

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		14-0068		FROM 4/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 3/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 8/29/2010 TIME 13:37

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:
 ROSELAND COMMUNITY HOSPITAL 14-0068
 FOR THE COST REPORTING PERIOD BEGINNING 4/ 1/2009 AND ENDING 3/31/2010 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	732,835	70,426	0		
100	TOTAL	0	732,835	70,426	0		

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 45 W. 111TH STREET P. O. BOX:
 1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60628- COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)
02.00	HOSPITAL	14-0068	2.01	6/ 1/1966	V XVIII XIX 4 5 6 N P 0

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 4/ 1/2009 TO: 3/31/2010

18 TYPE OF CONTROL

1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER

1

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 16974

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA \$5105 OR MI PPA \$147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MI PPA \$147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	107	39,055			6,332		8,716
2 HMO							2,799
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	107	39,055			6,332		8,716
6 INTENSIVE CARE UNIT	10	3,650			1,456		513
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							445
12 TOTAL	117	42,705			7,788		9,674
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL	117						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	INTERNS & RES. FTES / LESS I&R REPL NON-PHYS ANES 7
1 ADULTS & PEDIATRICS			20,627		8
2 HMO					
2 01 HMO - (IRF PPS SUBPROVIDER)					
3 ADULTS & PED-SB SNF					
4 ADULTS & PED-SB NF					
5 TOTAL ADULTS AND PEDS			20,627		
6 INTENSIVE CARE UNIT			3,038		
7 CORONARY CARE UNIT					
8 BURN INTENSIVE CARE UNIT					
9 SURGICAL INTENSIVE CARE UNIT					
11 NURSERY			818		
12 TOTAL			24,483		
13 RPCH VISITS					
14 SUBPROVIDER					
15 SKILLED NURSING FACILITY					
16 NURSING FACILITY					
16 01 ICF/MR					
17 OTHER LONG TERM CARE					
18 HOME HEALTH AGENCY					
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE					
23 CORF					
25 TOTAL					
26 OBSERVATION BED DAYS					
27 AMBULANCE TRIPS					
28 EMPLOYEE DISCOUNT DAYS					
28 01 EMP DISCOUNT DAYS -IRF					
29 LABOR & DELIVERY DAYS					

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					1,162	2,762	5,539
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		396.18			1,162	2,762	5,539
13 RPCH VISITS							

COMPONENT	I & R FTES		--- FULL TIME EQUIV ---		----- DISCHARGES -----			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX		
14 SUBPROVIDER	9	10	11	12	13	14	15	
15 SKILLED NURSING FACILITY								
16 NURSING FACILITY								
16 01 ICF/MR								
17 OTHER LONG TERM CARE								
18 HOME HEALTH AGENCY								
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE								
23 CORF								
25 TOTAL		396.18						
26 OBSERVATION BED DAYS								
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								
29 LABOR & DELIVERY DAYS								

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0068
 PERIOD: FROM 4/1/2009 TO 3/31/2010
 PREPARED 8/29/2010
 WORKSHEET S-3
 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	22,631,428		22,631,428	824,413.00	27.45	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	258,253		258,253	1,913.00	135.00	PAYROLL
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	84,814		84,814	514.00	165.01	PAYROLL
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						PAYROLL REGISTER
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	409,671		409,671	6,828.00	60.00	INVOICES
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						INVOICES
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	3,570,027		3,570,027			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	38,738		38,738			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	12,722		12,722			CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	270,683		270,683	8,134.00	33.28	
22 ADMINISTRATIVE & GENERAL	3,608,362	-320,742	3,287,620	115,600.00	28.44	
22.01 A & G UNDER CONTRACT	6,600		6,600	44.00	150.00	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	576,124		576,124	21,472.00	26.83	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	555,538		555,538	48,995.00	11.34	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	500,735	-292,630	208,105	17,598.00	11.83	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		292,630	292,630	24,301.00	12.04	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,054,042		1,054,042	32,566.00	32.37	
31 CENTRAL SERVICE AND SUPPLY	103,581		103,581	6,350.00	16.31	
32 PHARMACY	422,262		422,262	13,973.00	30.22	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	533,585		533,585	27,401.00	19.47	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	22,553,214		22,553,214	823,943.00	27.37	
2 EXCLUDED AREA SALARIES						
3 SUBTOTAL SALARIES	22,553,214		22,553,214	823,943.00	27.37	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	409,671		409,671	6,828.00	60.00	
5 SUBTOTAL WAGE-RELATED COSTS	3,608,765		3,608,765		16.00	
6 TOTAL	26,571,650		26,571,650	830,771.00	31.98	
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	7,631,512	-320,742	7,310,770	316,434.00	23.10	

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	13,661,119
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	484,753
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	14,145,872
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.272569
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	59,582,267
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	16,240,279
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	22,578,162
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	6,154,107
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	16,240,279

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0068

PERIOD: FROM 4/1/2009 TO 3/31/2010

PREPARED 8/29/2010 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT				412,129	412,129
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		961,543	961,543		961,543
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		43,302	43,302	9,103	52,405
5	0500 EMPLOYEE BENEFITS	270,683	3,570,027	3,840,710		3,840,710
6.01	0610 NONPATIENT TELEPHONES	75,400	304,535	379,935		379,935
6.02	0620 DATA PROCESSING	289,215	848,636	1,137,851		1,137,851
6.03	0630 PURCHASING, RECEIVING AND STORES	177,419	673,473	850,892		850,892
6.04	0650 CASHIERING/ACCOUNTS RECEIVABLE	613,623	790,856	1,404,479		1,404,479
6.05	0660 OTHER ADMINISTRATIVE AND GENERAL	2,452,705	2,284,812	4,737,517	2,651,767	7,389,284
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	576,124	1,696,076	2,272,200		2,272,200
9	0900 LAUNDRY & LINEN SERVICE					
10	1000 HOUSEKEEPING	555,538	531,681	1,087,219		1,087,219
11	1100 DIETARY	500,735	896,127	1,396,862	-638,445	758,417
12	1200 CAFETERIA				638,445	638,445
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	1,054,042	131,601	1,185,643		1,185,643
15	1500 CENTRAL SERVICES & SUPPLY	103,581	422,721	526,302	-362,797	163,505
16	1600 PHARMACY	422,262	1,807,804	2,230,066	-1,350,777	879,289
17	1700 MEDICAL RECORDS & LIBRARY	533,585	353,266	886,851		886,851
18	1800 SOCIAL SERVICE					
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMED ED PRGM					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	5,780,828	1,529,924	7,310,752	-539,907	6,770,845
26	2600 INTENSIVE CARE UNIT	1,673,250	105,368	1,778,618		1,778,618
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER					
33	3300 NURSERY	395,642	36,676	432,318		432,318
34	3400 SKILLED NURSING FACILITY					
35	3500 NURSING FACILITY					
35.01	3510 ICF/MR					
36	3600 OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	845,613	706,874	1,552,487	-438,795	1,113,692
38	3800 RECOVERY ROOM		7,711	7,711	330,248	337,959
39	3900 DELIVERY ROOM & LABOR ROOM				851,818	851,818
40	4000 ANESTHESIOLOGY		1,135,288	1,135,288	108,547	1,243,835
41	4100 RADIOLOGY-DIAGNOSTIC	1,507,403	1,034,979	2,542,382		2,542,382
42	4200 RADIOLOGY-THERAPEUTIC					
43	4300 RADIOISOTOPE					
44	4400 LABORATORY	922,236	1,795,965	2,718,201		2,718,201
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700 BLOOD STORING, PROCESSING & TRANS.					
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY					
50	5000 PHYSICAL THERAPY	32,737	261,676	294,413		294,413
51	5100 OCCUPATIONAL THERAPY					
52	5200 SPEECH PATHOLOGY					
53	5300 ELECTROCARDIOLOGY					
53.01	3160 CARDIOPULMONARY	1,195,351	806,894	2,002,245		2,002,245
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				362,797	362,797
56	5600 DRUGS CHARGED TO PATIENTS				1,350,777	1,350,777
57	5700 RENAL DIALYSIS					
58	5800 ASC (NON-DISTINCT PART)					
58.01	3350 IP HEMODIALYSIS		244,650	244,650		244,650
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	114,521	11,619	126,140		126,140
61	6100 EMERGENCY	2,538,935	1,796,109	4,335,044		4,335,044
61.01	4950 OTHER OUTPATIENT SERVICE COST CENTER				25,332	25,332
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
64	6400 HOME PROGRAM DIALYSIS					
65	6500 AMBULANCE SERVICES					
66	6600 DURABLE MEDICAL EQUIP-RENTED					
67	6700 DURABLE MEDICAL EQUIP-SOLD					
69	6900 CORF					
70	7000 I&R SERVICES-NOT APPRVD PRGM					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
82	8200 LUNG ACQUISITION					
83	8300 KIDNEY ACQUISITION					
84	8400 LIVER ACQUISITION					
85	8500 HEART ACQUISITION					
85.01	8510 PANCREAS ACQUISITION					
86	8600 OTHER ORGAN ACQUISITION					
88	8800 INTEREST EXPENSE		3,410,242	3,410,242	-3,410,242	

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0068
PERIOD: FROM 4/1/2009 TO 3/31/2010
PREPARED 8/29/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	SPEC PURPOSE COST CENTERS					
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D. P.)					
93	9300 HOSPICE					
95	SUBTOTALS	22,631,428	28,200,435	50,831,863	-0-	50,831,863
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		4,076	4,076		4,076
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES		190,787	190,787		190,787
99	9900 NONPAID WORKERS					
101	TOTAL	22,631,428	28,395,298	51,026,726	-0-	51,026,726

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I
I 14-0068 I
I I

I PERIOD: I
I FROM 4/ 1/2009 I
I TO 3/31/2010 I

I PREPARED 8/29/2010 I
I WORKSHEET A I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		412,129
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	-5,174	956,369
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		52,405
5 0500	EMPLOYEE BENEFITS		3,840,710
6.01 0610	NONPATIENT TELEPHONES		379,935
6.02 0620	DATA PROCESSING		1,137,851
6.03 0630	PURCHASING, RECEIVING AND STORES		850,892
6.04 0650	CASHIERING/ACCOUNTS RECEIVABLE		1,404,479
6.05 0660	OTHER ADMINISTRATIVE AND GENERAL	-229,862	7,159,422
7 0700	MAINTENANCE & REPAIRS		
8 0800	OPERATION OF PLANT		2,272,200
9 0900	LAUNDRY & LINEN SERVICE		
10 1000	HOUSEKEEPING		1,087,219
11 1100	DIETARY	-131,242	627,175
12 1200	CAFETERIA		638,445
13 1300	MAINTENANCE OF PERSONNEL		
14 1400	NURSING ADMINISTRATION	-1,440	1,184,203
15 1500	CENTRAL SERVICES & SUPPLY		163,505
16 1600	PHARMACY		879,289
17 1700	MEDICAL RECORDS & LIBRARY	-2,669	884,182
18 1800	SOCIAL SERVICE		
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		
24 2400	PARAMED PRGM		
25 2500	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-689,507	6,081,338
26 2600	INTENSIVE CARE UNIT		1,778,618
27 2700	CORONARY CARE UNIT		
28 2800	BURN INTENSIVE CARE UNIT		
29 2900	SURGICAL INTENSIVE CARE UNIT		
31 3100	SUBPROVIDER		
33 3300	NURSERY		432,318
34 3400	SKILLED NURSING FACILITY		
35 3500	NURSING FACILITY		
35.01 3510	ICF/MR		
36 3600	OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-76,320	1,037,372
38 3800	RECOVERY ROOM		337,959
39 3900	DELIVERY ROOM & LABOR ROOM		851,818
40 4000	ANESTHESIOLOGY	-1,091,051	152,784
41 4100	RADIOLOGY-DIAGNOSTIC	-60,154	2,482,228
42 4200	RADIOLOGY-THERAPEUTIC		
43 4300	RADIOISOTOPE		
44 4400	LABORATORY	-68,754	2,649,447
45 4500	PBP CLINICAL LAB SERVICES-PRGM ONLY		
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		
47 4700	BLOOD STORING, PROCESSING & TRANS.		
48 4800	INTRAVENOUS THERAPY		
49 4900	RESPIRATORY THERAPY		
50 5000	PHYSICAL THERAPY		294,413
51 5100	OCCUPATIONAL THERAPY		
52 5200	SPEECH PATHOLOGY		
53 5300	ELECTROCARDIOLOGY		
53.01 3160	CARDIOPULMONARY	-216,500	1,785,745
54 5400	ELECTROENCEPHALOGRAPHY		
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		362,797
56 5600	DRUGS CHARGED TO PATIENTS		1,350,777
57 5700	RENAL DIALYSIS		
58 5800	ASC (NON-DISTINCT PART)		
58.01 3350	IP HEMODIALYSIS		244,650
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		126,140
61 6100	EMERGENCY	-1,380,000	2,955,044
61.01 4950	OTHER OUTPATIENT SERVICE COST CENTER		25,332
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
64 6400	HOME PROGRAM DIALYSIS		
65 6500	AMBULANCE SERVICES		
66 6600	DURABLE MEDICAL EQUIP-RENTED		
67 6700	DURABLE MEDICAL EQUIP-SOLD		
69 6900	CORF		
70 7000	I&R SERVICES-NOT APPRVD PRGM		
71 7100	HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
82 8200	LUNG ACQUISITION		
83 8300	KIDNEY ACQUISITION		
84 8400	LIVER ACQUISITION		
85 8500	HEART ACQUISITION		
85.01 8510	PANCREAS ACQUISITION		
86 8600	OTHER ORGAN ACQUISITION		
88 8800	INTEREST EXPENSE		-0-

