

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		14-1340		FROM 5/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 4/30/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						OO - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 9/28/2009 TIME 10:13

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: VALLEY WEST COMMUNITY HOSPITAL 14-1340 FOR THE COST REPORTING PERIOD BEGINNING 5/ 1/2008 AND ENDING 4/30/2009 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	533,290	-212,697	0		
100	TOTAL	0	533,290	-212,697	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 WAGE INDEX INFORMATION

14-1340

FROM 5/1/2008

WORKSHEET S-3

TO 4/30/2009

PARTS II & III

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	9,307,549		9,307,549	330,296.00	28.18	
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	216,187		216,187	8,345.00	25.91	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:						
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	334,429		334,429	2,280.00	146.68	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	1,691,405		1,691,405	30,933.65	54.68	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	3,444,069		3,444,069			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS						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						
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	1,276,893	-119,335	1,157,558	51,608.00	22.43	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	257,441		257,441	10,383.00	24.79	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	221,142		221,142	19,499.00	11.34	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	329,112	-211,675	117,437	7,122.80	16.49	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		211,675	211,675	12,840.20	16.49	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	37,313	50,305	87,618	3,815.00	22.97	
31 CENTRAL SERVICE AND SUPPLY	39,653		39,653	2,003.00	19.80	
32 PHARMACY	333,025		333,025	9,029.00	36.88	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	364,797		364,797	14,748.00	24.74	
34 SOCIAL SERVICE	48,540	69,030	117,570	2,811.00	41.82	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	9,307,549		9,307,549	330,296.00	28.18	
2 EXCLUDED AREA SALARIES	216,187		216,187	8,345.00	25.91	
3 SUBTOTAL SALARIES	9,091,362		9,091,362	321,951.00	28.24	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	2,025,834		2,025,834	33,213.65	60.99	
5 SUBTOTAL WAGE-RELATED COSTS	3,444,069		3,444,069		37.88	
6 TOTAL	14,561,265		14,561,265	355,164.65	41.00	
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	2,907,916		2,907,916	133,859.00	21.72	

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1340

PERIOD: FROM 5/1/2008 TO 4/30/2009

PREPARED 9/28/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		2,443,461	2,443,461	-1,143,646	1,299,815
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				1,252,052	1,252,052
5	0500 EMPLOYEE BENEFITS		3,444,069	3,444,069	576	3,444,645
6.01	0610 NONPATIENT PHONES		243,332	243,332		243,332
6.02	0620 DATA PROCESSING		194,611	194,611		194,611
6.03	0630 PURCHASING RECEIVING AND STORES	87,130	11,134	98,264		98,264
6.04	0640 ADMINITTING	403,295	6,620	409,915		409,915
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	83,873	412,079	495,952		495,952
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	702,595	8,333,753	9,036,348	-53,231	8,983,117
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	257,441	1,107,306	1,364,747		1,364,747
9	0900 LAUNDRY & LINEN SERVICE		121,390	121,390		121,390
10	1000 HOUSEKEEPING	221,142	149,727	370,869		370,869
11	1100 DIETARY	329,112	232,049	561,161	-360,922	200,239
12	1200 CAFETERIA				360,922	360,922
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	37,313	4,104	41,417	50,305	91,722
15	1500 CENTRAL SERVICES & SUPPLY	39,653	309,651	349,304	-175,190	174,114
16	1600 PHARMACY	333,025	646,411	979,436	-611,392	368,044
17	1700 MEDICAL RECORDS & LIBRARY	364,797	166,841	531,638		531,638
18	1800 SOCIAL SERVICE	48,540	2,841	51,381	93,992	145,373
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,757,853	236,264	1,994,117	-417,586	1,576,531
26	2600 INTENSIVE CARE UNIT	421,257	16,563	437,820	-19	437,801
33	3300 NURSERY				223,323	223,323
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	863,614	748,502	1,612,116	-781,921	830,195
38	3800 RECOVERY ROOM	171,111	7,416	178,527		178,527
39	3900 DELIVERY ROOM & LABOR ROOM				205,537	205,537
40	4000 ANESTHESIOLOGY		980,685	980,685		980,685
40.01	3950 PAIN CLINIC	7,408	21,063	28,471		28,471
41	4100 RADIOLOGY-DIAGNOSTIC	853,181	1,628,176	2,481,357	-6,246	2,475,111
44	4400 LABORATORY	692,568	1,137,146	1,829,714	-793	1,828,921
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS					
48	4800 INTRAVENOUS THERAPY				15,859	15,859
49	4900 RESPIRATORY THERAPY	320,944	57,353	378,297		378,297
50	5000 PHYSICAL THERAPY		380,786	380,786		380,786
50.01	3951 O/P PHYSICAL THERAPY	46,327	834,173	880,500		880,500
53.01	3140 CARDIAC REHAB	76,025	7,764	83,789		83,789
54	5400 ELECTROENCEPHALOGRAPHY	2,046	3,593	5,639		5,639
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				971,096	971,096
56	5600 DRUGS CHARGED TO PATIENTS				558,846	558,846
59	3952 CLINICAL NUTRITION OUTPAT SERVICE COST CNTRS	25,481	56,616	82,097	-22,390	59,707
61	6100 EMERGENCY	945,631	1,658,115	2,603,746		2,603,746
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					
88	8800 INTEREST EXPENSE		159,172	159,172	-159,172	
95	SUBTOTALS	9,091,362	25,762,766	34,854,128	-0-	34,854,128
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	216,187	565,070	781,257		781,257
101	TOTAL	9,307,549	26,327,836	35,635,385	-0-	35,635,385

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1340
PERIOD: FROM 5/1/2008 TO 4/30/2009
PREPARED 9/28/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	36,120	1,335,935
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	16,152	1,268,204
5 0500	EMPLOYEE BENEFITS		3,444,645
6.01 0610	NONPATIENT PHONES		243,332
6.02 0620	DATA PROCESSING		194,611
6.03 0630	PURCHASING RECEIVING AND STORES	-3,381	94,883
6.04 0640	ADMITTING		409,915
6.05 0650	CASHIERING/ACCOUNTS RECEIVABLE		495,952
6.06 0660	OTHER ADMINISTRATIVE AND GENERAL	-4,108,167	4,874,950
7 0700	MAINTENANCE & REPAIRS		
8 0800	OPERATION OF PLANT	-5,574	1,359,173
9 0900	LAUNDRY & LINEN SERVICE		121,390
10 1000	HOUSEKEEPING		370,869
11 1100	DIETARY		200,239
12 1200	CAFETERIA	-71,225	289,697
13 1300	MAINTENANCE OF PERSONNEL		
14 1400	NURSING ADMINISTRATION		91,722
15 1500	CENTRAL SERVICES & SUPPLY	-21,104	153,010
16 1600	PHARMACY		368,044
17 1700	MEDICAL RECORDS & LIBRARY	-27,208	504,430
18 1800	SOCIAL SERVICE		145,373
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		
24 2400	PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS		1,576,531
26 2600	INTENSIVE CARE UNIT		437,801
33 3300	NURSERY		223,323
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM		830,195
38 3800	RECOVERY ROOM		178,527
39 3900	DELIVERY ROOM & LABOR ROOM		205,537
40 4000	ANESTHESIOLOGY	-921,630	59,055
40.01 3950	PAIN CLINIC		28,471
41 4100	RADIOLOGY-DIAGNOSTIC	-115,235	2,359,876
44 4400	LABORATORY	-34,932	1,793,989
46.30 4650	BLOOD CLOTTING FACTORS ADMIN COSTS		
48 4800	INTRAVENOUS THERAPY		15,859
49 4900	RESPIRATORY THERAPY		378,297
50 5000	PHYSICAL THERAPY	-34,026	346,760
50.01 3951	O/P PHYSICAL THERAPY	-111,120	769,380
53.01 3140	CARDIAC REHAB		83,789
54 5400	ELECTROENCEPHALOGRAPHY		5,639
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		971,096
56 5600	DRUGS CHARGED TO PATIENTS	-5,448	553,398
59 3952	CLINICAL NUTRITION		59,707
	OUTPAT SERVICE COST CNTRS		
61 6100	EMERGENCY	-1,256,230	1,347,516
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		
88 8800	INTEREST EXPENSE		-0-
95	SUBTOTALS	-6,663,008	28,191,120
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98 9800	PHYSICIANS' PRIVATE OFFICES		781,257
101	TOTAL	-6,663,008	28,972,377

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-1340
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 9/28/2009
 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	NONPATIENT PHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMINISTRATIVE	0640	ADMINISTRATIVE
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	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	
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	PARAMEDICAL PRGM-(SPECIFY)	2400	
	INPAT ROUTINE SRVC COST		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
40.01	PAIN CLINIC	3950	OTHER ANCILLARY SERVICE COST CENTERS
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
46.30	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	BLOOD CLOTTING FOR HEMOPHILIACS
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
50.01	O/P PHYSICAL THERAPY	3951	OTHER ANCILLARY SERVICE COST CENTERS
53.01	CARDIAC REHAB	3140	CARDIOLOGY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	CLINICAL NUTRITION	3952	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.60	FQHC	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	
88	INTEREST EXPENSE	8800	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

PROVIDER NO:
141340

PERIOD:
FROM 5/ 1/2008
TO 4/30/2009

PREPARED 9/28/2009
WORKSHEET A-6

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 NURSING ADMINISTRATION	A	NURSING ADMINISTRATION	14	50,305	
2 DRUGS SOLD	B	DRUGS CHARGED TO PATIENTS	56		558,846
3 NURSERY/DELIVERY AND LABOR	C	NURSERY	33	193,290	30,033
4		DELIVERY ROOM & LABOR ROOM	39	177,896	27,641
5 MEDICAL SUPPLIES	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		971,096
6		INTRAVENOUS THERAPY	48		15,859
7		PHARMACY	16		1
8 EQUIPMENT LEASES	E	NEW CAP REL COSTS-MVBLE EQUIP	4		108,406
9					
10					
11					
12					
13					
14					
15					
16 CAFETERIA	F	CAFETERIA	12	211,675	149,247
17 INTEREST	G	OTHER ADMINISTRATIVE AND GENERAL	6.06		159,172
18 EQUIPMENT DEPRECIATION	H	NEW CAP REL COSTS-MVBLE EQUIP	4		1,143,646
19 EMPLOYEE BENEFITS	I	EMPLOYEE BENEFITS	5		576
20 LITHOTRIpsy SERVICES	J	OPERATING ROOM	37		45,350
21 CONTINUITY OF CARE	K	SOCIAL SERVICE	18	69,030	24,962
22 ROUTINE DIABETES	L	ADULTS & PEDIATRICS	25	6,949	15,441
36 TOTAL RECLASSIFICATIONS				709,145	3,250,276

