

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	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	14-0182	I	FROM 1/ 1/2010	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
	I		I		I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/26/2011 TIME 12:02

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:
 ADVOCATE NORTHSIDE HEALTH SYSTEM 14-0182
 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2010 AND ENDING 12/31/2010 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	-110,563	-374,948		0
2	SUBPROVIDER	0	478,539	0		0
2 .01	SUBPROVIDER II	0	32,278	0		0
100	TOTAL	0	400,254	-374,948		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.

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	146	53,290				9,064	12,240
2 HMO						2,654	1,446
2 01 HMO - (IRF PPS SUBPROVIDER)							61
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	146	53,290				9,064	12,240
6 INTENSIVE CARE UNIT	78	28,470				5,053	4,757
7 CORONARY CARE UNIT	43	15,695				5,639	1,188
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							1,963
12 TOTAL	267	97,455				19,756	20,148
13 RPCH VISITS							
14 SUBPROVIDER	35	12,775				5,207	4,559
14 01 SUBPROVIDER 11 - REHAB	22	8,030				1,659	864
14 02 SUBPROVIDER 3							
15 SKILLED NURSING FACILITY							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (RHC)							
24 10 FOHC							
25 TOTAL	324						
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF LABOR & DELIVERY DAYS							508
29							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	TRIPS / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES -- TOTAL 7	RES. FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			34,771				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			34,771				
6 INTENSIVE CARE UNIT			20,046				
7 CORONARY CARE UNIT			11,196				
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY			3,896				
12 TOTAL			69,909			183.08	
13 RPCH VISITS							
14 SUBPROVIDER			11,266			.33	
14 01 SUBPROVIDER 11 - REHAB			4,867				
14 02 SUBPROVIDER 3							
15 SKILLED NURSING FACILITY							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (RHC)							
24 10 FOHC							
25 TOTAL						183.41	
26 OBSERVATION BED DAYS			4,793				
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF LABOR & DELIVERY DAYS			1,144				
29							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	DISCHARGES TITLE V 12	DISCHARGES TITLE XVII 13	DISCHARGES TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					4,422	3,938	16,115
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	183.08	2,022.00			4,422	3,938	16,115

COMPONENT	I & R FTES	--- FULL TIME	EQUIV ---	DISCHARGES			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	
	9	10	11	12	13	14	15
13 RPCH VISITS							
14 SUBPROVIDER	.33	48.00			546	586	1,404
14 01 SUBPROVIDER II - REHAB		24.00			118	50	370
14 02 SUBPROVIDER 3							
15 SKILLED NURSING FACILITY							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
24 RHC							
24 10 FOHC							
25 TOTAL	183.41	2,094.00					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	130,238,973	-10,121,387	120,117,586	4,336,800.00	27.70	
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	3,727,140		3,727,140	39,820.00	93.60	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)	12,170,028		12,170,028	432,640.00	28.13	
6.01 CONTRACT SERVICES, I&R	1,356,501		1,356,501	42,474.00	31.94	
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	4,582,611	47,300	4,629,911	156,000.00	29.68	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	2,685,371		2,685,371	75,563.00	35.54	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	10,986,621		10,986,621	164,535.00	66.77	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	25,398,616		25,398,616			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,323,635		1,323,635			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	1,076,660		1,076,660			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	3,515,560		3,515,560			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	1,567,187		1,567,187	10,400.00	150.69	
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	14,537,737		14,537,737	490,880.00	29.62	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	3,684,736		3,684,736	141,440.00	26.05	
25 LAUNDRY & LINEN SERVICE	243,641		243,641	14,560.00	16.73	
26 HOUSEKEEPING	3,533,485		3,533,485	232,960.00	15.17	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	2,468,848	-706,831	1,762,017	66,560.00	26.47	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		706,831	706,831	83,200.00	8.50	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	2,450,886		2,450,886	62,400.00	39.28	
31 CENTRAL SERVICE AND SUPPLY	1,465,833		1,465,833	72,800.00	20.14	
32 PHARMACY	3,744,261	-47,300	3,696,961	104,000.00	35.55	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	2,250,962		2,250,962	106,080.00	21.22	
34 SOCIAL SERVICE	1,738,451		1,738,451	52,000.00	33.43	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	112,985,304	-10,121,387	102,863,917	3,821,866.00	26.91	
2 EXCLUDED AREA SALARIES	4,582,611	47,300	4,629,911	156,000.00	29.68	
3 SUBTOTAL SALARIES	108,402,693	-10,168,687	98,234,006	3,665,866.00	26.80	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	13,671,992		13,671,992	240,098.00	56.94	
5 SUBTOTAL WAGE-RELATED COSTS	25,398,616		25,398,616		25.86	
6 TOTAL	147,473,301	-10,168,687	137,304,614	3,905,964.00	35.15	
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	37,686,027	-47,300	37,638,727	1,437,280.00	26.19	

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	53,103,518
17.01	GROSS MEDICAID REVENUES	85,364,075
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	138,467,593
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.238246
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	241,823,643

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	57,613,516
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	53,103,518
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	12,651,701
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	57,613,516

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0182

PERIOD: FROM 1/1/2010 TO 12/31/2010

PREPARED 5/26/2011 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
1.01	0101 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				7,596,515	7,596,515
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				9,875,369	9,875,369
5	0500 EMPLOYEE BENEFITS	1,567,187	23,530,462	25,097,649	-4,528	25,093,121
6.01	0610 NONPATIENT PHONES	440,700	752,416	1,193,116	-120,809	1,072,307
6.02	0620 DATA PROCESSING		3,295,677	3,295,677	-104,312	3,191,365
6.03	0630 PURCHASING, RECEIVING AND STORES	260,624	594,006	854,630	-114,186	740,444
6.04	0640 ADMITTING	2,649,202	716,579	3,365,781	-136,219	3,229,562
6.05	0650 CASHIERING, PATIENT ACCOUNTS	1,817,438	13,311,505	15,128,943	-43,117	15,085,826
6.06	0660 ADMINISTRATIVE AND GENERAL	9,369,773	65,615,109	74,984,882	-7,306,741	67,678,141
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	3,684,736	6,600,415	10,285,151	-189,202	10,095,949
9	0900 LAUNDRY & LINEN SERVICE	243,641	1,410,316	1,653,957	-9,737	1,644,220
10	1000 HOUSEKEEPING	3,533,485	908,914	4,442,399	-24,326	4,418,073
11	1100 DIETARY	2,468,848	1,997,614	4,466,462	-1,331,726	3,134,736
12	1200 CAFETERIA				1,278,748	1,278,748
14	1400 NURSING ADMINISTRATION	2,450,886	673,947	3,124,833	-16,629	3,108,204
15	1500 CENTRAL SERVICES & SUPPLY	1,465,833	567,079	2,032,912	-407,126	1,625,786
16	1600 PHARMACY	3,744,261	12,744,953	16,489,214	-14,027,553	2,461,661
17	1700 MEDICAL RECORDS & LIBRARY	2,250,962	855,336	3,106,298	-22,981	3,083,317
18	1800 SOCIAL SERVICE	1,738,451	1,086,477	2,824,928	-2,704	2,822,224
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	12,170,028		12,170,028		12,170,028
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		3,121,027	3,121,027	-37,979	3,083,048
24	2400 PARAMED ED PRGM-(SPECIFY)					
24.01	2401 PARAMED ED ANESTH SCHOOL					
24.02	2402 PARAMED ED RADIOLOGY SCHOOL					
24.03	2403 PARAMED ED PHARMACY				56,146	56,146
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	25,597,766	6,231,610	31,829,376	-3,538,818	28,290,558
26	2600 INTENSIVE CARE UNIT	12,211,003	4,430,979	16,641,982	-1,891,625	14,750,357
27	2700 CORONARY CARE UNIT	5,013,962	1,001,724	6,015,686	-430,815	5,584,871
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER	3,269,665	492,532	3,762,197	-28,086	3,734,111
31.01	3101 SUBPROVIDER II - REHAB	1,312,441	1,275,905	2,588,346	-86,004	2,502,342
31.02	3102 SUBPROVIDER 3					
33	3300 NURSERY				1,634,140	1,634,140
34	3400 SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	8,752,313	22,084,664	30,836,977	-18,363,290	12,473,687
38	3800 RECOVERY ROOM					
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY	85,192	1,483,571	1,568,763	-1,125,349	443,414
41	4100 RADIOLOGY-DIAGNOSTIC	5,117,500	6,461,156	11,578,656	-3,586,153	7,992,503
42	4200 RADIOLOGY-THERAPEUTIC					
43	4300 RADIOISOTOPE	453,128	565,242	1,018,370	-39,869	978,501
43.01	3630 ULTRA SOUND	770,432	460,784	1,231,216	-341,410	889,806
43.02	3230 CAT SCAN	720,391	2,298,855	3,019,246	-1,634,652	1,384,594
43.03	3120 CARDIAC CATHETERIZATION LABORATORY	1,974,822	6,195,996	8,170,818	-5,202,790	2,968,028
44	4400 LABORATORY	53,895	10,757,948	10,811,843	-56,996	10,754,847
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700 BLOOD STORING, PROCESSING & TRANS.		1,438,396	1,438,396	-3,743	1,434,653
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	2,833,297	841,521	3,674,818	-504,311	3,170,507
50	5000 PHYSICAL THERAPY	2,285,263	817,731	3,102,994	-126,839	2,976,155
51	5100 OCCUPATIONAL THERAPY					
52	5200 SPEECH PATHOLOGY					
52.01	3140 RADIOLOGY	316,576	51,032	367,608	-12,182	355,426
53	5300 ELECTROCARDIOLOGY	1,097,855	745,420	1,843,275	-249,169	1,594,106
54	5400 ELECTROENCEPHALOGRAPHY	84,702	21,747	106,449	-13,200	93,249
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				19,195,898	19,195,898
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				10,121,387	10,121,387
56	5600 DRUGS CHARGED TO PATIENTS				13,489,331	13,489,331
58	5800 ASC (NON-DISTINCT PART)					
59	3950 RENAL DIALYSIS	530,636	293,173	823,809	-240,157	583,652
59.01	3530 METABOLIC SUPPORT					
59.02	3550 CMHC					
59.97	3997 CARDIAC REHABILITATION					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	239,021	532,340	771,361	-331,739	439,622
60.01	6001 A. R. C. CLINIC	825,775	423,358	1,249,133	-232,165	1,016,968
60.02	6002 CANCER CTR CLINIC	835,185	469,813	1,304,998	-101,585	1,203,413
60.03	6003 UROLOGY CLINIC	208,691	125,050	333,741	-65,652	268,089
60.04	6004 ORTHOPEDIC CLINIC					
60.05	6005 EYE CENTER					
60.06	6006 WOUND CARE CLINIC	24,600	30,951	55,551	-9,310	46,241
60.07	6007 DENT CLINIC					
60.08	6008 O/P PHARMACY CLINIC	69,954	5,599	75,553		75,553
61	6100 EMERGENCY	5,698,348	3,917,193	9,615,541	-1,131,750	8,483,791
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4040 FAMILY HEALTH CENTER					
63.50	6310 RHC					

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0182
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	OUTPAT SERVICE COST CNTRS					
63.60	6320 FQHC					
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES					
66	6600 DURABLE MEDICAL EQUIP-RENTED					
67	6700 DURABLE MEDICAL EQUIP-SOLD					
70	7000 I&R SERVICES-NOT APPRVD PRGM					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
95	SUBTOTALS	130,238,468	211,236,122	341,474,590	-0-	341,474,590
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	505	4,860	5,365		5,365
96.01	9601 SUBCORPS					
96.02	9602 GRANTS					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES					
98.01	9801 HOSPICE					
98.02	9802 OUTPATIENT PHARMACY					
99	9900 NONPAID WORKERS					
101	TOTAL	130,238,973	211,240,982	341,479,955	-0-	341,479,955

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0182
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/26/2011
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	4,350	4,350
1.01 0101	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP	1,365	1,365
3 0300	NEW CAP REL COSTS-BLDG & FIXT	174,919	7,771,434
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	1,466,877	11,342,246
5 0500	EMPLOYEE BENEFITS	4,333,230	29,426,351
6.01 0610	NONPATIENT PHONES		1,072,307
6.02 0620	DATA PROCESSING	3,902,719	7,094,084
6.03 0630	PURCHASING, RECEIVING AND STORES		740,444
6.04 0640	ADMITTING		3,229,562
6.05 0650	CASHIERING, PATIENT ACCOUNTS	-67,384	15,018,442
6.06 0660	ADMINISTRATIVE AND GENERAL	-56,981,038	10,697,103
7 0700	MAINTENANCE & REPAIRS		
8 0800	OPERATION OF PLANT	-556,718	9,539,231
9 0900	LAUNDRY & LINEN SERVICE		1,644,220
10 1000	HOUSEKEEPING		4,418,073
11 1100	DIETARY		3,134,736
12 1200	CAFETERIA	-1,208,616	70,132
14 1400	NURSING ADMINISTRATION	-37,349	3,070,855
15 1500	CENTRAL SERVICES & SUPPLY		1,625,786
16 1600	PHARMACY		2,461,661
17 1700	MEDICAL RECORDS & LIBRARY	-19,546	3,063,771
18 1800	SOCIAL SERVICE	-278	2,821,946
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD	-1,711,274	10,458,754
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	-226,129	2,856,919
24 2400	PARAMED ED PRGM-(SPECIFY)		
24.01 2401	PARAMED ED ANESTH SCHOOL		
24.02 2402	PARAMED ED RADIOLOGY SCHOOL		
24.03 2403	PARAMED ED PHARMACY		56,146
25 2500	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-2,651,117	25,639,441
26 2600	INTENSIVE CARE UNIT		14,750,357
27 2700	CORONARY CARE UNIT		5,584,871
28 2800	BURN INTENSIVE CARE UNIT		
29 2900	SURGICAL INTENSIVE CARE UNIT		
31 3100	SUBPROVIDER		3,734,111
31.01 3101	SUBPROVIDER II - REHAB		2,502,342
31.02 3102	SUBPROVIDER 3		
33 3300	NURSERY		1,634,140
34 3400	SKILLED NURSING FACILITY		
34 3400	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-759,472	11,714,215
38 3800	RECOVERY ROOM		
39 3900	DELIVERY ROOM & LABOR ROOM		
40 4000	ANESTHESIOLOGY		443,414
41 4100	RADIOLOGY-DIAGNOSTIC	-154,611	7,837,892
42 4200	RADIOLOGY-THERAPEUTIC		
43 4300	RADIOISOTOPE		978,501
43.01 3630	ULTRA SOUND		889,806
43.02 3230	CAT SCAN		1,384,594
43.03 3120	CARDIAC CATHETERIZATION LABORATORY	-865,936	2,102,092
44 4400	LABORATORY	-63,292	10,691,555
45 4500	PBP CLINICAL LAB SERVICES-PRGM ONLY		
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		
47 4700	BLOOD STORING, PROCESSING & TRANS.		1,434,653
48 4800	INTRAVENOUS THERAPY		
49 4900	RESPIRATORY THERAPY	-66,153	3,104,354
50 5000	PHYSICAL THERAPY	-20,004	2,956,151
51 5100	OCCUPATIONAL THERAPY		
52 5200	SPEECH PATHOLOGY		
52.01 3140	CARDIOLOGY		355,426
53 5300	ELECTROCARDIOLOGY		1,594,106
54 5400	ELECTROENCEPHALOGRAPHY		93,249
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		19,195,898
55.30 5530	IMPL. DEV. CHARGED TO PATIENT		10,121,387
56 5600	DRUGS CHARGED TO PATIENTS		13,489,331
58 5800	ASC (NON-DISTINCT PART)		
59 3950	RENAL DIALYSIS		583,652
59.01 3530	METABOLIC SUPPORT		
59.02 3550	CMHC		
59.97 3997	CARDIAC REHABILITATION		
60 6000	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC	-129,196	310,426
60.01 6001	A. R. C. CLINIC		1,016,968
60.02 6002	CANCER CTR CLINIC	-46,904	1,156,509
60.03 6003	UROLOGY CLINIC	-33,482	234,607
60.04 6004	ORTHOPEDIC CLINIC		
60.05 6005	EYE CENTER		
60.06 6006	WOUND CARE CLINIC		46,241
60.07 6007	EENT CLINIC		
60.08 6008	O/P PHARMACY CLINIC		75,553
61 6100	EMERGENCY	-1,299,041	7,184,750
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63 4040	FAMILY HEALTH CENTER		
63.50 6310	RHC		

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0182
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	OUTPAT SERVICE COST CNTRS		
63.60 6320	FQHC		
	OTHER REIMBURS COST CNTRS		
65 6500	AMBULANCE SERVICES		
66 6600	DURABLE MEDICAL EQUIP-RENTED		
67 6700	DURABLE MEDICAL EQUIP-SOLD		
70 7000	I&R SERVICES-NOT APPRVD PRGM		
71 7100	HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE		-0-
89 8900	UTILIZATION REVIEW-SNF		-0-
90 9000	OTHER CAPITAL RELATED COSTS		-0-
92 9200	AMBULATORY SURGICAL CENTER (D.P.)		
95	SUBTOTALS	-57,014,080	284,460,510
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		5,365
96.01 9601	SUBCORPS		
96.02 9602	GRANTS		
97 9700	RESEARCH		
98 9800	PHYSICIANS' PRIVATE OFFICES		
98.01 9801	HOSPICE		
98.02 9802	OUTPATIENT PHARMACY		
99 9900	NONPAID WORKERS		
101	TOTAL	-57,014,080	284,465,875

COST CENTERS USED IN COST REPORT

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-BLDG & FIXT	0101	OLD CAP REL COSTS-BLDG & FIXT
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT PHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMINISTRATIVE	0640	ADMINISTRATIVE
6.05	CASHIERING, PATIENT ACCOUNTS	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMEDICAL PRGM-(SPECIALTY)	2400	
24.01	PARAMEDICAL ANESTHESIA SCHOOL	2401	PARAMEDICAL PRGM
24.02	PARAMEDICAL RADIOLOGY SCHOOL	2402	PARAMEDICAL PRGM
24.03	PARAMEDICAL PHARMACY	2403	PARAMEDICAL PRGM
	INPATIENT ROUTINE SERVICE		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER 11 - REHAB	3101	SUBPROVIDER #####
31.02	SUBPROVIDER 3	3102	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SERVICE COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
43.01	ULTRA SOUND	3630	ULTRA SOUND
43.02	CAT SCAN	3230	CAT SCAN
43.03	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
52.01	CARDIOLOGY	3140	CARDIOLOGY
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
58	ASC (NON-DISTINCT PART)	5800	
59	RENAL DIALYSIS	3950	
59.01	METABOLIC SUPPORT	3530	OTHER ANCILLARY SERVICE COST CENTERS
59.02	CMHC	3550	OSTEOPATHIC THERAPY
59.97	CARDIAC REHABILITATION	3997	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
	OUTPATIENT SERVICE COST		
60	CLINIC	6000	
60.01	A. R. C. CLINIC	6001	CLINIC
60.02	CANCER CENTER CLINIC	6002	CLINIC
60.03	UROLOGY CLINIC	6003	CLINIC
60.04	ORTHOPEDIC CLINIC	6004	CLINIC
60.05	EYE CENTER	6005	CLINIC
60.06	WOUND CARE CLINIC	6006	CLINIC
60.07	DENT CLINIC	6007	CLINIC
60.08	O/P PHARMACY CLINIC	6008	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	FAMILY HEALTH CENTER	4040	FAMILY PRACTICE
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.60	FQHC	6320	FEDERALLY QUALIFIED HEALTH CENTER #####

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011
 I 14-0182 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET
 I I TO 12/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	OUTPAT SERVICE COST		
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	SUBCORPS	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.02	GRANTS	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	HOSPICE	9801	PHYSICIANS' PRIVATE OFFICES
98.02	OUTPATIENT PHARMACY	9802	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
140182

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/26/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 RECLASS CAFETERIA	A	CAFETERIA	12	706,831	571,917
2 CHARGEABLE SUPPLY	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		29,317,285
3					
4					
5					
6					
7					
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12					
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34					
35					

1 CHARGEABLE SUPPLY	B				
2					
3					
4					
5					
6 CHARGEABLE DRUGS	C	DRUGS CHARGED TO PATIENTS	56		13,489,331
7 EQUIPMENT DEPRECIATION RECLASS	D	ADMINISTRATIVE AND GENERAL	6.06		4,863,899
8					
9					
10					
11					
12					
13					
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15					
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RECLASSIFICATIONS

PROVIDER NO:
140182

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/26/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 EQUIPMENT DEPRECIATION RECLASS	D				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12 RECLASS DEPRECIATION	E	NEW CAP REL COSTS-BLDG & FIXT	3		6,465,370
13		NEW CAP REL COSTS-MVBLE EQUIP	4		5,219,212
14 IMPLANT COSTS	F	IMPL. DEV. CHARGED TO PATIENT	55.30		10,121,387
15 PHARMACY RESIDENT COSTS	G	PARAMED ED PHARMACY	24.03	47,300	8,846
16 NURSERY RECLASS	H	NURSERY	33	1,168,182	465,958
17 CAPITAL RECLASS	I	NEW CAP REL COSTS-BLDG & FIXT	3		1,131,145
18		NEW CAP REL COSTS-MVBLE EQUIP	4		4,656,157
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 CAPITAL RECLASS	I				
2					
3					
4					
5					
6					
7					
8					
9					
10					
36 TOTAL RECLASSIFICATIONS				1,922,313	76,310,507

(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:
140182

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/26/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE	NO			
	1	6	7	8	9	10	
1 RECLASS CAFETERIA	A	DIETARY	11		706,831	571,917	
2 CHARGEABLE SUPPLY	B	NONPATIENT PHONES	6.01			20	
3		ADMINISTRATIVE	6.04			9,673	
4		ADMINISTRATIVE AND GENERAL	6.06			40,309	
5		OPERATION OF PLANT	8			147,090	
6		LAUNDRY & LINEN SERVICE	9			8,019	
7		HOUSEKEEPING	10			227	
8		DIETARY	11			1,509	
9		NURSING ADMINISTRATION	14			917	
10		CENTRAL SERVICES & SUPPLY	15			286,939	
11		PHARMACY	16			31,696	
12		MEDICAL RECORDS & LIBRARY	17			137	
13		SOCIAL SERVICE	18			25	
14		I&R SERVICES-OTHER PRGM COSTS APPRVD	23			4,005	
15		ADULTS & PEDIATRICS	25			1,419,759	
16		INTENSIVE CARE UNIT	26			1,475,818	
17		CORONARY CARE UNIT	27			320,310	
18		SUBPROVIDER	31			23,138	
19		SUBPROVIDER II - REHAB	31.01			73,753	
20		OPERATING ROOM	37			16,711,444	
21		ANESTHESIOLOGY	40			794,950	
22		RADIOLOGY-DIAGNOSTIC	41			1,241,439	
23		RADIOISOTOPE	43			5,307	
24		ULTRA SOUND	43.01			36,642	
25		CAT SCAN	43.02			340,474	
26		CARDIAC CATHETERIZATION LABORATORY	43.03			4,456,265	
27		LABORATORY	44			28,066	
28		RESPIRATORY THERAPY	49			306,302	
29		PHYSICAL THERAPY	50			95,493	
30		CARDIOLOGY	52.01			3,342	
31		ELECTROCARDIOLOGY	53			51,933	
32		ELECTROENCEPHALOGRAPHY	54			4,073	
33		RENAL DIALYSIS	59			217,090	
34		CLINIC	60			142,429	
35		A. R. C. CLINIC	60.01			15,217	
1 CHARGEABLE SUPPLY	B	CANCER CTR CLINIC	60.02			54,134	
2		UROLOGY CLINIC	60.03			30,345	
3		BLOOD STORING, PROCESSING & TRANS.	47			3,743	
4		WOUND CARE CLINIC	60.06			9,310	
5		EMERGENCY	61			925,943	
6 CHARGEABLE DRUGS	C	PHARMACY	16			13,489,331	
7 EQUIPMENT DEPRECIATION RECLASS	D	EMPLOYEE BENEFITS	5			4,528	
8		NONPATIENT PHONES	6.01			10,733	
9		DATA PROCESSING	6.02			104,312	
10		PURCHASING, RECEIVING AND STORES	6.03			12,002	
11		ADMINISTRATIVE	6.04			28,863	
12		CASHIERING, PATIENT ACCOUNTS	6.05			43,117	
13		OPERATION OF PLANT	8			41,695	
14		HOUSEKEEPING	10			24,099	
15		DIETARY	11			51,469	
16		NURSING ADMINISTRATION	14			15,712	
17		CENTRAL SERVICES & SUPPLY	15			120,187	
18		PHARMACY	16			12,001	
19		MEDICAL RECORDS & LIBRARY	17			20,352	
20		SOCIAL SERVICE	18			2,679	
21		I&R SERVICES-OTHER PRGM COSTS APPRVD	23			33,974	
22		ADULTS & PEDIATRICS	25			323,684	
23		INTENSIVE CARE UNIT	26			238,555	
24		CORONARY CARE UNIT	27			82,571	
25		SUBPROVIDER	31			3,392	
26		OPERATING ROOM	37			1,107,881	
27		ANESTHESIOLOGY	40			310,794	
28		RADIOLOGY-DIAGNOSTIC	41			1,035,290	
29		RADIOISOTOPE	43			14,459	
30		ULTRA SOUND	43.01			166,337	
31		CAT SCAN	43.02			107,053	
32		CARDIAC CATHETERIZATION LABORATORY	43.03			227,844	
33		RESPIRATORY THERAPY	49			158,922	
34		PHYSICAL THERAPY	50			31,120	
35		CARDIOLOGY	52.01			8,840	

