.03 OTHER OPERATING REVENUE	B	-125	ADULTS & PEDIATRICS	25	
38.04 OTHER OPERATING REVENUE	B	-90	LABORATORY	44	
38.05 OTHER OPERATING REVENUE	B	85	PHYSICAL THERAPY	50	
38.06 OTHER OPERATING REVENUE	B	-3,275	CARDIAC CATH LAB	53.01	
38.07 OTHER OPERATING REVENUE	B	-5,772,063	OP PSYCH SERVICES	58.02	
38.08 OTHER OPERATING REVENUE	B	-927	CLINIC	60	
38.09 BAD DEBT EXPENSE	A	-4,237,271	ADMIN & GENERAL	6.06	
38.10 FED INCOME TAXES	A	-3,203	INTEREST EXPENSE	88	
38.11 OTHER OPERATING REVENUE	B	-465	RADIOLOGY-DIAGNOSTIC	41	
39 MED STAFF TRAVEL	A	-1,244	ADMIN & GENERAL	6.06	
40 ADJ TO BOND AUDIT	A	2,038,407	INTEREST EXPENSE	88	
41 PROPERTY TAXES	A	-512,037	INTEREST EXPENSE	88	
42 OFFSET REV	B	-9,830	DIETARY	11	
43 OFFSET OP PHARMACY	B	-231,864	DRUGS CHARGED TO PATIENTS	56	
44 OTHER ADJUSTMENTS (SPECIFY)					
45 OTHER ADJUSTMENTS (SPECIFY)					
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-12,855,674			

(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	6	ADMIN & GENERAL	SHARED SERVICE	9,542,013	10,698,700	-1,156,687	
2	3	NEW CAP REL COSTS-BLDG &	AHS CAPITAL	44,693		44,693	9
3	4	NEW CAP REL COSTS-MVBLE E	AHS CAPITAL	385,766		385,766	9
4	5	EMPLOYEE BENEFITS	AHS EMPLOYEE BENEFITS	144,474		144,474	
4.01	6	ADMIN & GENERAL	MANAGEMENT FEES	3,471,481	3,796,663	-325,182	
4.02	17	MEDICAL RECORDS & LIBRARY	AHS MED RECORDS	14,965		14,965	
4.03							
5		TOTALS		13,603,392	14,495,363	-891,971	

\* 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	AHS CORPORATE	0.00	AHS CORPORATE	0.00	MANAGEMENT SVCS
2	B	SHARED SERVICE	0.00	SHARED SERVICE	0.00	FIN SERVICES
3			0.00		0.00	
4			0.00		0.00	
5			0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0292

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

PREPARED 10/7/2010 WORKSHEET A-8-2 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL							

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:  
14-0292

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

PREPARED 10/7/2010  
WORKSHEET A-8-2  
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL							

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 10/ 7/2010  
 I 14-0292 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				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	2	GROSS	SALARIES	ENTERED
6.01	COMMUNICATIONS	60	NUMBER OF	PHONES	ENTERED
6.02	DATA PROCESSING	4	GROSS	REVENUE	ENTERED
6.03	PURCHASING	5	COSTED	REQUI S.	NOT ENTERED
6.04	ADM ITTING	4	GROSS	REVENUE	ENTERED
6.06	ADMIN & GENERAL	-6	ACCUM.	COST	ENTERED
7	MAINTENANCE & REPAIRS	7	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	7	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	PATIENT	DAYS	ENTERED
10	HOUSEKEEPING	9	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	HOURS	WORKED	ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	DI RECT	NRSI NG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUI S.	ENTERED
16	PHARMACY	15	COSTED	REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	4	GROSS	REVENUE	ENTERED
18	SOCIAL SERVICE	16	PATIENT	DAYS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	17	ASSI GNED	TI ME	NOT ENTERED
21	NURSING SCHOOL	18	ASSI GNED	TI ME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	19	ASSI GNED	TI ME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	20	ASSI GNED	TI ME	NOT ENTERED
24	PARAMED ED PRGM-(SPECIFY)	21	ASSI GNED	TI ME	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION 0	NEW CAP REL C OST S-BLDG & 3	NEW CAP REL C OST S-MVBLE E 4	EMPLOYEE BENEFITS 5	COMMUNICATIONS 6.01	DATA PROCESSING 6.02	PURCHASING 6.03
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	4,320,992	4,320,992					
005 NEW CAP REL COSTS-MVBLE E	2,620,671		2,620,671				
006 EMPLOYEE BENEFITS	4,609,235	48,192	29,228	4,686,655			
006 01 COMMUNICATIONS	214,905	15,101	9,159		239,165		
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 ADMITTING	567,309	12,413	7,528	100,753			
006 06 ADMIN & GENERAL	5,671,462	455,752	276,412	401,374	191,734		
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	3,885,261	776,394	470,881	162,405			
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	892,271	48,192	29,228	104,792			
011 DIETARY	408,222	140,000	84,910	100,063			
012 CAFETERIA	764,830	92,723	56,237	19,562			
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,626,291	36,037	21,856	188,568			
015 CENTRAL SERVICES & SUPPLY	240,184	105,737	64,129	26,180			
016 PHARMACY	1,076,694	49,622	30,096	136,476			
017 MEDICAL RECORDS & LIBRARY	557,449	55,056	33,392	70,793			
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	8,399,348	900,984	546,442	1,157,430	38,747		
031 INTENSIVE CARE UNIT	2,078,081	144,262	87,494	255,198	3,340		
033 SUBPROVIDER I	1,986,366	356,736	216,360	206,714	5,344		
037 NURSERY	522,609	17,418	10,564	55,779			
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	1,888,284	159,563	96,775	109,136			
039 RECOVERY ROOM	214,086	17,160	10,408	28,480			
040 DELIVERY ROOM & LABOR ROO	1,093,563	14,300	8,673	86			
041 ANESTHESIOLOGY	91,445	12,012	7,285				
041 RADIOLOGY-DIAGNOSTIC	1,608,537	187,878	113,947	156,508			
043 01 MRI	670,263			81,246			
044 01 NUCLEAR MEDICINE	233,458	33,348	20,226	23,222			
046 LABORATORY	2,261,109	109,769	66,575	193,245			
049 30 BLOOD CLOTTING FACTORS AD							
050 RESPIRATORY THERAPY	695,105	69,957	42,429	100,126			
052 PHYSICAL THERAPY	449,842	53,826	32,646	52,550			
053 SPEECH PATHOLOGY	39,934			1,698			
053 ELECTROCARDIOLOGY	398,194			38,771			
054 01 CARDIAC CATH LAB	1,369,891			63,804			
055 ELECTROENCEPHALOGRAPHY	113,419	8,065	4,892	4,718			
056 MEDICAL SUPPLIES CHARGED	339,420						
057 DRUGS CHARGED TO PATIENTS	1,954,025						
058 RENAL DIALYSIS	167,312						
058 01 OP SURGERY	531,634	117,148	71,050	56,706			
058 02 OP PSYCH SERVICES	-5,631,612	130,705	79,272	30,985			
058 03 CHEMICAL DEPENDENCY							
058 04 PAIN CLINIC	28,500			5,970			
059 SLEEP LAB							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	67,038						
062 EMERGENCY	2,621,159	144,777	87,807	265,387			
063 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	51,646,786	4,313,127	2,615,901	4,198,725	239,165		
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	574	7,865	4,770	32,615			
098 PHYSICIANS' PRIVATE OFFIC	3,576,011						
098 01 THERAPEUTIC DAY SCHOOL	3,992,770			455,315			
098 02 RESP OUTSOURCE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	59,216,141	4,320,992	2,620,671	4,686,655	239,165		

COST CENTER DESCRIPTION	ADMINING	SUBTOTAL	ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.04	6a.04	6.06	7	8	9	10
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 ADMINING	688,003						
006 06 ADMIN & GENERAL		6,996,734	6,996,734				
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		5,294,941	643,124		5,938,065		
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING		1,074,483	130,507		94,973		1,299,963
011 DIETARY		733,195	89,054		275,902		61,382
012 CAFETERIA		933,352	113,365		182,732		40,654
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		1,872,752	227,464		71,019		15,800
015 CENTRAL SERVICES & SUPPLY		436,230	52,984		208,378		46,360
016 PHARMACY		1,292,888	157,034		97,792		21,757
017 MEDICAL RECORDS & LIBRARY		716,690	87,049		108,501		24,139
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	118,698	11,161,649	1,355,703		1,775,581		395,028
026 INTENSIVE CARE UNIT	21,215	2,589,590	314,532		284,300		63,251
031 SUBPROVIDER I	20,478	2,791,998	339,116		703,029		156,409
033 NURSERY	3,192	609,562	74,037		34,326		7,637
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	44,511	2,298,269	279,148		314,455		69,960
038 RECOVERY ROOM	5,048	275,182	33,424		33,818		7,524
039 DELIVERY ROOM & LABOR ROO	7,562	1,124,184	136,543		28,182		6,270
040 ANESTHESIOLOGY	8,919	119,661	14,534		23,673		5,267
041 RADIOLOGY-DIAGNOSTIC	45,739	2,112,609	256,597		370,255		82,374
041 01 MRI	62,257	813,766	98,840				
043 01 NUCLEAR MEDICINE	8,171	318,425	38,676		65,720		14,621
044 LABORATORY	100,514	2,731,212	331,733		216,325		48,128
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	21,572	929,189	112,859		137,866		30,672
050 PHYSICAL THERAPY	7,260	596,124	72,405		106,077		23,600
052 SPEECH PATHOLOGY	869	42,501	5,162				
053 ELECTROCARDIOLOGY	22,099	459,064	55,758				
053 01 CARDIAC CATH LAB	21,626	1,455,321	176,763				
054 ELECTROENCEPHALOGRAPHY	1,059	132,153	16,051		15,895		3,536
055 MEDICAL SUPPLIES CHARGED	5,324	344,744	41,873				
056 DRUGS CHARGED TO PATIENTS	72,121	2,026,146	246,096				
057 RENAL DIALYSIS	2,390	169,702	20,612				
058 01 OP SURGERY	9,806	786,344	95,509		230,867		51,363
058 02 OP PSYCH SERVICES	4,859	-5,385,791			257,584		57,307
058 03 CHEMICAL DEPENDENCY							
058 04 PAIN CLINIC	2,112	36,582	4,443				
059 SLEEP LAB							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		67,038	8,142				
061 EMERGENCY	70,602	3,189,732	387,425		285,315		63,476
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	688,003	51,146,221	6,016,562		5,922,565		1,296,515
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		45,824	5,566		15,500		3,448
098 PHYSICIANS' PRIVATE OFFIC		3,576,011	434,342				
098 01 THERAPEUTIC DAY SCHOOL		4,448,085	540,264				
098 02 RESP OUTSOURCE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	688,003	59,216,141	6,996,734		5,938,065		1,299,963

