

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		14-0164		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: 8/12/2010 TIME 11:45

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: MEMORIAL HOSPITAL OF CARBONDAE 14-0164 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	-266,887		787,140		0
9 RHC	0	0		13,803		0
100 TOTAL	0	-266,887		800,943		0

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

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

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0164
 PERIOD: FROM 4/1/2009 TO 3/31/2010
 PREPARED 8/12/2010
 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	52,165,595		52,165,595	2,155,414.19	24.20	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B	391,064		391,064	26,509.11	14.75	
6 INTERNS & RESIDENTS (APPRVD)	1,007,524		1,007,524	40,984.01	24.58	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	172,373	-91,711	80,662	2,808.31	28.72	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,940,513		1,940,513	35,512.07	54.64	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	206,261		206,261	2,226.00	92.66	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	9,979,513		9,979,513	285,340.33	34.97	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	12,717,241		12,717,241			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	20,238		20,238			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	3,521		3,521			CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)	94,597		94,597			CMS 339
20 INTERNS & RESIDENTS (APPRVD)	252,788		252,788			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	773,267		773,267	34,632.04	22.33	
22 ADMINISTRATIVE & GENERAL	4,044,836		4,044,836	89,688.76	45.10	
22.01 A & G UNDER CONTRACT	235,021		235,021	1,203.09	195.35	
23 MAINTENANCE & REPAIRS	621,570		621,570	32,375.22	19.20	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE	32,876		32,876	3,438.64	9.56	
26 HOUSEKEEPING	866,497		866,497	77,449.08	11.19	
26.01 HOUSEKEEPING UNDER CONTRACT	124,592		124,592	10,254.50	12.15	
27 DIETARY	1,126,702	-846,800	279,902	21,498.46	13.02	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		846,800	846,800	65,049.29	13.02	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,577,196	-80,662	1,496,534	48,326.25	30.97	
31 CENTRAL SERVICE AND SUPPLY	771,070		771,070	58,298.31	13.23	
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	527,358		527,358	38,707.29	13.62	
34 SOCIAL SERVICE	107,913		107,913	4,255.39	25.36	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	51,126,620		51,126,620	2,099,378.66	24.35	
2 EXCLUDED AREA SALARIES	172,373	-91,711	80,662	2,808.31	28.72	
3 SUBTOTAL SALARIES	50,954,247	91,711	51,045,958	2,096,570.35	24.35	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	12,126,287		12,126,287	323,078.40	37.53	
5 SUBTOTAL WAGE-RELATED COSTS	12,717,241		12,717,241		24.91	
6 TOTAL	75,797,775	91,711	75,889,486	2,419,648.75	31.36	
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	10,808,898	-80,662	10,728,236	485,176.32	22.11	

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 2553 KEN GRAY BLVD
 1.01 CITY: WEST FRANKFORT STATE: IL ZIP CODE: 62896 COUNTY: FRANKLIN
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN R

SOURCE OF FEDERAL FUNDS:

	GRANT AWARD	DATE
3 COMMUNITY HEALTH CENTER (SECTION 339(d), PHS ACT)	1	2
4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)		/ /
5 HEALTH SERVICES FOR THE HOMELESS (SECTION 340(d), PHS ACT)		/ /
6 APPALACHIAN REGIONAL COMMISSION		/ /
7 LOOK-ALIKES		/ /
8 OTHER (SPECIFY)		/ /

PHYSICIAN INFORMATION:

	PHYSICIAN NAME	BILLING NUMBER
9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT		
	PHYSICIAN NAME	HOURS OF SUPERVISION
10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD		
11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS.)		N

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
12 CLINIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14
			800	1700	800	1700	800	1700	800	1700	800	1700		

(1) ENTER CLINIC HOURS OF OPERATIONS ON SUBSCRIPTS OF LINE 12 (BOTH TYPE AND HOURS OF OPERATION). LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? N

14 IS THIS A CONSOLIDATED COST REPORT DEFINED IN THE RURAL HEALTH CLINIC MANUAL? IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS INCLUDED IN THIS REPORT, COMPLETE LINE 15 AND COMPLETE ONLY ONE WORKSHEET SERIES M FOR THE CONSOLIDATED GROUP. IF NO, COMPLETE A SEPARATE WORKSHEET S-8 FOR EACH COMPONENT ACCOMPANIED BY A CORRESPONDING WORKSHEET M SERIES.

15 PROVIDER NAME: PROVIDER NUMBER:

	TITLE V	TITLE XVI	TITLE XIX
16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS & RESIDENTS.	Y	984	2,106
17 HAS THE HOSPITALS' BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? IF YES, SEE INSTRUCTIONS.			N

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	12,504,524
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	940
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	167,829
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	12,673,293
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	2,648
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.320310
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	848
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	75,005,520
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	24,025,018
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	12,260,158
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	3,927,051
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	24,025,866

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

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				83,086	83,086
1.01 0101	OLD CAP REL COSTS-NEW BLDG		8,931,301	8,931,301	-5,021,078	3,910,223
1.02 0102	OLD CAP REL COSTS-NEW ADD				440,670	440,670
1.03 0103	OLD CAP REL COSTS-1988 ADDITION				5,697	5,697
2 0200	OLD CAP REL COSTS-MVBLE EQUIP				280,975	280,975
3 0300	NEW CAP REL COSTS-BLDG & FIXT				73,942	73,942
3.01 0301	NEW CAP REL COSTS-NEW BLDG				761,250	761,250
3.02 0302	NEW CAP REL COSTS-NEW ADD				1,057,371	1,057,371
3.03 0303	NEW CAP REL COSTS-1988 ADDITION				551,189	551,189
4 0400	NEW CAP REL COSTS-MVBLE EQUIP				5,571,742	5,571,742
5 0500	EMPLOYEE BENEFITS	773,267	16,114,325	16,887,592		16,887,592
6.01 0610	NONPATIENT TELEPHONES	241,132	3,833	244,965		244,965
6.02 0620	DATA PROCESSING					
6.03 0630	PURCHASING, RECEIVING AND STORES		94,868	94,868		94,868
6.04 0640	ADMINISTRATIVE					
6.05 0650	CASHIERING/ACCOUNTS RECEIVABLE	628,349	102,953	731,302		731,302
6.06 0660	OTHER ADMINISTRATIVE AND GENERAL	3,175,355	12,277,047	15,452,402	-112,665	15,339,737
7 0700	MAINTENANCE & REPAIRS	621,570	1,469,957	2,091,527		2,091,527
9 0900	LAUNDRY & LINEN SERVICE	32,876	686,792	719,668		719,668
10 1000	HOUSEKEEPING	866,497	680,902	1,547,399		1,547,399
11 1100	DIETARY	1,126,702	1,135,746	2,262,448	-1,717,209	545,239
12 1200	CAFETERIA				1,700,397	1,700,397
14 1400	NURSING ADMINISTRATION	1,577,196	546,258	2,123,454	-113,662	2,009,792
15 1500	CENTRAL SERVICES & SUPPLY	771,070	384,027	1,155,097	-25,159	1,129,938
17 1700	MEDICAL RECORDS & LIBRARY	527,358	48,459	575,817		575,817
18 1800	SOCIAL SERVICE	107,913	1,148	109,061		109,061
20 2000	NONPHYSICIAN ANESTHETISTS				1,484,832	1,484,832
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD	1,007,524		1,007,524		1,007,524
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		469,160	469,160		469,160
	INPAT ROUTINE SRVC CNTRS					
25 2500	ADULTS & PEDIATRICS	10,802,030	4,054,515	14,856,545	-41,525	14,815,020
26 2600	INTENSIVE CARE UNIT	2,555,773	591,098	3,146,871	-27,834	3,119,037
30 2060	NEONATAL INTENSIVE CARE UNIT	1,162,244	551,278	1,713,522	-222	1,713,300
33 3300	NURSERY	230,979	208,639	439,618	-1,364	438,254
	ANCILLARY SRVC COST CNTRS					
37 3700	OPERATING ROOM	3,259,656	15,937,084	19,196,740	-9,669,703	9,527,037
37.01 3701	SAME DAY SURGERY	2,292,666	1,253,100	3,545,766	-3,545,766	
38 3800	RECOVERY ROOM	492,817	215,278	708,095	-2,252	705,843
39 3900	DELIVERY ROOM & LABOR ROOM	2,840,609	382,398	3,223,007	-21,613	3,201,394
40 4000	ANESTHESIOLOGY		2,183,477	2,183,477	-1,661,380	522,097
41 4100	RADIOLOGY-DIAGNOSTIC	2,393,309	1,856,762	4,250,071	-411,119	3,838,952
41.01 3440	MAMMOGRAPHY	555,146	445,844	1,000,990	-71,811	929,179
41.02 3480	ONCOLOGY	860,100	802,715	1,662,815	-5,503	1,657,312
41.03 3120	CARDIAC CATHETERIZATION LABORATORY	2,141,853	11,662,341	13,804,194	-6,233,732	7,570,462
43 4300	RADIOISOTOPE	367,682	974,448	1,342,130	-142	1,341,988
44 4400	LABORATORY	2,151,606	3,980,736	6,132,342	269,776	6,402,118
49 4900	RESPIRATORY THERAPY	1,202,414	300,648	1,503,062	-83,704	1,419,358
50 5000	PHYSICAL THERAPY	1,688,455	762,349	2,450,804		2,450,804
53 5300	ELECTROCARDIOLOGY	589,020	380,149	969,169	-2,261	966,908
54 5400	ELECTROENCEPHALOGRAPHY	61,777	64,564	126,341		126,341
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				20,246,096	20,246,096
56 5600	DRUGS CHARGED TO PATIENTS	1,741,827	4,876,503	6,618,330	113,691	6,732,021
	OUTPAT SERVICE COST CNTRS					
61 6100	EMERGENCY	2,769,421	2,258,849	5,028,270	-10,699	5,017,571
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)					
63.50 6310	RURAL HEALTH CLINIC	377,029	1,111,756	1,488,785	-11,979	1,476,806
	SPEC PURPOSE COST CENTERS					
88 8800	INTEREST EXPENSE		3,695,876	3,695,876	-3,692,179	3,697
95	SUBTOTALS	51,993,222	101,497,183	153,490,405	156,153	153,646,558
	NONREIMBURS COST CENTERS					
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98 9800	PHYSICIANS' PRIVATE OFFICES		17,590	17,590		17,590
98.01 9801	FAMILY PRACTICE					
98.02 9802	REFERENCE LAB	172,373	97,442	269,815	-269,815	
98.03 9803	COMMUNITY HEALTH EDUCATION				113,662	113,662
98.04 9804	UNUSED SPACE					
101	TOTAL	52,165,595	101,612,215	153,777,810	-0-	153,777,810

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0164

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

PREPARED 8/12/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT	17,346	100,432
1.01 0101	OLD CAP REL COSTS-NEW BLDG	63,409	3,973,632
1.02 0102	OLD CAP REL COSTS-NEW ADD	238,114	678,784
1.03 0103	OLD CAP REL COSTS-1988 ADDITION		5,697
2 0200	OLD CAP REL COSTS-MVBLE EQUIP	204,747	485,722
3 0300	NEW CAP REL COSTS-BLDG & FIXT	297,191	371,133
3.01 0301	NEW CAP REL COSTS-NEW BLDG	367,191	1,128,441
3.02 0302	NEW CAP REL COSTS-NEW ADD	-460,102	597,269
3.03 0303	NEW CAP REL COSTS-1988 ADDITION	9,297	560,486
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	3,052,935	8,624,677
5 0500	EMPLOYEE BENEFITS	-51,295	16,836,297
6.01 0610	NONPATIENT TELEPHONES		244,965
6.02 0620	DATA PROCESSING	3,173,174	3,173,174
6.03 0630	PURCHASING, RECEIVING AND STORES	-33,600	61,268
6.04 0640	ADMINISTRATIVE		
6.05 0650	CASHIERING/ACCOUNTS RECEIVABLE	3,371,644	4,102,946
6.06 0660	OTHER ADMINISTRATIVE AND GENERAL	697,682	16,037,419
7 0700	MAINTENANCE & REPAIRS		2,091,527
9 0900	LAUNDRY & LINEN SERVICE		719,668
10 1000	HOUSEKEEPING	-226	1,547,173
11 1100	DIETARY		545,239
12 1200	CAFETERIA	-805,128	895,269
14 1400	NURSING ADMINISTRATION		2,009,792
15 1500	CENTRAL SERVICES & SUPPLY		1,129,938
17 1700	MEDICAL RECORDS & LIBRARY	-80,310	495,507
18 1800	SOCIAL SERVICE		109,061
20 2000	NONPHYSICIAN ANESTHETISTS	-1,484,832	
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		1,007,524
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	-23,676	445,484
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS		14,815,020
26 2600	INTENSIVE CARE UNIT	-5,781	3,113,256
30 2060	NEONATAL INTENSIVE CARE UNIT	-430,411	1,282,889
33 3300	NURSERY		438,254
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-265,970	9,261,067
37.01 3701	SAME DAY SURGERY		
38 3800	RECOVERY ROOM		705,843
39 3900	DELIVERY ROOM & LABOR ROOM		3,201,394
40 4000	ANESTHESIOLOGY		522,097
41 4100	RADIOLOGY-DIAGNOSTIC	-1,263	3,837,689
41.01 3440	MAMMOGRAPHY	-20,846	908,333
41.02 3480	ONCOLOGY		1,657,312
41.03 3120	CARDIAC CATHETERIZATION LABORATORY	-21,177	7,549,285
43 4300	RADIOISOTOPE		1,341,988
44 4400	LABORATORY	-121,800	6,280,318
49 4900	RESPIRATORY THERAPY	-420	1,418,938
50 5000	PHYSICAL THERAPY	-26,698	2,424,106
53 5300	ELECTROCARDIOLOGY	-175,214	791,694
54 5400	ELECTROENCEPHALOGRAPHY	-9,000	117,341
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		20,246,096
56 5600	DRUGS CHARGED TO PATIENTS		6,732,021
	OUTPAT SERVICE COST CNTRS		
61 6100	EMERGENCY	-1,349,889	3,667,682
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63.50 6310	RURAL HEALTH CLINIC		1,476,806
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE	-3,697	-0-
95	SUBTOTALS	6,121,395	159,767,953
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98 9800	PHYSICIANS' PRIVATE OFFICES		17,590
98.01 9801	FAMILY PRACTICE		
98.02 9802	REFERENCE LAB		
98.03 9803	COMMUNITY HEALTH EDUCATION		113,662
98.04 9804	UNUSED SPACE		
101	TOTAL	6,121,395	159,899,205