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0068
PERIOD: FROM 4/1/2009 TO 3/31/2010
PREPARED 8/29/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	SPEC PURPOSE COST CENTERS		
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D. P.)		
93	9300 HOSPICE		
95	SUBTOTALS	-3,952,673	46,879,190
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		4,076
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		190,787
99	9900 NONPAID WORKERS		
101	TOTAL	-3,952,673	47,074,053

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0068
 PERIOD: FROM 4/1/2009 TO 3/31/2010
 PREPARED 8/29/2010
 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 TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.05	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	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIOPULMONARY	3160	CARDIOPULMONARY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
58.01	IP HEMODIALYSIS	3350	HEMATOLOGY
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
61.01	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
85.01	PANCREAS ACQUISITION	8510	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	

COST CENTERS USED IN COST REPORT

I PROVIDER NO:	I PERIOD:	I PREPARED 8/29/2010
I 14-0068	I FROM 4/ 1/2009	I NOT A CMS WORKSHEET
I	I TO 3/31/2010	I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	SPEC PURPOSE COST CE		
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
140068

PERIOD:
FROM 4/ 1/2009
TO 3/31/2010

PREPARED 8/29/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1) 1	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RECLASS CAPITAL RELATED INT EXPENSE	A	OLD CAP REL COSTS-BLDG & FIXT	1		368,943
2 DELIVERY ROOM RECLASS	B	DELIVERY ROOM & LABOR ROOM	39	527,248	324,570
3 PROPERTY INSURANCE RECLASS	C	OLD CAP REL COSTS-BLDG & FIXT	1		43,186
4 RECLASS MEDICAL SUPPLIES	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		362,797
5 RECLASS DRUGS SOLD	E	DRUGS CHARGED TO PATIENTS	56		1,350,777
6 WICK PROGRAM RECLASS	F	ADULTS & PEDIATRICS	25	320,742	16,501
7 23HR OBSERVATION COSTS RECLASS	G	OTHER OUTPATIENT SERVICE COST CENTER	61.01	20,006	5,326
8 PROPERTY INSURANCE RECLASS	J	NEW CAP REL COSTS-MVBLE EQUIP	4		9,103
9 DIETARY/CAFETERIA RECLASS	K	CAFETERIA	12	292,630	345,815
10 RECLASS ANESTHESIA COSTS	L	ANESTHESIOLOGY	40		108,547
11 RECLASS RECOVERY ROOM COSTS	M	RECOVERY ROOM	38	193,403	136,845
12 OPERATING INTEREST	N	OTHER ADMINISTRATIVE AND GENERAL	6.05		3,633
13 IDPA PROVIDER TAX	O	OTHER ADMINISTRATIVE AND GENERAL	6.05		3,037,666
36 TOTAL RECLASSIFICATIONS				1,354,029	6,113,709

(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:
140068

PERIOD:
FROM 4/ 1/2009
TO 3/31/2010

PREPARED 8/29/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----					A-7 REF 10
	CODE (1) 1	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 RECLASS CAPITAL RELATED INT EXPENSE	A	INTEREST EXPENSE	88		368,943	9
2 DELIVERY ROOM RECLASS	B	ADULTS & PEDIATRICS	25	527,248	324,570	
3 PROPERTY INSURANCE RECLASS	C	OTHER ADMINISTRATIVE AND GENERAL	6.05		43,186	9
4 RECLASS MEDICAL SUPPLIES	D	CENTRAL SERVICES & SUPPLY	15		362,797	
5 RECLASS DRUGS SOLD	E	PHARMACY	16		1,350,777	
6 WICK PROGRAM RECLASS	F	OTHER ADMINISTRATIVE AND GENERAL	6.05	320,742	16,501	
7 23HR OBSERVATION COSTS RECLASS	G	ADULTS & PEDIATRICS	25	20,006	5,326	
8 PROPERTY INSURANCE RECLASS	J	OTHER ADMINISTRATIVE AND GENERAL	6.05		9,103	9
9 DIETARY/CAFETERIA RECLASS	K	DIETARY	11	292,630	345,815	
10 RECLASS ANESTHESIA COSTS	L	OPERATING ROOM	37		108,547	
11 RECLASS RECOVERY ROOM COSTS	M	OPERATING ROOM	37	193,403	136,845	
12 OPERATING INTEREST	N	INTEREST EXPENSE	88		3,633	
13 IDPA PROVIDER TAX	O	INTEREST EXPENSE	88		3,037,666	
36 TOTAL RECLASSIFICATIONS				1,354,029	6,113,709	

(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:
140068

PERIOD:
FROM 4/1/2009
TO 3/31/2010

PREPARED 8/29/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : RECLASS CAPITAL RELATED INT EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	368,943	INTEREST EXPENSE	88	368,943	
TOTAL RECLASSIFICATIONS FOR CODE A			368,943				368,943

RECLASS CODE: B
EXPLANATION : DELIVERY ROOM RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DELIVERY ROOM & LABOR ROOM	39	851,818	ADULTS & PEDIATRICS	25	851,818	
TOTAL RECLASSIFICATIONS FOR CODE B			851,818				851,818

RECLASS CODE: C
EXPLANATION : PROPERTY INSURANCE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	43,186	OTHER ADMINISTRATIVE AND GENER	6.05	43,186	
TOTAL RECLASSIFICATIONS FOR CODE C			43,186				43,186

RECLASS CODE: D
EXPLANATION : RECLASS MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	362,797	CENTRAL SERVICES & SUPPLY	15	362,797	
TOTAL RECLASSIFICATIONS FOR CODE D			362,797				362,797

RECLASS CODE: E
EXPLANATION : RECLASS DRUGS SOLD

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	1,350,777	PHARMACY	16	1,350,777	
TOTAL RECLASSIFICATIONS FOR CODE E			1,350,777				1,350,777

RECLASS CODE: F
EXPLANATION : WICK PROGRAM RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	337,243	OTHER ADMINISTRATIVE AND GENER	6.05	337,243	
TOTAL RECLASSIFICATIONS FOR CODE F			337,243				337,243

RECLASS CODE: G
EXPLANATION : 23HR OBSERVATION COSTS RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER OUTPATIENT SERVICE COST	61.01	25,332	ADULTS & PEDIATRICS	25	25,332	
TOTAL RECLASSIFICATIONS FOR CODE G			25,332				25,332

RECLASS CODE: J
EXPLANATION : PROPERTY INSURANCE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	9,103	OTHER ADMINISTRATIVE AND GENER	6.05	9,103	
TOTAL RECLASSIFICATIONS FOR CODE J			9,103				9,103

RECLASS CODE: K
EXPLANATION : DIETARY/CAFETERIA RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	638,445	DIETARY	11	638,445	
TOTAL RECLASSIFICATIONS FOR CODE K			638,445				638,445

RECLASSIFICATIONS

PROVIDER NO:
140068

PERIOD:
FROM 4/1/2009
TO 3/31/2010

PREPARED 8/29/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: L
EXPLANATION : RECLASS ANESTHESIA COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ANESTHESIOLOGY	40	108,547	OPERATING ROOM	37	108,547	
TOTAL RECLASSIFICATIONS FOR CODE L			108,547				108,547

RECLASS CODE: M
EXPLANATION : RECLASS RECOVERY ROOM COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RECOVERY ROOM	38	330,248	OPERATING ROOM	37	330,248	
TOTAL RECLASSIFICATIONS FOR CODE M			330,248				330,248

RECLASS CODE: N
EXPLANATION : OPERATING INTEREST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.05	3,633	INTEREST EXPENSE	88	3,633	
TOTAL RECLASSIFICATIONS FOR CODE N			3,633				3,633

RECLASS CODE: O
EXPLANATION : IDPA PROVIDER TAX

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.05	3,037,666	INTEREST EXPENSE	88	3,037,666	
TOTAL RECLASSIFICATIONS FOR CODE O			3,037,666				3,037,666

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	380,477					380,477	
2 LAND IMPROVEMENTS	465,801	551,376		551,376		1,017,177	
3 BUILDINGS & FIXTURE	15,207,478				8,456,217	6,751,261	
4 BUILDING IMPROVEMEN	6,838,631	10,539,624		10,539,624		17,378,255	
5 FIXED EQUIPMENT	2,420,506					2,420,506	
6 MOVABLE EQUIPMENT	12,552,062	810,859		810,859		13,362,921	
7 SUBTOTAL	37,864,955	11,901,859		11,901,859	8,456,217	41,310,597	
8 RECONCILING ITEMS							
9 TOTAL	37,864,955	11,901,859		11,901,859	8,456,217	41,310,597	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	412,129						412,129
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	956,369						956,369
4	NEW CAP REL COSTS-MV	52,405						52,405
5	TOTAL	1,420,903						1,420,903

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	961,543						961,543
4	NEW CAP REL COSTS-MV	43,302						43,302
5	TOTAL	1,004,845						1,004,845

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-3,582,132				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1					
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS						
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS						
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 OTHER ADJUSTMENTS (SPECIFY)						
38 MEDICAL RECORD COPIES	B	-2,669	MEDICAL RECORDS & LIBRARY		17	
39						
40 NUTRITIONAL SERVICES INCOME	B	-118,376	DIETARY		11	
41 OTHER ADJUSTMENTS (SPECIFY)						
42 OTHER ADJUSTMENTS (SPECIFY)						
43 CPR TRAINING	B	-1,440	NURSING ADMINISTRATION		14	
44 OPERATING FUND INTEREST INCOME	B	-40,960	OTHER ADMINISTRATIVE AND		6.05	
45 RCH SUITE RENTAL	B	-35,988	NEW CAP REL COSTS-BLDG &		3	9
46 DONATIONS	B	-1,331	OTHER ADMINISTRATIVE AND		6.05	
47						
48						
49						
49.02 FILM COPIES	B	-154	RADIOLOGY-DIAGNOSTIC		41	
49.03						
49.04 REMAINING NON OPERATING REVENUE	B	-152,461	OTHER ADMINISTRATIVE AND		6.05	
49.05 PARTNER RETURNS	B	-11,257	OTHER ADMINISTRATIVE AND		6.05	
49.06						
49.07 MEDICARE ADJ-BOND AMORTIZATION	A	30,814	NEW CAP REL COSTS-BLDG &		3	9
49.08 MEDICARE ADJ-MEDICARE AFFAIRS CO	A	-23,853	OTHER ADMINISTRATIVE AND		6.05	
49.09						
49.10						
49.11						
49.14 VENDING MACHINES	B	-12,866	DIETARY		11	
49.15						
49.16						
49.19						
50 TOTAL (SUM OF LINES 1 THRU 49)		-3,952,673				