RECLASSIFICATIONS

PROVIDER NO:
140182

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/26/2011
WORKSHEET A-6
CONTD

----- DECREASE -----						A-7
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 EQUIPMENT DEPRECIATION RECLASS	D	ELECTROCARDIOLOGY	53		149,980	
2		ELECTROENCEPHALOGRAPHY	54		9,127	
3		RENAL DIALYSIS	59		20,466	
4		CLINIC	60		27,110	
5		A. R. C. CLINIC	60.01		60,151	
6		CANCER CTR CLINIC	60.02		44,606	
7		UROLOGY CLINIC	60.03		35,307	
8		LABORATORY	44		2,304	
9		SUBPROVIDER II - REHAB	31.01		673	
10		EMERGENCY	61		169,992	
11		LAUNDRY & LINEN SERVICE	9		1,718	
12 RECLASS DEPRECIATION	E	ADMINISTRATIVE AND GENERAL	6.06		11,684,582	9
13						9
14 IMPLANT COSTS	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	10,121,387		11
15 PHARMACY RESIDENT COSTS	G	PHARMACY	16	47,300	8,846	
16 NURSERY RECLASS	H	ADULTS & PEDIATRICS	25	1,168,182	465,958	
17 CAPITAL RECLASS	I					14
18		NONPATIENT PHONES	6.01		110,056	14
19		PURCHASING, RECEIVING AND STORES	6.03		102,184	14
20		ADMITTING	6.04		97,683	14
21		ADMINISTRATIVE AND GENERAL	6.06		445,749	14
22		OPERATION OF PLANT	8		417	14
23		PHARMACY	16		438,379	14
24		MEDICAL RECORDS & LIBRARY	17		2,492	14
25		ADULTS & PEDIATRICS	25		161,235	14
26		INTENSIVE CARE UNIT	26		177,252	14
27		CORONARY CARE UNIT	27		27,934	14
28		SUBPROVIDER	31		1,556	14
29		SUBPROVIDER II - REHAB	31.01		11,578	14
30		OPERATING ROOM	37		543,965	14
31		ANESTHESIOLOGY	40		19,605	14
32		RADIOLOGY-DIAGNOSTIC	41		1,309,424	14
33		RADIOISOTOPE	43		20,103	14
34		ULTRA SOUND	43.01		138,431	14
35		CAT SCAN	43.02		1,187,125	14
1 CAPITAL RECLASS	I	CARDIAC CATHETERIZATION LABORATORY	43.03		518,681	14
2		LABORATORY	44		26,626	14
3		RESPIRATORY THERAPY	49		39,087	14
4		PHYSICAL THERAPY	50		226	14
5		ELECTROCARDIOLOGY	53		47,256	14
6		RENAL DIALYSIS	59		2,601	14
7		CLINIC	60		162,200	14
8		A. R. C. CLINIC	60.01		156,797	14
9		CANCER CTR CLINIC	60.02		2,845	14
10		EMERGENCY	61		35,815	14
36 TOTAL RECLASSIFICATIONS				12,043,700	66,189,120	

(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:
140182

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/26/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : RECLASS CAFETERIA

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,278,748
TOTAL RECLASSIFICATIONS FOR CODE A			1,278,748

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	1,278,748	
		1,278,748	

RECLASS CODE: B
EXPLANATION : CHARGEABLE SUPPLY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	29,317,285
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
26.00			0
27.00			0
28.00			0
29.00			0
30.00			0
31.00			0
32.00			0
33.00			0
34.00			0
35.00			0
36.00			0
37.00			0
39.00			0
40.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			29,317,285

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NONPATIENT PHONES	6.01	20	
ADMINITTING	6.04	9,673	
ADMINISTRATIVE AND GENERAL	6.06	40,309	
OPERATION OF PLANT	8	147,090	
LAUNDRY & LINEN SERVICE	9	8,019	
HOUSEKEEPING	10	227	
DIETARY	11	1,509	
NURSING ADMINISTRATION	14	917	
CENTRAL SERVICES & SUPPLY	15	286,939	
PHARMACY	16	31,696	
MEDICAL RECORDS & LIBRARY	17	137	
SOCIAL SERVICE	18	25	
I&R SERVICES-OTHER PRGM COSTS	23	4,005	
ADULTS & PEDIATRICS	25	1,419,759	
INTENSIVE CARE UNIT	26	1,475,818	
CORONARY CARE UNIT	27	320,310	
SUBPROVIDER	31	23,138	
SUBPROVIDER II - REHAB	31.01	73,753	
OPERATING ROOM	37	16,711,444	
ANESTHESIOLOGY	40	794,950	
RADIOLOGY-DIAGNOSTIC	41	1,241,439	
RADIOISOTOPE	43	5,307	
ULTRA SOUND	43.01	36,642	
CAT SCAN	43.02	340,474	
CARDIAC CATHERIZATION LABORATORY	43.03	4,456,265	
LABORATORY	44	28,066	
RESPIRATORY THERAPY	49	306,302	
PHYSICAL THERAPY	50	95,493	
CARDIOLOGY	52.01	3,342	
ELECTROCARDIOLOGY	53	51,933	
ELECTROENCEPHALOGRAPHY	54	4,073	
RENAL DIALYSIS	59	217,090	
CLINIC	60	142,429	
A. R. C. CLINIC	60.01	15,217	
CANCER CTR CLINIC	60.02	54,134	
UROLOGY CLINIC	60.03	30,345	
BLOOD STORING, PROCESSING & TR	47	3,743	
WOUND CARE CLINIC	60.06	9,310	
EMERGENCY	61	925,943	
		29,317,285	

RECLASS CODE: C
EXPLANATION : CHARGEABLE DRUGS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	13,489,331
TOTAL RECLASSIFICATIONS FOR CODE C			13,489,331

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	13,489,331	
		13,489,331	

RECLASS CODE: D
EXPLANATION : EQUIPMENT DEPRECIATION RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE AND GENERAL	6.06	4,863,899
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	4,528	
NONPATIENT PHONES	6.01	10,733	
DATA PROCESSING	6.02	104,312	
PURCHASING, RECEIVING AND STOR	6.03	12,002	
ADMINITTING	6.04	28,863	
CASHIERING, PATIENT ACCOUNTS	6.05	43,117	
OPERATION OF PLANT	8	41,695	
HOUSEKEEPING	10	24,099	
DIETARY	11	51,469	
NURSING ADMINISTRATION	14	15,712	

RECLASSIFICATIONS

PROVIDER NO:
140182

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/26/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: D
EXPLANATION : EQUIPMENT DEPRECIATION RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
11.00			0	CENTRAL SERVICES & SUPPLY	15	120,187	
12.00			0	PHARMACY	16	12,001	
13.00			0	MEDICAL RECORDS & LIBRARY	17	20,352	
14.00			0	SOCIAL SERVICE	18	2,679	
15.00			0	I&R SERVICES-OTHER PRGM COSTS	23	33,974	
16.00			0	ADULTS & PEDIATRICS	25	323,684	
17.00			0	INTENSIVE CARE UNIT	26	238,555	
18.00			0	CORONARY CARE UNIT	27	82,571	
19.00			0	SUBPROVIDER	31	3,392	
20.00			0	OPERATING ROOM	37	1,107,881	
21.00			0	ANESTHESIOLOGY	40	310,794	
22.00			0	RADIOLOGY-DIAGNOSTIC	41	1,035,290	
23.00			0	RADIOISOTOPE	43	14,459	
24.00			0	ULTRASOUND	43.01	166,337	
25.00			0	CAT SCAN	43.02	107,053	
26.00			0	CARDIAC CATHETERIZATION LABORATORY	43.03	227,844	
27.00			0	RESPIRATORY THERAPY	49	158,922	
28.00			0	PHYSICAL THERAPY	50	31,120	
29.00			0	CARDIOLOGY	52.01	8,840	
30.00			0	ELECTROCARDIOLOGY	53	149,980	
31.00			0	ELECTROENCEPHALOGRAPHY	54	9,127	
32.00			0	RENAL DIALYSIS	59	20,466	
33.00			0	CLINIC	60	27,110	
34.00			0	A. R. C. CLINIC	60.01	60,151	
35.00			0	CANCER CTR CLINIC	60.02	44,606	
36.00			0	UROLOGY CLINIC	60.03	35,307	
37.00			0	LABORATORY	44	2,304	
38.00			0	SUBPROVIDER II - REHAB	31.01	673	
39.00			0	EMERGENCY	61	169,992	
40.00			0	LAUNDRY & LINEN SERVICE	9	1,718	
TOTAL RECLASSIFICATIONS FOR CODE D			4,863,899				4,863,899

RECLASS CODE: E
EXPLANATION : RECLASS DEPRECIATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	6,465,370	ADMINISTRATIVE AND GENERAL	6.06	11,684,582	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	5,219,212			0	
TOTAL RECLASSIFICATIONS FOR CODE E			11,684,582				11,684,582

RECLASS CODE: F
EXPLANATION : IMPLANT COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	10,121,387	MEDICAL SUPPLIES CHARGED TO PA	55	10,121,387	
TOTAL RECLASSIFICATIONS FOR CODE F			10,121,387				10,121,387

RECLASS CODE: G
EXPLANATION : PHARMACY RESIDENT COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	PARAMED PHARMACY	24.03	56,146	PHARMACY	16	56,146	
TOTAL RECLASSIFICATIONS FOR CODE G			56,146				56,146

RECLASS CODE: H
EXPLANATION : NURSERY RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	NURSERY	33	1,634,140	ADULTS & PEDIATRICS	25	1,634,140	
TOTAL RECLASSIFICATIONS FOR CODE H			1,634,140				1,634,140

RECLASS CODE: I
EXPLANATION : CAPITAL RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,131,145			0	

RECLASSIFICATIONS

PROVIDER NO:
140182

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/26/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION : CAPITAL RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	4,656,157	NONPATIENT PHONES	6.01	110,056	
3.00			0	PURCHASING, RECEIVING AND STOR	6.03	102,184	
4.00			0	ADMITTING	6.04	97,683	
6.00			0	ADMINISTRATIVE AND GENERAL	6.06	445,749	
7.00			0	OPERATION OF PLANT	8	417	
13.00			0	PHARMACY	16	438,379	
14.00			0	MEDICAL RECORDS & LIBRARY	17	2,492	
17.00			0	ADULTS & PEDIATRICS	25	161,235	
18.00			0	INTENSIVE CARE UNIT	26	177,252	
19.00			0	CORONARY CARE UNIT	27	27,934	
20.00			0	SUBPROVIDER	31	1,556	
21.00			0	SUBPROVIDER II - REHAB	31.01	11,578	
22.00			0	OPERATING ROOM	37	543,965	
23.00			0	ANESTHESIOLOGY	40	19,605	
24.00			0	RADIOLOGY-DIAGNOSTIC	41	1,309,424	
25.00			0	RADIOISOTOPE	43	20,103	
26.00			0	ULTRASOUND	43.01	138,431	
27.00			0	CAT SCAN	43.02	1,187,125	
28.00			0	CARDIAC CATHETERIZATION LABORATO	43.03	518,681	
29.00			0	LABORATORY	44	26,626	
30.00			0	RESPIRATORY THERAPY	49	39,087	
31.00			0	PHYSICAL THERAPY	50	226	
33.00			0	ELECTROCARDIOLOGY	53	47,256	
34.00			0	RENAL DIALYSIS	59	2,601	
35.00			0	CLINIC	60	162,200	
36.00			0	A. R. C. CLINIC	60.01	156,797	
37.00			0	CANCER CTR CLINIC	60.02	2,845	
40.00			0	EMERGENCY	61	35,815	
TOTAL RECLASSIFICATIONS FOR CODE I			5,787,302				5,787,302

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	2,137,891						2,137,891	2,137,891
2	LAND IMPROVEMENTS	29,098						29,098	29,098
3	BUILDINGS & FIXTURE	803,940						803,940	519,678
4	BUILDING IMPROVEMENTS								
5	FIXED EQUIPMENT								
6	MOVABLE EQUIPMENT								
7	SUBTOTAL	2,970,929						2,970,929	2,686,667
8	RECONCILING ITEMS								
9	TOTAL	2,970,929						2,970,929	2,686,667

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	8,831,803						8,831,803	8,831,803
2	LAND IMPROVEMENTS	1,527,042	12,793			12,793		1,539,835	625,864
3	BUILDINGS & FIXTURE	97,197,251	1,080,675			1,080,675	153,990	98,123,936	48,553,936
4	BUILDING IMPROVEMENTS	1,240,758						1,240,758	1,114,065
5	FIXED EQUIPMENT	44,941,372	10,143,884			10,143,884	1,988,661	53,096,595	33,032,159
6	MOVABLE EQUIPMENT	23,742						23,742	23,742
7	SUBTOTAL	153,761,968	11,237,352			11,237,352	2,142,651	162,856,669	92,181,569
8	RECONCILING ITEMS								
9	TOTAL	153,761,968	11,237,352			11,237,352	2,142,651	162,856,669	92,181,569

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-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL	TOTAL (1)
							RELATED COST	15
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL						4,350	4,350
1 01	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV						1,365	1,365
3	NEW CAP REL COSTS-BL	6,465,370		-21,928			1,327,992	7,771,434
4	NEW CAP REL COSTS-MV	5,219,212		5,525			6,117,509	11,342,246
5	TOTAL	11,684,582		-16,403			7,451,216	19,119,395

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)
							RELATED COST	15
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL							

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

ADJUSTMENTS TO EXPENSES

DESCR IPTION (1)	(2) BASIS/ CODE	AMOUNT	EXPENSE CLASSIFICATION ON	LINE NO	WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER		
	1	2	3	4	5
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	-6,539,185			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-1,777,405			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 REVENUE OFFSET	B	-5,982	EMPLOYEE BENEFITS	5	
37.01 REVENUE OFFSET	B	-19,546	MEDICAL RECORDS & LIBRARY	17	
38 REVENUE OFFSET	B	-67,384	CASHIERING, PATIENT ACCOU	6.05	
39 REVENUE OFFSET	B	-3,026,724	ADMINISTRATIVE AND GENERA	6.06	
40 REVENUE OFFSET	B	-556,718	OPERATION OF PLANT	8	
41 REVENUE OFFSET	B	-1,208,616	CAFETERIA	12	
42 OTHER ADJUSTMENTS (SPECIFY)					
43 REVENUE OFFSET	B	-37,349	NURSING ADMINISTRATION	14	
44 OTHER ADJUSTMENTS (SPECIFY)					
45 REVENUE OFFSET	B	-226,129	I&R SERVICES-OTHER PRGM C	23	
46 REVENUE OFFSET	B	-236,083	ADULTS & PEDIATRICS	25	
47 REVENUE OFFSET	B	-29,643	OPERATING ROOM	37	
48 REVENUE OFFSET	B	-10,265	RADIOLOGY-DIAGNOSTIC	41	
49 REVENUE OFFSET	B	-138,155	CARDIAC CATHETERIZATION LAB	43.03	
49.01 REVENUE OFFSET	B	-50,511	LABORATORY	44	
49.02 REVENUE OFFSET	B	-278	SOCIAL SERVICE	18	
49.03 REVENUE OFFSET	B	-20,004	PHYSICAL THERAPY	50	
49.05 REVENUE OFFSET	B	-43,728	RESPIRATORY THERAPY	49	
49.06 REVENUE OFFSET	B	-46,904	CANCER CTR CLINIC	60.02	
49.07					
49.08 REVENUE OFFSET	B	-556,808	EMERGENCY	61	
49.09 REVENUE OFFSET	B	-33,399	CLINIC	60	
49.10 REVENUE OFFSET	B	-95,797	CLINIC	60	
49.13					
49.14					
49.15					
49.16					
49.21 AHA DUES	A	-29,968	ADMINISTRATIVE AND GENERA	6.06	
49.25 INTEREST	A	-2,545,072	ADMINISTRATIVE AND GENERA	6.06	
49.26 NONALLOWABLE EXPENSES	A	-2,405,024	ADMINISTRATIVE AND GENERA	6.06	
49.45 DEPRECIATION ADJUSTMENT TO S/L	A	-21,928	NEW CAP REL COSTS-BLDG &	3	11
49.46 DEPRECIATION ADJUSTMENT TO S/L	A	5,525	NEW CAP REL COSTS-MVBLE E	4	11
49.47					
49.50 UNCOLLECTIBLE ACCOUNTS	A	-22,837,000	ADMINISTRATIVE AND GENERA	6.06	
49.51 PUBLIC AID ASSESSMENT	A	-14,454,000	ADMINISTRATIVE AND GENERA	6.06	
49.52					
49.53					
49.55					
49.56					
50 TOTAL (SUM OF LINES 1 THRU 49)		-57,014,080			

(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	5	EMPLOYEE BENEFITS	HOME OFFICE COST	4,339,212		4,339,212	
2	6 2	DATA PROCESSING	HOME OFFICE COST	3,902,719		3,902,719	
3	6 6	ADMINISTRATIVE AND GENERAL	HOME OFFICE COST	6,468,037	18,151,287	-11,683,250	
4	1	OLD CAP REL COSTS-BLDG &	HOME OFFICE COST	4,350		4,350	14
4.01	2	OLD CAP REL COSTS-MVBLE E	HOME OFFICE COST	1,365		1,365	14
4.02	3	NEW CAP REL COSTS-BLDG &	HOME OFFICE COST	196,847		196,847	14
4.03	4	NEW CAP REL COSTS-MVBLE E	HOME OFFICE COST	1,461,352		1,461,352	14
5		TOTALS		16,373,882	18,151,287	-1,777,405	

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

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

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

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

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0182
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 5/26/2011
 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 22	AGGREGATE	1,711,274	1,711,274					
2 25	AGGREGATE	2,415,034	2,415,034					
3 26	AGGREGATE							
4 27	AGGREGATE							
5 31	AGGREGATE							
6 37	AGGREGATE	729,829	729,829					
7 40	AGGREGATE							
8 41	AGGREGATE	144,346	144,346					
9 43 3	AGGREGATE	727,781	727,781					
10 44	AGGREGATE	12,781	12,781					
11 49	AGGREGATE	22,425	22,425					
12 50	AGGREGATE							
13 60 1	AGGREGATE							
14 60 2	AGGREGATE							
15 60 3	AGGREGATE	33,482	33,482					
16 61	AGGREGATE	742,233	742,233					
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	6,539,185	6,539,185					

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0182
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 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-BLDG & FIXT	1	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	2	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	3	GROSS SALARIES	ENTERED
6.01	NONPATIENT PHONES	5	NONPATIENT PHONES	ENTERED
6.02	DATA PROCESSING	6	PATIENT REVENUE	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	7	PURCHASE REQUISITIO	ENTERED
6.04	ADMINISTRATIVE	8	INPATIENT REVENUE	ENTERED
6.05	CASHIERING, PATIENT ACCOUNTS	6	PATIENT REVENUE	ENTERED
6.06	ADMINISTRATIVE AND GENERAL	-9	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	10	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	10	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	11	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	12	SQUARE FEET	ENTERED
11	DIETARY	13	PATIENT DAYS	ENTERED
12	CAFETERIA	14	TOTAL FTES	ENTERED
14	NURSING ADMINISTRATION	16	DIRECT NRS ING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	17	COSTED REQUISITIO	ENTERED
16	PHARMACY	18	COSTED REQUISITIO	ENTERED
17	MEDICAL RECORDS & LIBRARY	6	PATIENT REVENUE	ENTERED
18	SOCIAL SERVICE	19	TIME SPENT	ENTERED
21	NURSING SCHOOL	22	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	23	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	ASSIGNED TIME	ENTERED
24	PARAMED PRGM-(SPECIFY)	-24	ACCUM. COST	NOT ENTERED
24.01	PARAMED ANESTH SCHOOL	25	ASSIGNED TIME	NOT ENTERED
24.02	PARAMED RADIOLOGY SCHOOL	26	ASSIGNED TIME	NOT ENTERED
24.03	PARAMED PHARMACY	27	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-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS
	0	1	1.01	2	3	4	5
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &	4,350	4,350					
002 OLD CAP REL COSTS-MVBLE E	1,365			1,365			
003 NEW CAP REL COSTS-BLDG &	7,771,434				7,771,434		
004 NEW CAP REL COSTS-MVBLE E	11,342,246					11,342,246	
005 EMPLOYEE BENEFITS	29,426,351			8	42,760	62,408	29,531,551
006 01 NONPATIENT PHONES	1,072,307	23		7	40,873	59,654	106,560
006 02 DATA PROCESSING	7,094,084	7		2	12,681	18,508	
006 03 PURCHASING, RECEIVING AND	740,444	48		15	86,030	125,559	63,018
006 04 ADMINITTING	3,229,562	27		9	49,082	71,634	640,569
006 05 CASHIERING, PATIENT ACCOU	15,018,442	111		35	198,347	289,483	439,451
006 06 ADMINISTRATIVE AND GENERA	10,697,103	223		70	398,599	581,748	2,265,583
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	9,539,231	117		37	208,782	304,713	890,958
009 LAUNDRY & LINEN SERVICE	1,644,220	16		5	28,079	40,981	58,912
010 HOUSEKEEPING	4,418,073	95		30	169,645	247,593	854,386
011 DIETARY	3,134,736	104		33	185,817	271,196	426,050
012 CAFETERIA	70,132	80		25	142,170	207,494	170,910
014 NURSING ADMINISTRATION	3,070,855	81		25	144,491	210,881	592,617
015 CENTRAL SERVICES & SUPPLY	1,625,786	82		26	146,340	213,580	354,434
016 PHARMACY	2,461,661	43		14	77,520	113,138	893,914
017 MEDICAL RECORDS & LIBRARY	3,063,771	48		15	85,841	125,284	544,276
018 SOCIAL SERVICE	2,821,946	22		7	38,439	56,101	420,352
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	10,458,754						
023 I&R SERVICES-OTHER PRGM C	2,856,919	94		30	168,079	245,307	2,528,895
024 PARAMED ED PRGM-(SPECIFY)							
024 01 PARAMED ED ANESTH SCHOOL							
024 02 PARAMED ED RADIOLOGY SCHO							
024 03 PARAMED ED PHARMACY	56,146	1			1,510	2,203	11,437
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	25,639,441	759		235	1,361,253	1,986,719	5,323,066
026 INTENSIVE CARE UNIT	14,750,357	354		111	632,517	923,145	2,952,584
027 CORONARY CARE UNIT	5,584,871	167		52	298,360	435,450	1,212,361
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	3,734,111	152		48	270,979	395,488	790,595
031 01 SUBPROVIDER 11 - REHAB	2,502,342	77		24	137,603	200,829	317,344
031 02 SUBPROVIDER 3							
033 NURSERY	1,634,140	70		22	124,280	181,385	282,463
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	11,714,215	177		56	316,136	461,394	1,939,813
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	443,414	116		36	206,971	302,069	20,599
041 RADIOLOGY-DIAGNOSTIC	7,837,892	181		57	322,495	470,675	1,202,494
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	978,501	25		8	45,006	65,685	109,565
043 01 ULTRA SOUND	889,806	3		1	4,906	7,161	186,288
043 02 CAT SCAN	1,384,594	13		4	22,550	32,911	174,188
043 03 CARDIAC CATHERIZATION LAB	2,102,092	111		35	198,196	289,263	301,531
044 LABORATORY	10,691,555						9,941
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	1,434,653						
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	3,104,354	47		15	83,256	121,511	679,660
050 PHYSICAL THERAPY	2,956,151	226		71	403,411	588,771	552,570
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
052 01 RADIOLOGY	355,426	27		8	48,214	70,367	76,547
053 ELECTROCARDIOLOGY	1,594,106	47		15	84,162	122,833	265,458
054 ELECTROENCEPHALOGRAPHY	93,249	8		3	14,587	21,289	20,722
055 MEDICAL SUPPLIES CHARGED	19,195,898						
055 30 IMPL. DEV. CHARGED TO PAT	10,121,387						
056 DRUGS CHARGED TO PATIENTS	13,489,331						
058 ASC (NON-DISTINCT PART)							
059 RENAL DIALYSIS	583,652	6		2	10,907	15,919	128,306
059 01 METABOLIC SUPPORT							
059 02 CMHC							
059 97 CARDIAC REHABILITATION							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	310,426						57,795
060 01 A.R.C. CLINIC	1,016,968	57		18	101,674	148,391	199,670
060 02 CANCER CTR CLINIC	1,156,509	135		42	241,164	351,973	201,945
060 03 UROLOGY CLINIC	234,607						42,365
060 04 ORTHOPEDIC CLINIC							
060 05 EYE CENTER							
060 06 WOUND CARE CLINIC	46,241	120		38	213,537	311,653	5,948
060 07 DENT CLINIC							
060 08 O/P PHARMACY CLINIC	75,553	16		5	28,211	41,174	16,915
061 EMERGENCY	7,184,750	210		66	375,974	548,726	1,198,374
062 OBSERVATION BEDS (NON-DIS							
063 FAMILY HEALTH CENTER							

