

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)). FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS (42 USC 1395g).

FORM APPROVED OMB NO. 0938-0050

WORKSHEET S PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX | PROVIDER NO: 14-0223 | PERIOD FROM 1/1/2010 TO 12/31/2010 | INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW | DATE RECEIVED: / / | COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY | --INITIAL --REOPENED | INTERMEDIARY NO: | --FINAL 1-MCR CODE | | OO - # OF REOPENINGS |

ELECTRONICALLY FILED COST REPORT DATE: 5/24/2011 TIME 11:43

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 LUTHERAN GENERAL HOSPITAL 14-0223 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

Table with 4 columns: TITLE V, TITLE XVIII (A, B), TITLE XIX. Rows include HOSPITAL, SUBPROVIDER, SUBPROVIDER II, and TOTAL with corresponding dollar amounts.

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1775 W. DEMPSTER STREET P.O. BOX:
 1.01 CITY: PARK RIDGE STATE: IL ZIP CODE: 60068- COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVIII	XIX
02.00 HOSPITAL	ADVOCATE LUTHERAN GENERAL HOSPITAL	14-0223	2.01	7/ 1/1966	4	5	6
03.00 SUBPROVIDER	ADVOCATE LUTHERAN GENERAL HOSPITAL	14-S223		7/ 1/1984	N	P	0
03.01 SUBPROVIDER 2	ADVOCATE LUTHERAN GENERAL HOSPITAL	14-T223		7/ 1/1984	N	P	0

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2010 TO: 12/31/2010

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL	1
20 SUBPROVIDER	4
20.01 SUBPROVIDER 11	5

OTHER INFORMATION

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

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.	Y	N		
21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).				
21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	1	N	N	29404
21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL	1			
21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL	1			
21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105, MIPPA §147, ACA §3121 OR MMEA §108? "Y" FOR YES, AND "N" FOR NO.	N			
21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER IN COL 1 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 OR MMEA §108? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS)	N	N		
21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.	1	N		
22 ARE YOU CLASSIFIED AS A REFERRAL CENTER?	N			
23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.	N			
23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.	/	/	/	/
23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.	/	/	/	/
23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.	/	/	/	/
23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.	/	/	/	/
23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.	/	/	/	/
23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.	/	/	/	/
23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.	/	/	/	/
24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY)			/	/
24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER: ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy).			/	/

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	44,709,961
17.01	GROSS MEDICAID REVENUES	60,732,196
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	105,442,157
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)	.309719
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	218,272,393

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	67,603,107
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	44,709,961
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	13,847,524
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	67,603,107

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT				-2,622,249	-2,622,249
2	0200 OLD CAP REL COSTS-MVBLE EQUIP				-60,957	-60,957
3	0300 NEW CAP REL COSTS-BLDG & FIXT				25,044,613	25,044,613
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				9,230,055	9,230,055
5	0500 EMPLOYEE BENEFITS	2,876,482	41,811,757	44,688,239	-651	44,687,588
6.03	0630 PURCHASING, RECEIVING & STORES	1,370,201	848,512	2,218,713	-1,070	2,217,643
6.05	0650 CASHIERING, ACCT REC & COLL	6,400,938	13,913,211	20,314,149	-85,410	20,228,739
6.06	0663 OTHER ADMINISTRATIVE AND GENERAL	20,470,081	111,262,245	131,732,326	-18,863,253	112,869,073
7	0700 MAINTENANCE & REPAIRS	5,832,248	19,047,461	24,879,709	-282,501	24,597,208
8	0800 OPERATION OF PLANT					
9	0900 LAUNDRY & LINEN SERVICE				2,632,606	2,632,606
10	1000 HOUSEKEEPING	5,148,441	4,817,946	9,966,387	-2,674,196	7,292,191
11	1100 DIETARY	3,997,586	3,923,363	7,920,949	-2,517,906	5,403,043
12	1200 CAFETERIA				2,405,584	2,405,584
14	1400 NURSING ADMINISTRATION	3,784,303	715,661	4,499,964	737,464	5,237,428
15	1500 CENTRAL SERVICES & SUPPLY	1,714,873	405,809	2,120,682	-256,999	1,863,683
16	1600 PHARMACY	6,943,949	22,644,101	29,588,050	-21,247,229	8,340,821
17	1700 MEDICAL RECORDS & LIBRARY	2,874,874	1,479,430	4,354,304	-8,139	4,346,165
18	1800 SOCIAL SERVICE	1,269,283	245,982	1,515,265		1,515,265
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	9,163,185	2,234,762	11,397,947		11,397,947
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	2,531,753	8,127,732	10,659,485	-55,474	10,604,011
24	2400 PARAMED ED PRGM-(SPECIFY)	1,069,186	142,138	1,211,324	-877,071	334,253
24.01	2401 PARAMED ED PRGM-PHARMACY INPAT ROUTINE SRVC CNTRS				186,003	186,003
25	2500 ADULTS & PEDIATRICS	44,104,717	7,664,343	51,769,060	-2,514,678	49,254,382
26	2600 INTENSIVE CARE UNIT	5,544,289	1,727,902	7,272,191	-233,779	7,038,412
27	2700 CORONARY CARE UNIT	7,089,433	2,465,542	9,554,975	-364,677	9,190,298
27.01	2701 NEONATAL CARE UNIT	8,794,355	1,574,213	10,368,568	-107,109	10,261,459
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER	5,117,193	621,635	5,738,828	-15,424	5,723,404
31.01	3101 SUBPROVIDER II	4,643,695	756,356	5,400,051	-160,857	5,239,194
33	3300 NURSERY				1,927,612	1,927,612
34	3400 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	9,786,067	8,570,514	18,356,581	-1,332,098	17,024,483
38	3800 RECOVERY ROOM	1,664,797	225,617	1,890,414	-4,379	1,886,035
39	3900 DELIVERY ROOM & LABOR ROOM	4,393,783	1,345,619	5,739,402	-70,703	5,668,699
40	4000 ANESTHESIOLOGY	520,971	1,650,442	2,171,413	-278,460	1,892,953
41	4100 RADIOLOGY-DIAGNOSTIC	12,240,157	12,349,761	24,589,918	-4,185,161	20,404,757
42	4200 RADIOLOGY-THERAPEUTIC	2,288,044	3,043,664	5,331,708	-944,182	4,387,526
43	4300 RADIOISOTOPE	1,245,324	1,652,007	2,897,331	-267,009	2,630,322
44	4400 LABORATORY		19,485,719	19,485,719		19,485,719
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		2,254,993	2,254,993		2,254,993
49	4900 RESPIRATORY THERAPY	5,028,966	904,520	5,933,486	-225,266	5,708,220
50	5000 PHYSICAL THERAPY	4,298,322	596,182	4,894,504	12,154	4,906,658
51	5100 OCCUPATIONAL THERAPY	5,687,838	1,922,991	7,610,829	-608,268	7,002,561
52	5200 SPEECH PATHOLOGY					
53	5300 ELECTROCARDIOLOGY	2,743,141	878,376	3,621,517	-379,326	3,242,191
54	5400 ELECTROENCEPHALOGRAPHY	868,871	647,600	1,516,471	-124,229	1,392,242
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		16,181,007	16,181,007	157,786	16,338,793
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		29,254,072	29,254,072		29,254,072
56	5600 DRUGS CHARGED TO PATIENTS				20,998,940	20,998,940
57	5700 RENAL DIALYSIS	701,350	196,372	897,722	-24,911	872,811
58	5800 ASC (NON-DISTINCT PART)	2,792,347	892,607	3,684,954	-128,469	3,556,485
59	3951 REHAB MEDICINE	424,265	98,626	522,891	-44,228	468,663
59.10	3952 CARDIAC LAB	1,355,658	1,461,571	2,817,229	-437,447	2,379,782
59.20	3953 DAY HOSPITAL	560,202	341,249	901,451	-291,562	609,889
59.30	3954 LI THOTRIPTER		1,281,084	1,281,084		1,281,084
59.40	3955 COLO-RECTAL CENTER					
59.45	3957 GASTROENTEROLOGY LAB	2,411,296	868,600	3,279,896	-490,960	2,788,936
59.97	3997 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	364,248	100,805	465,053	-50,620	414,433
60	6000 CLINIC					
60.01	6001 DIABETES CARE CENTER	115,831	9,139	124,970		124,970
60.02	6002 OUTPATIENT CENTER	231,873	90,801	322,674	-40,661	282,013
60.03	6003 PAIN CLINIC	279,227	114,610	393,837	-57,142	336,695
60.05	6005 WOUND CARE CENTER	269,413	21,753	291,166		291,166
60.06	6006 ANTI-COAG LAB	595,703	166,562	762,265	-51,179	711,086
60.07	6007 HEART RISK ASSESSMENT	145,599	59,246	204,845	-37,260	167,585
60.20	4951 IN-VITRO FERTILIZATION					
61	6100 EMERGENCY	8,222,804	2,494,284	10,717,088	-185,847	10,531,241
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES					
69	6900 CORF SPEC PURPOSE COST CENTERS					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	219,977,162	355,590,494	575,567,656	113,821	575,681,477
96	9600 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP & CANTEEN	185,104	164,466	349,570	-113,821	235,749
96.01	9601 CHILD DAY CARE					
96.03	9603 LAUREATE DAY SCHOOL					
101	TOTAL	220,162,266	355,754,960	575,917,226	-0-	575,917,226