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0164
 PERIOD: FROM 4/1/2009 TO 3/31/2010
 PREPARED 8/12/2010
 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	
1.01	OLD CAP REL COSTS-NEW BLDG	0101	OLD CAP REL COSTS-BLDG & FIXT
1.02	OLD CAP REL COSTS-NEW ADD	0102	OLD CAP REL COSTS-BLDG & FIXT
1.03	OLD CAP REL COSTS-1988 ADDITION	0103	OLD CAP REL COSTS-BLDG & FIXT
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-NEW BLDG	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-NEW ADD	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CAP REL COSTS-1988 ADDITION	0303	NEW CAP REL COSTS-BLDG & FIXT
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	ADMINISTRATIVE	0640	ADMINISTRATIVE
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
INPAT ROUTINE SRVC C			
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
30	NEONATAL INTENSIVE CARE UNIT	2060	NEONATAL INTENSIVE CARE UNIT
33	NURSERY	3300	
ANCILLARY SRVC COST			
37	OPERATING ROOM	3700	
37.01	SAME DAY SURGERY	3701	OPERATING ROOM
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	MAMMOGRAPHY	3440	MAMMOGRAPHY
41.02	ONCOLOGY	3480	ONCOLOGY
41.03	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
OUTPAT SERVICE COST			
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RURAL HEALTH CLINIC	6310	RURAL HEALTH CLINIC #####
SPEC PURPOSE COST CE			
88	INTEREST EXPENSE	8800	
95	SUBTOTALS	0000	
NONREIMBURS COST CEN			
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	FAMILY PRACTICE	9801	PHYSICIANS' PRIVATE OFFICES
98.02	REFERENCE LAB	9802	PHYSICIANS' PRIVATE OFFICES
98.03	COMMUNITY HEALTH EDUCATION	9803	PHYSICIANS' PRIVATE OFFICES
98.04	UNUSED SPACE	9804	PHYSICIANS' PRIVATE OFFICES
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
140164

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

PREPARED 8/12/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE	
			LINE NO 3	SALARY 4 OTHER 5
1 DIETARY RECLASS	A	CAFETERIA	12	846,800 853,597
2 INSURANCE RECLASS	B	OLD CAP REL COSTS-BLDG & FIXT	1	1,120
3		OLD CAP REL COSTS-NEW BLDG	1.01	11,298
4		OLD CAP REL COSTS-NEW ADD	1.02	1,875
5		OLD CAP REL COSTS-1988 ADDITION	1.03	353
6		NEW CAP REL COSTS-BLDG & FIXT	3	7,498
7		NEW CAP REL COSTS-NEW BLDG	3.01	75,612
8		NEW CAP REL COSTS-NEW ADD	3.02	12,546
9		NEW CAP REL COSTS-1988 ADDITION	3.03	2,363
10 DEPRECIATION RECLASS	C	OLD CAP REL COSTS-NEW ADD	1.02	39,301
11		OLD CAP REL COSTS-1988 ADDITION	1.03	5,344
12		NEW CAP REL COSTS-NEW ADD	3.02	849,878
13		NEW CAP REL COSTS-1988 ADDITION	3.03	13,460
14		NEW CAP REL COSTS-MVBLE EQUIP	4	4,471,842
15		NEW CAP REL COSTS-BLDG & FIXT	3	7,369
16 SAME DAY SURGERY RECLASS	D	OPERATING ROOM	37	2,292,666 1,253,100
17 COMMUNITY EDUCATION RECLASS	E	COMMUNITY HEALTH EDUCATION	98.03	80,662 33,000
18 CRNA RECLASS	F	NONPHYSICIAN ANESTHETISTS	20	1,484,832
19 REFERENCE RAB RECLASS	G	LABORATORY	44	172,373 97,442
20 MEDICAL SUPPLY RECLASS	H	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	20,246,096
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
1 NUTRITIONAL PRODUCT RECLASS	I	DRUGS CHARGED TO PATIENTS	56	113,691
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18 INTEREST RECLASS	J	OLD CAP REL COSTS-BLDG & FIXT	1	81,966
19		NEW CAP REL COSTS-BLDG & FIXT	3	59,075
20		OLD CAP REL COSTS-NEW BLDG	1.01	354,818
21		NEW CAP REL COSTS-NEW BLDG	3.01	685,638
22		OLD CAP REL COSTS-NEW ADD	1.02	399,494
23		NEW CAP REL COSTS-NEW ADD	3.02	194,947
24		NEW CAP REL COSTS-1988 ADDITION	3.03	535,366
25		OLD CAP REL COSTS-MVBLE EQUIP	2	280,975
26		NEW CAP REL COSTS-MVBLE EQUIP	4	1,099,900
36 TOTAL RECLASSIFICATIONS				3,392,501 33,273,796

(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:
140164

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

PREPARED 8/12/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 DIETARY RECLASS	A	DIETARY	11	846,800	853,597	
2 INSURANCE RECLASS	B	OTHER ADMINISTRATIVE AND GENERAL	6.06		112,665	9
3						9
4						9
5						9
6						9
7						9
8						9
9						9
10 DEPRECIATION RECLASS	C	OLD CAP REL COSTS-NEW BLDG	1.01		5,387,194	9
11						9
12						9
13						9
14						9
15						9
16 SAME DAY SURGERY RECLASS	D	SAME DAY SURGERY	37.01	2,292,666	1,253,100	
17 COMMUNITY EDUCATION RECLASS	E	NURSING ADMINISTRATION	14	80,662	33,000	
18 CRNA RECLASS	F	ANESTHESIOLOGY	40		1,484,832	
19 REFERENCE LAB RECLASS	G	REFERENCE LAB	98.02	172,373	97,442	
20 MEDICAL SUPPLY RECLASS	H	RESPIRATORY THERAPY	49		83,704	
21		CENTRAL SERVICES & SUPPLY	15		22,729	
22		ADULTS & PEDIATRICS	25		17,539	
23		INTENSIVE CARE UNIT	26		20,082	
24		OPERATING ROOM	37		13,192,071	
25		DELIVERY ROOM & LABOR ROOM	39		13,004	
26		ANESTHESIOLOGY	40		167,790	
27		RADIOLOGY-DIAGNOSTIC	41		409,243	
28		CARDIAC CATHETERIZATION LABORATORY	41.03		6,225,287	
29		EMERGENCY	61		3,243	
30		NURSERY	33		107	
31		ONCOLOGY	41.02		5,503	
32		ELECTROCARDIOLOGY	53		2,039	
33		MAMMOGRAPHY	41.01		71,680	
34		NEONATAL INTENSIVE CARE UNIT	30		96	
35		RURAL HEALTH CLINIC	63.50		11,979	
1 NUTRITIONAL PRODUCT RECLASS	I	CENTRAL SERVICES & SUPPLY	15		2,430	
2		ADULTS & PEDIATRICS	25		23,986	
3		INTENSIVE CARE UNIT	26		7,752	
4		NURSERY	33		1,257	
5		OPERATING ROOM	37		23,398	
6		RECOVERY ROOM	38		2,252	
7		DELIVERY ROOM & LABOR ROOM	39		8,609	
8		ANESTHESIOLOGY	40		8,758	
9		RADIOLOGY-DIAGNOSTIC	41		1,876	
10		CARDIAC CATHETERIZATION LABORATORY	41.03		8,445	
11		RADIOISOTOPE	43		142	
12		LABORATORY	44		39	
13		ELECTROCARDIOLOGY	53		222	
14		EMERGENCY	61		7,456	
15		MAMMOGRAPHY	41.01		131	
16		DIETARY	11		16,812	
17		NEONATAL INTENSIVE CARE UNIT	30		126	
18 INTEREST RECLASS	J	INTEREST EXPENSE	88		3,692,179	9
19						9
20						9
21						9
22						9
23						9
24						9
25						9
26						9
36 TOTAL RECLASSIFICATIONS				3,392,501	33,273,796	

(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:
140164

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

PREPARED 8/12/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : DIETARY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,700,397	DIETARY	11	1,700,397	
TOTAL RECLASSIFICATIONS FOR CODE A			1,700,397				1,700,397

RECLASS CODE: B
EXPLANATION : INSURANCE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	1,120	OTHER ADMINISTRATIVE AND GENER	6.06	112,665	
2.00	OLD CAP REL COSTS-NEW BLDG	1.01	11,298			0	
3.00	OLD CAP REL COSTS-NEW ADD	1.02	1,875			0	
4.00	OLD CAP REL COSTS-1988 ADDITIO	1.03	353			0	
5.00	NEW CAP REL COSTS-BLDG & FIXT	3	7,498			0	
6.00	NEW CAP REL COSTS-NEW BLDG	3.01	75,612			0	
7.00	NEW CAP REL COSTS-NEW ADD	3.02	12,546			0	
8.00	NEW CAP REL COSTS-1988 ADDITIO	3.03	2,363			0	
TOTAL RECLASSIFICATIONS FOR CODE B			112,665				112,665

RECLASS CODE: C
EXPLANATION : DEPRECIATION RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-NEW ADD	1.02	39,301	OLD CAP REL COSTS-NEW BLDG	1.01	5,387,194	
2.00	OLD CAP REL COSTS-1988 ADDITIO	1.03	5,344			0	
3.00	NEW CAP REL COSTS-NEW ADD	3.02	849,878			0	
4.00	NEW CAP REL COSTS-1988 ADDITIO	3.03	13,460			0	
5.00	NEW CAP REL COSTS-MVBLE EQUIP	4	4,471,842			0	
6.00	NEW CAP REL COSTS-BLDG & FIXT	3	7,369			0	
TOTAL RECLASSIFICATIONS FOR CODE C			5,387,194				5,387,194

RECLASS CODE: D
EXPLANATION : SAME DAY SURGERY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATING ROOM	37	3,545,766	SAME DAY SURGERY	37.01	3,545,766	
TOTAL RECLASSIFICATIONS FOR CODE D			3,545,766				3,545,766

RECLASS CODE: E
EXPLANATION : COMMUNITY EDUCATION RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	COMMUNITY HEALTH EDUCATION	98.03	113,662	NURSING ADMINISTRATION	14	113,662	
TOTAL RECLASSIFICATIONS FOR CODE E			113,662				113,662

RECLASS CODE: F
EXPLANATION : CRNA RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONPHYSICIAN ANESTHETISTS	20	1,484,832	ANESTHESIOLOGY	40	1,484,832	
TOTAL RECLASSIFICATIONS FOR CODE F			1,484,832				1,484,832

RECLASS CODE: G
EXPLANATION : REFERENCE LAB RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LABORATORY	44	269,815	REFERENCE LAB	98.02	269,815	
TOTAL RECLASSIFICATIONS FOR CODE G			269,815				269,815

RECLASS CODE: H
EXPLANATION : MEDICAL SUPPLY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	20,246,096	RESPIRATORY THERAPY	49	83,704	

RECLASSIFICATIONS

PROVIDER NO:
140164

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

PREPARED 8/12/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: H
EXPLANATION : MEDICAL SUPPLY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00			0	CENTRAL SERVICES & SUPPLY	15	22,729	
3.00			0	ADULTS & PEDIATRICS	25	17,539	
4.00			0	INTENSIVE CARE UNIT	26	20,082	
5.00			0	OPERATING ROOM	37	13,192,071	
6.00			0	DELIVERY ROOM & LABOR ROOM	39	13,004	
7.00			0	ANESTHESIOLOGY	40	167,790	
8.00			0	RADIOLOGY-DIAGNOSTIC	41	409,243	
9.00			0	CARDIAC CATHETERIZATION LABORATORY	41.03	6,225,287	
10.00			0	EMERGENCY	61	3,243	
11.00			0	NURSERY	33	107	
12.00			0	ONCOLOGY	41.02	5,503	
13.00			0	ELECTROCARDIOLOGY	53	2,039	
14.00			0	MAMMOGRAPHY	41.01	71,680	
15.00			0	NEONATAL INTENSIVE CARE UNIT	30	96	
16.00			0	RURAL HEALTH CLINIC	63.50	11,979	
TOTAL RECLASSIFICATIONS FOR CODE H			20,246,096				20,246,096

RECLASS CODE: I
EXPLANATION : NUTRITIONAL PRODUCT RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	113,691	CENTRAL SERVICES & SUPPLY	15	2,430	
2.00			0	ADULTS & PEDIATRICS	25	23,986	
3.00			0	INTENSIVE CARE UNIT	26	7,752	
4.00			0	NURSERY	33	1,257	
5.00			0	OPERATING ROOM	37	23,398	
6.00			0	RECOVERY ROOM	38	2,252	
7.00			0	DELIVERY ROOM & LABOR ROOM	39	8,609	
8.00			0	ANESTHESIOLOGY	40	8,758	
9.00			0	RADIOLOGY-DIAGNOSTIC	41	1,876	
10.00			0	CARDIAC CATHETERIZATION LABORATORY	41.03	8,445	
11.00			0	RADIOISOTOPE	43	142	
12.00			0	LABORATORY	44	39	
13.00			0	ELECTROCARDIOLOGY	53	222	
14.00			0	EMERGENCY	61	7,456	
15.00			0	MAMMOGRAPHY	41.01	131	
16.00			0	DIETARY	11	16,812	
17.00			0	NEONATAL INTENSIVE CARE UNIT	30	126	
TOTAL RECLASSIFICATIONS FOR CODE I			113,691				113,691

RECLASS CODE: J
EXPLANATION : INTEREST RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	81,966	INTEREST EXPENSE	88	3,692,179	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	59,075			0	
3.00	OLD CAP REL COSTS-NEW BLDG	1.01	354,818			0	
4.00	NEW CAP REL COSTS-NEW BLDG	3.01	685,638			0	
5.00	OLD CAP REL COSTS-NEW ADD	1.02	399,494			0	
6.00	NEW CAP REL COSTS-NEW ADD	3.02	194,947			0	
7.00	NEW CAP REL COSTS-1988 ADDITIO	3.03	535,366			0	
8.00	OLD CAP REL COSTS-MVBLE EQUIP	2	280,975			0	
9.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,099,900			0	
TOTAL RECLASSIFICATIONS FOR CODE J			3,692,179				3,692,179

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND	1,810,670						1,810,670	
2	LAND IMPROVEMENTS	939,927					12,388	927,539	
3	BUILDINGS & FIXTURE	7,867,749					120,982	7,746,767	
4	BUILDING IMPROVEMENT	10,379,235					16,281	10,362,954	
5	FIXED EQUIPMENT								
6	MOVABLE EQUIPMENT	1,125,478					112,171	1,013,307	
7	SUBTOTAL	22,123,059					261,822	21,861,237	
8	RECONCILING ITEMS								
9	TOTAL	22,123,059					261,822	21,861,237	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND	820,410	750,132			750,132		1,570,542	
2	LAND IMPROVEMENTS	2,153,061	405,474			405,474	147,937	2,410,598	
3	BUILDINGS & FIXTURE	45,586,944	1,402,733			1,402,733	944	46,988,733	
4	BUILDING IMPROVEMENT	31,821,960	4,217,839			4,217,839	436,815	35,602,984	
5	FIXED EQUIPMENT								
6	MOVABLE EQUIPMENT	46,264,556	2,902,112			2,902,112	3,223,040	45,943,628	
7	SUBTOTAL	126,646,931	9,678,290			9,678,290	3,808,736	132,516,485	
8	RECONCILING ITEMS								
9	TOTAL	126,646,931	9,678,290			9,678,290	3,808,736	132,516,485	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO		INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
1 01	OLD CAP REL COSTS-NE								
1 02	OLD CAP REL COSTS-NE								
1 03	OLD CAP REL COSTS-19								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
3 01	NEW CAP REL COSTS-NE								
3 02	NEW CAP REL COSTS-NE								
3 03	NEW CAP REL COSTS-19								
4	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	100,432						100,432
1 01	OLD CAP REL COSTS-NE	3,973,632						3,973,632
1 02	OLD CAP REL COSTS-NE	678,784						678,784
1 03	OLD CAP REL COSTS-19	5,697						5,697
2	OLD CAP REL COSTS-MV	485,722						485,722
3	NEW CAP REL COSTS-BL	371,133						371,133
3 01	NEW CAP REL COSTS-NE	1,128,441						1,128,441
3 02	NEW CAP REL COSTS-NE	597,269						597,269
3 03	NEW CAP REL COSTS-19	560,486						560,486
4	NEW CAP REL COSTS-MV	8,624,677						8,624,677
5	TOTAL	16,526,273						16,526,273