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & OSTS-BLDG & OSTS-MVBLE E	OLD CAP REL C OSTS-BLDG & OSTS-BLDG & OSTS-MVBLE E	OLD CAP REL C OSTS-BLDG & OSTS-BLDG & OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & OSTS-BLDG & OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & OSTS-BLDG & OSTS-MVBLE E	EMPLOYEE BENEFITS
	0	1	1.01	2	3	4	5
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
092 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTERS							
095 SUBTOTALS	284,460,510	4,350		1,365	7,771,434	11,342,246	29,531,429
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	5,365						122
096 01 SUBCORPS							
096 02 GRANTS							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							
098 01 HOSPICE							
098 02 OUTPATIENT PHARMACY							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	284,465,875	4,350		1,365	7,771,434	11,342,246	29,531,551

COST CENTER DESCRIPTION	NONPATIENT PH	DATA PROCESSI	PURCHASING, R	ADMINI TTING	CASHIERING, P	SUBTOTAL	ADMINI STRATIV E AND GENERA
	ONES	NG	CEIVING AND		ATIEN T ACCOU		
	6. 01	6. 02	6. 03	6. 04	6. 05	6a. 05	6. 06
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES	1, 279, 424						
006 02 DATA PROCESSING	475	7, 125, 757					
006 03 PURCHASING, RECEIVING AND	3, 801		1, 018, 915				
006 04 ADMINI TTING	56, 061		1, 484	4, 048, 428			
006 05 CASHIERING, PATIENT ACCOU	32, 781		703		15, 979, 353		
006 06 ADMINI STRATIVE AND GENERA	104, 520		28, 593			14, 076, 439	14, 076, 439
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	66, 513		19, 558			11, 029, 909	574, 217
009 LAUNDRY & LINEN SERVICE	950		530			1, 773, 693	92, 338
010 HOUSEKEEPING	40, 383		11, 698			5, 741, 903	298, 923
011 DIETARY	20, 429		66, 527			4, 104, 892	213, 701
012 CAFETERIA						590, 811	30, 758
014 NURSING ADMINI STRATION	13, 778		1, 118			4, 033, 846	210, 002
015 CENTRAL SERVICES & SUPPLY	14, 728		9, 450			2, 364, 426	123, 092
016 PHARMACY	24, 705		2, 945			3, 573, 940	186, 059
017 MEDICAL RECORDS & LIBRARY	39, 908		637			3, 859, 780	200, 940
018 SOCIAL SERVICE	11, 402		1, 623			3, 349, 892	174, 395
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI						10, 458, 754	544, 483
023 I&R SERVICES-OTHER PRGM C						5, 840, 642	304, 064
024 PARAMED ED PRGM-(SPECIFY)							
024 01 PARAMED ED ANESTH SCHOOL							
024 02 PARAMED ED RADIOLOGY SCHO							
024 03 PARAMED ED PHARMACY	475					71, 772	3, 736
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	175, 310	767, 554	49, 717	657, 792	1, 721, 207	37, 683, 053	1, 961, 744
026 INTENSIVE CARE UNIT	74, 114	508, 597	46, 301	435, 952	1, 140, 507	21, 464, 539	1, 117, 444
027 CORONARY CARE UNIT	21, 854	254, 939	10, 239	218, 525	571, 691	8, 608, 509	448, 159
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	22, 329	86, 011	2, 977	73, 726	192, 876	5, 569, 292	289, 937
031 01 SUBPROVIDER 11 - REHAB	9, 027	52, 856	2, 462	45, 306	118, 527	3, 386, 397	176, 296
031 02 SUBPROVIDER 3							
033 NURSERY		32, 950		28, 244	73, 890	2, 357, 444	122, 729
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	78, 390	825, 010	485, 939	312, 454	1, 850, 051	17, 983, 635	936, 228
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	22, 804	164, 616	22, 768	70, 697	369, 144	1, 623, 234	84, 506
041 RADIOLOGY-DIAGNOSTIC	79, 816	493, 000	45, 076	130, 681	1, 105, 531	11, 687, 898	608, 472
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	6, 651	50, 060	251	14, 216	112, 258	1, 382, 226	71, 959
043 01 ULTRA SOUND	6, 176	67, 370	1, 438	13, 685	151, 074	1, 327, 908	69, 131
043 02 CAT SCAN	2, 375	288, 896	9, 607	108, 723	647, 837	2, 671, 698	139, 089
043 03 CARDIAC CATHERIZATION LAB	32, 306	221, 246	125, 336	132, 649	496, 135	3, 898, 900	202, 977
044 LABORATORY	34, 682	636, 285	785	382, 136	1, 426, 841	13, 182, 225	686, 267
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING		75, 670	105	57, 978	169, 687	1, 738, 093	90, 485
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	24, 230	196, 155	9, 074	155, 828	439, 869	4, 813, 999	250, 617
050 PHYSICAL THERAPY	24, 705	99, 096	4, 418	44, 143	222, 219	4, 895, 781	254, 874
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
052 01 RADIOLOGY	3, 326	4, 420	247	448	9, 912	568, 942	29, 619
053 ELECTROCARDIOLOGY	14, 728	115, 577	3, 262	54, 647	259, 176	2, 514, 011	130, 879
054 ELECTROENCEPHALOGRAPHY	10, 452	4, 721	174	1, 467	10, 586	177, 258	9, 228
055 MEDICAL SUPPLIES CHARGED		267, 235		130, 107	599, 263	20, 192, 503	1, 051, 222
055 30 IMPL. DEV. CHARGED TO PAT		290, 900		161, 360	652, 330	11, 225, 977	584, 424
056 DRUGS CHARGED TO PATIENTS		939, 159		586, 986	2, 106, 170	17, 121, 646	891, 353
058 ASC (NON-DISTINCT PART)							
059 RENAL DIALYSIS	2, 375	39, 080	6, 150	32, 368	87, 635	906, 400	47, 187
059 01 METABOLIC SUPPORT							
059 02 CMHC							
059 97 CARDIAC REHABILITATION							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	19, 004	25, 919	4, 513	6	58, 122	475, 785	24, 769
060 01 A. R. C. CLINIC	46, 084	68, 191	1, 694	561	152, 915	1, 736, 223	90, 388
060 02 CANCER CTR CLINIC	39, 433	25, 345	4, 010	119	56, 834	2, 077, 509	108, 155
060 03 UROLOGY CLINIC	3, 326	7, 728	1, 539	134	17, 330	307, 029	15, 984
060 04 ORTHOPEDIC CLINIC							
060 05 EYE CENTER							
060 06 WOUND CARE CLINIC	475	2, 453	286	8	5, 502	586, 261	30, 521
060 07 DENT CLINIC							
060 08 O/P PHARMACY CLINIC		3, 056	11	3	6, 853	171, 797	8, 944
061 EMERGENCY	56, 536	511, 662	31, 409	197, 479	1, 147, 381	11, 252, 567	585, 809
062 OBSERVATION BEDS (NON-DIS							
063 FAMILY HEALTH CENTER							

COST CENTER DESCRIPTION	NONPATIENT PHONES	PH DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING	CASHIERING, PATIENT ACCOU	SUBTOTAL	ADMINISTRATIVE AND GENERAL
	6.01	6.02	6.03	6.04	6.05	6a.05	6.06
063 50 RHC							
063 60 FQHC							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
092 SPEC PURPOSE COST CENTERS							
095 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	1,278,474	7,125,757	1,018,915	4,048,428	15,979,353	284,459,438	14,076,104
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	950					6,437	335
096 02 SUBCORPS							
096 02 GRANTS							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 HOSPICE							
098 02 OUTPATIENT PHARMACY							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,279,424	7,125,757	1,018,915	4,048,428	15,979,353	284,465,875	14,076,439

COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	7	8	9	10	11	12	14
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
092 SPEC PURPOSE COST CENTERS							
095 AMBULATORY SURGICAL CENTER							
095 SUBTOTALS		11,604,126	1,914,415	6,333,148	4,819,635	1,004,919	4,647,582
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 SUBCORPS							
096 02 GRANTS							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							
098 01 HOSPICE							
098 02 OUTPATIENT PHARMACY							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL		11,604,126	1,914,415	6,333,148	4,819,635	1,004,919	4,647,582

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	15	16	17	18	21	22	23
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING, PATIENT ACCOU							
006 06 ADMINISTRATIVE AND GENERA							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	2,910,042						
016 PHARMACY	3,200	4,004,469					
017 MEDICAL RECORDS & LIBRARY	14		4,321,535				
018 SOCIAL SERVICE	3	286,484		3,986,102			
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI						11,003,237	
023 I&R SERVICES-OTHER PRGM C	404	16					6,690,658
024 PARAMED ED PRGM-(SPECIFY)							
024 01 PARAMED ED ANESTH SCHOOL							
024 02 PARAMED ED RADIOLOGY SCHO							
024 03 PARAMED ED PHARMACY							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	134,464	573,350	465,550	2,366,748		10,899,251	6,627,428
026 INTENSIVE CARE UNIT	149,004	435,892	308,483	1,121,091			
027 CORONARY CARE UNIT	32,340	175,981	154,630	498,263			
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	2,336	212	52,169			103,986	63,230
031 01 SUBPROVIDER 11 - REHAB	7,446	8,182	32,059				
031 02 SUBPROVIDER 3							
033 NURSERY	8,880	4,861	19,986				
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,687,255	215,565	500,399				
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	80,261	383,647	99,846				
041 RADIOLOGY-DIAGNOSTIC	125,341	193,666	299,023				
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	536	870,654	30,363				
043 01 ULTRA SOUND	3,700	456	40,862				
043 02 CAT SCAN	34,376	50,116	175,226				
043 03 CARDIAC CATHETERIZATION LAB	449,922	58,000	134,194				
044 LABORATORY	2,834		385,930				
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	378		45,897				
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	30,925	111	118,975				
050 PHYSICAL THERAPY	9,641	250	60,105				
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
052 01 CARDIOLOGY	337		2,681				
053 ELECTROCARDIOLOGY	5,243	14,513	70,101				
054 ELECTROENCEPHALOGRAPHY	411		2,863				
055 MEDICAL SUPPLIES CHARGED			162,088				
055 30 IMPL. DEV. CHARGED TO PAT			176,441				
056 DRUGS CHARGED TO PATIENTS			569,137				
058 ASC (NON-DISTINCT PART)							
059 RENAL DIALYSIS	21,918	8,948	23,703				
059 01 METABOLIC SUPPORT							
059 02 CMHC							
059 97 CARDIAC REHABILITATION							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	14,380	8,487	15,721				
060 01 A. R. C. CLINIC	1,536	353	41,360				
060 02 CANCER CTR CLINIC	5,466	48,201	15,372				
060 03 UROLOGY CLINIC	3,064	6,208	4,687				
060 04 ORTHOPEDIC CLINIC							
060 05 EYE CENTER							
060 06 WOUND CARE CLINIC	940	30	1,488				
060 07 DENT CLINIC							
060 08 O/P PHARMACY CLINIC			1,854				
061 EMERGENCY	93,487	660,286	310,342				
062 OBSERVATION BEDS (NON-DIS							
063 FAMILY HEALTH CENTER							

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING	SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	15	16	17	18	21		22	23
063 50 RHC								
063 60 FOHC								
065 OTHER REIMBURS COST CNTRS								
066 AMBULANCE SERVICES								
067 DURABLE MEDICAL EQUIP-REN								
070 DURABLE MEDICAL EQUIP-SOL								
071 I&R SERVICES-NOT APPRVD P								
092 HOME HEALTH AGENCY								
095 SPEC PURPOSE COST CENTERS								
096 AMBULATORY SURGICAL CENTE								
095 SUBTOTALS	2,910,042	4,004,469	4,321,535	3,986,102			11,003,237	6,690,658
096 NONREIMBURS COST CENTERS								
096 01 GIFT, FLOWER, COFFEE SHOP								
096 02 SUBCORPS								
097 01 GRANTS								
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFIC								
098 01 HOSPICE								
098 02 OUTPATIENT PHARMACY								
099 NONPAID WORKERS								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	2,910,042	4,004,469	4,321,535	3,986,102			11,003,237	6,690,658

COST CENTER DESCRIPTION	SUBTOTAL	PARAMED ED PR GM-(SPECIFY)	PARAMED ED AN ESTH SCHOOL	PARAMED ED RA RADIOLOGY SCHO	PARAMED ED PH ARMACY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26
	23a. 00	24	24.01	24.02	24.03	25	
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING, PATIENT ACCOU							
006 06 ADMINISTRATIVE AND GENERA							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
024 01 PARAMED ED ANESTH SCHOOL							
024 02 PARAMED ED RADIOLOGY SCHO							
024 03 PARAMED ED PHARMACY	79,993				79,993		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	69,168,191				17,935	69,186,126	-17,526,679
026 INTENSIVE CARE UNIT	28,791,255					28,791,255	
027 CORONARY CARE UNIT	12,010,899				11,048	12,021,947	
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	7,856,376					7,856,376	-167,216
031 01 SUBPROVIDER 11 - REHAB	4,422,115					4,422,115	
031 02 SUBPROVIDER 3							
033 NURSERY	3,096,178					3,096,178	
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	22,893,082					22,893,082	
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	2,833,570					2,833,570	
041 RADIOLOGY-DIAGNOSTIC	14,090,311					14,090,311	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	2,485,870					2,485,870	
043 01 ULTRA SOUND	1,491,422					1,491,422	
043 02 CAT SCAN	3,185,436					3,185,436	
043 03 CARDIAC CATHERIZATION LAB	5,317,197					5,317,197	
044 LABORATORY	14,257,671					14,257,671	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	1,874,853					1,874,853	
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	5,480,184					5,480,184	
050 PHYSICAL THERAPY	6,382,452					6,382,452	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
052 01 RADIOLOGY	745,375				6,888	752,263	
053 ELECTROCARDIOLOGY	2,978,652					2,978,652	
054 ELECTROENCEPHALOGRAPHY	229,923					229,923	
055 MEDICAL SUPPLIES CHARGED	21,405,813					21,405,813	
055 30 IMPL. DEV. CHARGED TO PAT	11,986,842					11,986,842	
056 DRUGS CHARGED TO PATIENTS	18,582,136				30,347	18,612,483	
058 ASC (NON-DISTINCT PART)							
059 RENAL DIALYSIS	1,056,182					1,056,182	
059 01 METABOLIC SUPPORT							
059 02 CMHC							
059 97 CARDIAC REHABILITATION							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	542,801					542,801	
060 01 A. R. C. CLINIC	2,191,802					2,191,802	
060 02 CANCER CTR CLINIC	2,956,726					2,956,726	
060 03 UROLOGY CLINIC	345,216					345,216	
060 04 ORTHOPEDIC CLINIC							
060 05 EYE CENTER							
060 06 WOUND CARE CLINIC	1,197,163					1,197,163	
060 07 DENT CLINIC							
060 08 O/P PHARMACY CLINIC	231,622					231,622	
061 EMERGENCY	14,291,795				13,775	14,305,570	
062 OBSERVATION BEDS (NON-DIS							
063 FAMILY HEALTH CENTER							

COST CENTER DESCRIPTION	SUBTOTAL	PARAMED ED PR GM-(SPECIFY)	PARAMED ED AN ESTH SCHOOL	PARAMED ED RA DIOLGY SCHO	PARAMED ED PH ARMACY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ
23a.00	24	24.01	24.02	24.03	25		26
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
092 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	284,459,103				79,993	284,459,103	-17,693,895
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	6,772					6,772	
096 02 SUBCORPS							
096 02 GRANTS							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 HOSPICE							
098 02 OUTPATIENT PHARMACY							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	284,465,875				79,993	284,465,875	-17,693,895

TOTAL

COST CENTER DESCRIPTION	TOTAL
	27
001 GENERAL SERVICE COST CNTR	
001 01 OLD CAP REL COSTS-BLDG &	
002 OLD CAP REL COSTS-MVBLE E	
003 NEW CAP REL COSTS-BLDG &	
004 NEW CAP REL COSTS-MVBLE E	
005 EMPLOYEE BENEFITS	
006 01 NONPATIENT PHONES	
006 02 DATA PROCESSING	
006 03 PURCHASING, RECEIVING AND	
006 04 ADMITTING	
006 05 CASHIERING, PATIENT ACCOU	
006 06 ADMINISTRATIVE AND GENERA	
007 MAINTENANCE & REPAIRS	
008 OPERATION OF PLANT	
009 LAUNDRY & LINEN SERVICE	
010 HOUSEKEEPING	
011 DIETARY	
012 CAFETERIA	
014 NURSING ADMINISTRATION	
015 CENTRAL SERVICES & SUPPLY	
016 PHARMACY	
017 MEDICAL RECORDS & LIBRARY	
018 SOCIAL SERVICE	
021 NURSING SCHOOL	
022 I&R SERVICES-SALARY & FRI	
023 I&R SERVICES-OTHER PRGM C	
024 PARAMED ED PRGM-(SPECIFY)	
024 01 PARAMED ED ANESTH SCHOOL	
024 02 PARAMED ED RADIOLOGY SCHO	
024 03 PARAMED ED PHARMACY	
025 INPAT ROUTINE SRVC CNTRS	
025 ADULTS & PEDIATRICS	51,659,447
026 INTENSIVE CARE UNIT	28,791,255
027 CORONARY CARE UNIT	12,021,947
028 BURN INTENSIVE CARE UNIT	
029 SURGICAL INTENSIVE CARE U	
031 SUBPROVIDER	7,689,160
031 01 SUBPROVIDER 11 - REHAB	4,422,115
031 02 SUBPROVIDER 3	
033 NURSERY	3,096,178
034 SKILLED NURSING FACILITY	
037 ANCILLARY SRVC COST CNTRS	
037 OPERATING ROOM	22,893,082
038 RECOVERY ROOM	
039 DELIVERY ROOM & LABOR ROO	
040 ANESTHESIOLOGY	2,833,570
041 RADIOLOGY-DIAGNOSTIC	14,090,311
042 RADIOLOGY-THERAPEUTIC	
043 RADIOISOTOPE	2,485,870
043 01 ULTRASOUND	1,491,422
043 02 CAT SCAN	3,185,436
043 03 CARDIAC CATHETERIZATION LAB	5,317,197
044 LABORATORY	14,257,671
045 PBP CLINICAL LAB SERVICES	
046 WHOLE BLOOD & PACKED RED	
047 BLOOD STORING, PROCESSING	1,874,853
048 INTRAVENOUS THERAPY	
049 RESPIRATORY THERAPY	5,480,184
050 PHYSICAL THERAPY	6,382,452
051 OCCUPATIONAL THERAPY	
052 SPEECH PATHOLOGY	
052 01 RADIOLOGY	752,263
053 ELECTROCARDIOLOGY	2,978,652
054 ELECTROENCEPHALOGRAPHY	229,923
055 MEDICAL SUPPLIES CHARGED	21,405,813
055 30 IMPL. DEV. CHARGED TO PAT	11,986,842
056 DRUGS CHARGED TO PATIENTS	18,612,483
058 ASC (NON-DISTINCT PART)	
059 RENAL DIALYSIS	1,056,182
059 01 METABOLIC SUPPORT	
059 02 CMHC	
059 97 CARDIAC REHABILITATION	
060 OUTPAT SERVICE COST CNTRS	
060 CLINIC	542,801
060 01 A. R. C. CLINIC	2,191,802
060 02 CANCER CTR CLINIC	2,956,726
060 03 UROLOGY CLINIC	345,216
060 04 ORTHOPEDIC CLINIC	
060 05 EYE CENTER	
060 06 WOUND CARE CLINIC	1,197,163
060 07 DENT CLINIC	
060 08 O/P PHARMACY CLINIC	231,622
061 EMERGENCY	14,305,570
062 OBSERVATION BEDS (NON-DIS	
063 FAMILY HEALTH CENTER	

COST CENTER DESCRIPTION		TOTAL
	OUTPAT SERVICE COST CNTRS	27
063	50 RHC	
063	60 FQHC	
	OTHER REIMBURS COST CNTRS	
065	AMBULANCE SERVICES	
066	DURABLE MEDICAL EQUIP-REN	
067	DURABLE MEDICAL EQUIP-SOL	
070	I&R SERVICES-NOT APPRVD P	
071	HOME HEALTH AGENCY	
	SPEC PURPOSE COST CENTERS	
092	AMBULATORY SURGICAL CENTE	
095	SUBTOTALS	266,765,208
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	6,772
096	01 SUBCORPS	
096	02 GRANTS	
097	RESEARCH	
098	PHYSICIANS' PRIVATE OFFIC	
098	01 HOSPICE	
098	02 OUTPATIENT PHARMACY	
099	NONPAID WORKERS	
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	266,771,980