RECLASSIFICATION AND ADJUSTMENT OF
 TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT	4,087,774	1,465,525
2	0200 OLD CAP REL COSTS-MVBLE EQUIP	64,113	3,156
3	0300 NEW CAP REL COSTS-BLDG & FIXT	125,013	25,169,626
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	2,475,282	11,705,337
5	0500 EMPLOYEE BENEFITS	7,209,924	51,897,512
6.03	0630 PURCHASING, RECEIVING & STORES	-724	2,216,919
6.05	0650 CASHIERING, ACCT REC & COLL	-11,342,187	8,886,552
6.06	0663 OTHER ADMINISTRATIVE AND GENERAL	-59,847,684	53,021,389
7	0700 MAINTENANCE & REPAIRS	-1,445,657	23,151,551
8	0800 OPERATION OF PLANT		
9	0900 LAUNDRY & LINEN SERVICE		2,632,606
10	1000 HOUSEKEEPING	-7,369	7,284,822
11	1100 DIETARY	-2,135,039	3,268,004
12	1200 CAFETERIA		2,405,584
14	1400 NURSING ADMINISTRATION	-4,266	5,233,162
15	1500 CENTRAL SERVICES & SUPPLY	-643	1,863,040
16	1600 PHARMACY	-82,040	8,258,781
17	1700 MEDICAL RECORDS & LIBRARY	-49,319	4,296,846
18	1800 SOCIAL SERVICE	-145,801	1,369,464
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		11,397,947
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	-7,727,366	2,876,645
24	2400 PARAMED ED PRGM-(SPECIFY)	-51,120	283,133
24.01	2401 PARAMED ED PRGM-PHARMACY		186,003
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-99,640	49,154,742
26	2600 INTENSIVE CARE UNIT	-16,215	7,022,197
27	2700 CORONARY CARE UNIT	-8,185	9,182,113
27.01	2701 NEONATAL CARE UNIT	-27,075	10,234,384
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER	-211,076	5,512,328
31.01	3101 SUBPROVIDER II	-4,263	5,234,931
33	3300 NURSERY		1,927,612
34	3400 SKILLED NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-49,487	16,974,996
38	3800 RECOVERY ROOM	-237	1,885,798
39	3900 DELIVERY ROOM & LABOR ROOM	-2,842	5,665,857
40	4000 ANESTHESIOLOGY	-222,703	1,670,250
41	4100 RADIOLOGY-DIAGNOSTIC	-66,486	20,338,271
42	4200 RADIOLOGY-THERAPEUTIC	-759,239	3,628,287
43	4300 RADIOISOTOPE	-1,356	2,628,966
44	4400 LABORATORY		19,485,719
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		2,254,993
49	4900 RESPIRATORY THERAPY	-853	5,707,367
50	5000 PHYSICAL THERAPY	-7,315	4,899,343
51	5100 OCCUPATIONAL THERAPY	-138,000	6,864,561
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY	-57,491	3,184,700
54	5400 ELECTROENCEPHALOGRAPHY	-498	1,391,744
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		16,338,793
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		29,254,072
56	5600 DRUGS CHARGED TO PATIENTS		20,998,940
57	5700 RENAL DIALYSIS	-1,088	871,723
58	5800 ASC (NON-DISTINCT PART)	-8,204	3,548,281
59	3951 REHAB MEDICINE	-1,986	466,677
59.10	3952 CARDIAC LAB	-2,756	2,377,026
59.20	3953 DAY HOSPITAL	-24,137	585,752
59.30	3954 LI THOTRIPTER		1,281,084
59.40	3955 COLO-RECTAL CENTER		
59.45	3957 GASTROENTEROLOGY LAB	-14,854	2,774,082
59.97	3997 CARDIAC REHABILITATION	-1,537	412,896
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
60.01	6001 DIABETES CARE CENTER	-229	124,741
60.02	6002 OUTPATIENT CENTER	-15	281,998
60.03	6003 PAIN CLINIC	-197	336,498
60.05	6005 WOUND CARE CENTER	-660	290,506
60.06	6006 ANTI-COAG LAB	-1,000	710,086
60.07	6007 HEART RISK ASSESSMENT		167,585
60.20	4951 IN-VITRO FERTILIZATION		
61	6100 EMERGENCY	-118,111	10,413,130
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		
69	6900 CORF		
	SPEC PURPOSE COST CENTERS		
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-70,724,844	504,956,633
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	-5,358	230,391
96.01	9601 CHILD DAY CARE		
96.03	9603 LAUREATE DAY SCHOOL		
101	TOTAL	-70,730,202	505,187,024

RECLASSIFICATIONS

PROVIDER NO:
140223

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

PREPARED 5/24/2011
WORKSHEET A-6

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 MEDICAL SUPPLY CHARGED TO PATIENT	A	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		157,786
2 DRUGS CHARGED TO PATIENT	B	DRUGS CHARGED TO PATIENTS	56		20,998,940
3 HLS BILLS	C	LAUNDRY & LINEN SERVICE	9		2,632,606
4 RADIOLOGY ADMIN	D	RADIOLOGY-THERAPEUTIC	42	150,372	117,406
5		RADIOISOTOPE	43	93,835	73,264
6 RECLASS DEPR EXPENSE	E	OLD CAP REL COSTS-BLDG & FIXT	1		16,412,586
7		OLD CAP REL COSTS-MVBLE EQUIP	2		9,164,386
8 RECLASS NEW CAPITAL COSTS	F	NEW CAP REL COSTS-BLDG & FIXT	3		19,034,835
9		NEW CAP REL COSTS-MVBLE EQUIP	4		9,225,343
10 RECLASS CAPITALIZED LEASE DEPR.	G	OTHER ADMINISTRATIVE AND GENERAL	6.06		158,430
11 RECLASS CAPITALIZED LEASE INTEREST	H	NEW CAP REL COSTS-MVBLE EQUIP	4		4,712
12 RECLASS BLDG DEPR EXPENSE	I	OTHER ADMINISTRATIVE AND GENERAL	6.06		37,874
13		NEONATAL CARE UNIT	27.01		138
14		OPERATING ROOM	37		17,403
15		EMERGENCY	61		6,485
16 RECLASS BUILDING RENT	J	NEW CAP REL COSTS-BLDG & FIXT	3		6,009,778
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 RECLASS BUILDING RENT	J				
2 RECLASS NON-PARAMEDIC COSTS	L	OTHER ADMINISTRATIVE AND GENERAL	6.06	811,119	65,418
3 RECLASS REHAB ADMIN PERSONNEL	M	PHYSICAL THERAPY	50	11,882	33,273
4		OCCUPATIONAL THERAPY	51	18,701	52,367
5 RECLASS OTHER REHAB ADMIN PERSONNEL	N	OCCUPATIONAL THERAPY	51	24,309	
6 RECLASS NURSERY COSTS	O	NURSERY	33	1,065,638	861,974
7 RECLASS CAFETERIA COSTS	Q	CAFETERIA	12	2,281,417	2,104,725
8 RECLASS CAFETERIA REVENUE OFFSET	R	DIETARY	11		1,980,558
9 RECLASS NURS ADMIN FROM CC1013 1220	S	NURSING ADMINISTRATION	14	788,533	
10 RECLASS PARAMED EDUC-PHARMACY	T	PARAMED ED PRGM-PHARMACY	24.01	164,601	21,402
11 RECLASS CHILD LIFE/PRENATAL	U	ADULTS & PEDIATRICS	25	392,112	
12		OTHER ADMINISTRATIVE AND GENERAL	6.06		11,318
13 RECLASS DEPR EXPENSE	Z	OTHER ADMINISTRATIVE AND GENERAL	6.06		7,478,841
14					
15					
16					
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RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
1 RECLASS DEPR EXPENSE	Z				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
36 TOTAL RECLASSIFICATIONS				5,802,519	96,661,848

