

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		14-1334		FROM 4/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 3/31/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 8/12/2009 TIME 15:33

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:  
 SAINT JOSEPH MEMORIAL HOSPITAL 14-1334

FOR THE COST REPORTING PERIOD BEGINNING 4/ 1/2008 AND ENDING 3/31/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	289,473	-125,910		0
3	SWING BED - SNF	0	0	0		0
100	TOTAL	0	289,473	-125,910		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.







60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3. (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)

MULTI CAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY).



DESCRIPTION

UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
2.01	IS IT AT THE TIME OF ADMISSION?
2.02	IS IT AT THE TIME OF FIRST BILLING?
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
2.04	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE
17.01	GROSS MEDICAID REVENUES 1,239,573
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
20	RESTRICTED GRANTS 25,093
21	NON-RESTRICTED GRANTS
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES 1,264,666
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) - .015248
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)

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	9,545,863
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	-145,555
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	620,792
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	-9,466
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	-145,555

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO:  
I 14-1334  
II PERIOD:  
I FROM 4/ 1/2008  
I TO 3/31/2009 II PREPARED 8/12/2009  
I WORKSHEET A  
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,822,416	1,822,416	-985,166	837,250
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				1,328,662	1,328,662
5	0500 EMPLOYEE BENEFITS	156,044	3,489,210	3,645,254	-121,880	3,523,374
6.01	0620 DATA PROCESSING					
6.02	0630 PURCHASING, RECEIVING AND STORES		44,292	44,292		44,292
6.03	0650 CASHIERING/ACCOUNTS RECEIVABLE	363,696	27,043	390,739		390,739
6.04	0660 OTHER ADMINISTRATIVE AND GENERAL	710,854	1,483,679	2,194,533	-24,173	2,170,360
7	0700 MAINTENANCE & REPAIRS	308,183	711,182	1,019,365		1,019,365
8	0800 OPERATION OF PLANT	114,588	524	115,112		115,112
9	0900 LAUNDRY & LINEN SERVICE		80,086	80,086		80,086
10	1000 HOUSEKEEPING	224,628	46,689	271,317		271,317
11	1100 DIETARY	310,350	124,939	435,289	-304,653	130,636
12	1200 CAFETERIA				303,942	303,942
14	1400 NURSING ADMINISTRATION	817,805	83,422	901,227		901,227
15	1500 CENTRAL SERVICES & SUPPLY		14,122	14,122		14,122
16	1600 PHARMACY	289,107	648,922	938,029		938,029
17	1700 MEDICAL RECORDS & LIBRARY	67,923	15,971	83,894		83,894
18	1800 SOCIAL SERVICE	22,869	262	23,131		23,131
20	2000 NONPHYSICIAN ANESTHETISTS INPAT ROUTINE SRVC CNTRS				725,094	725,094
25	2500 ADULTS & PEDIATRICS ANCILLARY SRVC COST CNTRS	1,954,646	255,266	2,209,912	-5,849	2,204,063
37	3700 OPERATING ROOM	769,488	1,106,873	1,876,361	-528,603	1,347,758
38	3800 RECOVERY ROOM	127,080	3,526	130,606	-106	130,500
40	4000 ANESTHESIOLOGY	407,938	253,880	661,818	-609,409	52,409
41	4100 RADIOLOGY-DIAGNOSTIC	783,762	742,370	1,526,132		1,526,132
44	4400 LABORATORY	640,282	886,951	1,527,233		1,527,233
49	4900 RESPIRATORY THERAPY	623,692	88,583	712,275	-24,555	687,720
49.01	3950 SLEEP LAB	893,380	310,142	1,203,522		1,203,522
49.02	3951 GERIATRIC PSYCH		486,118	486,118		486,118
50	5000 PHYSICAL THERAPY	256,995	100,484	357,479		357,479
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				558,775	558,775
56	5600 DRUGS CHARGED TO PATIENTS				11,507	11,507
61	6100 EMERGENCY	962,712	1,085,464	2,048,176	-4,263	2,043,913
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		337,981	337,981	-319,323	18,658
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
95	SUBTOTALS NONREIMBURS COST CENTERS	10,806,022	14,250,397	25,056,419	-0-	25,056,419
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES		14,171	14,171		14,171
98.01	9801 UNUSED SPACE					
101	TOTAL	10,806,022	14,264,568	25,070,590	-0-	25,070,590

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 8/12/2009  
I 14-1334 I FROM 4/ 1/2008 I WORKSHEET A  
I I TO 3/31/2009 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	22,432	859,682
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	409,270	1,737,932
5 0500	EMPLOYEE BENEFITS	-106,393	3,416,981
6.01 0620	DATA PROCESSING	772,309	772,309
6.02 0630	PURCHASING, RECEIVING AND STORES	-2,325	41,967
6.03 0650	CASHIERING/ACCOUNTS RECEIVABLE	537,391	928,130
6.04 0660	OTHER ADMINISTRATIVE AND GENERAL	508,084	2,678,444
7 0700	MAINTENANCE & REPAIRS		1,019,365
8 0800	OPERATION OF PLANT		115,112
9 0900	LAUNDRY & LINEN SERVICE		80,086
10 1000	HOUSEKEEPING		271,317
11 1100	DIETARY		130,636
12 1200	CAFETERIA	-66,958	236,984
14 1400	NURSING ADMINISTRATION		901,227
15 1500	CENTRAL SERVICES & SUPPLY		14,122
16 1600	PHARMACY		938,029
17 1700	MEDICAL RECORDS & LIBRARY	-24,907	58,987
18 1800	SOCIAL SERVICE		23,131
20 2000	NONPHYSICIAN ANESTHETISTS INPAT ROUTINE SRVC CNTRS	-725,094	
25 2500	ADULTS & PEDIATRICS ANCILLARY SRVC COST CNTRS		2,204,063
37 3700	OPERATING ROOM		1,347,758
38 3800	RECOVERY ROOM		130,500
40 4000	ANESTHESIOLOGY		52,409
41 4100	RADIOLOGY-DIAGNOSTIC	-30	1,526,102
44 4400	LABORATORY		1,527,233
49 4900	RESPIRATORY THERAPY	-23,424	664,296
49.01 3950	SLEEP LAB	-864	1,202,658
49.02 3951	GERIATRIC PSYCH		486,118
50 5000	PHYSICAL THERAPY		357,479
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		558,775
56 5600	DRUGS CHARGED TO PATIENTS		11,507
61 6100	EMERGENCY	-891,819	1,152,094
62 6200	OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE	-18,658	-0-
92 9200	AMBULATORY SURGICAL CENTER (D.P.)		
95	SUBTOTALS	389,014	25,445,433
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98 9800	PHYSICIANS' PRIVATE OFFICES	-6,010	8,161
98.01 9801	UNUSED SPACE		
101	TOTAL	383,004	25,453,594