(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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0068
 PERIOD: FROM 4/1/2009 TO 3/31/2010
 PREPARED: 8/29/2010
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	ADULTS & PEDIATRICS	855,632	598,332	257,300	177,200	1,950	166,125	8,306
2 33	NURSERY							
3 40	ANESTHESIOLOGY	1,091,051	1,091,051					
4 61	EMERGENCY	1,380,000	1,380,000					
5 60	CLINIC							
6 44	LABORATORY	68,754	68,754					
7 41	RADIOLOGY - DIAGNOSTIC	60,000	60,000					
8								
9 37	OPER ROOM	76,320	76,320					
10 53 1	CARDIO-PULMONARY	216,500	216,500					
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	3,748,257	3,490,957	257,300		1,950	166,125	8,306

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-0068

PERIOD:
FROM 4/1/2009
TO 3/31/2010

PREPARED 8/29/2010
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 25	ADULTS & PEDIATRICS					166,125	91,175	689,507
2 33	NURSERY							
3 40	ANESTHESIOLOGY							1,091,051
4 61	EMERGENCY			69,000				1,380,000
5 60	CLINIC			17,000				
6 44	LABORATORY							68,754
7 41	RADIOLOGY - DIAGNOSTIC							60,000
8								
9 37	OPER ROOM							76,320
10 53 1	CARDIO-PULMONARY							216,500
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL			86,000		166,125	91,175	3,582,132

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0068
 PERIOD: FROM 4/1/2009 TO 3/31/2010
 PREPARED 8/29/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	7	PHONES		ENTERED
6.02	DATA PROCESSING	8	MACH		ENTERED
6.03	PURCHASING, RECEIVING AND STORES	9	CHARGES		ENTERED
6.04	CASHIERING/ACCOUNTS RECEIVABLE	9	CHARGES		ENTERED
6.05	OTHER ADMINISTRATIVE AND GENERAL	-10	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	11	SQUARE	FEET	NOT ENTERED
8	OPERATION OF PLANT	12	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	13	POUNDS OF	LAUNDRY	NOT ENTERED
10	HOUSEKEEPING	14	HOURS OF	SERVICE	ENTERED
11	DIETARY	15	MEALS	SERVED	ENTERED
12	CAFETERIA	16	MEALS	SERVED	ENTERED
13	MAINTENANCE OF PERSONNEL	17	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	18	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	19	COSTED	REQUIS.	ENTERED
16	PHARMACY	20	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	21	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	22	TIME	SPENT	NOT ENTERED
20	NONPHYSICIAN ANESTHETISTS	24	ASSIGNED	TIME	NOT ENTERED
21	NURSING SCHOOL	25	ASSIGNED	TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	26	ASSIGNED	TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	27	ASSIGNED	TIME	NOT ENTERED
24	PARAMED ED PRGM	28	ASSIGNED	TIME	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	NONPATIENT TELEPHONES 6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	412,129	412,129					
003 NEW CAP REL COSTS-BLDG &	956,369			956,369			
004 NEW CAP REL COSTS-MVBLE E	52,405				52,405		
005 EMPLOYEE BENEFITS	3,840,710	4,350		10,095	744	3,855,899	
006 01 NONPATIENT TELEPHONES	379,935	165		384	90	13,002	393,576
006 02 DATA PROCESSING	1,137,851	870		2,019	997	49,873	9,678
006 03 PURCHASING, RECEIVING AND	850,892	5,716		13,265	1,208	30,594	6,452
006 04 CASHIERING/ACCOUNTS RECEI	1,404,479	6,083		14,116	677	105,814	61,295
006 05 OTHER ADMINISTRATIVE AND	7,159,422	50,466		117,110	3,714	367,638	83,879
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	2,272,200	48,658		112,913	919	99,347	9,678
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	1,087,219	5,076		11,780	561	95,798	9,678
011 DIETARY	627,175	15,823		36,717		35,886	12,904
012 CAFETERIA	638,445	6,669		15,476		50,461	12,904
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,184,203	1,050		2,436	1,502	181,760	3,226
015 CENTRAL SERVICES & SUPPLY	163,505	7,798		18,096	129	17,862	9,678
016 PHARMACY	879,289	10,379		24,086		72,815	12,904
017 MEDICAL RECORDS & LIBRARY	884,182	6,784		15,743	516	92,012	41,938
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							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	6,081,338	127,934		296,877	4,948	957,781	16,130
026 INTENSIVE CARE UNIT	1,778,618	12,493		28,992	2,728	288,537	6,452
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY	432,318	5,914		13,724	563	68,225	3,226
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,037,372	19,091		44,301	3,747	112,468	6,452
038 RECOVERY ROOM	337,959	2,276		5,281	194	33,351	3,226
039 DELIVERY ROOM & LABOR ROO	851,818	7,453		17,295	1,624	90,919	9,678
040 ANESTHESIOLOGY	152,784	475		1,101	1,965		
041 RADIOLOGY-DIAGNOSTIC	2,482,228	14,133		32,796	16,361	259,938	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	2,649,447	11,889		27,590	1,765	159,031	32,260
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY	294,413	4,286		9,945	173	5,645	3,226
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY	1,785,745	2,707		6,282	7,280	206,128	9,678
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	362,797						
056 DRUGS CHARGED TO PATIENTS	1,350,777						
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 IP HEMODIALYSIS	244,650	324		751			6,452
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	126,140	2,071		4,806		19,748	
061 EMERGENCY	2,955,044	31,196		72,392		437,816	22,582
061 01 OTHER OUTPATIENT SERVICE	25,332					3,450	
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	0	1	2	3	4	5	6.01
092 SPEC PURPOSE COST CENTERS								
093 AMBULATORY SURGICAL CENTE								
095 HOSPICE								
095 SUBTOTALS	46,879,190		412,129		956,369	52,405	3,855,899	393,576
096 NONREIMBURS COST CENTERS								
097 GIFT, FLOWER, COFFEE SHOP	4,076							
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFIC	190,787							
099 NONPAID WORKERS								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	47,074,053		412,129		956,369	52,405	3,855,899	393,576

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL	OTHER ADMINISTRATIVE AND MAINTENANCE REPAIRS	OPERATION OF PLANT	
	6.02	6.03	6.04	6a.04	6.05	7	8
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	1,201,288						
006 03 PURCHASING, RECEIVING AND	60,064	968,191					
006 04 CASHIERING/ACCOUNTS RECEI	1,065,543	3,094	2,661,101				
006 05 OTHER ADMINISTRATIVE AND	75,681	38,722	106,770	8,003,402	8,003,402		
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		53,378	147,182	2,744,275	562,148		3,306,423
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING		12,822	35,354	1,258,288	257,753		56,741
011 DIETARY		4,769	13,149	746,423	152,900		176,852
012 CAFETERIA				723,955	148,298		74,542
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		2,749	7,581	1,384,507	283,608		11,734
015 CENTRAL SERVICES & SUPPLY				217,068	44,465		87,160
016 PHARMACY				999,473	204,736		116,013
017 MEDICAL RECORDS & LIBRARY		1,625	4,480	1,047,280	214,529		75,828
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							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		69,397	191,350	7,745,755	1,586,685		1,429,926
026 INTENSIVE CARE UNIT		24,194	66,710	2,208,724	452,444		139,641
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY		116,650	321,643	962,263	197,114		66,104
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		116,650	321,643	1,661,724	340,394		213,380
038 RECOVERY ROOM		1,091	3,009	386,387	79,149		25,437
039 DELIVERY ROOM & LABOR ROO		8,546	23,564	1,010,897	207,076		83,303
040 ANESTHESIOLOGY		6,203	17,105	179,633	36,797		5,304
041 RADIOLOGY-DIAGNOSTIC		66,928	184,544	3,056,928	626,193		157,965
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		135,813	374,488	3,392,283	694,889		132,890
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY		786	2,166	320,640	65,681		47,900
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY		76,884	211,994	2,306,698	472,513		30,259
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED		108,933	300,364	772,094	158,159		
056 DRUGS CHARGED TO PATIENTS		35,439	97,716	1,483,932	303,975		
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 IP HEMODIALYSIS				252,177	51,657		3,617
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		8,788	24,232	185,785	38,057		23,146
061 EMERGENCY		60,994	168,181	3,748,205	767,797		348,681
061 01 OTHER OUTPATIENT SERVICE		1,895	5,226	35,903	7,355		
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							

	COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINISTRATIVE AND	MAINTENANCE REPAIRS	& OPERATION OF PLANT
		6.02	6.03	6.04	6a.04	6.05	7	8
092	SPEC PURPOSE COST CENTERS							
093	AMBULATORY SURGICAL CENTE							
095	HOSPICE							
	SUBTOTALS	1,201,288	956,350	2,628,451	46,834,699	7,954,372		3,306,423
096	NONREIMBURS COST CENTERS							
097	GIFT, FLOWER, COFFEE SHOP				4,076	835		
098	RESEARCH							
099	PHYSICIANS' PRIVATE OFFIC		11,841	32,650	235,278	48,195		
101	NONPAID WORKERS							
102	CROSS FOOT ADJUSTMENT							
103	NEGATIVE COST CENTER							
	TOTAL	1,201,288	968,191	2,661,101	47,074,053	8,003,402		3,306,423

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	9	10	11	12	13	14	15
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING		1,572,782					
011 DIETARY		27,160	1,103,335				
012 CAFETERIA		27,160		973,955			
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		13,580		53,910		1,747,339	
015 CENTRAL SERVICES & SUPPLY		32,981					381,674
016 PHARMACY		13,580					
017 MEDICAL RECORDS & LIBRARY		23,280		45,367			
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							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		997,954	1,002,492	327,902		949,963	45,536
026 INTENSIVE CARE UNIT		23,280	75,451	68,791		199,294	16,963
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY		13,580		17,292		50,098	9,150
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		70,811		39,511		114,467	81,785
038 RECOVERY ROOM		6,790					765
039 DELIVERY ROOM & LABOR ROO		20,370					5,985
040 ANESTHESIOLOGY		2,910					4,349
041 RADIOLOGY-DIAGNOSTIC		52,381		85,876			30,779
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		36,861		70,410			
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY		9,700		3,272		9,481	551
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY		16,878		70,203			34,477
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED				10,506			76,375
056 DRUGS CHARGED TO PATIENTS		2,910		23,114			24,847
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 IP HEMODIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC				11,436			6,162
061 EMERGENCY		155,202		146,365		424,036	42,701
061 01 OTHER OUTPATIENT SERVICE		25,414	25,392				1,249
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE & REPAIRS	ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	9	10	11	12	13	14	15
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTER							
095 HOSPICE							
095 SUBTOTALS		1,572,782	1,103,335	973,955		1,747,339	381,674
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL		1,572,782	1,103,335	973,955		1,747,339	381,674