(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

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 MEDICAL SUPPLY CHARGED TO PATIENT	A	CENTRAL SERVICES & SUPPLY	15		157,786	
2 DRUGS CHARGED TO PATIENT	B	PHARMACY	16		20,998,940	
3 HLS BILLS	C	HOUSEKEEPING	10		2,632,606	
4 RADIOLOGY ADMIN	D	RADIOLOGY-DIAGNOSTIC	41	244,207	190,670	
5						
6 RECLASS DEPR EXPENSE	E	OTHER ADMINISTRATIVE AND GENERAL	6.06		25,576,972	9
7						9
8 RECLASS NEW CAPITAL COSTS	F	OLD CAP REL COSTS-BLDG & FIXT	1		19,034,835	9
9		OLD CAP REL COSTS-MVBLE EQUIP	2		9,225,343	9
10 RECLASS CAPITALIZED LEASE DEPR.	G	RADIOLOGY-DIAGNOSTIC	41		158,430	9
11 RECLASS CAPITALIZED LEASE INTEREST	H	OTHER ADMINISTRATIVE AND GENERAL	6.06		4,712	11
12 RECLASS BLDG DEPR EXPENSE	I	MAINTENANCE & REPAIRS	7		61,900	9
13						9
14						
15						
16 RECLASS BUILDING RENT	J	OTHER ADMINISTRATIVE AND GENERAL	6.06		663,924	10
17		MAINTENANCE & REPAIRS	7		109,328	10
18		DIETARY	11		2,400	10
19		NURSING ADMINISTRATION	14		31,151	10
20		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		44,844	10
21		OPERATING ROOM	37		66,294	10
22		RADIOLOGY-DIAGNOSTIC	41		2,298,860	10
23		RADIOLOGY-THERAPEUTIC	42		1,070,508	10
24		RADIOISOTOPE	43		228,804	10
25		OCCUPATIONAL THERAPY	51		643,517	10
26		ELECTROCARDIOLOGY	53		23,184	10
27		ELECTROENCEPHALOGRAPHY	54		91,128	10
28		REHAB MEDICINE	59		54,228	10
29		DAY HOSPITAL	59.20		291,252	10
30		OUTPATIENT CENTER	60.02		37,104	10
31		PAIN CLINIC	60.03		44,508	10
32		CARDIAC REHABILITATION	59.97		36,096	10
33		ANTI-COAG LAB	60.06		51,179	10
34		HEART RISK ASSESSMENT	60.07		20,946	10
35		EMERGENCY	61		90,336	10
1 RECLASS BUILDING RENT	J	GIFT, FLOWER, COFFEE SHOP & CANTEEN	96		110,187	10
2 RECLASS NON-PARAMEDIC COSTS	L	PARAMEDIC PRGM-(SPECIFY)	24	811,119	65,418	
3 RECLASS REHAB ADMIN PERSONNEL	M	SUBPROVIDER II	31.01	30,583	85,640	
4						
5 RECLASS OTHER REHAB ADMIN PERSONNEL	N	PHYSICAL THERAPY	50	24,309		
6 RECLASS NURSERY COSTS	O	ADULTS & PEDIATRICS	25	1,065,638	861,974	
7 RECLASS CAFETERIA COSTS	Q	DIETARY	11	2,281,417	2,104,725	
8 RECLASS CAFETERIA REVENUE OFFSET	R	CAFETERIA	12		1,980,558	
9 RECLASS NURS ADMIN FROM CC1013 1220	S	OTHER ADMINISTRATIVE AND GENERAL	6.06	788,533		
10 RECLASS PARAMED EDUC-PHARMACY	T	PHARMACY	16	164,601	21,402	
11 RECLASS CHILD LIFE/PRENATAL	U	ADULTS & PEDIATRICS	25		11,318	
12		OTHER ADMINISTRATIVE AND GENERAL	6.06	392,112		
13 RECLASS DEPR EXPENSE	Z	EMPLOYEE BENEFITS	5		651	9
14		PURCHASING, RECEIVING & STORES	6.03		1,070	9
15		CASHIERING, ACCT REC & COLL	6.05		85,410	9
16		MAINTENANCE & REPAIRS	7		111,273	9
17		HOUSEKEEPING	10		41,590	9
18		DIETARY	11		109,922	9
19		NURSING ADMINISTRATION	14		19,918	9
20		CENTRAL SERVICES & SUPPLY	15		99,213	9
21		PHARMACY	16		62,286	9
22		MEDICAL RECORDS & LIBRARY	17		8,139	9
23		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		10,630	9
24		PARAMEDIC PRGM-(SPECIFY)	24		534	9
25		ADULTS & PEDIATRICS	25		967,860	9
26		INTENSIVE CARE UNIT	26		233,779	9
27		CORONARY CARE UNIT	27		364,677	9
28		NEONATAL CARE UNIT	27.01		107,247	9
29		SUBPROVIDER	31		15,424	9
30		SUBPROVIDER II	31.01		44,634	9
31		OPERATING ROOM	37		1,283,207	9
32		RECOVERY ROOM	38		4,379	9
33		DELIVERY ROOM & LABOR ROOM	39		70,703	9
34		ANESTHESIOLOGY	40		278,460	9
35		RADIOLOGY-DIAGNOSTIC	41		1,292,994	9

RECLASSIFICATIONS

PROVIDER NO:
140223

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

PREPARED 5/24/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	----- DECREASE -----				A-7 REF 10	
		COST CENTER 1	6	LINE NO 7	SALARY 8		OTHER 9
1 RECLASS DEPR EXPENSE	Z			42		141,452	9
2				43		205,304	9
3				49		225,266	9
4				50		8,692	9
5				51		60,128	9
6				53		356,142	9
7				54		33,101	9
8				57		24,911	9
9				58		128,469	9
10				59.10		437,447	9
11				59.20		310	9
12				59.45		490,960	9
13				60.02		3,557	9
14				60.03		12,634	9
15				59.97		14,524	9
16				60.07		16,314	9
17				61		101,996	9
18				96		3,634	9
36 TOTAL RECLASSIFICATIONS						5,802,519	96,661,848

(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:
140223

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

PREPARED 5/24/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : MEDICAL SUPPLY CHARGED TO PATIENT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	157,786	CENTRAL SERVICES & SUPPLY	15	157,786	
TOTAL RECLASSIFICATIONS FOR CODE A			157,786				157,786

RECLASS CODE: B
EXPLANATION : DRUGS CHARGED TO PATIENT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	20,998,940	PHARMACY	16	20,998,940	
TOTAL RECLASSIFICATIONS FOR CODE B			20,998,940				20,998,940

RECLASS CODE: C
EXPLANATION : HLS BILLS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	2,632,606	HOUSEKEEPING	10	2,632,606	
TOTAL RECLASSIFICATIONS FOR CODE C			2,632,606				2,632,606

RECLASS CODE: D
EXPLANATION : RADIOLOGY ADMIN

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOLOGY-THERAPEUTIC	42	267,778	RADIOLOGY-DIAGNOSTIC	41	434,877	
2.00	RADIOISOTOPE	43	167,099			0	
TOTAL RECLASSIFICATIONS FOR CODE D			434,877				434,877

RECLASS CODE: E
EXPLANATION : RECLASS DEPR EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	16,412,586	OTHER ADMINISTRATIVE AND GENER	6.06	25,576,972	
2.00	OLD CAP REL COSTS-MVBLE EQUIP	2	9,164,386			0	
TOTAL RECLASSIFICATIONS FOR CODE E			25,576,972				25,576,972

RECLASS CODE: F
EXPLANATION : RECLASS NEW CAPITAL COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	19,034,835	OLD CAP REL COSTS-BLDG & FIXT	1	19,034,835	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	9,225,343	OLD CAP REL COSTS-MVBLE EQUIP	2	9,225,343	
TOTAL RECLASSIFICATIONS FOR CODE F			28,260,178				28,260,178

RECLASS CODE: G
EXPLANATION : RECLASS CAPITALIZED LEASE DEPR.

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	158,430	RADIOLOGY-DIAGNOSTIC	41	158,430	
TOTAL RECLASSIFICATIONS FOR CODE G			158,430				158,430

RECLASS CODE: H
EXPLANATION : RECLASS CAPITALIZED LEASE INTEREST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	4,712	OTHER ADMINISTRATIVE AND GENER	6.06	4,712	
TOTAL RECLASSIFICATIONS FOR CODE H			4,712				4,712

RECLASS CODE: I
EXPLANATION : RECLASS BLDG DEPR EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	37,874	MAINTENANCE & REPAIRS	7	61,900	

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RECLASS CODE: I
EXPLANATION : RECLASS BLDG DEPR EXPENSE

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
2.00	NEONATAL CARE UNIT	138	27.01		0
3.00	OPERATING ROOM	17,403	37		0
4.00	EMERGENCY	6,485	61		0
TOTAL RECLASSIFICATIONS FOR CODE I		61,900			61,900

RECLASS CODE: J
EXPLANATION : RECLASS BUILDING RENT

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	6,009,778	3		
2.00		0	6.06	OTHER ADMINISTRATIVE AND GENER	663,924
3.00		0	7	MAINTENANCE & REPAIRS	109,328
4.00		0	11	DIETARY	2,400
5.00		0	14	NURSING ADMINISTRATION	31,151
6.00		0	23	I&R SERVICES-OTHER PRGM COSTS	44,844
7.00		0	37	OPERATING ROOM	66,294
8.00		0	41	RADIOLOGY-DIAGNOSTIC	2,298,860
9.00		0	42	RADIOLOGY-THERAPEUTIC	1,070,508
10.00		0	43	RADIOISOTOPE	228,804
11.00		0	51	OCCUPATIONAL THERAPY	643,517
12.00		0	53	ELECTROCARDIOLOGY	23,184
13.00		0	54	ELECTROENCEPHALOGRAPHY	91,128
14.00		0	59	REHAB MEDICINE	54,228
15.00		0	59.20	DAY HOSPITAL	291,252
16.00		0	60.02	OUTPATIENT CENTER	37,104
17.00		0	60.03	PAIN CLINIC	44,508
18.00		0	59.97	CARDIAC REHABILITATION	36,096
19.00		0	60.06	ANTI-COAG LAB	51,179
20.00		0	60.07	HEART RISK ASSESSMENT	20,946
21.00		0	61	EMERGENCY	90,336
TOTAL RECLASSIFICATIONS FOR CODE J		6,009,778	96	GI FT, FLOWER, COFFEE SHOP & CA	110,187
					6,009,778

RECLASS CODE: L
EXPLANATION : RECLASS NON-PARAMEDIC COSTS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	876,537	6.06	PARAMED ED PRGM-(SPECIFY)	876,537
TOTAL RECLASSIFICATIONS FOR CODE L		876,537	24		876,537

RECLASS CODE: M
EXPLANATION : RECLASS REHAB ADMIN PERSONNEL

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	PHYSICAL THERAPY	45,155	50	SUBPROVIDER II	116,223
2.00	OCCUPATIONAL THERAPY	71,068	51		0
TOTAL RECLASSIFICATIONS FOR CODE M		116,223			116,223