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-1334  
 PERIOD: FROM 4/1/2008 TO 3/31/2009  
 PREPARED 8/12/2009  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	DATA PROCESSING	0620	DATA PROCESSING
6.02	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.03	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.04	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
25	INPAT ROUTINE SRVC ADULTS & PEDIATRICS	2500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
49.01	SLEEP LAB	3950	OTHER ANCILLARY SERVICE COST CENTERS
49.02	GERIATRIC PSYCH	3951	OTHER ANCILLARY SERVICE COST CENTERS
50	PHYSICAL THERAPY	5000	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	UNUSED SPACE	9801	PHYSICIANS' PRIVATE OFFICES
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:  
141334

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

PREPARED 8/12/2009  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1) 1	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 DIETARY RECLASS	A	CAFETERIA	12	217,057	87,382
2 MEDICAL SUPPLY RECLASS	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		558,775
3					
4					
5					
6					
7 CRNA COST RECLASS	C	NONPHYSICIAN ANESTHETISTS	20	407,937	317,157
8					
9 DEPRECIATION RECLASS	D	NEW CAP REL COSTS-MVBLE EQUIP	4		1,177,524
10 INSURANCE RECLASS	E	NEW CAP REL COSTS-BLDG & FIXT	3		13,537
11		NEW CAP REL COSTS-MVBLE EQUIP	4		10,636
12 I.V. SOLUTION RECLASS	F	DRUGS CHARGED TO PATIENTS	56		11,507
13					
14					
15					
16					
17					
18					
19 INTEREST EXPENSE RECLASS	G	NEW CAP REL COSTS-BLDG & FIXT	3		178,821
20		NEW CAP REL COSTS-MVBLE EQUIP	4		140,502
36 TOTAL RECLASSIFICATIONS				624,994	2,495,841

(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:  
141334

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

PREPARED 8/12/2009  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 DIETARY RECLASS	A	DIETARY	11		217,057	87,382	
2 MEDICAL SUPPLY RECLASS	B	OPERATING ROOM	37			526,513	
3		ANESTHESIOLOGY	40			5,608	
4		RESPIRATORY THERAPY	49			24,555	
5		EMERGENCY	61			1,979	
6		ADULTS & PEDIATRICS	25			120	
7 CRNA COST RECLASS	C	ANESTHESIOLOGY	40		407,937	195,277	
8		EMPLOYEE BENEFITS	5			121,880	
9 DEPRECIATION RECLASS	D	NEW CAP REL COSTS-BLDG & FIXT	3			1,177,524	9
10 INSURANCE RECLASS	E	OTHER ADMINISTRATIVE AND GENERAL	6.04			24,173	9
11							9
12 I.V. SOLUTION RECLASS	F	DIETARY	11			214	
13		CAFETERIA	12			497	
14		ADULTS & PEDIATRICS	25			5,729	
15		OPERATING ROOM	37			2,090	
16		RECOVERY ROOM	38			106	
17		ANESTHESIOLOGY	40			587	
18		EMERGENCY	61			2,284	
19 INTEREST EXPENSE RECLASS	G	INTEREST EXPENSE	88			319,323	9
20							9
36 TOTAL RECLASSIFICATIONS					624,994	2,495,841	

(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:  
141334

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

PREPARED 8/12/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : DIETARY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	304,439	DIETARY	11	304,439	
TOTAL RECLASSIFICATIONS FOR CODE A			304,439				304,439

RECLASS CODE: B  
EXPLANATION : MEDICAL SUPPLY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	558,775	OPERATING ROOM	37	526,513	
2.00			0	ANESTHESIOLOGY	40	5,608	
3.00			0	RESPIRATORY THERAPY	49	24,555	
4.00			0	EMERGENCY	61	1,979	
5.00			0	ADULTS & PEDIATRICS	25	120	
TOTAL RECLASSIFICATIONS FOR CODE B			558,775				558,775

RECLASS CODE: C  
EXPLANATION : CRNA COST RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONPHYSICIAN ANESTHETISTS	20	725,094	ANESTHESIOLOGY	40	603,214	
2.00			0	EMPLOYEE BENEFITS	5	121,880	
TOTAL RECLASSIFICATIONS FOR CODE C			725,094				725,094

RECLASS CODE: D  
EXPLANATION : DEPRECIATION RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,177,524	NEW CAP REL COSTS-BLDG & FIXT	3	1,177,524	
TOTAL RECLASSIFICATIONS FOR CODE D			1,177,524				1,177,524

RECLASS CODE: E  
EXPLANATION : INSURANCE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	13,537	OTHER ADMINISTRATIVE AND GENER	6.04	24,173	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	10,636			0	
TOTAL RECLASSIFICATIONS FOR CODE E			24,173				24,173

RECLASS CODE: F  
EXPLANATION : I.V. SOLUTION RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	11,507	DIETARY	11	214	
2.00			0	CAFETERIA	12	497	
3.00			0	ADULTS & PEDIATRICS	25	5,729	
4.00			0	OPERATING ROOM	37	2,090	
5.00			0	RECOVERY ROOM	38	106	
6.00			0	ANESTHESIOLOGY	40	587	
7.00			0	EMERGENCY	61	2,284	
TOTAL RECLASSIFICATIONS FOR CODE F			11,507				11,507

RECLASS CODE: G  
EXPLANATION : INTEREST EXPENSE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	178,821	INTEREST EXPENSE	88	319,323	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	140,502			0	
TOTAL RECLASSIFICATIONS FOR CODE G			319,323				319,323

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	148,117					148,117	
2 LAND IMPROVEMENTS	626,159	104,732		104,732		730,891	
3 BUILDINGS & FIXTURE	8,930,749	503,257		503,257		9,434,006	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	7,757,148	1,057,378		1,057,378	533,428	8,281,098	
7 SUBTOTAL	17,462,173	1,665,367		1,665,367	533,428	18,594,112	
8 RECONCILING ITEMS							
9 TOTAL	17,462,173	1,665,367		1,665,367	533,428	18,594,112	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

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

DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	859,682						859,682
4	NEW CAP REL COSTS-MV	1,737,932						1,737,932
5	TOTAL	2,597,614						2,597,614