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	11	12	13	14	15	16	17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 ADMINISTRATION							
006 06 ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	1,159,533						
012 CAFETERIA		1,270,103					
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		49,291		2,236,326			
015 CENTRAL SERVICES & SUPPLY		6,280		11,807	762,039		
016 PHARMACY		39,132		73,570	4,785	1,686,958	
017 MEDICAL RECORDS & LIBRARY		31,308					967,687
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	890,058	388,117		729,677	75,327		167,007
026 INTENSIVE CARE UNIT	104,329	70,545		132,629	32,449		29,837
031 SUBPROVIDER I	165,146	82,243		154,622	9,593		28,800
033 NURSERY		15,996		30,074	905		4,490
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		27,877		52,409	128,763	1,917	62,601
038 RECOVERY ROOM		6,798		12,780	979		7,100
039 DELIVERY ROOM & LABOR ROO		32,107		60,363	26		10,635
040 ANESTHESIOLOGY		77,849		146,360	6,942	13	12,543
041 RADIOLOGY-DIAGNOSTIC		46,668		87,737	22,789	4,119	64,328
041 01 MRI		141,690		266,384	981	43,222	87,560
043 01 NUCLEAR MEDICINE		5,481		10,305	16,850	308	11,492
044 LABORATORY		77,294		145,316	22,292		141,364
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY		27,807		52,279	10,387	8	30,339
050 PHYSICAL THERAPY		4,534		8,525	802	1,061	10,211
052 SPEECH PATHOLOGY		1,138		2,139			1,222
053 ELECTROCARDIOLOGY		11,569		21,750	1,777	86	31,081
053 01 CARDIAC CATH LAB		14,252		26,795	145,542	12,639	30,415
054 ELECTROENCEPHALOGRAPHY		3,490		6,561	83		1,490
055 MEDICAL SUPPLIES CHARGED					82,717		7,488
056 DRUGS CHARGED TO PATIENTS						1,621,762	101,432
057 RENAL DIALYSIS							3,361
058 01 OP SURGERY		19,072		35,857	164,909	35	13,791
058 02 OP PSYCH SERVICES		2,099		3,947	183	8	6,833
058 03 CHEMICAL DEPENDENCY							
058 04 PAIN CLINIC		715		1,344	2,590		2,971
059 SLEEP LAB							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC					427	21	
061 EMERGENCY		86,751		163,096	29,941	1,759	99,296
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
071 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 SLET CELL ACQUISITION							
095 SUBTOTALS	1,159,533	1,270,103		2,236,326	762,039	1,686,958	967,687
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 THERAPEUTIC DAY SCHOOL							
098 02 RESP OUTSOURCE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,159,533	1,270,103		2,236,326	762,039	1,686,958	967,687

COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)	SUBTOTAL
	18	20	21	22	23	24	25
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 ADMINISTRATION							
006 06 ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							16,938,147
026 ADULTS & PEDIATRICS							3,621,462
031 INTENSIVE CARE UNIT							4,430,956
033 SUBPROVIDER I							777,027
037 NURSERY							
037 ANCILLARY SRVC COST CNTRS							3,235,399
038 OPERATING ROOM							377,605
039 RECOVERY ROOM							1,398,310
040 DELIVERY ROOM & LABOR ROO							406,842
041 ANESTHESIOLOGY							3,047,476
041 RADIOLOGY-DIAGNOSTIC							1,452,443
041 01 MRI							481,878
043 01 NUCLEAR MEDICINE							3,713,664
044 LABORATORY							
046 30 BLOOD CLOTTING FACTORS AD							1,331,406
049 RESPIRATORY THERAPY							823,339
050 PHYSICAL THERAPY							52,162
052 SPEECH PATHOLOGY							581,085
053 ELECTROCARDIOLOGY							1,861,727
053 01 CARDIAC CATH LAB							179,259
054 ELECTROENCEPHALOGRAPHY							476,822
055 MEDICAL SUPPLIES CHARGED							3,995,436
056 DRUGS CHARGED TO PATIENTS							193,675
057 RENAL DIALYSIS							1,397,747
058 01 OP SURGERY							-5,057,830
058 02 OP PSYCH SERVICES							
058 03 CHEMICAL DEPENDENCY							
058 04 PAIN CLINIC							48,645
059 SLEEP LAB							
060 OUTPAT SERVICE COST CNTRS							75,628
061 CLINIC							4,306,791
061 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS							50,147,101
096 NONREIMBURS COST CENTERS							70,338
096 GIFT, FLOWER, COFFEE SHOP							4,010,353
098 PHYSICIANS' PRIVATE OFFIC							4,988,349
098 01 THERAPEUTIC DAY SCHOOL							
098 02 RESP OUTSOURCE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL							59,216,141

COST CENTER DESCRIPTION	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
003 GENERAL SERVICE COST CNTR		
004 NEW CAP REL COSTS-BLDG &		
005 NEW CAP REL COSTS-MVBLE E		
006 EMPLOYEE BENEFITS		
006 01 COMMUNICATIONS		
006 02 DATA PROCESSING		
006 03 PURCHASING		
006 04 ADMINISTRATION		
006 06 ADMIN & GENERAL		
007 MAINTENANCE & REPAIRS		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
013 MAINTENANCE OF PERSONNEL		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SUPPLY		
016 PHARMACY		
017 MEDICAL RECORDS & LIBRARY		
018 SOCIAL SERVICE		
020 NONPHYSICIAN ANESTHETISTS		
021 NURSING SCHOOL		
022 I&R SERVICES-SALARY & FRI		
023 I&R SERVICES-OTHER PRGM C		
024 PARAMEDICAL PRGM-(SPECIFY)		
025 INPAT ROUTINE SRVC CNTRS		
025 ADULTS & PEDIATRICS		16,938,147
026 INTENSIVE CARE UNIT		3,621,462
031 SUBPROVIDER I		4,430,956
033 NURSERY		777,027
037 ANCILLARY SRVC COST CNTRS		
037 OPERATING ROOM		3,235,399
038 RECOVERY ROOM		377,605
039 DELIVERY ROOM & LABOR ROO		1,398,310
040 ANESTHESIOLOGY		406,842
041 RADIOLOGY-DIAGNOSTIC		3,047,476
041 01 MRI		1,452,443
043 01 NUCLEAR MEDICINE		481,878
044 LABORATORY		3,713,664
046 30 BLOOD CLOTTING FACTORS AD		
049 RESPIRATORY THERAPY		1,331,406
050 PHYSICAL THERAPY		823,339
052 SPEECH PATHOLOGY		52,162
053 ELECTROCARDIOLOGY		581,085
053 01 CARDIAC CATH LAB		1,861,727
054 ELECTROENCEPHALOGRAPHY		179,259
055 MEDICAL SUPPLIES CHARGED		476,822
056 DRUGS CHARGED TO PATIENTS		3,995,436
057 RENAL DIALYSIS		193,675
058 01 OP SURGERY		1,397,747
058 02 OP PSYCH SERVICES		-5,057,830
058 03 CHEMICAL DEPENDENCY		
058 04 PAIN CLINIC		48,645
059 SLEEP LAB		
060 OUTPAT SERVICE COST CNTRS		
060 CLINIC		75,628
061 EMERGENCY		4,306,791
062 OBSERVATION BEDS (NON-DIS		
063 50 RHC		
063 60 FOHC		
069 OTHER REIMBURS COST CNTRS		
069 10 CMHC		
069 20 OUTPATIENT PHYSICAL THERA		
069 30 OUTPATIENT OCCUPATIONAL T		
069 40 OUTPATIENT SPEECH PATHOLO		
071 HOME HEALTH AGENCY		
085 SPEC PURPOSE COST CENTERS		
085 01 PANCREAS ACQUISITION		
085 02 INTESTINAL ACQUISITION		
085 03 ISLET CELL ACQUISITION		
095 SUBTOTALS		50,147,101
096 NONREIMBURS COST CENTERS		
096 GIFT, FLOWER, COFFEE SHOP		70,338
098 PHYSICIANS' PRIVATE OFFICE		4,010,353
098 01 THERAPEUTIC DAY SCHOOL		4,988,349
098 02 RESP OUTSOURCE		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 TOTAL		59,216,141