ALLOCATION OF OLD CAPITAL RELATED COSTS

14-0182

FROM 1/ 1/2010

WORKSHEET B

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| TO

12/31/2010

PART II

COST CENTER	DIR ASSGND	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL
DESCRIPTION	OLD CAPITAL	OSTS-BLDG &	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	4a
	REL COSTS	1	1.01	2	3	4	
001	GENERAL SERVICE COST CNTR						
001	01 OLD CAP REL COSTS-BLDG &						
002	02 OLD CAP REL COSTS-MVBLE E						
003	03 NEW CAP REL COSTS-BLDG &						
004	04 NEW CAP REL COSTS-MVBLE E						
005	05 EMPLOYEE BENEFITS			8			32
006	01 NONPATIENT PHONES		24	7			30
006	02 DATA PROCESSING		7	2			9
006	03 PURCHASING, RECEIVING AND		48	15			63
006	04 ADMITTING		27	9			36
006	05 CASHIERING, PATIENT ACCOU		111	35			146
006	06 ADMINISTRATIVE AND GENERA		223	70			293
007	07 MAINTENANCE & REPAIRS						
008	08 OPERATION OF PLANT		117	37			154
009	09 LAUNDRY & LINEN SERVICE		16	5			21
010	10 HOUSEKEEPING		95	30			125
011	11 DIETARY		104	33			137
012	12 CAFETERIA		80	25			105
014	14 NURSING ADMINISTRATION		81	25			106
015	15 CENTRAL SERVICES & SUPPLY		82	26			108
016	16 PHARMACY		43	14			57
017	17 MEDICAL RECORDS & LIBRARY		48	15			63
018	18 SOCIAL SERVICE		22	7			29
021	21 NURSING SCHOOL						
022	22 I&R SERVICES-SALARY & FRI						
023	23 I&R SERVICES-OTHER PRGM C		94	30			124
024	24 PARAMED ED PRGM-(SPECIFY)						
024	01 PARAMED ED ANESTH SCHOOL						
024	02 PARAMED ED RADIOLOGY SCHO						
024	03 PARAMED ED PHARMACY		1				1
025	25 INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS		759	235			994
026	26 INTENSIVE CARE UNIT		354	111			465
027	27 CORONARY CARE UNIT		167	52			219
028	28 BURN INTENSIVE CARE UNIT						
029	29 SURGICAL INTENSIVE CARE U						
031	31 SUBPROVIDER		152	48			200
031	01 SUBPROVIDER 11 - REHAB		77	24			101
031	02 SUBPROVIDER 3						
033	33 NURSERY		70	22			92
034	34 SKILLED NURSING FACILITY						
037	37 ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM		177	56			233
038	38 RECOVERY ROOM						
039	39 DELIVERY ROOM & LABOR ROO						
040	40 ANESTHESIOLOGY		116	36			152
041	41 RADIOLOGY-DIAGNOSTIC		181	57			238
042	42 RADIOLOGY-THERAPEUTIC						
043	43 RADIOISOTOPE		25	8			33
043	01 ULTRA SOUND		3	1			4
043	02 CAT SCAN		13	4			17
043	03 CARDIAC CATHETERIZATION LAB		111	35			146
044	44 LABORATORY						
045	45 PBP CLINICAL LAB SERVICES						
046	46 WHOLE BLOOD & PACKED RED						
047	47 BLOOD STORING, PROCESSING						
048	48 INTRAVENOUS THERAPY						
049	49 RESPIRATORY THERAPY		47	15			62
050	50 PHYSICAL THERAPY		226	71			297
051	51 OCCUPATIONAL THERAPY						
052	52 SPEECH PATHOLOGY						
052	01 RADIOLOGY		27	8			35
053	53 ELECTROCARDIOLOGY		47	15			62
054	54 ELECTROENCEPHALOGRAPHY		8	3			11
055	55 MEDICAL SUPPLIES CHARGED						
055	30 IMPL. DEV. CHARGED TO PAT						
056	56 DRUGS CHARGED TO PATIENTS						
058	58 ASC (NON-DISTINCT PART)						
059	59 RENAL DIALYSIS		6	2			8
059	01 METABOLIC SUPPORT						
059	02 CMHC						
059	97 CARDIAC REHABILITATION						
060	60 OUTPAT SERVICE COST CNTRS						
060	60 CLINIC						
060	01 A. R. C. CLINIC		57	18			75
060	02 CANCER CTR CLINIC		135	42			177
060	03 UROLOGY CLINIC						
060	04 ORTHOPEDIC CLINIC						
060	05 EYE CENTER						
060	06 WOUND CARE CLINIC		120	38			158
060	07 DENT CLINIC						
060	08 O/P PHARMACY CLINIC		16	5			21
061	61 EMERGENCY		210	66			276
062	62 OBSERVATION BEDS (NON-DIS						
063	63 FAMILY HEALTH CENTER						

COST CENTER DESCRIPTION	EMPLOYEE FITS	BENEFIT ONES	NONPATIENT PH DATA NG	PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING	CASHIERING, PATIENT ACCOUNT	ADMINISTRATIVE AND GENERAL
	5		6.01	6.02	6.03	6.04	6.05	6.06
063 50 OUTPAT SERVICE COST CNTRS RHC								
063 60 FOHC								
065 OTHER REIMBURS COST CNTRS								
066 AMBULANCE SERVICES								
067 DURABLE MEDICAL EQUIP-REN								
070 DURABLE MEDICAL EQUIP-SOL								
071 I&R SERVICES-NOT APPRVD P HOME HEALTH AGENCY								
092 SPEC PURPOSE COST CENTERS								
095 AMBULATORY SURGICAL CENTER								
096 SUBTOTALS	32		30	9	63	37	147	297
096 NONREIMBURS COST CENTERS								
096 01 GIFT, FLOWER, COFFEE SHOP								
096 02 SUBCORPS								
097 01 GRANTS								
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFICE								
098 01 HOSPICE								
098 02 OUTPATIENT PHARMACY								
099 NONPAID WORKERS								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	32		30	9	63	37	147	297

COST CENTER DESCRIPTION		MAINTENANCE & OPERATIONS REPAIRS	PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		7	8	9	10	11	12	14
063	50 RHC							
063	60 FOHC							
065	OTHER REIMBURS COST CNTRS							
066	AMBULANCE SERVICES							
067	DURABLE MEDICAL EQUIP-REN							
070	DURABLE MEDICAL EQUIP-SOL							
071	I&R SERVICES-NOT APPRVD P							
092	HOME HEALTH AGENCY							
095	SPEC PURPOSE COST CENTERS							
096	AMBULATORY SURGICAL CENTE							
096	01 SUBTOTALS		168	24	137	155	113	119
096	02 NONREIMBURS COST CENTERS							
097	GIFT, FLOWER, COFFEE SHOP							
098	01 SUBCORPS							
098	02 GRANTS							
099	RESEARCH							
101	PHYSICIANS' PRIVATE OFFIC							
102	01 HOSPICE							
103	02 OUTPATIENT PHARMACY							
104	NONPAID WORKERS							
105	CROSS FOOT ADJUSTMENTS							
106	NEGATIVE COST CENTER							
107	TOTAL		168	24	137	155	113	119

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	15	16	17	18	21	22	23
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING, PATIENT ACCOU							
006 06 ADMINISTRATIVE AND GENERA							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	121						
016 PHARMACY		69					
017 MEDICAL RECORDS & LIBRARY			75				
018 SOCIAL SERVICE		5		42			
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI						10	
023 I&R SERVICES-OTHER PRGM C							149
024 PARAMED ED PRGM-(SPECIFY)							
024 01 PARAMED ED ANESTH SCHOOL							
024 02 PARAMED ED RADIOLOGY SCHO							
024 03 PARAMED ED PHARMACY							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	5	10			25		
026 INTENSIVE CARE UNIT	6	8			12		
027 CORONARY CARE UNIT	1	3			5		
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
031 01 SUBPROVIDER 11 - REHAB							
031 02 SUBPROVIDER 3							
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	75	4					
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	3	7					
041 RADIOLOGY-DIAGNOSTIC	5	3					
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE		15					
043 01 ULTRA SOUND							
043 02 CAT SCAN	1	1					
043 03 CARDIAC CATHETERIZATION LAB	18	1					
044 LABORATORY							
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1						
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
052 01 RADIOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT				75			
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)							
059 RENAL DIALYSIS	1						
059 01 METABOLIC SUPPORT							
059 02 CMHC							
059 97 CARDIAC REHABILITATION							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1						
060 01 A. R. C. CLINIC							
060 02 CANCER CTR CLINIC		1					
060 03 UROLOGY CLINIC							
060 04 ORTHOPEDIC CLINIC							
060 05 EYE CENTER							
060 06 WOUND CARE CLINIC							
060 07 DENT CLINIC							
060 08 O/P PHARMACY CLINIC							
061 EMERGENCY	4	11					
062 OBSERVATION BEDS (NON-DIS							
063 FAMILY HEALTH CENTER							

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	15	16	17	18	21	22	23
063 50 RHC							
063 60 FQHC							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
070 DURABLE MEDICAL EQUIP-SOL							
071 I&R SERVICES-NOT APPRVD P							
092 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
096 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	121	69	75	42			
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							
096 02 SUBCORPS							
097 01 GRANTS							
097 02 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 HOSPICE							
098 02 OUTPATIENT PHARMACY							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS						10	149
102 NEGATIVE COST CENTER							
103 TOTAL	121	69	75	42		10	149

	PARAMED ED PR GM-(SPECIFY)	PARAMED ED AN ESTH SCHOOL	PARAMED ED RA DI OLOGY SCHO	PARAMED ED PH ARMACY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24	24.01	24.02	24.03	25	26	27
001	GENERAL SERVICE COST CNTR						
001	01 OLD CAP REL COSTS-BLDG &						
002	02 OLD CAP REL COSTS-MVBLE E						
003	03 NEW CAP REL COSTS-BLDG &						
004	04 NEW CAP REL COSTS-MVBLE E						
005	05 EMPLOYEE BENEFITS						
006	01 NONPATIENT PHONES						
006	02 DATA PROCESSING						
006	03 PURCHASING, RECEIVING AND						
006	04 ADMITTING						
006	05 CASHIERING, PATIENT ACCOU						
006	06 ADMINISTRATIVE AND GENERA						
007	07 MAINTENANCE & REPAIRS						
008	08 OPERATION OF PLANT						
009	09 LAUNDRY & LINEN SERVICE						
010	10 HOUSEKEEPING						
011	11 DIETARY						
012	12 CAFETERIA						
014	14 NURSING ADMINISTRATION						
015	15 CENTRAL SERVICES & SUPPLY						
016	16 PHARMACY						
017	17 MEDICAL RECORDS & LIBRARY						
018	18 SOCIAL SERVICE						
021	21 NURSING SCHOOL						
022	22 I&R SERVICES-SALARY & FRI						
023	23 I&R SERVICES-OTHER PRGM C						
024	24 PARAMED ED PRGM-(SPECIFY)						
024	01 PARAMED ED ANESTH SCHOOL						
024	02 PARAMED ED RADIOLOGY SCHO						
024	03 PARAMED ED PHARMACY			1			
025	25 INPAT ROUTINE SRVC CNTRS				1,389		1,389
026	26 ADULTS & PEDIATRICS				626		626
027	27 INTENSIVE CARE UNIT				293		293
028	28 CORONARY CARE UNIT						
029	29 BURN INTENSIVE CARE UNIT						
031	31 SURGICAL INTENSIVE CARE U						
031	01 SUBPROVIDER				253		253
031	02 SUBPROVIDER 11 - REHAB				124		124
031	03 SUBPROVIDER 3						
033	33 NURSERY				108		108
034	34 SKILLED NURSING FACILITY						
037	37 ANCILLARY SRVC COST CNTRS						
038	38 OPERATING ROOM				394		394
038	38 RECOVERY ROOM						
039	39 DELIVERY ROOM & LABOR ROO						
040	40 ANESTHESIOLOGY				176		176
041	41 RADIOLOGY-DIAGNOSTIC				287		287
042	42 RADIOLOGY-THERAPEUTIC						
043	43 RADIOISOTOPE				51		51
043	01 ULTRA SOUND				6		6
043	02 CAT SCAN				26		26
043	03 CARDIAC CATHETERIZATION LAB				190		190
044	44 LABORATORY				14		14
045	45 PBP CLINICAL LAB SERVICES						
046	46 WHOLE BLOOD & PACKED RED						
047	47 BLOOD STORING, PROCESSING				2		2
048	48 INTRAVENOUS THERAPY						
049	49 RESPIRATORY THERAPY				78		78
050	50 PHYSICAL THERAPY				324		324
051	51 OCCUPATIONAL THERAPY						
052	52 SPEECH PATHOLOGY						
052	01 RADIOLOGY				38		38
053	53 ELECTROCARDIOLOGY				70		70
054	54 ELECTROENCEPHALOGRAPHY				11		11
055	55 MEDICAL SUPPLIES CHARGED				20		20
055	30 IMPL. DEV. CHARGED TO PAT				11		11
056	56 DRUGS CHARGED TO PATIENTS				248		248
058	58 ASC (NON-DISTINCT PART)						
059	59 RENAL DIALYSIS				10		10
059	01 METABOLIC SUPPORT						
059	02 CMHC						
059	97 CARDIAC REHABILITATION						
060	60 OUTPAT SERVICE COST CNTRS						
060	01 CLINIC				1		1
060	02 A. R. C. CLINIC				85		85
060	03 CANCER CTR CLINIC				194		194
060	04 UROLOGY CLINIC						
060	05 ORTHOPEDIC CLINIC						
060	06 EYE CENTER						
060	07 WOUND CARE CLINIC				168		168
060	08 EENT CLINIC						
060	09 O/P PHARMACY CLINIC				22		22
061	61 EMERGENCY				336		336
062	62 OBSERVATION BEDS (NON-DIS						
063	63 FAMILY HEALTH CENTER						

	PARAMED ED PR GM-(SPECIFY)	PARAMED ED AN ESTH SCHOOL	PARAMED ED RA DIOLOGY SCHO	PARAMED ED PH ARMACY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24	24.01	24.02	24.03	25	26	27
063 50	RHC						
063 60	FOHC						
065	OTHER REIMBURS COST CNTRS						
066	AMBULANCE SERVICES						
067	DURABLE MEDICAL EQUIP-REN						
070	DURABLE MEDICAL EQUIP-SOL						
071	I&R SERVICES-NOT APPRVD P						
092	HOME HEALTH AGENCY						
095	SPEC PURPOSE COST CENTERS						
096	AMBULATORY SURGICAL CENTE						
096 01	SUBTOTALS						
096 02	NONREIMBURS COST CENTERS						
097	GIFT, FLOWER, COFFEE SHOP						
098	SUBCORPS						
098 01	GRANTS						
098 02	RESEARCH						
101	PHYSICIANS' PRIVATE OFFIC						
102	HOSPICE						
103	OUTPATIENT PHARMACY						
	NONPAID WORKERS						
	CROSS FOOT ADJUSTMENTS						
	NEGATIVE COST CENTER						
	TOTAL						

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL
	0	1	1.01	2	3	4	4a
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
070 DURABLE MEDICAL EQUIP-SOL							
071 I&R SERVICES-NOT APPRVD P							
092 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
096 AMBULATORY SURGICAL CENTE							
099 SUBTOTALS					7,771,434	11,342,246	19,113,680
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							
096 02 SUBCORPS							
097 02 GRANTS							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 HOSPICE							
098 02 OUTPATIENT PHARMACY							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL					7,771,434	11,342,246	19,113,680

COST CENTER DESCRIPTION	EMPLOYEE FITS	BENEFIT ONES	NONPATIENT PH DATA NG	PROCESSING	PURCHASING, RECEIVING AND	REMITTING	CASHIERING, PATIENT ACCOUNT	ADMINISTRATIVE AND GENERAL
	5		6.01	6.02	6.03	6.04	6.05	6.06
063 50 RHC								
063 60 FOHC								
065 OTHER REIMBURS COST CNTRS								
066 AMBULANCE SERVICES								
067 DURABLE MEDICAL EQUIP-REN								
070 DURABLE MEDICAL EQUIP-SOL								
071 I&R SERVICES-NOT APPRVD P								
092 HOME HEALTH AGENCY								
095 SPEC PURPOSE COST CENTERS								
095 AMBULATORY SURGICAL CENTE								
095 SUBTOTALS	105,168		100,831	31,226	212,113	127,727	492,126	1,002,585
096 NONREIMBURS COST CENTERS								
096 01 GIFT, FLOWER, COFFEE SHOP			75					24
096 02 SUBCORPS								
097 02 GRANTS								
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFIC								
098 01 HOSPICE								
098 02 OUTPATIENT PHARMACY								
099 NONPAID WORKERS								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	105,168		100,906	31,226	212,113	127,727	492,126	1,002,609

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF REPAIRS	PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	7	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINITTING							
006 05 CASHIERING, PATIENT ACCOU							
006 06 ADMINISTRATIVE AND GENERA							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		566,884					
009 LAUNDRY & LINEN SERVICE		2,364	78,396				
010 HOUSEKEEPING		14,281		461,472			
011 DIETARY		15,642		13,178	518,031		
012 CAFETERIA		11,968		10,083		374,515	
014 NURSING ADMINISTRATION		12,163		10,247		5,264	401,434
015 CENTRAL SERVICES & SUPPLY		12,319		10,378		8,670	403
016 PHARMACY		6,526		5,498		11,147	201
017 MEDICAL RECORDS & LIBRARY		7,226		6,088		10,063	201
018 SOCIAL SERVICE		3,236		2,726		4,025	5,258
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C		14,149		11,920		32,667	403
024 PARAMED ED PRGM-(SPECIFY)							
024 01 PARAMED ED ANESTH SCHOOL							
024 02 PARAMED ED RADIOLOGY SCHO							
024 03 PARAMED ED PHARMACY		127		107		155	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		114,584	22,707	96,538	223,377	95,991	163,753
026 INTENSIVE CARE UNIT		53,245	8,652	44,858	124,678	49,388	85,121
027 CORONARY CARE UNIT		25,116	6,621	21,160	69,635	23,069	36,023
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		22,811	5,700	19,218	70,070	13,779	18,696
031 01 SUBPROVIDER 11 - REHAB		11,583	2,462	9,759	30,271	6,967	6,931
031 02 SUBPROVIDER 3							
033 NURSERY		10,462	1,739	8,814		5,264	16,460
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		26,612	13,805	22,420		26,784	26,655
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY		17,423		14,678		619	201
041 RADIOLOGY-DIAGNOSTIC		27,147	8,055	22,871		17,650	5,379
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE		3,789	206	3,192		1,393	
043 01 ULTRA SOUND		413	1,146	348		2,168	201
043 02 CAT SCAN		1,898	1,944	1,599		2,477	
043 03 CARDIAC CATHERIZATION LAB		16,684	334	14,056		5,419	1,390
044 LABORATORY						155	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		7,008		5,904		12,695	604
050 PHYSICAL THERAPY		33,959	2,273	28,610		6,038	201
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
052 01 RADIOLOGY		4,059		3,419		619	1,048
053 ELECTROCARDIOLOGY		7,085		5,969		3,716	604
054 ELECTROENCEPHALOGRAPHY		1,228		1,034		310	
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)							
059 RENAL DIALYSIS		918		774		1,548	1,249
059 01 METABOLIC SUPPORT							
059 02 CMHC							
059 97 CARDIAC REHABILITATION							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC						929	101
060 01 A. R. C. CLINIC		8,559		7,211		1,858	3,697
060 02 CANCER CTR CLINIC		20,301		17,007		2,477	4,009
060 03 UROLOGY CLINIC						464	604
060 04 ORTHOPEDIC CLINIC							
060 05 EYE CENTER							
060 06 WOUND CARE CLINIC		17,975	70	15,144		155	
060 07 DENT CLINIC							
060 08 O/P PHARMACY CLINIC		2,375				155	
061 EMERGENCY		31,649	2,682	26,664		20,437	22,041
062 OBSERVATION BEDS (NON-DIS							
063 FAMILY HEALTH CENTER							

COST CENTER DESCRIPTION		MAINTENANCE & OPERATIONS OF REPAIRS	PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		7	8	9	10	11	12	14
063	50							
063	60							
065								
066								
067								
070								
071								
092								
095			566,884	78,396	461,472	518,031	374,515	401,434
096								
096	01							
096	02							
097								
098								
098	01							
098	02							
101								
102								
103			566,884	78,396	461,472	518,031	374,515	401,434

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	15	16	17	18	21	22	23
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING, PATIENT ACCOU							
006 06 ADMINISTRATIVE AND GENERA							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	404,848						
016 PHARMACY	445	233,471					
017 MEDICAL RECORDS & LIBRARY	2		254,235				
018 SOCIAL SERVICE		16,703		141,643			
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI						38,781	
023 I&R SERVICES-OTHER PRGM C	56	1					507,054
024 PARAMED ED PRGM-(SPECIFY)							
024 01 PARAMED ED ANESTH SCHOOL							
024 02 PARAMED ED RADIOLOGY SCHO							
024 03 PARAMED ED PHARMACY							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	18,707	33,428	27,378	84,101			
027 INTENSIVE CARE UNIT	20,729	25,414	18,141	39,837			
028 CORONARY CARE UNIT	4,499	10,260	9,094	17,705			
029 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	325	12	3,068				
031 01 SUBPROVIDER 11 - REHAB	1,036	477	1,885				
031 02 SUBPROVIDER 3							
033 NURSERY	1,235	283	1,175				
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	234,736	12,568	29,428				
039 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	11,166	22,368	5,872				
041 RADIOLOGY-DIAGNOSTIC	17,437	11,291	17,585				
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	75	50,760	1,786				
043 01 ULTRA SOUND	515	27	2,403				
043 02 CAT SCAN	4,782	2,922	10,305				
043 03 CARDIAC CATHERIZATION LAB	62,593	3,382	7,892				
044 LABORATORY	394		22,696				
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	53		2,699				
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	4,302	6	6,997				
050 PHYSICAL THERAPY	1,341	15	3,535				
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
052 01 RADIOLOGY	47		158				
053 ELECTROCARDIOLOGY	729	846	4,123				
054 ELECTROENCEPHALOGRAPHY	57		168				
055 MEDICAL SUPPLIES CHARGED			9,532				
055 30 IMPL. DEV. CHARGED TO PAT			10,376				
056 DRUGS CHARGED TO PATIENTS			33,560				
058 ASC (NON-DISTINCT PART)							
059 RENAL DIALYSIS	3,049	522	1,394				
059 01 METABOLIC SUPPORT							
059 02 CMHC							
059 97 CARDIAC REHABILITATION							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	2,001	495	925				
060 01 A. R. C. CLINIC	214	21	2,432				
060 02 CANCER CTR CLINIC	760	2,810	904				
060 03 UROLOGY CLINIC	426	362	276				
060 04 ORTHOPEDIC CLINIC							
060 05 EYE CENTER							
060 06 WOUND CARE CLINIC	131	2	88				
060 07 DENT CLINIC							
060 08 O/P PHARMACY CLINIC			109				
061 EMERGENCY	13,006	38,496	18,251				
062 OBSERVATION BEDS (NON-DIS							
063 FAMILY HEALTH CENTER							

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	15	16	17	18	21	22	23
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
070 DURABLE MEDICAL EQUIP-SOL							
071 I&R SERVICES-NOT APPRVD P							
092 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
096 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	404,848	233,471	254,235	141,643			
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							
096 02 SUBCORPS							
097 01 GRANTS							
097 02 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 HOSPICE							
098 02 OUTPATIENT PHARMACY							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS						38,781	507,054
102 NEGATIVE COST CENTER							
103 TOTAL	404,848	233,471	254,235	141,643		38,781	507,054

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0182
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART III