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
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	1,822,416						1,822,416
4	NEW CAP REL COSTS-MV							
5	TOTAL	1,822,416						1,822,416

\* All lines numbers except line 5 are to be consistent with Workshseet 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 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-915,243				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	3,423,258				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-57,219	CAFETERIA		12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-24,907	MEDICAL RECORDS & LIBRARY		17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES	B	-9,739	CAFETERIA		12	
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
33 NON-PHYSICIAN ANESTHETIST	A	-725,094	NONPHYSICIAN ANESTHETISTS		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**		52	
37 PURCHASE DISCOUNT	B	-2,325	PURCHASING, RECEIVING AND		6.02	
38 EMPLOYEE OUTPATIENT INSURANCE PAYME	B	-730,462	EMPLOYEE BENEFITS		5	
39 LOBBYING EXPENSES	A	-9,435	OTHER ADMINISTRATIVE AND		6.04	
40 UNRESTRICTED INTEREST REVENUE	B	-18,869	OTHER ADMINISTRATIVE AND		6.04	
41 PERSONAL USE OF PROVIDER VEHICLES	A	-7,905	OTHER ADMINISTRATIVE AND		6.04	
42 LEASEHOLD REVENUE	B	-17,475	NEW CAP REL COSTS-BLDG &		3	
43 DONATIONS	A	-10,478	OTHER ADMINISTRATIVE AND		6.04	
44 CABLE TV	A	-3,938	OTHER ADMINISTRATIVE AND		6.04	
45 XRAY FILM REVENUE	B	-30	RADIOLOGY-DIAGNOSTIC		41	
46 LOAN FORGIVENESS	A	-136,171	OTHER ADMINISTRATIVE AND		6.04	
47 NONALLOWABLE INTEREST REVENUE	B	-18,658	INTEREST EXPENSE		88	
48 CABLE TV	A	-864	SLEEP LAB		49.01	
49 REAL ESTATE TAXES	A	-6,010	PHYSICIANS' PRIVATE OFFIC		98	
49.01 MEDICAID PROVIDER TAX	A	-345,432	OTHER ADMINISTRATIVE AND		6.04	
50 TOTAL (SUM OF LINES 1 THRU 49)		383,004				

(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	3	NEW CAP REL COSTS-BLDG & HOME OFFICE COST	39,907		39,907	9
2	4	NEW CAP REL COSTS-MVBLE E HOME OFFICE COST	409,270		409,270	9
3	5	EMPLOYEE BENEFITS HOME OFFICE COST	624,069		624,069	
4	6 1	DATA PROCESSING HOME OFFICE COST	772,309		772,309	
4.01	6 3	CASHIERING/ACCOUNTS RECEI HOME OFFICE COST	537,391		537,391	
4.02	6 4	OTHER ADMINISTRATIVE AND HOME OFFICE COST	1,040,312		1,040,312	
5		TOTALS	3,423,258		3,423,258	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	SO. ILL. HOSPITAL SVCS.		100.00	
2	B	SO. ILL. HEALTHCARE ENTER		100.00	
3	B	HEALTH SVCS. OF SO. ILL.		100.00	
4				0.00	
5				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: 14-1334  
 PERIOD: FROM 4/1/2008 TO 3/31/2009  
 PREPARED: 8/12/2009  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 61	LEGATUS	891,819	891,819					
2 44	SO. ILL. PATHOLOGY	40,000		40,000				
3 49	PRARIE CARDIO/DR. BLAISE	25,322	23,424	1,898				
4 49	DR. BROWN	24,000		24,000				
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	981,141	915,243	65,898				



COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 8/12/2009  
 I 14-1334 I FROM 4/ 1/2008 I NOT A CMS WORKSHEET  
 I I TO 3/31/2009 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	2	GROSS	SALARIES	ENTERED
6.01	DATA PROCESSING	3	NUMBER	OF PCS	ENTERED
6.02	PURCHASING, RECEIVING AND STORES	4	PURCHASING	SUPPLIES	ENTERED
6.03	CASHIERING/ACCOUNTS RECEIVABLE	5	GROSS	REVENUE	ENTERED
6.04	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	7	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS	OF LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS	OF SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	NUMBER	OF FTES	ENTERED
14	NURSING ADMINISTRATION	12	HOURS	OF SERVICE	ENTERED
15	CENTRAL SERVICES & SUPPLY	13	COSTED	REQS	ENTERED
16	PHARMACY	14	COSTED	REQS	ENTERED
17	MEDICAL RECORDS & LIBRARY	15	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	16	TIME	SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED	TIME	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE DATA FITS 5	PROCESSING 6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	859,682			859,682			
005 NEW CAP REL COSTS-MVBLE E	1,737,932				1,737,932		
006 EMPLOYEE BENEFITS	3,416,981			6,958	14,065	3,438,004	
006 01 DATA PROCESSING	772,309			1,834	3,707		777,850
006 02 PURCHASING, RECEIVING AND	41,967			5,765	11,655		9,972
006 03 CASHIERING/ACCOUNTS RECEI	928,130			23,371	47,247		54,848
006 04 OTHER ADMINISTRATIVE AND	2,678,444			142,402	287,890	131,189	74,793
007 MAINTENANCE & REPAIRS	1,019,365			1,788	3,615	111,165	14,959
008 OPERATION OF PLANT	115,112			90,448	182,849	41,333	9,972
009 LAUNDRY & LINEN SERVICE	80,086			9,170	18,537		
010 HOUSEKEEPING	271,317			4,390	8,875	81,026	4,986
011 DIETARY	130,636			37,091	74,984	33,651	14,959
012 CAFETERIA	236,984			24,793	50,121	78,296	
014 NURSING ADMINISTRATION	901,227			13,342	26,972	294,991	84,766
015 CENTRAL SERVICES & SUPPLY	14,122			7,061	14,274		
016 PHARMACY	938,029			5,754	11,632	104,284	24,931
017 MEDICAL RECORDS & LIBRARY	58,987			5,330	10,775	24,501	39,890
018 SOCIAL SERVICE	23,131			2,224	4,495	8,249	4,986
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	2,204,063			134,588	272,083	705,061	64,821
037 ANCILLARY SRVC COST CNTRS							
OPERATING ROOM	1,347,758			99,698	201,548	277,563	29,917
038 RECOVERY ROOM	130,500			6,098	12,327	45,839	
040 ANESTHESIOLOGY	52,409			734	1,483		4,986
041 RADIOLOGY-DIAGNOSTIC	1,526,102			47,465	95,954	282,712	89,754
044 LABORATORY	1,527,233			32,014	64,719	230,957	74,793
049 RESPIRATORY THERAPY	664,296			30,432	61,521	224,973	34,904
049 01 SLEEP LAB	1,202,658			57,907	117,064	322,252	54,848
049 02 GERIATRIC PSYCH	486,118			8,287	16,753		19,945
050 PHYSICAL THERAPY	357,479			6,751	13,648	92,701	9,972
055 MEDICAL SUPPLIES CHARGED	558,775						
056 DRUGS CHARGED TO PATIENTS	11,507						
061 OUTPAT SERVICE COST CNTRS							
EMERGENCY	1,152,094			29,744	60,131	347,261	54,848
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	25,445,433			835,439	1,688,924	3,438,004	777,850
096 NONREIMBURS COST CENTERS							
GIFT, FLOWER, COFFEE SHOP				2,545	5,144		
098 PHYSICIANS' PRIVATE OFFIC	8,161			21,698	43,864		
098 01 UNUSED SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	25,453,594			859,682	1,737,932	3,438,004	777,850