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE COMMUNI CATION DATA PROCESSI FITS S S NG 5 6.01 6.02
003 GENERAL SERVICE COST CNTR					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS		48,192	29,228	77,420	77,420
006 01 COMMUNICATIONS		15,101	9,159	24,260	24,260
006 02 DATA PROCESSING					
006 03 PURCHASING					
006 04 ADMINISTRATION		12,413	7,528	19,941	1,665
006 06 ADMIN & GENERAL		455,752	276,412	732,164	6,631 19,449
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT		776,394	470,881	1,247,275	2,683
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING		48,192	29,228	77,420	1,731
011 DIETARY		140,000	84,910	224,910	1,653
012 CAFETERIA		92,723	56,237	148,960	323
013 MAINTENANCE OF PERSONNEL					
014 NURSING ADMINISTRATION		36,037	21,856	57,893	3,115
015 CENTRAL SERVICES & SUPPLY		105,737	64,129	169,866	433
016 PHARMACY		49,622	30,096	79,718	2,255
017 MEDICAL RECORDS & LIBRARY		55,056	33,392	88,448	1,170
018 SOCIAL SERVICE					
020 NONPHYSICIAN ANESTHETISTS					
021 NURSING SCHOOL					
022 I&R SERVICES-SALARY & FRI					
023 I&R SERVICES-OTHER PRGM C					
024 PARAMED ED PRGM-(SPECIFY)					
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS		900,984	546,442	1,447,426	19,112 3,930
026 INTENSIVE CARE UNIT		144,262	87,494	231,756	4,216 339
031 SUBPROVIDER I		356,736	216,360	573,096	3,415 542
033 NURSERY		17,418	10,564	27,982	922
037 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM		159,563	96,775	256,338	1,803
038 RECOVERY ROOM		17,160	10,408	27,568	471
039 DELIVERY ROOM & LABOR ROO		14,300	8,673	22,973	1
040 ANESTHESIOLOGY		12,012	7,285	19,297	
041 RADIOLOGY-DIAGNOSTIC		187,878	113,947	301,825	2,586
041 01 MRI					1,342
043 01 NUCLEAR MEDICINE		33,348	20,226	53,574	384
044 LABORATORY		109,769	66,575	176,344	3,193
046 30 BLOOD CLOTTING FACTORS AD					
049 RESPIRATORY THERAPY		69,957	42,429	112,386	1,654
050 PHYSICAL THERAPY		53,826	32,646	86,472	868
052 SPEECH PATHOLOGY					28
053 ELECTROCARDIOLOGY					641
053 01 CARDIAC CATH LAB					1,054
054 ELECTROENCEPHALOGRAPHY		8,065	4,892	12,957	78
055 MEDICAL SUPPLIES CHARGED					
056 DRUGS CHARGED TO PATIENTS					
057 RENAL DIALYSIS					
058 01 OP SURGERY		117,148	71,050	188,198	937
058 02 OP PSYCH SERVICES		130,705	79,272	209,977	512
058 03 CHEMICAL DEPENDENCY					
058 04 PAIN CLINIC					99
059 SLEEP LAB					
060 OUTPAT SERVICE COST CNTRS					
060 CLINIC					
061 EMERGENCY		144,777	87,807	232,584	4,384
062 OBSERVATION BEDS (NON-DIS					
063 50 RHC					
063 60 FOHC					
069 OTHER REIMBURS COST CNTRS					
069 10 CMHC					
069 20 OUTPATIENT PHYSICAL THERA					
069 30 OUTPATIENT OCCUPATIONAL T					
069 40 OUTPATIENT SPEECH PATHOLO					
071 HOME HEALTH AGENCY					
071 SPEC PURPOSE COST CENTERS					
085 01 PANCREAS ACQUISITION					
085 02 INTESTINAL ACQUISITION					
085 03 ISLET CELL ACQUISITION					
095 SUBTOTALS		4,313,127	2,615,901	6,929,028	69,359 24,260
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP		7,865	4,770	12,635	539
098 PHYSICIANS' PRIVATE OFFIC					
098 01 THERAPEUTIC DAY SCHOOL					7,522
098 02 RESP OUTSOURCE					
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL		4,320,992	2,620,671	6,941,663	77,420 24,260

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PURCHASING 6.03	ADMINISTRATIVE 6.04	ADMIN & GENERAL 6.06	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 ADMINISTRATION		21,606					
006 06 ADMIN & GENERAL			758,244				
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT			69,697		1,319,655		
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING			14,143				114,401
011 DIETARY			9,651		61,316		5,402
012 CAFETERIA			12,286		40,610		3,578
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION			24,651		15,783		1,390
015 CENTRAL SERVICES & SUPPLY			5,742		46,309		4,080
016 PHARMACY			17,018		21,733		1,915
017 MEDICAL RECORDS & LIBRARY			9,434		24,113		2,124
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		3,777	146,908		394,599		34,766
026 INTENSIVE CARE UNIT		664	34,087		63,182		5,566
031 SUBPROVIDER I		641	36,751		156,239		13,764
033 NURSERY		100	8,024		7,628		672
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM		1,394	30,252		69,883		6,157
039 RECOVERY ROOM		158	3,622		7,516		662
040 DELIVERY ROOM & LABOR ROO		237	14,798		6,263		552
041 ANESTHESIOLOGY		279	1,575		5,261		463
041 RADIOLOGY-DIAGNOSTIC		1,433	27,808		82,284		7,249
041 01 MRI		1,950	10,712				
043 01 NUCLEAR MEDICINE		256	4,191		14,605		1,287
044 LABORATORY		3,148	35,951		48,075		4,235
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY		676	12,231		30,639		2,699
050 PHYSICAL THERAPY		227	7,847		23,574		2,077
052 SPEECH PATHOLOGY		27	559				
053 ELECTROCARDIOLOGY		692	6,043				
053 01 CARDIAC CATH LAB		677	19,156				
054 ELECTROENCEPHALOGRAPHY		33	1,740		3,532		311
055 MEDICAL SUPPLIES CHARGED		167	4,538				
056 DRUGS CHARGED TO PATIENTS		2,259	26,670				
057 RENAL DIALYSIS		75	2,234				
058 01 OP SURGERY		307	10,351		51,307		4,520
058 02 OP PSYCH SERVICES		152			57,245		5,043
058 03 CHEMICAL DEPENDENCY							
058 04 PAIN CLINIC		66	482				
059 SLEEP LAB							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC			882				
061 EMERGENCY		2,211	41,986		63,407		5,586
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
071 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS		21,606	652,020		1,316,210		114,098
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			603		3,445		303
098 PHYSICIANS' PRIVATE OFFIC			47,071				
098 01 THERAPEUTIC DAY SCHOOL			58,550				
098 02 RESP OUTSOURCE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		21,606	758,244		1,319,655		114,401

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY
	11	12	13	14	15	16	17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 ADMIN TTING							
006 06 ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	302,932						
012 CAFETERIA		205,757					
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		7,985		110,817			
015 CENTRAL SERVICES & SUPPLY		1,017		585	228,032		
016 PHARMACY		6,339		3,646	1,432	134,056	
017 MEDICAL RECORDS & LIBRARY		5,072					130,361
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	232,531	62,876		36,156	22,541		22,520
026 INTENSIVE CARE UNIT	27,256	11,428		6,572	9,710		4,019
031 SUBPROVIDER I	43,145	13,323		7,662	2,871		3,879
033 NURSERY		2,591		1,490	271		605
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		4,516		2,597	38,531	152	8,432
038 RECOVERY ROOM		1,101		633	293		956
039 DELIVERY ROOM & LABOR ROO		5,201		2,991	8		1,432
040 ANESTHESIOLOGY		12,612		7,253	2,077	1	1,689
041 RADIOLOGY-DIAGNOSTIC		7,560		4,348	6,819	327	8,664
041 01 MRI		22,954		13,200	294	3,435	11,793
043 01 NUCLEAR MEDICINE		888		511	5,042	24	1,548
044 LABORATORY		12,522		7,201	6,671		19,040
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY		4,505		2,591	3,108	1	4,086
050 PHYSICAL THERAPY		735		422	240	84	1,375
052 SPEECH PATHOLOGY		184		106			165
053 ELECTROCARDIOLOGY		1,874		1,078	532	7	4,186
053 01 CARDIAC CATH LAB		2,309		1,328	43,552	1,004	4,097
054 ELECTROENCEPHALOGRAPHY		565		325	25		201
055 MEDICAL SUPPLIES CHARGED					24,752		1,008
056 DRUGS CHARGED TO PATIENTS						128,875	13,662
057 RENAL DIALYSIS							453
058 01 OP SURGERY		3,090		1,777	49,345	3	1,857
058 02 OP PSYCH SERVICES		340		196	55	1	920
058 03 CHEMICAL DEPENDENCY							
058 04 PAIN CLINIC		116		67	775		400
059 SLEEP LAB							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC					128	2	
061 EMERGENCY		14,054		8,082	8,960	140	13,374
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
071 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	302,932	205,757		110,817	228,032	134,056	130,361
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 THERAPEUTIC DAY SCHOOL							
098 02 RESP OUTSOURCE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	302,932	205,757		110,817	228,032	134,056	130,361

COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED PRGM C GM-(SPECIFY)	SUBTOTAL
	18	20	21	22	23	24	25
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 ADMINISTRATION							
006 06 ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							2,427,142
026 ADULTS & PEDIATRICS							398,795
031 INTENSIVE CARE UNIT							855,328
033 SUBPROVIDER I							50,285
037 NURSERY							
037 ANCILLARY SRVC COST CNTRS							420,055
038 OPERATING ROOM							42,980
039 RECOVERY ROOM							54,456
040 DELIVERY ROOM & LABOR ROO							50,507
041 ANESTHESIOLOGY							450,903
041 RADIOLOGY-DIAGNOSTIC							65,680
041 01 MRI							82,310
043 01 NUCLEAR MEDICINE							316,380
044 LABORATORY							
046 30 BLOOD CLOTTING FACTORS AD							174,576
049 RESPIRATORY THERAPY							123,921
050 PHYSICAL THERAPY							1,069
052 SPEECH PATHOLOGY							15,053
053 ELECTROCARDIOLOGY							73,177
053 01 CARDIAC CATH LAB							19,767
054 ELECTROENCEPHALOGRAPHY							30,465
055 MEDICAL SUPPLIES CHARGED							171,466
056 DRUGS CHARGED TO PATIENTS							2,762
057 RENAL DIALYSIS							311,692
058 01 OP SURGERY							274,441
058 02 OP PSYCH SERVICES							
058 03 CHEMICAL DEPENDENCY							
058 04 PAIN CLINIC							2,005
059 SLEEP LAB							
060 OUTPAT SERVICE COST CNTRS							1,012
061 CLINIC							394,768
061 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS							6,810,995
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							17,525
098 PHYSICIANS' PRIVATE OFFIC							47,071
098 01 THERAPEUTIC DAY SCHOOL							66,072
098 02 RESP OUTSOURCE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL							6,941,663



COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (GROSS REVENUE)	PURCHASING (COSTED REQUIS.)
	3	4	5	6.01	6.02	6.03
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	151,080					
005 NEW CAP REL COSTS-MVB		151,080				
006 EMPLOYEE BENEFITS	1,685	1,685	27,622,607			
006 01 COMMUNICATIONS	528	528		716		
006 02 DATA PROCESSING					172,389,433	
006 03 PURCHASING						
006 04 ADMITTING	434	434	593,829			
006 06 ADMIN & GENERAL	15,935	15,935	2,365,657	574		
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT	27,146	27,146	957,201			
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING	1,685	1,685	617,636			
011 DIETARY	4,895	4,895	589,759			
012 CAFETERIA	3,242	3,242	115,295			
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATION	1,260	1,260	1,111,402			
015 CENTRAL SERVICES & SU	3,697	3,697	154,302			
016 PHARMACY	1,735	1,735	804,375			
017 MEDICAL RECORDS & LIB	1,925	1,925	417,245			
018 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMEDICAL PRGM-(SPEC						
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	31,502	31,502	6,821,700	116	29,741,980	
026 INTENSIVE CARE UNIT	5,044	5,044	1,504,112	10	5,315,630	
031 SUBPROVIDER I	12,473	12,473	1,218,349	16	5,131,035	
033 NURSERY	609	609	328,756		799,905	
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	5,579	5,579	643,238		11,152,838	
038 RECOVERY ROOM	600	600	167,861		1,264,952	
039 DELIVERY ROOM & LABOR	500	500	506		1,894,692	
040 ANESTHESIOLOGY	420	420			2,234,687	
041 RADIOLOGY-DIAGNOSTIC	6,569	6,569	922,443		11,460,579	
041 01 MRI			478,858		15,599,466	
043 01 NUCLEAR MEDICINE	1,166	1,166	136,867		2,047,429	
044 LABORATORY	3,838	3,838	1,138,965		25,185,126	
046 30 BLOOD CLOTTING FACTOR						
049 RESPIRATORY THERAPY	2,446	2,446	590,132		5,405,181	
050 PHYSICAL THERAPY	1,882	1,882	309,724		1,819,209	
052 SPEECH PATHOLOGY			10,006		217,789	
053 ELECTROCARDIOLOGY			228,513		5,537,246	
053 01 CARDIAC CATH LAB			376,056		5,418,737	
054 ELECTROENCEPHALOGRAPH	282	282	27,808		265,407	
055 MEDICAL SUPPLIES CHAR					1,333,966	
056 DRUGS CHARGED TO PATI					18,070,853	
057 RENAL DIALYSIS					598,748	
058 01 OP SURGERY	4,096	4,096	334,222		2,456,907	
058 02 OP PSYCH SERVICES	4,570	4,570	182,625		1,217,385	
058 03 CHEMICAL DEPENDENCY						
058 04 PAIN CLINIC			35,186		529,260	
059 SLEEP LAB						
060 OUTPAT SERVICE COST C						
061 CLINIC						
061 EMERGENCY	5,062	5,062	1,564,165		17,690,426	
062 OBSERVATION BEDS (NON						
063 50 RHC						
063 60 FQHC						
069 OTHER REIMBURS COST C						
069 10 CMHC						
069 20 OUTPATIENT PHYSICAL T						
069 30 OUTPATIENT OCCUPATION						
069 40 OUTPATIENT SPEECH PAT						
071 HOME HEALTH AGENCY						
085 01 PANCREAS ACQUISITION						
085 02 INTESTINAL ACQUISITION						
085 03 ISLET CELL ACQUISITION						
095 SUBTOTALS	150,805	150,805	24,746,793	716	172,389,433	
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	275	275	192,231			
098 PHYSICIANS' PRIVATE O						
098 01 THERAPEUTIC DAY SCHOO			2,683,583			
098 02 RESP OUTSOURCE						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	4,320,992	2,620,671	4,686,655	239,165		
(WRKSHT B, PART I)						

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET	NEW CAP REL C OSTS-MVBLE E (SQUARE FEET	EMPLOYEE BENE FITS (GROSS SALARIES	COMMUNICATION DATA PROCESSING (NUMBER OF PHONES	(GROSS REVENUE	PURCHASING (COSTED REQUIS.
	3	4	5	6.01	6.02	6.03
104 NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT I)	28.600688		.169667			
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		17.346247		334.029330		
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)			77,420	24,260		
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)			.002803	33.882682		

COST CENTER DESCRIPTION	ADMINISTRATIVE		ADMIN & GENERAL	MAINTENANCE & REPAIRS		OPERATION OF PLANT		LAUNDRY & LINEN HOUSEKEEPING SERVICE	
	(GROSS REVENUE)	RECONCILIATION		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(PATIENT DAYS)	(SQUARE FEET)	
	6.04	6a.06	6.06	7	8	9	10		
GENERAL SERVICE COST									
003 NEW CAP REL COSTS-BLD									
004 NEW CAP REL COSTS-MVB									
005 EMPLOYEE BENEFITS									
006 01 COMMUNICATIONS									
006 02 DATA PROCESSING									
006 03 PURCHASING									
006 04 ADMINISTRATION	172,389,433								
006 06 ADMIN & GENERAL		-6,996,734	57,605,198						
007 MAINTENANCE & REPAIRS				132,498					
008 OPERATION OF PLANT			5,294,941	27,146	105,352				
009 LAUNDRY & LINEN SERVICE						28,483			
010 HOUSEKEEPING			1,074,483	1,685	1,685			103,667	
011 DIETARY			733,195	4,895	4,895			4,895	
012 CAFETERIA			933,352	3,242	3,242			3,242	
013 MAINTENANCE OF PERSON									
014 NURSING ADMINISTRATION			1,872,752	1,260	1,260			1,260	
015 CENTRAL SERVICES & SUPPLY			436,230	3,697	3,697			3,697	
016 PHARMACY			1,292,888	1,735	1,735			1,735	
017 MEDICAL RECORDS & LIBRARY			716,690	1,925	1,925			1,925	
018 SOCIAL SERVICE									
020 NONPHYSICIAN ANESTHESIA									
021 NURSING SCHOOL									
022 I&R SERVICES-SALARY & BENEFITS									
023 I&R SERVICES-OTHER PERSONNEL									
024 PARAMEDICAL PRGM-(SPEC INPAT ROUTINE SRVC CNTR)									
025 ADULTS & PEDIATRICS	29,741,980		11,161,649	31,502	31,502	21,109		31,502	
026 INTENSIVE CARE UNIT	5,315,630		2,589,590	5,044	5,044	2,582		5,044	
031 SUBPROVIDER I	5,131,035		2,791,998	12,473	12,473	3,760		12,473	
033 NURSERY	799,905		609,562	609	609	1,032		609	
037 ANCILLARY SRVC COST CENTER									
037 OPERATING ROOM	11,152,838		2,298,269	5,579	5,579			5,579	
038 RECOVERY ROOM	1,264,952		275,182	600	600			600	
039 DELIVERY ROOM & LABOR	1,894,692		1,124,184	500	500			500	
040 ANESTHESIOLOGY	2,234,687		119,661	420	420			420	
041 RADIOLOGY-DIAGNOSTIC	11,460,579		2,112,609	6,569	6,569			6,569	
041 01 MRI	15,599,466		813,766						
043 01 NUCLEAR MEDICINE	2,047,429		318,425	1,166	1,166			1,166	
044 LABORATORY	25,185,126		2,731,212	3,838	3,838			3,838	
046 30 BLOOD CLOTTING FACTOR									
049 RESPIRATORY THERAPY	5,405,181		929,189	2,446	2,446			2,446	
050 PHYSICAL THERAPY	1,819,209		596,124	1,882	1,882			1,882	
052 SPEECH PATHOLOGY	217,789		42,501						
053 ELECTROCARDIOLOGY	5,537,246		459,064						
053 01 CARDIAC CATH LAB	5,418,737		1,455,321						
054 ELECTROENCEPHALOGRAPHY	265,407		132,153	282	282			282	
055 MEDICAL SUPPLIES CHARACTERIZED	1,333,966		344,744						
056 DRUGS CHARGED TO PATIENT	18,070,853		2,026,146						
057 RENAL DIALYSIS	598,748		169,702						
058 01 OP SURGERY	2,456,907		786,344	4,096	4,096			4,096	
058 02 OP PSYCH SERVICES	1,217,385	5,385,791		4,570	4,570			4,570	
058 03 CHEMICAL DEPENDENCY									
058 04 PAIN CLINIC	529,260		36,582						
059 SLEEP LAB									
060 OUTPAT SERVICE COST CENTER									
061 CLINIC			67,038						
061 EMERGENCY	17,690,426		3,189,732	5,062	5,062			5,062	
062 OBSERVATION BEDS (NON-REIMBURSABLE)									
063 50 RHC									
063 60 FOHC									
069 OTHER REIMBURSABLE COST CENTER									
069 10 CMHC									
069 20 OUTPATIENT PHYSICAL THERAPY									
069 30 OUTPATIENT OCCUPATION THERAPY									
069 40 OUTPATIENT SPEECH THERAPY									
071 HOME HEALTH AGENCY									
SPEC PURPOSE COST CENTER									
085 01 PANCREAS ACQUISITION									
085 02 INTestinal ACQUISITION									
085 03 ISLET CELL ACQUISITION									
095 SUBTOTALS	172,389,433	-1,610,943	49,535,278	132,223	105,077	28,483		103,392	
NONREIMBURSABLE COST CENTER									
096 GIFT, FLOWER, COFFEE			45,824	275	275			275	
098 PHYSICIANS' PRIVATE OFFICE			3,576,011						
098 01 THERAPEUTIC DAY SCHOOL			4,448,085						
098 02 RESP OUTSOURCE									
101 CROSS FOOT ADJUSTMENT									
102 NEGATIVE COST CENTER									
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	688,003		6,996,734		5,938,065			1,299,963	

	COST CENTER DESCRIPTION	ADMITTING		ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
		(GROSS REVENUE )	RECONCILIATION	( ACCUM. COST )	(SQUARE )FEET	(SQUARE )FEET	(PATIENT )DAYS	(SQUARE )FEET
		6.04	6a.06	6.06	7	8	9	10
104	NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT I)	.003991		.121460		56.364046		12.539796
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	21,606		758,244		1,319,655		114,401
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000125		.013163		12.526150		1.103543