	PARAMED ED PR GM-(SPECIFY)	PARAMED ED AN ESTH SCHOOL	PARAMED ED RA DI OLOGY SCHO	PARAMED ED PH ARMACY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24	24.01	24.02	24.03	25	26	27
001	GENERAL SERVICE COST CNTR						
001 01	OLD CAP REL COSTS-BLDG &						
002	OLD CAP REL COSTS-MVBLE E						
003	NEW CAP REL COSTS-BLDG &						
004	NEW CAP REL COSTS-MVBLE E						
005	EMPLOYEE BENEFITS						
006 01	NONPATIENT PHONES						
006 02	DATA PROCESSING						
006 03	PURCHASING, RECEIVING AND						
006 04	ADMINISTRATIVE						
006 05	CASHIERING, PATIENT ACCOU						
006 06	ADMINISTRATIVE AND GENERA						
007	MAINTENANCE & REPAIRS						
008	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING						
011	DIETARY						
012	CAFETERIA						
014	NURSING ADMINISTRATION						
015	CENTRAL SERVICES & SUPPLY						
016	PHARMACY						
017	MEDICAL RECORDS & LIBRARY						
018	SOCIAL SERVICE						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY & FRI						
023	I&R SERVICES-OTHER PRGM C						
024	PARAMED ED PRGM-(SPECIFY)						
024 01	PARAMED ED ANESTH SCHOOL						
024 02	PARAMED ED RADIOLOGY SCHO						
024 03	PARAMED ED PHARMACY			4,446			
025	INPAT ROUTINE SRVC CNTRS				4,488,677		4,488,677
026	ADULTS & PEDIATRICS				2,182,461		2,182,461
027	INTENSIVE CARE UNIT				1,022,722		1,022,722
028	CORONARY CARE UNIT						
029	BURN INTENSIVE CARE UNIT						
029	SURGICAL INTENSIVE CARE U						
031	SUBPROVIDER				854,643		854,643
031 01	SUBPROVIDER 11 - REHAB				430,031		430,031
031 02	SUBPROVIDER 3						
033	NURSERY				364,158		364,158
034	SKILLED NURSING FACILITY						
037	ANCILLARY SRVC COST CNTRS				1,421,999		1,421,999
038	OPERATING ROOM						
038	RECOVERY ROOM						
039	DELIVERY ROOM & LABOR ROO						
040	ANESTHESIOLOGY				608,332		608,332
041	RADIOLOGY-DIAGNOSTIC				1,024,258		1,024,258
042	RADIOLOGY-THERAPEUTIC						
043	RADIOISOTOPE				182,113		182,113
043 01	ULTRA SOUND				31,046		31,046
043 02	CAT SCAN				118,775		118,775
043 03	CARDIAC CATHETERIZATION LAB				663,832		663,832
044	LABORATORY				133,898		133,898
045	PBP CLINICAL LAB SERVICES						
046	WHOLE BLOOD & PACKED RED						
047	BLOOD STORING, PROCESSING				16,612		16,612
048	INTRAVENOUS THERAPY						
049	RESPIRATORY THERAPY				285,691		285,691
050	PHYSICAL THERAPY				1,099,823		1,099,823
051	OCCUPATIONAL THERAPY						
052	SPEECH PATHOLOGY						
052 01	CARDIOLOGY				130,966		130,966
053	ELECTROCARDIOLOGY				252,398		252,398
054	ELECTROENCEPHALOGRAPHY				40,657		40,657
055	MEDICAL SUPPLIES CHARGED				108,160		108,160
055 30	IMPL. DEV. CHARGED TO PAT				78,482		78,482
056	DRUGS CHARGED TO PATIENTS				183,955		183,955
058	ASC (NON-DISTINCT PART)						
059	RENAL DIALYSIS				45,460		45,460
059 01	METABOLIC SUPPORT						
059 02	CMHC						
059 97	CARDIAC REHABILITATION						
060	OUTPAT SERVICE COST CNTRS						
060	CLINIC				10,765		10,765
060 01	A. R. C. CLINIC				290,227		290,227
060 02	CANCER CTR CLINIC				655,640		655,640
060 03	UROLOGY CLINIC				4,575		4,575
060 04	ORTHOPEDIC CLINIC						
060 05	EYE CENTER						
060 06	WOUND CARE CLINIC				561,228		561,228
060 07	EENT CLINIC						
060 08	O/P PHARMACY CLINIC				72,947		72,947
061	EMERGENCY				1,198,769		1,198,769
062	OBSERVATION BEDS (NON-DIS						
063	FAMILY HEALTH CENTER						

	PARAMED ED PR GM-(SPECIFY)	PARAMED ED AN ESTH SCHOOL	PARAMED ED RA DIOLOGY SCHO	PARAMED ED PH ARMACY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24	24.01	24.02	24.03	25	26	27
063 50	RHC						
063 60	FOHC						
065	OTHER REIMBURS COST CNTRS						
066	AMBULANCE SERVICES						
067	DURABLE MEDICAL EQUIP-REN						
070	DURABLE MEDICAL EQUIP-SOL						
071	I&R SERVICES-NOT APPRVD P						
092	HOME HEALTH AGENCY						
095	SPEC PURPOSE COST CENTERS						
096	AMBULATORY SURGICAL CENTE						
096 01	SUBTOTALS						
096 02	NONREIMBURS COST CENTERS						
097	GIFT, FLOWER, COFFEE SHOP						
098 01	99						
098 02	99						
099	RESEARCH						
101	PHYSICIANS' PRIVATE OFFIC						
102	HOSPICE						
103	OUTPATIENT PHARMACY						
	NONPAID WORKERS						
	CROSS FOOT ADJUSTMENTS						
	NEGATIVE COST CENTER						
	TOTAL						
				4,446	550,281		550,281
				4,446	19,113,680		19,113,680

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE E (SQUARE FEET)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE E (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)
	1	1.01	2	3	4	5
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	411,832					
001 01 OLD CAP REL COSTS-BLD		411,832				
002 OLD CAP REL COSTS-MVB			411,832			
003 NEW CAP REL COSTS-BLD				411,832		
004 NEW CAP REL COSTS-MVB					411,832	
005 EMPLOYEE BENEFITS	2,266	2,266	2,266	2,266	2,266	122,133,601
006 01 NONPATIENT PHONES	2,166	2,166	2,166	2,166	2,166	440,700
006 02 DATA PROCESSING	672	672	672	672	672	
006 03 PURCHASING, RECEIVING	4,559	4,559	4,559	4,559	4,559	260,624
006 04 ADMINITTING	2,601	2,601	2,601	2,601	2,601	2,649,202
006 05 CASHIERING, PATIENT A	10,511	10,511	10,511	10,511	10,511	1,817,438
006 06 ADMINISTRATIVE AND GE	21,123	21,123	21,123	21,123	21,123	9,369,773
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT	11,064	11,064	11,064	11,064	11,064	3,684,736
009 LAUNDRY & LINEN SERVI	1,488	1,488	1,488	1,488	1,488	243,641
010 HOUSEKEEPING	8,990	8,990	8,990	8,990	8,990	3,533,485
011 DIETARY	9,847	9,847	9,847	9,847	9,847	1,762,017
012 CAFETERIA	7,534	7,534	7,534	7,534	7,534	706,831
014 NURSING ADMINISTRATIO	7,657	7,657	7,657	7,657	7,657	2,450,886
015 CENTRAL SERVICES & SU	7,755	7,755	7,755	7,755	7,755	1,465,833
016 PHARMACY	4,108	4,108	4,108	4,108	4,108	3,696,961
017 MEDICAL RECORDS & LIB	4,549	4,549	4,549	4,549	4,549	2,250,962
018 SOCIAL SERVICE	2,037	2,037	2,037	2,037	2,037	1,738,451
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR	8,907	8,907	8,907	8,907	8,907	10,458,754
024 PARAMED ED PRGM-(SPEC						
024 01 PARAMED ED ANESTH SCH						
024 02 PARAMED ED RADIOLOGY						
024 03 PARAMED ED PHARMACY	80	80	80	80	80	47,300
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	72,137	72,137	72,137	72,137	72,137	22,014,550
026 INTENSIVE CARE UNIT	33,519	33,519	33,519	33,519	33,519	12,211,003
027 CORONARY CARE UNIT	15,811	15,811	15,811	15,811	15,811	5,013,962
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
031 SUBPROVIDER	14,360	14,360	14,360	14,360	14,360	3,269,665
031 01 SUBPROVIDER II - REHA	7,292	7,292	7,292	7,292	7,292	1,312,441
031 02 SUBPROVIDER 3						
033 NURSERY	6,586	6,586	6,586	6,586	6,586	1,168,182
034 SKILLED NURSING FACIL						
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	16,753	16,753	16,753	16,753	16,753	8,022,484
038 RECOVERY ROOM						
039 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY	10,968	10,968	10,968	10,968	10,968	85,192
041 RADIOLOGY-DIAGNOSTIC	17,090	17,090	17,090	17,090	17,090	4,973,154
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE	2,385	2,385	2,385	2,385	2,385	453,128
043 01 ULTRA SOUND	260	260	260	260	260	770,432
043 02 CAT SCAN	1,195	1,195	1,195	1,195	1,195	720,391
043 03 CARDIAC CATHERIZATION	10,503	10,503	10,503	10,503	10,503	1,247,041
044 LABORATORY						41,114
045 PBP CLINICAL LAB SERV						
046 WHOLE BLOOD & PACKED						
047 BLOOD STORING, PROCES						
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY	4,412	4,412	4,412	4,412	4,412	2,810,872
050 PHYSICAL THERAPY	21,378	21,378	21,378	21,378	21,378	2,285,263
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
052 01 RADIOLOGY	2,555	2,555	2,555	2,555	2,555	316,576
053 ELECTROCARDIOLOGY	4,460	4,460	4,460	4,460	4,460	1,097,855
054 ELECTROENCEPHALOGRAPH	773	773	773	773	773	85,702
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI						
058 ASC (NON-DISTINCT PAR						
059 RENAL DIALYSIS	578	578	578	578	578	530,636
059 01 METABOLIC SUPPORT						
059 02 CMHC						
059 97 CARDIAC REHABILITATIO						
060 OUTPAT SERVICE COST C						
060 CLINIC						239,021
060 01 A. R. C. CLINIC	5,388	5,388	5,388	5,388	5,388	825,775
060 02 CANCER CTR CLINIC	12,780	12,780	12,780	12,780	12,780	835,185
060 03 UROLOGY CLINIC						175,209
060 04 ORTHOPEDIC CLINIC						
060 05 EYE CENTER						
060 06 WOUND CARE CLINIC	11,316	11,316	11,316	11,316	11,316	24,600
060 07 EENT CLINIC						

COST CENTER DESCRIPTION		OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (SQUARE FEET)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (SQUARE FEET)	EMPLOYEE BENE FITS (GROSS SALARIES)
		1	1.01	2	3	4	5
060	08 OUTPAT SERVICE COST C						
061	O/P PHARMACY CLINIC	1,495	1,495	1,495	1,495	1,495	69,954
062	EMERGENCY	19,924	19,924	19,924	19,924	19,924	4,956,115
063	50 OBSERVATION BEDS (NON						
063	60 FAMILY HEALTH CENTER						
063	RHC						
063	FOHC						
065	OTHER REIMBURS COST C						
066	AMBULANCE SERVICES						
067	DURABLE MEDICAL EQUIP						
067	DURABLE MEDICAL EQUIP						
070	I&R SERVICES-NOT APPR						
071	HOME HEALTH AGENCY						
092	SPEC PURPOSE COST CEN						
095	01 AMBULATORY SURGICAL C						
095	02 SUBTOTALS	411,832	411,832	411,832	411,832	411,832	122,133,096
096	NONREIMBURS COST CENT						
096	01 GIFT, FLOWER, COFFEE						505
096	02 SUBCORPS						
096	02 GRANTS						
097	RESEARCH						
098	PHYSICIANS' PRIVATE O						
098	01 HOSPICE						
098	02 OUTPATIENT PHARMACY						
099	NONPAID WORKERS						
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	4,350		1,365	7,771,434	11,342,246	29,531,551
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.010563		.003314	18.870399	27.540954	.241797
105	COST TO BE ALLOCATED (WRKSHT B, PART II)						32
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107	COST TO BE ALLOCATED (WRKSHT B, PART III)						105,168
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)						.000861

COST CENTER DESCRIPTION	NONPATIENT PHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING, PATIENT ACCOUNT	RECONCILIATION	ADMINISTRATIVE AND GENERAL
	(NONPATIENT PHONES)	(PATIENT REVENUE)	(PURCHASE REQUISITION)	(INPATIENT REVENUE)	(PATIENT REVENUE)		(ACCUM. COST)
	6.01	6.02	6.03	6.04	6.05	6a.06	6.06
GENERAL SERVICE COST							
001 01 OLD CAP REL COSTS-BLD							
002 01 OLD CAP REL COSTS-MVB							
003 01 NEW CAP REL COSTS-BLD							
004 01 NEW CAP REL COSTS-MVB							
005 01 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES	2,693						
006 02 DATA PROCESSING	1	1119,706,429					
006 03 PURCHASING, RECEIVING	8		36,450,374				
006 04 ADMINISTRATION	118		53,091	742,172,909			
006 05 CASHIERING, PATIENT A	69		25,152		1119,706,429		
006 06 ADMINISTRATIVE AND GE	220		1,022,889			-14,076,439	270,389,436
007 01 MAINTENANCE & REPAIRS							
008 01 OPERATION OF PLANT	140		699,663				11,029,909
009 01 LAUNDRY & LINEN SERVI	2		18,968				1,773,693
010 01 HOUSEKEEPING	85		418,491				5,741,903
011 01 DIETARY	43		2,379,953				4,104,892
012 01 CAFETERIA							590,811
014 01 NURSING ADMINISTRATION	29		39,980				4,033,846
015 01 CENTRAL SERVICES & SU	31		338,053				2,364,426
016 01 PHARMACY	52		105,347				3,573,940
017 01 MEDICAL RECORDS & LIB	84		22,803				3,859,780
018 01 SOCIAL SERVICE	24		58,055				3,349,892
021 01 NURSING SCHOOL							
022 01 I&R SERVICES-SALARY &							10,458,754
023 01 I&R SERVICES-OTHER PR	78		152,435				5,840,642
024 01 PARAMEDICAL PRGM-(SPEC							
024 02 PARAMEDICAL ANESTH SCH							
024 03 PARAMEDICAL RADIOLOGY							
024 03 PARAMEDICAL PHARMACY	1						71,772
025 01 INPATIENT ROUTINE SRVC CN							
026 01 ADULTS & PEDIATRICS	369	120,608,701	1,778,597	120,608,701	120,608,701		37,683,053
027 01 INTENSIVE CARE UNIT	156	79,917,793	1,656,379	79,917,793	79,917,793		21,464,539
028 01 CORONARY CARE UNIT	46	40,059,617	366,279	40,059,617	40,059,617		8,608,509
029 01 BURN INTENSIVE CARE U							
031 01 SURGICAL INTENSIVE CA							
031 01 SUBPROVIDER	47	13,515,220	106,486	13,515,220	13,515,220		5,569,292
031 02 SUBPROVIDER 11 - REHA	19	8,305,435	88,077	8,305,435	8,305,435		3,386,397
031 02 SUBPROVIDER 3							
033 01 NURSERY		5,177,612		5,177,612	5,177,612		2,357,444
034 01 SKILLED NURSING FACIL							
037 01 ANCILLARY SRVC COST C							
037 01 OPERATING ROOM	165	129,637,092	17,383,650	57,278,512	129,637,092		17,983,635
038 01 RECOVERY ROOM							
039 01 DELIVERY ROOM & LABOR							
040 01 ANESTHESIOLOGY	48	25,866,731	814,517	12,959,952	25,866,731		1,623,234
041 01 RADIOLOGY-DIAGNOSTIC	168	77,466,974	1,612,547	23,956,271	77,466,974		11,687,898
042 01 RADIOLOGY-THERAPEUTIC							
043 01 RADIOISOTOPE	14	7,866,143	8,989	2,605,968	7,866,143		1,382,226
043 01 ULTRA SOUND	13	10,586,078	51,455	2,508,666	10,586,078		1,327,908
043 02 CAT SCAN	5	45,395,320	343,697	19,930,834	45,395,320		2,671,698
043 03 CARDIAC CATHETERIZATI	68	34,765,264	4,483,812	24,316,880	34,765,264		3,898,900
044 01 LABORATORY	73	99,981,866	28,066	70,052,500	99,981,866		13,182,225
045 01 PBP CLINICAL LAB SERV							
046 01 WHOLE BLOOD & PACKED							
047 01 BLOOD STORING, PROCES		11,890,359	3,743	10,628,464	11,890,359		1,738,093
048 01 INTRAVENOUS THERAPY							
049 01 RESPIRATORY THERAPY	51	30,822,543	324,616	28,565,996	30,822,543		4,813,999
050 01 PHYSICAL THERAPY	52	15,571,362	158,046	8,092,175	15,571,362		4,895,781
051 01 OCCUPATIONAL THERAPY							
052 01 SPEECH PATHOLOGY							
052 01 RADIOLOGY	7	694,526	8,830	82,056	694,526		568,942
053 01 ELECTROCARDIOLOGY	31	18,161,002	116,688	10,017,699	18,161,002		2,514,011
054 01 ELECTROENCEPHALOGRAPH	22	741,808	6,229	269,011	741,808		177,258
055 01 MEDICAL SUPPLIES CHAR		41,991,667		23,850,977	41,991,667		20,192,503
055 30 IMPL. DEV. CHARGED TO		45,710,180		29,580,171	45,710,180		11,225,977
056 01 DRUGS CHARGED TO PATI		147,582,452		107,605,097	147,582,452		17,121,646
058 01 ASC (NON-DISTINCT PAR							
059 01 RENAL DIALYSIS	5	6,140,740	220,006	5,933,710	6,140,740		906,400
059 01 METABOLIC SUPPORT							
059 02 CMHC							
059 97 CARDIAC REHABILITATIO							
060 01 OUTPAT SERVICE COST C							
060 01 CLINIC	40	4,072,765	161,439	1,034	4,072,765		475,785
060 01 A.R.C. CLINIC	97	10,715,119	60,608	102,843	10,715,119		1,736,223
060 02 CANCER CTR CLINIC	83	3,982,511	143,454	21,734	3,982,511		2,077,509
060 03 UROLOGY CLINIC	7	1,214,340	55,043	24,571	1,214,340		307,029
060 04 ORTHOPEDIC CLINIC							
060 05 EYE CENTER							
060 06 WOUND CARE CLINIC	1	385,518	10,232	1,418	385,518		586,261
060 07 DENT CLINIC							

COST CENTER DESCRIPTION	NONPATIENT PHONES	DATA PROCESSING REVENUE	PURCHASING RECEIVING AND	ADMINISTRATIVE REVENUE	CASHIERING, PATIENT ACCOUNT	RECONCILIATION	ADMINISTRATIVE AND GENERAL ACCUM. COST
	(NONPATIENT PHONES)	(PATIENT) REVENUE	(PURCHASE) REQUISITION	(INPATIENT) REVENUE	(PATIENT) REVENUE		(ACCUM. COST)
OUTPAT SERVICE COST C	6.01	6.02	6.03	6.04	6.05	6a.06	6.06
060 08 O/P PHARMACY CLINIC		480,237	380	612	480,237		171,797
061 EMERGENCY	119	80,399,454	1,123,629	36,201,380	80,399,454		11,252,567
062 OBSERVATION BEDS (NON							
063 FAMILY HEALTH CENTER							
063 50 RHC							
063 60 FOHC							
OTHER REIMBURS COST C							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CEN							
092 AMBULATORY SURGICAL C							
095 SUBTOTALS	2,691	1119,706,429	36,450,374	742,172,909	1119,706,429	-14,076,439	270,382,999
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	2						6,437
096 01 SUBCORPS							
096 02 GRANTS							
097 RESEARCH							
098 PHYSICIANS' PRIVATE O							
098 01 HOSPICE							
098 02 OUTPATIENT PHARMACY							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,279,424	7,125,757	1,018,915	4,048,428	15,979,353		14,076,439
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	475.092462	.006364	.027953	.005455	.014271		.052060
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	30	9	63	37	147		297
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	.011140	.000002					.000001
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	100,906	31,226	212,113	127,727	492,126		1,002,609
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	37.469736	.000028	.005819	.000172	.000440		.003708

COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(PATIENT DAYS)	(TOTAL FTES)	(DIRECT NRSING HRS)
	7	8	9	10	11	12	14
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMINISTRATION							
006 05 CASHIERING, PATIENT A							
006 06 ADMINISTRATIVE AND GE							
007 MAINTENANCE & REPAIRS	367,934						
008 OPERATION OF PLANT	11,064	356,870					
009 LAUNDRY & LINEN SERVI	1,488	1,488	2,093,379				
010 HOUSEKEEPING	8,990	8,990		344,825			
011 DIETARY	9,847	9,847			83,290		
012 CAFETERIA	7,534	7,534				2,419	
014 NURSING ADMINISTRATION	7,657	7,657				34	4,144,421
015 CENTRAL SERVICES & SU	7,755	7,755				56	4,160
016 PHARMACY	4,108	4,108				72	2,080
017 MEDICAL RECORDS & LIB	4,549	4,549				65	2,080
018 SOCIAL SERVICE	2,037	2,037				26	54,288
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR	8,907	8,907		8,907		211	4,160
024 PARAMEDICAL PRGM-(SPEC							
024 01 PARAMEDICAL ANESTH SCH							
024 02 PARAMEDICAL RADIOLOGY							
024 03 PARAMEDICAL PHARMACY	80	80		80		1	
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	72,137	72,137	606,323	72,137	35,915	620	1,690,541
026 INTENSIVE CARE UNIT	33,519	33,519	231,027	33,519	20,046	319	878,800
027 CORONARY CARE UNIT	15,811	15,811	176,807	15,811	11,196	149	371,904
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER	14,360	14,360	152,205	14,360	11,266	89	193,024
031 01 SUBPROVIDER II - REHA	7,292	7,292	65,754	7,292	4,867	45	71,552
031 02 SUBPROVIDER 3							
033 NURSERY	6,586	6,586	46,443	6,586		34	169,936
034 SKILLED NURSING FACIL							
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	16,753	16,753	368,614	16,753		173	275,184
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY	10,968	10,968		10,968		4	2,080
041 RADIOLOGY-DIAGNOSTIC	17,090	17,090	215,076	17,090		114	55,536
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	2,385	2,385	5,508	2,385		9	
043 01 ULTRA SOUND	260	260	30,603	260		14	2,080
043 02 CAT SCAN	1,195	1,195	51,917	1,195		16	
043 03 CARDIAC CATHETERIZATI	10,503	10,503	8,911	10,503		35	14,352
044 LABORATORY						1	
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCES							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	4,412	4,412		4,412		82	6,240
050 PHYSICAL THERAPY	21,378	21,378	60,685	21,378		39	2,080
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
052 01 RADIOLOGY	2,555	2,555		2,555		4	10,816
053 ELECTROCARDIOLOGY	4,460	4,460		4,460		24	6,240
054 ELECTROENCEPHALOGRAPH	773	773		773		2	
055 MEDICAL SUPPLIES CHAR							
055 30 IMPL. DEV. CHARGED TO							
056 DRUGS CHARGED TO PATI							
058 ASC (NON-DISTINCT PAR							
059 RENAL DIALYSIS	578	578		578		10	12,896
059 01 METABOLIC SUPPORT							
059 02 CMHC							
059 97 CARDIAC REHABILITATIO							
060 OUTPAT SERVICE COST C							
060 CLINIC						6	1,040
060 01 A.R.C. CLINIC	5,388	5,388		5,388		12	38,168
060 02 CANCER CTR CLINIC	12,780	12,780		12,708		16	41,392
060 03 UROLOGY CLINIC						3	6,240
060 04 ORTHOPEDIC CLINIC							
060 05 EYE CENTER							
060 06 WOUND CARE CLINIC	11,316	11,316	1,880	11,316		1	
060 07 DENT CLINIC							

COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(PATIENT DAYS)	(TOTAL FTES)	(DIRECT NRSING HRS)
	7	8	9	10	11	12	14
060 08 OUTPAT SERVICE COST C							
061 O/P PHARMACY CLINIC	1,495	1,495				1	
062 EMERGENCY	19,924	19,924	71,626	19,924		132	227,552
063 OBSERVATION BEDS (NON							
063 50 FAMILY HEALTH CENTER							
063 60 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST C							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY							
092 SPEC PURPOSE COST CEN							
095 AMBULATORY SURGICAL C							
095 SUBTOTALS	367,934	356,870	2,093,379	344,825	83,290	2,419	4,144,421
096 NONREIMBURS COST CENT							
096 01 GIFT, FLOWER, COFFEE							
096 01 SUBCORPS							
096 02 GRANTS							
097 RESEARCH							
098 PHYSICIANS' PRIVATE O							
098 01 HOSPICE							
098 02 OUTPATIENT PHARMACY							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED		11,604,126	1,914,415	6,333,148	4,819,635	1,004,919	4,647,582
103 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		32.516395	.914510	18.366267	57.865710	415.427449	1.121407
104 (WRKSHT B, PT I)			24	137	155		119
105 COST TO BE ALLOCATED		168				113	
105 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER		.000471	.000011	.000397	.001861	.046714	.000029
106 (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED		566,884	78,396	461,472	518,031	374,515	401,434
107 (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		1.588489	.037450	1.338279	6.219606	154.822241	.096861
108 (WRKSHT B, PT III)							