(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:
141340

PERIOD:
FROM 5/ 1/2008
TO 4/30/2009

PREPARED 9/28/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 NURSING ADMINISTRATION	A	OTHER ADMINISTRATIVE AND GENERAL	6.06	50,305		
2 DRUGS SOLD	B	PHARMACY	16		558,846	
3 NURSERY/DELIVERY AND LABOR	C	ADULTS & PEDIATRICS	25	371,186	57,674	
4						
5 MEDICAL SUPPLIES	D	CENTRAL SERVICES & SUPPLY	15		160,376	
6		OPERATING ROOM	37		826,580	
7						
8 EQUIPMENT LEASES	E	INTENSIVE CARE UNIT	26		19	9
9		OTHER ADMINISTRATIVE AND GENERAL	6.06		22,180	
10		PHARMACY	16		52,547	
11		CENTRAL SERVICES & SUPPLY	15		14,814	
12		ADULTS & PEDIATRICS	25		11,116	
13		OPERATING ROOM	37		691	
14		LABORATORY	44		793	
15		RADIOLOGY-DIAGNOSTIC	41		6,246	
16 CAFETERIA	F	DIETARY	11	211,675	149,247	
17 INTEREST	G	INTEREST EXPENSE	88		159,172	
18 EQUIPMENT DEPRECIATION	H	NEW CAP REL COSTS-BLDG & FIXT	3		1,143,646	9
19 EMPLOYEE BENEFITS	I	OTHER ADMINISTRATIVE AND GENERAL	6.06		576	
20 LITHOTRIpsy SERVICES	J	OTHER ADMINISTRATIVE AND GENERAL	6.06		45,350	
21 CONTINUITY OF CARE	K	OTHER ADMINISTRATIVE AND GENERAL	6.06	69,030	24,962	
22 ROUTINE DIABETES	L	CLINICAL NUTRITION	59	6,949	15,441	
36 TOTAL RECLASSIFICATIONS				709,145	3,250,276	

(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:
141340

PERIOD:
FROM 5/ 1/2008
TO 4/30/2009

PREPARED 9/28/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : NURSING ADMINISTRATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING ADMINISTRATION	14	50,305	OTHER ADMINISTRATIVE AND GENER	6.06	50,305	
TOTAL RECLASSIFICATIONS FOR CODE A			50,305				50,305

RECLASS CODE: B
EXPLANATION : DRUGS SOLD

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	558,846	PHARMACY	16	558,846	
TOTAL RECLASSIFICATIONS FOR CODE B			558,846				558,846

RECLASS CODE: C
EXPLANATION : NURSERY/DELIVERY AND LABOR

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	223,323	ADULTS & PEDIATRICS	25	428,860	
2.00	DELIVERY ROOM & LABOR ROOM	39	205,537			0	
TOTAL RECLASSIFICATIONS FOR CODE C			428,860				428,860

RECLASS CODE: D
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	971,096	CENTRAL SERVICES & SUPPLY	15	160,376	
2.00	INTRAVENOUS THERAPY	48	15,859	OPERATING ROOM	37	826,580	
3.00	PHARMACY	16	1			0	
TOTAL RECLASSIFICATIONS FOR CODE D			986,956				986,956

RECLASS CODE: E
EXPLANATION : EQUIPMENT LEASES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	108,406	INTENSIVE CARE UNIT	26	19	
2.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	22,180	
3.00			0	PHARMACY	16	52,547	
4.00			0	CENTRAL SERVICES & SUPPLY	15	14,814	
5.00			0	ADULTS & PEDIATRICS	25	11,116	
6.00			0	OPERATING ROOM	37	691	
7.00			0	LABORATORY	44	793	
8.00			0	RADIOLOGY-DIAGNOSTIC	41	6,246	
TOTAL RECLASSIFICATIONS FOR CODE E			108,406				108,406

RECLASS CODE: F
EXPLANATION : CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	360,922	DIETARY	11	360,922	
TOTAL RECLASSIFICATIONS FOR CODE F			360,922				360,922

RECLASS CODE: G
EXPLANATION : INTEREST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	159,172	INTEREST EXPENSE	88	159,172	
TOTAL RECLASSIFICATIONS FOR CODE G			159,172				159,172

RECLASS CODE: H
EXPLANATION : EQUIPMENT DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,143,646	NEW CAP REL COSTS-BLDG & FIXT	3	1,143,646	
TOTAL RECLASSIFICATIONS FOR CODE H			1,143,646				1,143,646

RECLASSIFICATIONS

PROVIDER NO:
141340

PERIOD:
FROM 5/1/2008
TO 4/30/2009

PREPARED 9/28/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION : EMPLOYEE BENEFITS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	576	OTHER ADMINISTRATIVE AND GENER	6.06	576
TOTAL RECLASSIFICATIONS FOR CODE I		576			

RECLASS CODE: J
EXPLANATION : LITHOTRIpsy SERVICES

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OPERATING ROOM	45,350	OTHER ADMINISTRATIVE AND GENER	6.06	45,350
TOTAL RECLASSIFICATIONS FOR CODE J		45,350			

RECLASS CODE: K
EXPLANATION : CONTINUITY OF CARE

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	SOCIAL SERVICE	93,992	OTHER ADMINISTRATIVE AND GENER	6.06	93,992
TOTAL RECLASSIFICATIONS FOR CODE K		93,992			

RECLASS CODE: L
EXPLANATION : ROUTINE DIABETES

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	22,390	CLINICAL NUTRITION	59	22,390
TOTAL RECLASSIFICATIONS FOR CODE L		22,390			

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 IMPROVEMENT							
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	1,205,532	69,528		69,528		1,275,060	
2 LAND IMPROVEMENTS	1,483,835	59,099		59,099	1,866	1,541,068	
3 BUILDINGS & FIXTURE	9,063,373	4,473,213		4,473,213	85,635	13,450,951	
4 BUILDING IMPROVEMENT	346,725	25,291		25,291		372,016	
5 FIXED EQUIPMENT	8,589,085	561,034		561,034	109,414	9,040,705	
6 MOVABLE EQUIPMENT	7,480,234	1,387,394		1,387,394	509,148	8,358,480	
7 SUBTOTAL	28,168,784	6,575,559		6,575,559	706,063	34,038,280	
8 RECONCILING ITEMS							
9 TOTAL	28,168,784	6,575,559		6,575,559	706,063	34,038,280	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

* 1 2 3 4 5	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL 8
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
	OLD CAP REL COSTS-BL							
	OLD CAP REL COSTS-MV							
	NEW CAP REL COSTS-BL	13,450,951		13,450,951				
	NEW CAP REL COSTS-MV	17,399,186		17,399,186				
	TOTAL	30,850,137		30,850,137				

* 1 2 3 4 5	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
	OLD CAP REL COSTS-BL							
	OLD CAP REL COSTS-MV							
	NEW CAP REL COSTS-BL	1,335,935						1,335,935
	NEW CAP REL COSTS-MV	1,268,204						1,268,204
	TOTAL	2,604,139						2,604,139

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

* 1 2 3 4 5	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
	OLD CAP REL COSTS-BL							
	OLD CAP REL COSTS-MV							
	NEW CAP REL COSTS-BL	2,443,461						2,443,461
	NEW CAP REL COSTS-MV							
	TOTAL	2,443,461						2,443,461

* 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 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-3,381	PURCHASING RECEIVING AND		6.03	
7 REFUNDS AND REBATES OF EXPENSES	B	-21,104	CENTRAL SERVICES & SUPPLY		15	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE	A	-5,574	OPERATION OF PLANT		8	
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,327,542				
13 SALE OF SCRAP, WASTE, ETC.	B	-485	RADIOLOGY-DIAGNOSTIC		41	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-297,547				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-71,225	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	-5,448	DRUGS CHARGED TO PATIENTS		56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-27,208	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	-34,026	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			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 OTHER REVENUE	B	-297	OTHER ADMINISTRATIVE AND		6.06	
38 PROVIDER TAX	A	-472,318	OTHER ADMINISTRATIVE AND		6.06	
39 MEDICAL STAFF CREDENTIALING	B	-6,950	OTHER ADMINISTRATIVE AND		6.06	
40 INTEREST INCOME						
41 PHYSICIAN RECRUITMENT	A	-2,869,250	OTHER ADMINISTRATIVE AND		6.06	
42 LOBBYIST PORTION OF DUES	A	-9,917	OTHER ADMINISTRATIVE AND		6.06	
43 OTHER ADJUSTMENTS (SPECIFY)						
44 NON ALLOWABLE DEPRECIATION	A	-22,775	NEW CAP REL COSTS-BLDG &		3	9
45 PROPERTY TAX	A	-1,702	OTHER ADMINISTRATIVE AND		6.06	
45.01 PROPERTY TAX	A	-4,960	O/P PHYSICAL THERAPY		50.01	
46 DEPRECIATION TO STRAIGHT LINE	A	-2,638	NEW CAP REL COSTS-MVBLE E		4	9
47 CONTRIBUTIONS	A	-63,107	OTHER ADMINISTRATIVE AND		6.06	
48 MARKETING	A	-273,791	OTHER ADMINISTRATIVE AND		6.06	
48.01 THERAPY ARROWHEAD IN EXCESS OF COST	A	-106,160	O/P PHYSICAL THERAPY		50.01	
48.02 PENALTIES						
48.03 GAIN ON LOSS OF SALE OF ASSETS	A	-35,603	NEW CAP REL COSTS-BLDG &		3	9
49 OTHER ADJUSTMENTS (SPECIFY)						
50 TOTAL (SUM OF LINES 1 THRU 49)		-6,663,008				