RECLASS CODE: N
EXPLANATION : RECLASS OTHER REHAB ADMIN PERSONNEL

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	OCCUPATIONAL THERAPY	24,309	50	PHYSICAL THERAPY	24,309
TOTAL RECLASSIFICATIONS FOR CODE N		24,309			24,309

RECLASS CODE: O
EXPLANATION : RECLASS NURSERY COSTS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	NURSERY	1,927,612	33	ADULTS & PEDIATRICS	1,927,612
TOTAL RECLASSIFICATIONS FOR CODE O		1,927,612			1,927,612

RECLASS CODE: Q
EXPLANATION : RECLASS CAFETERIA COSTS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	CAFETERIA	4,386,142	12	DIETARY	4,386,142
TOTAL RECLASSIFICATIONS FOR CODE Q		4,386,142			4,386,142

RECLASSIFICATIONS

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RECLASS CODE: R
EXPLANATION : RECLASS CAFETERIA REVENUE OFFSET

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DIETARY	11	1,980,558
TOTAL RECLASSIFICATIONS FOR CODE R			1,980,558

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CAFETERIA	12	1,980,558	
		1,980,558	

RECLASS CODE: S
EXPLANATION : RECLASS NURS ADMIN FROM CC1013 1220

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSING ADMINISTRATION	14	788,533
TOTAL RECLASSIFICATIONS FOR CODE S			788,533

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	788,533	
		788,533	

RECLASS CODE: T
EXPLANATION : RECLASS PARAMED EDUC-PHARMACY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PARAMED ED PRGM-PHARMACY	24.01	186,003
TOTAL RECLASSIFICATIONS FOR CODE T			186,003

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	186,003	
		186,003	

RECLASS CODE: U
EXPLANATION : RECLASS CHILD LIFE/PRENATAL

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	392,112
2.00	OTHER ADMINISTRATIVE AND GENER	6.06	11,318
TOTAL RECLASSIFICATIONS FOR CODE U			403,430

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	11,318	
OTHER ADMINISTRATIVE AND GENER	6.06	392,112	
		403,430	

RECLASS CODE: Z
EXPLANATION : RECLASS DEPR EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	7,478,841
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
38.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	651	
PURCHASING, RECEIVING & STORES	6.03	1,070	
CASHIERING, ACCT REC & COLL	6.05	85,410	
MAINTENANCE & REPAIRS	7	111,273	
HOUSEKEEPING	10	41,590	
DIETARY	11	109,922	
NURSING ADMINISTRATION	14	19,918	
CENTRAL SERVICES & SUPPLY	15	99,213	
PHARMACY	16	62,286	
MEDICAL RECORDS & LIBRARY	17	8,139	
I&R SERVICES-OTHER PRGM COSTS	23	10,630	
PARAMED ED PRGM-(SPECIFY)	24	534	
ADULTS & PEDIATRICS	25	967,860	
INTENSIVE CARE UNIT	26	233,779	
CORONARY CARE UNIT	27	364,677	
NEONATAL CARE UNIT	27.01	107,247	
SUBPROVIDER	31	15,424	
SUBPROVIDER II	31.01	44,634	
OPERATING ROOM	37	1,283,207	
RECOVERY ROOM	38	4,379	
DELIVERY ROOM & LABOR ROOM	39	70,703	
ANESTHESIOLOGY	40	278,460	
RADIOLOGY-DIAGNOSTIC	41	1,292,994	
RADIOLOGY-THERAPEUTIC	42	141,452	
RADIOISOTOPE	43	205,304	
RESPIRATORY THERAPY	49	225,266	
PHYSICAL THERAPY	50	8,692	
OCCUPATIONAL THERAPY	51	60,128	
ELECTROCARDIOLOGY	53	356,142	
ELECTROENCEPHALOGRAPHY	54	33,101	
RENAL DIALYSIS	57	24,911	
ASC (NON-DISTINCT PART)	58	128,469	
CARDIAC LAB	59.10	437,447	
DAY HOSPITAL	59.20	310	
GASTROENTEROLOGY LAB	59.45	490,960	
OUTPATIENT CENTER	60.02	3,557	
PAIN CLINIC	60.03	12,634	
CARDIAC REHABILITATION	59.97	14,524	

RECLASSIFICATIONS

PROVIDER NO:
140223

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

PREPARED 5/24/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: Z
EXPLANATION : RECLASS DEPR EXPENSE

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
39.00			0
40.00			0
41.00			0
TOTAL	RECLASSIFICATIONS FOR CODE Z		7,478,841

----- DECREASE -----		----- INCREASE -----	
COST CENTER	LINE	AMOUNT	LINE
HEART RISK ASSESSMENT	60.07	16,314	
EMERGENCY	61	101,996	
GIFT, FLOWER, COFFEE SHOP & CA	96	3,634	
		7,478,841	

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	211,158						211,158	
2	LAND IMPROVEMENTS	1,252,008						1,252,008	1,252,008
3	BUILDINGS & FIXTURE	83,428,823	66,843		66,843			83,495,666	54,695,177
4	BUILDING IMPROVEMENT	300,744						300,744	300,744
5	FIXED EQUIPMENT								
6	MOVABLE EQUIPMENT	16,770,039	-15,449		-15,449	66,750		16,687,840	16,624,318
7	SUBTOTAL	101,962,772	51,394		51,394	66,750		101,947,416	72,872,247
8	RECONCILING ITEMS								
9	TOTAL	101,962,772	51,394		51,394	66,750		101,947,416	72,872,247

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	402,000						402,000	
2	LAND IMPROVEMENTS	13,948,643	-78,770		-78,770			13,869,873	860,718
3	BUILDINGS & FIXTURE	348,900,732	2,090,990		2,090,990	51,832		350,939,890	17,147,742
4	BUILDING IMPROVEMENT	2,679,122						2,679,122	1,780,485
5	FIXED EQUIPMENT								
6	MOVABLE EQUIPMENT	120,559,515	6,262,709		6,262,709	2,037,137		124,785,087	62,116,080
7	SUBTOTAL	486,490,012	8,274,929		8,274,929	2,088,969		492,675,972	81,905,025
8	RECONCILING ITEMS	3,034,433	462,221		462,221			3,496,654	
9	TOTAL	483,455,579	7,812,708		7,812,708	2,088,969		489,179,318	81,905,025

ADJUSTMENTS TO EXPENSES

DESCR IPTION (1)	(2) BASIS/ CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			3 COST CENTER	4 LINE NO	
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	A	-190,067	OTHER ADMINI STRATIVE AND	6.06	
10 TELEVISION AND RADIO SERVICE	A	-177,481	MAINTENANCE & REPAIRS	7	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-12,101,454			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATI ON TRANSACTIONS	A-8-1	-5,022,596			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-1,980,558	DI ETARY	11	
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 VENDI NG MACHI NES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDI CARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPI RATORY THERAPY	A-8-3/A-8-4		RESPI RATORY 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 UTILIZATI ON REVI EW-PHYSI AN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATI ON-OLD BLDGS AND FIXTURES	A	3,817,134	OLD CAP REL COSTS-BLDG &	1	9
30 DEPRECIATI ON-OLD MOVABLE EQUIP	A	61,797	OLD CAP REL COSTS-MVBLE E	2	9
31 DEPRECIATI ON-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATI ON-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSI CI AN ANESTHETI ST			**COST CENTER DELETED**	20	
34 PHYSI CI ANS' ASSI STANT					
35 ADJUSTMENT FOR OCCUPATI ONAL THERAPY	A-8-4		OCCUPATI ONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37					
37.01					
37.02 MARKETI NG COSTS	A	-1,236,162	OTHER ADMINI STRATIVE AND	6.06	
37.03 COMMUNI TY RELATI ONS	A	-7,395	OTHER ADMINI STRATIVE AND	6.06	
37.04 BAD DEBT EXPENSE	A	-11,322,000	CASHI ERI NG, ACCT REC & CO	6.05	
37.06 BAD DEBT EXPENSE	A	3,000	OTHER ADMINI STRATIVE AND	6.06	
37.07 BAD DEBT EXPENSE	A	39	RADI OLOGY-DI AGNOSTI C	41	
37.08 MISC LEGAL FEES	A	-4,187	OTHER ADMINI STRATIVE AND	6.06	
37.10 CLAIM SETTLEMENT	A	-21,170	OTHER ADMINI STRATIVE AND	6.06	
37.11 HPO ADMIN FEES	A	-3,599,736	OTHER ADMINI STRATIVE AND	6.06	
37.12 PHYSI CI AN SERP INCENTIVE	A	-75,117	EMPLOYEE BENEFI TS	5	
37.13 AMG NI CU OUTREACH	A	-8,904	OTHER ADMINI STRATIVE AND	6.06	
37.14 FI TNES CENTER SUPPORT/INTER-CO MARK	A	-346,578	OTHER ADMINI STRATIVE AND	6.06	
37.15 PUBLIC AID ASSESSMENT EXPENSE	A	-19,568,813	OTHER ADMINI STRATIVE AND	6.06	
37.16					
37.17 RESEARCH COSTS IN EXCESS OF FUNDI NG	A	-629,145	OTHER ADMINI STRATIVE AND	6.06	
37.18 OFFSET MEN' S ASSOCIATI ON	A	-4,113	OTHER ADMINI STRATIVE AND	6.06	
37.19 ADJUST WOMEN' S HEALTH OFFSET	A	-547	OTHER ADMINI STRATIVE AND	6.06	
37.20 CENTER FOR PEDS BRAI N TUMOR	A	-61,894	OTHER ADMINI STRATIVE AND	6.06	
37.21 ADJUST PARAMEDI C CHAPLAI NCY FI CA	A	13,936	PARAMED ED PRGM-(SPECI FY)	24	
37.22					
37.23 PARKI NG LOST COSTS	A	-1,176,802	MAI NTENANCE & REPAIRS	7	
37.24 LOBBYI NG COSTS	A	-44,165	OTHER ADMINI STRATIVE AND	6.06	
37.25 REAL ESTATE TAXES	A	-506	OTHER ADMINI STRATIVE AND	6.06	
37.26 ADJUST GL INT EXPENSE TO ACTUAL	A	-4,263,706	OTHER ADMINI STRATIVE AND	6.06	11
37.27 UNNECESSARY I NTEREST EXPENSE	A	-2,115,051	OTHER ADMINI STRATIVE AND	6.06	11
37.28 PRI OR YEARS MEDI CARE WORKPAPER	A	263,258	OLD CAP REL COSTS-BLDG &	1	9
37.29 ADJUST PARKSI DE RENT TO COST	A	-209,047	NEW CAP REL COSTS-BLDG &	3	10
37.30 I NTEREST I NCOME OFFSET ADV BORROWI NG	B	-2,160,134	OTHER ADMINI STRATIVE AND	6.06	11
37.31 I NTEREST I NCOME OFFSET CAP LEASE	B	-4,712	NEW CAP REL COSTS-MVBLE E	4	11
37.32					
37.33					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
47.01 MISC I NC	B	-9,975	CASHI ERI NG, ACCT REC & CO	6.05	
47.02 MISC I NC	B	-4,904,978	OTHER ADMINI STRATIVE AND	6.06	
47.03 MISC I NC	B	-56,598	MAI NTENANCE & REPAIRS	7	
47.04 MISC I NC	B	-5,808	HOUSEKEEPI NG	10	
47.05 MISC I NC	B	-149,743	DI ETARY	11	
47.06 MISC I NC	B	-1,393	NURSI NG ADMINI STRATI ON	14	
47.07 MISC I NC	B	-79,388	PHARMACY	16	