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	(COSTED REQUISITION)	(COSTED REQUISITION)	(PATIENT REVENUE)	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	15	16	17	18	21	22	23
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMINISTRATION							
006 05 CASHIERING, PATIENT A							
006 06 ADMINISTRATIVE AND GE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	28,822,582						
016 PHARMACY	31,696	1,474,553					
017 MEDICAL RECORDS & LIBRARY	137		1,119,706,429				
018 SOCIAL SERVICE	25	105,491		16,640			
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI						19,364	
023 I&R SERVICES-OTHER PRGM C	4,005	6					19,364
024 PARAMEDICAL PRGM-(SPECIAL)							
024 01 PARAMEDICAL ANESTHESIOLOGY							
024 02 PARAMEDICAL RADIOLOGY							
024 03 PARAMEDICAL PHARMACY							
025 INPATIENT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRICS	1,331,803	211,123	120,608,701	9,880		19,181	19,181
026 INTENSIVE CARE UNIT	1,475,818	160,507	79,917,793	4,680			
027 CORONARY CARE UNIT	320,310	64,801	40,059,617	2,080			
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE UNIT							
031 SUBPROVIDER	23,138	78	13,515,220			183	183
031 01 SUBPROVIDER II - REHABILITATION	73,753	3,013	8,305,435				
031 02 SUBPROVIDER III							
033 NURSERY	87,956	1,790	5,177,612				
034 SKILLED NURSING FACILITY							
037 ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	16,711,444	79,377	129,637,092				
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY	794,950	141,269	25,866,731				
041 RADIOLOGY-DIAGNOSTIC	1,241,439	71,313	77,466,974				
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	5,307	320,598	7,866,143				
043 01 ULTRA SOUND	36,642	168	10,586,078				
043 02 CAT SCAN	340,474	18,454	45,395,320				
043 03 CARDIAC CATHETERIZATION	4,456,265	21,357	34,765,264				
044 LABORATORY	28,066		99,981,866				
045 PBP CLINICAL LAB SERVICE							
046 WHOLE BLOOD & PACKED BLOOD STORAGE, PROCESSING	3,743		11,890,359				
047 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	306,302	41	30,822,543				
050 PHYSICAL THERAPY	95,493	92	15,571,362				
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
052 01 CARDIOLOGY	3,342		694,526				
053 ELECTROCARDIOLOGY	51,933	5,344	18,161,002				
054 ELECTROENCEPHALOGRAPHY	4,073		741,808				
055 MEDICAL SUPPLIES CHARACTERIZED			41,991,667				
055 30 IMPL. DEV. CHARGED TO PATIENT			45,710,180				
056 DRUGS CHARGED TO PATIENT			147,582,452				
058 ASC (NON-DISTINCT PAR)							
059 RENAL DIALYSIS	217,090	3,295	6,140,740				
059 01 METABOLIC SUPPORT							
059 02 CMHC							
059 97 CARDIAC REHABILITATION							
060 OUTPAT SERVICE COST CENTER							
060 CLINIC	142,429	3,125	4,072,765				
060 01 A. R. C. CLINIC	15,217	130	10,715,119				
060 02 CANCER CENTER CLINIC	54,134	17,749	3,982,511				
060 03 UROLOGY CLINIC	30,345	2,286	1,214,340				
060 04 ORTHOPEDIC CLINIC							
060 05 EYE CENTER							
060 06 WOUND CARE CLINIC	9,310	11	385,518				
060 07 DENT CLINIC							

COST CENTER DESCRIPTION		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
		(COSTED REQUISITION)	(COSTED REQUISITION)	(PATIENT REVENUE)	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
		15	16	17	18	21	22	23
060	08							
061				480,237				
062		925,943	243,135	80,399,454				
063								
063	50							
063	60							
065								
066								
067								
070								
071								
092								
095		28,822,582	1,474,553	1119,706,429	16,640		19,364	19,364
096								
096	01							
096	02							
097								
098								
098	01							
098	02							
099								
101								
102								
103		2,910,042	4,004,469	4,321,535	3,986,102		11,003,237	6,690,658
104			2.715717		239.549399		568.231615	
105		.100964		.003860				345.520450
105		121	69	75	42		10	149
106			.000047		.002524		.000516	
107		.000004						.007695
107		404,848	233,471	254,235	141,643		38,781	507,054
108			.158333		8.512200		2.002737	
108		.014046		.000227				26.185396

COST CENTER DESCRIPTION	PARAMED ED PR GM-(SPECIFY)	PARAMED ED AN ESTH SCHOOL	PARAMED ED RA RADIOLOGY SCHO	PARAMED ED PH ARMACY
RECONCILIATION	(ACCUM. COST)	(ASSIGNED)TIME	(ASSIGNED)TIME	(ASSIGNED) TIME)
24a.00	24	24.01	24.02	24.03
GENERAL SERVICE COST				
001 OLD CAP REL COSTS-BLD				
001 01 OLD CAP REL COSTS-BLD				
002 OLD CAP REL COSTS-MVB				
003 NEW CAP REL COSTS-BLD				
004 NEW CAP REL COSTS-MVB				
005 EMPLOYEE BENEFITS				
006 01 NONPATIENT PHONES				
006 02 DATA PROCESSING				
006 03 PURCHASING, RECEIVING				
006 04 ADMINITTING				
006 05 CASHIERING, PATIENT A				
006 06 ADMINISTRATIVE AND GE				
007 MAINTENANCE & REPAIRS				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVI				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SU				
016 PHARMACY				
017 MEDICAL RECORDS & LIB				
018 SOCIAL SERVICE				
021 NURSING SCHOOL				
022 I&R SERVICES-SALARY &				
023 I&R SERVICES-OTHER PR				
024 PARAMED ED PRGM-(SPEC	284,465,875			
024 01 PARAMED ED ANESTH SCH				
024 02 PARAMED ED RADIOLOGY				
024 03 PARAMED ED PHARMACY	79,993			2,346
INPAT ROUTINE SRVC CN				
025 ADULTS & PEDIATRICS	69,168,191			526
026 INTENSIVE CARE UNIT	28,791,255			
027 CORONARY CARE UNIT	12,010,899			324
028 BURN INTENSIVE CARE U				
029 SURGICAL INTENSIVE CA				
031 SUBPROVIDER	7,856,376			
031 01 SUBPROVIDER 11 - REHA	4,422,115			
031 02 SUBPROVIDER 3				
033 NURSERY	3,096,178			
034 SKILLED NURSING FACIL				
ANCILLARY SRVC COST C				
037 OPERATING ROOM	22,893,082			
038 RECOVERY ROOM				
039 DELIVERY ROOM & LABOR				
040 ANESTHESIOLOGY	2,833,570			
041 RADIOLOGY-DIAGNOSTIC	14,090,311			
042 RADIOLOGY-THERAPEUTIC				
043 RADIOISOTOPE	2,485,870			
043 01 ULTRA SOUND	1,491,422			
043 02 CAT SCAN	3,185,436			
043 03 CARDIAC CATHERIZATION	5,317,197			
044 LABORATORY	14,257,671			
045 PBP CLINICAL LAB SERV				
046 WHOLE BLOOD & PACKED				
047 BLOOD STORING, PROCES	1,874,853			
048 INTRAVENOUS THERAPY				
049 RESPIRATORY THERAPY	5,480,184			
050 PHYSICAL THERAPY	6,382,452			
051 OCCUPATIONAL THERAPY				
052 SPEECH PATHOLOGY				
052 01 RADIOLOGY	745,375			202
053 ELECTROCARDIOLOGY	2,978,652			
054 ELECTROENCEPHALOGRAPH	229,923			
055 MEDICAL SUPPLIES CHAR	21,405,813			
055 30 IMPL. DEV. CHARGED TO	11,986,842			
056 DRUGS CHARGED TO PATI	18,582,136			890
058 ASC (NON-DISTINCT PAR				
059 RENAL DIALYSIS	1,056,182			
059 01 METABOLIC SUPPORT				
059 02 CMHC				
059 97 CARDIAC REHABILITATIO				
OUTPAT SERVICE COST C				
060 CLINIC	542,801			
060 01 A. R. C. CLINIC	2,191,802			
060 02 CANCER CTR CLINIC	2,956,726			
060 03 UROLOGY CLINIC	345,216			
060 04 ORTHOPEDIC CLINIC				
060 05 EYE CENTER				
060 06 WOUND CARE CLINIC	1,197,163			
060 07 EENT CLINIC				

COST CENTER DESCRIPTION	RECONCILIATION	PARAMED ED PR GM-(SPECIFY)	PARAMED ED AN ESTH SCHOOL	PARAMED ED RA DI OLOGY SCHO	PARAMED ED PH ARMACY
	(ACCUM. COST)	(ASSIGNED)TIME	(ASSIGNED)TIME	(ASSIGNED)TIME	(ASSIGNED)TIME
OUTPAT SERVICE COST C	24a.00	24	24.01	24.02	24.03
060 08 O/P PHARMACY CLINIC		231,622			
061 EMERGENCY		14,291,795			404
062 OBSERVATION BEDS (NON					
063 FAMILY HEALTH CENTER					
063 50 RHC					
063 60 FOHC					
OTHER REIMBURS COST C					
065 AMBULANCE SERVICES					
066 DURABLE MEDICAL EQUIP					
067 DURABLE MEDICAL EQUIP					
070 I&R SERVICES-NOT APPR					
071 HOME HEALTH AGENCY					
SPEC PURPOSE COST CEN					
092 AMBULATORY SURGICAL C					
095 SUBTOTALS		284,459,103			2,346
NONREIMBURS COST CENT					
096 GIFT, FLOWER, COFFEE		6,772			
096 01 SUBCORPS					
096 02 GRANTS					
097 RESEARCH					
098 PHYSICIANS' PRIVATE O					
098 01 HOSPICE					
098 02 OUTPATIENT PHARMACY					
099 NONPAID WORKERS					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED					79,993
(PER WRKSHT B, PART					
104 UNIT COST MULTIPLIER					
(WRKSHT B, PT I)					34.097613
105 COST TO BE ALLOCATED					1
(PER WRKSHT B, PART					
106 UNIT COST MULTIPLIER					
(WRKSHT B, PT II)					.000426
107 COST TO BE ALLOCATED					4,446
(PER WRKSHT B, PART					
108 UNIT COST MULTIPLIER					
(WRKSHT B, PT III)					1.895141

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	51,659,447		51,659,447		51,659,447
26	INTENSIVE CARE UNIT	28,791,255		28,791,255		28,791,255
27	CORONARY CARE UNIT	12,021,947		12,021,947		12,021,947
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	7,689,160		7,689,160		7,689,160
31	01 SUBPROVIDER II - REHAB	4,422,115		4,422,115		4,422,115
31	02 SUBPROVIDER 3					
33	NURSERY	3,096,178		3,096,178		3,096,178
34	SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	22,893,082		22,893,082		22,893,082
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	2,833,570		2,833,570		2,833,570
41	RADIOLOGY-DIAGNOSTIC	14,090,311		14,090,311		14,090,311
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	2,485,870		2,485,870		2,485,870
43	01 ULTRA SOUND	1,491,422		1,491,422		1,491,422
43	02 CAT SCAN	3,185,436		3,185,436		3,185,436
43	03 CARDIAC CATHETERIZATION LAB	5,317,197		5,317,197		5,317,197
44	LABORATORY	14,257,671		14,257,671		14,257,671
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING	1,874,853		1,874,853		1,874,853
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	5,480,184		5,480,184		5,480,184
50	PHYSICAL THERAPY	6,382,452		6,382,452		6,382,452
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
52	01 RADIOLOGY	752,263		752,263		752,263
53	ELECTROCARDIOLOGY	2,978,652		2,978,652		2,978,652
54	ELECTROENCEPHALOGRAPHY	229,923		229,923		229,923
55	MEDICAL SUPPLIES CHARGED	21,405,813		21,405,813		21,405,813
55	30 IMPL. DEV. CHARGED TO PAT	11,986,842		11,986,842		11,986,842
56	DRUGS CHARGED TO PATIENTS	18,612,483		18,612,483		18,612,483
58	ASC (NON-DISTINCT PART)					
59	RENAL DIALYSIS	1,056,182		1,056,182		1,056,182
59	01 METABOLIC SUPPORT					
59	02 CMHC					
59	97 CARDIAC REHABILITATION					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	542,801		542,801		542,801
60	01 A. R. C. CLINIC	2,191,802		2,191,802		2,191,802
60	02 CANCER CTR CLINIC	2,956,726		2,956,726		2,956,726
60	03 UROLOGY CLINIC	345,216		345,216		345,216
60	04 ORTHOPEDIC CLINIC					
60	05 EYE CENTER					
60	06 WOUND CARE CLINIC	1,197,163		1,197,163		1,197,163
60	07 DENT CLINIC					
60	08 O/P PHARMACY CLINIC	231,622		231,622		231,622
61	EMERGENCY	14,305,570		14,305,570		14,305,570
62	OBSERVATION BEDS (NON-DIS	6,258,316		6,258,316		6,258,316
63	FAMILY HEALTH CENTER					
63	50 RHC					
63	60 FOHC					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	273,023,524		273,023,524		273,023,524
102	LESS OBSERVATION BEDS	6,258,316		6,258,316		6,258,316
103	TOTAL	266,765,208		266,765,208		266,765,208

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	114,626,039		114,626,039			
26	INTENSIVE CARE UNIT	78,515,555		78,515,555			
27	CORONARY CARE UNIT	35,259,851		35,259,851			
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	13,515,220		13,515,220			
31	01 SUBPROVIDER II - REHAB	8,305,435		8,305,435			
31	02 SUBPROVIDER 3						
33	NURSERY	5,177,612		5,177,612			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	57,278,512	72,358,580	129,637,092	.176594	.176594	.176594
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	12,959,952	12,906,779	25,866,731	.109545	.109545	.109545
41	RADIOLOGY-DIAGNOSTIC	23,956,271	53,510,703	77,466,974	.181888	.181888	.181888
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	2,605,968	5,260,175	7,866,143	.316021	.316021	.316021
43	01 ULTRA SOUND	2,508,666	8,077,412	10,586,078	.140885	.140885	.140885
43	02 CAT SCAN	19,930,834	25,464,486	45,395,320	.070171	.070171	.070171
43	03 CARDIAC CATHERIZATION LAB	24,316,880	10,448,384	34,765,264	.152946	.152946	.152946
44	LABORATORY	70,052,500	29,929,366	99,981,866	.142603	.142603	.142603
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	10,628,464	1,261,895	11,890,359	.157678	.157678	.157678
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	28,565,996	2,256,547	30,822,543	.177798	.177798	.177798
50	PHYSICAL THERAPY	8,092,175	7,479,187	15,571,362	.409884	.409884	.409884
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52	01 RADIOLOGY	82,056	612,470	694,526	1.083132	1.083132	1.083132
53	ELECTROCARDIOLOGY	10,017,699	8,143,303	18,161,002	.164014	.164014	.164014
54	ELECTROENCEPHALOGRAPHY	269,011	472,797	741,808	.309949	.309949	.309949
55	MEDICAL SUPPLIES CHARGED	23,850,977	18,140,690	41,991,667	.509763	.509763	.509763
55	30 IMPL. DEV. CHARGED TO PAT	29,580,171	16,130,009	45,710,180	.262236	.262236	.262236
56	DRUGS CHARGED TO PATIENTS	107,605,097	39,977,355	147,582,452	.126116	.126116	.126116
58	ASC (NON-DISTINCT PART)						
59	RENAL DIALYSIS	5,933,710	207,030	6,140,740	.171996	.171996	.171996
59	01 METABOLIC SUPPORT						
59	02 CMHC						
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,034	4,071,731	4,072,765	.133276	.133276	.133276
60	01 A. R. C. CLINIC	402,843	10,312,276	10,715,119	.204552	.204552	.204552
60	02 CANCER CTR CLINIC	21,734	3,960,777	3,982,511	.742428	.742428	.742428
60	03 UROLOGY CLINIC	24,571	1,189,769	1,214,340	.284283	.284283	.284283
60	04 ORTHOPEDIC CLINIC						
60	05 EYE CENTER						
60	06 WOUND CARE CLINIC	1,418	384,100	385,518	3.105336	3.105336	3.105336
60	07 DENT CLINIC						
60	08 O/P PHARMACY CLINIC	612	479,625	480,237	.482308	.482308	.482308
61	EMERGENCY	36,201,380	44,198,074	80,399,454	.177931	.177931	.177931
62	OBSERVATION BEDS (NON-DIS		12,184,666	12,184,666	.513622	.513622	.513622
63	FAMILY HEALTH CENTER						
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	730,288,243	389,418,186	1119,706,429			
102	LESS OBSERVATION BEDS						
103	TOTAL	730,288,243	389,418,186	1119,706,429			

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						
38	OPERATING ROOM	22,893,082	1,422,393	21,470,689			22,893,082
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	2,833,570	608,508	2,225,062			2,833,570
41	RADIOLOGY-DIAGNOSTIC	14,090,311	1,024,545	13,065,766			14,090,311
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	2,485,870	182,164	2,303,706			2,485,870
43 01	ULTRA SOUND	1,491,422	31,052	1,460,370			1,491,422
43 02	CAT SCAN	3,185,436	118,801	3,066,635			3,185,436
43 03	CARDIAC CATHERIZATION LAB	5,317,197	664,022	4,653,175			5,317,197
44	LABORATORY	14,257,671	133,912	14,123,759			14,257,671
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	1,874,853	16,614	1,858,239			1,874,853
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	5,480,184	285,769	5,194,415			5,480,184
50	PHYSICAL THERAPY	6,382,452	1,100,147	5,282,305			6,382,452
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52 01	CARDIOLOGY	752,263	131,004	621,259			752,263
53	ELECTROCARDIOLOGY	2,978,652	252,468	2,726,184			2,978,652
54	ELECTROENCEPHALOGRAPHY	229,923	40,668	189,255			229,923
55	MEDICAL SUPPLIES CHARGED	21,405,813	108,180	21,297,633			21,405,813
55 30	IMPL. DEV. CHARGED TO PAT	11,986,842	78,493	11,908,349			11,986,842
56	DRUGS CHARGED TO PATIENTS	18,612,483	184,203	18,428,280			18,612,483
58	ASC (NON-DISTINCT PART)						
59	RENAL DIALYSIS	1,056,182	45,470	1,010,712			1,056,182
59 01	METABOLIC SUPPORT						
59 02	CMHC						
59 97	CARDIAC REHABILITATION						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	542,801	10,766	532,035			542,801
60 01	A. R. C. CLINIC	2,191,802	290,312	1,901,490			2,191,802
60 02	CANCER CTR CLINIC	2,956,726	655,834	2,300,892			2,956,726
60 03	UROLOGY CLINIC	345,216	4,575	340,641			345,216
60 04	ORTHOPEDIC CLINIC						
60 05	EYE CENTER						
60 06	WOUND CARE CLINIC	1,197,163	561,396	635,767			1,197,163
60 07	EENT CLINIC						
60 08	O/P PHARMACY CLINIC	231,622	72,969	158,653			231,622
61	EMERGENCY	14,305,570	1,199,105	13,106,465			14,305,570
62	OBSERVATION BEDS (NON-DIS	6,258,316	543,954	5,714,362			6,258,316
63	FAMILY HEALTH CENTER						
63 50	RHC						
63 60	FOHC						
65	OTHER REIMBURS COST CNTRS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	165,343,422	9,767,324	155,576,098			165,343,422
102	LESS OBSERVATION BEDS	6,258,316	543,954	5,714,362			6,258,316
103	TOTAL	159,085,106	9,223,370	149,861,736			159,085,106

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	129,637,092	.176594	.176594
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY	25,866,731	.109545	.109545
42	RADIOLOGY-DIAGNOSTIC	77,466,974	.181888	.181888
43	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	7,866,143	.316021	.316021
43	01 ULTRA SOUND	10,586,078	.140885	.140885
43	02 CAT SCAN	45,395,320	.070171	.070171
43	03 CARDIAC CATHERIZATION LAB	34,765,264	.152946	.152946
44	LABORATORY	99,981,866	.142603	.142603
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING	11,890,359	.157678	.157678
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	30,822,543	.177798	.177798
50	PHYSICAL THERAPY	15,571,362	.409884	.409884
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
52	01 RADIOLOGY	694,526	1.083132	1.083132
53	ELECTROCARDIOLOGY	18,161,002	.164014	.164014
54	ELECTROENCEPHALOGRAPHY	741,808	.309949	.309949
55	MEDICAL SUPPLIES CHARGED	41,991,667	.509763	.509763
55	30 IMPL. DEV. CHARGED TO PAT	45,710,180	.262236	.262236
56	DRUGS CHARGED TO PATIENTS	147,582,452	.126116	.126116
58	ASC (NON-DISTINCT PART)			
59	RENAL DIALYSIS	6,140,740	.171996	.171996
59	01 METABOLIC SUPPORT			
59	02 CMHC			
59	97 CARDIAC REHABILITATION			
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC	4,072,765	.133276	.133276
60	01 A. R. C. CLINIC	10,715,119	.204552	.204552
60	02 CANCER CTR CLINIC	3,982,511	.742428	.742428
60	03 UROLOGY CLINIC	1,214,340	.284283	.284283
60	04 ORTHOPEDIC CLINIC			
60	05 EYE CENTER			
60	06 WOUND CARE CLINIC	385,518	3.105336	3.105336
60	07 EENT CLINIC			
60	08 O/P PHARMACY CLINIC	480,237	.482308	.482308
61	EMERGENCY	80,399,454	.177931	.177931
62	OBSERVATION BEDS (NON-DIS	12,184,666	.513622	.513622
63	FAMILY HEALTH CENTER			
63	50 RHC			
63	60 FOHC			
65	OTHER REIMBURS COST CNTRS			
66	AMBULANCE SERVICES			
67	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	864,306,717		
102	LESS OBSERVATION BEDS	12,184,666		
103	TOTAL	852,122,051		

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						
38	OPERATING ROOM	22,893,082	1,422,393	21,470,689	142,239	1,245,300	21,505,543
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	2,833,570	608,508	2,225,062	60,851	129,054	2,643,665
41	RADIOLOGY-DIAGNOSTIC	14,090,311	1,024,545	13,065,766	102,455	757,814	13,230,042
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	2,485,870	182,164	2,303,706	18,216	133,615	2,334,039
43 01	ULTRA SOUND	1,491,422	31,052	1,460,370	3,105	84,701	1,403,616
43 02	CAT SCAN	3,185,436	118,801	3,066,635	11,880	177,865	2,995,691
43 03	CARDIAC CATHERIZATION LAB	5,317,197	664,022	4,653,175	66,402	269,884	4,980,911
44	LABORATORY	14,257,671	133,912	14,123,759	13,391	819,178	13,425,102
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	1,874,853	16,614	1,858,239	1,661	107,778	1,765,414
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	5,480,184	285,769	5,194,415	28,577	301,276	5,150,331
50	PHYSICAL THERAPY	6,382,452	1,100,147	5,282,305	110,015	306,374	5,966,063
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52 01	CARDIOLOGY	752,263	131,004	621,259	13,100	36,033	703,130
53	ELECTROCARDIOLOGY	2,978,652	252,468	2,726,184	25,247	158,119	2,795,286
54	ELECTROENCEPHALOGRAPHY	229,923	40,668	189,255	4,067	10,977	214,879
55	MEDICAL SUPPLIES CHARGED	21,405,813	108,180	21,297,633	10,818	1,235,263	20,159,732
55 30	IMPL. DEV. CHARGED TO PAT	11,986,842	78,493	11,908,349	7,849	690,684	11,288,309
56	DRUGS CHARGED TO PATIENTS	18,612,483	184,203	18,428,280	18,420	1,068,840	17,525,223
58	ASC (NON-DISTINCT PART)						
59	RENAL DIALYSIS	1,056,182	45,470	1,010,712	4,547	58,621	993,014
59 01	METABOLIC SUPPORT						
59 02	CMHC						
59 97	CARDIAC REHABILITATION						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	542,801	10,766	532,035	1,077	30,858	510,866
60 01	A. R. C. CLINIC	2,191,802	290,312	1,901,490	29,031	110,286	2,052,485
60 02	CANCER CTR CLINIC	2,956,726	655,834	2,300,892	65,583	133,452	2,757,691
60 03	UROLOGY CLINIC	345,216	4,575	340,641	458	19,757	325,001
60 04	ORTHOPEDIC CLINIC						
60 05	EYE CENTER						
60 06	WOUND CARE CLINIC	1,197,163	561,396	635,767	56,140	36,874	1,104,149
60 07	EENT CLINIC						
60 08	O/P PHARMACY CLINIC	231,622	72,969	158,653	7,297	9,202	215,123
61	EMERGENCY	14,305,570	1,199,105	13,106,465	119,911	760,175	13,425,484
62	OBSERVATION BEDS (NON-DIS	6,258,316	543,954	5,714,362	54,395	331,433	5,872,488
63	FAMILY HEALTH CENTER						
63 50	RHC						
63 60	FOHC						
65	OTHER REIMBURS COST CNTRS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	165,343,422	9,767,324	155,576,098	976,732	9,023,413	155,343,277
102	LESS OBSERVATION BEDS	6,258,316	543,954	5,714,362	54,395	331,433	5,872,488
103	TOTAL	159,085,106	9,223,370	149,861,736	922,337	8,691,980	149,470,789