COST CENTER DESCRIPTION	DIETARY (MEALS SERVED)	CAFETERIA (HOURS WORKED)	MAINTENANCE (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)
	11	12	13	14	15	16	17
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 ADMIN TTING							
006 06 ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY	79,200						
012 CAFETERIA		843,940					
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION		32,752		790,385			
015 CENTRAL SERVICES & SU		4,173		4,173	3,213,073		
016 PHARMACY		26,002		26,002	20,176	2,189,959	
017 MEDICAL RECORDS & LIB		20,803					172,389,433
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM-(SPEC							
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	60,794	257,890		257,890	317,610		29,741,980
026 INTENSIVE CARE UNIT	7,126	46,875		46,875	136,819		5,315,630
031 SUBPROVIDER I	11,280	54,648		54,648	40,449		5,131,035
033 NURSERY		10,629		10,629	3,817		799,905
ANCILLARY SRVC COST C							
037 OPERATING ROOM		18,523		18,523	542,917	2,488	11,152,838
038 RECOVERY ROOM		4,517		4,517	4,129		1,264,952
039 DELIVERY ROOM & LABOR		21,334		21,334	111		1,894,692
040 ANESTHESIOLOGY		51,728		51,728	29,272	17	2,234,687
041 RADIOLOGY-DIAGNOSTIC		31,009		31,009	96,086	5,347	11,460,579
041 01 MRI		94,148		94,148	4,137	56,109	15,599,466
043 01 NUCLEAR MEDICINE		3,642		3,642	71,047	400	2,047,429
044 LABORATORY		51,359		51,359	93,992		25,185,126
046 30 BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY		18,477		18,477	43,796	11	5,405,181
050 PHYSICAL THERAPY		3,013		3,013	3,380	1,378	1,819,209
052 SPEECH PATHOLOGY		756		756			217,789
053 ELECTROCARDIOLOGY		7,687		7,687	7,494	111	5,537,246
053 01 CARDIAC CATH LAB		9,470		9,470	613,665	16,408	5,418,737
054 ELECTROENCEPHALOGRAPH		2,319		2,319	348		265,407
055 MEDICAL SUPPLIES CHAR					348,770		1,333,966
056 DRUGS CHARGED TO PATI						2,105,323	18,070,853
057 RENAL DIALYSIS							598,748
058 01 OP SURGERY		12,673		12,673	695,325	45	2,456,907
058 02 OP PSYCH SERVICES		1,395		1,395	770	11	1,217,385
058 03 CHEMICAL DEPENDENCY							
058 04 PAIN CLINIC		475		475	10,920		529,260
059 SLEEP LAB							
OUTPAT SERVICE COST C							
060 CLINIC					1,799	27	
061 EMERGENCY		57,643		57,643	126,244	2,284	17,690,426
062 OBSERVATION BEDS (NON							
063 50 RHC							
063 60 FQHC							
OTHER REIMBURS COST C							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL T							
069 30 OUTPATIENT OCCUPATION							
069 40 OUTPATIENT SPEECH PAT							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CEN							
085 01 PANCREAS ACQUISITION							
085 02 INTTESTINAL ACQUISITIO							
085 03 ISLET CELL ACQUISITIO							
095 SUBTOTALS	79,200	843,940		790,385	3,213,073	2,189,959	172,389,433
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE O							
098 01 THERAPEUTIC DAY SCHOO							
098 02 RESP OUTSOURCE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	1,159,533	1,270,103		2,236,326	762,039	1,686,958	967,687
(WRKSHT B, PART I)							

	COST CENTER DESCRIPTION	DIETARY (MEALS SERVED)	CAFETERIA (HOURS WORKED)	MAINTENANCE (NUMBER) OF PERSONNEL HOUSED	NURSING ADMINISTRATION (DIRECT) NRSING HRS	CENTRAL SERVICES & SUPPLY (COSTED) REQUIS.	PHARMACY (COSTED) REQUIS.	MEDICAL RECORDS & LIBRARY (GROSS) REVENUE
		11	12	13	14	15	16	17
104	NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT I)	14.640568	1.504968		2.829414	.237168	.770315	.005613
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	302,932	205,757		110,817	228,032	134,056	130,361
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	3.824899	.243805		.140206	.070970	.061214	.000756

COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	(PATIENT DAYS)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
GENERAL SERVICE COST	18	20	21	22	23	24
003 NEW CAP REL COSTS-BLD						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
006 01 COMMUNICATIONS						
006 02 DATA PROCESSING						
006 03 PURCHASING						
006 04 ADMINISTRATION						
006 06 ADMIN & GENERAL						
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY						
017 MEDICAL RECORDS & LIBRARY						
018 SOCIAL SERVICE	28,483					
020 NONPHYSICIAN ANESTHETIST						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY & FRI						
023 I&R SERVICES-OTHER PRGM C						
024 PARAMED ED PRGM-(SPECIFY)						
025 ADULTS & PEDIATRICS	21,109					
026 INTENSIVE CARE UNIT	2,582					
031 SUBPROVIDER I	3,760					
033 NURSERY	1,032					
037 ANCILLARY SRVC COST CENTER						
038 OPERATING ROOM						
039 RECOVERY ROOM						
040 DELIVERY ROOM & LABOR						
041 ANESTHESIOLOGY						
041 01 MRI						
043 01 NUCLEAR MEDICINE						
044 LABORATORY						
046 30 BLOOD CLOTTING FACTOR						
049 RESPIRATORY THERAPY						
050 PHYSICAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY						
053 01 CARDIAC CATH LAB						
054 ELECTROENCEPHALOGRAPHY						
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATIENT						
057 RENAL DIALYSIS						
058 01 OP SURGERY						
058 02 OP PSYCH SERVICES						
058 03 CHEMICAL DEPENDENCY						
058 04 PAIN CLINIC						
059 SLEEP LAB						
060 OUTPAT SERVICE COST CENTER						
061 CLINIC						
062 EMERGENCY						
062 OBSERVATION BEDS (NON)						
063 50 RHC						
063 60 FQHC						
069 OTHER REIMBURS COST CENTER						
069 10 CMHC						
069 20 OUTPATIENT PHYSICAL THERAPY						
069 30 OUTPATIENT OCCUPATION						
069 40 OUTPATIENT SPEECH PAT						
071 HOME HEALTH AGENCY						
085 01 PANCREAS ACQUISITION						
085 02 INTESTINAL ACQUISITION						
085 03 ISLET CELL ACQUISITION						
095 SUBTOTALS	28,483					
096 NONREIMBURS COST CENTER						
098 GIFT, FLOWER, COFFEE						
098 PHYSICIANS' PRIVATE OFFICE						
098 01 THERAPEUTIC DAY SCHOOL						
098 02 RESP OUTSOURCE						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (PER WRKSHT B, PART						

COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	(PATIENT DAYS)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
NONREIMBURS COST CENT	18	20	21	22	23	24
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)						
105 COST TO BE ALLOCATED (PER WRKSHT B, PART						
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (PER WRKSHT B, PART						
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)						

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	16,938,147		16,938,147		16,938,147
26	INTENSIVE CARE UNIT	3,621,462		3,621,462		3,621,462
31	SUBPROVIDER I	4,430,956		4,430,956		4,430,956
33	NURSERY	777,027		777,027		777,027
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3,235,399		3,235,399		3,235,399
38	RECOVERY ROOM	377,605		377,605		377,605
39	DELIVERY ROOM & LABOR ROO	1,398,310		1,398,310		1,398,310
40	ANESTHESIOLOGY	406,842		406,842		406,842
41	RADIOLOGY-DIAGNOSTIC	3,047,476		3,047,476		3,047,476
41 01	MRI	1,452,443		1,452,443		1,452,443
43 01	NUCLEAR MEDICINE	481,878		481,878		481,878
44	LABORATORY	3,713,664		3,713,664		3,713,664
46 30	BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	1,331,406		1,331,406		1,331,406
50	PHYSICAL THERAPY	823,339		823,339		823,339
52	SPEECH PATHOLOGY	52,162		52,162		52,162
53	ELECTROCARDIOLOGY	581,085		581,085		581,085
53 01	CARDIAC CATH LAB	1,861,727		1,861,727		1,861,727
54	ELECTROENCEPHALOGRAPHY	179,259		179,259		179,259
55	MEDICAL SUPPLIES CHARGED	476,822		476,822		476,822
56	DRUGS CHARGED TO PATIENTS	3,995,436		3,995,436		3,995,436
57	RENAL DIALYSIS	193,675		193,675		193,675
58 01	OP SURGERY	1,397,747		1,397,747		1,397,747
58 02	OP PSYCH SERVICES					
58 03	CHEMICAL DEPENDENCY					
58 04	PAIN CLINIC	48,645		48,645		48,645
59	SLEEP LAB					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	75,628		75,628		75,628
61	EMERGENCY	4,306,791		4,306,791		4,306,791
62	OBSERVATION BEDS (NON-DIS	480,085		480,085		480,085
63 50	RHC					
63 60	FOHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	55,685,016		55,685,016		55,685,016
102	LESS OBSERVATION BEDS	480,085		480,085		480,085
103	TOTAL	55,204,931		55,204,931		55,204,931

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	28,412,649		28,412,649			
26	INTENSIVE CARE UNIT	5,087,934		5,087,934			
31	SUBPROVIDER I	6,216,210		6,216,210			
33	NURSERY	1,008,077		1,008,077			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	4,819,969	5,712,501	10,532,470	.307183	.307183	.307183
38	RECOVERY ROOM	768,169	639,653	1,407,822	.268219	.268219	.268219
39	DELIVERY ROOM & LABOR ROO	1,811,358	461,976	2,273,334	.615092	.615092	.615092
40	ANESTHESIOLOGY	1,053,922	1,363,619	2,417,541	.168288	.168288	.168288
41	RADIOLOGY-DIAGNOSTIC	4,605,466	8,583,957	13,189,423	.231055	.231055	.231055
41 01	MRI	8,135,098	11,027,743	19,162,841	.075795	.075795	.075795
43 01	NUCLEAR MEDICINE	1,325,803	1,118,939	2,444,742	.197108	.197108	.197108
44	LABORATORY	19,562,793	9,963,834	29,526,627	.125773	.125773	.125773
46	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	4,979,742	280,117	5,259,859	.253126	.253126	.253126
50	PHYSICAL THERAPY	508,254	1,461,065	1,969,319	.418083	.418083	.418083
52	SPEECH PATHOLOGY	215,421	5,444	220,865	.236171	.236171	.236171
53	ELECTROCARDIOLOGY	4,492,668	2,233,443	6,726,111	.086392	.086392	.086392
53 01	CARDIAC CATH LAB	8,384,756	737,427	9,122,183	.204088	.204088	.204088
54	ELECTROENCEPHALOGRAPHY	155,089	55,661	210,750	.850577	.850577	.850577
55	MEDICAL SUPPLIES CHARGED	934,185	385,753	1,319,938	.361246	.361246	.361246
56	DRUGS CHARGED TO PATIENTS	17,044,621	2,972,474	20,017,095	.199601	.199601	.199601
57	RENAL DIALYSIS	668,323		668,323	.289793	.289793	.289793
58 01	OP SURGERY	1,897,062	3,062,810	4,959,872	.281811	.281811	.281811
58 02	OP PSYCH SERVICES						
58 03	CHEMICAL DEPENDENCY						
58 04	PAIN CLINIC	7,641	466,099	473,740	.102683	.102683	.102683
59	SLEEP LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	960	146,112	147,072	.514224	.514224	.514224
61	EMERGENCY	6,741,818	17,210,122	23,951,940	.179810	.179810	.179810
62	OBSERVATION BEDS (NON-DIS		1,332,967	1,332,967	.360163	.360163	.360163
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	128,837,988	69,221,716	198,059,704			
102	LESS OBSERVATION BEDS						
103	TOTAL	128,837,988	69,221,716	198,059,704			