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-NE	8,931,301						8,931,301
1 02	OLD CAP REL COSTS-NE							
1 03	OLD CAP REL COSTS-19							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS-NE							
3 02	NEW CAP REL COSTS-NE							
3 03	NEW CAP REL COSTS-19							
4	NEW CAP REL COSTS-MV							
5	TOTAL	8,931,301						8,931,301

* 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		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
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	-2,372,002			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	19,763,161			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-788,447	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-80,310	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-16,681	CAFETERIA	12	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST	A	-1,484,832	NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 EMPLOYEE OUTPATIENT PAYMENTS	B	-2,562,084	EMPLOYEE BENEFITS	5	
38 DEBT FORGIVENESS	A	-2,416,436	OTHER ADMINISTRATIVE AND	6.06	
39 TELEVISION AND RADIO SERVICES	A	-13,817	NEW CAP REL COSTS-MVBLE E	4	9
40 INTEREST INCOME UNRESTRICTED	B	-424,506	OTHER ADMINISTRATIVE AND	6.06	
41 LOSS ON 1994 BONDS	A	18,311	NEW CAP REL COSTS-BLDG &	3	9
42 LOSS ON 1994 BONDS	A	189,980	NEW CAP REL COSTS-NEW BLD	3.01	9
43 LOSS ON 1994 BONDS	A	9,297	NEW CAP REL COSTS-1988 AD	3.03	9
44 LOSS ON 1994 BONDS	A	186,625	NEW CAP REL COSTS-MVBLE E	4	9
45 AMOTI ZATION OF MINNER CONSTRUCTION	A	-6,604	OLD CAP REL COSTS-NEW BLD	1.01	9
46 SIU REVENUE OFFSET	B	-2,297	I&R SERVICES-OTHER PRGM C	23	
47 FUNDED DEPR ADJ	A	-7,864	OLD CAP REL COSTS-NEW BLD	1.01	9
48 BOND REVENUE	B	-3,697	INTEREST EXPENSE	88	
49 MISCELLANEOUS INCOME	B	-5,583	OTHER ADMINISTRATIVE AND	6.06	
49.01 SALE OF XRAY SILVER/FILM	B	-1,263	RADIOLOGY-DIAGNOSTIC	41	
49.02 OFFSET LOBBYING EXPENSES	A	-18,454	OTHER ADMINISTRATIVE AND	6.06	
49.03 PURCHASE DISCOUNT	B	-33,600	PURCHASING, RECEIVING AND	6.03	
49.04 LOSS ON 1987 BONDS	A	17,346	OLD CAP REL COSTS-BLDG &	1	9
49.05 LOSS ON 1987 BONDS	A	64,088	OLD CAP REL COSTS-NEW BLD	1.01	9
49.06 LOSS ON 1987 BONDS	A	235,927	OLD CAP REL COSTS-NEW ADD	1.02	9
49.07 LOSS ON 1987 BONDS	A	109,889	OLD CAP REL COSTS-MVBLE E	2	9
49.08 LOSS ON 1991 BONDS	A	13,789	OLD CAP REL COSTS-NEW BLD	1.01	9
49.09 LOSS ON 1991 BONDS	A	2,187	OLD CAP REL COSTS-NEW ADD	1.02	9
49.10 LOSS ON 1991 BONDS	A	94,858	OLD CAP REL COSTS-MVBLE E	2	9
49.11 LOSS ON 1991 BONDS	A	187,433	NEW CAP REL COSTS-MVBLE E	4	9
49.12 LOSS ON 1991 BONDS	A	177,211	NEW CAP REL COSTS-NEW BLD	3.01	9
49.13 LEASEHOLD REVENUE	B	-17,901	MAMMOGRAPHY	41.01	
49.14 VENDING MACHINE INCOME	B	-226	HOUSEKEEPING	10	
49.15 CABLE TV	A	-984	I&R SERVICES-OTHER PRGM C	23	
49.16 PATIENT'S GUEST LODGING EXPENSE	A	-5,509	OPERATING ROOM	37	
49.17 PATIENT'S GUEST LODGING EXPENSE	A	-4,210	CARDIAC CATHETERIZATION L	41.03	
49.18 LEASEHOLD REVENUE	B	-460,102	NEW CAP REL COSTS-NEW ADD	3.02	9
49.19 MEDICAID PROVIDER TAX	A	-4,220,412	OTHER ADMINISTRATIVE AND	6.06	
49.20 CABLE TV	A	-806	OPERATING ROOM	37	
49.21 CABLE TV	A	-80	EMERGENCY	61	
50 TOTAL (SUM OF LINES 1 THRU 49)		6,121,395			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG & HOME OFFICE COST	278,880		278,880	9
2	4	NEW CAP REL COSTS-MVBLE E HOME OFFICE COST	2,692,694		2,692,694	9
3	5	EMPLOYEE BENEFITS HOME OFFICE COST	2,510,789		2,510,789	
4	6 2	DATA PROCESSING HOME OFFICE COST	3,173,174		3,173,174	
4.01	6 5	CASHIERING/ACCOUNTS RECEI HOME OFFICE COST	3,371,644		3,371,644	
4.02	6 6	OTHER ADMINISTRATIVE AND HOME OFFICE COST	7,783,073		7,783,073	
4.03	50	PHYSICAL THERAPY RENT	84,326	111,024	-26,698	
4.04	23	I&R SERVICES-OTHER PRGM C RENT	28,841	49,236	-20,395	
5		TOTALS	19,923,421	160,260	19,763,161	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	SO. IL HOSP SVCS.		100.00	0.00
2	B	SO. IL HEALTHCARE ENTRP		100.00	0.00
3	B	HEALTH SVCS OF SO IL		100.00	0.00
4	B	SIH CAYMAN GROUP, LTD.		100.00	0.00
5	B	SO IL MEDICAL SVCS.		100.00	0.00

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-0164

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

PREPARED 8/12/2010
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 30	MIDWEST REG NEONATOLOGY	519,000		519,000	159,800	1,239	95,189	4,759
2 44	SO IL PATHOLOGY	125,000		125,000	208,000	32	3,200	160
3 61	SIMS	1,349,809	1,349,809					
4 26	DR SCHUPP	15,000		15,000	159,800	120	9,219	461
5 37	SIU PHYSICIANS/SURGEONS	259,655	259,655					
6 41 2	DR. ROSENOW/KAO	42,077		42,077	217,600	546	57,120	2,856
7 41 1	DR. MATTISON	20,730	190	20,540	217,600	170	17,785	889
8 53	PRAIRIE CARDIOVASCULAR	175,214	175,214					
9 54	ST LOUIS UNIVERSITY	9,000	9,000					
10 41 3	PRAIRIE CARDIOVASCULAR	28,370	6,520	21,850	217,600	109	11,403	570
11 49	DR. SCHUPP	1,188		1,188	159,800	10	768	38
12 30	WASHINGTON UNIVERSITY	6,600	6,600					
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,551,643	1,806,988	744,655		2,226	194,684	9,733

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-0164

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

PREPARED 8/12/2010
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 30	MIDWEST REG NEONATOLOGY					95,189	423,811	423,811
2 44	SOIL PATHOLOGY					3,200	121,800	121,800
3 61	SIMS							1,349,809
4 26	DR SCHUPP					9,219	5,781	5,781
5 37	SIU PHYSICIANS/SURGEONS							259,655
6 41 2	DR. ROSENOW/KAO					57,120		
7 41 1	DR. MATTISON					17,785	2,755	2,945
8 53	PRAIRIE CARDIOVASCULAR							175,214
9 54	ST LOUIS UNIVERSITY							9,000
10 41 3	PRAIRIE CARDIOVASCULAR					11,403	10,447	16,967
11 49	DR. SCHUPP					768	420	420
12 30	WASHINGTON UNIVERSITY							6,600
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					194,684	565,014	2,372,002

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0164
 PERIOD: FROM 4/1/2009 TO 3/31/2010
 PREPARED 8/12/2010
 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
1.01	OLD CAP REL COSTS-NEW BLDG	2	SQUARE FEET	ENTERED
1.02	OLD CAP REL COSTS-NEW ADD	3	SQUARE FEET	ENTERED
1.03	OLD CAP REL COSTS-1988 ADDITION	4	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	6	DOLLAR VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
3.01	NEW CAP REL COSTS-NEW BLDG	2	SQUARE FEET	ENTERED
3.02	NEW CAP REL COSTS-NEW ADD	3	SQUARE FEET	ENTERED
3.03	NEW CAP REL COSTS-1988 ADDITION	4	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	6	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	7	GROSS SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	8	NUMBER OF PHONES	ENTERED
6.02	DATA PROCESSING	9	NUMBER OF PCS	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	10	PURCH SUPPLIES	ENTERED
6.04	ADMITTING	11	INPATIENT REVENUE	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	12	GROSS REVENUE	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	13	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	14	PATIENT DAYS	ENTERED
10	HOUSEKEEPING	15	SQUARE FEET	ENTERED
11	DIETARY	16	MEALS SERVED	ENTERED
12	CAFETERIA	17	NUMBER OF FTES	ENTERED
14	NURSING ADMINISTRATION	18	DIRECT NURSING H	ENTERED
15	CENTRAL SERVICES & SUPPLY	19	COSTED REQS	ENTERED
17	MEDICAL RECORDS & LIBRARY	12	GROSS REVENUE	ENTERED
18	SOCIAL SERVICE	14	PATIENT DAYS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	20	ASSIGNED TIME	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	21	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-NEW BLD	OLD CAP REL C OSTS-NEW ADD	OLD CAP REL C OSTS-1988 AD	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &
	0	1	1.01	1.02	1.03	2	3
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &	100,432	100,432					
001 02 OLD CAP REL COSTS-NEW BLD	3,973,632		3,973,632				
001 02 OLD CAP REL COSTS-NEW ADD	678,784			678,784			
001 03 OLD CAP REL COSTS-1988 AD	5,697				5,697		
002 OLD CAP REL COSTS-MVBLE E	485,722					485,722	
003 NEW CAP REL COSTS-BLDG &	371,133						371,133
003 01 NEW CAP REL COSTS-NEW BLD	1,128,441						
003 02 NEW CAP REL COSTS-NEW ADD	597,269						
003 03 NEW CAP REL COSTS-1988 AD	560,486						
004 NEW CAP REL COSTS-MVBLE E	8,624,677						
005 EMPLOYEE BENEFITS	16,836,297	4,892	1,266			117	18,076
006 01 NONPATIENT TELEPHONES	244,965		6,384				
006 02 DATA PROCESSING	3,173,174	1,365	15,825				5,043
006 03 PURCHASING, RECEIVING AND	61,268			59,766			
006 04 ADMINISTRATION		7,782				285	28,758
006 05 CASHIERING/ACCOUNTS RECEI	4,102,946		26,441				
006 06 OTHER ADMINISTRATIVE AND	16,037,419	46,376	750,493	105,028		5,902	171,374
007 MAINTENANCE & REPAIRS	2,091,527	13,969	461,216	63,676		2,753	51,622
009 LAUNDRY & LINEN SERVICE	719,668			18,358			
010 HOUSEKEEPING	1,547,173	1,987	25,428			2,194	7,343
011 DIETARY	545,239	871	1,429	84,064		2,280	3,220
012 CAFETERIA	895,269		32,246	59,338			
014 NURSING ADMINISTRATION	2,009,792	21,060	9,531	12,679		8,704	77,825
015 CENTRAL SERVICES & SUPPLY	1,129,938		4,250	56,657		7,397	
017 MEDICAL RECORDS & LIBRARY	495,507		33,711			752	
018 SOCIAL SERVICE	109,061					3	
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI	1,007,524						
023 I&R SERVICES-OTHER PRGM C	445,484						
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	14,815,020		1,134,087	111,825		34,001	
026 INTENSIVE CARE UNIT	3,113,256		25,826	107,393		10,910	
030 NEONATAL INTENSIVE CARE U	1,282,889		37,672			6,780	
033 NURSERY	438,254		20,834			636	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	9,261,067		370,553			59,360	
037 01 SAME DAY SURGERY							
038 RECOVERY ROOM	705,843		69,105				
039 DELIVERY ROOM & LABOR ROO	3,201,394		169,352			8,896	
040 ANESTHESIOLOGY	522,097		7,867			5,502	
041 RADIOLOGY-DIAGNOSTIC	3,837,689		184,038			98,780	
041 01 MAMMOGRAPHY	908,333					26,385	
041 02 ONCOLOGY	1,657,312	936			5,697	64,893	3,459
041 03 CARDIAC CATHETERIZATION L	7,549,285		187,094			50,434	
043 RADIOISOTOPE	1,341,988		32,500			18,824	
044 LABORATORY	6,280,318	1,194	89,161			22,561	4,413
049 RESPIRATORY THERAPY	1,418,938		29,588			8,324	
050 PHYSICAL THERAPY	2,424,106		12,063			1,679	
053 ELECTROCARDIOLOGY	791,694		28,575			14,793	
054 ELECTROENCEPHALOGRAPHY	117,341		16,024			1,102	
055 MEDICAL SUPPLIES CHARGED	20,246,096						
056 DRUGS CHARGED TO PATIENTS	6,732,021		36,026			721	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	3,667,682		121,770			19,795	
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC	1,476,806					959	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	159,767,953	100,432	3,940,355	678,784	5,697	485,722	371,133
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	17,590						
098 01 FAMILY PRACTICE							
098 02 REFERENCE LAB							
098 03 COMMUNITY HEALTH EDUCATIO	113,662						
098 04 UNUSED SPACE			33,277				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	159,899,205	100,432	3,973,632	678,784	5,697	485,722	371,133