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			
38	OPERATING ROOM	129,637,092	.165890	.175496
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	25,866,731	.102203	.107192
41	RADIOLOGY-DIAGNOSTIC	77,466,974	.170783	.180565
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	7,866,143	.296720	.313706
43 01	ULTRA SOUND	10,586,078	.132591	.140592
43 02	CAT SCAN	45,395,320	.065991	.069909
43 03	CARDIAC CATHERIZATION LAB	34,765,264	.143273	.151036
44	LABORATORY	99,981,866	.134275	.142469
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING	11,890,359	.148474	.157539
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	30,822,543	.167096	.176871
50	PHYSICAL THERAPY	15,571,362	.383143	.402819
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
52 01	CARDIOLOGY	694,526	1.012388	1.064270
53	ELECTROCARDIOLOGY	18,161,002	.153917	.162623
54	ELECTROENCEPHALOGRAPHY	741,808	.289669	.304467
55	MEDICAL SUPPLIES CHARGED	41,991,667	.480089	.509506
55 30	IMPL. DEV. CHARGED TO PAT	45,710,180	.246954	.262064
56	DRUGS CHARGED TO PATIENTS	147,582,452	.118749	.125991
58	ASC (NON-DISTINCT PART)			
59	RENAL DIALYSIS	6,140,740	.161709	.171255
59 01	METABOLIC SUPPORT			
59 02	CMHC			
59 97	CARDIAC REHABILITATION			
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC	4,072,765	.125435	.133011
60 01	A. R. C. CLINIC	10,715,119	.191550	.201843
60 02	CANCER CTR CLINIC	3,982,511	.692450	.725960
60 03	UROLOGY CLINIC	1,214,340	.267636	.283906
60 04	ORTHOPEDIC CLINIC			
60 05	EYE CENTER			
60 06	WOUND CARE CLINIC	385,518	2.864066	2.959714
60 07	EENT CLINIC			
60 08	O/P PHARMACY CLINIC	480,237	.447952	.467113
61	EMERGENCY	80,399,454	.166985	.176440
62	OBSERVATION BEDS (NON-DIS	12,184,666	.481957	.509158
63	FAMILY HEALTH CENTER			
63 50	RHC			
63 60	FOHC			
65	OTHER REIMBURS COST CNTRS			
66	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	864,306,717		
102	LESS OBSERVATION BEDS	12,184,666		
103	TOTAL	852,122,051		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	1,389		1,389	4,488,677		4,488,677
26	INTENSIVE CARE UNIT	626		626	2,182,461		2,182,461
27	CORONARY CARE UNIT	293		293	1,022,722		1,022,722
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	253		253	854,643		854,643
31 01	SUBPROVIDER II - REHAB	124		124	430,031		430,031
31 02	SUBPROVIDER 3						
33	NURSERY	108		108	364,158		364,158
101	TOTAL	2,793		2,793	9,342,692		9,342,692

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	39,564	9,064	.04	363	113.45	1,028,311
26	INTENSIVE CARE UNIT	20,046	5,053	.03	152	108.87	550,120
27	CORONARY CARE UNIT	11,196	5,639	.03	169	91.35	515,123
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	11,266	5,207	.02	104	75.86	395,003
31	01 SUBPROVIDER 11 - REHAB	4,867	1,659	.03	50	88.36	146,589
31	02 SUBPROVIDER 3						
33	NURSERY	3,896		.03		93.47	
101	TOTAL	90,835	26,622		838		2,635,146

TITLE XVIII, PART A		HOSPITAL			PPS		
WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	394	1,421,999	129,637,092	14,235,933	.000003	43
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	176	608,332	25,866,731	2,761,442	.000007	19
42	RADIOLOGY-DIAGNOSTIC	287	1,024,258	77,466,974	8,381,389	.000004	34
43	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	51	182,113	7,866,143	1,047,276	.000006	6
43	01 ULTRA SOUND	6	31,046	10,586,078	642,374	.000001	1
43	02 CAT SCAN	26	118,775	45,395,320	6,017,663	.000001	6
43	03 CARDIAC CATHERIZATION LAB	190	663,832	34,765,264	9,617,717	.000005	48
44	LABORATORY	14	133,898	99,981,866	20,720,983		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	2	16,612	11,890,359	3,387,287		
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	78	285,691	30,822,543	9,816,195	.000003	29
50	PHYSICAL THERAPY	324	1,099,823	15,571,362	1,231,537	.000021	26
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52	01 CARDIOLOGY	38	130,966	694,526	29,016	.000055	2
53	ELECTROCARDIOLOGY	70	252,398	18,161,002	3,811,849	.000004	15
54	ELECTROENCEPHALOGRAPHY	11	40,657	741,808	94,492	.000015	1
55	MEDICAL SUPPLIES CHARGED	20	108,160	41,991,667	4,442,350		
55	30 IMPL. DEV. CHARGED TO PAT	11	78,482	45,710,180	10,788,601		
56	DRUGS CHARGED TO PATIENTS	248	183,955	147,582,452	32,325,619	.000002	65
58	ASC (NON-DISTINCT PART)						
59	RENAL DIALYSIS	10	45,460	6,140,740	2,891,214	.000002	6
59	01 METABOLIC SUPPORT						
59	02 CMHC						
59	97 CARDIAC REHABILITATION						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1	10,765	4,072,765			
60	01 A.R.C. CLINIC	85	290,227	10,715,119	7,564	.000008	
60	02 CANCER CTR CLINIC	194	655,640	3,982,511	16,874	.000049	1
60	03 UROLOGY CLINIC		4,575	1,214,340	6,686		
60	04 ORTHOPEDIC CLINIC						
60	05 EYE CENTER						
60	06 WOUND CARE CLINIC	168	561,228	385,518	1,148	.000436	1
60	07 EENT CLINIC						
60	08 O/P PHARMACY CLINIC	22	72,947	480,237		.000046	
61	EMERGENCY	336	1,198,769	80,399,454	10,544,024	.000004	42
62	OBSERVATION BEDS (NON-DIS	169	543,785	12,184,666		.000014	
63	FAMILY HEALTH CENTER						
63	50 RHC						
63	60 FOHC						
65	OTHER REIMBURS COST CNTRS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	2,931	9,764,393	864,306,717	142,819,233		345

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

PROVIDER NO: 14-0182
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET D
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			17,935			17,935
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT			11,048			11,048
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
31	01 SUBPROVIDER 11 - REHAB						
31	02 SUBPROVIDER 3						
33	NURSERY						
34	SKILLED NURSING FACILITY						
101	TOTAL			28,983			28,983

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

PROVIDER NO:	PERIOD:	PREPARED
14-0182	FROM 1/ 1/2010	5/26/2011
	TO 12/31/2010	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	39,564	.45	9,064	4,079
26	INTENSIVE CARE UNIT	20,046		5,053	
27	CORONARY CARE UNIT	11,196	.99	5,639	5,583
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE U				
31	SUBPROVIDER	11,266		5,207	
31 01	SUBPROVIDER 11 - REHAB	4,867		1,659	
31 02	SUBPROVIDER 3				
33	NURSERY	3,896			
34	SKILLED NURSING FACILITY				
101	TOTAL	90,835		26,622	9,662

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
38	OPERATING ROOM										
39	RECOVERY ROOM										
40	DELIVERY ROOM & LABOR ROO										
41	ANESTHESIOLOGY										
42	RADIOLOGY-DIAGNOSTIC										
43	RADIOLOGY-THERAPEUTIC										
43	01 RADIOISOTOPE										
43	02 ULTRA SOUND										
43	03 CAT SCAN										
44	CARDIAC CATHETERIZATION LAB										
45	LABORATORY										
46	PBP CLINICAL LAB SERVICES										
47	WHOLE BLOOD & PACKED RED										
48	BLOOD STORING, PROCESSING										
49	INTRAVENOUS THERAPY										
50	RESPIRATORY THERAPY										
51	PHYSICAL THERAPY										
52	OCCUPATIONAL THERAPY										
52	01 SPEECH PATHOLOGY										
53	CARDIOLOGY							6,888			
54	ELECTROCARDIOLOGY										
55	ELECTROENCEPHALOGRAPHY										
56	MEDICAL SUPPLIES CHARGED										
56	30 IMPL. DEV. CHARGED TO PAT										
58	DRUGS CHARGED TO PATIENTS							30,347			
59	ASC (NON-DISTINCT PART)										
59	01 RENAL DIALYSIS										
59	02 METABOLIC SUPPORT										
59	97 CMHC										
60	CARDIAC REHABILITATION										
60	01 OUTPAT SERVICE COST CNTRS										
60	02 CLINIC										
60	03 A. R. C. CLINIC										
60	04 CANCER CTR CLINIC										
60	05 UROLOGY CLINIC										
60	06 ORTHOPEDIC CLINIC										
60	07 EYE CENTER										
60	08 WOUND CARE CLINIC										
61	O/P PHARMACY CLINIC										
61	EMERGENCY							13,775			
62	OBSERVATION BEDS (NON-DIS							2,172			
63	63 FAMILY HEALTH CENTER										
63	50 RHC										
63	60 FOHC										
65	OTHER REIMBURS COST CNTRS										
66	AMBULANCE SERVICES										
67	DURABLE MEDICAL EQUIP-REN										
67	DURABLE MEDICAL EQUIP-SOL										
101	TOTAL							53,182			

TITLE XVIII, PART A		HOSPITAL		PPS				
WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF COST TO CHARGES	INPAT PROG CHARGE	INPAT PROG PASS THRU COST
LINE NO.		3	3.01	4	5	5.01	6	7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			129,637,092			14,235,933	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY			25,866,731			2,761,442	
42	RADIOLOGY-DIAGNOSTIC			77,466,974			8,381,389	
43	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			7,866,143			1,047,276	
43	01 ULTRA SOUND			10,586,078			642,374	
43	02 CAT SCAN			45,395,320			6,017,663	
43	03 CARDIAC CATHERIZATION LAB			34,765,264			9,617,717	
44	LABORATORY			99,981,866			20,720,983	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING			11,890,359			3,387,287	
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			30,822,543			9,816,195	
50	PHYSICAL THERAPY			15,571,362			1,231,537	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
52	01 RADIOLOGY	6,888	6,888	694,526	.009918	.009918	29,016	288
53	ELECTROCARDIOLOGY			18,161,002			3,811,849	
54	ELECTROENCEPHALOGRAPHY			741,808			94,492	
55	MEDICAL SUPPLIES CHARGED			41,991,667			4,442,350	
55	30 IMPL. DEV. CHARGED TO PAT			45,710,180			10,788,601	
56	DRUGS CHARGED TO PATIENTS	30,347	30,347	147,582,452	.000206	.000206	32,325,619	6,659
58	ASC (NON-DISTINCT PART)							
59	RENAL DIALYSIS			6,140,740			2,891,214	
59	01 METABOLIC SUPPORT							
59	02 CMHC							
59	97 CARDIAC REHABILITATION							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			4,072,765				
60	01 A.R.C. CLINIC			10,715,119			7,564	
60	02 CANCER CTR CLINIC			3,982,511			16,874	
60	03 UROLOGY CLINIC			1,214,340			6,686	
60	04 ORTHOPEDIC CLINIC							
60	05 EYE CENTER							
60	06 WOUND CARE CLINIC			385,518			1,148	
60	07 DENT CLINIC							
60	08 O/P PHARMACY CLINIC			480,237				
61	EMERGENCY	13,775	13,775	80,399,454	.000171	.000171	10,544,024	1,803
62	OBSERVATION BEDS (NON-DIS	2,172	2,172	12,184,666	.000178	.000178		
63	FAMILY HEALTH CENTER							
63	50 RHC							
63	60 FOHC							
65	OTHER REIMBURS COST CNTRS							
66	AMBULANCE SERVICES							
67	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	53,182	53,182	864,306,717			142,819,233	8,750

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	12,283,144					
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	2,296,682					
42	RADIOLOGY-DIAGNOSTIC	10,773,274					
43	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	338,113					
43	01 ULTRA SOUND	721,319					
43	02 CAT SCAN	4,189,354					
43	03 CARDIAC CATHERIZATION LAB	3,727,567					
44	LABORATORY	1,377,573					
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	161,276					
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	444,952					
50	PHYSICAL THERAPY	108,117					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52	01 RADIOLOGY	194,521			1,929		
53	ELECTROCARDIOLOGY	1,371,318					
54	ELECTROENCEPHALOGRAPHY	80,907					
55	MEDICAL SUPPLIES CHARGED	4,402,134					
55	30 IMPL. DEV. CHARGED TO PAT	3,908,423					
56	DRUGS CHARGED TO PATIENTS	8,127,911			1,674		
58	ASC (NON-DISTINCT PART)						
59	RENAL DIALYSIS	132,083					
59	01 METABOLIC SUPPORT						
59	02 CMHC						
59	97 CARDIAC REHABILITATION						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	887,430					
60	01 A. R. C. CLINIC	60,833					
60	02 CANCER CTR CLINIC	781,088					
60	03 UROLOGY CLINIC	347,432					
60	04 ORTHOPEDIC CLINIC						
60	05 EYE CENTER						
60	06 WOUND CARE CLINIC	147,751					
60	07 EENT CLINIC						
60	08 O/P PHARMACY CLINIC	171,435					
61	EMERGENCY	4,204,948			719		
62	OBSERVATION BEDS (NON-DIS	3,937,485			701		
63	FAMILY HEALTH CENTER						
63	50 RHC						
63	60 FOHC						
65	OTHER REIMBURS COST CNTRS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	65,177,070			5,023		

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.176594	.176594			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.109545	.109545			
41 RADIOLOGY-DIAGNOSTIC	.181888	.181888			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE	.316021	.316021			
43 01 ULTRA SOUND	.140885	.140885			
43 02 CAT SCAN	.070171	.070171			
43 03 CARDIAC CATHETERIZATION LABORATORY	.152946	.152946			
44 LABORATORY	.142603	.142603			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.	.157678	.157678			
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	.177798	.177798			
50 PHYSICAL THERAPY	.409884	.409884			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
52 01 CARDIOLOGY	1.083132	1.083132			
53 ELECTROCARDIOLOGY	.164014	.164014			
54 ELECTROENCEPHALOGRAPHY	.309949	.309949			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.509763	.509763			
55 30 IMPL. DEV. CHARGED TO PATIENT	.262236	.262236			
56 DRUGS CHARGED TO PATIENTS	.126116	.126116			
58 ASC (NON-DISTINCT PART)					
59 RENAL DIALYSIS	.171996	.171996			
59 01 METABOLIC SUPPORT					
59 02 CMHC					
59 97 CARDIAC REHABILITATION					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.133276	.133276			
60 01 A. R. C. CLINIC	.204552	.204552			
60 02 CANCER CTR CLINIC	.742428	.742428			
60 03 UROLOGY CLINIC	.284283	.284283			
60 04 ORTHOPEDIC CLINIC					
60 05 EYE CENTER					
60 06 WOUND CARE CLINIC	3.105336	3.105336			
60 07 EENT CLINIC					
60 08 O/P PHARMACY CLINIC	.482308	.482308			
61 EMERGENCY	.177931	.177931			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.513622	.513622			
63 FAMILY HEALTH CENTER					
63 50 RHC					
63 60 FOHC					
65 OTHER REIMBURS COST CNTRS					
66 AMBULANCE SERVICES					
67 DURABLE MEDICAL EQUIP-RENTED					
101 DURABLE MEDICAL EQUIP-SOLD					
102 SUBTOTAL					
103 CRNA CHARGES					
104 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
NET CHARGES					

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

TITLE XVIII, PART B

HOSPITAL

	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		12,283,144			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		2,296,682			
41 RADIOLOGY-DIAGNOSTIC		10,773,274			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE		338,113			
43 01 ULTRA SOUND		721,319			
43 02 CAT SCAN		4,189,354			
43 03 CARDIAC CATHETERIZATION LABORATORY		3,727,567			
44 LABORATORY		1,377,573			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.		161,276			
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY		444,952			
50 PHYSICAL THERAPY		108,117			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
52 01 CARDIOLOGY		194,521			
53 ELECTROCARDIOLOGY		1,371,318			
54 ELECTROENCEPHALOGRAPHY		80,907			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		4,402,134			
55 30 IMPL. DEV. CHARGED TO PATIENT		3,908,423	242,480		
56 DRUGS CHARGED TO PATIENTS		8,127,911			
58 ASC (NON-DISTINCT PART)					
59 RENAL DIALYSIS		132,083			
59 01 METABOLIC SUPPORT					
59 02 CMHC					
59 97 CARDIAC REHABILITATION					
OUTPAT SERVICE COST CNTRS					
60 CLINIC		887,430			
60 01 A. R. C. CLINIC		60,833			
60 02 CANCER CTR CLINIC		781,088			
60 03 UROLOGY CLINIC		347,432			
60 04 ORTHOPEDIC CLINIC					
60 05 EYE CENTER					
60 06 WOUND CARE CLINIC		147,751			
60 07 EENT CLINIC					
60 08 O/P PHARMACY CLINIC		171,435			
61 EMERGENCY		4,204,948			
62 OBSERVATION BEDS (NON-DISTINCT PART)		3,937,485			
63 FAMILY HEALTH CENTER					
63 50 RHC					
63 60 FOHC					
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL		65,177,070	242,480		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES		65,177,070	242,480		

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				2,169,130	
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				251,590	
41 RADIOLOGY-DIAGNOSTIC				1,959,529	
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE				106,851	
43 01 ULTRA SOUND				101,623	
43 02 CAT SCAN				293,971	
43 03 CARDIAC CATHETERIZATION LABORATORY				570,116	
44 LABORATORY				196,446	
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.				25,430	
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY				79,112	
50 PHYSICAL THERAPY				44,315	
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
52 01 RADIOLOGY				210,692	
53 ELECTROCARDIOLOGY				224,915	
54 ELECTROENCEPHALOGRAPHY				25,077	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				2,244,045	
55 30 IMPL. DEV. CHARGED TO PATIENT				1,024,929	63,587
56 DRUGS CHARGED TO PATIENTS				1,025,060	
58 ASC (NON-DISTINCT PART)					
59 RENAL DIALYSIS				22,718	
59 01 METABOLIC SUPPORT					
59 02 CMHC					
59 97 CARDIAC REHABILITATION					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC				118,273	
60 01 A. R. C. CLINIC				12,444	
60 02 CANCER CTR CLINIC				579,902	
60 03 UROLOGY CLINIC				98,769	
60 04 ORTHOPEDIC CLINIC					
60 05 EYE CENTER					
60 06 WOUND CARE CLINIC				458,816	
60 07 EENT CLINIC					
60 08 O/P PHARMACY CLINIC				82,684	
61 EMERGENCY				748,191	
62 OBSERVATION BEDS (NON-DISTINCT PART)				2,022,379	
63 FAMILY HEALTH CENTER					
63 50 RHC					
63 60 FOHC					
65 OTHER REIMBURS COST CNTRS					
66 AMBULANCE SERVICES					
67 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL				14,697,007	63,587
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				14,697,007	63,587

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.126116
3	PROGRAM COSTS	72,621
		9,159

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	394	1,421,999	129,637,092	31,762	.000003	
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	176	608,332	25,866,731		.000007	
42	RADIOLOGY-DIAGNOSTIC	287	1,024,258	77,466,974	97,089	.000004	
43	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	51	182,113	7,866,143	4,673	.000006	
43	01 ULTRA SOUND	6	31,046	10,586,078	11,628	.000001	
43	02 CAT SCAN	26	118,775	45,395,320	77,145	.000001	
43	03 CARDIAC CATHERIZATION LAB	190	663,832	34,765,264		.000005	
44	LABORATORY	14	133,898	99,981,866	1,252,163		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	2	16,612	11,890,359			
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	78	285,691	30,822,543	121,975	.000003	
50	PHYSICAL THERAPY	324	1,099,823	15,571,362	4,303	.000021	
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52	01 CARDIOLOGY	38	130,966	694,526		.000055	
53	ELECTROCARDIOLOGY	70	252,398	18,161,002	56,453	.000004	
54	ELECTROENCEPHALOGRAPHY	11	40,657	741,808	699	.000015	
55	MEDICAL SUPPLIES CHARGED	20	108,160	41,991,667	1,716		
55	30 IMPL. DEV. CHARGED TO PAT	11	78,482	45,710,180			
56	DRUGS CHARGED TO PATIENTS	248	183,955	147,582,452	1,705,128	.000002	3
58	ASC (NON-DISTINCT PART)						
59	RENAL DIALYSIS	10	45,460	6,140,740	11,210	.000002	
59	01 METABOLIC SUPPORT						
59	02 CMHC						
59	97 CARDIAC REHABILITATION						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1	10,765	4,072,765			
60	01 A. R. C. CLINIC	85	290,227	10,715,119		.000008	
60	02 CANCER CTR CLINIC	194	655,640	3,982,511		.000049	
60	03 UROLOGY CLINIC		4,575	1,214,340			
60	04 ORTHOPEDIC CLINIC						
60	05 EYE CENTER						
60	06 WOUND CARE CLINIC	168	561,228	385,518		.000436	
60	07 EENT CLINIC						
60	08 O/P PHARMACY CLINIC	22	72,947	480,237		.000046	
61	EMERGENCY	336	1,198,769	80,399,454	683,654	.000004	3
62	OBSERVATION BEDS (NON-DIS	169	543,785	12,184,666		.000014	
63	FAMILY HEALTH CENTER						
63	50 RHC						
63	60 FOHC						
65	OTHER REIMBURS COST CNTRS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	2,931	9,764,393	864,306,717	4,059,598		6