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	3,235,399	420,055	2,815,344			3,235,399
38	RECOVERY ROOM	377,605	42,980	334,625			377,605
39	DELIVERY ROOM & LABOR ROO	1,398,310	54,456	1,343,854			1,398,310
40	ANESTHESIOLOGY	406,842	50,507	356,335			406,842
41	RADIOLOGY-DIAGNOSTIC	3,047,476	450,903	2,596,573			3,047,476
41	01 MRI	1,452,443	65,680	1,386,763			1,452,443
43	01 NUCLEAR MEDICINE	481,878	82,310	399,568			481,878
44	LABORATORY	3,713,664	316,380	3,397,284			3,713,664
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	1,331,406	174,576	1,156,830			1,331,406
50	PHYSICAL THERAPY	823,339	123,921	699,418			823,339
52	SPEECH PATHOLOGY	52,162	1,069	51,093			52,162
53	ELECTROCARDIOLOGY	581,085	15,053	566,032			581,085
53	01 CARDIAC CATH LAB	1,861,727	73,177	1,788,550			1,861,727
54	ELECTROENCEPHALOGRAPHY	179,259	19,767	159,492			179,259
55	MEDICAL SUPPLIES CHARGED	476,822	30,465	446,357			476,822
56	DRUGS CHARGED TO PATIENTS	3,995,436	171,466	3,823,970			3,995,436
57	RENAL DIALYSIS	193,675	2,762	190,913			193,675
58	01 OP SURGERY	1,397,747	311,692	1,086,055			1,397,747
58	02 OP PSYCH SERVICES		274,441	-274,441			
58	03 CHEMICAL DEPENDENCY						
58	04 PAIN CLINIC	48,645	2,005	46,640			48,645
59	SLEEP LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	75,628	1,012	74,616			75,628
61	EMERGENCY	4,306,791	394,768	3,912,023			4,306,791
62	OBSERVATION BEDS (NON-DIS	480,085	68,793	411,292			480,085
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	29,917,424	3,148,238	26,769,186			29,917,424
102	LESS OBSERVATION BEDS	480,085	68,793	411,292			480,085
103	TOTAL	29,437,339	3,079,445	26,357,894			29,437,339

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	10,532,470	.307183	.307183
38	RECOVERY ROOM	1,407,822	.268219	.268219
39	DELIVERY ROOM & LABOR ROO	2,273,334	.615092	.615092
40	ANESTHESIOLOGY	2,417,541	.168288	.168288
41	RADIOLOGY-DIAGNOSTIC	13,189,423	.231055	.231055
41	01 MRI	19,162,841	.075795	.075795
43	01 NUCLEAR MEDICINE	2,444,742	.197108	.197108
44	LABORATORY	29,526,627	.125773	.125773
46	30 BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	5,259,859	.253126	.253126
50	PHYSICAL THERAPY	1,969,319	.418083	.418083
52	SPEECH PATHOLOGY	220,865	.236171	.236171
53	ELECTROCARDIOLOGY	6,726,111	.086392	.086392
53	01 CARDIAC CATH LAB	9,122,183	.204088	.204088
54	ELECTROENCEPHALOGRAPHY	210,750	.850577	.850577
55	MEDICAL SUPPLIES CHARGED	1,319,938	.361246	.361246
56	DRUGS CHARGED TO PATIENTS	20,017,095	.199601	.199601
57	RENAL DIALYSIS	668,323	.289793	.289793
58	01 OP SURGERY	4,959,872	.281811	.281811
58	02 OP PSYCH SERVICES			
58	03 CHEMICAL DEPENDENCY			
58	04 PAIN CLINIC	473,740	.102683	.102683
59	SLEEP LAB			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	147,072	.514224	.514224
61	EMERGENCY	23,951,940	.179810	.179810
62	OBSERVATION BEDS (NON-DIS	1,332,967	.360163	.360163
63	50 RHC			
63	60 FQHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	157,334,834		
102	LESS OBSERVATION BEDS	1,332,967		
103	TOTAL	156,001,867		

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	3,235,399	420,055	2,815,344			3,235,399
38	RECOVERY ROOM	377,605	42,980	334,625			377,605
39	DELIVERY ROOM & LABOR ROO	1,398,310	54,456	1,343,854			1,398,310
40	ANESTHESIOLOGY	406,842	50,507	356,335			406,842
41	RADIOLOGY-DIAGNOSTIC	3,047,476	450,903	2,596,573			3,047,476
41 01	MRI	1,452,443	65,680	1,386,763			1,452,443
43 01	NUCLEAR MEDICINE	481,878	82,310	399,568			481,878
44	LABORATORY	3,713,664	316,380	3,397,284			3,713,664
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	1,331,406	174,576	1,156,830			1,331,406
50	PHYSICAL THERAPY	823,339	123,921	699,418			823,339
52	SPEECH PATHOLOGY	52,162	1,069	51,093			52,162
53	ELECTROCARDIOLOGY	581,085	15,053	566,032			581,085
53 01	CARDIAC CATH LAB	1,861,727	73,177	1,788,550			1,861,727
54	ELECTROENCEPHALOGRAPHY	179,259	19,767	159,492			179,259
55	MEDICAL SUPPLIES CHARGED	476,822	30,465	446,357			476,822
56	DRUGS CHARGED TO PATIENTS	3,995,436	171,466	3,823,970			3,995,436
57	RENAL DIALYSIS	193,675	2,762	190,913			193,675
58 01	OP SURGERY	1,397,747	311,692	1,086,055			1,397,747
58 02	OP PSYCH SERVICES		274,441	-274,441			
58 03	CHEMICAL DEPENDENCY						
58 04	PAIN CLINIC	48,645	2,005	46,640			48,645
59	SLEEP LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	75,628	1,012	74,616			75,628
61	EMERGENCY	4,306,791	394,768	3,912,023			4,306,791
62	OBSERVATION BEDS (NON-DIS	480,085	68,793	411,292			480,085
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	29,917,424	3,148,238	26,769,186			29,917,424
102	LESS OBSERVATION BEDS	480,085	68,793	411,292			480,085
103	TOTAL	29,437,339	3,079,445	26,357,894			29,437,339

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	10,532,470	.307183	.307183
38	RECOVERY ROOM	1,407,822	.268219	.268219
39	DELIVERY ROOM & LABOR ROO	2,273,334	.615092	.615092
40	ANESTHESIOLOGY	2,417,541	.168288	.168288
41	RADIOLOGY-DIAGNOSTIC	13,189,423	.231055	.231055
41	01 MRI	19,162,841	.075795	.075795
43	01 NUCLEAR MEDICINE	2,444,742	.197108	.197108
44	LABORATORY	29,526,627	.125773	.125773
46	30 BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	5,259,859	.253126	.253126
50	PHYSICAL THERAPY	1,969,319	.418083	.418083
52	SPEECH PATHOLOGY	220,865	.236171	.236171
53	ELECTROCARDIOLOGY	6,726,111	.086392	.086392
53	01 CARDIAC CATH LAB	9,122,183	.204088	.204088
54	ELECTROENCEPHALOGRAPHY	210,750	.850577	.850577
55	MEDICAL SUPPLIES CHARGED	1,319,938	.361246	.361246
56	DRUGS CHARGED TO PATIENTS	20,017,095	.199601	.199601
57	RENAL DIALYSIS	668,323	.289793	.289793
58	01 OP SURGERY	4,959,872	.281811	.281811
58	02 OP PSYCH SERVICES			
58	03 CHEMICAL DEPENDENCY			
58	04 PAIN CLINIC	473,740	.102683	.102683
59	SLEEP LAB			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	147,072	.514224	.514224
61	EMERGENCY	23,951,940	.179810	.179810
62	OBSERVATION BEDS (NON-DIS	1,332,967	.360163	.360163
63	50 RHC			
63	60 FQHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	157,334,834		
102	LESS OBSERVATION BEDS	1,332,967		
103	TOTAL	156,001,867		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				2,427,142		2,427,142
26	INTENSIVE CARE UNIT				398,795		398,795
31	SUBPROVIDER I				855,328		855,328
33	NURSERY				50,285		50,285
101	TOTAL				3,731,550		3,731,550

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
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	23,427	8,562			103.60	887,023
26	INTENSIVE CARE UNIT	2,456	1,294			162.38	210,120
31	SUBPROVIDER I	4,578	3,412			186.83	637,464
33	NURSERY	1,182				42.54	
101	TOTAL	31,643	13,268				1,734,607

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		420,055	10,532,470	1,363,006		
38	RECOVERY ROOM		42,980	1,407,822	176,159		
39	DELIVERY ROOM & LABOR ROO		54,456	2,273,334	3,769		
40	ANESTHESIOLOGY		50,507	2,417,541	279,668		
41	RADIOLOGY-DIAGNOSTIC		450,903	13,189,423	2,024,160		
41 01	MRI		65,680	19,162,841	3,119,387		
43 01	NUCLEAR MEDICINE		82,310	2,444,742	587,074		
44	LABORATORY		316,380	29,526,627	2,993,010		
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY		174,576	5,259,859	3,116,681		
50	PHYSICAL THERAPY		123,921	1,969,319	273,564		
52	SPEECH PATHOLOGY		1,069	220,865	133,752		
53	ELECTROCARDIOLOGY		15,053	6,726,111	808,499		
53 01	CARDIAC CATH LAB		73,177	9,122,183	4,390,184		
54	ELECTROENCEPHALOGRAPHY		19,767	210,750	62,991		
55	MEDICAL SUPPLIES CHARGED		30,465	1,319,938	524,526		
56	DRUGS CHARGED TO PATIENTS		171,466	20,017,095	12,106,414		
57	RENAL DIALYSIS		2,762	668,323	338,970		
58 01	OP SURGERY		311,692	4,959,872	428,658		
58 02	OP PSYCH SERVICES						
58 03	CHEMICAL DEPENDENCY						
58 04	PAIN CLINIC		2,005	473,740			
59	SLEEP LAB						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC		1,012	147,072			
61	EMERGENCY		394,768	23,951,940	2,578,661		
62	OBSERVATION BEDS (NON-DIS		68,793	1,332,967			
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		2,873,797	157,334,834	35,309,133		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0292  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 COMPONENT NO: 14-0292  
 PREPARED 10/7/2010  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.039882	54,359
38	RECOVERY ROOM	.030529	5,378
39	DELIVERY ROOM & LABOR ROO	.023954	90
40	ANESTHESIOLOGY	.020892	5,843
41	RADIOLOGY-DIAGNOSTIC	.034187	69,200
41 01	MRI	.003427	10,690
43 01	NUCLEAR MEDICINE	.033668	19,766
44	LABORATORY	.010715	32,070
46 30	BLOOD CLOTTING FACTORS AD		
49	RESPIRATORY THERAPY	.033190	103,443
50	PHYSICAL THERAPY	.062926	17,214
52	SPEECH PATHOLOGY	.004840	647
53	ELECTROCARDIOLOGY	.002238	1,809
53 01	CARDIAC CATH LAB	.008022	35,218
54	ELECTROENCEPHALOGRAPHY	.093794	5,908
55	MEDICAL SUPPLIES CHARGED	.023081	12,107
56	DRUGS CHARGED TO PATIENTS	.008566	103,704
57	RENAL DIALYSIS	.004133	1,401
58 01	OP SURGERY	.062843	26,938
58 02	OP PSYCH SERVICES		
58 03	CHEMICAL DEPENDENCY		
58 04	PAIN CLINIC	.004232	
59	SLEEP LAB		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.006881	
61	EMERGENCY	.016482	42,501
62	OBSERVATION BEDS (NON-DIS	.051609	
63 50	RHC		
63 60	FQHC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		548,286