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-NEW BLD	NEW CAP REL C OSTS-NEW ADD	NEW CAP REL C OSTS-1988 AD	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT TELEPHONES	DATA PROCESSING
	3.01	3.02	3.03	4	5	6.01	6.02
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BLD							
001 03 OLD CAP REL COSTS-1988 AD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BLD	1,128,441						
003 02 NEW CAP REL COSTS-NEW ADD		597,269					
003 03 NEW CAP REL COSTS-1988 AD			560,486				
004 NEW CAP REL COSTS-MVBLE E				8,624,677			
005 EMPLOYEE BENEFITS		360		2,073	16,863,081		
006 01 NONPATIENT TELEPHONES		1,813			79,121	332,283	
006 02 DATA PROCESSING		4,494				4,751	3,204,652
006 03 PURCHASING, RECEIVING AND			52,589			7,390	
006 04 ADMINISTRATION				5,061		3,695	
006 05 CASHIERING/ACCOUNTS RECEI		7,509			206,176	792	94,634
006 06 OTHER ADMINISTRATIVE AND	213,127	92,416		104,798	1,041,910	19,531	172,062
007 MAINTENANCE & REPAIRS	130,977	56,029		48,888	203,952	19,531	111,840
009 LAUNDRY & LINEN SERVICE		16,153			10,787	528	
010 HOUSEKEEPING	7,221			38,951	284,318	4,751	12,905
011 DIETARY	406	73,969		40,483	91,833	2,903	55,920
012 CAFETERIA	9,157	52,212			277,865	264	
014 NURSING ADMINISTRATION	2,707	11,157		154,546	491,049	11,085	154,856
015 CENTRAL SERVICES & SUPPLY	1,207	49,853		131,336	253,007	2,111	43,015
017 MEDICAL RECORDS & LIBRARY	9,573			13,346	173,039	8,710	90,332
018 SOCIAL SERVICE				56	35,409	1,847	8,603
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI					330,593	2,639	
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	322,062	98,395		603,737	3,544,432	57,535	636,628
026 INTENSIVE CARE UNIT	7,334	94,496		193,723	838,610	7,654	116,142
030 NEONATAL INTENSIVE CARE U	10,698			120,389	381,360	2,375	68,825
033 NURSERY	5,917			11,298	75,790	264	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	105,231			1,054,020	1,821,850	33,783	283,902
037 01 SAME DAY SURGERY							
038 RECOVERY ROOM	19,624				161,705	1,056	
039 DELIVERY ROOM & LABOR ROO	48,093			157,957	932,072	9,237	279,601
040 ANESTHESIOLOGY	2,234			97,696		792	8,603
041 RADIOLOGY-DIAGNOSTIC	52,263			1,753,974	785,302	20,850	206,474
041 01 MAMMOGRAPHY				468,501	182,157		
041 02 ONCOLOGY			560,486	1,152,268	282,219	5,806	94,634
041 03 CARDIAC CATHETERIZATION L	53,131			895,517	702,793	14,252	103,237
043 RADIOISOTOPE	9,229			334,255	120,645	1,847	8,603
044 LABORATORY	25,320			400,605	762,553	10,293	146,253
049 RESPIRATORY THERAPY	8,402			147,805	394,541	264	34,412
050 PHYSICAL THERAPY	3,426			29,821	554,023	8,973	116,142
053 ELECTROCARDIOLOGY	8,115			262,678	193,272	10,821	34,412
054 ELECTROENCEPHALOGRAPHY	4,550			19,570	20,271		4,302
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	10,231			12,802	571,535	4,223	47,317
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	34,580			351,493	908,713	14,780	141,951
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC				17,030	123,712		124,745
063 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,118,991	597,269	560,486	8,624,677	16,836,614	295,333	3,200,350
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC						36,950	4,302
098 01 FAMILY PRACTICE							
098 02 REFERENCE LAB							
098 03 COMMUNITY HEALTH EDUCATIO					26,467		
098 04 UNUSED SPACE	9,450						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,128,441	597,269	560,486	8,624,677	16,863,081	332,283	3,204,652

COST CENTER DESCRIPTION	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL	OTHER ADMINISTRATIVE AND MAINTENANCE REPAIRS	LAUNDRY & LINEN SERVICE	
	6.03	6.04	6.05	6a.05	6.06	7	9
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BLD							
001 03 OLD CAP REL COSTS-1988 AD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BLD							
003 02 NEW CAP REL COSTS-NEW ADD							
003 03 NEW CAP REL COSTS-1988 AD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND	181,013						
006 04 ADMINISTRATIVE		45,581					
006 05 CASHIERING/ACCOUNTS RECEI	716		4,439,214				
006 06 OTHER ADMINISTRATIVE AND				18,760,436	18,760,436		
007 MAINTENANCE & REPAIRS				3,255,980	432,791	3,688,771	
009 LAUNDRY & LINEN SERVICE	10			765,504	101,752	19,680	886,936
010 HOUSEKEEPING	116			1,932,387	256,857	36,665	
011 DIETARY	6			902,623	119,978	95,466	
012 CAFETERIA	19			1,326,370	176,304	99,198	
014 NURSING ADMINISTRATION	42			2,965,033	394,118	115,285	
015 CENTRAL SERVICES & SUPPLY	1,200			1,679,971	223,305	65,427	
017 MEDICAL RECORDS & LIBRARY				824,970	109,657	37,204	
018 SOCIAL SERVICE				154,979	20,600		
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI				1,340,756	178,216		
023 I&R SERVICES-OTHER PRGM C				445,484	59,215		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	19,619	4,212	253,457	21,635,010	2,875,759	1,371,467	750,107
026 INTENSIVE CARE UNIT	6,915	822	39,164	4,562,245	606,423	143,628	83,158
030 NEONATAL INTENSIVE CARE U	12	1,024	48,700	1,960,724	260,623	41,575	53,671
033 NURSERY	3,929	312	14,930	572,164	76,053	22,993	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	94,621	6,787	615,645	13,706,819	1,821,938	408,948	
038 SAME DAY SURGERY							
038 RECOVERY ROOM	749	829	68,604	1,027,515	136,579	76,265	
039 DELIVERY ROOM & LABOR ROO	4,565	711	59,253	4,871,131	647,480	186,900	
040 ANESTHESIOLOGY	11,063	1,270	93,793	750,917	99,813	8,682	
041 RADIOLOGY-DIAGNOSTIC	3,957	2,760	531,371	7,477,458	993,919	203,107	
041 01 MAMMOGRAPHY	182		48,448	1,634,006	217,195		
041 02 ONCOLOGY	36	16	95,362	3,923,124	521,469	141,033	
041 03 CARDIAC CATHETERIZATION L	19,335	1,989	252,778	9,829,845	1,306,603	206,480	
043 RADIOISOTOPE	332	401	96,296	1,964,920	261,181	35,867	
044 LABORATORY	3,316	5,517	544,940	8,296,444	1,102,780	103,569	
049 RESPIRATORY THERAPY	1,261	1,870	98,641	2,144,046	284,991	32,654	
050 PHYSICAL THERAPY	515	368	82,874	3,233,990	429,868	13,313	
053 ELECTROCARDIOLOGY	275	1,194	158,743	1,504,572	199,991	31,536	
054 ELECTROENCEPHALOGRAPHY	3	87	6,384	189,634	25,207	17,684	
055 MEDICAL SUPPLIES CHARGED		9,857	847,053	21,103,006	2,805,054		
056 DRUGS CHARGED TO PATIENTS	343	4,849	298,448	7,718,516	1,025,961	39,759	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	7,720	706	168,452	5,437,642	722,782	134,386	
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC	156		15,878	1,759,286	233,848		
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	181,013	45,581	4,439,214	159,657,507	18,728,310	3,688,771	886,936
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC				58,842	7,821		
098 01 FAMILY PRACTICE							
098 02 REFERENCE LAB							
098 03 COMMUNITY HEALTH EDUCATIO				140,129	18,626		
098 04 UNUSED SPACE				42,727	5,679		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	181,013	45,581	4,439,214	159,899,205	18,760,436	3,688,771	886,936

COST CENTER DESCRIPTION		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		10	11	12	14	15	17	18
001	GENERAL SERVICE COST CNTR							
001	01 OLD CAP REL COSTS-BLDG &							
001	02 OLD CAP REL COSTS-NEW BLD							
001	03 OLD CAP REL COSTS-1988 AD							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003	01 NEW CAP REL COSTS-NEW BLD							
003	02 NEW CAP REL COSTS-NEW ADD							
003	03 NEW CAP REL COSTS-1988 AD							
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 ADMINITTING							
006	05 CASHIERING/ACCOUNTS RECEI							
006	06 OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING	2, 225, 909						
011	DIETARY	58, 500	1, 176, 567					
012	CAFETERIA	60, 787		1, 662, 659				
014	NURSING ADMINISTRATION	70, 646		50, 080	3, 595, 162			
015	CENTRAL SERVICES & SUPPLY	40, 093		56, 090		2, 064, 886		
017	MEDICAL RECORDS & LIBRARY	22, 798		38, 061			1, 032, 690	
018	SOCIAL SERVICE			4, 006				179, 585
020	NONPHYSICIAN ANESTHETISTS							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C			40, 064				
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	840, 422	995, 056	428, 686	1, 481, 585	1, 789	58, 976	151, 880
026	INTENSIVE CARE UNIT	88, 013	110, 314	84, 135	292, 554	2, 049	9, 113	16, 838
030	NEONATAL INTENSIVE CARE U	25, 477	71, 197	34, 054	115, 869	10	11, 332	10, 867
033	NURSERY	14, 090		6, 010	23, 340	11	3, 474	
037	ANCILLARY SRVC COST CNTRS							
037	01 OPERATING ROOM	250, 598		192, 308	664, 716	1, 345, 854	143, 253	
037	01 SAME DAY SURGERY							
038	RECOVERY ROOM	46, 734		14, 022	49, 303		15, 963	
039	DELIVERY ROOM & LABOR ROO	114, 530		106, 170	365, 829	1, 327	13, 788	
040	ANESTHESIOLOGY	5, 320				17, 118	21, 824	
041	RADIOLOGY-DIAGNOSTIC	124, 461		94, 151		41, 751	123, 644	
041	01 MAMMOGRAPHY			26, 042		7, 313	11, 273	
041	02 ONCOLOGY	86, 423		20, 032		561	22, 190	
041	03 CARDIAC CATHETERIZATION L	126, 528		72, 115	249, 341	635, 104	58, 818	
043	RADIOISOTOPE	21, 979		10, 016			22, 407	
044	LABORATORY	63, 466		112, 179			126, 801	
049	RESPIRATORY THERAPY	20, 010		46, 074		8, 539	22, 953	
050	PHYSICAL THERAPY	8, 158		58, 093			19, 284	
053	ELECTROCARDIOLOGY	19, 325		24, 038		208	36, 938	
054	ELECTROENCEPHALOGRAPHY	10, 837		2, 003		547	1, 485	
055	MEDICAL SUPPLIES CHARGED					2, 319	196, 837	
056	DRUGS CHARGED TO PATIENTS	24, 364		42, 067		55	69, 445	
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	82, 350		102, 163	352, 625	331	39, 197	
062	OBSERVATION BEDS (NON-DIS							
063	50 RURAL HEALTH CLINIC						3, 695	
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	2, 225, 909	1, 176, 567	1, 662, 659	3, 595, 162	2, 064, 886	1, 032, 690	179, 585
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
098	PHYSICIANS' PRIVATE OFFIC							
098	01 FAMILY PRACTICE							
098	02 REFERENCE LAB							
098	03 COMMUNITY HEALTH EDUCATIO							
098	04 UNUSED SPACE							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	2, 225, 909	1, 176, 567	1, 662, 659	3, 595, 162	2, 064, 886	1, 032, 690	179, 585

COST CENTER DESCRIPTION	NONPHYSICIAN	I&R SERVICES-	I&R SERVICES-	SUBTOTAL	I&R COST POST STEP- DOWN ADJ	TOTAL
	ANESTHETISTS	SALARY & FRI	OTHER PRGM C			
	20	22	23	25	26	27
001 GENERAL SERVICE COST CNTR						
001 01 OLD CAP REL COSTS-BLDG &						
001 02 OLD CAP REL COSTS-NEW BLD						
001 03 OLD CAP REL COSTS-1988 AD						
002 OLD CAP REL COSTS-MVBLE E						
003 NEW CAP REL COSTS-BLDG &						
003 01 NEW CAP REL COSTS-NEW BLD						
003 02 NEW CAP REL COSTS-NEW ADD						
003 03 NEW CAP REL COSTS-1988 AD						
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 ADMINITTING						
006 05 CASHIERING/ACCOUNTS RECEI						
006 06 OTHER ADMINISTRATIVE AND						
007 MAINTENANCE & REPAIRS						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
017 MEDICAL RECORDS & LIBRARY						
018 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHETISTS						
022 I&R SERVICES-SALARY & FRI		1,518,972				
023 I&R SERVICES-OTHER PRGM C			544,763			
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS		161,169	57,801	30,809,707	-218,970	30,590,737
026 INTENSIVE CARE UNIT				5,998,470		5,998,470
030 NEONATAL INTENSIVE CARE U		52,052	18,668	2,656,119	-70,720	2,585,399
033 NURSERY				718,135		718,135
037 ANCILLARY SRVC COST CNTRS						
037 01 OPERATING ROOM		58,459	20,966	18,613,859	-79,425	18,534,434
037 01 SAME DAY SURGERY						
038 RECOVERY ROOM				1,366,381		1,366,381
039 DELIVERY ROOM & LABOR ROO				6,307,155		6,307,155
040 ANESTHESIOLOGY				903,674		903,674
041 RADIOLOGY-DIAGNOSTIC		13,981	5,014	9,077,486	-18,995	9,058,491
041 01 MAMMOGRAPHY				1,895,829		1,895,829
041 02 ONCOLOGY				4,714,832		4,714,832
041 03 CARDIAC CATHETERIZATION L				12,484,834		12,484,834
043 RADIOISOTOPE				2,316,370		2,316,370
044 LABORATORY				9,805,239		9,805,239
049 RESPIRATORY THERAPY		15,035	5,392	2,579,694	-20,427	2,559,267
050 PHYSICAL THERAPY		29,956	10,743	3,803,405	-40,699	3,762,706
053 ELECTROCARDIOLOGY		33,316	11,948	1,861,872	-45,264	1,816,608
054 ELECTROENCEPHALOGRAPHY				247,397		247,397
055 MEDICAL SUPPLIES CHARGED				24,107,216		24,107,216
056 DRUGS CHARGED TO PATIENTS				8,920,167		8,920,167
061 OUTPAT SERVICE COST CNTRS						
061 EMERGENCY		34,312	12,306	6,918,094	-46,618	6,871,476
062 OBSERVATION BEDS (NON-DIS						
063 50 RURAL HEALTH CLINIC		264,362	94,811	2,356,002	-359,173	1,996,829
063 50 SPEC PURPOSE COST CENTERS						
095 SUBTOTALS		662,642	237,649	158,461,937	-900,291	157,561,646
096 NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP						
098 PHYSICIANS' PRIVATE OFFIC				66,663		66,663
098 01 FAMILY PRACTICE		856,330	307,114	1,163,444	-1,163,444	
098 02 REFERENCE LAB						
098 03 COMMUNITY HEALTH EDUCATIO				158,755		158,755
098 04 UNUSED SPACE				48,406		48,406
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL		1,518,972	544,763	159,899,205	-2,063,735	157,835,470