COST CENTER DESCRIPTION	PURCHASING, RECEIVING AND	CASHIERING/ACCOUNTS RECEI	SUBTOTAL	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.02	6.03		6a.03	6.04	7	8
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 PURCHASING, RECEIVING AND	69,359						
006 03 CASHIERING/ACCOUNTS RECEI	1,253	1,054,849					
006 04 OTHER ADMINISTRATIVE AND			3,314,718	3,314,718			
007 MAINTENANCE & REPAIRS			1,150,892	172,316	1,323,208		
008 OPERATION OF PLANT	18		439,732	65,838	178,599	684,169	
009 LAUNDRY & LINEN SERVICE			107,793	16,139	18,107	10,823	152,862
010 HOUSEKEEPING			370,594	55,487	8,669	5,181	608
011 DIETARY	48		291,369	43,625	73,241	43,779	649
012 CAFETERIA	111		390,305	58,438	48,956	29,262	
014 NURSING ADMINISTRATION	12		1,321,310	197,832	26,345	15,747	
015 CENTRAL SERVICES & SUPPLY	162		35,619	5,333	13,942	8,334	
016 PHARMACY			1,084,630	162,395	11,362	6,791	
017 MEDICAL RECORDS & LIBRARY			139,483	20,884	12,516	7,481	
018 SOCIAL SERVICE			43,085	6,451	4,391	2,625	
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	14,989	60,709	3,456,314	517,489	265,758	158,854	52,684
025 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	28,534	118,724	2,103,742	314,981	196,864	117,672	27,624
038 RECOVERY ROOM	247	30,149	225,160	33,712	12,041	7,197	9,503
040 ANESTHESIOLOGY	2,645	10,714	72,971	10,926	1,449	866	
041 RADIOLOGY-DIAGNOSTIC	1,864	204,818	2,248,669	336,680	93,724	56,022	10,828
044 LABORATORY	4,822	264,057	2,198,595	329,182	63,215	37,785	
049 RESPIRATORY THERAPY	1,500	34,148	1,051,774	157,476	60,091	35,918	525
049 01 SLEEP LAB	884	112,891	1,868,504	279,760	134,464	80,373	14,855
049 02 GERIATRIC PSYCH		10,613	541,716	81,108	12,494	7,468	
050 PHYSICAL THERAPY	347	19,815	500,713	74,969			677
055 MEDICAL SUPPLIES CHARGED		59,475	618,250	92,567			
056 DRUGS CHARGED TO PATIENTS		49,225	60,732	9,093			
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	11,923	79,511	1,735,512	259,848	58,733	35,107	34,909
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	69,359	1,054,849	25,372,182	3,302,529	1,294,961	667,285	152,862
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			7,689	1,151	5,025	3,003	
098 PHYSICIANS' PRIVATE OFFIC			73,723	11,038	22,724	13,583	
098 01 UNUSED SPACE					498	298	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	69,359	1,054,849	25,453,594	3,314,718	1,323,208	684,169	152,862

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 PURCHASING, RECEIVING AND							
006 03 CASHIERING/ACCOUNTS RECEI							
006 04 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	440,539						
011 DIETARY	1,867	454,530					
012 CAFETERIA	7,778		534,739				
014 NURSING ADMINISTRATION	1,556		44,254	1,607,044			
015 CENTRAL SERVICES & SUPPLY					63,228		
016 PHARMACY	7,778		14,751	87,038		1,374,745	
017 MEDICAL RECORDS & LIBRARY			11,064				191,428
018 SOCIAL SERVICE	1,556		3,688				
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	214,979	410,603	136,451	801,017	14	15,277	83,933
037 ANCILLARY SRVC COST CNTRS							
OPERATING ROOM	57,867		47,942	276,534	59,566	5,573	13,253
038 RECOVERY ROOM	2,800		7,376	48,147		283	
040 ANESTHESIOLOGY	1,556		7,376	44,318	640	1,565	
041 RADIOLOGY-DIAGNOSTIC	20,534		40,566				14,725
044 LABORATORY	18,978		40,566				7,363
049 RESPIRATORY THERAPY	22,400		40,566		2,784		2,945
049 01 SLEEP LAB	41,689		62,694				18,407
049 02 GERIATRIC PSYCH	5,289	43,927					736
050 PHYSICAL THERAPY			18,439				1,473
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS						1,345,957	
061 OUTPAT SERVICE COST CNTRS							
EMERGENCY	33,912		59,006	349,990	224	6,090	48,593
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	440,539	454,530	534,739	1,607,044	63,228	1,374,745	191,428
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 01 PHYSICIANS' PRIVATE OFFIC							
UNUSED SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	440,539	454,530	534,739	1,607,044	63,228	1,374,745	191,428

COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	18	20	25	26	27
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
004 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
006 01 DATA PROCESSING					
006 02 PURCHASING, RECEIVING AND					
006 03 CASHIERING/ACCOUNTS RECEI					
006 04 OTHER ADMINISTRATIVE AND					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE	61,796				
020 NONPHYSICIAN ANESTHETISTS					
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	61,796		6,175,169		6,175,169
037 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM			3,221,618		3,221,618
038 RECOVERY ROOM			346,219		346,219
040 ANESTHESIOLOGY			141,667		141,667
041 RADIOLOGY-DIAGNOSTIC			2,821,748		2,821,748
044 LABORATORY			2,695,684		2,695,684
049 RESPIRATORY THERAPY			1,374,479		1,374,479
049 01 SLEEP LAB			2,500,746		2,500,746
049 02 GERIATRIC PSYCH			692,738		692,738
050 PHYSICAL THERAPY			596,271		596,271
055 MEDICAL SUPPLIES CHARGED			710,817		710,817
056 DRUGS CHARGED TO PATIENTS			1,415,782		1,415,782
061 OUTPAT SERVICE COST CNTRS					
061 EMERGENCY			2,621,924		2,621,924
062 OBSERVATION BEDS (NON-DIS					
062 SPEC PURPOSE COST CENTERS					
092 AMBULATORY SURGICAL CENTE					
095 SUBTOTALS	61,796		25,314,862		25,314,862
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			16,868		16,868
098 PHYSICIANS' PRIVATE OFFIC			121,068		121,068
098 01 UNUSED SPACE			796		796
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	61,796		25,453,594		25,453,594

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1334  
 PERIOD: FROM 4/1/2008 TO 3/31/2009  
 PREPARED 8/12/2009  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				6,958	14,065	21,023	21,023
006 01 DATA PROCESSING				1,834	3,707	5,541	
006 02 PURCHASING, RECEIVING AND				5,765	11,655	17,420	
006 03 CASHIERING/ACCOUNTS RECEI				23,371	47,247	70,618	
006 04 OTHER ADMINISTRATIVE AND				142,402	287,890	430,292	802
007 MAINTENANCE & REPAIRS				1,788	3,615	5,403	680
008 OPERATION OF PLANT				90,448	182,849	273,297	253
009 LAUNDRY & LINEN SERVICE				9,170	18,537	27,707	
010 HOUSEKEEPING				4,390	8,875	13,265	496
011 DIETARY				37,091	74,984	112,075	206
012 CAFETERIA				24,793	50,121	74,914	479
014 NURSING ADMINISTRATION				13,342	26,972	40,314	1,804
015 CENTRAL SERVICES & SUPPLY				7,061	14,274	21,335	
016 PHARMACY				5,754	11,632	17,386	638
017 MEDICAL RECORDS & LIBRARY				5,330	10,775	16,105	150
018 SOCIAL SERVICE				2,224	4,495	6,719	50
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				134,588	272,083	406,671	4,309
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				99,698	201,548	301,246	1,697
038 RECOVERY ROOM				6,098	12,327	18,425	280
040 ANESTHESIOLOGY				734	1,483	2,217	
041 RADIOLOGY-DIAGNOSTIC				47,465	95,954	143,419	1,729
044 LABORATORY				32,014	64,719	96,733	1,412
049 RESPIRATORY THERAPY				30,432	61,521	91,953	1,376
049 01 SLEEP LAB				57,907	117,064	174,971	1,971
049 02 GERIATRIC PSYCH				8,287	16,753	25,040	
050 PHYSICAL THERAPY				6,751	13,648	20,399	567
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY				29,744	60,131	89,875	2,124
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS				835,439	1,688,924	2,524,363	21,023
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				2,545	5,144	7,689	
098 PHYSICIANS' PRIVATE OFFIC				21,698	43,864	65,562	
098 01 UNUSED SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				859,682	1,737,932	2,597,614	21,023

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1334  
 PERIOD: FROM 4/1/2008 TO 3/31/2009  
 PREPARED 8/12/2009  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.01	6.02	6.03	6.04	7	8	9
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING	5,541						
006 02 PURCHASING, RECEIVING AND	71	17,491					
006 03 CASHIERING/ACCOUNTS RECEI	391	316	71,325				
006 04 OTHER ADMINISTRATIVE AND	533			431,627			
007 MAINTENANCE & REPAIRS	107			22,438	28,628		
008 OPERATION OF PLANT	71	4		8,573	3,864	286,062	
009 LAUNDRY & LINEN SERVICE				2,102	392	4,525	34,726
010 HOUSEKEEPING	36			7,225	188	2,166	138
011 DIETARY	107	12		5,681	1,585	18,305	147
012 CAFETERIA		28		7,609	1,059	12,235	
014 NURSING ADMINISTRATION	604	3		25,760	570	6,584	
015 CENTRAL SERVICES & SUPPLY		41		694	302	3,484	
016 PHARMACY	178			21,146	246	2,840	
017 MEDICAL RECORDS & LIBRARY	284			2,719	271	3,128	
018 SOCIAL SERVICE	36			840	95	1,097	
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	462	3,780	4,103	67,392	5,747	66,421	11,969
025 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	213	7,197	8,024	41,015	4,259	49,200	6,275
038 RECOVERY ROOM		62	2,038	4,390	261	3,009	2,159
040 ANESTHESIOLOGY	36	667	724	1,423	31	362	
041 RADIOLOGY-DIAGNOSTIC	635	470	13,842	43,840	2,028	23,424	2,460
044 LABORATORY	533	1,216	17,879	42,864	1,368	15,799	
049 RESPIRATORY THERAPY	249	378	2,308	20,505	1,300	15,018	119
049 01 SLEEP LAB	391	223	7,630	36,428	2,909	33,605	3,375
049 02 GERIATRIC PSYCH	142		717	10,561	270	3,122	
050 PHYSICAL THERAPY	71	87	1,339	9,762			154
055 MEDICAL SUPPLIES CHARGED			4,020	12,053			
056 DRUGS CHARGED TO PATIENTS			3,327	1,184			
056 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	391	3,007	5,374	33,836	1,271	14,679	7,930
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	5,541	17,491	71,325	430,040	28,016	279,003	34,726
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				150	109	1,256	
098 PHYSICIANS' PRIVATE OFFIC				1,437	492	5,679	
098 01 UNUSED SPACE					11	124	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	5,541	17,491	71,325	431,627	28,628	286,062	34,726