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					23,427	
26	INTENSIVE CARE UNIT					2,456	
31	SUBPROVIDER I					4,578	
33	NURSERY					1,182	
101	TOTAL					31,643	

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

PROVIDER NO: 14-0292  
PERIOD: FROM 1/1/2009 TO 12/31/2009  
PREPARED 10/7/2010  
WORKSHEET D  
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	8,562	
26	INTENSIVE CARE UNIT	1,294	
31	SUBPROVIDER I	3,412	
33	NURSERY		
101	TOTAL	13,268	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 MRI						
43	01 NUCLEAR MEDICINE						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC CATH LAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	01 OP SURGERY						
58	02 OP PSYCH SERVICES						
58	03 CHEMICAL DEPENDENCY						
58	04 PAIN CLINIC						
59	SLEEP LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			10,532,470			1,363,006	
38	OPERATING ROOM			1,407,822			176,159	
39	RECOVERY ROOM			2,273,334			3,769	
40	DELIVERY ROOM & LABOR ROO			2,417,541			279,668	
41	ANESTHESIOLOGY			13,189,423			2,024,160	
41	01 RADIOLOGY-DIAGNOSTIC			19,162,841			3,119,387	
43	01 MRI			2,444,742			587,074	
44	01 NUCLEAR MEDICINE			29,526,627			2,993,010	
44	LABORATORY							
46	30 BLOOD CLOTTING FACTORS AD							
49	RESPIRATORY THERAPY			5,259,859			3,116,681	
50	PHYSICAL THERAPY			1,969,319			273,564	
52	SPEECH PATHOLOGY			220,865			133,752	
53	ELECTROCARDIOLOGY			6,726,111			808,499	
53	01 CARDIAC CATH LAB			9,122,183			4,390,184	
54	ELECTROENCEPHALOGRAPHY			210,750			62,991	
55	MEDICAL SUPPLIES CHARGED			1,319,938			524,526	
56	DRUGS CHARGED TO PATIENTS			20,017,095			12,106,414	
57	RENAL DIALYSIS			668,323			338,970	
58	01 OP SURGERY			4,959,872			428,658	
58	02 OP PSYCH SERVICES							
58	03 CHEMICAL DEPENDENCY							
58	04 PAIN CLINIC			473,740				
59	SLEEP LAB							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			147,072				
61	EMERGENCY			23,951,940			2,578,661	
62	OBSERVATION BEDS (NON-DIS			1,332,967				
63	50 RHC							
63	60 FQHC							
63	OTHER REIMBURS COST CNTRS							
101	TOTAL			157,334,834			35,309,133	

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	816,245					
38	RECOVERY ROOM	81,920					
39	DELIVERY ROOM & LABOR ROO	489					
40	ANESTHESIOLOGY	273,970					
41	RADIOLOGY-DIAGNOSTIC	2,089,097					
41 01	MRI	2,009,326					
43 01	NUCLEAR MEDICINE	280,950					
44	LABORATORY	90,680					
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	40,474					
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	490,155					
53 01	CARDIAC CATH LAB	669,992					
54	ELECTROENCEPHALOGRAPHY	15,594					
55	MEDICAL SUPPLIES CHARGED	162,245					
56	DRUGS CHARGED TO PATIENTS	999,314					
57	RENAL DIALYSIS						
58 01	OP SURGERY	288,129					
58 02	OP PSYCH SERVICES						
58 03	CHEMICAL DEPENDENCY						
58 04	PAIN CLINIC						
59	SLEEP LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	128,200					
61	EMERGENCY	1,512,614					
62	OBSERVATION BEDS (NON-DIS	306,876					
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	10,256,270					

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	.307183	.307183			
38 RECOVERY ROOM	.268219	.268219			
39 DELIVERY ROOM & LABOR ROOM	.615092	.615092			
40 ANESTHESIOLOGY	.168288	.168288			
41 RADIOLOGY-DIAGNOSTIC	.231055	.231055			
41 01 MRI	.075795	.075795			
43 01 NUCLEAR MEDICINE	.197108	.197108			
44 LABORATORY	.125773	.125773			
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY	.253126	.253126			
50 PHYSICAL THERAPY	.418083	.418083			
52 SPEECH PATHOLOGY	.236171	.236171			
53 ELECTROCARDIOLOGY	.086392	.086392			
53 01 CARDIAC CATH LAB	.204088	.204088			
54 ELECTROENCEPHALOGRAPHY	.850577	.850577			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.361246	.361246			
56 DRUGS CHARGED TO PATIENTS	.199601	.199601			
57 RENAL DIALYSIS	.289793	.289793			
58 01 OP SURGERY	.281811	.281811			
58 02 OP PSYCH SERVICES					
58 03 CHEMICAL DEPENDENCY					
58 04 PAIN CLINIC	.102683	.102683			
59 SLEEP LAB					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC	.514224	.514224			
61 EMERGENCY	.179810	.179810			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.360163	.360163			
63 50 RHC					
63 60 FOHC					
101 SUBTOTAL					
102 CRNA CHARGES					
103 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		816,245				
38	RECOVERY ROOM		81,920				
39	DELIVERY ROOM & LABOR ROOM		489				
40	ANESTHESIOLOGY		273,970				
41	RADIOLOGY-DIAGNOSTIC		2,089,097	595			
41 01	MRI		2,009,326				
43 01	NUCLEAR MEDICINE		280,950				
44	LABORATORY		90,680				
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS						
49	RESPIRATORY THERAPY		40,474				
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		490,155				
53 01	CARDIAC CATH LAB		669,992	66			
54	ELECTROENCEPHALOGRAPHY		15,594				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		162,245				
56	DRUGS CHARGED TO PATIENTS		999,314				
57	RENAL DIALYSIS						
58 01	OP SURGERY		288,129				
58 02	OP PSYCH SERVICES						
58 03	CHEMICAL DEPENDENCY						
58 04	PAIN CLINIC						
59	SLEEP LAB						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC		128,200				
61	EMERGENCY		1,512,614				
62	OBSERVATION BEDS (NON-DISTINCT PART)		306,876				
63 50	RHC						
63 60	FOHC						
101	SUBTOTAL		10,256,270	661			
102	CRNA CHARGES						
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES						
104	NET CHARGES		10,256,270	661			

(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

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				250,737	
38 RECOVERY ROOM				21,973	
39 DELIVERY ROOM & LABOR ROOM				301	
40 ANESTHESIOLOGY				46,106	
41 RADIOLOGY-DIAGNOSTIC				482,696	137
41 01 MRI				152,297	
43 01 NUCLEAR MEDICINE				55,377	
44 LABORATORY				11,405	
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY				10,245	
50 PHYSICAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				42,345	
53 01 CARDIAC CATH LAB				136,737	13
54 ELECTROENCEPHALOGRAPHY				13,264	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				58,610	
56 DRUGS CHARGED TO PATIENTS				199,464	
57 RENAL DIALYSIS					
58 01 OP SURGERY				81,198	
58 02 OP PSYCH SERVICES					
58 03 CHEMICAL DEPENDENCY					
58 04 PAIN CLINIC					
59 SLEEP LAB					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC				65,924	
61 EMERGENCY				271,983	
62 OBSERVATION BEDS (NON-DISTINCT PART)				110,525	
63 50 RHC					
63 60 FOHC					
101 SUBTOTAL				2,011,187	150
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				2,011,187	150

(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

PPS Services Hospital I/P Hospital I/P  
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 41 01 MRI
- 43 01 NUCLEAR MEDICINE
- 44 LABORATORY
- 46 30 BLOOD CLOTTING FACTORS ADMIN COSTS
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 53 01 CARDIAC CATH LAB
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 58 01 OP SURGERY
- 58 02 OP PSYCH SERVICES
- 58 03 CHEMICAL DEPENDENCY
- 58 04 PAIN CLINIC
- 59 SLEEP LAB
- 60 OUTPAT SERVICE COST CNTRS
- 61 CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 63 50 RHC
- 63 60 FOHC
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 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 A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	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											
39	DELIVERY ROOM & LABOR ROO											
40	ANESTHESIOLOGY											
41	RADIOLOGY-DIAGNOSTIC											
41	01 MRI											
43	01 NUCLEAR MEDICINE											
44	LABORATORY											
46	30 BLOOD CLOTTING FACTORS AD											
49	RESPIRATORY THERAPY											
50	PHYSICAL THERAPY											
52	SPEECH PATHOLOGY											
53	ELECTROCARDIOLOGY											
53	01 CARDIAC CATH LAB											
54	ELECTROENCEPHALOGRAPHY											
55	MEDICAL SUPPLIES CHARGED											
56	DRUGS CHARGED TO PATIENTS											
57	RENAL DIALYSIS											
58	01 OP SURGERY											
58	02 OP PSYCH SERVICES											
58	03 CHEMICAL DEPENDENCY											
58	04 PAIN CLINIC											
59	SLEEP LAB											
	OUTPAT SERVICE COST CNTRS											
60	CLINIC											
61	EMERGENCY											
62	OBSERVATION BEDS (NON-DIS											
63	50 RHC											
63	60 FQHC											
	OTHER REIMBURS COST CNTRS											
101	TOTAL											