(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	OTHER ADMINISTRATIVE AND ADMINISTRATIVE	2,795,476	3,206,311	-410,835	
2	3	NEW CAP REL COSTS-BLDG & CAPITAL	94,498		94,498	9
3	4	NEW CAP REL COSTS-MVBLE E CAPITAL	18,790		18,790	9
4						
5		TOTALS	2,908,764	3,206,311	-297,547	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) NAME	PERCENTAGE OF OWNERSHIP	AND/OR HOME OFFICE TYPE OF BUSINESS
1	2	3	4	5	6
1	G	0.00	KISHWAUKEE HEALTH SYSTEM	100.00	HEALTHCARE
2		0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-1340
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED: 9/28/2009
 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 40	ANESTHESIA	940,350	921,630	18,720				
2 41	RADIOLOGY	114,750	114,750					
3 61	EMERGENCY ROOM	1,565,591	1,256,230	309,361				
4 44	LABORATORY	60,000	34,932	25,068				
5								
6								
7								
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28								
29								
30								
101	TOTAL	2,680,691	2,327,542	353,149				

PHYSICAL THERAPY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	52
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	780
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	365
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	365
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5
9	TOTAL HOURS WORKED	886.00	1680.00	1021.00	2407.00
10	AHSEA (SEE INSTRUCTIONS)	84.40	67.52	50.64	25.32
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	33.76	33.76	25.32	
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	74,778
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	113,434
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	51,703
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	239,915
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	60,945
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	300,860

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	300,860

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE
 STANDARD TRAVEL ALLOWANCE

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	12,322
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	9,242
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	21,564
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	21,564

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	
32	OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)	

PHYSICAL THERAPY

33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 21,564
 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE
 STANDARD TRAVEL EXPENSE

36 THERAPISTS (LINE 5 TIMES COLUMN 2, LINE 11)
 37 ASSISTANTS (LINE 6 TIMES COLUMN 3, LINE 11)
 38 SUBTOTAL (SUM OF LINES 36 AND 37)
 39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF LINES 5 AND 6)
 40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES COLUMN 2, LINE 10)
 41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3, LINE 10)
 42 SUBTOTAL (SUM OF LINES 40 AND 41)
 43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF COLUMNS 1-3, LINE 13)
 TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES;
 COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
 44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 38 AND 39 - SEE INSTRUCTIONS)
 45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 39 AND 42 - SEE INSTRUCTIONS)
 46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 42 AND 43 - SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	TOTAL
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)	1	2	3	4	5
48 OVERTIME RATE (SEE INSTRUCTIONS)					
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO) (ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 300,860
 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 21,564
 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)
 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)
 61 EQUIPMENT COST (SEE INSTRUCTIONS)
 62 SUPPLIES (SEE INSTRUCTIONS)
 63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 322,424
 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 356,450

PHYSICAL THERAPY

65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF 34,026
 NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66 COST OF OUTSIDE SUPPLIER SERVICES - 356,450
 (SEE INSTRUCTIONS) (FROM YOUR RECORDS)

66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I
 (SEE INSTRUCTIONS) (FROM YOUR RECORDS)

66.11 COST OF OUTSIDE SUPPLIER SERVICES - CMHC I
 (SEE INSTRUCTIONS) (FROM YOUR RECORDS)

66.21 COST OF OUTSIDE SUPPLIER SERVICES - OPT I
 (SEE INSTRUCTIONS) (FROM YOUR RECORDS)

66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I
 (SEE INSTRUCTIONS) (FROM YOUR RECORDS)

66.41 COST OF OUTSIDE SUPPLIER SERVICES - OOT I
 (SEE INSTRUCTIONS) (FROM YOUR RECORDS)

66.51 COST OF OUTSIDE SUPPLIER SERVICES - OSP I
 (SEE INSTRUCTIONS) (FROM YOUR RECORDS)

67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS 356,450
 LINE MUST AGREE WITH LINE 64)

68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO 1.000000
 TOTAL COST- (LINE 66 DIVIDED BY LINE 67)

68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO
 TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)

68.11 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO
 TOTAL COST-CMHC I (LINE 66 DIVIDED BY LINE 67)

68.21 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO
 TOTAL COST- OPT I (LINE 66 DIVIDED BY LINE 67)

68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO
 TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)

68.41 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO
 TOTAL COST- OOT I (LINE 66 DIVIDED BY LINE 67)

68.51 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO
 TOTAL COST- OSP I (LINE 66 DIVIDED BY LINE 67)

69 EXCESS COST OVER LIMITATION- 34,026
 (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES
 AS INDICATED IN INSTRUCTIONS)

69.01 EXCESS COST OVER LIMITATION-CORF I
 (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES
 AS INDICATED IN INSTRUCTIONS)

69.11 EXCESS COST OVER LIMITATION-CMHC I
 (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES
 AS INDICATED IN INSTRUCTIONS)

69.21 EXCESS COST OVER LIMITATION- OPT I
 (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES
 AS INDICATED IN INSTRUCTIONS)

69.31 EXCESS COST OVER LIMITATION- HHA I
 (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES
 AS INDICATED IN INSTRUCTIONS)

69.41 EXCESS COST OVER LIMITATION- OOT I
 (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES
 AS INDICATED IN INSTRUCTIONS)

69.51 EXCESS COST OVER LIMITATION- OSP I
 (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES
 AS INDICATED IN INSTRUCTIONS)

70 TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 34,026
 69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE
 WITH LINE 65)

OCCUPATIONAL THERAPY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	52
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	780
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	365
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	365
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5
9	TOTAL HOURS WORKED		170.00	35.00	
10	AHSEA (SEE INSTRUCTIONS)		63.99	47.99	
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	32.00	32.00	24.00	
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	10,878
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	1,680
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	12,558
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	12,558

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	61.26
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	47,783
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	47,783

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE
STANDARD TRAVEL ALLOWANCE

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	11,680
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	8,760
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	20,440
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	20,440

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	
32	OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)	

OCCUPATIONAL THERAPY

33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 20,440
 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

STANDARD TRAVEL EXPENSE
 36 THERAPISTS (LINE 5 TIMES COLUMN 2, LINE 11)
 37 ASSISTANTS (LINE 6 TIMES COLUMN 3, LINE 11)
 38 SUBTOTAL (SUM OF LINES 36 AND 37)
 39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF LINES 5 AND 6)
 40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES COLUMN 2, LINE 10)
 41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3, LINE 10)
 42 SUBTOTAL (SUM OF LINES 40 AND 41)
 43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF COLUMNS 1-3, LINE 13)
 TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES;
 COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
 44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 38 AND 39 - SEE INSTRUCTIONS)
 45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 39 AND 42 - SEE INSTRUCTIONS)
 46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 42 AND 43 - SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	TOTAL
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)	1	2	3	4	5
48 OVERTIME RATE (SEE INSTRUCTIONS)					
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO) (ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 47,783
 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 20,440
 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)
 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)
 61 EQUIPMENT COST (SEE INSTRUCTIONS)
 62 SUPPLIES (SEE INSTRUCTIONS)
 63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 68,223
 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 8,028

OCCUPATIONAL THERAPY

65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66	COST OF OUTSIDE SUPPLIER SERVICES -	8,028
	(SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.01	COST OF OUTSIDE SUPPLIER SERVICES - CORF I	
	(SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.11	COST OF OUTSIDE SUPPLIER SERVICES - CMHC I	
	(SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.21	COST OF OUTSIDE SUPPLIER SERVICES - OPT I	
	(SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.31	COST OF OUTSIDE SUPPLIER SERVICES - HHA I	
	(SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.41	COST OF OUTSIDE SUPPLIER SERVICES - OOT I	
	(SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.51	COST OF OUTSIDE SUPPLIER SERVICES - OSP I	
	(SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
67	TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64)	8,028
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-	1.000000
	(LINE 66 DIVIDED BY LINE 67)	
68.01	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I	
	(LINE 66 DIVIDED BY LINE 67)	
68.11	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CMHC I	
	(LINE 66 DIVIDED BY LINE 67)	
68.21	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OPT I	
	(LINE 66 DIVIDED BY LINE 67)	
68.31	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I	
	(LINE 66 DIVIDED BY LINE 67)	
68.41	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OOT I	
	(LINE 66 DIVIDED BY LINE 67)	
68.51	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OSP I	
	(LINE 66 DIVIDED BY LINE 67)	
69	EXCESS COST OVER LIMITATION-	
	(SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.01	EXCESS COST OVER LIMITATION-CORF I	
	(SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.11	EXCESS COST OVER LIMITATION-CMHC I	
	(SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.21	EXCESS COST OVER LIMITATION- OPT I	
	(SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.31	EXCESS COST OVER LIMITATION- HHA I	
	(SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.41	EXCESS COST OVER LIMITATION- OOT I	
	(SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.51	EXCESS COST OVER LIMITATION- OSP I	
	(SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
70	TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE WITH LINE 65)	

SPEECH PATHOLOGY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	52				
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	780				
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	366				
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	366				
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)					
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)					
7	STANDARD TRAVEL EXPENSE RATE					
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE					
			SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES
			1	2	3	4
9	TOTAL HOURS WORKED			249.00		
10	AHSEA (SEE INSTRUCTIONS)			61.49		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	30.75		30.75		
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)					
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)					
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)					
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)					

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	15,311
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	15,311
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	15,311

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	61.49
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	47,962
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	47,962

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE
STANDARD TRAVEL ALLOWANCE

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	11,255
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	11,255
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	11,255
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE		
29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	
32	OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)	

SPEECH PATHOLOGY

33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 11,255
 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE
 STANDARD TRAVEL EXPENSE

36 THERAPISTS (LINE 5 TIMES COLUMN 2, LINE 11)
 37 ASSISTANTS (LINE 6 TIMES COLUMN 3, LINE 11)
 38 SUBTOTAL (SUM OF LINES 36 AND 37)
 39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF LINES 5 AND 6)
 40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES COLUMN 2, LINE 10)
 41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3, LINE 10)
 42 SUBTOTAL (SUM OF LINES 40 AND 41)
 43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF COLUMNS 1-3, LINE 13)
 TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES;
 COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
 44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 38 AND 39 - SEE INSTRUCTIONS)
 45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 39 AND 42 - SEE INSTRUCTIONS)
 46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 42 AND 43 - SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	TOTAL
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)	1	2	3	4	5
48 OVERTIME RATE (SEE INSTRUCTIONS)					
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO) (ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 47,962
 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 11,255
 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)
 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)
 61 EQUIPMENT COST (SEE INSTRUCTIONS)
 62 SUPPLIES (SEE INSTRUCTIONS)
 63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 59,217
 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 9,866