ALLOCATION OF OLD CAPITAL RELATED COSTS

14-0164

FROM 4/ 1/2009

WORKSHEET B

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TO 3/31/2010

PART II

COST CENTER DESCRIPTION		DIR ASSGND OLD CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-NEW BLD 1.01	OLD CAP REL C OSTS-NEW ADD 1.02	OLD CAP REL C OSTS-1988 AD 1.03	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3
001	GENERAL SERVICE COST CNTR							
001	01 OLD CAP REL COSTS-BLDG &							
001	02 OLD CAP REL COSTS-NEW BLD							
001	03 OLD CAP REL COSTS-1988 AD							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003	01 NEW CAP REL COSTS-NEW BLD							
003	02 NEW CAP REL COSTS-NEW ADD							
003	03 NEW CAP REL COSTS-1988 AD							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS		4,892	1,266			117	
006	01 NONPATIENT TELEPHONES			6,384				
006	02 DATA PROCESSING		1,365	15,825				
006	03 PURCHASING, RECEIVING AND				59,766			
006	04 ADMINITTING		7,782				285	
006	05 CASHIERING/ACCOUNTS RECEI			26,441				
006	06 OTHER ADMINISTRATIVE AND		46,376	750,493	105,028		5,902	
007	MAINTENANCE & REPAIRS		13,969	461,216	63,676		2,753	
009	LAUNDRY & LINEN SERVICE				18,358			
010	HOUSEKEEPING		1,987	25,428			2,194	
011	DIETARY		871	1,429	84,064		2,280	
012	CAFETERIA			32,246	59,338			
014	NURSING ADMINISTRATION		21,060	9,531	12,679		8,704	
015	CENTRAL SERVICES & SUPPLY			4,250	56,657		7,397	
017	MEDICAL RECORDS & LIBRARY			33,711			752	
018	SOCIAL SERVICE						3	
020	NONPHYSICIAN ANESTHETISTS							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS			1,134,087	111,825		34,001	
026	INTENSIVE CARE UNIT			25,826	107,393		10,910	
030	NEONATAL INTENSIVE CARE U			37,672			6,780	
033	NURSERY			20,834			636	
037	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			370,553			59,360	
037	01 SAME DAY SURGERY							
038	RECOVERY ROOM			69,105				
039	DELIVERY ROOM & LABOR ROO			169,352			8,896	
040	ANESTHESIOLOGY			7,867			5,502	
041	RADIOLOGY-DIAGNOSTIC			184,038			98,780	
041	01 MAMMOGRAPHY						26,385	
041	02 ONCOLOGY		936			5,697	64,893	
041	03 CARDIAC CATHETERIZATION L			187,094			50,434	
043	RADIOISOTOPE			32,500			18,824	
044	LABORATORY		1,194	89,161			22,561	
049	RESPIRATORY THERAPY			29,588			8,324	
050	PHYSICAL THERAPY			12,063			1,679	
053	ELECTROCARDIOLOGY			28,575			14,793	
054	ELECTROENCEPHALOGRAPHY			16,024			1,102	
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS			36,026			721	
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY			121,770			19,795	
062	OBSERVATION BEDS (NON-DIS							
063	50 RURAL HEALTH CLINIC						959	
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS		100,432	3,940,355	678,784	5,697	485,722	
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
098	PHYSICIANS' PRIVATE OFFIC							
098	01 FAMILY PRACTICE							
098	02 REFERENCE LAB							
098	03 COMMUNITY HEALTH EDUCATIO							
098	04 UNUSED SPACE			33,277				
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL		100,432	3,973,632	678,784	5,697	485,722	

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES			
	OSTS-NEW BLD	OSTS-NEW ADD	OSTS-1988 AD	OSTS-MVBLE E			
	3.01	3.02	3.03	4	4a	5	6.01
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BLD							
001 03 OLD CAP REL COSTS-NEW ADD							
002 03 OLD CAP REL COSTS-1988 AD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BLD							
003 02 NEW CAP REL COSTS-NEW ADD							
003 03 NEW CAP REL COSTS-1988 AD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS					6,275	6,275	
006 01 NONPATIENT TELEPHONES					6,384	29	6,413
006 02 DATA PROCESSING					17,190		92
006 03 PURCHASING, RECEIVING AND					59,766		143
006 04 ADMINISTRATION					8,067		71
006 05 CASHIERING/ACCOUNTS RECEI					26,441	77	15
006 06 OTHER ADMINISTRATIVE AND					907,799	387	377
007 MAINTENANCE & REPAIRS					541,614	76	377
009 LAUNDRY & LINEN SERVICE					18,358	4	10
010 HOUSEKEEPING					29,609	106	92
011 DIETARY					88,644	34	56
012 CAFETERIA					91,584	103	5
014 NURSING ADMINISTRATION					51,974	183	214
015 CENTRAL SERVICES & SUPPLY					68,304	94	41
017 MEDICAL RECORDS & LIBRARY					34,463	64	168
018 SOCIAL SERVICE					3	13	36
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI						123	51
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS					1,279,913	1,321	1,111
026 INTENSIVE CARE UNIT					144,129	312	148
030 NEONATAL INTENSIVE CARE U					44,452	142	46
033 NURSERY					21,470	28	5
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM					429,913	677	652
037 01 SAME DAY SURGERY							
038 RECOVERY ROOM					69,105	60	20
039 DELIVERY ROOM & LABOR ROO					178,248	347	178
040 ANESTHESIOLOGY					13,369		15
041 RADIOLOGY-DIAGNOSTIC					282,818	292	402
041 01 MAMMOGRAPHY					26,385	68	
041 02 ONCOLOGY					71,526	105	112
041 03 CARDIAC CATHETERIZATION L					237,528	261	275
043 RADIOISOTOPE					51,324	45	36
044 LABORATORY					112,916	284	199
049 RESPIRATORY THERAPY					37,912	147	5
050 PHYSICAL THERAPY					13,742	206	173
053 ELECTROCARDIOLOGY					43,368	72	209
054 ELECTROENCEPHALOGRAPHY					17,126	8	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS					36,747	213	81
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY					141,565	338	285
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC					959	46	
063 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS					5,210,990	6,265	5,700
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							713
098 01 FAMILY PRACTICE							
098 02 REFERENCE LAB							
098 03 COMMUNITY HEALTH EDUCATIO						10	
098 04 UNUSED SPACE					33,277		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL					5,244,267	6,275	6,413

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE
	6.02	6.03	6.04	6.05	6.06	7	9
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BLD							
001 03 OLD CAP REL COSTS-1988 AD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BLD							
003 02 NEW CAP REL COSTS-NEW ADD							
003 03 NEW CAP REL COSTS-1988 AD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	17,282						
006 03 PURCHASING, RECEIVING AND		59,909					
006 04 ADMINISTRATIVE			8,138				
006 05 CASHIERING/ACCOUNTS RECEI	510	237		27,280			
006 06 OTHER ADMINISTRATIVE AND	928				909,491		
007 MAINTENANCE & REPAIRS	603				20,982	563,652	
009 LAUNDRY & LINEN SERVICE		3			4,933	3,007	26,315
010 HOUSEKEEPING	70	38			12,452	5,603	
011 DIETARY	302	2			5,817	14,587	
012 CAFETERIA		6			8,547	15,158	
014 NURSING ADMINISTRATION	835	14			19,107	17,616	
015 CENTRAL SERVICES & SUPPLY	232	397			10,826	9,997	
017 MEDICAL RECORDS & LIBRARY	487				5,316	5,685	
018 SOCIAL SERVICE	46				999		
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI					8,640		
023 I&R SERVICES-OTHER PRGM C					2,871		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	3,434	6,493	762	1,559	139,406	209,561	22,256
026 INTENSIVE CARE UNIT	626	2,288	149	241	29,399	21,947	2,467
030 NEONATAL INTENSIVE CARE U	371	4	185	300	12,635	6,353	1,592
033 NURSERY		1,300	57	92	3,687	3,513	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	1,531	31,319	1,227	3,788	88,327	62,488	
037 01 SAME DAY SURGERY							
038 RECOVERY ROOM		248	150	422	6,621	11,653	
039 DELIVERY ROOM & LABOR ROO	1,508	1,511	129	365	31,390	28,559	
040 ANESTHESIOLOGY	46	3,661	230	577	4,839	1,327	
041 RADIOLOGY-DIAGNOSTIC	1,113	1,309	499	3,269	48,185	31,035	
041 01 MAMMOGRAPHY		60		298	10,530		
041 02 ONCOLOGY	510	12	3	587	25,281	21,550	
041 03 CARDIAC CATHETERIZATION L	557	6,399	360	1,555	63,344	31,551	
043 RADIOISOTOPE	46	110	72	592	12,662	5,481	
044 LABORATORY	789	1,098	998	3,353	53,462	15,826	
049 RESPIRATORY THERAPY	186	417	338	607	13,816	4,990	
050 PHYSICAL THERAPY	626	170	67	510	20,840	2,034	
053 ELECTROCARDIOLOGY	186	91	216	977	9,695	4,819	
054 ELECTROENCEPHALOGRAPHY	23	1	16	39	1,222	2,702	
055 MEDICAL SUPPLIES CHARGED			1,675	5,179	135,988		
056 DRUGS CHARGED TO PATIENTS	255	114	877	1,836	49,738	6,075	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	766	2,555	128	1,036	35,040	20,535	
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC	673	52		98	11,337		
063 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	17,259	59,909	8,138	27,280	907,934	563,652	26,315
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	23				379		
098 01 FAMILY PRACTICE							
098 02 REFERENCE LAB							
098 03 COMMUNITY HEALTH EDUCATIO					903		
098 04 UNUSED SPACE					275		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	17,282	59,909	8,138	27,280	909,491	563,652	26,315

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	10	11	12	14	15	17	18
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BLD							
001 03 OLD CAP REL COSTS-1988 AD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BLD							
003 02 NEW CAP REL COSTS-NEW ADD							
003 03 NEW CAP REL COSTS-1988 AD							
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 ADMINITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	47,970						
011 DIETARY	1,261	110,703					
012 CAFETERIA	1,310		116,713				
014 NURSING ADMINISTRATION	1,522		3,515	94,980			
015 CENTRAL SERVICES & SUPPLY	864		3,937		94,692		
017 MEDICAL RECORDS & LIBRARY	491		2,672			49,346	
018 SOCIAL SERVICE			281				1,378
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C			2,812				
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	18,111	93,625	30,093	39,141	82	2,807	1,166
026 INTENSIVE CARE UNIT	1,897	10,379	5,906	7,729	94	434	129
030 NEONATAL INTENSIVE CARE U	549	6,699	2,391	3,061		539	83
033 NURSERY	304		422	617	1	165	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	5,401		13,499	17,561	61,721	6,818	
037 01 SAME DAY SURGERY							
038 RECOVERY ROOM	1,007		984	1,303		760	
039 DELIVERY ROOM & LABOR ROO	2,468		7,453	9,665	61	656	
040 ANESTHESIOLOGY	115				785	1,039	
041 RADIOLOGY-DIAGNOSTIC	2,682		6,609		1,914	5,885	
041 01 MAMMOGRAPHY			1,828		335	537	
041 02 ONCOLOGY	1,862		1,406		26	1,056	
041 03 CARDIAC CATHETERIZATION L	2,727		5,062	6,587	29,122	2,800	
043 RADIOISOTOPE	474		703			1,066	
044 LABORATORY	1,368		7,875			6,035	
049 RESPIRATORY THERAPY	431		3,234		392	1,092	
050 PHYSICAL THERAPY	176		4,078			918	
053 ELECTROCARDIOLOGY	416		1,687		10	1,758	
054 ELECTROENCEPHALOGRAPHY	234		141		25	71	
055 MEDICAL SUPPLIES CHARGED					106	9,563	
056 DRUGS CHARGED TO PATIENTS	525		2,953		3	3,305	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	1,775		7,172	9,316	15	1,866	
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC						176	
063 50 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	47,970	110,703	116,713	94,980	94,692	49,346	1,378
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FAMILY PRACTICE							
098 02 REFERENCE LAB							
098 03 COMMUNITY HEALTH EDUCATIO							
098 04 UNUSED SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	47,970	110,703	116,713	94,980	94,692	49,346	1,378

ALLOCATION OF OLD CAPITAL RELATED COSTS

	NONPHYSICIAN ANESTHETISTS	I&R SERVICES- SALARY & FRI	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	20	22	25	26	27
001	GENERAL SERVICE COST CNTR				
001	OLD CAP REL COSTS-BLDG &				
001	01				
001	02				
001	03				
002	OLD CAP REL COSTS-MVBLE E				
003	NEW CAP REL COSTS-BLDG &				
003	01				
003	02				
003	03				
004	NEW CAP REL COSTS-MVBLE E				
005	EMPLOYEE BENEFITS				
006	01				
006	02				
006	03				
006	04				
006	05				
006	06				
007	MAINTENANCE & REPAIRS				
009	LAUNDRY & LINEN SERVICE				
010	HOUSEKEEPING				
011	DIETARY				
012	CAFETERIA				
014	NURSING ADMINISTRATION				
015	CENTRAL SERVICES & SUPPLY				
017	MEDICAL RECORDS & LIBRARY				
018	SOCIAL SERVICE				
020	NONPHYSICIAN ANESTHETISTS				
022		8,814			
023			5,683		
025	ADULTS & PEDIATRICS				
026	INTENSIVE CARE UNIT				
030	NEONATAL INTENSIVE CARE U				
033	NURSERY				
037	ANCILLARY SRVC COST CNTRS				
037	OPERATING ROOM				
037	01				
038	RECOVERY ROOM				
039	DELIVERY ROOM & LABOR ROO				
040	ANESTHESIOLOGY				
041	RADIOLOGY-DIAGNOSTIC				
041	01				
041	02				
041	03				
043	RADIOISOTOPE				
044	LABORATORY				
049	RESPIRATORY THERAPY				
050	PHYSICAL THERAPY				
053	ELECTROCARDIOLOGY				
054	ELECTROENCEPHALOGRAPHY				
055	MEDICAL SUPPLIES CHARGED				
056	DRUGS CHARGED TO PATIENTS				
061	OUTPAT SERVICE COST CNTRS				
061	EMERGENCY				
062	OBSERVATION BEDS (NON-DIS				
063	50				
063	RURAL HEALTH CLINIC				
063	SPEC PURPOSE COST CENTERS				
095	SUBTOTALS				
096	NONREIMBURS COST CENTERS				
098	GIFT, FLOWER, COFFEE SHOP				
098	PHYSICIANS' PRIVATE OFFIC				
098	01				
098	02				
098	03				
098	04				
101		8,814	5,683		
102	NEGATIVE COST CENTER				
103		8,814	5,683		
			5,244,267		5,244,267

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0164
 PERIOD: FROM 4/1/2009 TO 3/31/2010
 PREPARED 8/12/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-NEW BLD	OLD CAP REL C OSTS-NEW ADD	OLD CAP REL C OSTS-1988 AD	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &
	0	1	1.01	1.02	1.03	2	3
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BLD							
001 03 OLD CAP REL COSTS-NEW ADD							
002 03 OLD CAP REL COSTS-1988 AD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BLD							
003 02 NEW CAP REL COSTS-NEW ADD							
003 03 NEW CAP REL COSTS-1988 AD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							18,076
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							5,043
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINITTING							28,758
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							171,374
007 MAINTENANCE & REPAIRS							51,622
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							7,343
011 DIETARY							3,220
012 CAFETERIA							
014 NURSING ADMINISTRATION							77,825
015 CENTRAL SERVICES & SUPPLY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS							
030 INTENSIVE CARE UNIT							
033 NEONATAL INTENSIVE CARE U							
037 NURSERY							
037 01 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM							
039 SAME DAY SURGERY							
040 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
041 01 RADIOLOGY-DIAGNOSTIC							
041 02 MAMMOGRAPHY							3,459
041 03 ONCOLOGY							
043 CARDIAC CATHETERIZATION L							
044 RADIOISOTOPE							
049 LABORATORY							4,413
050 RESPIRATORY THERAPY							
053 PHYSICAL THERAPY	84,326						
054 ELECTROCARDIOLOGY							
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED							
061 DRUGS CHARGED TO PATIENTS							
062 OUTPAT SERVICE COST CNTRS							
063 EMERGENCY							
063 50 OBSERVATION BEDS (NON-DIS							
095 RURAL HEALTH CLINIC							
095 50 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS	84,326						371,133
098 NONREIMBURS COST CENTERS							
098 01 GIFT, FLOWER, COFFEE SHOP							
098 02 PHYSICIANS' PRIVATE OFFIC							
098 03 FAMILY PRACTICE	28,841						
098 04 REFERENCE LAB							
101 COMMUNITY HEALTH EDUCATIO							
102 UNUSED SPACE							
103 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	113,167						371,133