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
47.08	MI SC INC	B	-48,545	MEDICAL RECORDS & LIBRARY	17
47.09	MI SC INC	B	-75	SOCIAL SERVICE	18
47.10	MI SC INC	B	-146,658	I&R SERVICES-OTHER PRGM C	23
47.11	MI SC INC	B	-61,053	PARAMED ED PRGM-(SPECIFY)	24
47.13	MI SC INC	B	-29,288	ADULTS & PEDIATRICS	25
47.14	MI SC INC	B	-602	INTENSIVE CARE UNIT	26
47.16	MI SC INC	B	-34,971	SUBPROVIDER	31
47.18	MI SC INC	B	-18,320	NEONATAL CARE UNIT	27.01
47.19	MI SC INC	B	-33,566	OPERATING ROOM	37
47.20	MI SC INC	B	-519	DELIVERY ROOM & LABOR ROO	39
47.21	MI SC INC	B	-295	ANESTHESIOLOGY	40
47.22	MI SC INC	B	-52,467	RADIOLOGY-DIAGNOSTIC	41
47.23	MI SC INC	B	-632,697	RADIOLOGY-THERAPEUTIC	42
47.24	MI SC INC	B	-250	RADIOISOTOPE	43
47.25	MI SC INC	B	-780	RESPIRATORY THERAPY	49
47.26	MI SC INC	B	-60,821	OCCUPATIONAL THERAPY	51
47.27	MI SC INC	B	-49,504	ELECTROCARDIOLOGY	53
47.29	MI SC INC	B	-2,700	CARDIAC LAB	59.10
47.30	MI SC INC	B	-24,076	DAY HOSPITAL	59.20
47.31	MI SC INC	B	-1,029	REHAB MEDICINE	59
47.32	MI SC INC	B	-3,533	GASTROENTEROLOGY LAB	59.45
47.33	MI SC INC	B	-18,998	EMERGENCY	61
47.34	MI SC INC	B	-60	PAIN CLINIC	60.03
47.35	MI SC INC	B	-1,000	ANTI-COAG LAB	60.06
47.36					
47.37	FOOD&BEV	A	-2,810	EMPLOYEE BENEFITS	5
48	FOOD&BEV	A	-780	CASHIERING, ACCT REC & CO	6.05
48.01	FOOD&BEV	A	-36,246	OTHER ADMINISTRATIVE AND	6.06
48.02	FOOD&BEV	A	-3,591	MAINTENANCE & REPAIRS	7
48.04	FOOD&BEV	A	-74	HOUSEKEEPING	10
48.05	FOOD&BEV	A	-1,542	DIETARY	11
48.06	FOOD&BEV	A	-199	NURSING ADMINISTRATION	14
48.10	FOOD&BEV	A	-736	PHARMACY	16
48.11	FOOD&BEV	A	-4,317	I&R SERVICES-OTHER PRGM C	23
48.12	FOOD&BEV	A	-445	PARAMED ED PRGM-(SPECIFY)	24
48.13	FOOD&BEV	A	-241	ADULTS & PEDIATRICS	25
48.14	FOOD&BEV	A	-661	SUBPROVIDER I I	31.01
48.15	FOOD&BEV	A	-898	NEONATAL CARE UNIT	27.01
48.18	FOOD&BEV	A	-3,326	RADIOLOGY-DIAGNOSTIC	41
48.19	FOOD&BEV	A	-3,086	RADIOLOGY-THERAPEUTIC	42
48.21	FOOD&BEV	A	-97	RADIOISOTOPE	43
48.22	FOOD&BEV	A	-73	RESPIRATORY THERAPY	49
48.23	FOOD&BEV	A	-52	PHYSICAL THERAPY	50
48.24	FOOD&BEV	A	-417	OCCUPATIONAL THERAPY	51
48.25	FOOD&BEV	A	-90	REHAB MEDICINE	59
48.26	FOOD&BEV	A	-10,795	GASTROENTEROLOGY LAB	59.45
48.27	FOOD&BEV	A	-971	EMERGENCY	61
48.28	FOOD&BEV	A	-15	OUTPATIENT CENTER	60.02
48.29	FOOD&BEV	A	-38	PAIN CLINIC	60.03
48.30	FOOD&BEV	A	-66	CARDIAC REHABILITATION	59.97
48.64					
48.65					
48.66					
49					
49.02	MI SC COSTS	A	-1,261	EMPLOYEE BENEFITS	5
49.03	MI SC COSTS	A	-724	PURCHASING, RECEIVING & S	6.03
49.04	MI SC COSTS	A	-8,064	CASHIERING, ACCT REC & CO	6.05
49.05	MI SC COSTS	A	-1,341,471	OTHER ADMINISTRATIVE AND	6.06
49.06	MI SC COSTS	A	-31,150	MAINTENANCE & REPAIRS	7
49.08	MI SC COSTS	A	-1,487	HOUSEKEEPING	10
49.09	MI SC COSTS	A	-1,096	DIETARY	11
49.10	MI SC COSTS	A	-359	NURSING ADMINISTRATION	14
49.11	MI SC COSTS	A	-573	CENTRAL SERVICES & SUPPLY	15
49.12	MI SC COSTS	A	-298	PHARMACY	16
49.13	MI SC COSTS	A	-774	MEDICAL RECORDS & LIBRARY	17
49.14	MI SC COSTS	A	-145,726	SOCIAL SERVICE	18
49.15	MI SC COSTS	A	-37,823	I&R SERVICES-OTHER PRGM C	23
49.16	MI SC COSTS	A	-3,558	PARAMED ED PRGM-(SPECIFY)	24
49.17	MI SC COSTS	A	-53,977	ADULTS & PEDIATRICS	25
49.18	MI SC COSTS	A	-12,450	INTENSIVE CARE UNIT	26
49.19	MI SC COSTS	A	-5,258	CORONARY CARE UNIT	27
49.20	MI SC COSTS	A	-6,621	SUBPROVIDER	31
49.21	MI SC COSTS	A	-3,261	SUBPROVIDER I I	31.01
49.22	MI SC COSTS	A	-4,235	NEONATAL CARE UNIT	27.01
49.23	MI SC COSTS	A	-15,580	OPERATING ROOM	37
49.24	MI SC COSTS	A	-237	RECOVERY ROOM	38
49.25	MI SC COSTS	A	-528	DELIVERY ROOM & LABOR ROO	39
49.26	MI SC COSTS	A	-60	ANESTHESIOLOGY	40
49.27	MI SC COSTS	A	-10,475	RADIOLOGY-DIAGNOSTIC	41
49.28	MI SC COSTS	A	-123,424	RADIOLOGY-THERAPEUTIC	42
49.29	MI SC COSTS	A	-972	RADIOISOTOPE	43
49.30	MI SC COSTS	A	-7,085	PHYSICAL THERAPY	50
49.31	MI SC COSTS	A	-76,364	OCCUPATIONAL THERAPY	51
49.32	MI SC COSTS	A	-7,730	ELECTROCARDIOLOGY	53
49.33	MI SC COSTS	A	-498	ELECTROENCEPHALOGRAPHY	54