REASONABLE COST DETERMINATION FOR THERAPY
SERVICES FURNISHED BY OUTSIDE SUPPLIERS
ON OR AFTER APRIL 10, 1998

PROVIDER NO: 14-1340
PERIOD: FROM 5/1/2008 TO 4/30/2009
PREPARED 9/28/2009
WORKSHEET A-8-4
PARTS I - VII

SPEECH PATHOLOGY

65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF
NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66	COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	9,866
66.01	COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.11	COST OF OUTSIDE SUPPLIER SERVICES - CMHC I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.21	COST OF OUTSIDE SUPPLIER SERVICES - OPT I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.31	COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.41	COST OF OUTSIDE SUPPLIER SERVICES - OOT I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.51	COST OF OUTSIDE SUPPLIER SERVICES - OSP I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
67	TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64)	9,866
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67)	1.000000
68.01	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)	
68.11	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CMHC I (LINE 66 DIVIDED BY LINE 67)	
68.21	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OPT I (LINE 66 DIVIDED BY LINE 67)	
68.31	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)	
68.41	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OOT I (LINE 66 DIVIDED BY LINE 67)	
68.51	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OSP I (LINE 66 DIVIDED BY LINE 67)	
69	EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.01	EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.11	EXCESS COST OVER LIMITATION-CMHC I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.21	EXCESS COST OVER LIMITATION- OPT I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.31	EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.41	EXCESS COST OVER LIMITATION- OOT I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.51	EXCESS COST OVER LIMITATION- OSP I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
70	TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE WITH LINE 65)	

COST ALLOCATION STATISTICS

PROVIDER NO: 14-1340
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 9/28/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	2	GROSS SALARIES	ENTERED
6.01	NONPATIENT PHONES	3	NO. OF PHONES	ENTERED
6.02	DATA PROCESSING	4	NO. OF PC'S	ENTERED
6.03	PURCHASING RECEIVING AND STORES	5	SUPPLY EXPENSE	ENTERED
6.04	ADMITTING	6	INPATIENT REVENUE	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	7	GROSS REVENUE	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	-8	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	9	SQUARE FEET	NOT ENTERED
8	OPERATION OF PLANT	10	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	11	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	12	SQUARE FEET	ENTERED
11	DIETARY	13	PATIENT DAYS	ENTERED
12	CAFETERIA	14	MEALS SERVED	ENTERED
13	MAINTENANCE OF PERSONNEL	15	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	16	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	17	COSTED REQUIS.	ENTERED
16	PHARMACY	18	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	7	GROSS REVENUE	ENTERED
18	SOCIAL SERVICE	19	PATIENT DAYS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	20	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	21	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	22	ASSIGNED TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	ASSIGNED TIME	NOT ENTERED
24	PARAMED ED PRGM-(SPECIFY)	24	ASSIGNED TIME	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT PH ONES
	0	1	2	3	4	5	6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	1,335,935			1,335,935			
005 NEW CAP REL COSTS-MVBLE E	1,268,204				1,268,204		
006 EMPLOYEE BENEFITS	3,444,645			7,043	6,686	3,458,374	
006 01 NONPATIENT PHONES	243,332			6,035	5,729		255,096
006 02 DATA PROCESSING	194,611			8,884	8,433		3,416
006 03 PURCHASING RECEIVING AND	94,883					32,375	9,111
006 04 ADMINISTRATION	409,915			30,704	29,147	149,851	1,139
006 05 CASHIERING/ACCOUNTS RECEI	495,952			1,062	1,008	31,164	3,416
006 06 OTHER ADMINISTRATIVE AND	4,874,950			160,156	152,037	216,720	56,942
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	1,359,173			177,835	168,821	95,657	7,972
009 LAUNDRY & LINEN SERVICE	121,390			24,351	23,116		1,139
010 HOUSEKEEPING	370,869			13,290	12,617	82,169	1,139
011 DIETARY	200,239			27,554	26,157	43,636	2,278
012 CAFETERIA	289,697			33,659	31,953	78,651	1,139
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	91,722			13,609	12,919	32,556	5,694
015 CENTRAL SERVICES & SUPPLY	153,010			73,530	69,802	14,734	1,139
016 PHARMACY	368,044			13,450	12,768	123,741	5,694
017 MEDICAL RECORDS & LIBRARY	504,430			11,627	11,037	135,547	25,054
018 SOCIAL SERVICE	145,373					43,685	
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	1,576,531			126,143	119,748	515,237	26,193
026 INTENSIVE CARE UNIT	437,801			21,024	19,958	156,525	4,555
033 NURSERY	223,323			45,286	42,990	71,820	1,139
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	830,195			146,247	138,832	320,890	18,221
038 RECOVERY ROOM	178,527			15,892	15,086	63,579	3,416
039 DELIVERY ROOM & LABOR ROO	205,537			45,286	42,990	66,100	
040 ANESTHESIOLOGY	59,055			5,451	5,174		
040 01 PAIN CLINIC	28,471					2,753	
041 RADIOLOGY-DIAGNOSTIC	2,359,876			131,877	125,191	317,014	9,111
044 LABORATORY	1,793,989			40,296	38,253	257,335	17,082
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	15,859						
049 RESPIRATORY THERAPY	378,297			17,821	16,917	119,252	18,221
050 PHYSICAL THERAPY	346,760			29,200	27,719		3,416
050 01 O/P PHYSICAL THERAPY	769,380					17,214	
053 01 CARDIAC REHAB	83,789			13,308	12,633	28,248	5,694
054 ELECTROENCEPHALOGRAPHY	5,639			1,451	1,378	760	1,139
055 MEDICAL SUPPLIES CHARGED	971,096						
056 DRUGS CHARGED TO PATIENTS	553,398						
059 CLINICAL NUTRITION	59,707					9,468	
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	1,347,516			78,415	74,439	351,365	13,666
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 INTRESTINAL ACQUISITION							
095 SUBTOTALS	28,191,120			1,320,486	1,253,538	3,378,046	247,125
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP				10,193	9,677		3,416
098 PHYSICIANS' PRIVATE OFFIC	781,257			5,256	4,989	80,328	4,555
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	28,972,377			1,335,935	1,268,204	3,458,374	255,096

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS
	6.02	6.03	6.04	6.05	6a.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING	215,344						
006 03 PURCHASING RECEIVING AND	4,656	141,025					
006 04 ADMINISTRATIVE	9,312	8	630,076				
006 05 CASHIERING/ACCOUNTS RECEI	3,492			536,094			
006 06 OTHER ADMINISTRATIVE AND	30,265	591			5,491,661	5,491,661	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	3,492	1			1,812,951	424,013	
009 LAUNDRY & LINEN SERVICE					169,996	39,759	
010 HOUSEKEEPING	1,164	2,074			483,322	113,039	
011 DIETARY	4,656	8,677			313,197	73,251	
012 CAFETERIA	1,164				436,263	102,033	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,164				157,664	36,874	
015 CENTRAL SERVICES & SUPPLY		56,714			368,929	86,285	
016 PHARMACY	5,820	25,122			554,639	129,719	
017 MEDICAL RECORDS & LIBRARY	12,804	3			700,502	163,833	
018 SOCIAL SERVICE					189,058	44,217	
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	39,579	4,732	107,151	31,509	2,546,823	595,651	
026 INTENSIVE CARE UNIT	3,492	397	32,342	7,965	684,059	159,988	
033 NURSERY	4,656		8,740	2,152	400,106	93,577	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	18,624	1,092	48,754	47,897	1,570,752	367,367	
038 RECOVERY ROOM		305	10,989	6,829	294,623	68,906	
039 DELIVERY ROOM & LABOR ROO	3,492		8,044	1,981	373,430	87,338	
040 ANESTHESIOLOGY	5,820	1,559	8,238	5,788	91,085	21,303	
040 01 PAIN CLINIC	1,164	72		1,380	33,840	7,914	
041 RADIOLOGY-DIAGNOSTIC	13,968	9,881	65,823	148,819	3,181,560	744,095	
044 LABORATORY	13,968	27,326	93,771	99,936	2,381,956	557,092	
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY			39,375	25,176	80,410	18,806	
049 RESPIRATORY THERAPY	3,492	844	29,106	10,551	594,501	139,042	
050 PHYSICAL THERAPY	3,492	136	4,726	5,351	420,800	98,417	
050 01 O/P PHYSICAL THERAPY	5,820	310		10,189	802,913	187,785	
053 01 CARDIAC REHAB	2,328	109	509	1,307	147,925	34,597	
054 ELECTROENCEPHALOGRAPHY			189	81	10,637	2,488	
055 MEDICAL SUPPLIES CHARGED			54,667	33,351	1,059,114	247,706	
056 DRUGS CHARGED TO PATIENTS			109,048	48,688	711,134	166,320	
059 CLINICAL NUTRITION		1	56	488	69,720	16,306	
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	15,132	1,057	8,548	46,656	1,936,794	452,977	
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 INTRESTINAL ACQUISITION							
095 SUBTOTALS	213,016	141,011	630,076	536,094	28,070,364	5,280,698	
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP					23,286	5,446	
098 PHYSICIANS' PRIVATE OFFIC	2,328	14			878,727	205,517	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	215,344	141,025	630,076	536,094	28,972,377	5,491,661	

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	2,236,964						
009 LAUNDRY & LINEN SERVICE	57,690	267,445					
010 HOUSEKEEPING	31,486		627,847				
011 DIETARY	65,279		19,082	470,809			
012 CAFETERIA	79,743		23,311		641,350		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	32,241		9,425		10,432		246,636
015 CENTRAL SERVICES & SUPPLY	174,203		50,923		5,477		
016 PHARMACY	31,864		9,315		24,691		
017 MEDICAL RECORDS & LIBRARY	27,545		8,052		40,330		
018 SOCIAL SERVICE					7,687		
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	298,849	93,877	87,360	408,282	95,036		70,088
026 INTENSIVE CARE UNIT	49,808	12,018	14,560	62,527	27,636		20,381
033 NURSERY	107,289	5,934	31,363		21,144		15,593
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	346,477	51,846	101,284		81,028		59,756
038 RECOVERY ROOM	37,650		11,006		8,423		6,211
039 DELIVERY ROOM & LABOR ROO	107,289	5,460	31,363		19,459		14,351
040 ANESTHESIOLOGY	12,913	863	3,775				
040 01 PAIN CLINIC		1,051			2,784		
041 RADIOLOGY-DIAGNOSTIC	312,433	32,123	91,331		72,015		
044 LABORATORY	95,466		27,907		76,355		
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	42,220	311	12,342		28,445		
050 PHYSICAL THERAPY	69,178	1,031	20,222				
050 01 O/P PHYSICAL THERAPY					7,228		
053 01 CARDIAC REHAB	31,528	670	9,216		6,136		
054 ELECTROENCEPHALOGRAPHY	3,438		1,005		14		
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 CLINICAL NUTRITION					2,787		
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	185,774	62,261	54,306		81,707		60,256
063 50 OBSERVATION BEDS (NON-DIS							
063 60 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 INTTESTINAL ACQUISITION							
095 SUBTOTALS	2,200,363	267,445	617,148	470,809	618,814		246,636
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP	24,149		7,059				
098 PHYSICIANS' PRIVATE OFFIC	12,452		3,640		22,536		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,236,964	267,445	627,847	470,809	641,350		246,636