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	16	17	18	20	21	22	23
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 TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 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	1,333,802						
017 MEDICAL RECORDS & LIBRARY		1,406,284					
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							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		977,367					
027 INTENSIVE CARE UNIT		88,596					
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY		67,502					
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM							
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC							
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY							
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	1,333,802						
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 IP HEMODIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY		247,506					
061 01 OTHER OUTPATIENT SERVICE		25,313					
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING	SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	16	17	18	20	21		22	23
092 SPEC PURPOSE COST CENTERS								
093 AMBULATORY SURGICAL CENTE								
095 HOSPICE								
095 SUBTOTALS	1,333,802	1,406,284						
096 NONREIMBURS COST CENTERS								
097 GIFT, FLOWER, COFFEE SHOP								
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFIC								
099 NONPAID WORKERS								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	1,333,802	1,406,284						

COST CENTER DESCRIPTION	PARAMED ED PR GM	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	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 &				
004 NEW CAP REL COSTS-MVBLE E				
005 EMPLOYEE BENEFITS				
006 01 NONPATIENT TELEPHONES				
006 02 DATA PROCESSING				
006 03 PURCHASING, RECEIVING AND				
006 04 CASHIERING/ACCOUNTS RECEI				
006 05 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				
025 INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS		15,063,580		15,063,580
026 INTENSIVE CARE UNIT		3,273,184		3,273,184
027 CORONARY CARE UNIT				
028 BURN INTENSIVE CARE UNIT				
029 SURGICAL INTENSIVE CARE U				
031 SUBPROVIDER				
033 NURSERY		1,383,103		1,383,103
034 SKILLED NURSING FACILITY				
035 NURSING FACILITY				
035 01 ICF/MR				
036 OTHER LONG TERM CARE				
037 ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		2,522,072		2,522,072
038 RECOVERY ROOM		498,528		498,528
039 DELIVERY ROOM & LABOR ROO		1,327,631		1,327,631
040 ANESTHESIOLOGY		228,993		228,993
041 RADIOLOGY-DIAGNOSTIC		4,010,122		4,010,122
042 RADIOLOGY-THERAPEUTIC				
043 RADIOISOTOPE				
044 LABORATORY		4,327,333		4,327,333
045 PBP CLINICAL LAB SERVICES				
046 WHOLE BLOOD & PACKED RED				
047 BLOOD STORING, PROCESSING				
048 INTRAVENOUS THERAPY				
049 RESPIRATORY THERAPY				
050 PHYSICAL THERAPY		457,225		457,225
051 OCCUPATIONAL THERAPY				
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY				
053 01 CARDIOPULMONARY		2,931,028		2,931,028
054 ELECTROENCEPHALOGRAPHY				
055 MEDICAL SUPPLIES CHARGED		1,017,134		1,017,134
056 DRUGS CHARGED TO PATIENTS		3,172,580		3,172,580
057 RENAL DIALYSIS				
058 ASC (NON-DISTINCT PART)				
058 01 IP HEMODIALYSIS		307,451		307,451
060 OUTPAT SERVICE COST CNTRS				
061 CLINIC		264,586		264,586
061 EMERGENCY		5,880,493		5,880,493
061 01 OTHER OUTPATIENT SERVICE		120,626		120,626
062 OBSERVATION BEDS (NON-DIS				
064 OTHER REIMBURS COST CNTRS				
064 HOME PROGRAM DIALYSIS				
065 AMBULANCE SERVICES				
066 DURABLE MEDICAL EQUIP-REN				
067 DURABLE MEDICAL EQUIP-SOL				
069 CORF				
070 I&R SERVICES-NOT APPRVD P				
071 HOME HEALTH AGENCY				
082 LUNG ACQUISITION				
082 SPEC PURPOSE COST CENTERS				
083 KIDNEY ACQUISITION				
084 LIVER ACQUISITION				
085 HEART ACQUISITION				
085 01 PANCREAS ACQUISITION				
086 OTHER ORGAN ACQUISITION				

ALLOCATION OF OLD CAPITAL RELATED COSTS

14-0068

FROM 4/ 1/2009

WORKSHEET B

TO 3/31/2010

PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
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		4,350				4,350	4,350
006 01 NONPATIENT TELEPHONES		165				165	15
006 02 DATA PROCESSING		870				870	56
006 03 PURCHASING, RECEIVING AND		5,716				5,716	35
006 04 CASHIERING/ACCOUNTS RECEI		6,083				6,083	120
006 05 OTHER ADMINISTRATIVE AND		50,466				50,466	416
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		48,658				48,658	112
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING		5,076				5,076	108
011 DIETARY		15,823				15,823	41
012 CAFETERIA		6,669				6,669	57
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		1,050				1,050	206
015 CENTRAL SERVICES & SUPPLY		7,798				7,798	20
016 PHARMACY		10,379				10,379	82
017 MEDICAL RECORDS & LIBRARY		6,784				6,784	104
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							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		127,934				127,934	1,073
026 INTENSIVE CARE UNIT		12,493				12,493	326
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY		5,914				5,914	77
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		19,091				19,091	127
038 RECOVERY ROOM		2,276				2,276	38
039 DELIVERY ROOM & LABOR ROO		7,453				7,453	103
040 ANESTHESIOLOGY		475				475	
041 RADIOLOGY-DIAGNOSTIC		14,133				14,133	294
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		11,889				11,889	180
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY		4,286				4,286	6
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY		2,707				2,707	233
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 IP HEMODIALYSIS		324				324	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC		2,071				2,071	22
061 EMERGENCY		31,196				31,196	495
062 01 OTHER OUTPATIENT SERVICE							4
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							

ALLOCATION OF OLD CAPITAL RELATED COSTS

	PROVIDER NO:		PERIOD:		PREPARED
	14-0068		FROM 4/ 1/2009		8/29/2010
			TO 3/31/2010		WORKSHEET B
					PART II

	COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5
092	SPEC PURPOSE COST CENTERS							
093	AMBULATORY SURGICAL CENTE							
095	HOSPICE							
	SUBTOTALS		412, 129				412, 129	4, 350
096	NONREIMBURS COST CENTERS							
097	GIFT, FLOWER, COFFEE SHOP							
098	RESEARCH							
099	PHYSICIANS' PRIVATE OFFIC							
101	NONPAID WORKERS							
102	CROSS FOOT ADJUSTMENTS							
103	NEGATIVE COST CENTER							
	TOTAL		412, 129				412, 129	4, 350

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	CASHIERING/ACCOUNTS RECEI	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT
	6.01	6.02	6.03	6.04	6.05	7	8
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	180						
006 02 DATA PROCESSING	4	930					
006 03 PURCHASING, RECEIVING AND	3	47	5,801				
006 04 CASHIERING/ACCOUNTS RECEI	28	824	19	7,074			
006 05 OTHER ADMINISTRATIVE AND	43	59	232	284	51,500		
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	4		320	391	3,617		53,102
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	4		77	94	1,658		911
011 DIETARY	6		29	35	984		2,840
012 CAFETERIA	6				954		1,197
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1		16	20	1,825		188
015 CENTRAL SERVICES & SUPPLY	4				286		1,400
016 PHARMACY	6				1,317		1,863
017 MEDICAL RECORDS & LIBRARY	19		10	12	1,380		1,218
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							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	7		416	509	10,216		22,965
026 INTENSIVE CARE UNIT	3		145	177	2,911		2,243
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY	1		699	855	1,268		1,062
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3		699	855	2,190		3,427
038 RECOVERY ROOM	1		7	8	509		409
039 DELIVERY ROOM & LABOR ROO	4		51	63	1,332		1,338
040 ANESTHESIOLOGY			37	45	237		85
041 RADIOLOGY-DIAGNOSTIC			401	491	4,029		2,537
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	15		812	996	4,471		2,134
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY	1		5	6	423		769
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY	4		461	563	3,040		486
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED			653	798	1,018		
056 DRUGS CHARGED TO PATIENTS			212	260	1,956		
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 IP HEMODIALYSIS	3				332		58
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			53	64	245		372
061 EMERGENCY	10		365	447	4,940		5,600
061 01 OTHER OUTPATIENT SERVICE			11	14	47		
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO:	PERIOD:	PREPARED 8/29/2010
14-0068	FROM 4/1/2009	WORKSHEET B
	TO 3/31/2010	PART II

	COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	TELEPHONE DATA PROCESSING	PURCHASING, RECEIVING AND	CASHIERING/AC COUNTS RECEI	OTHER ADMINISTRATIVE AND	MAINTENANCE REPAIRS	& OPERATION OF PLANT
		6.01	6.02	6.03	6.04	6.05	7	8
092	SPEC PURPOSE COST CENTERS							
093	AMBULATORY SURGICAL CENTER							
095	HOSPICE							
	SUBTOTALS	180	930	5,730	6,987	51,185		53,102
096	NONREIMBURS COST CENTERS							
097	GIFT, FLOWER, COFFEE SHOP					5		
098	RESEARCH							
099	PHYSICIANS' PRIVATE OFFICE			71	87	310		
101	NONPAID WORKERS							
102	CROSS FOOT ADJUSTMENTS							
103	NEGATIVE COST CENTER							
	TOTAL	180	930	5,801	7,074	51,500		53,102

ALLOCATION OF OLD CAPITAL RELATED COSTS

14-0068

FROM 4/ 1/2009

WORKSHEET B

TO 3/31/2010

PART II

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	9	10	11	12	13	14	15
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING		7,928					
011 DIETARY		137	19,895				
012 CAFETERIA		137		9,020			
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		68		499		3,873	
015 CENTRAL SERVICES & SUPPLY		166					9,674
016 PHARMACY		68					
017 MEDICAL RECORDS & LIBRARY		117		420			
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							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		5,032	18,076	3,038		2,105	1,154
026 INTENSIVE CARE UNIT		117	1,361	637		442	430
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY		68		160		111	232
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		357		366		254	2,073
038 RECOVERY ROOM		34					19
039 DELIVERY ROOM & LABOR ROO		103					152
040 ANESTHESIOLOGY		15					110
041 RADIOLOGY-DIAGNOSTIC		264		795			780
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		186		652			
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY		49		30		21	14
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY		85		650			874
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED				97			1,936
056 DRUGS CHARGED TO PATIENTS		15		214			630
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 IP HEMODIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC				106			156
061 EMERGENCY		782		1,356		940	1,082
061 01 OTHER OUTPATIENT SERVICE		128	458				32
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							

ALLOCATION OF OLD CAPITAL RELATED COSTS

14-0068

FROM 4/ 1/2009

WORKSHEET B

TO 3/31/2010

PART II

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NONPHYSICIAN ANESTHETISTS 20	NURSING SCHOOL 21	I&R SERVICES-SALARY & FRI 22	I&R SERVICES-OTHER PRGM C 23
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 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	13,715						
017 MEDICAL RECORDS & LIBRARY		10,064					
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							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		6,995					
026 INTENSIVE CARE UNIT		634					
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY		483					
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM							
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC							
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY							
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	13,715						
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 IP HEMODIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY		1,771					
061 01 OTHER OUTPATIENT SERVICE		181					
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	16	17	18	20	21	22	23
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTE							
095 HOSPICE							
095 SUBTOTALS	13,715	10,064					
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	13,715	10,064					