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 PURCHASING, RECEIVING AND							
006 03 CASHIERING/ACCOUNTS RECEI							
006 04 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	23,514						
011 DIETARY	100	138,218					
012 CAFETERIA	415		96,739				
014 NURSING ADMINISTRATION	83		8,006	83,728			
015 CENTRAL SERVICES & SUPPLY					25,856		
016 PHARMACY	415		2,669	4,535		50,053	
017 MEDICAL RECORDS & LIBRARY			2,001				24,658
018 SOCIAL SERVICE	83		667				
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	11,475	124,860	24,685	41,733	6	556	10,812
037 ANCILLARY SRVC COST CNTRS							
OPERATING ROOM	3,089		8,673	14,408	24,358	203	1,707
038 RECOVERY ROOM	149		1,334	2,508		10	
040 ANESTHESIOLOGY	83		1,334	2,309	262	57	
041 RADIOLOGY-DIAGNOSTIC	1,096		7,339				1,897
044 LABORATORY	1,013		7,339				948
049 RESPIRATORY THERAPY	1,196		7,339		1,138		379
049 01 SLEEP LAB	2,225		11,342				2,371
049 02 GERIATRIC PSYCH	282	13,358					95
050 PHYSICAL THERAPY			3,336				190
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS						49,005	
061 OUTPAT SERVICE COST CNTRS							
EMERGENCY	1,810		10,675	18,235	92	222	6,259
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	23,514	138,218	96,739	83,728	25,856	50,053	24,658
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 01 PHYSICIANS' PRIVATE OFFIC							
UNUSED SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	23,514	138,218	96,739	83,728	25,856	50,053	24,658

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-1334

FROM 4/ 1/2008

WORKSHEET B

|

|

TO 3/31/2009

|

PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	18	20	25	26	27
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
006 01 DATA PROCESSING					
006 02 PURCHASING, RECEIVING AND					
006 03 CASHIERING/ACCOUNTS RECEI					
006 04 OTHER ADMINISTRATIVE AND					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE	9,587				
020 NONPHYSICIAN ANESTHETISTS					
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	9,587		794,568		794,568
037 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM			471,564		471,564
038 RECOVERY ROOM			34,625		34,625
040 ANESTHESIOLOGY			9,505		9,505
041 RADIOLOGY-DIAGNOSTIC			242,179		242,179
044 LABORATORY			187,104		187,104
049 RESPIRATORY THERAPY			143,258		143,258
049 01 SLEEP LAB			277,441		277,441
049 02 GERIATRIC PSYCH			53,587		53,587
050 PHYSICAL THERAPY			35,905		35,905
055 MEDICAL SUPPLIES CHARGED			16,073		16,073
056 DRUGS CHARGED TO PATIENTS			53,516		53,516
061 OUTPAT SERVICE COST CNTRS					
061 EMERGENCY			195,780		195,780
062 OBSERVATION BEDS (NON-DIS					
062 SPEC PURPOSE COST CENTERS					
092 AMBULATORY SURGICAL CENTE					
095 SUBTOTALS	9,587		2,515,105		2,515,105
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			9,204		9,204
098 PHYSICIANS' PRIVATE OFFIC			73,170		73,170
098 01 UNUSED SPACE			135		135
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL	9,587		2,597,614		2,597,614

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE (SQUARE FEET)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	DATA PROCESSING (NUMBER OF PCS)
	1	2	3	4	5	6.01
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	75,002					
002 OLD CAP REL COSTS-MVB		75,002				
003 NEW CAP REL COSTS-BLD			75,002			
004 NEW CAP REL COSTS-MVB				75,002		
005 EMPLOYEE BENEFITS	607	607	607	607	9,531,186	
006 01 DATA PROCESSING	160	160	160	160		156
006 02 PURCHASING, RECEIVING	503	503	503	503		2
006 03 CASHIERING/ACCOUNTS R	2,039	2,039	2,039	2,039		11
006 04 OTHER ADMINISTRATIVE	12,424	12,424	12,424	12,424	363,696	15
007 MAINTENANCE & REPAIRS	156	156	156	156	308,183	3
008 OPERATION OF PLANT	7,891	7,891	7,891	7,891	114,588	2
009 LAUNDRY & LINEN SERVI	800	800	800	800		
010 HOUSEKEEPING	383	383	383	383	224,628	1
011 DIETARY	3,236	3,236	3,236	3,236	93,291	3
012 CAFETERIA	2,163	2,163	2,163	2,163	217,059	
014 NURSING ADMINISTRATIO	1,164	1,164	1,164	1,164	817,805	17
015 CENTRAL SERVICES & SU	616	616	616	616		
016 PHARMACY	502	502	502	502	289,107	5
017 MEDICAL RECORDS & LIB	465	465	465	465	67,923	8
018 SOCIAL SERVICE	194	194	194	194	22,869	1
020 NONPHYSICIAN ANESTHET						
025 INPAT ROUTINE SRVC CN	11,742	11,742	11,742	11,742	1,954,646	13
ADULTS & PEDIATRICS						
ANCILLARY SRVC COST C						
037 OPERATING ROOM	8,698	8,698	8,698	8,698	769,488	6
038 RECOVERY ROOM	532	532	532	532	127,080	
040 ANESTHESIOLOGY	64	64	64	64		1
041 RADIOLOGY-DIAGNOSTIC	4,141	4,141	4,141	4,141	783,762	18
044 LABORATORY	2,793	2,793	2,793	2,793	640,282	15
049 RESPIRATORY THERAPY	2,655	2,655	2,655	2,655	623,692	7
049 01 SLEEP LAB	5,052	5,052	5,052	5,052	893,380	11
049 02 GERIATRIC PSYCH	723	723	723	723		4
050 PHYSICAL THERAPY	589	589	589	589	256,995	2
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
061 OUTPAT SERVICE COST C	2,595	2,595	2,595	2,595	962,712	11
062 EMERGENCY						
OBSERVATION BEDS (NON						
SPEC PURPOSE COST GEN						
092 AMBULATORY SURGICAL C						
095 SUBTOTALS	72,887	72,887	72,887	72,887	9,531,186	156
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	222	222	222	222		
098 PHYSICIANS' PRIVATE O	1,893	1,893	1,893	1,893		
098 01 UNUSED SPACE						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			859,682	1,737,932	3,438,004	777,850
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			11.462121		.360711	
(WRKSHT B, PT I)				23.171809		4,986.217949
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					21,023	5,541
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.002206	35.519231
(WRKSHT B, PT III)						