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENE	NONPATIENT TE			
	OSTS-NEW BLD	OSTS-NEW ADD	OSTS-1988 AD	OSTS-MVBLE E		FITS	LEPHONES
	3.01	3.02	3.03	4	4a	5	6.01
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BLD							
001 03 OLD CAP REL COSTS-NEW ADD							
001 03 OLD CAP REL COSTS-1988 AD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BLD							
003 02 NEW CAP REL COSTS-NEW ADD							
003 03 NEW CAP REL COSTS-1988 AD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	360			2,073	20,509	20,509	
006 01 NONPATIENT TELEPHONES	1,813				1,813	96	1,909
006 02 DATA PROCESSING	4,494				9,537		27
006 03 PURCHASING, RECEIVING AND		52,589			52,589		42
006 04 ADMINITTING				5,061	33,819		21
006 05 CASHIERING/ACCOUNTS RECEI	7,509				7,509	251	5
006 06 OTHER ADMINISTRATIVE AND	213,127	92,416		104,798	581,715	1,267	112
007 MAINTENANCE & REPAIRS	130,977	56,029		48,888	287,516	248	112
009 LAUNDRY & LINEN SERVICE		16,153			16,153	13	3
010 HOUSEKEEPING	7,221			38,951	53,515	346	27
011 DIETARY	406	73,969		40,483	118,078	112	17
012 CAFETERIA	9,157	52,212			61,369	338	2
014 NURSING ADMINISTRATION	2,707	11,157		154,546	246,235	597	64
015 CENTRAL SERVICES & SUPPLY	1,207	49,853		131,336	182,396	308	12
017 MEDICAL RECORDS & LIBRARY	9,573			13,346	22,919	210	50
018 SOCIAL SERVICE				56	56	43	11
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI						402	15
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	322,062	98,395		603,737	1,024,194	4,312	329
026 INTENSIVE CARE UNIT	7,334	94,496		193,723	295,553	1,020	44
030 NEONATAL INTENSIVE CARE U	10,698			120,389	131,087	464	14
033 NURSERY	5,917			11,298	17,215	92	2
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	105,231			1,054,020	1,159,251	2,215	194
037 01 SAME DAY SURGERY							
038 RECOVERY ROOM	19,624				19,624	197	6
039 DELIVERY ROOM & LABOR ROO	48,093			157,957	206,050	1,133	53
040 ANESTHESIOLOGY	2,234			97,696	99,930		5
041 RADIOLOGY-DIAGNOSTIC	52,263			1,753,974	1,806,237	955	120
041 01 MAMMOGRAPHY				468,501	468,501	222	
041 02 ONCOLOGY			560,486	1,152,268	1,716,213	343	33
041 03 CARDIAC CATHETERIZATION L	53,131			895,517	948,648	855	82
043 RADIOISOTOPE	9,229			334,255	343,484	147	11
044 LABORATORY	25,320			400,605	430,338	927	59
049 RESPIRATORY THERAPY	8,402			147,805	156,207	480	2
050 PHYSICAL THERAPY	3,426			29,821	117,573	674	52
053 ELECTROCARDIOLOGY	8,115			262,678	270,793	235	62
054 ELECTROENCEPHALOGRAPHY	4,550			19,570	24,120	25	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	10,231			12,802	23,033	695	24
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	34,580			351,493	386,073	1,105	85
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC				17,030	17,030	150	
063 50 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,118,991	597,269	560,486	8,624,677	11,356,882	20,477	1,697
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							212
098 01 FAMILY PRACTICE					28,841		
098 02 REFERENCE LAB							
098 03 COMMUNITY HEALTH EDUCATIO						32	
098 04 UNUSED SPACE	9,450				9,450		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,128,441	597,269	560,486	8,624,677	11,395,173	20,509	1,909

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE
	6.02	6.03	6.04	6.05	6.06	7	9
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BLD							
001 03 OLD CAP REL COSTS-1988 AD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BLD							
003 02 NEW CAP REL COSTS-NEW ADD							
003 03 NEW CAP REL COSTS-1988 AD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	9,564						
006 03 PURCHASING, RECEIVING AND		52,631					
006 04 ADMINISTRATION			33,840				
006 05 CASHIERING/ACCOUNTS RECEI	282	208		8,255			
006 06 OTHER ADMINISTRATIVE AND	514				583,608		
007 MAINTENANCE & REPAIRS	334				13,463	301,673	
009 LAUNDRY & LINEN SERVICE		3			3,165	1,609	20,946
010 HOUSEKEEPING	39	34			7,990	2,999	
011 DIETARY	167	2			3,732	7,807	
012 CAFETERIA		6			5,485	8,113	
014 NURSING ADMINISTRATION	462	12			12,260	9,428	
015 CENTRAL SERVICES & SUPPLY	128	349			6,947	5,351	
017 MEDICAL RECORDS & LIBRARY	270				3,411	3,043	
018 SOCIAL SERVICE	26				641		
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI					5,544		
023 I&R SERVICES-OTHER PRGM C					1,842		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,899	5,704	3,137	482	89,460	112,162	17,715
026 INTENSIVE CARE UNIT	347	2,010	612	74	18,865	11,746	1,964
030 NEONATAL INTENSIVE CARE U	205	3	763	93	8,108	3,400	1,267
033 NURSERY		1,142	233	28	2,366	1,880	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	847	27,513	5,054	1,171	56,678	33,444	
037 01 SAME DAY SURGERY							
038 RECOVERY ROOM		218	617	130	4,249	6,237	
039 DELIVERY ROOM & LABOR ROO	834	1,327	529	113	20,142	15,285	
040 ANESTHESIOLOGY	26	3,216	945	178	3,105	710	
041 RADIOLOGY-DIAGNOSTIC	616	1,150	2,055	1,011	30,919	16,610	
041 01 MAMMOGRAPHY		53		92	6,757		
041 02 ONCOLOGY	282	11	12	181	16,222	11,534	
041 03 CARDIAC CATHETERIZATION L	308	5,621	1,481	481	40,646	16,886	
043 RADIOISOTOPE	26	97	299	183	8,125	2,933	
044 LABORATORY	436	964	4,108	1,036	34,306	8,470	
049 RESPIRATORY THERAPY	103	367	1,392	188	8,866	2,670	
050 PHYSICAL THERAPY	347	150	274	158	13,373	1,089	
053 ELECTROCARDIOLOGY	103	80	889	302	6,221	2,579	
054 ELECTROENCEPHALOGRAPHY	13	1	65	12	784	1,446	
055 MEDICAL SUPPLIES CHARGED			7,238	1,424	87,261		
056 DRUGS CHARGED TO PATIENTS	141	100	3,611	568	31,916	3,252	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	424	2,245	526	320	22,485	10,990	
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC	372	45		30	7,275		
063 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	9,551	52,631	33,840	8,255	582,609	301,673	20,946
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	13				243		
098 01 FAMILY PRACTICE							
098 02 REFERENCE LAB							
098 03 COMMUNITY HEALTH EDUCATIO					579		
098 04 UNUSED SPACE					177		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	9,564	52,631	33,840	8,255	583,608	301,673	20,946

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	10	11	12	14	15	17	18
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BLD							
001 03 OLD CAP REL COSTS-1988 AD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BLD							
003 02 NEW CAP REL COSTS-NEW ADD							
003 03 NEW CAP REL COSTS-1988 AD							
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 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	64,950						
011 DIETARY	1,707	131,622					
012 CAFETERIA	1,774		77,087				
014 NURSING ADMINISTRATION	2,061		2,322	273,441			
015 CENTRAL SERVICES & SUPPLY	1,170		2,601		199,262		
017 MEDICAL RECORDS & LIBRARY	665		1,765			32,333	
018 SOCIAL SERVICE			186				963
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C			1,858				
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	24,523	111,316	19,874	112,687	173	1,843	815
026 INTENSIVE CARE UNIT	2,568	12,341	3,901	22,251	198	285	90
030 NEONATAL INTENSIVE CARE U	743	7,965	1,579	8,813	1	354	58
033 NURSERY	411		279	1,775	1	109	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	7,312		8,916	50,557	129,874	4,477	
037 01 SAME DAY SURGERY							
038 RECOVERY ROOM	1,364		650	3,750		499	
039 DELIVERY ROOM & LABOR ROO	3,342		4,922	27,824	128	431	
040 ANESTHESIOLOGY	155				1,652	682	
041 RADIOLOGY-DIAGNOSTIC	3,632		4,365		4,029	3,864	
041 01 MAMMOGRAPHY			1,207		706	352	
041 02 ONCOLOGY	2,522		929		54	693	
041 03 CARDIAC CATHETERIZATION L	3,692		3,344	18,964	61,288	1,838	
043 RADIOISOTOPE	641		464			700	
044 LABORATORY	1,852		5,201			3,963	
049 RESPIRATORY THERAPY	584		2,136		824	717	
050 PHYSICAL THERAPY	238		2,693			603	
053 ELECTROCARDIOLOGY	564		1,115		20	1,154	
054 ELECTROENCEPHALOGRAPHY	316		93		53	46	
055 MEDICAL SUPPLIES CHARGED					224	6,213	
056 DRUGS CHARGED TO PATIENTS	711		1,950		5	2,170	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	2,403		4,737	26,820	32	1,225	
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC						115	
063 50 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	64,950	131,622	77,087	273,441	199,262	32,333	963
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FAMILY PRACTICE							
098 02 REFERENCE LAB							
098 03 COMMUNITY HEALTH EDUCATIO							
098 04 UNUSED SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	64,950	131,622	77,087	273,441	199,262	32,333	963

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0164

FROM 4/ 1/2009

WORKSHEET B

1

TO 3/31/2010

PART III

	NONPHYSICIAN ANESTHETISTS	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	20	22	23	25	26	27
001	GENERAL SERVICE COST CNTR					
001	OLD CAP REL COSTS-BLDG &					
001	01	OLD CAP REL COSTS-NEW BLD				
001	02	OLD CAP REL COSTS-NEW ADD				
001	03	OLD CAP REL COSTS-1988 AD				
002	OLD CAP REL COSTS-MVBLE E					
003	NEW CAP REL COSTS-BLDG &					
003	01	NEW CAP REL COSTS-NEW BLD				
003	02	NEW CAP REL COSTS-NEW ADD				
003	03	NEW CAP REL COSTS-1988 AD				
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	ADMINISTRATIVE				
006	05	CASHIERING/ACCOUNTS RECEI				
006	06	OTHER ADMINISTRATIVE AND				
007	MAINTENANCE & REPAIRS					
009	LAUNDRY & LINEN SERVICE					
010	HOUSEKEEPING					
011	DIETARY					
012	CAFETERIA					
014	NURSING ADMINISTRATION					
015	CENTRAL SERVICES & SUPPLY					
017	MEDICAL RECORDS & LIBRARY					
018	SOCIAL SERVICE					
020	NONPHYSICIAN ANESTHETISTS					
022		5,961				
023			3,700			
025	INPAT ROUTINE SRVC CNTRS					
025	ADULTS & PEDIATRICS					
026	INTENSIVE CARE UNIT					
030	NEONATAL INTENSIVE CARE U					
033	NURSERY					
037	ANCILLARY SRVC COST CNTRS					
037	OPERATING ROOM					
037	01	SAME DAY SURGERY				
038	RECOVERY ROOM					
039	DELIVERY ROOM & LABOR ROO					
040	ANESTHESIOLOGY					
041	RADIOLOGY-DIAGNOSTIC					
041	01	MAMMOGRAPHY				
041	02	ONCOLOGY				
041	03	CARDIAC CATHETERIZATION L				
043	RADIOISOTOPE					
044	LABORATORY					
049	RESPIRATORY THERAPY					
050	PHYSICAL THERAPY					
053	ELECTROCARDIOLOGY					
054	ELECTROENCEPHALOGRAPHY					
055	MEDICAL SUPPLIES CHARGED					
056	DRUGS CHARGED TO PATIENTS					
061	OUTPAT SERVICE COST CNTRS					
061	EMERGENCY					
062	OBSERVATION BEDS (NON-DIS					
063	50	RURAL HEALTH CLINIC				
095	SPEC PURPOSE COST CENTERS					
095	SUBTOTALS					
096	NONREIMBURS COST CENTERS					
098	GIFT, FLOWER, COFFEE SHOP					
098	PHYSICIANS' PRIVATE OFFIC					
098	01	FAMILY PRACTICE				
098	02	REFERENCE LAB				
098	03	COMMUNITY HEALTH EDUCATIO				
098	04	UNUSED SPACE				
101	CROSS FOOT ADJUSTMENTS					
102	NEGATIVE COST CENTER					
103		5,961	3,700	11,395,173		11,395,173

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0164
 PERIOD: FROM 4/1/2009 TO 3/31/2010
 PREPARED 8/12/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C
	OSTS-BLDG & (SQUARE FEET)	OSTS-NEW BLD (SQUARE FEET)	OSTS-NEW ADD (SQUARE FEET)	OSTS-1988 AD (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)
	1	1.01	1.02	1.03	2	3
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	21,784					
001 01 OLD CAP REL COSTS-NEW		219,714				
001 02 OLD CAP REL COSTS-NEW			36,457			
001 03 OLD CAP REL COSTS-198				6,863		
002 OLD CAP REL COSTS-MVB					4,471,842	
003 NEW CAP REL COSTS-BLD						21,784
003 01 NEW CAP REL COSTS-NEW						
003 02 NEW CAP REL COSTS-NEW						
003 03 NEW CAP REL COSTS-198						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS	1,061	70			1,075	1,061
006 01 NONPATIENT TELEPHONES		353				
006 02 DATA PROCESSING	296	875				296
006 03 PURCHASING, RECEIVING			3,210			
006 04 ADMINISTRATION	1,688				2,624	1,688
006 05 CASHIERING/ACCOUNTS R		1,462				
006 06 OTHER ADMINISTRATION	10,059	41,497	5,641		54,337	10,059
007 MAINTENANCE & REPAIRS	3,030	25,502	3,420		25,348	3,030
009 LAUNDRY & LINEN SERVICE			986			
010 HOUSEKEEPING	431	1,406			20,196	431
011 DIETARY	189	79	4,515		20,990	189
012 CAFETERIA		1,783	3,187			
014 NURSING ADMINISTRATION	4,568	527	681		80,131	4,568
015 CENTRAL SERVICES & SUP		235	3,043		68,097	
017 MEDICAL RECORDS & LIB		1,864			6,920	
018 SOCIAL SERVICE					29	
020 NONPHYSICIAN ANESTHET						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
025 ADULTS & PEDIATRICS		62,707	6,006		313,034	
026 INTENSIVE CARE UNIT		1,428	5,768		100,444	
030 NEONATAL INTENSIVE CA		2,083			62,421	
033 NURSERY		1,152			5,858	
037 ANCILLARY SRVC COST C						
037 01 OPERATING ROOM		20,489			546,503	
038 SAME DAY SURGERY						
039 RECOVERY ROOM		3,821				
040 DELIVERY ROOM & LABOR		9,364			81,900	
041 ANESTHESIOLOGY		435			50,655	
041 01 RADIOLOGY-DIAGNOSTIC		10,176			909,424	
041 02 MAMMOGRAPHY					242,915	
041 03 ONCOLOGY	203			6,863	597,444	203
043 CARDIAC CATHETERIZATI		10,345			464,320	
043 RADIOISOTOPE		1,797			173,309	
044 LABORATORY	259	4,930			207,711	259
049 RESPIRATORY THERAPY		1,636			76,636	
050 PHYSICAL THERAPY		667			15,462	
053 ELECTROCARDIOLOGY		1,580			136,197	
054 ELECTROENCEPHALOGRAPH		886			10,147	
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI		1,992			6,638	
061 OUTPAT SERVICE COST C						
062 EMERGENCY		6,733			182,247	
063 50 OBSERVATION BEDS (NON					8,830	
063 50 RURAL HEALTH CLINIC						
063 50 SPEC PURPOSE COST CEN						
095 SUBTOTALS	21,784	217,874	36,457	6,863	4,471,842	21,784
096 NONREIMBURS COST CENT						
098 GIFT, FLOWER, COFFEE						
098 01 PHYSICIANS' PRIVATE O						
098 02 FAMILY PRACTICE						
098 03 REFERENCE LAB						
098 04 COMMUNITY HEALTH EDUC						
101 UNUSED SPACE		1,840				
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	100,432	3,973,632	678,784	5,697	485,722	371,133
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	4.610356		18.618756		108618	
(WRKSHT B, PT I)						
105 COST TO BE ALLOCATED		18.085475		.830103		17.036954
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						
(WRKSHT B, PT III)						