ALLOCATION OF OLD CAPITAL RELATED COSTS

	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	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 TELEPHONES			
006	02 DATA PROCESSING			
006	03 PURCHASING, RECEIVING AND			
006	04 CASHIERING/ACCOUNTS RECEI			
006	05 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			
	INPAT ROUTINE SRVC CNTRS			
025	ADULTS & PEDIATRICS	199,520		199,520
026	INTENSIVE CARE UNIT	21,919		21,919
027	CORONARY CARE UNIT			
028	BURN INTENSIVE CARE UNIT			
029	SURGICAL INTENSIVE CARE U			
031	SUBPROVIDER			
033	NURSERY	10,930		10,930
034	SKILLED NURSING FACILITY			
035	NURSING FACILITY			
035	01 ICF/MR			
036	OTHER LONG TERM CARE			
	ANCILLARY SRVC COST CNTRS			
037	OPERATING ROOM	29,442		29,442
038	RECOVERY ROOM	3,301		3,301
039	DELIVERY ROOM & LABOR ROO	10,599		10,599
040	ANESTHESIOLOGY	1,004		1,004
041	RADIOLOGY-DIAGNOSTIC	23,724		23,724
042	RADIOLOGY-THERAPEUTIC			
043	RADIOISOTOPE			
044	LABORATORY	21,335		21,335
045	PBP CLINICAL LAB SERVICES			
046	WHOLE BLOOD & PACKED RED			
047	BLOOD STORING, PROCESSING			
048	INTRAVENOUS THERAPY			
049	RESPIRATORY THERAPY			
050	PHYSICAL THERAPY	5,610		5,610
051	OCCUPATIONAL THERAPY			
052	SPEECH PATHOLOGY			
053	ELECTROCARDIOLOGY			
053	01 CARDIOPULMONARY	9,103		9,103
054	ELECTROENCEPHALOGRAPHY			
055	MEDICAL SUPPLIES CHARGED	4,502		4,502
056	DRUGS CHARGED TO PATIENTS	17,002		17,002
057	RENAL DIALYSIS			
058	ASC (NON-DISTINCT PART)			
058	01 IP HEMODIALYSIS	717		717
	OUTPAT SERVICE COST CNTRS			
060	CLINIC	3,089		3,089
061	EMERGENCY	48,984		48,984
061	01 OTHER OUTPATIENT SERVICE	875		875
062	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
064	HOME PROGRAM DIALYSIS			
065	AMBULANCE SERVICES			
066	DURABLE MEDICAL EQUIP-REN			
067	DURABLE MEDICAL EQUIP-SOL			
069	CORF			
070	I&R SERVICES-NOT APPRVD P			
071	HOME HEALTH AGENCY			
082	LUNG ACQUISITION			
	SPEC PURPOSE COST CENTERS			
083	KIDNEY ACQUISITION			
084	LIVER ACQUISITION			
085	HEART ACQUISITION			
085	01 PANCREAS ACQUISITION			
086	OTHER ORGAN ACQUISITION			

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0068
 PERIOD: FROM 4/1/2009 TO 3/31/2010
 PREPARED 8/29/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				10,095	744	10,839	10,839
006 01 NONPATIENT TELEPHONES				384	90	474	37
006 02 DATA PROCESSING				2,019	997	3,016	140
006 03 PURCHASING, RECEIVING AND				13,265	1,208	14,473	86
006 04 CASHIERING/ACCOUNTS RECEI				14,116	677	14,793	298
006 05 OTHER ADMINISTRATIVE AND				117,110	3,714	120,824	1,034
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT				112,913	919	113,832	279
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING				11,780	561	12,341	269
011 DIETARY				36,717		36,717	101
012 CAFETERIA				15,476		15,476	142
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION				2,436	1,502	3,938	511
015 CENTRAL SERVICES & SUPPLY				18,096	129	18,225	50
016 PHARMACY				24,086		24,086	205
017 MEDICAL RECORDS & LIBRARY				15,743	516	16,259	259
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							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				296,877	4,948	301,825	2,687
026 INTENSIVE CARE UNIT				28,992	2,728	31,720	812
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY				13,724	563	14,287	192
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				44,301	3,747	48,048	316
038 RECOVERY ROOM				5,281	194	5,475	94
039 DELIVERY ROOM & LABOR ROO				17,295	1,624	18,919	256
040 ANESTHESIOLOGY				1,101	1,965	3,066	
041 RADIOLOGY-DIAGNOSTIC				32,796	16,361	49,157	731
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY				27,590	1,765	29,355	447
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY				9,945	173	10,118	16
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY				6,282	7,280	13,562	580
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 IP HEMODIALYSIS				751		751	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC				4,806		4,806	56
061 EMERGENCY				72,392		72,392	1,231
061 01 OTHER OUTPATIENT SERVICE							10
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							

ALLOCATION OF NEW CAPITAL RELATED COSTS

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	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 BENE FI TS
COST CENTER DESCRIPTION	0	1	2	3	4	4a	5
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTE							
095 HOSPICE							
095 SUBTOTALS				956,369	52,405	1,008,774	10,839
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				956,369	52,405	1,008,774	10,839

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:
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PERIOD:
FROM 4/1/2009
TO 3/31/2010

PREPARED 8/29/2010
WORKSHEET B
PART III

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	CASHIERING/ACCOUNTS RECEI	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT
	6.01	6.02	6.03	6.04	6.05	7	8
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	511						
006 02 DATA PROCESSING	13	3,169					
006 03 PURCHASING, RECEIVING AND	8	158	14,725				
006 04 CASHIERING/ACCOUNTS RECEI	80	2,811	47	18,029			
006 05 OTHER ADMINISTRATIVE AND	108	200	589	723	123,478		
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	13		812	997	8,672		124,605
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	13		195	240	3,976		2,138
011 DIETARY	17		73	89	2,359		6,665
012 CAFETERIA	17				2,288		2,809
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	4		42	51	4,375		442
015 CENTRAL SERVICES & SUPPLY	13				686		3,285
016 PHARMACY	17				3,158		4,372
017 MEDICAL RECORDS & LIBRARY	54		25	30	3,309		2,858
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							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	21		1,055	1,296	24,492		53,890
026 INTENSIVE CARE UNIT	8		368	452	6,980		5,262
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY	4		1,774	2,179	3,041		2,491
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	8		1,774	2,179	5,251		8,041
038 RECOVERY ROOM	4		17	20	1,221		959
039 DELIVERY ROOM & LABOR ROO	13		130	160	3,194		3,139
040 ANESTHESIOLOGY			94	116	568		200
041 RADIOLOGY-DIAGNOSTIC			1,018	1,250	9,660		5,953
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	42		2,064	2,540	10,720		5,008
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY	4		12	15	1,013		1,805
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY	13		1,169	1,436	7,289		1,140
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED			1,657	2,035	2,440		
056 DRUGS CHARGED TO PATIENTS			539	662	4,689		
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 IP HEMODIALYSIS	8				797		136
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			134	164	587		872
061 EMERGENCY	29		928	1,139	11,844		13,140
061 01 OTHER OUTPATIENT SERVICE			29	35	113		
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							

ALLOCATION OF NEW CAPITAL RELATED COSTS

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	TO 3/31/2010	PART III

	COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	CASHIERING/AC COUNTS RECEI	OTHER ADMINISTRATIVE AND	MAINTENANCE REPAIRS	& OPERATION OF PLANT
		6.01	6.02	6.03	6.04	6.05	7	8
092	SPEC PURPOSE COST CENTERS							
093	AMBULATORY SURGICAL CENTE							
095	HOSPICE							
	SUBTOTALS	511	3,169	14,545	17,808	122,722		124,605
096	NONREIMBURS COST CENTERS							
097	GIFT, FLOWER, COFFEE SHOP					13		
098	RESEARCH							
099	PHYSICIANS' PRIVATE OFFIC			180	221	743		
101	NONPAID WORKERS							
102	CROSS FOOT ADJUSTMENTS							
103	NEGATIVE COST CENTER							
	TOTAL	511	3,169	14,725	18,029	123,478		124,605

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0068

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TO 3/31/2010

PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	9	10	11	12	13	14	15
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING		19,172					
011 DIETARY		331	46,352				
012 CAFETERIA		331		21,063			
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		166		1,166		10,695	
015 CENTRAL SERVICES & SUPPLY		402					22,661
016 PHARMACY		166					
017 MEDICAL RECORDS & LIBRARY		284		981			
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							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		12,164	42,115	7,092		5,814	2,704
026 INTENSIVE CARE UNIT		284	3,170	1,488		1,220	1,007
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY		166		374		307	543
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		863		854		701	4,857
038 RECOVERY ROOM		83					45
039 DELIVERY ROOM & LABOR ROO		248					355
040 ANESTHESIOLOGY		35					258
041 RADIOLOGY-DIAGNOSTIC		639		1,857			1,827
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		449		1,523			
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY		118		71		58	33
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY		206		1,518			2,047
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED				227			4,535
056 DRUGS CHARGED TO PATIENTS		35		500			1,475
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 IP HEMODIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC				247			366
061 EMERGENCY		1,892		3,165		2,595	2,535
061 01 OTHER OUTPATIENT SERVICE		310	1,067				74
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	16	17	18	20	21	22	23
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 TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 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	32,004						
017 MEDICAL RECORDS & LIBRARY		24,059					
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							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		16,721					
026 INTENSIVE CARE UNIT		1,516					
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY		1,155					
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM							
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC							
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY							
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	32,004						
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 IP HEMODIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY		4,234					
061 01 OTHER OUTPATIENT SERVICE		433					
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	16	17	18	20	21	22	23
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTE							
095 HOSPICE							
095 SUBTOTALS	32,004	24,059					
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	32,004	24,059					

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0068

FROM 4/ 1/2009

WORKSHEET B

TO 3/31/2010

PART III

	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	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 TELEPHONES			
006	02 DATA PROCESSING			
006	03 PURCHASING, RECEIVING AND			
006	04 CASHIERING/ACCOUNTS RECEI			
006	05 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			
	INPAT ROUTINE SRVC CNTRS			
025	ADULTS & PEDIATRICS	471,876		471,876
026	INTENSIVE CARE UNIT	54,287		54,287
027	CORONARY CARE UNIT			
028	BURN INTENSIVE CARE UNIT			
029	SURGICAL INTENSIVE CARE U			
031	SUBPROVIDER			
033	NURSERY	26,513		26,513
034	SKILLED NURSING FACILITY			
035	NURSING FACILITY			
035	01 ICF/MR			
036	OTHER LONG TERM CARE			
	ANCILLARY SRVC COST CNTRS			
037	OPERATING ROOM	72,892		72,892
038	RECOVERY ROOM	7,918		7,918
039	DELIVERY ROOM & LABOR ROO	26,414		26,414
040	ANESTHESIOLOGY	4,337		4,337
041	RADIOLOGY-DIAGNOSTIC	72,092		72,092
042	RADIOLOGY-THERAPEUTIC			
043	RADIOISOTOPE			
044	LABORATORY	52,148		52,148
045	PBP CLINICAL LAB SERVICES			
046	WHOLE BLOOD & PACKED RED			
047	BLOOD STORING, PROCESSING			
048	INTRAVENOUS THERAPY			
049	RESPIRATORY THERAPY			
050	PHYSICAL THERAPY	13,263		13,263
051	OCCUPATIONAL THERAPY			
052	SPEECH PATHOLOGY			
053	ELECTROCARDIOLOGY			
053	01 CARDIOPULMONARY	28,960		28,960
054	ELECTROENCEPHALOGRAPHY			
055	MEDICAL SUPPLIES CHARGED	10,894		10,894
056	DRUGS CHARGED TO PATIENTS	39,904		39,904
057	RENAL DIALYSIS			
058	ASC (NON-DISTINCT PART)			
058	01 IP HEMODIALYSIS	1,692		1,692
	OUTPAT SERVICE COST CNTRS			
060	CLINIC	7,232		7,232
061	EMERGENCY	115,124		115,124
061	01 OTHER OUTPATIENT SERVICE	2,071		2,071
062	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
064	HOME PROGRAM DIALYSIS			
065	AMBULANCE SERVICES			
066	DURABLE MEDICAL EQUIP-REN			
067	DURABLE MEDICAL EQUIP-SOL			
069	CORF			
070	I&R SERVICES-NOT APPRVD P			
071	HOME HEALTH AGENCY			
082	LUNG ACQUISITION			
	SPEC PURPOSE COST CENTERS			
083	KIDNEY ACQUISITION			
084	LIVER ACQUISITION			
085	HEART ACQUISITION			
085	01 PANCREAS ACQUISITION			
086	OTHER ORGAN ACQUISITION			