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
49.34	MI SC COSTS	A	-839	RENAL DIALYSIS	57
49.35	MI SC COSTS	A	-8,132	ASC (NON-DISTINCT PART)	58
49.36	MI SC COSTS	A	-17	CARDIAC LAB	59.10
49.37	MI SC COSTS	A	-61	DAY HOSPITAL	59.20
49.38	MI SC COSTS	A	-860	REHAB MEDICINE	59
49.39	MI SC COSTS	A	-349	GASTROENTEROLOGY LAB	59.45
49.40	MI SC COSTS	A	-27,356	EMERGENCY	61
49.41	MI SC COSTS	A	-229	DIABETES CARE CENTER	60.01
49.42	MI SC COSTS	A	-1,446	CARDIAC REHABILITATION	59.97
49.43	MI SC COSTS	A	-660	WOUND CARE CENTER	60.05
49.44	MI SC COSTS	A	-5,358	GIFT, FLOWER, COFFEE SHOP	96
49.45					
49.46	EMPLOYEE RELATIONS	A	-1,368	CASHIERING, ACCT REC & CO	6.05
49.47	EMPLOYEE RELATIONS	A	-67,898	OTHER ADMINISTRATIVE AND	6.06
49.48	EMPLOYEE RELATIONS	A	-35	MAINTENANCE & REPAIRS	7
49.49	EMPLOYEE RELATIONS	A	-2,100	DIETARY	11
49.50	EMPLOYEE RELATIONS	A	-2,315	NURSING ADMINISTRATION	14
49.51	EMPLOYEE RELATIONS	A	-70	CENTRAL SERVICES & SUPPLY	15
49.52	EMPLOYEE RELATIONS	A	-1,618	PHARMACY	16
49.53	EMPLOYEE RELATIONS	A	-1,732	I & R SERVICES-OTHER PRGM C	23
49.55	EMPLOYEE RELATIONS	A	-16,134	ADULTS & PEDIATRICS	25
49.56	EMPLOYEE RELATIONS	A	-3,163	INTENSIVE CARE UNIT	26
49.57	EMPLOYEE RELATIONS	A	-2,927	CORONARY CARE UNIT	27
49.58	EMPLOYEE RELATIONS	A	-107	SUBPROVIDER	31
49.59	EMPLOYEE RELATIONS	A	-341	SUBPROVIDER II	31.01
49.60	EMPLOYEE RELATIONS	A	-3,622	NEONATAL CARE UNIT	27.01
49.61	EMPLOYEE RELATIONS	A	-341	OPERATING ROOM	37
49.63	EMPLOYEE RELATIONS	A	-1,795	DELIVERY ROOM & LABOR ROO	39
49.64	EMPLOYEE RELATIONS	A	-257	RADIOLOGY-DIAGNOSTIC	41
49.65	EMPLOYEE RELATIONS	A	-32	RADIOLOGY-THERAPEUTIC	42
49.66	EMPLOYEE RELATIONS	A	-37	RADIOISOTOPE	43
49.67	EMPLOYEE RELATIONS	A	-178	PHYSICAL THERAPY	50
49.68	EMPLOYEE RELATIONS	A	-398	OCCUPATIONAL THERAPY	51
49.69	EMPLOYEE RELATIONS	A	-257	ELECTROCARDIOLOGY	53
49.70	EMPLOYEE RELATIONS	A	-249	RENAL DIALYSIS	57
49.71	EMPLOYEE RELATIONS	A	-72	ASC (NON-DISTINCT PART)	58
49.72	EMPLOYEE RELATIONS	A	-39	CARDIAC LAB	59.10
49.73	EMPLOYEE RELATIONS	A	-7	REHAB MEDICINE	59
49.74	EMPLOYEE RELATIONS	A	-177	GASTROENTEROLOGY LAB	59.45
49.75	EMPLOYEE RELATIONS	A	-251	EMERGENCY	61
49.76	EMPLOYEE RELATIONS	A	-99	PAIN CLINIC	60.03
49.77	EMPLOYEE RELATIONS	A	-25	CARDIAC REHABILITATION	59.97
49.78					
50	TOTAL (SUM OF LINES 1 THRU 49)		-70,730,202		

(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	1	OLD CAP REL COSTS-BLDG & CAPITAL OLD BLDG	7,382		7,382	9
2	2	OLD CAP REL COSTS-MVBLE E CAPITAL OLD EQUIP	2,316		2,316	9
3	3	NEW CAP REL COSTS-BLDG & CAPITAL NEW BLDG	334,060		334,060	9
4	4	NEW CAP REL COSTS-MVBLE E CAPITAL NEW EQUIP	2,479,994		2,479,994	9
4.01	5	EMPLOYEE BENEFITS BENEFITS	7,296,424		7,296,424	
4.02	6	OTHER ADMINISTRATIVE AND A&G	16,643,412	31,786,184	-15,142,772	
5		TOTALS	26,763,588	31,786,184	-5,022,596	

* 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		TYPE OF BUSINESS
			NAME	PERCENTAGE OF OWNERSHIP	
	2	3	4	5	6
1	B	100.00	AHCS	100.00	HEALTH CARE
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.

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 5	AGGREGATE	7,397		7,397	177,200	1	85	4
2 6 6	AGGREGATE	4,095,131	334,560	3,760,571	177,200	1	85	4
3 23	AGGREGATE	7,536,921		7,536,921	177,200	1	85	4
4 31	AGGREGATE	169,451		169,451	154,100	1	74	4
5 40	AGGREGATE	222,444		222,444	200,300	1	96	5
6 61	AGGREGATE	70,620		70,620	177,200	1	85	4
7								
8								
9								
10								
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18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	12,101,964	334,560	11,767,404		6	510	25

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	5	AGGREGATE				85	7,312	7,312
2	6	AGGREGATE				85	3,760,486	4,095,046
3	23	AGGREGATE				85	7,536,836	7,536,836
4	31	AGGREGATE				74	169,377	169,377
5	40	AGGREGATE				96	222,348	222,348
6	61	AGGREGATE				85	70,535	70,535
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					510	11,766,894	12,101,454