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-NEW BLD (SQUARE FEET)	NEW CAP REL C OSTS-NEW ADD (SQUARE FEET)	NEW CAP REL C OSTS-1988 AD (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENE FITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (NUMBER OF PCS)
	3.01	3.02	3.03	4	5	6.01	6.02
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-NEW							
001 02 OLD CAP REL COSTS-NEW							
001 03 OLD CAP REL COSTS-198							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-NEW	219,714						
003 02 NEW CAP REL COSTS-NEW		36,457					
003 03 NEW CAP REL COSTS-198			6,863				
004 NEW CAP REL COSTS-MVB				4,471,842			
005 EMPLOYEE BENEFITS	70			1,075	51,392,328		
006 01 NONPATIENT TELEPHONES	353				241,132	1,259	
006 02 DATA PROCESSING	875					18	745
006 03 PURCHASING, RECEIVING		3,210				28	
006 04 ADMITTING				2,624		14	
006 05 CASHIERING/ACCOUNTS R	1,462				628,349	3	22
006 06 OTHER ADMINISTRATIVE	41,497	5,641		54,337	3,175,355	74	40
007 MAINTENANCE & REPAIRS	25,502	3,420		25,348	621,570	74	26
009 LAUNDRY & LINEN SERVI		986			32,876	2	
010 HOUSEKEEPING	1,406			20,196	866,497	18	3
011 DIETARY	79	4,515		20,990	279,873	11	13
012 CAFETERIA	1,783	3,187			846,829	1	
014 NURSING ADMINISTRATIO	527	681		80,131	1,496,534	42	36
015 CENTRAL SERVICES & SU	235	3,043		68,097	771,070	8	10
017 MEDICAL RECORDS & LIB	1,864			6,920	527,358	33	21
018 SOCIAL SERVICE				29	107,913	7	2
020 NONPHYSICIAN ANESTHET							
022 I&R SERVICES-SALARY &					1,007,524	10	
023 I&R SERVICES-OTHER PR							
025 INPAT ROUTINE SRVC CN	62,707	6,006		313,034	10,802,030	218	148
026 ADULTS & PEDIATRICS	1,428	5,768		100,444	2,555,773	29	27
030 INTENSIVE CARE UNIT	2,083			62,421	1,162,244	9	16
033 NEONATAL INTENSIVE CA	1,152			5,858	230,979	1	
037 ANCILLARY SRVC COST C							
037 01 OPERATING ROOM	20,489			546,503	5,552,322	128	66
038 SAME DAY SURGERY							
038 RECOVERY ROOM	3,821				492,817	4	
039 DELIVERY ROOM & LABOR	9,364			81,900	2,840,609	35	65
040 ANESTHESIOLOGY	435			50,655		3	2
041 RADIOLOGY-DIAGNOSTIC	10,176			909,424	2,393,309	79	48
041 01 MAMMOGRAPHY				242,915	555,146		
041 02 ONCOLOGY			6,863	597,444	860,100	22	22
041 03 CARDIAC CATHETERIZATI	10,345			464,320	2,141,853	54	24
043 RADIOISOTOPE	1,797			173,309	367,682	7	2
044 LABORATORY	4,930			207,711	2,323,979	39	34
049 RESPIRATORY THERAPY	1,636			76,636	1,202,414	1	8
050 PHYSICAL THERAPY	667			15,462	1,688,455	34	27
053 ELECTROCARDIOLOGY	1,580			136,197	589,020	41	8
054 ELECTROENCEPHALOGRAPH	886			10,147	61,777		1
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI	1,992			6,638	1,741,827	16	11
061 OUTPAT SERVICE COST C							
061 EMERGENCY	6,733			182,247	2,769,421	56	33
062 OBSERVATION BEDS (NON							
063 50 RURAL HEALTH CLINIC				8,830	377,029		29
063 SPEC PURPOSE COST CEN							
095 SUBTOTALS	217,874	36,457	6,863	4,471,842	51,311,666	1,119	744
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE O						140	1
098 01 FAMILY PRACTICE							
098 02 REFERENCE LAB							
098 03 COMMUNITY HEALTH EDUC					80,662		
098 04 UNUSED SPACE	1,840						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	1,128,441	597,269	560,486	8,624,677	16,863,081	332,283	3,204,652
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		16.382835		1.928663		263.926132	
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED	5.135954		81.667784		.328124		4,301.546309
(WRKSHT B, PART II)					6,275	6,413	17,282
106 UNIT COST MULTIPLIER						5.093725	
(WRKSHT B, PT II)					.000122		23.197315
107 COST TO BE ALLOCATED					20,509	1,909	9,564
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER						1.516283	
(WRKSHT B, PT III)					.000399		12.837584

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	30,590,737		30,590,737		30,590,737
26	INTENSIVE CARE UNIT	5,998,470		5,998,470	5,781	6,004,251
30	NEONATAL INTENSIVE CARE U	2,585,399		2,585,399	423,811	3,009,210
33	NURSERY	718,135		718,135		718,135
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	18,534,434		18,534,434		18,534,434
37	01 SAME DAY SURGERY					
38	RECOVERY ROOM	1,366,381		1,366,381		1,366,381
39	DELIVERY ROOM & LABOR ROO	6,307,155		6,307,155		6,307,155
40	ANESTHESIOLOGY	903,674		903,674		903,674
41	RADIOLOGY-DIAGNOSTIC	9,058,491		9,058,491		9,058,491
41	01 MAMMOGRAPHY	1,895,829		1,895,829	2,755	1,898,584
41	02 ONCOLOGY	4,714,832		4,714,832		4,714,832
41	03 CARDIAC CATHETERIZATION L	12,484,834		12,484,834	10,447	12,495,281
43	RADIOISOTOPE	2,316,370		2,316,370		2,316,370
44	LABORATORY	9,805,239		9,805,239	121,800	9,927,039
49	RESPIRATORY THERAPY	2,559,267		2,559,267	420	2,559,687
50	PHYSICAL THERAPY	3,762,706		3,762,706		3,762,706
53	ELECTROCARDIOLOGY	1,816,608		1,816,608		1,816,608
54	ELECTROENCEPHALOGRAPHY	247,397		247,397		247,397
55	MEDICAL SUPPLIES CHARGED	24,107,216		24,107,216		24,107,216
56	DRUGS CHARGED TO PATIENTS	8,920,167		8,920,167		8,920,167
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	6,871,476		6,871,476		6,871,476
62	OBSERVATION BEDS (NON-DIS	3,397,438		3,397,438		3,397,438
63	50 RURAL HEALTH CLINIC	1,996,829		1,996,829		1,996,829
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	160,959,084		160,959,084	565,014	161,524,098
102	LESS OBSERVATION BEDS	3,397,438		3,397,438		3,397,438
103	TOTAL	157,561,646		157,561,646	565,014	158,126,660

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	25,054,534		25,054,534			
26	INTENSIVE CARE UNIT	4,381,239		4,381,239			
30	NEONATAL INTENSIVE CARE U	5,446,448		5,446,448			
33	NURSERY	1,670,172		1,670,172			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	35,949,328	32,281,874	68,231,202	.271642	.271642	.271642
37	01 SAME DAY SURGERY						
38	RECOVERY ROOM	4,407,098	3,057,209	7,464,307	.183055	.183055	.183055
39	DELIVERY ROOM & LABOR ROO	3,781,678	2,807,615	6,589,293	.957182	.957182	.957182
40	ANESTHESIOLOGY	6,753,099	3,672,266	10,425,365	.086680	.086680	.086680
41	RADIOLOGY-DIAGNOSTIC	14,681,002	43,884,003	58,565,005	.154674	.154674	.154674
41	01 MAMMOGRAPHY		5,322,854	5,322,854	.356168	.356168	.356685
41	02 ONCOLOGY	83,019	10,534,563	10,617,582	.444059	.444059	.444059
41	03 CARDIAC CATHETERIZATION L	10,579,740	17,500,315	28,080,055	.444616	.444616	.444988
43	RADIOISOTOPE	2,132,149	8,535,445	10,667,594	.217141	.217141	.217141
44	LABORATORY	29,345,433	31,440,907	60,786,340	.161307	.161307	.163310
49	RESPIRATORY THERAPY	9,946,191	1,081,362	11,027,553	.232079	.232079	.232117
50	PHYSICAL THERAPY	1,960,044	7,074,932	9,034,976	.416460	.416460	.416460
53	ELECTROCARDIOLOGY	5,983,763	10,637,039	16,620,802	.109297	.109297	.109297
54	ELECTROENCEPHALOGRAPHY	463,886	247,696	711,582	.347672	.347672	.347672
55	MEDICAL SUPPLIES CHARGED	51,934,850	42,380,636	94,315,486	.255602	.255602	.255602
56	DRUGS CHARGED TO PATIENTS	25,795,006	7,453,609	33,248,615	.268287	.268287	.268287
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,757,915	14,870,474	18,628,389	.368871	.368871	.368871
62	OBSERVATION BEDS (NON-DIS	458,509	2,778,783	3,237,292	1.049469	1.049469	1.049469
63	50 RURAL HEALTH CLINIC		1,776,250	1,776,250	1.124182	1.124182	1.124182
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	244,565,103	247,337,832	491,902,935			
102	LESS OBSERVATION BEDS						
103	TOTAL	244,565,103	247,337,832	491,902,935			

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						
37	OPERATING ROOM	18,534,434	2,212,425	16,322,009			18,534,434
37	01 SAME DAY SURGERY						
38	RECOVERY ROOM	1,366,381	129,874	1,236,507			1,366,381
39	DELIVERY ROOM & LABOR ROO	6,307,155	544,651	5,762,504			6,307,155
40	ANESTHESIOLOGY	903,674	136,607	767,067			903,674
41	RADIOLOGY-DIAGNOSTIC	9,058,491	2,261,575	6,796,916			9,058,491
41	01 MAMMOGRAPHY	1,895,829	517,931	1,377,898			1,895,829
41	02 ONCOLOGY	4,714,832	1,873,065	2,841,767			4,714,832
41	03 CARDIAC CATHETERIZATION L	12,484,834	1,492,262	10,992,572			12,484,834
43	RADIOISOTOPE	2,316,370	429,721	1,886,649			2,316,370
44	LABORATORY	9,805,239	695,863	9,109,376			9,805,239
49	RESPIRATORY THERAPY	2,559,267	238,103	2,321,164			2,559,267
50	PHYSICAL THERAPY	3,762,706	180,764	3,581,942			3,762,706
53	ELECTROCARDIOLOGY	1,816,608	347,621	1,468,987			1,816,608
54	ELECTROENCEPHALOGRAPHY	247,397	48,582	198,815			247,397
55	MEDICAL SUPPLIES CHARGED	24,107,216	254,871	23,852,345			24,107,216
56	DRUGS CHARGED TO PATIENTS	8,920,167	170,898	8,749,269			8,920,167
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	6,871,476	681,862	6,189,614			6,871,476
62	OBSERVATION BEDS (NON-DIS	3,397,438	375,549	3,021,889			3,397,438
63	50 RURAL HEALTH CLINIC	1,996,829	38,358	1,958,471			1,996,829
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	121,066,343	12,630,582	108,435,761			121,066,343
102	LESS OBSERVATION BEDS	3,397,438	375,549	3,021,889			3,397,438
103	TOTAL	117,668,905	12,255,033	105,413,872			117,668,905

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	68,231,202	.271642	.271642
37	01 SAME DAY SURGERY			
38	RECOVERY ROOM	7,464,307	.183055	.183055
39	DELIVERY ROOM & LABOR ROO	6,589,293	.957182	.957182
40	ANESTHESIOLOGY	10,425,365	.086680	.086680
41	RADIOLOGY-DIAGNOSTIC	58,565,005	.154674	.154674
41	01 MAMMOGRAPHY	5,322,854	.356168	.356168
41	02 ONCOLOGY	10,617,582	.444059	.444059
41	03 CARDIAC CATHETERIZATION L	28,080,055	.444616	.444616
43	RADIOISOTOPE	10,667,594	.217141	.217141
44	LABORATORY	60,786,340	.161307	.161307
49	RESPIRATORY THERAPY	11,027,553	.232079	.232079
50	PHYSICAL THERAPY	9,034,976	.416460	.416460
53	ELECTROCARDIOLOGY	16,620,802	.109297	.109297
54	ELECTROENCEPHALOGRAPHY	711,582	.347672	.347672
55	MEDICAL SUPPLIES CHARGED	94,315,486	.255602	.255602
56	DRUGS CHARGED TO PATIENTS	33,248,615	.268287	.268287
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	18,628,389	.368871	.368871
62	OBSERVATION BEDS (NON-DIS	3,237,292	1.049469	1.049469
63	50 RURAL HEALTH CLINIC	1,776,250	1.124182	1.124182
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	455,350,542		
102	LESS OBSERVATION BEDS	3,237,292		
103	TOTAL	452,113,250		