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 8/29/2010

14-0068

FROM 4/ 1/2009

WORKSHEET B-1

I

I TO 3/31/2010

I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TELEPHONES
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	(GROSS SALARIES)	(PHONES)
	1	2	3	4	5	6.01
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	114,632					
002 OLD CAP REL COSTS-MVB		101,982				
003 NEW CAP REL COSTS-BLD			229,264			
004 NEW CAP REL COSTS-MVB				308,090		
005 EMPLOYEE BENEFITS	1,210	252	2,420	4,375	22,360,745	
006 01 NONPATIENT TELEPHONES	46		92	531	75,400	122
006 02 DATA PROCESSING	242	32,286	484	5,860	289,215	3
006 03 PURCHASING, RECEIVING	1,590	133	3,180	7,100	177,419	2
006 04 CASHIERING/ACCOUNTS R	1,692	1,319	3,384	3,981	613,623	19
006 05 OTHER ADMINISTRATIVE	14,037	2,502	28,074	21,833	2,131,963	26
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT	13,534	694	27,068	5,402	576,124	3
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING	1,412	664	2,824	3,297	555,538	3
011 DIETARY	4,401	1,188	8,802		208,105	4
012 CAFETERIA	1,855		3,710		292,630	4
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO	292	775	584	8,832	1,054,042	1
015 CENTRAL SERVICES & SU	2,169	871	4,338	756	103,581	3
016 PHARMACY	2,887		5,774		422,262	4
017 MEDICAL RECORDS & LIB	1,887	1,399	3,774	3,032	533,585	13
018 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM						
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	35,584	26,083	71,168	29,087	5,554,316	5
026 INTENSIVE CARE UNIT	3,475	2,575	6,950	16,038	1,673,250	2
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
031 SUBPROVIDER						
033 NURSERY	1,645	585	3,290	3,309	395,642	1
034 SKILLED NURSING FACIL						
035 NURSING FACILITY						
035 01 ICF/MR						
036 OTHER LONG TERM CARE						
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	5,310	9,141	10,620	22,027	652,210	2
038 RECOVERY ROOM	633	1,534	1,266	1,139	193,403	1
039 DELIVERY ROOM & LABOR	2,073	1,114	4,146	9,545	527,248	3
040 ANESTHESIOLOGY	132	1,749	264	11,550		
041 RADIOLOGY-DIAGNOSTIC	3,931	12,509	7,862	96,206	1,507,403	
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE						
044 LABORATORY	3,307		6,614	10,376	922,236	10
045 PBP CLINICAL LAB SERV						
046 WHOLE BLOOD & PACKED						
047 BLOOD STORING, PROCES						
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY						
050 PHYSICAL THERAPY	1,192	863	2,384	1,017	32,737	1
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY						
053 01 CARDIOPULMONARY	753	2,066	1,506	42,797	1,195,351	3
054 ELECTROENCEPHALOGRAPH						
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI		10				
057 RENAL DIALYSIS						
058 ASC (NON-DISTINCT PAR						
058 01 IP HEMODIALYSIS	90		180			2
060 OUTPAT SERVICE COST C						
060 CLINIC	576		1,152		114,521	
061 EMERGENCY	8,677	1,670	17,354		2,538,935	7
061 01 OTHER OUTPATIENT SERV					20,006	
062 OBSERVATION BEDS (NON						
062 OTHER REIMBURS COST C						
064 HOME PROGRAM DIALYSIS						
065 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIP						
067 DURABLE MEDICAL EQUIP						
069 CORF						
070 I&R SERVICES-NOT APPR						
071 HOME HEALTH AGENCY						
082 LUNG ACQUISITION						
SPEC PURPOSE COST CEN						
083 KIDNEY ACQUISITION						

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TE
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	(GROSS SALARIES)	(PHONES)
	1	2	3	4	5	6.01
084 SPEC PURPOSE COST CEN						
085 LIVER ACQUISITION						
085 HEART ACQUISITION						
085 01 PANCREAS ACQUISITION						
086 OTHER ORGAN ACQUISITI						
092 AMBULATORY SURGICAL C						
093 HOSPI CE						
095 SUBTOTALS	114,632	101,982	229,264	308,090	22,360,745	122
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
097 RESEARCH						
098 PHYSICIANS' PRIVATE O						
099 NONPAID WORKERS						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	412,129		956,369	52,405	3,855,899	393,576
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	3.595235		4.171475		.172441	
(WRKSHT B, PT I)				.170096		3,226.032787
105 COST TO BE ALLOCATED					4,350	180
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER					.000195	
(WRKSHT B, PT II)						1.475410
107 COST TO BE ALLOCATED					10,839	511
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.000485	
(WRKSHT B, PT III)						4.188525

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING	CASHIERING/ACCOUNTS RECEIVABLE	RECONCILIATION	OTHER ADMINISTRATIVE AND MAINTENANCE REPAIRS	OPERATION OF PLANT	
	(MACH)	(CHARGES)	(CHARGES)	(CHARGES)	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)
GENERAL SERVICE COST	6.02	6.03	6.04	6a.05	6.05	7	8
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 TELEPHONES							
006 02 DATA PROCESSING	1,000						
006 03 PURCHASING, RECEIVING	50	2,151,632					
006 04 CASHIERING/ACCOUNTS R	887	6,875	2,144,757				
006 05 OTHER ADMINISTRATIVE	63	86,053	86,053	-8,003,402	39,070,651		
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		118,624	118,624		2,744,275		82,281
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING		28,494	28,494		1,258,288		1,412
011 DIETARY		10,598	10,598		746,423		4,401
012 CAFETERIA					723,955		1,855
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIO		6,110	6,110		1,384,507		292
015 CENTRAL SERVICES & SU					217,068		2,169
016 PHARMACY					999,473		2,887
017 MEDICAL RECORDS & LIB		3,611	3,611		1,047,280		1,887
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS		154,222	154,222		7,745,755		35,584
026 INTENSIVE CARE UNIT		53,766	53,766		2,208,724		3,475
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER							
033 NURSERY		259,233	259,233		962,263		1,645
034 SKILLED NURSING FACIL							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM		259,233	259,233		1,661,724		5,310
038 RECOVERY ROOM		2,425	2,425		386,387		633
039 DELIVERY ROOM & LABOR		18,992	18,992		1,010,897		2,073
040 ANESTHESIOLOGY		13,786	13,786		179,633		132
041 RADIOLOGY-DIAGNOSTIC		148,736	148,736		3,056,928		3,931
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		301,824	301,824		3,392,283		3,307
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCES							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY		1,746	1,746		320,640		1,192
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY		170,860	170,860		2,306,698		753
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHAR		242,083	242,083		772,094		
056 DRUGS CHARGED TO PATI		78,756	78,756		1,483,932		
057 RENAL DIALYSIS							
058 ASC (NON-DI STINCT PAR							
058 01 IP HEMODIALYSIS					252,177		90
058 OUTPAT SERVICE COST C							
060 CLINIC		19,530	19,530		185,785		576
061 EMERGENCY		135,548	135,548		3,748,205		8,677
061 01 OTHER OUTPATIENT SERV		4,212	4,212		35,903		
062 OBSERVATION BEDS (NON							
062 OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
069 CORF							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
SPEC PURPOSE COST CEN							
083 KIDNEY ACQUISITION							

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	CASHIERING/AC COUNTS RECEI	RECONCILIATION	OTHER ADMINISTRATIVE AND	MAINTENANCE REPAIRS	OPERATION OF PLANT
	(MACH)	(CHARGES)	(CHARGES)	(CHARGES)	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)
084 SPEC PURPOSE COST CEN	6.02	6.03	6.04	6a.05	6.05	7	8
085 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITI							
092 AMBULATORY SURGICAL C							
093 HOSPICE							
095 SUBTOTALS	1,000	2,125,317	2,118,442	-8,003,402	38,831,297		82,281
096 NONREIMBURS COST CENT							
097 GIFT, FLOWER, COFFEE					4,076		
097 RESEARCH							
098 PHYSICIANS' PRIVATE O		26,315	26,315		235,278		
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	1,201,288	968,191	2,661,101		8,003,402		3,306,423
104 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.449980					
105 (WRKSHT B, PT I)	1,201.288000		1.240747		.204844		40.184526
105 COST TO BE ALLOCATED	930	5,801	7,074		51,500		53,102
106 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER		.002696					
107 (WRKSHT B, PT II)	.930000		.003298		.001318		.645374
107 COST TO BE ALLOCATED	3,169	14,725	18,029		123,478		124,605
108 (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER	3.169000	.006844	.008406		.003160		1.514384

COST ALLOCATION - STATISTICAL BASIS

14-0068

FROM 4/1/2009

WORKSHEET B-1

TO 3/31/2010

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(MEALS SERVED)	(NUMBER HOUSED)	(DIRECT NRSNG HRS)	(COSTED)REQUIS.
GENERAL SERVICE COST	9	10	11	12	13	14	15
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 TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 CASHIERING/ACCOUNTS R							
006 05 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING		8,107					
011 DIETARY		140	65,570				
012 CAFETERIA		140		28,274			
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION		70		1,565		17,509	
015 CENTRAL SERVICES & SU		170					1,209,780
016 PHARMACY		70					
017 MEDICAL RECORDS & LIB		120		1,317			
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS		5,144	59,577	9,519		9,519	144,333
026 INTENSIVE CARE UNIT		120	4,484	1,997		1,997	53,766
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER							
033 NURSERY		70		502		502	29,004
034 SKILLED NURSING FACIL							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM		365		1,147		1,147	259,233
038 RECOVERY ROOM		35					2,425
039 DELIVERY ROOM & LABOR		105					18,972
040 ANESTHESIOLOGY		15					13,786
041 RADIOLOGY-DIAGNOSTIC		270		2,493			97,558
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		190		2,044			
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCES							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY		50		95		95	1,746
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY		87		2,038			109,281
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHAR				305			242,083
056 DRUGS CHARGED TO PATI		15		671			78,756
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PAR							
058 01 IP HEMODIALYSIS							
060 OUTPAT SERVICE COST C							
060 CLINIC				332			19,530
061 EMERGENCY		800		4,249		4,249	135,347
061 01 OTHER OUTPATIENT SERV		131	1,509				3,960
062 OBSERVATION BEDS (NON							
062 OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
069 CORF							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
SPEC PURPOSE COST CEN							
083 KIDNEY ACQUISITION							

	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(MEALS SERVED)	(NUMBER HOUSED)	(DIRECT NRSING HRS)	(COSTED REQUIS.)
	SPEC PURPOSE COST CEN	9	10	11	12	13	14	15
084	LIVER ACQUISITION							
085	HEART ACQUISITION							
085	01 PANCREAS ACQUISITION							
086	OTHER ORGAN ACQUISITION							
092	AMBULATORY SURGICAL C							
093	HOSPICE							
095	SUBTOTALS		8,107	65,570	28,274		17,509	1,209,780
096	NONREIMBURS COST CENT							
097	GIFT, FLOWER, COFFEE							
097	RESEARCH							
098	PHYSICIANS' PRIVATE O							
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED		1,572,782	1,103,335	973,955		1,747,339	381,674
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		194.002960		34.447018		99.796619	
	(WRKSHT B, PT I)			16.826826				.315490
105	COST TO BE ALLOCATED		7,928	19,895	9,020		3,873	9,674
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER		.977920		.319021		.221201	
	(WRKSHT B, PT II)			.303416				.007996
107	COST TO BE ALLOCATED		19,172	46,352	21,063		10,695	22,661
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		2.364870		.744960		.610829	
	(WRKSHT B, PT III)			.706909				.018732