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6.03	PURCHASING, RECEIVING & STORES	6	PURCHASED	REQUISITIO	ENTERED
6.05	CASHIERING, ACCT REC & COLL	7	GROSS	REVENUES	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM.	COST	ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	9	PATIENT	DAYS	ENTERED
10	HOUSEKEEPING	1	SQUARE	FEET	ENTERED
11	DIETARY	9	PATIENT	DAYS	ENTERED
12	CAFETERIA	S	GROSS	SALARIES	ENTERED
14	NURSING ADMINISTRATION	13	NURSING	SALARIES	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS	ENTERED
16	PHARMACY	15	COSTED	REQUIS	ENTERED
17	MEDICAL RECORDS & LIBRARY	7	GROSS	REVENUES	ENTERED
18	SOCIAL SERVICE	9	PATIENT	DAYS	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	19	ASSIGNED	TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	19	ASSIGNED	TIME	ENTERED
24	PARAMED ED PRGM-(SPECIFY)	20	ASSIGNED	TIME	ENTERED
24.01	PARAMED ED PRGM-PHARMACY	21	ASSIGNED	TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	PURCHASING, RECEIVING & S
	0	1	2	3	4	5	6.03
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	1,465,525	1,465,525					
003 OLD CAP REL COSTS-MVBLE E	3,156		3,156				
004 NEW CAP REL COSTS-BLDG &	25,169,626			25,169,626			
005 NEW CAP REL COSTS-MVBLE E	11,705,337				11,705,337		
006 EMPLOYEE BENEFITS	51,897,512	7,878	18	135,292	62,919	52,103,619	
006 03 PURCHASING, RECEIVING & S	2,216,919	7,312	4	125,572	58,398	328,565	2,736,770
006 05 CASHIERING, ACCT REC & CO	8,886,552	19,183	51	329,460	153,218	1,534,900	1,813
006 06 OTHER ADMINISTRATIVE AND	53,021,389	430,707	697	7,397,164	3,440,109	4,819,972	81,709
007 MAINTENANCE & REPAIRS	23,151,551	236,033	60	4,053,751	1,885,230	1,398,532	63,212
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	2,632,606						
010 HOUSEKEEPING	7,284,822	12,358	8	212,247	98,707	1,234,560	18,741
011 DIETARY	3,268,004	27,501	22	472,320	219,656	411,525	142,565
012 CAFETERIA	2,405,584	2,142		36,791	17,110	547,068	
014 NURSING ADMINISTRATION	5,233,162	10,172	7	174,696	81,244	1,096,534	7,550
015 CENTRAL SERVICES & SUPPLY	1,863,040	11,609	72	199,376	92,722	411,215	
016 PHARMACY	8,258,781	7,455	19	128,042	59,547	1,625,640	10,993
017 MEDICAL RECORDS & LIBRARY	4,296,846	6,028	10	103,519	48,143	689,375	1,073
018 SOCIAL SERVICE	1,369,464	1,233	1	21,182	9,851	304,365	24
022 I&R SERVICES-SALARY & FRI	11,397,947					2,197,268	
023 I&R SERVICES-OTHER PRGM C	2,876,645	26,592	52	456,711	212,397	607,097	4,052
024 PARAMED PRGM-(SPECIFY)	283,133	1,413		24,269	11,287	61,883	80
024 01 PARAMED PRGM-PHARMACY	186,003	89		1,536	714	39,470	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	49,154,742	255,020	87	4,379,839	2,036,880	10,414,503	91,238
026 INTENSIVE CARE UNIT	7,022,197	21,545	72	370,020	172,081	1,329,482	19,303
027 CORONARY CARE UNIT	9,182,113	21,124	12	362,801	168,723	1,699,996	23,599
027 01 NEONATAL CARE UNIT	10,234,384	20,230	30	347,444	161,582	2,108,825	22,630
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	5,512,328	24,701	15	424,225	197,289	1,227,067	2,302
031 01 SUBPROVIDER II	5,234,931	18,625	8	319,883	148,764	1,106,192	7,223
033 NURSERY	1,927,612	2,703	10	46,417	21,586	255,533	3,529
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	16,974,996	45,047	215	773,664	359,799	2,346,630	207,998
038 RECOVERY ROOM	1,885,798	3,254	5	55,884	25,989	399,207	2,060
039 DELIVERY ROOM & LABOR ROO	5,665,857	22,312	44	383,191	178,206	1,053,598	33,246
040 ANESTHESIOLOGY	1,670,250	410	57	7,045	3,276	124,925	36,968
041 RADIOLOGY-DIAGNOSTIC	20,338,271	60,599	443	1,040,750	484,009	2,876,545	48,931
042 RADIOLOGY-THERAPEUTIC	3,628,287	19,699	305	338,326	157,341	584,715	1,431
043 RADIOISOTOPE	2,628,966	8,477	123	145,583	67,704	321,121	1,771
044 LABORATORY	19,485,719	1,913	156	32,849	15,277		3,019
046 WHOLE BLOOD & PACKED RED	2,254,993		5				
049 RESPIRATORY THERAPY	5,707,367	2,622	56	45,039	20,946	1,205,911	2,586
050 PHYSICAL THERAPY	4,899,343	1,231	5	21,134	9,829	1,027,728	2,151
051 OCCUPATIONAL THERAPY	6,864,561	28,618	25	491,491	228,572	1,374,217	21,641
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	3,184,700	3,584	58	61,551	28,625	657,786	6,861
054 ELECTROENCEPHALOGRAPHY	1,391,744	4,436	25	76,179	35,428	208,349	
055 MEDICAL SUPPLIES CHARGED	16,338,793						631,434
055 30 IMPL. DEV. CHARGED TO PAT	29,254,072						1,166,594
056 DRUGS CHARGED TO PATIENTS	20,998,940						
057 RENAL DIALYSIS	871,723	1,585	10	27,229	12,663	168,179	1,564
058 ASC (NON-DISTINCT PART)	3,548,281	13,227	38	227,160	105,643	669,585	19,135
059 REHAB MEDICINE	466,677	1,276	5	21,910	10,190	101,736	284
059 10 CARDIAC LAB	2,377,026	13,309	190	228,569	106,298	325,077	
059 20 DAY HOSPITAL	585,752	4,228	3	72,617	33,771	134,333	154
059 30 LIOTHOTRIPTER	1,281,084						
059 40 COLO-RECTAL CENTER							
059 45 GASTROENTEROLOGY LAB	2,774,082	9,879	112	169,662	78,902	578,212	
059 97 CARDIAC REHABILITATION	412,896	1,757	3	30,174	14,033	87,344	485
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETES CARE CENTER	124,741	478		8,216	3,821	27,775	20
060 02 OUTPATIENT CENTER	281,998	1,806		31,013	14,423	55,602	317
060 03 PAIN CLINIC	336,498	2,167	1	37,219	17,309	66,957	582
060 05 WOUND CARE CENTER	290,506	278		4,781	2,223	64,603	39
060 06 ANTI-COAG LAB	710,086	2,308		39,641	18,435	142,845	2,419
060 07 HEART RISK ASSESSMENT	167,585	945		16,227	7,546	34,914	160
060 20 IN-VITRO FERTILIZATION							
061 EMERGENCY	10,413,130	24,667	17	423,639	197,017	1,971,771	43,058
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
069 CORF							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	504,956,633	1,451,765	3,156	24,933,300	11,595,432	52,059,232	2,736,544
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	230,391	13,760		236,326	109,905	44,387	226
096 01 CHILD DAY CARE							
096 03 LAUREATE DAY SCHOOL							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	505,187,024	1,465,525	3,156	25,169,626	11,705,337	52,103,619	2,736,770

COST CENTER DESCRIPTION	CASHIERING, ACCT REC & CO 6.05	SUBTOTAL 6a.05	OTHER ADMINISTRATIVE AND MAINTENANCE REPAIRS 6.06	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSEKEEPING 9	10
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 03 PURCHASING, RECEIVING & S							
006 05 CASHIERING, ACCT REC & CO	10,925,177						
006 06 OTHER ADMINISTRATIVE AND		69,191,747	69,191,747				
007 MAINTENANCE & REPAIRS		30,788,369	4,886,053	35,674,422			
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE		2,632,606	417,789			3,050,395	
010 HOUSEKEEPING		8,861,443	1,406,293		576,750		10,844,486
011 DIETARY		4,541,593	720,742	1,283,458			396,563
012 CAFETERIA		3,008,695	477,474	99,975			30,890
014 NURSING ADMINISTRATION		6,603,365	1,047,941	474,710			146,676
015 CENTRAL SERVICES & SUPPLY		2,578,034	409,129	541,776			167,398
016 PHARMACY		10,090,477	1,601,339	347,934			107,505
017 MEDICAL RECORDS & LIBRARY		5,144,994	816,500	281,298			86,916
018 SOCIAL SERVICE		1,706,120	270,758	57,559			17,785
022 I&R SERVICES-SALARY & FRI		13,595,215	2,157,533				
023 I&R SERVICES-OTHER PRGM C		4,183,546	663,920	1,241,042			383,457
024 PARAMED PRGM-(SPECIFY)		382,065	60,633	65,947			20,376
024 01 PARAMED PRGM-PHARMACY		227,812	36,153	4,173			1,289
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,233,310	67,565,619	10,722,699	11,901,556		1,890,208	3,677,345
026 INTENSIVE CARE UNIT	143,975	9,078,675	1,440,768	1,005,473		114,961	310,671
027 CORONARY CARE UNIT	176,434	11,634,802	1,846,420	985,856		147,416	304,610
027 01 NEONATAL CARE UNIT	328,389	13,223,514	2,098,545	944,128		276,340	291,717
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	115,371	7,503,298	1,190,758	1,152,768		217,480	356,183
031 01 SUBPROVIDER II	126,492	6,962,118	1,104,874	869,233		238,445	268,576
033 NURSERY	66,415	2,323,805	368,783	126,130		165,545	38,972
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	681,777	21,390,126	3,394,570	2,102,316			649,574
038 RECOVERY ROOM	130,406	2,502,603	397,158	151,855			46,920
039 DELIVERY ROOM & LABOR ROO	139,178	7,475,632	1,186,368	1,041,264			321,730
040 ANESTHESIOLOGY	297,507	2,140,438	339,683	19,143			5,915
041 RADIOLOGY-DIAGNOSTIC	1,504,002	26,353,550	4,182,256	2,828,082			873,821
042 RADIOLOGY-THERAPEUTIC	200,744	4,930,848	782,516	919,349			284,061
043 RADIOISOTOPE	175,345	3,349,090	531,494	395,599			122,232
044 LABORATORY	961,418	20,500,351	3,253,365	89,263			27,581
046 WHOLE BLOOD & PACKED RED	121,567	2,376,565	377,156				
049 RESPIRATORY THERAPY	302,093	7,286,620	1,156,372	122,388			37,815
050 PHYSICAL THERAPY	142,199	6,103,620	968,632	57,430			17,745
051 OCCUPATIONAL THERAPY	151,965	9,161,090	1,453,847	1,335,554			412,660
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	242,517	4,185,682	664,259	167,256			51,679
054 ELECTROENCEPHALOGRAPHY	65,783	1,781,944	282,791	207,005			63,961
055 MEDICAL SUPPLIES CHARGED	354,545	17,324,772	2,749,407				
055 30 IMPL. DEV. CHARGED TO PAT	460,475	30,881,141	4,900,775				
056 DRUGS CHARGED TO PATIENTS	1,256,410	22,255,350	3,531,880				
057 RENAL DIALYSIS	28,870	1,111,823	176,444	73,992			22,862
058 ASC (NON-DISTINCT PART)	219,524	4,802,593	762,162	617,273			190,725
059 REHAB MEDICINE	8,695	610,773	96,928	59,538			18,396
059 10 CARDIAC LAB	264,774	3,315,243	526,122	621,102			191,908
059 20 DAY HOSPITAL	16,669	847,527	134,501	197,326			60,970
059 30 LIOTHOTRIPTER	59,146	1,340,230	212,692				
059 40 COLO-RECTAL CENTER							
059 45 GASTROENTEROLOGY LAB	243,163	3,854,012	611,624	461,030			142,449
059 97 CARDIAC REHABILITATION	12,743	559,435	88,781	81,993			25,334
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETES CARE CENTER	488	165,539	26,271	22,327			6,898
060 02 OUTPATIENT CENTER	9,921	395,080	62,698	84,273			26,039
060 03 PAIN CLINIC	5,009	465,742	73,912	101,137			31,249
060 05 WOUND CARE CENTER	654	363,084	57,621	12,992			4,014
060 06 ANTI-COAG LAB	17,551	933,285	148,110	107,718			33,283
060 07 HEART RISK ASSESSMENT	18,860	246,237	39,077	44,094			13,624
060 20 IN-VITRO FERTILIZATION							
061 EMERGENCY	640,793	13,714,092	2,176,399	1,151,176			355,691
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
069 AMBULANCE SERVICES							
069 CORF							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	10,925,177	504,552,029	69,090,975	35,032,241		3,050,395	10,646,065
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		634,995	100,772	642,181			198,421
096 01 CHILD DAY CARE							
096 03 LAUREATE DAY SCHOOL							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	10,925,177	505,187,024	69,191,747	35,674,422		3,050,395	10,844,486