COST CENTER DESCRIPTION	PURCHASING, RECEIVING AND CASHIERING/ACCOUNTS RECEIVABLE		RECONCILIATION	OTHER ADMINISTRATIVE AND MAINTENANCE & OPERATION OF PLANT			LAUNDRY & LINEN SERVICE
	(PURCHASING SUPPLIES)	(GROSS REVENUE)		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	
GENERAL SERVICE COST	6.02	6.03	6a.04	6.04	7	8	9
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 PURCHASING, RECEIVING	545,481						
006 03 CASHIERING/ACCOUNTS R	9,852	72,229,503					
006 04 OTHER ADMINISTRATIVE			-3,314,718	22,138,876			
007 MAINTENANCE & REPAIRS				1,150,892	58,463		
008 OPERATION OF PLANT	139			439,732	7,891	50,572	
009 LAUNDRY & LINEN SERVI				107,793	800	800	22,135
010 HOUSEKEEPING				370,594	383	383	88
011 DIETARY	376			291,369	3,236	3,236	94
012 CAFETERIA	874			390,305	2,163	2,163	
014 NURSING ADMINISTRATIO	92			1,321,310	1,164	1,164	
015 CENTRAL SERVICES & SU	1,275			35,619	616	616	
016 PHARMACY				1,084,630	502	502	
017 MEDICAL RECORDS & LIB				139,483	553	553	
018 SOCIAL SERVICE				43,085	194	194	
020 NONPHYSICIAN ANESTHET							
025 INPAT ROUTINE SRVC CN							
ADULTS & PEDIATRICS	117,883	4,157,009		3,456,314	11,742	11,742	7,629
ANCILLARY SRVC COST C							
037 OPERATING ROOM	224,407	8,129,529		2,103,742	8,698	8,698	4,000
038 RECOVERY ROOM	1,945	2,064,454		225,160	532	532	1,376
040 ANESTHESIOLOGY	20,804	733,659		72,971	64	64	
041 RADIOLOGY-DIAGNOSTIC	14,659	14,024,791		2,248,669	4,141	4,141	1,568
044 LABORATORY	37,924	18,080,522		2,198,595	2,793	2,793	
049 RESPIRATORY THERAPY	11,798	2,338,247		1,051,774	2,655	2,655	76
049 01 SLEEP LAB	6,956	7,730,111		1,868,504	5,941	5,941	2,151
049 02 GERIATRIC PSYCH		726,744		541,716	552	552	
050 PHYSICAL THERAPY	2,726	1,356,854		500,713			98
055 MEDICAL SUPPLIES CHAR		4,072,485		618,250			
056 DRUGS CHARGED TO PATI		3,370,628		60,732			
061 OUTPAT SERVICE COST C							
EMERGENCY	93,771	5,444,470		1,735,512	2,595	2,595	5,055
062 OBSERVATION BEDS (NON							
SPEC PURPOSE COST GEN							
092 AMBULATORY SURGICAL C							
095 SUBTOTALS	545,481	72,229,503	-3,314,718	22,057,464	57,215	49,324	22,135
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE				7,689	222	222	
098 PHYSICIANS' PRIVATE O				73,723	1,004	1,004	
098 01 UNUSED SPACE					22	22	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	69,359	1,054,849		3,314,718	1,323,208	684,169	152,862
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.014604		.149724		13.528613	
(WRKSHT B, PT I)	.127152				22.633255		6.905896
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	17,491	71,325		431,627	28,628	286,062	34,726
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.000987		.019496		5.656529	
(WRKSHT B, PT III)	.032065				.489677		1.568828

COST CENTER DESCRIPTION	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (NUMBER OF FTES)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED EQS)	PHARMACY (COSTED EQS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)
	10	11	12	14	15	16	17
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 PURCHASING, RECEIVING							
006 03 CASHIERING/ACCOUNTS R							
006 04 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	1,416						
011 DIETARY	6	16,297					
012 CAFETERIA	25		145				
014 NURSING ADMINISTRATION	5		12	154,873			
015 CENTRAL SERVICES & SUPPLY					558,870		
016 PHARMACY	25		4	8,388		515,545	
017 MEDICAL RECORDS & LIBRARY			3				260
018 SOCIAL SERVICE	5		1				
020 NONPHYSICIAN ANESTHETIC							
025 INPATIENT ROUTINE SERVICE	691	14,722	37	77,195	120	5,729	114
037 OPERATING ROOM	186		13	26,650	526,513	2,090	18
038 RECOVERY ROOM	9		2	4,640		106	
040 ANESTHESIOLOGY	5		2	4,271	5,653	587	
041 RADIOLOGY-DIAGNOSTIC	66		11				20
044 LABORATORY	61		11				10
049 RESPIRATORY THERAPY	72		11		24,605		4
049 01 SLEEP LAB	134		17				25
049 02 GERIATRIC PSYCH	17	1,575					1
050 PHYSICAL THERAPY			5				2
055 MEDICAL SUPPLIES CHARGED TO PATIENT						504,749	
056 DRUGS CHARGED TO PATIENT							
061 OUTPATIENT SERVICE COST CENTER	109		16	33,729	1,979	2,284	66
062 EMERGENCY							
092 OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER)							
095 AMBULATORY SURGICAL CENTER	1,416	16,297	145	154,873	558,870	515,545	260
096 SUBTOTALS							
098 NONREIMBURSABLE COST CENTER							
098 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE OFFICE							
098 01 UNUSED SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	440,539	454,530	534,739	1,607,044	63,228	1,374,745	191,428
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		27.890409		10.376528		2.666586	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	311.115113		3,687.855172		.113135		736.261538
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	23,514	138,218	96,739	83,728	25,856	50,053	24,658
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	16.605932	8.481193	667.165517	.540624	.046265	.097088	94.838462



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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	6,175,169				
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	3,221,618				
38	RECOVERY ROOM	346,219				
40	ANESTHESIOLOGY	141,667				
41	RADIOLOGY-DIAGNOSTIC	2,821,748				
44	LABORATORY	2,695,684				
49	RESPIRATORY THERAPY	1,374,479				
49 01	SLEEP LAB	2,500,746				
49 02	GERIATRIC PSYCH	692,738				
50	PHYSICAL THERAPY	596,271				
55	MEDICAL SUPPLIES CHARGED	710,817				
56	DRUGS CHARGED TO PATIENTS	1,415,782				
61	OUTPAT SERVICE COST CNTRS EMERGENCY	2,621,924				
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,084,295				
101	SUBTOTAL	26,399,157				
102	LESS OBSERVATION BEDS	1,084,295				
103	TOTAL	25,314,862				







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 REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	3,221,618	471,564	2,750,054			3,221,618
38	RECOVERY ROOM	346,219	34,625	311,594			346,219
40	ANESTHESIOLOGY	141,667	9,505	132,162			141,667
41	RADIOLOGY-DIAGNOSTIC	2,821,748	242,179	2,579,569			2,821,748
44	LABORATORY	2,695,684	187,104	2,508,580			2,695,684
49	RESPIRATORY THERAPY	1,374,479	143,258	1,231,221			1,374,479
49 01	SLEEP LAB	2,500,746	277,441	2,223,305			2,500,746
49 02	GERIATRIC PSYCH	692,738	53,587	639,151			692,738
50	PHYSICAL THERAPY	596,271	35,905	560,366			596,271
55	MEDICAL SUPPLIES CHARGED	710,817	16,073	694,744			710,817
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	1,415,782	53,516	1,362,266			1,415,782
61	EMERGENCY	2,621,924	195,780	2,426,144			2,621,924
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,084,295		1,084,295			1,084,295
101	SUBTOTAL	20,223,988	1,720,537	18,503,451			20,223,988
102	LESS OBSERVATION BEDS	1,084,295		1,084,295			1,084,295
103	TOTAL	19,139,693	1,720,537	17,419,156			19,139,693