COST CENTER DESCRIPTION	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	I&R SERVICES-SALARY & FRI (ASSIGNED TIME)	I&R SERVICES-OTHER PRGM C (ASSIGNED TIME)
	16	17	18	20	21	22	23
084 SPEC PURPOSE COST CEN							
085 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL C							
093 HOSPICE							
095 SUBTOTALS	1,000	1,000					
096 NONREIMBURS COST CEN							
097 GIFT, FLOWER, COFFEE RESEARCH							
098 PHYSICIANS' PRIVATE O							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,333,802	1,406,284					
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		1,406.284000					
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	1,333.802000	10,064					
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	13,715	10.064000					
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	13.715000	24,059					
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	32,004	24.059000					
	32.004000						

COST CENTER	PARAMETER	DESCRIPTION	PRGM	(ASSIGNED TIME)
				24
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 TELEPHONES		
006	02	DATA PROCESSING		
006	03	PURCHASING, RECEIVING		
006	04	CASHIERING/ACCOUNTS R		
006	05	OTHER ADMINISTRATIVE		
007		MAINTENANCE & REPAIRS		
008		OPERATION OF PLANT		
009		LAUNDRY & LINEN SERVI		
010		HOUSEKEEPING		
011		DIETARY		
012		CAFETERIA		
013		MAINTENANCE OF PERSON		
014		NURSING ADMINISTRATION		
015		CENTRAL SERVICES & SU		
016		PHARMACY		
017		MEDICAL RECORDS & LIB		
018		SOCIAL SERVICE		
020		NONPHYSICIAN ANESTHET		
021		NURSING SCHOOL		
022		I&R SERVICES-SALARY &		
023		I&R SERVICES-OTHER PR		
024		PARAMETER PRGM		
025		INPAT ROUTINE SRVC CN		
026		ADULTS & PEDIATRICS		
027		INTENSIVE CARE UNIT		
028		CORONARY CARE UNIT		
029		BURN INTENSIVE CARE U		
031		SURGICAL INTENSIVE CA		
033		SUBPROVIDER		
034		NURSERY		
035		SKILLED NURSING FACIL		
035		NURSING FACILITY		
035	01	ICF/MR		
036		OTHER LONG TERM CARE		
037		ANCILLARY SRVC COST C		
038		OPERATING ROOM		
039		RECOVERY ROOM		
040		DELIVERY ROOM & LABOR		
041		ANESTHESIOLOGY		
042		RADIOLOGY-DIAGNOSTIC		
043		RADIOLOGY-THERAPEUTIC		
044		RADIOISOTOPE		
045		LABORATORY		
046		PBP CLINICAL LAB SERV		
047		WHOLE BLOOD & PACKED		
048		BLOOD STORING, PROCES		
049		INTRAVENOUS THERAPY		
050		RESPIRATORY THERAPY		
051		PHYSICAL THERAPY		
052		OCCUPATIONAL THERAPY		
053		SPEECH PATHOLOGY		
053	01	ELECTROCARDIOLOGY		
054		CARDIOPULMONARY		
055		ELECTROENCEPHALOGRAPH		
056		MEDICAL SUPPLIES CHAR		
057		DRUGS CHARGED TO PATI		
058		RENAL DIALYSIS		
058		ASC (NON-DISTINCT PAR		
058	01	IP HEMODIALYSIS		
060		OUTPAT SERVICE COST C		
061		CLINIC		
061		EMERGENCY		
061	01	OTHER OUTPATIENT SERV		
062		OBSERVATION BEDS (NON		
064		OTHER REIMBURS COST C		
065		HOME PROGRAM DIALYSIS		
066		AMBULANCE SERVICES		
067		DURABLE MEDICAL EQUIP		
067		DURABLE MEDICAL EQUIP		
069		CORF		
070		I&R SERVICES-NOT APPR		
071		HOME HEALTH AGENCY		
082		LUNG ACQUISITION		
083		SPEC PURPOSE COST CEN		
083		KIDNEY ACQUISITION		

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	15,063,580		15,063,580	91,175	15,154,755
26	INTENSIVE CARE UNIT	3,273,184		3,273,184		3,273,184
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY	1,383,103		1,383,103		1,383,103
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
01	ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,522,072		2,522,072		2,522,072
38	RECOVERY ROOM	498,528		498,528		498,528
39	DELIVERY ROOM & LABOR ROO	1,327,631		1,327,631		1,327,631
40	ANESTHESIOLOGY	228,993		228,993		228,993
41	RADIOLOGY-DIAGNOSTIC	4,010,122		4,010,122		4,010,122
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	4,327,333		4,327,333		4,327,333
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY	457,225		457,225		457,225
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
01	CARDIOPULMONARY	2,931,028		2,931,028		2,931,028
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	1,017,134		1,017,134		1,017,134
56	DRUGS CHARGED TO PATIENTS	3,172,580		3,172,580		3,172,580
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
01	IP HEMODIALYSIS	307,451		307,451		307,451
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	264,586		264,586		264,586
61	EMERGENCY	5,880,493		5,880,493		5,880,493
01	OTHER OUTPATIENT SERVICE	120,626		120,626		120,626
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	46,785,669		46,785,669	91,175	46,876,844
102	LESS OBSERVATION BEDS					
103	TOTAL	46,785,669		46,785,669	91,175	46,876,844

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	48,569,338		48,569,338			
26	INTENSIVE CARE UNIT	8,451,703		8,451,703			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	614,904		614,904			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	3,333,939	1,267,133	4,601,072	.548149	.548149	.548149
38	RECOVERY ROOM	836,877	527,502	1,364,379	.365388	.365388	.365388
39	DELIVERY ROOM & LABOR ROO	646,051	975,272	1,621,323	.818857	.818857	.818857
40	ANESTHESIOLOGY	3,027,988	1,324,999	4,352,987	.052606	.052606	.052606
41	RADIOLOGY-DIAGNOSTIC	5,420,873	8,008,217	13,429,090	.298615	.298615	.298615
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	12,008,141	7,548,526	19,556,667	.221271	.221271	.221271
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	254,874	376,912	631,786	.723702	.723702	.723702
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
01	CARDIOPULMONARY	13,381,942	3,869,809	17,251,751	.169897	.169897	.169897
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	2,831,871	1,620,839	4,452,710	.228430	.228430	.228430
56	DRUGS CHARGED TO PATIENTS	21,163,485	3,647,325	24,810,810	.127871	.127871	.127871
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
01	IP HEMODIALYSIS	1,070,124	6,655	1,076,779	.285528	.285528	.285528
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	142,776	332,061	474,837	.557214	.557214	.557214
61	EMERGENCY	4,411,217	15,807,080	20,218,297	.290850	.290850	.290850
01	OTHER OUTPATIENT SERVICE	39,702	129,180	168,882	.714262	.714262	.714262
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	126,205,805	45,441,510	171,647,315			
102	LESS OBSERVATION BEDS						
103	TOTAL	126,205,805	45,441,510	171,647,315			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	48,569,338		48,569,338			
26	INTENSIVE CARE UNIT	8,451,703		8,451,703			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	614,904		614,904			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	3,333,939	1,267,133	4,601,072	.548149	.548149	.548149
38	RECOVERY ROOM	836,877	527,502	1,364,379	.365388	.365388	.365388
39	DELIVERY ROOM & LABOR ROO	646,051	975,272	1,621,323	.818857	.818857	.818857
40	ANESTHESIOLOGY	3,027,988	1,324,999	4,352,987	.052606	.052606	.052606
41	RADIOLOGY-DIAGNOSTIC	5,420,873	8,008,217	13,429,090	.298615	.298615	.298615
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	12,008,141	7,548,526	19,556,667	.221271	.221271	.221271
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	254,874	376,912	631,786	.723702	.723702	.723702
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
01	CARDIOPULMONARY	13,381,942	3,869,809	17,251,751	.169897	.169897	.169897
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	2,831,871	1,620,839	4,452,710	.228430	.228430	.228430
56	DRUGS CHARGED TO PATIENTS	21,163,485	3,647,325	24,810,810	.127871	.127871	.127871
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
01	IP HEMODIALYSIS	1,070,124	6,655	1,076,779	.285528	.285528	.285528
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	142,776	332,061	474,837	.557214	.557214	.557214
61	EMERGENCY	4,411,217	15,807,080	20,218,297	.290850	.290850	.290850
01	OTHER OUTPATIENT SERVICE	39,702	129,180	168,882	.714262	.714262	.714262
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	126,205,805	45,441,510	171,647,315			
102	LESS OBSERVATION BEDS						
103	TOTAL	126,205,805	45,441,510	171,647,315			

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	2,522,072	102,334	2,419,738			2,522,072
38	RECOVERY ROOM	498,528	11,219	487,309			498,528
39	DELIVERY ROOM & LABOR ROO	1,327,631	37,013	1,290,618			1,327,631
40	ANESTHESIOLOGY	228,993	5,341	223,652			228,993
41	RADIOLOGY-DIAGNOSTIC	4,010,122	95,816	3,914,306			4,010,122
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	4,327,333	73,483	4,253,850			4,327,333
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	457,225	18,873	438,352			457,225
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIOPULMONARY	2,931,028	38,063	2,892,965			2,931,028
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,017,134	15,396	1,001,738			1,017,134
56	DRUGS CHARGED TO PATIENTS	3,172,580	56,906	3,115,674			3,172,580
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58	01 IP HEMODIALYSIS	307,451	2,409	305,042			307,451
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	264,586	10,321	254,265			264,586
61	EMERGENCY	5,880,493	164,108	5,716,385			5,880,493
61	01 OTHER OUTPATIENT SERVICE	120,626	2,946	117,680			120,626
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	27,065,802	634,228	26,431,574			27,065,802
102	LESS OBSERVATION BEDS						
103	TOTAL	27,065,802	634,228	26,431,574			27,065,802

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	4,601,072	.548149	.548149
38	RECOVERY ROOM	1,364,379	.365388	.365388
39	DELIVERY ROOM & LABOR ROO	1,621,323	.818857	.818857
40	ANESTHESIOLOGY	4,352,987	.052606	.052606
41	RADIOLOGY-DIAGNOSTIC	13,429,090	.298615	.298615
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	19,556,667	.221271	.221271
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY	631,786	.723702	.723702
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
53	01 CARDIOPULMONARY	17,251,751	.169897	.169897
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	4,452,710	.228430	.228430
56	DRUGS CHARGED TO PATIENTS	24,810,810	.127871	.127871
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
58	01 IP HEMODIALYSIS	1,076,779	.285528	.285528
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	474,837	.557214	.557214
61	EMERGENCY	20,218,297	.290850	.290850
61	01 OTHER OUTPATIENT SERVICE	168,882	.714262	.714262
62	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	114,011,370		
102	LESS OBSERVATION BEDS			
103	TOTAL	114,011,370		