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
	15	16	17	18	20	21	22
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
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	685,817						
016 PHARMACY		750,228					
017 MEDICAL RECORDS & LIBRARY			940,262				
018 SOCIAL SERVICE				240,962			
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			55,269	208,960			
033 INTENSIVE CARE UNIT			13,970	32,002			
037 NURSERY			3,775				
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM			84,013				
040 RECOVERY ROOM			11,979				
041 DELIVERY ROOM & LABOR ROO			3,474				
042 ANESTHESIOLOGY			10,153				
043 01 PAIN CLINIC			2,421				
044 RADIOLOGY-DIAGNOSTIC			260,962				
045 LABORATORY			175,293				
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	11,020		44,160				
049 RESPIRATORY THERAPY			18,507				
050 PHYSICAL THERAPY			9,386				
051 01 O/P PHYSICAL THERAPY			17,872				
052 01 CARDIAC REHAB			2,292				
053 ELECTROENCEPHALOGRAPHY			143				
054 MEDICAL SUPPLIES CHARGED	674,797		58,499				
055 DRUGS CHARGED TO PATIENTS		750,228	85,401				
056 CLINICAL NUTRITION			857				
057 OUTPAT SERVICE COST CNTRS							
058 EMERGENCY			81,836				
059 OBSERVATION BEDS (NON-DIS							
060 50 RHC							
061 60 FOHC							
062 OTHER REIMBURS COST CNTRS							
063 10 CMHC							
064 20 OUTPATIENT PHYSICAL THERA							
065 30 OUTPATIENT OCCUPATIONAL T							
066 40 OUTPATIENT SPEECH PATHOLO							
067 71 HOME HEALTH AGENCY							
068 SPEC PURPOSE COST CENTERS							
069 01 PANCREAS ACQUISITION							
070 02 INTRESTINAL ACQUISITION							
071 SUBTOTALS	685,817	750,228	940,262	240,962			
072 NONREIMBURS COST CENTERS							
073 096 GIFT, FLOWER, COFFEE SHOP							
074 098 PHYSICIANS' PRIVATE OFFIC							
075 101 CROSS FOOT ADJUSTMENT							
076 102 NEGATIVE COST CENTER							
077 103 TOTAL	685,817	750,228	940,262	240,962			

COST CENTER DESCRIPTION	I&R SERVICES- PARAMEDED PR SUBTOTAL OTHER PRGM C GM-(SPECIFY)			I&R COST POST STEP- DOWN ADJ 26	TOTAL 27
	23	24	25		
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
006 01 NONPATIENT PHONES					
006 02 DATA PROCESSING					
006 03 PURCHASING RECEIVING AND					
006 04 ADMITTING					
006 05 CASHIERING/ACCOUNTS RECEI					
006 06 OTHER ADMINISTRATIVE AND					
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 PARAMEDED PRGM-(SPECIFY)					
025 INPAT ROUTINE SRVC CNTRS					
ADULTS & PEDIATRICS			4,460,195		4,460,195
026 INTENSIVE CARE UNIT			1,076,949		1,076,949
033 NURSERY			678,781		678,781
037 ANCILLARY SRVC COST CNTRS					
OPERATING ROOM			2,662,523		2,662,523
038 RECOVERY ROOM			438,798		438,798
039 DELIVERY ROOM & LABOR ROO			642,164		642,164
040 ANESTHESIOLOGY			140,092		140,092
040 01 PAIN CLINIC			48,010		48,010
041 RADIOLOGY-DIAGNOSTIC			4,694,519		4,694,519
044 LABORATORY			3,314,069		3,314,069
046 30 BLOOD CLOTTING FACTORS AD					
048 INTRAVENOUS THERAPY			154,396		154,396
049 RESPIRATORY THERAPY			835,368		835,368
050 PHYSICAL THERAPY			619,034		619,034
050 01 O/P PHYSICAL THERAPY			1,015,798		1,015,798
053 01 CARDIAC REHAB			232,364		232,364
054 ELECTROENCEPHALOGRAPHY			17,725		17,725
055 MEDICAL SUPPLIES CHARGED			2,040,116		2,040,116
056 DRUGS CHARGED TO PATIENTS			1,713,083		1,713,083
059 CLINICAL NUTRITION			89,670		89,670
061 OUTPAT SERVICE COST CNTRS					
EMERGENCY			2,915,911		2,915,911
062 OBSERVATION BEDS (NON-DIS					
063 50 RHC					
063 60 FOHC					
069 OTHER REIMBURS COST CNTRS					
10 CMHC					
069 20 OUTPATIENT PHYSICAL THERA					
069 30 OUTPATIENT OCCUPATIONAL T					
069 40 OUTPATIENT SPEECH PATHOLO					
071 HOME HEALTH AGENCY					
SPEC PURPOSE COST CENTERS					
085 01 PANCREAS ACQUISITION					
085 02 INTTESTINAL ACQUISITION					
095 SUBTOTALS			27,789,565		27,789,565
NONREIMBURS COST CENTERS					
096 GI FT, FLOWER, COFFEE SHOP			59,940		59,940
098 PHYSICIANS' PRIVATE OFFIC			1,122,872		1,122,872
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL			28,972,377		28,972,377

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1340
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 9/28/2009
 WORKSHEET B PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
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				7,043	6,686	13,729	13,729
006 01 NONPATIENT PHONES				6,035	5,729	11,764	
006 02 DATA PROCESSING				8,884	8,433	17,317	
006 03 PURCHASING RECEIVING AND							129
006 04 ADMINITTING				30,704	29,147	59,851	595
006 05 CASHIERING/ACCOUNTS RECEI				1,062	1,008	2,070	124
006 06 OTHER ADMINISTRATIVE AND				160,156	152,037	312,193	860
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT				177,835	168,821	346,656	380
009 LAUNDRY & LINEN SERVICE				24,351	23,116	47,467	
010 HOUSEKEEPING				13,290	12,617	25,907	326
011 DIETARY				27,554	26,157	53,711	173
012 CAFETERIA				33,659	31,953	65,612	312
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION				13,609	12,919	26,528	129
015 CENTRAL SERVICES & SUPPLY				73,530	69,802	143,332	58
016 PHARMACY				13,450	12,768	26,218	491
017 MEDICAL RECORDS & LIBRARY				11,627	11,037	22,664	538
018 SOCIAL SERVICE							173
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				126,143	119,748	245,891	2,048
026 INTENSIVE CARE UNIT				21,024	19,958	40,982	621
033 NURSERY				45,286	42,990	88,276	285
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				146,247	138,832	285,079	1,274
038 RECOVERY ROOM				15,892	15,086	30,978	252
039 DELIVERY ROOM & LABOR ROO				45,286	42,990	88,276	262
040 ANESTHESIOLOGY				5,451	5,174	10,625	
040 01 PAIN CLINIC							11
041 RADIOLOGY-DIAGNOSTIC				131,877	125,191	257,068	1,258
044 LABORATORY				40,296	38,253	78,549	1,022
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY				17,821	16,917	34,738	473
050 PHYSICAL THERAPY				29,200	27,719	56,919	
050 01 O/P PHYSICAL THERAPY							68
053 01 CARDIAC REHAB				13,308	12,633	25,941	112
054 ELECTROENCEPHALOGRAPHY				1,451	1,378	2,829	3
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 CLINICAL NUTRITION							38
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY				78,415	74,439	152,854	1,395
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 INTRESTINAL ACQUISITION							
095 SUBTOTALS				1,320,486	1,253,538	2,574,024	13,410
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				10,193	9,677	19,870	
098 PHYSICIANS' PRIVATE OFFIC				5,256	4,989	10,245	319
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				1,335,935	1,268,204	2,604,139	13,729