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
38	OPERATING ROOM											
39	RECOVERY ROOM											
40	DELIVERY ROOM & LABOR ROO											
41	ANESTHESIOLOGY											
42	RADIOLOGY-DIAGNOSTIC											
43	RADIOLOGY-THERAPEUTIC											
43	01 ULTRA SOUND											
43	02 CAT SCAN											
43	03 CARDIAC CATHETERIZATION LAB											
44	LABORATORY											
45	PBP CLINICAL LAB SERVICES											
46	WHOLE BLOOD & PACKED RED											
47	BLOOD STORING, PROCESSING											
48	INTRAVENOUS THERAPY											
49	RESPIRATORY THERAPY											
50	PHYSICAL THERAPY											
51	OCCUPATIONAL THERAPY											
52	SPEECH PATHOLOGY											
52	01 CARDIOLOGY								6,888			
53	ELECTROCARDIOLOGY											
54	ELECTROENCEPHALOGRAPHY											
55	MEDICAL SUPPLIES CHARGED											
55	30 IMPL. DEV. CHARGED TO PAT											
56	DRUGS CHARGED TO PATIENTS								30,347			
58	ASC (NON-DISTINCT PART)											
59	RENAL DIALYSIS											
59	01 METABOLIC SUPPORT											
59	02 CMHC											
59	97 CARDIAC REHABILITATION											
60	OUTPAT SERVICE COST CNTRS											
60	CLINIC											
60	01 A.R.C. CLINIC											
60	02 CANCER CTR CLINIC											
60	03 UROLOGY CLINIC											
60	04 ORTHOPEDIC CLINIC											
60	05 EYE CENTER											
60	06 WOUND CARE CLINIC											
60	07 EENT CLINIC											
60	08 O/P PHARMACY CLINIC											
61	EMERGENCY								13,775			
62	OBSERVATION BEDS (NON-DIS								2,172			
63	FAMILY HEALTH CENTER											
63	50 RHC											
63	60 FOHC											
65	OTHER REIMBURS COST CNTRS											
66	AMBULANCE SERVICES											
66	DURABLE MEDICAL EQUIP-REN											
67	DURABLE MEDICAL EQUIP-SOL											
101	TOTAL								53,182			

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			129,637,092			31,762	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY			25,866,731				
42	RADIOLOGY-DIAGNOSTIC			77,466,974			97,089	
43	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			7,866,143			4,673	
43	01 ULTRA SOUND			10,586,078			11,628	
43	02 CAT SCAN			45,395,320			77,145	
43	03 CARDIAC CATHERIZATION LAB			34,765,264				
44	LABORATORY			99,981,866			1,252,163	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING			11,890,359				
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			30,822,543			121,975	
50	PHYSICAL THERAPY			15,571,362			4,303	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
52	01 RADIOLOGY	6,888	6,888	694,526	.009918	.009918		
53	ELECTROCARDIOLOGY			18,161,002			56,453	
54	ELECTROENCEPHALOGRAPHY			741,808			699	
55	MEDICAL SUPPLIES CHARGED			41,991,667			1,716	
55	30 IMPL. DEV. CHARGED TO PAT			45,710,180				
56	DRUGS CHARGED TO PATIENTS	30,347	30,347	147,582,452	.000206	.000206	1,705,128	351
58	ASC (NON-DISTINCT PART)							
59	RENAL DIALYSIS			6,140,740			11,210	
59	01 METABOLIC SUPPORT							
59	02 CMHC							
59	97 CARDIAC REHABILITATION							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			4,072,765				
60	01 A.R.C. CLINIC			10,715,119				
60	02 CANCER CTR CLINIC			3,982,511				
60	03 UROLOGY CLINIC			1,214,340				
60	04 ORTHOPEDIC CLINIC							
60	05 EYE CENTER							
60	06 WOUND CARE CLINIC			385,518				
60	07 DENT CLINIC							
60	08 O/P PHARMACY CLINIC			480,237				
61	EMERGENCY	13,775	13,775	80,399,454	.000171	.000171	683,654	117
62	OBSERVATION BEDS (NON-DIS	2,172	2,172	12,184,666	.000178	.000178		
63	FAMILY HEALTH CENTER							
63	50 RHC							
63	60 FOHC							
65	OTHER REIMBURS COST CNTRS							
66	AMBULANCE SERVICES							
67	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	53,182	53,182	864,306,717			4,059,598	468

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43	01 ULTRA SOUND						
43	02 CAT SCAN						
43	03 CARDIAC CATHERIZATION LAB						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52	01 RADIOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
59	RENAL DIALYSIS						
59	01 METABOLIC SUPPORT						
59	02 CMHC						
59	97 CARDIAC REHABILITATION						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 A. R. C. CLINIC						
60	02 CANCER CTR CLINIC						
60	03 UROLOGY CLINIC						
60	04 ORTHOPEDIC CLINIC						
60	05 EYE CENTER						
60	06 WOUND CARE CLINIC						
60	07 EENT CLINIC						
60	08 O/P PHARMACY CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	FAMILY HEALTH CENTER						
63	50 RHC						
63	60 FOHC						
65	OTHER REIMBURS COST CNTRS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	394	1,421,999	129,637,092		.000003	
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	176	608,332	25,866,731		.000007	
42	RADIOLOGY-DIAGNOSTIC	287	1,024,258	77,466,974	54,763	.000004	
43	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	51	182,113	7,866,143		.000006	
43	01 ULTRA SOUND	6	31,046	10,586,078	5,141	.000001	
43	02 CAT SCAN	26	118,775	45,395,320	33,581	.000001	
43	03 CARDIAC CATHERIZATION LAB	190	663,832	34,765,264		.000005	
44	LABORATORY	14	133,898	99,981,866	191,786		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	2	16,612	11,890,359	14,314		
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	78	285,691	30,822,543	61,528	.000003	
50	PHYSICAL THERAPY	324	1,099,823	15,571,362	1,627,361	.000021	34
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52	01 RADIOLOGY	38	130,966	694,526		.000055	
53	ELECTROCARDIOLOGY	70	252,398	18,161,002	17,927	.000004	
54	ELECTROENCEPHALOGRAPHY	11	40,657	741,808		.000015	
55	MEDICAL SUPPLIES CHARGED	20	108,160	41,991,667	39,369		
55	30 IMPL. DEV. CHARGED TO PAT	11	78,482	45,710,180			
56	DRUGS CHARGED TO PATIENTS	248	183,955	147,582,452	834,200	.000002	2
58	ASC (NON-DISTINCT PART)						
59	RENAL DIALYSIS	10	45,460	6,140,740	180,916	.000002	
59	01 METABOLIC SUPPORT						
59	02 CMHC						
59	97 CARDIAC REHABILITATION						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1	10,765	4,072,765			
60	01 A.R.C. CLINIC	85	290,227	10,715,119		.000008	
60	02 CANCER CTR CLINIC	194	655,640	3,982,511		.000049	
60	03 UROLOGY CLINIC		4,575	1,214,340	7,159		
60	04 ORTHOPEDIC CLINIC						
60	05 EYE CENTER						
60	06 WOUND CARE CLINIC	168	561,228	385,518		.000436	
60	07 EENT CLINIC						
60	08 O/P PHARMACY CLINIC	22	72,947	480,237		.000046	
61	EMERGENCY	336	1,198,769	80,399,454		.000004	
62	OBSERVATION BEDS (NON-DIS	169	543,785	12,184,666		.000014	
63	FAMILY HEALTH CENTER						
63	50 RHC						
63	60 FOHC						
65	OTHER REIMBURS COST CNTRS						
66	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	2,931	9,764,393	864,306,717	3,068,045		36

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
38	OPERATING ROOM											
39	RECOVERY ROOM											
40	DELIVERY ROOM & LABOR ROO											
41	ANESTHESIOLOGY											
42	RADIOLOGY-DIAGNOSTIC											
43	RADIOLOGY-THERAPEUTIC											
43	01 ULTRA SOUND											
43	02 CAT SCAN											
43	03 CARDIAC CATHETERIZATION LAB											
44	LABORATORY											
45	PBP CLINICAL LAB SERVICES											
46	WHOLE BLOOD & PACKED RED											
47	BLOOD STORING, PROCESSING											
48	INTRAVENOUS THERAPY											
49	RESPIRATORY THERAPY											
50	PHYSICAL THERAPY											
51	OCCUPATIONAL THERAPY											
52	SPEECH PATHOLOGY											
52	01 CARDIOLOGY								6,888			
53	ELECTROCARDIOLOGY											
54	ELECTROENCEPHALOGRAPHY											
55	MEDICAL SUPPLIES CHARGED											
55	30 IMPL. DEV. CHARGED TO PAT											
56	DRUGS CHARGED TO PATIENTS								30,347			
58	ASC (NON-DISTINCT PART)											
59	RENAL DIALYSIS											
59	01 METABOLIC SUPPORT											
59	02 CMHC											
59	97 CARDIAC REHABILITATION											
60	OUTPAT SERVICE COST CNTRS											
60	CLINIC											
60	01 A.R.C. CLINIC											
60	02 CANCER CTR CLINIC											
60	03 UROLOGY CLINIC											
60	04 ORTHOPEDIC CLINIC											
60	05 EYE CENTER											
60	06 WOUND CARE CLINIC											
60	07 EENT CLINIC											
60	08 O/P PHARMACY CLINIC											
61	EMERGENCY								13,775			
62	OBSERVATION BEDS (NON-DIS								2,172			
63	FAMILY HEALTH CENTER											
63	50 RHC											
63	60 FOHC											
65	OTHER REIMBURS COST CNTRS											
66	AMBULANCE SERVICES											
67	DURABLE MEDICAL EQUIP-REN											
67	DURABLE MEDICAL EQUIP-SOL											
101	TOTAL								53,182			

TITLE XVIII, PART A

SUBPROVIDER 2

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							
38	OPERATING ROOM			129,637,092				
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY			25,866,731				
42	RADIOLOGY-DIAGNOSTIC			77,466,974			54,763	
43	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			7,866,143				
43	01 ULTRA SOUND			10,586,078			5,141	
43	02 CAT SCAN			45,395,320			33,581	
43	03 CARDIAC CATHERIZATION LAB			34,765,264				
44	LABORATORY			99,981,866			191,786	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING			11,890,359			14,314	
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			30,822,543			61,528	
50	PHYSICAL THERAPY			15,571,362			1,627,361	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
52	01 RADIOLOGY	6,888	6,888	694,526	.009918	.009918		
53	ELECTROCARDIOLOGY			18,161,002			17,927	
54	ELECTROENCEPHALOGRAPHY			741,808				
55	MEDICAL SUPPLIES CHARGED			41,991,667			39,369	
55	30 IMPL. DEV. CHARGED TO PAT			45,710,180				
56	DRUGS CHARGED TO PATIENTS	30,347	30,347	147,582,452	.000206	.000206	834,200	172
58	ASC (NON-DISTINCT PART)							
59	RENAL DIALYSIS			6,140,740			180,916	
59	01 METABOLIC SUPPORT							
59	02 CMHC							
59	97 CARDIAC REHABILITATION							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			4,072,765				
60	01 A.R.C. CLINIC			10,715,119				
60	02 CANCER CTR CLINIC			3,982,511				
60	03 UROLOGY CLINIC			1,214,340			7,159	
60	04 ORTHOPEDIC CLINIC							
60	05 EYE CENTER							
60	06 WOUND CARE CLINIC			385,518				
60	07 EENT CLINIC							
60	08 O/P PHARMACY CLINIC			480,237				
61	EMERGENCY	13,775	13,775	80,399,454	.000171	.000171		
62	OBSERVATION BEDS (NON-DIS	2,172	2,172	12,184,666	.000178	.000178		
63	FAMILY HEALTH CENTER							
63	50 RHC							
63	60 FOHC							
65	OTHER REIMBURS COST CNTRS							
66	AMBULANCE SERVICES							
67	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	53,182	53,182	864,306,717			3,068,045	172

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43	01 ULTRA SOUND						
43	02 CAT SCAN						
43	03 CARDIAC CATHERIZATION LAB						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52	01 RADIOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
59	RENAL DIALYSIS						
59	01 METABOLIC SUPPORT						
59	02 CMHC						
59	97 CARDIAC REHABILITATION						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 A. R. C. CLINIC						
60	02 CANCER CTR CLINIC						
60	03 UROLOGY CLINIC						
60	04 ORTHOPEDIC CLINIC						
60	05 EYE CENTER						
60	06 WOUND CARE CLINIC						
60	07 EENT CLINIC						
60	08 O/P PHARMACY CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	FAMILY HEALTH CENTER						
63	50 RHC						
63	60 FOHC						
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	. 165890				9,029,058
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	. 102203				1,739,911
41 RADIOLOGY-DIAGNOSTIC	. 170783				5,203,599
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE	. 296720				429,289
43 01 ULTRA SOUND	. 132591				1,694,310
43 02 CAT SCAN	. 065991				3,353,630
43 03 CARDIAC CATHETERIZATION LABORATORY	. 143273				856,611
44 LABORATORY	. 134275				5,519,415
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.	. 148474				268,828
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	. 167096				297,777
50 PHYSICAL THERAPY	. 383143				2,037,211
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
52 01 CARDIOLOGY	1. 012388				248
53 ELECTROCARDIOLOGY	. 153917				1,274,720
54 ELECTROENCEPHALOGRAPHY	. 289669				64,801
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	. 480089				2,143,538
55 30 IMPL. DEV. CHARGED TO PATIENT	. 246954				1,181,755
56 DRUGS CHARGED TO PATIENTS	. 118749				5,377,587
58 ASC (NON-DISTINCT PART)					
59 RENAL DIALYSIS	. 161709				39,234
59 01 METABOLIC SUPPORT					
59 02 CMHC					
59 97 CARDIAC REHABILITATION					
OUTPAT SERVICE COST CNTRS					
60 CLINIC	. 125435				111,188
60 01 A. R. C. CLINIC	. 191550				6,003,870
60 02 CANCER CTR CLINIC	. 692450				531,985
60 03 UROLOGY CLINIC	. 267636				41,062
60 04 ORTHOPEDIC CLINIC					
60 05 EYE CENTER					
60 06 WOUND CARE CLINIC	2. 864066				39,539
60 07 EENT CLINIC					
60 08 O/P PHARMACY CLINIC	. 447952				73,309
61 EMERGENCY	. 166985				9,143,579
62 OBSERVATION BEDS (NON-DISTINCT PART)	. 481957				5,941,678
63 FAMILY HEALTH CENTER					
63 50 RHC					
63 60 FOHC					
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					62,397,732
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					62,397,732

TITLE XIX - O/P

HOSPITAL

Cost Center Description	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
43 01 ULTRASOUND					
43 02 CAT SCAN					
43 03 CARDIAC CATHETERIZATION LABORATORY					
44 LABORATORY					
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
52 01 CARDIOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS					
58 ASC (NON-DISTINCT PART)					
59 RENAL DIALYSIS					
59 01 METABOLIC SUPPORT					
59 02 CMHC					
59 97 CARDIAC REHABILITATION					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 A. R. C. CLINIC					
60 02 CANCER CTR CLINIC					
60 03 UROLOGY CLINIC					
60 04 ORTHOPEDIC CLINIC					
60 05 EYE CENTER					
60 06 WOUND CARE CLINIC					
60 07 EENT CLINIC					
60 08 O/P PHARMACY CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 FAMILY HEALTH CENTER					
63 50 RHC					
63 60 FOHC					
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		1,497,830			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		177,824			
41 RADIOLOGY-DIAGNOSTIC		888,686			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE		127,379			
43 01 ULTRA SOUND		224,650			
43 02 CAT SCAN		221,309			
43 03 CARDIAC CATHETERIZATION LABORATORY		122,729			
44 LABORATORY		741,119			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.		39,914			
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY		49,757			
50 PHYSICAL THERAPY		780,543			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
52 01 CARDIOLOGY		251			
53 ELECTROCARDIOLOGY		196,201			
54 ELECTROENCEPHALOGRAPHY		18,771			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,029,089			
55 30 IMPL. DEV. CHARGED TO PATIENT		291,839			
56 DRUGS CHARGED TO PATIENTS		638,583			
58 ASC (NON-DISTINCT PART)					
59 RENAL DIALYSIS		6,344			
59 01 METABOLIC SUPPORT					
59 02 CMHC					
59 97 CARDIAC REHABILITATION					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		13,947			
60 01 A. R. C. CLINIC		1,150,041			
60 02 CANCER CTR CLINIC		368,373			
60 03 UROLOGY CLINIC		10,990			
60 04 ORTHOPEDIC CLINIC					
60 05 EYE CENTER					
60 06 WOUND CARE CLINIC		113,242			
60 07 EENT CLINIC					
60 08 O/P PHARMACY CLINIC		32,839			
61 EMERGENCY		1,526,841			
62 OBSERVATION BEDS (NON-DISTINCT PART)		2,863,633			
63 FAMILY HEALTH CENTER					
63 50 RHC					
63 60 FOHC					
65 OTHER REIMBURS COST CNTRS					
66 AMBULANCE SERVICES					
67 DURABLE MEDICAL EQUIP-RENTED					
101 SUBTOTAL		13,132,724			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES		13,132,724			

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	39,564
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	39,564
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	39,564
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	9,064
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	51,659,447
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	51,659,447

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	119,803,651
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	119,803,651
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.431201
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	3,028.10
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	51,659,447

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	4,793
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,305.72
85	OBSERVATION BED COST	6,258,316

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	1,389	.000027	6,258,316	169
87	NEW CAPITAL-RELATED COST	4,488,677	.086890	6,258,316	543,785
88	NON PHYSICIAN ANESTHETIST			6,258,316	
89	MEDICAL EDUCATION			6,258,316	
89.01	MEDICAL EDUCATION - ALLIED HEA	17,935	.000347	6,258,316	2,172
89.02	MEDICAL EDUCATION - ALL OTHER			6,258,316	

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	682.51
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	253	7,689,160	.000033	
87	NEW CAPITAL-RELATED COST	854,643	7,689,160	.111149	
88	NON PHYSICIAN ANESTHETIST		7,689,160		
89	MEDICAL EDUCATION		7,689,160		
89.01	MEDICAL EDUCATION - ALLIED HEA		7,689,160		
89.02	MEDICAL EDUCATION - ALL OTHER		7,689,160		

TITLE XVIII PART A SUBPROVIDER II PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	908.59
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	124	4,422,115	.000028	
87	NEW CAPITAL-RELATED COST	430,031	4,422,115	.097246	
88	NON PHYSICIAN ANESTHETIST		4,422,115		
89	MEDICAL EDUCATION		4,422,115		
89.01	MEDICAL EDUCATION - ALLIED HEA		4,422,115		
89.02	MEDICAL EDUCATION - ALL OTHER		4,422,115		

TITLE XIX - I/P SUBPROVIDER I OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	697.35
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		59,946,326		11,758,676
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROVIDER	7/30/2010	718,299	7/30/2010	281,797
ADJUSTMENTS TO PROVIDER	12/30/2010	241,620	12/30/2010	7,078
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
ADJUSTMENTS TO PROGRAM		.99		
SUBTOTAL		959,919		288,875
4 TOTAL INTERIM PAYMENTS		60,906,245		12,047,551
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
TENTATIVE TO PROGRAM		.99		
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
		110,563		374,948
7 TOTAL MEDICARE PROGRAM LIABILITY		60,795,682		11,672,603

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVII I SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,206,542		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50	7/30/2010	2,295		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		-2,295		NONE
4 TOTAL INTERIM PAYMENTS		3,204,247		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		478,539		
7 TOTAL MEDICARE PROGRAM LIABILITY		3,682,786		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVII SUBPROVIDER 2

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,158,720		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	7/30/2010	8,716		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		8,716		NONE
4 TOTAL INTERIM PAYMENTS		2,167,436		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01	32,278		
	SETTLEMENT TO PROGRAM .02			
7 TOTAL MEDICARE PROGRAM LIABILITY		2,199,714		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,199,714
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	2,167,436
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	32,278
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	11,872
	IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

- FI ONLY -----
- 50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF) OR 1.09 (IPF).
 - 51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
 - 52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY. (SEE INSTRUCTIONS).
 - 53 ENTER THE TIME VALUE OF MONEY.

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		217.60
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	-44.18
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	205.98 -44.18	161.80
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		182.06
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		161.80
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.		92.82
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.		89.23
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		182.05
3.10	SEE INSTRUCTIONS		161.79
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.		11.51
3.12	SEE INSTRUCTIONS		90.81
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		83.47
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		73.62
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	82.63
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)		82.63
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		112,414.10
3.18	SEE INSTRUCTIONS		9,288,777
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		98.73
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		102.66
3.21	SEE INSTRUCTIONS	RES INIT YEARS	94.63
3.22	SEE INSTRUCTIONS		94.63
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		118,656.52
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		11,228,466
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		20,517,243

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		26,622
5	TOTAL INPATIENT DAYS		82,146
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.324082
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	6,649,269	6,649,269
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		2,654
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		82,146
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.		569,207
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
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES

TITLE XVIII

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)	56,317,456
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	56,061
16	TOTAL PART A REASONABLE COST	56,261,395

PART B REASONABLE COST

17	REASONABLE COST	14,769,753
18	PRIMARY PAYER PAYMENTS	2,798
19	TOTAL PART B REASONABLE COST	14,766,955
20	TOTAL REASONABLE COST	71,028,350
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.792098
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.207902

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 (SUM OF LINES 6.01, 6.05, & 6.08)	7,218,476
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	5,717,740
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	1,500,736

TITLE XIX

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
- 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)
- 3.05 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS
- 3.06 ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.
- 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.
- 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.
- 3.10 SEE INSTRUCTIONS
- 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)
- 3.20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)
- 3.21 SEE INSTRUCTIONS RES INIT YEARS
- 3.22 SEE INSTRUCTIONS
- 3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001
- 3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001
- 3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001

COMPUTATION OF PROGRAM PATIENT LOAD

- 4 PROGRAM PART A INPATIENT DAYS 23,608
- 5 TOTAL INPATIENT DAYS 82,146
- 6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. LN 6 * LN 3.25 + E-3, 6 L 11 .287391
- 6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS
- 6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS) 1,446
- 6.03 ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE. 82,146
- 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.
- 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) 100.00
- 6.08 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD PRIOR TO 422 E-3, 6 LN 12

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
- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES

TITLE XIX

- 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)
- 13 ORGAN ACQUISITION COSTS
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS
- 16 TOTAL PART A REASONABLE COST

PART B REASONABLE COST

- 17 REASONABLE COST
- 18 PRIMARY PAYER PAYMENTS
- 19 TOTAL PART B REASONABLE COST
- 20 TOTAL REASONABLE COST
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST

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
(SUM OF LINES 6.01, 6.05, & 6.08)
- 24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY
- 25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY

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)	205.98	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	217.60	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	205.98	

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)	207.50
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	222.34
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP	207.50

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).
- 17 IIME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 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)
- 19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)
- 20 IIME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)
- 21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.
- 22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005
- 23 ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	14,683,000			
29 SALARIES, WAGES & FEES PAYABLE	18,248,000			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	2,021,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	71,470,000			
36 TOTAL CURRENT LIABILITIES	106,422,000			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
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	9,371,000			
42 TOTAL LONG-TERM LIABILITIES	9,371,000			
43 TOTAL LIABILITIES	115,793,000			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	273,208,000			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	273,208,000			
52 TOTAL LIABILITIES AND FUND BALANCES	389,001,000			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		204,246,694		
2	NET INCOME (LOSS)		68,961,306		
3	TOTAL		273,208,000		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		273,208,000		
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		273,208,000		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	119,803,651		119,803,651
2 00 SUBPROVIDER	13,515,220		13,515,220
2 01 SUBPROVIDER 11 - REHAB	8,305,435		8,305,435
2 02 SUBPROVIDER 3			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	141,624,306		141,624,306
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	78,515,555		78,515,555
11 00 CORONARY CARE UNIT	35,259,851		35,259,851
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	113,775,406		113,775,406
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	255,399,712		255,399,712
17 00 ANCILLARY SERVICES	473,874,402		473,874,402
18 00 OUTPATIENT SERVICES		390,223,147	390,223,147
18 50 RHC			
18 60 FOHC			
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
24 00			
25 00 TOTAL PATIENT REVENUES	729,274,114	390,223,147	1119,497,261

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	341,479,955		
ADD (SPECIFY)			
27 00 8400'S			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		341,479,955	

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS		
	CAPITAL FEDERAL AMOUNT		
2	CAPITAL DRG OTHER THAN OUTLIER	2,763,750	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997		
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	217,171	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	180.86	
	IN THE COST REPORTING PERIOD		
4.01	NUMBER OF INTERNS AND RESIDENTS	185.79	
	(SEE INSTRUCTIONS)		
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	33.63	
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	929,449	
	(SEE INSTRUCTIONS)		
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	11.17	
	MEDICARE PART A PATIENT DAYS		
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	31.11	
	DAYS REPORTED ON S-3, PART I		
5.02	SUM OF 5 AND 5.01	42.28	
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	8.94	
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	247,079	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	4,157,449	
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)		