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	2,522,072	102,334	2,419,738	10,233	140,345	2,371,494
38	RECOVERY ROOM	498,528	11,219	487,309	1,122	28,264	469,142
39	DELIVERY ROOM & LABOR ROO	1,327,631	37,013	1,290,618	3,701	74,856	1,249,074
40	ANESTHESIOLOGY	228,993	5,341	223,652	534	12,972	215,487
41	RADIOLOGY-DIAGNOSTIC	4,010,122	95,816	3,914,306	9,582	227,030	3,773,510
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	4,327,333	73,483	4,253,850	7,348	246,723	4,073,262
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	457,225	18,873	438,352	1,887	25,424	429,914
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIOPULMONARY	2,931,028	38,063	2,892,965	3,806	167,792	2,759,430
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,017,134	15,396	1,001,738	1,540	58,101	957,493
56	DRUGS CHARGED TO PATIENTS	3,172,580	56,906	3,115,674	5,691	180,709	2,986,180
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58	01 IP HEMODIALYSIS	307,451	2,409	305,042	241	17,692	289,518
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	264,586	10,321	254,265	1,032	14,747	248,807
61	EMERGENCY	5,880,493	164,108	5,716,385	16,411	331,550	5,532,532
61	01 OTHER OUTPATIENT SERVICE	120,626	2,946	117,680	295	6,825	113,506
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	27,065,802	634,228	26,431,574	63,423	1,533,030	25,469,349
102	LESS OBSERVATION BEDS						
103	TOTAL	27,065,802	634,228	26,431,574	63,423	1,533,030	25,469,349

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	4,601,072	.515422	.545925
38	RECOVERY ROOM	1,364,379	.343850	.364566
39	DELIVERY ROOM & LABOR ROO	1,621,323	.770404	.816574
40	ANESTHESIOLOGY	4,352,987	.049503	.052483
41	RADIOLOGY-DIAGNOSTIC	13,429,090	.280995	.297901
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	19,556,667	.208280	.220896
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY	631,786	.680474	.720716
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
53	01 CARDIOPULMONARY	17,251,751	.159951	.169677
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	4,452,710	.215036	.228084
56	DRUGS CHARGED TO PATIENTS	24,810,810	.120358	.127641
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
58	01 IP HEMODIALYSIS	1,076,779	.268874	.285305
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	474,837	.523984	.555041
61	EMERGENCY	20,218,297	.273640	.290038
61	01 OTHER OUTPATIENT SERVICE	168,882	.672102	.712515
62	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	114,011,370		
102	LESS OBSERVATION BEDS			
103	TOTAL	114,011,370		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	199,520		199,520	471,876		471,876
26	INTENSIVE CARE UNIT	21,919		21,919	54,287		54,287
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	10,930		10,930	26,513		26,513
101	TOTAL	232,369		232,369	552,676		552,676

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	20,627	6,332	9.67	61,230	22.88	144,876
26	INTENSIVE CARE UNIT	3,038	1,456	7.21	10,498	17.87	26,019
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	818		13.36		32.41	
101	TOTAL	24,483	7,788		71,728		170,895

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	29,442	72,892	4,601,072	1,756,199	.006399	11,238
38	RECOVERY ROOM	3,301	7,918	1,364,379	168,132	.002419	407
39	DELIVERY ROOM & LABOR ROO	10,599	26,414	1,621,323	2,536	.006537	17
40	ANESTHESIOLOGY	1,004	4,337	4,352,987	375,197	.000231	87
41	RADIOLOGY-DIAGNOSTIC	23,724	72,092	13,429,090	1,855,719	.001767	3,279
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	21,335	52,148	19,556,667	5,417,642	.001091	5,911
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	5,610	13,263	631,786	135,719	.008880	1,205
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIOPULMONARY	9,103	28,960	17,251,751	4,522,336	.000528	2,388
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	4,502	10,894	4,452,710	2,560,298	.001011	2,588
56	DRUGS CHARGED TO PATIENTS	17,002	39,904	24,810,810	7,966,573	.000685	5,457
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58	01 IP HEMODIALYSIS	717	1,692	1,076,779	479,160	.000666	319
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	3,089	7,232	474,837		.006505	
61	EMERGENCY	48,984	115,124	20,218,297	1,097,512	.002423	2,659
61	01 OTHER OUTPATIENT SERVICE	875	2,071	168,882	37,061	.005181	192
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	179,287	454,941	114,011,370	26,374,084		35,747

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0068	FROM 4/ 1/2009	8/29/2010
COMPONENT NO:	TO 3/31/2010	WORKSHEET D
14-0068		PART II

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG RATIO 7	COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.015842	27,822
38	RECOVERY ROOM	.005803	976
39	DELIVERY ROOM & LABOR ROO	.016292	41
40	ANESTHESIOLOGY	.000996	374
41	RADIOLOGY-DIAGNOSTIC	.005368	9,961
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE		
44	LABORATORY	.002667	14,449
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY	.020993	2,849
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
53	01 CARDIOPULMONARY	.001679	7,593
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.002447	6,265
56	DRUGS CHARGED TO PATIENTS	.001608	12,810
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
58	01 IP HEMODIALYSIS	.001571	753
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.015230	
61	EMERGENCY	.005694	6,249
61	01 OTHER OUTPATIENT SERVICE	.012263	454
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		90,596

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

PROVIDER NO: 14-0068
PERIOD: FROM 4/1/2009 TO 3/31/2010
PREPARED 8/29/2010
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					20,627	
26	INTENSIVE CARE UNIT					3,038	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY					818	
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL					24,483	

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

PROVIDER NO:	PERIOD:	PREPARED
14-0068	FROM 4/1/2009	8/29/2010
	TO 3/31/2010	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	6,332	
26	INTENSIVE CARE UNIT	1,456	
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER		
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
01	ICF/MR		
101	TOTAL	7,788	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIOPULMONARY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58	01 IP HEMODIALYSIS						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	EMERGENCY						
61	01 OTHER OUTPATIENT SERVICE						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			4,601,072			1,756,199	
38	OPERATING ROOM			1,364,379			168,132	
39	RECOVERY ROOM			1,621,323			2,536	
40	DELIVERY ROOM & LABOR ROO			4,352,987			375,197	
41	ANESTHESIOLOGY			13,429,090			1,855,719	
42	RADIOLOGY-DIAGNOSTIC							
43	RADIOLOGY-THERAPEUTIC							
44	RADIOISOTOPE							
45	LABORATORY			19,556,667			5,417,642	
46	PBP CLINICAL LAB SERVICES							
47	WHOLE BLOOD & PACKED RED							
48	BLOOD STORING, PROCESSING							
49	INTRAVENOUS THERAPY							
50	RESPIRATORY THERAPY			631,786			135,719	
51	PHYSICAL THERAPY							
52	OCCUPATIONAL THERAPY							
53	SPEECH PATHOLOGY							
54	ELECTROCARDIOLOGY							
55	01 CARDIOPULMONARY			17,251,751			4,522,336	
56	ELECTROENCEPHALOGRAPHY							
57	MEDICAL SUPPLIES CHARGED			4,452,710			2,560,298	
58	DRUGS CHARGED TO PATIENTS			24,810,810			7,966,573	
59	RENAL DIALYSIS							
60	ASC (NON-DISTINCT PART)							
61	01 IP HEMODIALYSIS			1,076,779			479,160	
62	OUTPAT SERVICE COST CNTRS							
63	CLINIC			474,837				
64	EMERGENCY			20,218,297			1,097,512	
65	01 OTHER OUTPATIENT SERVICE			168,882			37,061	
66	OBSERVATION BEDS (NON-DIS							
67	OTHER REIMBURS COST CNTRS							
68	HOME PROGRAM DIALYSIS							
69	AMBULANCE SERVICES							
70	DURABLE MEDICAL EQUIP-REN							
71	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			114,011,370			26,374,084	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	205,959					
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO	1,084					
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	707,139					
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	17,343					
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY						
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	01 CARDIOPULMONARY	1,333,070					
56	ELECTROENCEPHALOGRAPHY						
57	MEDICAL SUPPLIES CHARGED	588,067					
58	DRUGS CHARGED TO PATIENTS	532,977					
59	RENAL DIALYSIS						
60	ASC (NON-DISTINCT PART)						
61	01 IP HEMODIALYSIS						
62	OUTPAT SERVICE COST CNTRS						
63	CLINIC						
64	EMERGENCY	984,390					
65	01 OTHER OUTPATIENT SERVICE	15,059					
66	OBSERVATION BEDS (NON-DIS						
67	OTHER REIMBURS COST CNTRS						
68	HOME PROGRAM DIALYSIS						
69	AMBULANCE SERVICES						
70	DURABLE MEDICAL EQUIP-REN						
71	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	4,385,088					

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	734.70
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	199,520	15,154,755	.013166	
87	NEW CAPITAL-RELATED COST	471,876	15,154,755	.031137	
88	NON PHYSICIAN ANESTHETIST		15,154,755		
89	MEDICAL EDUCATION		15,154,755		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	34
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	1,054,819
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	819,740
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.870
1.04	LINE 1.01 TIMES LINE 1.03.	917,693
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	89.33
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	34
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	200
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	200
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	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).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	200
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	166
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	34
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	819,740
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	20,856
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	183,515
19	SUBTOTAL (SEE INSTRUCTIONS)	615,403
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	615,403
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	615,403
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	100,559
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	70,391
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	100,559
28	SUBTOTAL	685,794
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	685,794
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	615,368
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	70,426
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

BALANCE SHEET

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	923,119			
2	TEMPORARY INVESTMENTS	1,500,000			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	27,862,465			
5	OTHER RECEIVABLES	1,194,835			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-21,047,000			
7	INVENTORY	495,710			
8	PREPAID EXPENSES	840,004			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	11,769,133			
FIXED ASSETS					
12	LAND	380,477			
12.01	LAND IMPROVEMENTS	1,017,177			
13	LESS ACCUMULATED DEPRECIATION				
13.01	BUILDINGS	6,751,260			
14	LESS ACCUMULATED DEPRECIATION				
14.01	LEASEHOLD IMPROVEMENTS	17,378,256			
15	LESS ACCUMULATED DEPRECIATION				
15.01	FIXED EQUIPMENT	2,420,506			
16	LESS ACCUMULATED DEPRECIATION				
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT	13,362,921			
18	LESS ACCUMULATED DEPRECIATION				
18.01	MINOR EQUIPMENT DEPRECIABLE				
19	LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT-NONDEPRECIABLE	-24,406,308			
20	TOTAL FIXED ASSETS	16,904,289			
21	OTHER ASSETS				
22	INVESTMENTS	6,621,429			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	241,781			
26	TOTAL OTHER ASSETS	6,863,210			
27	TOTAL ASSETS	35,536,632			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	4,731,272			
29 SALARIES, WAGES & FEES PAYABLE	2,850,977			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	166,668			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	5,044,956			
36 TOTAL CURRENT LIABILITIES	12,793,873			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	4,666,664			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	5,412,558			
42 TOTAL LONG-TERM LIABILITIES	10,079,222			
43 TOTAL LIABILITIES	22,873,095			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	12,663,537			
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	12,663,537			
52 TOTAL LIABILITIES AND FUND BALANCES	35,536,632			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		6,496,921		
2 NET INCOME (LOSS)		6,154,785		
3 TOTAL		12,651,706		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6 INC IN TEMP RESTRICTED AS	11,831			
7				
8				
9				
10 TOTAL ADDITIONS		11,831		
11 SUBTOTAL		12,663,537		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		12,663,537		

	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 INC IN TEMP RESTRICTED AS				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

DESCRIPTION

1	TOTAL PATIENT REVENUES	172,288,624
2	LESS: ALLOWANCES AND DISCOUNTS ON	97,996,643
3	NET PATIENT REVENUES	74,291,981
4	LESS: TOTAL OPERATING EXPENSES	70,298,473
5	NET INCOME FROM SERVICE TO PATIENT OTHER INCOME	3,993,508
6	CONTRIBUTIONS, DONATIONS, BEQUES	60,328
7	INCOME FROM INVESTMENTS	184,108
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REV	
24.01	MISC REVENUE	1,916,841
25	TOTAL OTHER INCOME	2,161,277
26	TOTAL	6,154,785
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	6,154,785

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	760,279
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	179
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	64.84
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	19.79
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	50.95
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	70.74
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	15.40
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	117,083
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	877,541
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	