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NONPATIENT PHONES	PH DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES	11,764						
006 02 DATA PROCESSING	158	17,475					
006 03 PURCHASING RECEIVING AND	420	378	927				
006 04 ADMINISTRATION	53	756		61,255			
006 05 CASHIERING/ACCOUNTS RECEI	158	283			2,635		
006 06 OTHER ADMINISTRATIVE AND	2,620	2,456	4			318,133	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	368	283				24,564	
009 LAUNDRY & LINEN SERVICE	53					2,303	
010 HOUSEKEEPING	53	94	14			6,549	
011 DIETARY	105	378	57			4,244	
012 CAFETERIA	53	94				5,911	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	263	94				2,136	
015 CENTRAL SERVICES & SUPPLY	53		372			4,999	
016 PHARMACY	263	472	165			7,515	
017 MEDICAL RECORDS & LIBRARY	1,155	1,039				9,491	
018 SOCIAL SERVICE						2,562	
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	1,208	3,215	31	10,416	153	34,507	
026 INTENSIVE CARE UNIT	210	283	3	3,144	39	9,268	
033 NURSERY	53	378		850	10	5,421	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	840	1,511	7	4,740	233	21,282	
038 RECOVERY ROOM	158		2	1,068	33	3,992	
039 DELIVERY ROOM & LABOR ROO		283		782	10	5,060	
040 ANESTHESIOLOGY		472	10	801	28	1,234	
040 01 PAIN CLINIC		94			7	458	
041 RADIOLOGY-DIAGNOSTIC	420	1,134	65	6,399	753	43,098	
044 LABORATORY	788	1,134	180	9,116	486	32,273	
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY				3,828	122	1,089	
049 RESPIRATORY THERAPY	840	283	6	2,829	51	8,055	
050 PHYSICAL THERAPY	158	283	1	459	26	5,701	
050 01 O/P PHYSICAL THERAPY		472	2		50	10,879	
053 01 CARDIAC REHAB	263	189	1	49	6	2,004	
054 ELECTROENCEPHALOGRAPHY	53			18		144	
055 MEDICAL SUPPLIES CHARGED				5,314	162	14,350	
056 DRUGS CHARGED TO PATIENTS				10,606	237	9,635	
059 CLINICAL NUTRITION				5	2	945	
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	630	1,228	7	831	227	26,242	
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 INTTESTINAL ACQUISITION							
095 SUBTOTALS	11,396	17,286	927	61,255	2,635	305,911	
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP	158					316	
098 PHYSICIANS' PRIVATE OFFIC	210	189				11,906	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	11,764	17,475	927	61,255	2,635	318,133	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	372,251						
009 LAUNDRY & LINEN SERVICE	9,600	59,423					
010 HOUSEKEEPING	5,240		38,183				
011 DIETARY	10,863		1,161	70,692			
012 CAFETERIA	13,270		1,418		86,670		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	5,365		573		1,410		36,498
015 CENTRAL SERVICES & SUPPLY	28,989		3,097		740		
016 PHARMACY	5,302		566		3,337		
017 MEDICAL RECORDS & LIBRARY	4,584		490		5,450		
018 SOCIAL SERVICE					1,039		
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	49,731	20,858	5,313	61,304	12,842		10,372
026 INTENSIVE CARE UNIT	8,289	2,670	885	9,388	3,735		3,016
033 NURSERY	17,854	1,318	1,907		2,857		2,307
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	57,655	11,520	6,160		10,950		8,843
038 RECOVERY ROOM	6,265		669		1,138		919
039 DELIVERY ROOM & LABOR ROO	17,854	1,213	1,907		2,630		2,124
040 ANESTHESIOLOGY	2,149	192	230				
040 01 PAIN CLINIC		234			376		
041 RADIOLOGY-DIAGNOSTIC	51,992	7,137	5,554		9,732		
044 LABORATORY	15,886		1,697		10,318		
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	7,026	69	751		3,844		
050 PHYSICAL THERAPY	11,512	229	1,230				
050 01 O/P PHYSICAL THERAPY					977		
053 01 CARDIAC REHAB	5,247	149	561		829		
054 ELECTROENCEPHALOGRAPHY	572		61		2		
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 CLINICAL NUTRITION					377		
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	30,915	13,834	3,303		11,042		8,917
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 INTESITINAL ACQUISITION							
095 SUBTOTALS	366,160	59,423	37,533	70,692	83,625		36,498
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP	4,019		429				
098 PHYSICIANS' PRIVATE OFFIC	2,072		221		3,045		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	372,251	59,423	38,183	70,692	86,670		36,498

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
	15	16	17	18	20	21	22
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
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	181,640						
016 PHARMACY		44,329					
017 MEDICAL RECORDS & LIBRARY			45,411				
018 SOCIAL SERVICE				3,774			
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			2,669	3,273			
026 INTENSIVE CARE UNIT			675	501			
033 NURSERY			182				
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM			4,057				
038 RECOVERY ROOM			578				
039 DELIVERY ROOM & LABOR ROO			168				
040 ANESTHESIOLOGY			490				
040 01 PAIN CLINIC			117				
041 RADIOLOGY-DIAGNOSTIC			12,607				
044 LABORATORY			8,465				
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	2,919		2,133				
049 RESPIRATORY THERAPY			894				
050 PHYSICAL THERAPY			453				
050 01 O/P PHYSICAL THERAPY			863				
053 01 CARDIAC REHAB			111				
054 ELECTROENCEPHALOGRAPHY			7				
055 MEDICAL SUPPLIES CHARGED	178,721		2,825				
056 DRUGS CHARGED TO PATIENTS		44,329	4,124				
059 CLINICAL NUTRITION			41				
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY			3,952				
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 INTTESTINAL ACQUISITION							
095 SUBTOTALS	181,640	44,329	45,411	3,774			
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
101 PHYSICIANS' PRIVATE OFFIC							
102 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	181,640	44,329	45,411	3,774			

	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	23	24	25	26	27
001		GENERAL SERVICE COST CNTR			
002		OLD CAP REL COSTS-BLDG &			
003		OLD CAP REL COSTS-MVBLE E			
004		NEW CAP REL COSTS-BLDG &			
005		NEW CAP REL COSTS-MVBLE E			
006		EMPLOYEE BENEFITS			
006	01	NONPATIENT PHONES			
006	02	DATA PROCESSING			
006	03	PURCHASING RECEIVING AND			
006	04	ADMINISTRATIVE			
006	05	CASHIERING/ACCOUNTS RECEI			
006	06	OTHER ADMINISTRATIVE AND			
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)			
		INPAT ROUTINE SRVC CNTRS			
025		ADULTS & PEDIATRICS	463,831		463,831
026		INTENSIVE CARE UNIT	83,709		83,709
033		NURSERY	121,698		121,698
		ANCILLARY SRVC COST CNTRS			
037		OPERATING ROOM	414,151		414,151
038		RECOVERY ROOM	46,052		46,052
039		DELIVERY ROOM & LABOR ROO	120,569		120,569
040		ANESTHESIOLOGY	16,231		16,231
040	01	PAIN CLINIC	1,297		1,297
041		RADIOLOGY-DIAGNOSTIC	397,217		397,217
044		LABORATORY	159,914		159,914
046	30	BLOOD CLOTTING FACTORS AD			
048		INTRAVENOUS THERAPY	10,091		10,091
049		RESPIRATORY THERAPY	59,859		59,859
050		PHYSICAL THERAPY	76,971		76,971
050	01	O/P PHYSICAL THERAPY	13,311		13,311
053	01	CARDIAC REHAB	35,462		35,462
054		ELECTROENCEPHALOGRAPHY	3,689		3,689
055		MEDICAL SUPPLIES CHARGED	201,372		201,372
056		DRUGS CHARGED TO PATIENTS	68,931		68,931
059		CLINICAL NUTRITION	1,408		1,408
		OUTPAT SERVICE COST CNTRS			
061		EMERGENCY	255,377		255,377
062		OBSERVATION BEDS (NON-DIS			
063	50	RHC			
063	60	FOHC			
		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			
		SPEC PURPOSE COST CENTERS			
085	01	PANCREAS ACQUISITION			
085	02	INTESTINAL ACQUISITION			
095		SUBTOTALS	2,551,140		2,551,140
		NONREIMBURS COST CENTERS			
096		GIFT, FLOWER, COFFEE SHOP	24,792		24,792
098		PHYSICIANS' PRIVATE OFFIC	28,207		28,207
101		CROSS FOOT ADJUSTMENTS			
102		NEGATIVE COST CENTER			
103		TOTAL	2,604,139		2,604,139

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE (SQUARE FEET)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (SQUARE FEET)	EMPLOYEE BENE FITS (GROSS SALARIES)	NONPATIENT PHONES (NO. OF PHONES)
	1	2	3	4	5	6.01
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	75,490					
002 OLD CAP REL COSTS-MVB		75,490				
003 NEW CAP REL COSTS-BLD			75,490			
004 NEW CAP REL COSTS-MVB				75,490		
005 EMPLOYEE BENEFITS	398	398	398	398	9,307,549	
006 01 NONPATIENT PHONES	341	341	341	341		224
006 02 DATA PROCESSING	502	502	502	502		3
006 03 PURCHASING RECEIVING					87,130	8
006 04 ADMINISTRATION	1,735	1,735	1,735	1,735	403,295	1
006 05 CASHIERING/ACCOUNTS R	60	60	60	60	83,873	3
006 06 OTHER ADMINISTRATION	9,050	9,050	9,050	9,050	583,260	50
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT	10,049	10,049	10,049	10,049	257,441	7
009 LAUNDRY & LINEN SERVICE	1,376	1,376	1,376	1,376		1
010 HOUSEKEEPING	751	751	751	751	221,142	1
011 DIETARY	1,557	1,557	1,557	1,557	117,437	2
012 CAFETERIA	1,902	1,902	1,902	1,902	211,675	1
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATION	769	769	769	769	87,618	5
015 CENTRAL SERVICES & SUP	4,155	4,155	4,155	4,155	39,653	1
016 PHARMACY	760	760	760	760	333,025	5
017 MEDICAL RECORDS & LIB	657	657	657	657	364,797	22
018 SOCIAL SERVICE					117,570	
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMEDICAL PRGM-(SPEC						
025 INPATIENT ROUTINE SRVC CN						
ADULTS & PEDIATRICS	7,128	7,128	7,128	7,128	1,386,667	23
026 INTENSIVE CARE UNIT	1,188	1,188	1,188	1,188	421,257	4
033 NURSERY	2,559	2,559	2,559	2,559	193,290	1
ANCILLARY SRVC COST C						
037 OPERATING ROOM	8,264	8,264	8,264	8,264	863,614	16
038 RECOVERY ROOM	898	898	898	898	171,111	3
039 DELIVERY ROOM & LABOR	2,559	2,559	2,559	2,559	177,896	
040 ANESTHESIOLOGY	308	308	308	308		
040 01 PAIN CLINIC					7,408	
041 RADIOLOGY-DIAGNOSTIC	7,452	7,452	7,452	7,452	853,181	8
044 LABORATORY	2,277	2,277	2,277	2,277	692,568	15
046 30 BLOOD CLOTTING FACTOR						
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY	1,007	1,007	1,007	1,007	320,944	16
050 PHYSICAL THERAPY	1,650	1,650	1,650	1,650		3
050 01 O/P PHYSICAL THERAPY					46,327	
053 01 CARDIAC REHAB	752	752	752	752	76,025	5
054 ELECTROENCEPHALOGRAPH	82	82	82	82	2,046	1
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
059 CLINICAL NUTRITION					25,481	
061 OUTPATIENT SERVICE COST C						
EMERGENCY	4,431	4,431	4,431	4,431	945,631	12
062 OBSERVATION BEDS (NON						
063 50 RHC						
063 60 FOHC						
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 INTESTINAL ACQUISITION						
095 SUBTOTALS	74,617	74,617	74,617	74,617	9,091,362	217
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	576	576	576	576		3
098 PHYSICIANS' PRIVATE O	297	297	297	297	216,187	4
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			1,335,935	1,268,204	3,458,374	255,096
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			17.696847		.371567	
(WRKSHT B, PT I)				16.799629		1,138.821429
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					13,729	11,764
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.001475	