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 REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	3,221,618	471,564	2,750,054			3,221,618
38	RECOVERY ROOM	346,219	34,625	311,594			346,219
40	ANESTHESIOLOGY	141,667	9,505	132,162			141,667
41	RADIOLOGY-DIAGNOSTIC	2,821,748	242,179	2,579,569			2,821,748
44	LABORATORY	2,695,684	187,104	2,508,580			2,695,684
49	RESPIRATORY THERAPY	1,374,479	143,258	1,231,221			1,374,479
49 01	SLEEP LAB	2,500,746	277,441	2,223,305			2,500,746
49 02	GERIATRIC PSYCH	692,738	53,587	639,151			692,738
50	PHYSICAL THERAPY	596,271	35,905	560,366			596,271
55	MEDICAL SUPPLIES CHARGED	710,817	16,073	694,744			710,817
56	DRUGS CHARGED TO PATIENTS	1,415,782	53,516	1,362,266			1,415,782
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,621,924	195,780	2,426,144			2,621,924
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,084,295		1,084,295			1,084,295
101	SUBTOTAL	20,223,988	1,720,537	18,503,451			20,223,988
102	LESS OBSERVATION BEDS	1,084,295		1,084,295			1,084,295
103	TOTAL	19,139,693	1,720,537	17,419,156			19,139,693

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	8,023,156	.401540	.401540
38	RECOVERY ROOM	2,025,050	.170968	.170968
40	ANESTHESIOLOGY	724,850	.195443	.195443
41	RADIOLOGY-DIAGNOSTIC	13,797,170	.204516	.204516
44	LABORATORY	17,737,199	.151979	.151979
49	RESPIRATORY THERAPY	2,318,083	.592938	.592938
49 01	SLEEP LAB	7,562,781	.330665	.330665
49 02	GERIATRIC PSYCH	726,744	.953208	.953208
50	PHYSICAL THERAPY	1,317,641	.452529	.452529
55	MEDICAL SUPPLIES CHARGED	4,012,073	.177170	.177170
56	DRUGS CHARGED TO PATIENTS	3,332,666	.424820	.424820
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	5,380,514	.487300	.487300
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	644,726	1.681792	1.681792
101	SUBTOTAL	67,602,653		
102	LESS OBSERVATION BEDS	644,726		
103	TOTAL	66,957,927		

















TITLE XVIII PART A HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	692
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,566.90
85	OBSERVATION BED COST	1,084,295

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

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		1,376,527	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.401540	365,266	146,669
38	RECOVERY ROOM	.170968	96,892	16,565
40	ANESTHESIOLOGY	.195443	59,045	11,540
41	RADIOLOGY-DIAGNOSTIC	.204516	638,457	130,575
44	LABORATORY	.151979	1,273,475	193,541
49	RESPIRATORY THERAPY	.592938	560,999	332,638
49 01	SLEEP LAB	.330665		
49 02	GERIATRIC PSYCH	.953208		
50	PHYSICAL THERAPY	.452529	63,047	28,531
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.177170	722,899	128,076
56	DRUGS CHARGED TO PATIENTS	.424820	1,259,629	535,116
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.487300	4,004	1,951
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.681792	3,578	6,017
	OTHER REIMBURS COST CNTRS			
101	TOTAL		5,047,291	1,531,219
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,047,291	







PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT  
HOSPITAL

1	INPATIENT SERVICES		4,824,843
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL		4,824,843
5	PRIMARY PAYER PAYMENTS		
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)		4,873,091
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
7	ROUTINE SERVICE CHARGES		
8	ANCILLARY SERVICE CHARGES		
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
10	TEACHING PHYSICIANS		
11	TOTAL REASONABLE CHARGES		
CUSTOMARY CHARGES			
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)		
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
19	COST OF COVERED SERVICES		4,873,091
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		410,820
21	EXCESS REASONABLE COST		
22	SUBTOTAL		4,462,271
23	COINSURANCE		2,048
24	SUBTOTAL		4,460,223
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))		44,779
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		44,779
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
26	SUBTOTAL		4,505,002
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
28	OTHER ADJUSTMENTS (SPECIFY)		
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
30	SUBTOTAL		4,505,002
31	SEQUESTRATION ADJUSTMENT		
32	INTERIM PAYMENTS		4,215,529
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
33	BALANCE DUE PROVIDER/PROGRAM		289,473
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		66,148





	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		20,830,883		
2 OF PERIOD				
3 NET INCOME (LOSS)		1,373,841		
4 TOTAL		22,204,724		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 ROUNDING		7		
7				
8				
9				
10 TOTAL ADDITIONS		7		
11 SUBTOTAL		22,204,731		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF		22,204,731		
PERIOD PER BALANCE SHEET				

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING				
2 OF PERIOD				
3 NET INCOME (LOSS)				
4 TOTAL				
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 ROUNDING				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF				
PERIOD PER BALANCE SHEET				



DESCRIPTION

1	TOTAL PATIENT REVENUES	73,595,081
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	40,682,933
3	NET PATIENT REVENUES	32,912,148
4	LESS: TOTAL OPERATING EXPENSES	25,070,590
5	NET INCOME FROM SERVICE TO PATIENTS	7,841,558
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	125,340
7	INCOME FROM INVESTMENTS	-684,878
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	2,325
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	57,219
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	808
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	24,907
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	605
21	RENTAL OF VENDING MACHINES	9,739
22	RENTAL OF HOSPITAL SPACE	17,475
23	GOVERNMENTAL APPROPRIATIONS	25,093
24	OTHER (SPECIFY)	
25	TOTAL OTHER INCOME	-421,367
26	TOTAL	7,420,191
	OTHER EXPENSES	
27	LOSS ON DISPOSAL OF EQUIPMENT	69,752
28	CORPORATE ALLOCATION	5,976,598
29		
30	TOTAL OTHER EXPENSES	6,046,350
31	NET INCOME (OR LOSS) FOR THE PERIOD	1,373,841