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						
37	OPERATING ROOM	18,613,859	2,212,425	16,401,434	221,243	951,283	17,441,333
37	01 SAME DAY SURGERY						
38	RECOVERY ROOM	1,366,381	129,874	1,236,507	12,987	71,717	1,281,677
39	DELIVERY ROOM & LABOR ROO	6,307,155	544,651	5,762,504	54,465	334,225	5,918,465
40	ANESTHESIOLOGY	903,674	136,607	767,067	13,661	44,490	845,523
41	RADIOLOGY-DIAGNOSTIC	9,077,486	2,261,575	6,815,911	226,158	395,323	8,456,005
41	01 MAMMOGRAPHY	1,895,829	517,931	1,377,898	51,793	79,918	1,764,118
41	02 ONCOLOGY	4,714,832	1,873,065	2,841,767	187,307	164,822	4,362,703
41	03 CARDIAC CATHETERIZATION L	12,484,834	1,492,262	10,992,572	149,226	637,569	11,698,039
43	RADIOISOTOPE	2,316,370	429,721	1,886,649	42,972	109,426	2,163,972
44	LABORATORY	9,805,239	695,863	9,109,376	69,586	528,344	9,207,309
49	RESPIRATORY THERAPY	2,579,694	238,103	2,341,591	23,810	135,812	2,420,072
50	PHYSICAL THERAPY	3,803,405	180,764	3,622,641	18,076	210,113	3,575,216
53	ELECTROCARDIOLOGY	1,861,872	347,621	1,514,251	34,762	87,827	1,739,283
54	ELECTROENCEPHALOGRAPHY	247,397	48,582	198,815	4,858	11,531	231,008
55	MEDICAL SUPPLIES CHARGED	24,107,216	254,871	23,852,345	25,487	1,383,436	22,698,293
56	DRUGS CHARGED TO PATIENTS	8,920,167	170,898	8,749,269	17,090	507,458	8,395,619
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	6,918,094	681,862	6,236,232	68,186	361,701	6,488,207
62	OBSERVATION BEDS (NON-DIS	3,397,438	375,549	3,021,889	37,555	175,270	3,184,613
63	50 RURAL HEALTH CLINIC	2,356,002	38,358	2,317,644	3,836	134,423	2,217,743
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	121,676,944	12,630,582	109,046,362	1,263,058	6,324,688	114,089,198
102	LESS OBSERVATION BEDS	3,397,438	375,549	3,021,889	37,555	175,270	3,184,613
103	TOTAL	118,279,506	12,255,033	106,024,473	1,225,503	6,149,418	110,904,585

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	68,231,202	.255621	.269563
37 01	SAME DAY SURGERY			
38	RECOVERY ROOM	7,464,307	.171707	.181315
39	DELIVERY ROOM & LABOR ROO	6,589,293	.898194	.948917
40	ANESTHESIOLOGY	10,425,365	.081102	.085370
41	RADIOLOGY-DIAGNOSTIC	58,565,005	.144387	.151137
41 01	MAMMOGRAPHY	5,322,854	.331423	.346437
41 02	ONCOLOGY	10,617,582	.410894	.426418
41 03	CARDIAC CATHETERIZATION L	28,080,055	.416596	.439301
43	RADIOISOTOPE	10,667,594	.202855	.213113
44	LABORATORY	60,786,340	.151470	.160162
49	RESPIRATORY THERAPY	11,027,553	.219457	.231773
50	PHYSICAL THERAPY	9,034,976	.395708	.418964
53	ELECTROCARDIOLOGY	16,620,802	.104645	.109929
54	ELECTROENCEPHALOGRAPHY	711,582	.324640	.340845
55	MEDICAL SUPPLIES CHARGED	94,315,486	.240663	.255332
56	DRUGS CHARGED TO PATIENTS	33,248,615	.252510	.267773
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	18,628,389	.348297	.367713
62	OBSERVATION BEDS (NON-DIS	3,237,292	.983727	1.037868
63 50	RURAL HEALTH CLINIC	1,776,250	1.248553	1.324231
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	455,350,542		
102	LESS OBSERVATION BEDS	3,237,292		
103	TOTAL	452,113,250		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	1,850,841		1,850,841	1,530,625		1,530,625
26	INTENSIVE CARE UNIT	228,274		228,274	373,869		373,869
30	NEONATAL INTENSIVE CARE U	79,402		79,402	164,917		164,917
33	NURSERY	31,661		31,661	25,533		25,533
101	TOTAL	2,190,178		2,190,178	2,094,944		2,094,944

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	33,567	13,657	55.14	753,047	45.60	622,759
26	INTENSIVE CARE UNIT	3,308	1,538	69.01	106,137	113.02	173,825
30	NEONATAL INTENSIVE CARE U	2,135		37.19		77.24	
33	NURSERY	3,348		9.46		7.63	
101	TOTAL	42,358	15,195		859,184		796,584

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 8/12/2010
14-0164	FROM 4/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 3/31/2010	PART II
14-0164		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.021801	371,767
37 01	SAME DAY SURGERY		
38	RECOVERY ROOM	.005029	8,426
39	DELIVERY ROOM & LABOR ROO	.042814	1,317
40	ANESTHESIOLOGY	.010609	29,786
41	RADIOLOGY-DIAGNOSTIC	.032025	246,524
41 01	MAMMOGRAPHY	.089781	
41 02	ONCOLOGY	.164730	8,815
41 03	CARDIAC CATHETERIZATION L	.039321	182,404
43	RADIOISOTOPE	.033476	48,419
44	LABORATORY	.008088	119,871
49	RESPIRATORY THERAPY	.015827	64,987
50	PHYSICAL THERAPY	.015188	18,789
53	ELECTROCARDIOLOGY	.017094	61,914
54	ELECTROENCEPHALOGRAPHY	.037907	7,696
55	MEDICAL SUPPLIES CHARGED	.001085	27,525
56	DRUGS CHARGED TO PATIENTS	.002050	28,122
61	OUTPAT SERVICE COST CNTRS		
	EMERGENCY	.024665	45,365
62	OBSERVATION BEDS (NON-DIS	.052511	12,280
63 50	RURAL HEALTH CLINIC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		1,284,007

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

PROVIDER NO: 14-0164
PERIOD: FROM 4/1/2009 TO 3/31/2010
PREPARED 8/12/2010
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					33,567	
26	INTENSIVE CARE UNIT					3,308	
30	NEONATAL INTENSIVE CARE U					2,135	
33	NURSERY					3,348	
101	TOTAL					42,358	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	13,657	
26	INTENSIVE CARE UNIT	1,538	
30	NEONATAL INTENSIVE CARE U		
33	NURSERY		
101	TOTAL	15,195	

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						
37 01	SAME DAY SURGERY						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	MAMMOGRAPHY						
41 02	ONCOLOGY						
41 03	CARDIAC CATHETERIZATION L						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63 50	RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			68,231,202			17,052,753	
37 01	SAME DAY SURGERY							
38	RECOVERY ROOM			7,464,307			1,675,564	
39	DELIVERY ROOM & LABOR ROO			6,589,293			30,765	
40	ANESTHESIOLOGY			10,425,365			2,807,583	
41	RADIOLOGY-DIAGNOSTIC			58,565,005			7,697,851	
41 01	MAMMOGRAPHY			5,322,854				
41 02	ONCOLOGY			10,617,582			53,509	
41 03	CARDIAC CATHETERIZATION L			28,080,055			4,638,845	
43	RADIOISOTOPE			10,667,594			1,446,391	
44	LABORATORY			60,786,340			14,820,895	
49	RESPIRATORY THERAPY			11,027,553			4,106,074	
50	PHYSICAL THERAPY			9,034,976			1,237,064	
53	ELECTROCARDIOLOGY			16,620,802			3,621,988	
54	ELECTROENCEPHALOGRAPHY			711,582			203,027	
55	MEDICAL SUPPLIES CHARGED			94,315,486			25,368,833	
56	DRUGS CHARGED TO PATIENTS			33,248,615			13,718,224	
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			18,628,389			1,839,253	
62	OBSERVATION BEDS (NON-DIS			3,237,292			233,855	
63 50	RURAL HEALTH CLINIC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			453,574,292			100,552,474	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	10,092,414					
37 01	SAME DAY SURGERY						
38	RECOVERY ROOM	847,095					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	903,909					
41	RADIOLOGY-DIAGNOSTIC	11,533,310					
41 01	MAMMOGRAPHY						
41 02	ONCOLOGY	5,371,197					
41 03	CARDIAC CATHETERIZATION L	7,379,224					
43	RADIOISOTOPE	4,039,796					
44	LABORATORY	1,240,244					
49	RESPIRATORY THERAPY	284,765					
50	PHYSICAL THERAPY	1,350					
53	ELECTROCARDIOLOGY	3,854,557					
54	ELECTROENCEPHALOGRAPHY	33,164					
55	MEDICAL SUPPLIES CHARGED	20,658,867					
56	DRUGS CHARGED TO PATIENTS	3,398,958					
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,205,782					
62	OBSERVATION BEDS (NON-DIS	1,523,506					
63 50	RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	74,368,138					

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		15.80
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		15.80
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		14.16
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		14.16
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		14.16
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		14.16
3.10	SEE INSTRUCTIONS		14.16
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		
3.18	SEE INSTRUCTIONS		
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		13.67
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		15.80
3.21	SEE INSTRUCTIONS	RES INIT YEARS	14.54
3.22	SEE INSTRUCTIONS		14.54
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		74,672.18
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		1,085,733
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		1,085,733

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		15,195
5	TOTAL INPATIENT DAYS		35,282
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.430673
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	467,596	467,596
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		207
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		35,282
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		5,470
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES

TITLE XVIII

- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES
- 10 MEDICARE OUTPATIENT ESRD CHARGES
- 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY
PART A REASONABLE COST

- 12 REASONABLE COST (SEE INSTRUCTIONS) 39,485,857
- 13 ORGAN ACQUISITION COSTS
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS 3,887
- 16 TOTAL PART A REASONABLE COST 39,481,970

PART B REASONABLE COST

- 17 REASONABLE COST 21,279,592
- 18 PRIMARY PAYER PAYMENTS 18,333
- 19 TOTAL PART B REASONABLE COST 21,261,259
- 20 TOTAL REASONABLE COST 60,743,229
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST .649981
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST .350019

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

- 23 TOTAL PROGRAM GME PAYMENT
- 23.01 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 473,066
(SUM OF LINES 6.01, 6.05, & 6.08)
- 24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY 307,484
- 25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY 165,582

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)		
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		

CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA

5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)
5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)
6 DIRECT GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
7 SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)
8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)
9 MULTIPLY LINE 7 TIMES LINE 8
10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.
11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)
12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

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

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IIME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).	7.00
17 IIME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	8.99
18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)	7.00
19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)	.048500
20 IIME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.012782
21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.	30,600,053
22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	474,137
23 ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	397,190

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	5,505,067			
29 SALARIES, WAGES & FEES PAYABLE	6,866,335			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	1,800,635			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	3,216,436			
35 OTHER CURRENT LIABILITIES	1,024,949			
36 TOTAL CURRENT LIABILITIES	18,413,422			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	83,221,649			
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	1,963,342			
42 TOTAL LONG-TERM LIABILITIES	85,184,991			
43 TOTAL LIABILITIES	103,598,413			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	182,817,278			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED			26,255	
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
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	182,817,278		26,255	
52 TOTAL LIABILITIES AND FUND BALANCES	286,415,691		26,255	

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		128,461,061		
2	NET INCOME (LOSS)		54,356,217		
3	TOTAL		182,817,278		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	TRANSFERS				
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		182,817,278		
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		182,817,278		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD		4,000		
2	NET INCOME (LOSS)				
3	TOTAL		4,000		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	TRANSFERS	22,255			
7					
8					
9					
10	TOTAL ADDITIONS		22,255		
11	SUBTOTAL		26,255		
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		26,255		

DESCRIPTION

1	TOTAL PATIENT REVENUES	496,598,653
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	293,523,734
3	NET PATIENT REVENUES	203,074,919
4	LESS: TOTAL OPERATING EXPENSES	153,777,810
5	NET INCOME FROM SERVICE TO PATIENTS	49,297,109
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	570
7	INCOME FROM INVESTMENTS	30,982,765
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	33,600
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	788,447
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	1,263
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	80,310
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	16,907
22	RENTAL OF HOSPITAL SPACE	510,465
23	GOVERNMENTAL APPROPRIATIONS	167,829
24	OTHER (SPECIFY)	5,583
25	TOTAL OTHER INCOME	32,587,739
26	TOTAL	81,884,848
	OTHER EXPENSES	
27	CORPORATE ALLOCATION	27,467,685
28	GAIN/LOSS ON EQUIPMENT	60,937
29	ROUNDING	9
30	TOTAL OTHER EXPENSES	27,528,631
31	NET INCOME (OR LOSS) FOR THE PERIOD	54,356,217

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	2,500,326
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	114,038
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	97.43
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	12.17
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	3.59
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	89,762
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	.00
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	.00
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2,704,126
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)	

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-0164	FROM 4/ 1/2009	8/12/2010
COMPONENT NO:	TO 3/31/2010	WORKSHEET M-2
14-3454		

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1	PHYSICIANS		4,200	
2	PHYSICIAN ASSISTANTS		2,100	
3	NURSE PRACTITIONERS		2,100	
4	SUBTOTAL (SUM OF LINES 1-3)			
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)			
9	PHYSICIAN SERVICES UNDER AGREEMENTS	15,532		
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES				
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	968,843		
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)			
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	968,843		
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000		
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	507,963		
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	520,023		
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	1,027,986		
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)	204,512		
18	SUBTRACT LINE 17 FROM LINE 16	823,474		
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	823,474		
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	1,792,317		

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-0164	FROM 4/ 1/2009	8/12/2010
COMPONENT NO:	TO 3/31/2010	WORKSHEET M-2
14-3454		

RHC 1

VISITS AND PRODUCTIVITY

GREATER OF
COL. 2 OR
COL. 4
5

- 1 POSITIONS
- 2 PHYSICIANS
- 3 PHYSICIAN ASSISTANTS
- 4 NURSE PRACTITIONERS
- 5 SUBTOTAL (SUM OF LINES 1-3)
- 6 VISITING NURSE
- 7 CLINICAL PSYCHOLOGIST
- 8 CLINICAL SOCIAL WORKER
- 9 TOTAL FTEs AND VISITS (SUM OF LINES 4-7)
- PHYSICIAN SERVICES UNDER AGREEMENTS

15,532

(1) THE PRODUCTIVITY STANDARD FOR PHYSICIANS IS 4,200 AND 2,100 FOR ALL OTHERS. IF AN EXCEPTION TO THE STANDARD HAS BEEN GRANTED (WORKSHEET S-8, LINE 13 EQUALS "Y"), COLUMN 3, LINES 1 THRU 3 OF THIS WORKSHEET SHOULD BE BLANK. THIS APPLIES TO RHC ONLY.

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

PROVIDER NO: 14-0164
 COMPONENT NO: 14-3454
 PERIOD: FROM 4/1/2009 TO 3/31/2010
 PREPARED 8/12/2010
 WORKSHEET M-4

TITLE XVII I

RHC 1

	PNEUMOCOCCAL 1	INFLUENZA 2	H1N1 ONLY 2. 1	INFLUENZA AND H1N1 2. 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	122,376	122,376	122,376	122,376
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	.001013	.002854		
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)	124	349		
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	3,753	1,536		
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	3,877	1,885		
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	968,843	968,843	968,843	968,843
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	1,027,986	1,027,986	1,027,986	1,027,986
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.004002	.001946		
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	4,114	2,000		
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	7,991	3,885		
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	55	155		
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	145.29	25.06		
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	2	2		
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)	291	50		
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 10) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 2)		11,876		
16 TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 14) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 20)		341		