COST CENTER DESCRIPTION	DATA PROCESSING (NO OF PC'S)	PURCHASING RECEIVING AND (SUPPLY)EXPENSE	RE ADMITTING (INPATIENT)REVENUE	CASHIERING/AC COUNTS RECEI (GROSS)REVENUE	OTHER ADMINIS TRATIVE AND (ACCU. COST	MAINTENANCE & REPAIRS (SQUARE FEET)
	6.02	6.03	6.04	6.05	6a.06	6.06
GENERAL SERVICE COST						7
001 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
006 01 NONPATIENT PHONES						
006 02 DATA PROCESSING	185					
006 03 PURCHASING RECEIVING	4	3,199,471				
006 04 ADMITTING	8	181	22,200,554			
006 05 CASHIERING/ACCOUNTS R	3			76,702,198		
006 06 OTHER ADMINISTRATIVE	26	13,411			-5,491,661	23,480,716
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT	3	13				1,812,951
009 LAUNDRY & LINEN SERVI						169,996
010 HOUSEKEEPING	1	47,055				483,322
011 DIETARY	4	196,855				313,197
012 CAFETERIA	1					436,263
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO	1					157,664
015 CENTRAL SERVICES & SU		1,286,719				368,929
016 PHARMACY	5	569,946				554,639
017 MEDICAL RECORDS & LIB	11	69				700,502
018 SOCIAL SERVICE						189,058
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM-(SPEC						
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	34	107,366	3,775,455	4,508,424		2,546,823
033 INTENSIVE CARE UNIT	3	9,015	1,139,582	1,139,582		684,059
037 NURSERY	4		307,951	307,951		400,106
037 ANCILLARY SRVC COST C						
038 OPERATING ROOM	16	24,779	1,717,849	6,853,134		1,570,752
039 RECOVERY ROOM		6,923	387,179	977,178		294,623
040 DELIVERY ROOM & LABOR	3		283,424	283,424		373,430
040 ANESTHESIOLOGY	5	35,358	290,272	828,180		91,085
040 01 PAIN CLINIC	1	1,631		197,458		33,840
041 RADIOLOGY-DIAGNOSTIC	12	224,174	2,319,252	21,289,870		3,181,560
044 LABORATORY	12	619,947	3,304,006	14,299,111		2,381,956
046 30 BLOOD CLOTTING FACTOR						
048 INTRAVENOUS THERAPY			1,387,371	3,602,259		80,410
049 RESPIRATORY THERAPY	3	19,139	1,025,536	1,509,666		594,501
050 PHYSICAL THERAPY	3	3,077	166,520	765,632		420,800
050 01 O/P PHYSICAL THERAPY	5	7,022		1,457,860		802,913
053 01 CARDIAC REHAB	2	2,481	17,940	186,991		147,925
054 ELECTROENCEPHALOGRAPH			6,660	11,655		10,637
055 MEDICAL SUPPLIES CHAR			1,926,198	4,771,943		1,059,114
056 DRUGS CHARGED TO PATI			3,842,182	6,966,419		711,134
059 CLINICAL NUTRITION		19	1,974	69,883		69,720
061 OUTPAT SERVICE COST C						
062 EMERGENCY	13	23,974	301,203	6,675,578		1,936,794
062 OBSERVATION BEDS (NON						
063 50 RHC						
063 60 FOHC						
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 SPEC PURPOSE COST CEN						
085 01 PANCREAS ACQUISITION						
085 02 INTESITINAL ACQUISITIO						
095 SUBTOTALS	183	3,199,154	22,200,554	76,702,198	-5,491,661	22,578,703
096 NONREIMBURS COST CENT						
098 GIFT, FLOWER, COFFEE						23,286
101 PHYSICIANS' PRIVATE O	2	317				878,727
102 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	215,344	141,025	630,076	536,094		5,491,661
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER		.044078		.006989		.233880
(WRKSHT B, PT I)						
105 COST TO BE ALLOCATED	1,164.021622		.028381			
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED	17,475	927	61,255	2,635		318,133
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER		.000290		.000034		.013549

COST CENTER DESCRIPTION	DATA PROCESSI NG	PURCHASING RE CEIVING AND	RE ADMITTING	CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	
	(NO OF PC'S	(SUPPLY)EXPENSE	(INPATIENT)REVENUE	(GROSS)REVENUE	RECONCILI- ATION	(ACCUM. COST	(SQUARE)FEET
NONREIMBURS COST CENT (WRKSHT B, PT III)	6.02 94.459459	6.03	6.04 .002759	6.05	6a.06	6.06	7

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(PATIENT DAYS)	(MEALS SERVED)	(NUMBER HOUSED)	(DIRECT NRSING HRS)
	8	9	10	11	12	13	14
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	53,355						
009 LAUNDRY & LINEN SERVICE	1,376	95,421					
010 HOUSEKEEPING	751		51,228				
011 DIETARY	1,557		1,557	3,426			
012 CAFETERIA	1,902		1,902		234,533		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	769		769		3,815		122,298
015 CENTRAL SERVICES & SUPPLIES	4,155		4,155		2,003		
016 PHARMACY	760		760		9,029		
017 MEDICAL RECORDS & LIBRARY	657		657		14,748		
018 SOCIAL SERVICE					2,811		
020 NONPHYSICIAN ANESTHESIOLOGIST							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PRGM-(SPECIFIED)							
025 ADULTS & PEDIATRICS	7,128	33,494	7,128	2,971	34,754		34,754
026 INTENSIVE CARE UNIT	1,188	4,288	1,188	455	10,106		10,106
033 NURSERY	2,559	2,117	2,559		7,732		7,732
ANCILLARY SRVC COST CENTER							
037 OPERATING ROOM	8,264	18,498	8,264		29,631		29,631
038 RECOVERY ROOM	898		898		3,080		3,080
039 DELIVERY ROOM & LABOR	2,559	1,948	2,559		7,116		7,116
040 ANESTHESIOLOGY	308	308	308				
040 01 PAIN CLINIC			375		1,018		
041 RADIOLOGY-DIAGNOSTIC	7,452	11,461	7,452		26,335		
044 LABORATORY	2,277		2,277		27,922		
046 30 BLOOD CLOTTING FACTOR							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,007	111	1,007		10,402		
050 PHYSICAL THERAPY	1,650	368	1,650				
050 01 O/P PHYSICAL THERAPY					2,643		
053 01 CARDIAC REHAB	752	239	752		2,244		
054 ELECTROENCEPHALOGRAPHY	82		82		5		
055 MEDICAL SUPPLIES CHARACTERIZED							
056 DRUGS CHARGED TO PATIENT							
059 CLINICAL NUTRITION					1,019		
061 OUTPATIENT SERVICE COST CENTER							
062 EMERGENCY	4,431	22,214	4,431		29,879		29,879
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
063 50 RHC							
063 60 FOHC							
OTHER REIMBURSABLE COST CENTER							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERAPY							
069 30 OUTPATIENT OCCUPATION THERAPY							
069 40 OUTPATIENT SPEECH PATHERAPY							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTER							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	52,482	95,421	50,355	3,426	226,292		122,298
NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE	576		576				
098 PHYSICIANS' PRIVATE OFFICE	297		297		8,241		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	2,236,964	267,445	627,847	470,809	641,350		246,636
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		2.802790		137.422358			
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	41.926043		12.255934		2.734583		2.016681
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	372,251	59,423	38,183	70,692	86,670		36,498
108 UNIT COST MULTIPLIER		.622746		20.633975			

COST CENTER DESCRIPTION	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MEALS SERVED)	MAINTENANCE PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)
	8	9	10	11	12	13	14
NONREIMBURS COST CENT (WRKSHT B, PT III)	6.976872		.745354		.369543		.298435

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	I&R SERVICES-SALARY & FRI (ASSIGNED TIME)
	15	16	17	18	20	21	22
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE							
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 & SUP	986,955						
016 PHARMACY		558,846					
017 MEDICAL RECORDS & LIB			76,702,198				
018 SOCIAL SERVICE				3,426			
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMEDICAL PRGM-(SPEC							
025 INPATIENT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS			4,508,424	2,971			
026 INTENSIVE CARE UNIT			1,139,582	455			
033 NURSERY			307,951				
037 ANCILLARY SRVC COST C							
038 OPERATING ROOM			6,853,134				
039 RECOVERY ROOM			977,178				
040 DELIVERY ROOM & LABOR			283,424				
040 ANESTHESIOLOGY			828,180				
040 01 PAEDIATRIC			197,458				
041 RADIOLOGY-DIAGNOSTIC			21,289,870				
044 LABORATORY			14,299,111				
046 30 BLOOD CLOTTING FACTOR							
048 INTRAVENOUS THERAPY	15,859		3,602,259				
049 RESPIRATORY THERAPY			1,509,666				
050 PHYSICAL THERAPY			765,632				
050 01 O/P PHYSICAL THERAPY			1,457,860				
053 01 CARDIAC REHAB			186,991				
054 ELECTROENCEPHALOGRAPH			11,655				
055 MEDICAL SUPPLIES CHAR	971,096		4,771,943				
056 DRUGS CHARGED TO PATI		558,846	6,966,419				
059 CLINICAL NUTRITION			69,883				
061 OUTPAT SERVICE COST C							
061 EMERGENCY			6,675,578				
062 OBSERVATION BEDS (NON							
063 50 RHC							
063 60 FOHC							
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 SPEC PURPOSE COST CEN							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	986,955	558,846	76,702,198	3,426			
096 NONREIMBURS COST CENT							
098 GIFT, FLOWER, COFFEE							
101 PHYSICIANS' PRIVATE O							
102 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	685,817	750,228	940,262	240,962			
104 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		1.342459		70.333333			
104 (WRKSHT B, PT I)	.694882		.012259				
105 COST TO BE ALLOCATED							
105 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
106 (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	181,640	44,329	45,411	3,774			
107 (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.079322		1.101576			

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
	(COSTED REQUIS.)	(COSTED REQUIS.)	(GROSS REVENUE)	(PATIENT DAYS)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
NONREIMBURS COST CENT (WRKSHT B, PT III)	15 .184041	16	17 .000592	18	20	21	22

COST CENTER DESCRIPTION	I&R SERVICES- PARAMED ED PR OTHER PRGM C GM-(SPECIFY)	(ASSIGNED TIME	(ASSIGNED TIME)
NONREIMBURS COST CENT (WRKSHT B, PT III)		23	24