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			10,532,470			1,439	
38	RECOVERY ROOM			1,407,822			1,031	
39	DELIVERY ROOM & LABOR ROO			2,273,334				
40	ANESTHESIOLOGY			2,417,541				
41	RADIOLOGY-DIAGNOSTIC			13,189,423			120,294	
41 01	MRI			19,162,841			104,530	
43 01	NUCLEAR MEDICINE			2,444,742			12,189	
44	LABORATORY			29,526,627			232,720	
46 30	BLOOD CLOTTING FACTORS AD							
49	RESPIRATORY THERAPY			5,259,859			217,331	
50	PHYSICAL THERAPY			1,969,319			48,071	
52	SPEECH PATHOLOGY			220,865			20,579	
53	ELECTROCARDIOLOGY			6,726,111			72,257	
53 01	CARDIAC CATH LAB			9,122,183			27,711	
54	ELECTROENCEPHALOGRAPHY			210,750			5,762	
55	MEDICAL SUPPLIES CHARGED			1,319,938			2,359	
56	DRUGS CHARGED TO PATIENTS			20,017,095			1,593,141	
57	RENAL DIALYSIS			668,323			34,000	
58 01	OP SURGERY			4,959,872			2,210	
58 02	OP PSYCH SERVICES							
58 03	CHEMICAL DEPENDENCY							
58 04	PAIN CLINIC			473,740				
59	SLEEP LAB							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			147,072				
61	EMERGENCY			23,951,940			69,753	
62	OBSERVATION BEDS (NON-DIS			1,332,967				
63 50	RHC							
63 60	FQHC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			157,334,834			2,565,377	

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		2,154				
41	01 MRI						
43	01 NUCLEAR MEDICINE						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		3,995				
53	01 CARDIAC CATH LAB		777				
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS		3,115				
57	RENAL DIALYSIS						
58	01 OP SURGERY						
58	02 OP PSYCH SERVICES						
58	03 CHEMICAL DEPENDENCY						
58	04 PAIN CLINIC						
59	SLEEP LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		10,041				



TITLE XVIII, PART B

SUBPROVIDER 1

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		2,154			
41 01 MRI					
43 01 NUCLEAR MEDICINE					
44 LABORATORY					
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		3,995			
53 01 CARDIAC CATH LAB		777			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS		3,115			
57 RENAL DIALYSIS					
58 01 OP SURGERY					
58 02 OP PSYCH SERVICES					
58 03 CHEMICAL DEPENDENCY					
58 04 PAIN CLINIC					
59 SLEEP LAB					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 50 RHC					
63 60 FOHC					
101 SUBTOTAL		10,041			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		10,041			

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B SUBPROVIDER 1

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC				498	
41 01 MRI					
43 01 NUCLEAR MEDICINE					
44 LABORATORY					
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				345	
53 01 CARDIAC CATH LAB				159	
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS				622	
57 RENAL DIALYSIS					
58 01 OP SURGERY					
58 02 OP PSYCH SERVICES					
58 03 CHEMICAL DEPENDENCY					
58 04 PAIN CLINIC					
59 SLEEP LAB					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 50 RHC					
63 60 FOHC					
101 SUBTOTAL				1,624	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				1,624	

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

TITLE XVIII, PART B SUBPROVIDER 1

PPS Services Hospital I/P Hospital I/P  
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 41 01 MRI
- 43 01 NUCLEAR MEDICINE
- 44 LABORATORY
- 46 30 BLOOD CLOTTING FACTORS ADMIN COSTS
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 53 01 CARDIAC CATH LAB
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 58 01 OP SURGERY
- 58 02 OP PSYCH SERVICES
- 58 03 CHEMICAL DEPENDENCY
- 58 04 PAIN CLINIC
- 59 SLEEP LAB
- 60 OUTPAT SERVICE COST CNTRS
- 61 CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 63 50 RHC
- 63 60 FOHC
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 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 A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					723.02
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					6,190,497
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					6,190,497

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	3,621,462	2,456	1,474.54	1,294	1,908,055
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					1,097,143
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					548,286
52	TOTAL PROGRAM EXCLUDABLE COST					1,645,429
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					13,407,650

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	664
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	723.02
85	OBSERVATION BED COST	480,085

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	16,938,147		480,085	
87	NEW CAPITAL-RELATED COST	2,427,142	.143294	480,085	68,793
88	NON PHYSICIAN ANESTHETIST	16,938,147		480,085	
89	MEDICAL EDUCATION	16,938,147		480,085	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				





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	967.88
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	4,430,956			
87	NEW CAPITAL-RELATED COST	855,328	1.193035		
88	NON PHYSICIAN ANESTHETIST	4,430,956			
89	MEDICAL EDUCATION	4,430,956			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		10,404,453	
26	INTENSIVE CARE UNIT		3,886,178	
31	SUBPROVIDER I ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.307183	1,363,006	418,692
38	RECOVERY ROOM	.268219	176,159	47,249
39	DELIVERY ROOM & LABOR ROOM	.615092	3,769	2,318
40	ANESTHESIOLOGY	.168288	279,668	47,065
41	RADIOLOGY-DIAGNOSTIC	.231055	2,024,160	467,692
41 01	MRI	.075795	3,119,387	236,434
43 01	NUCLEAR MEDICINE	.197108	587,074	115,717
44	LABORATORY	.125773	2,993,010	376,440
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.253126	3,116,681	788,913
50	PHYSICAL THERAPY	.418083	273,564	114,372
52	SPEECH PATHOLOGY	.236171	133,752	31,588
53	ELECTROCARDIOLOGY	.086392	808,499	69,848
53 01	CARDIAC CATH LAB	.204088	4,390,184	895,984
54	ELECTROENCEPHALOGRAPHY	.850577	62,991	53,579
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.361246	524,526	189,483
56	DRUGS CHARGED TO PATIENTS	.199601	12,106,414	2,416,452
57	RENAL DIALYSIS	.289793	338,970	98,231
58 01	OP SURGERY	.281811	428,658	120,801
58 02	OP PSYCH SERVICES			
58 03	CHEMICAL DEPENDENCY			
58 04	PAIN CLINIC	.102683		
59	SLEEP LAB OUTPAT SERVICE COST CNTRS			
60	CLINIC	.514224		
61	EMERGENCY	.179810	2,578,661	463,669
62	OBSERVATION BEDS (NON-DISTINCT PART)	.360163		
63 50	RHC			
63 60	FOHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		35,309,133	6,954,527
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		35,309,133	





PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	13,353,313	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	13,353,313	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,037,222	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	14,390,535	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	14,390,535	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	839,665	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	231,990	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	410,564	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	287,395	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	325,699	
22 SUBTOTAL	13,606,275	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	13,606,275	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	13,319,389	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	286,886	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	401,341	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		





TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		13,229,721		1,257,135
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	10/27/2009	11,320		
ADJUSTMENTS TO PROVIDER .02	11/4/2009	78,348		
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50			10/27/2009	11,320
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .56				
ADJUSTMENTS TO PROGRAM .57				
SUBTOTAL .99		89,668		-11,320
4 TOTAL INTERIM PAYMENTS		13,319,389		1,245,815
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		286,886		39,633
7 TOTAL MEDICARE PROGRAM LIABILITY		13,606,275		1,285,448

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,914,355		1,274
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		2,914,355		1,274
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
7 TOTAL MEDICARE PROGRAM LIABILITY		2,914,355		1,274

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
 SUBPROVIDER 1

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	2,764,090
1.09	NET IPF PPS OUTLIER PAYMENTS	303,526
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	12.542466
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$ .	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	3,067,616
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	3,067,616
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$ .	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	3,067,616
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	3,067,616
7	DEDUCTIBLES	116,148
8	SUBTOTAL	2,951,468
9	COINSURANCE	37,113
10	SUBTOTAL	2,914,355
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	2,914,355
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	



BALANCE SHEET

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	7,211,523			
2	TEMPORARY INVESTMENTS	4,622,032			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	2,435,683			
5	OTHER RECEIVABLES	5,458,335			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2,819,271			
7	INVENTORY	1,953,695			
8	PREPAID EXPENSES	381,400			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	19,243,397			
FIXED ASSETS					
12	LAND	1,869,112			
12.01					
13	LAND IMPROVEMENTS	78,294			
13.01	LESS ACCUMULATED DEPRECIATION	-45,203			
14	BUILDINGS	24,846,672			
14.01	LESS ACCUMULATED DEPRECIATION	-7,132,628			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	7,031,284			
16.01	LESS ACCUMULATED DEPRECIATION	-4,557,387			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	6,042,347			
18.01	LESS ACCUMULATED DEPRECIATION	-4,494,310			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	23,638,181			
OTHER ASSETS					
22	INVESTMENTS	677,319			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	302,421			
26	TOTAL OTHER ASSETS	979,740			
27	TOTAL ASSETS	43,861,318			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,531,297			
29 SALARIES, WAGES & FEES PAYABLE	2,326,648			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	1,204,371			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,490,133			
36 TOTAL CURRENT LIABILITIES	6,552,449			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	12,374,365			
38 NOTES PAYABLE	18,244			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	12,392,609			
43 TOTAL LIABILITIES	18,945,058			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	24,916,260			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	24,916,260			
52 TOTAL LIABILITIES AND FUND BALANCES	43,861,318			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		22,554,170		
2	NET INCOME (LOSS)		2,203,355		
3	TOTAL		24,757,525		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	NET ASSETS				
7	DONOR RESTRICTED	467,235			
8					
9					
10	TOTAL ADDITIONS		467,235		
11	SUBTOTAL		25,224,760		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	DONOR RESTRICTED FUNDS				
15	OTHER				
16	CR YR	308,500			
17					
18	TOTAL DEDUCTIONS		308,500		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		24,916,260		

		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	NET ASSETS				
7	DONOR RESTRICTED				
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	DONOR RESTRICTED FUNDS				
15	OTHER				
16	CR YR				
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				



DESCRIPTION

1	TOTAL PATIENT REVENUES	198,069,534
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	125,560,547
3	NET PATIENT REVENUES	72,508,987
4	LESS: TOTAL OPERATING EXPENSES	76,309,086
5	NET INCOME FROM SERVICE TO PATIENTS	-3,800,099
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	63,551
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	15,395
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	1,683
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	GIFT SHOP	6,414
24.01	ADMIN AND GENERAL	91,051
24.02	INTEREST EXPENSE	28,127
24.03	MARKETING REVENUE	16,463
24.04	THERAPEUTIC DAY SCHOOL	5,772,063
24.05	ALL OTHER NON PATIENT REVENUE	8,707
25	TOTAL OTHER INCOME	6,003,454
26	TOTAL OTHER EXPENSES	2,203,355
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	2,203,355

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	827,219
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	122,566
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	69.09
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	9.71
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	39.91
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	49.62
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	10.57
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	87,437
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,037,222
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)	