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,662,523	414,151	2,248,372			2,662,523
38	RECOVERY ROOM	438,798	46,052	392,746			438,798
39	DELIVERY ROOM & LABOR ROO	642,164	120,569	521,595			642,164
40	ANESTHESIOLOGY	140,092	16,231	123,861			140,092
40	01 PAIN CLINIC	48,010	1,297	46,713			48,010
41	RADIOLOGY-DIAGNOSTIC	4,694,519	397,217	4,297,302			4,694,519
44	LABORATORY	3,314,069	159,914	3,154,155			3,314,069
46	30 BLOOD CLOTTING FACTORS AD						
	INTRAVENOUS THERAPY	154,396	10,091	144,305			154,396
49	RESPIRATORY THERAPY	835,368	59,859	775,509			835,368
50	PHYSICAL THERAPY	619,034	76,971	542,063			619,034
50	01 O/P PHYSICAL THERAPY	1,015,798	13,311	1,002,487			1,015,798
53	01 CARDIAC REHAB	232,364	35,462	196,902			232,364
54	ELECTROENCEPHALOGRAPHY	17,725	3,689	14,036			17,725
55	MEDICAL SUPPLIES CHARGED	2,040,116	201,372	1,838,744			2,040,116
56	DRUGS CHARGED TO PATIENTS	1,713,083	68,931	1,644,152			1,713,083
59	CLINICAL NUTRITION	89,670	1,408	88,262			89,670
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,915,911	255,377	2,660,534			2,915,911
62	OBSERVATION BEDS (NON-DIS	684,719		684,719			684,719
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	22,258,359	1,881,902	20,376,457			22,258,359
102	LESS OBSERVATION BEDS	684,719		684,719			684,719
103	TOTAL	21,573,640	1,881,902	19,691,738			21,573,640

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	6,853,134	.388512	.388512
38	RECOVERY ROOM	977,178	.449046	.449046
39	DELIVERY ROOM & LABOR ROO	283,424	2.265736	2.265736
40	ANESTHESIOLOGY	828,180	.169156	.169156
40	01 PAIN CLINIC	197,458	.243140	.243140
41	RADIOLOGY-DIAGNOSTIC	21,289,870	.220505	.220505
44	LABORATORY	14,299,111	.231767	.231767
46	30 BLOOD CLOTTING FACTORS AD			
48	INTRAVENOUS THERAPY	3,602,259	.042861	.042861
49	RESPIRATORY THERAPY	1,509,666	.553346	.553346
50	PHYSICAL THERAPY	765,632	.808527	.808527
50	01 O/P PHYSICAL THERAPY	1,457,860	.696773	.696773
53	01 CARDIAC REHAB	186,991	1.242648	1.242648
54	ELECTROENCEPHALOGRAPHY	11,655	1.520807	1.520807
55	MEDICAL SUPPLIES CHARGED	4,771,943	.427523	.427523
56	DRUGS CHARGED TO PATIENTS	6,966,419	.245906	.245906
59	CLINICAL NUTRITION	69,883	1.283145	1.283145
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	6,675,578	.436803	.436803
62	OBSERVATION BEDS (NON-DIS	732,969	.934172	.934172
63	50 RHC			
63	60 FQHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	71,479,210		
102	LESS OBSERVATION BEDS	732,969		
103	TOTAL	70,746,241		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,662,523	414,151	2,248,372			2,662,523
38	RECOVERY ROOM	438,798	46,052	392,746			438,798
39	DELIVERY ROOM & LABOR ROO	642,164	120,569	521,595			642,164
40	ANESTHESIOLOGY	140,092	16,231	123,861			140,092
40	01 PAIN CLINIC	48,010	1,297	46,713			48,010
41	RADIOLOGY-DIAGNOSTIC	4,694,519	397,217	4,297,302			4,694,519
44	LABORATORY	3,314,069	159,914	3,154,155			3,314,069
46	30 BLOOD CLOTTING FACTORS AD						
	INTRAVENOUS THERAPY	154,396	10,091	144,305			154,396
49	RESPIRATORY THERAPY	835,368	59,859	775,509			835,368
50	PHYSICAL THERAPY	619,034	76,971	542,063			619,034
50	01 O/P PHYSICAL THERAPY	1,015,798	13,311	1,002,487			1,015,798
53	01 CARDIAC REHAB	232,364	35,462	196,902			232,364
54	ELECTROENCEPHALOGRAPHY	17,725	3,689	14,036			17,725
55	MEDICAL SUPPLIES CHARGED	2,040,116	201,372	1,838,744			2,040,116
56	DRUGS CHARGED TO PATIENTS	1,713,083	68,931	1,644,152			1,713,083
59	CLINICAL NUTRITION	89,670	1,408	88,262			89,670
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,915,911	255,377	2,660,534			2,915,911
62	OBSERVATION BEDS (NON-DIS	684,719		684,719			684,719
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	22,258,359	1,881,902	20,376,457			22,258,359
102	LESS OBSERVATION BEDS	684,719		684,719			684,719
103	TOTAL	21,573,640	1,881,902	19,691,738			21,573,640

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	6,853,134	.388512	.388512
38	RECOVERY ROOM	977,178	.449046	.449046
39	DELIVERY ROOM & LABOR ROO	283,424	2.265736	2.265736
40	ANESTHESIOLOGY	828,180	.169156	.169156
40 01	PAIN CLINIC	197,458	.243140	.243140
41	RADIOLOGY-DIAGNOSTIC	21,289,870	.220505	.220505
44	LABORATORY	14,299,111	.231767	.231767
46 30	BLOOD CLOTTING FACTORS AD			
48	INTRAVENOUS THERAPY	3,602,259	.042861	.042861
49	RESPIRATORY THERAPY	1,509,666	.553346	.553346
50	PHYSICAL THERAPY	765,632	.808527	.808527
50 01	O/P PHYSICAL THERAPY	1,457,860	.696773	.696773
53 01	CARDIAC REHAB	186,991	1.242648	1.242648
54	ELECTROENCEPHALOGRAPHY	11,655	1.520807	1.520807
55	MEDICAL SUPPLIES CHARGED	4,771,943	.427523	.427523
56	DRUGS CHARGED TO PATIENTS	6,966,419	.245906	.245906
59	CLINICAL NUTRITION	69,883	1.283145	1.283145
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	6,675,578	.436803	.436803
62	OBSERVATION BEDS (NON-DIS	732,969	.934172	.934172
63 50	RHC			
63 60	FQHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	71,479,210		
102	LESS OBSERVATION BEDS	732,969		
103	TOTAL	70,746,241		

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	539
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,270.35
85	OBSERVATION BED COST	684,719

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				

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES		4,992,426
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL		4,992,426
5	PRIMARY PAYER PAYMENTS		
6	TOTAL COST FOR CAH (SEE INSTRUCTIONS)		5,042,350

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 LIABLE 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		5,042,350
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		414,283
21	EXCESS REASONABLE COST		
22	SUBTOTAL		4,628,067
23	COINSURANCE		
24	SUBTOTAL		4,628,067
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))		15,328
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		15,328
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		15,328
26	SUBTOTAL		4,643,395
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		4,643,395
31	SEQUESTRATION ADJUSTMENT		
32	INTERIM PAYMENTS		4,110,105
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
33	BALANCE DUE PROVIDER/PROGRAM		533,290
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-111, SECTION 115.2.		82,197

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	4,642,016			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	9,449,423			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-4,633,999			
7 INVENTORY	1,145,652			
8 PREPAID EXPENSES	472,948			
9 OTHER CURRENT ASSETS	524,958			
10 DUE FROM OTHER FUNDS	11,780			
11 TOTAL CURRENT ASSETS	11,612,778			
FIXED ASSETS				
12 LAND	1,275,060			
12.01 LAND IMPROVEMENTS	1,541,067			
13.01 LESS ACCUMULATED DEPRECIATION	-416,483			
14 BUILDINGS	13,450,951			
14.01 LESS ACCUMULATED DEPRECIATION	-3,001,311			
15 LEASEHOLD IMPROVEMENTS	372,015			
15.01 LESS ACCUMULATED DEPRECIATION	-30,405			
16 FIXED EQUIPMENT	9,040,705			
16.01 LESS ACCUMULATED DEPRECIATION	-3,710,110			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	7,834,458			
18.01 LESS ACCUMULATED DEPRECIATION	-5,130,792			
19 MINOR EQUIPMENT DEPRECIABLE	524,022			
19.01 LESS ACCUMULATED DEPRECIATION	-504,972			
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	21,244,205			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	14,908,010			
26 TOTAL OTHER ASSETS	14,908,010			
27 TOTAL ASSETS	47,764,993			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	3,960,022			
29 SALARIES, WAGES & FEES PAYABLE	1,342,118			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	242,813			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	545,975			
35 OTHER CURRENT LIABILITIES	58,063			
36 TOTAL CURRENT LIABILITIES	6,148,991			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	2,981,679			
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	2,981,679			
43 TOTAL LIABILITIES	9,130,670			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	38,634,323			
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	38,634,323			
52 TOTAL LIABILITIES AND FUND BALANCES	47,764,993			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		38,914,317		
2 NET INCOME (LOSS)		392,623		
3 TOTAL		39,306,940		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		39,306,940		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14 OTHER	672,617			
15				
16				
17				
18 TOTAL DEDUCTIONS		672,617		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		38,634,323		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	3,775,455		3,775,455
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	3,775,455		3,775,455
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	1,139,582		1,139,582
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	1,139,582		1,139,582
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	4,915,037		4,915,037
17 00 ANCILLARY SERVICES	16,858,671	52,008,019	68,866,690
18 00 OUTPATIENT SERVICES		6,374,375	6,374,375
18 50 RHC			
18 60 FOHC			
19 00 HOME HEALTH AGENCY			
21 10 CMHC			
21 20 OUTPATIENT PHYSICAL THERAPY			
21 30 OUTPATIENT OCCUPATIONAL THERAPY			
21 40 OUTPATIENT SPEECH PATHOLOGY			
24 00 OTHER	391,672		391,672
25 00 TOTAL PATIENT REVENUES	22,165,380	58,382,394	80,547,774

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		35,635,385	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00 BAD DEBTS	5,474,564		
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		5,474,564	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00	3		
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		3	
40 00 TOTAL OPERATING EXPENSES		41,109,946	