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	11	12	14	15	16	17	18
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 03 PURCHASING, RECEIVING & S							
006 05 CASHIERING, ACCT REC & CO							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	6,942,356						
012 CAFETERIA		3,617,034					
014 NURSING ADMINISTRATION			8,367,514				
015 CENTRAL SERVICES & SUPPLY				3,731,897			
016 PHARMACY					12,325,442		
017 MEDICAL RECORDS & LIBRARY						6,389,321	
018 SOCIAL SERVICE							2,176,405
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED PRGM-(SPECIFY)							
024 01 PARAMED PRGM-PHARMACY							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	4,301,901	900,524	3,280,241		211,029	721,374	1,348,630
026 INTENSIVE CARE UNIT		261,638	114,966	427,470	47,891	84,212	82,023
027 CORONARY CARE UNIT		335,501	147,006	546,602	28,066	103,198	105,179
027 01 NEONATAL CARE UNIT		628,919	182,360	675,895	63,580	192,077	197,164
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	494,961	106,110	389,567		1,145	67,481	155,169
031 01 SUBPROVIDER II	542,673	95,657	358,034		4,717	73,987	170,126
033 NURSERY	376,763	22,097	82,162		8,162	38,847	118,114
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		202,924			86,173	398,777	
038 RECOVERY ROOM		34,521			19,825	76,276	
039 DELIVERY ROOM & LABOR ROO		91,109	338,765		28,051	81,406	
040 ANESTHESIOLOGY		10,803			201,666	174,014	
041 RADIOLOGY-DIAGNOSTIC		248,748	6,287		117,839	878,795	
042 RADIOLOGY-THERAPEUTIC		50,563			1,129	117,417	
043 RADIOISOTOPE		27,769	96,016		462,860	102,561	
044 LABORATORY						562,341	
046 WHOLE BLOOD & PACKED RED						71,106	
049 RESPIRATORY THERAPY		104,281			34,847	176,697	
050 PHYSICAL THERAPY		88,872	331,405			83,173	
051 OCCUPATIONAL THERAPY		118,835	429,950		10,591	88,886	
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		56,882	211,499		12,371	141,850	
054 ELECTROENCEPHALOGRAPHY		18,017	66,991			38,477	
055 MEDICAL SUPPLIES CHARGED				1,329,059		207,376	
055 30 IMPL. DEV. CHARGED TO PAT				2,402,838		269,336	
056 DRUGS CHARGED TO PATIENTS					10,480,273	734,885	
057 RENAL DIALYSIS		14,543	54,075		12,369	16,886	
058 ASC (NON-DISTINCT PART)		57,902			25,626	128,402	
059 REHAB MEDICINE		8,798	32,711			5,086	
059 10 CARDIAC LAB		28,111	104,523		201,396	154,868	
059 20 DAY HOSPITAL		11,616	43,192			9,750	
059 30 LI THOTRIPTER						34,595	
059 40 COLO-RECTAL CENTER							
059 45 GASTROENTEROLOGY LAB		50,001			48,247	142,228	
059 97 CARDIAC REHABILITATION		7,553	28,084		7	7,453	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETES CARE CENTER		2,402	8,931			286	
060 02 OUTPATIENT CENTER		4,808	17,878		8,955	5,803	
060 03 PAIN CLINIC		5,790	21,529		5,303	2,930	
060 05 WOUND CARE CENTER		5,587	20,772		33	383	
060 06 ANTI-COAG LAB		12,352			869	10,266	
060 07 HEART RISK ASSESSMENT		3,019	11,226			11,031	
060 20 IN-VITRO FERTILIZATION							
061 EMERGENCY		170,508	633,986		201,220	374,805	
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
069 AMBULANCE SERVICES							
069 CORF							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	6,942,356	3,613,196	8,353,264	3,731,897	12,324,240	6,389,321	2,176,405
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		3,838	14,250		1,202		
096 01 CHILD DAY CARE							
096 03 LAUREATE DAY SCHOOL							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	6,942,356	3,617,034	8,367,514	3,731,897	12,325,442	6,389,321	2,176,405

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI		I&R SERVICES- OTHER PRGM C		PARAMED ED PR GM-(SPECIFY)		PARAMED ED PR GM-PHARMACY		SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	22	23	24	24.01	25	26	27				
001 GENERAL SERVICE COST CNTR											
002 OLD CAP REL COSTS-BLDG &											
003 OLD CAP REL COSTS-MVBLE E											
004 NEW CAP REL COSTS-BLDG &											
005 NEW CAP REL COSTS-MVBLE E											
006 EMPLOYEE BENEFITS											
006 03 PURCHASING, RECEIVING & S											
006 05 CASHIERING, ACCT REC & CO											
006 06 OTHER ADMINISTRATIVE AND											
007 MAINTENANCE & REPAIRS											
008 OPERATION OF PLANT											
009 LAUNDRY & LINEN SERVICE											
010 HOUSEKEEPING											
011 DIETARY											
012 CAFETERIA											
014 NURSING ADMINISTRATION											
015 CENTRAL SERVICES & SUPPLY											
016 PHARMACY											
017 MEDICAL RECORDS & LIBRARY											
018 SOCIAL SERVICE											
022 I&R SERVICES-SALARY & FRI	15,942,756										
023 I&R SERVICES-OTHER PRGM C		6,524,463									
024 PARAMED ED PRGM-(SPECIFY)			534,372								
024 01 PARAMED ED PRGM-PHARMACY						272,840					
025 INPAT ROUTINE SRVC CNTRS											
025 ADULTS & PEDIATRICS	12,095,899	4,950,163	350,130	80,916	123,998,234	-17,046,062	106,952,172				
026 INTENSIVE CARE UNIT			21,295	38,786	13,028,829		13,028,829				
027 CORONARY CARE UNIT			27,306	45,473	16,257,435		16,257,435				
027 01 NEONATAL CARE UNIT			51,188	15,381	18,840,808		18,840,808				
028 BURN INTENSIVE CARE UNIT											
029 SURGICAL INTENSIVE CARE U											
031 SUBPROVIDER	1,103,305	451,520	40,285		13,230,030	-1,554,825	11,675,205				
031 01 SUBPROVIDER II			44,168		10,732,608		10,732,608				
033 NURSERY					3,669,380		3,669,380				
034 SKILLED NURSING FACILITY											
037 ANCILLARY SRVC COST CNTRS											
037 OPERATING ROOM	1,403,956	574,559			30,202,975	-1,978,515	28,224,460				
038 RECOVERY ROOM					3,229,158		3,229,158				
039 DELIVERY ROOM & LABOR ROO					10,564,325		10,564,325				
040 ANESTHESIOLOGY	184,804	75,630			3,152,096	-260,434	2,891,662				
041 RADIOLOGY-DIAGNOSTIC	6,436	2,634			35,498,448	-9,070	35,489,378				
042 RADIOLOGY-THERAPEUTIC					7,085,883		7,085,883				
043 RADIOISOTOPE					5,087,621		5,087,621				
044 LABORATORY	490,051	200,550			25,123,502	-690,601	24,432,901				
046 WHOLE BLOOD & PACKED RED					2,824,827		2,824,827				
049 RESPIRATORY THERAPY					8,919,020		8,919,020				
050 PHYSICAL THERAPY					7,650,877		7,650,877				
051 OCCUPATIONAL THERAPY					13,011,413		13,011,413				
052 SPEECH PATHOLOGY											
053 ELECTROCARDIOLOGY					5,491,478		5,491,478				
054 ELECTROENCEPHALOGRAPHY					2,459,186		2,459,186				
055 MEDICAL SUPPLIES CHARGED					21,610,614		21,610,614				
055 30 IMPL. DEV. CHARGED TO PAT					38,454,090		38,454,090				
056 DRUGS CHARGED TO PATIENTS					37,081,966		37,081,966				
057 RENAL DIALYSIS					1,482,994		1,482,994				
058 ASC (NON-DISTINCT PART)					6,584,683		6,584,683				
059 REHAB MEDICINE					832,230		832,230				
059 10 CARDIAC LAB					5,143,273		5,143,273				
059 20 DAY HOSPITAL					1,304,882		1,304,882				
059 30 LI THOTRIPTER					1,587,517		1,587,517				
059 40 COLO-RECTAL CENTER											
059 45 GASTROENTEROLOGY LAB					5,309,591		5,309,591				
059 97 CARDIAC REHABILITATION					798,640		798,640				
060 OUTPAT SERVICE COST CNTRS											
060 CLINIC											
060 01 DIABETES CARE CENTER					232,654		232,654				
060 02 OUTPATIENT CENTER					605,534		605,534				
060 03 PAIN CLINIC					707,592		707,592				
060 05 WOUND CARE CENTER					464,486		464,486				
060 06 ANTI-COAG LAB					1,245,883		1,245,883				
060 07 HEART RISK ASSESSMENT					368,308		368,308				
060 20 IN-VITRO FERTILIZATION											
061 EMERGENCY	658,305	269,407		12,706	19,718,295	-927,712	18,790,583				
062 OBSERVATION BEDS (NON-DIS											
065 OTHER REIMBURS COST CNTRS											
069 AMBULANCE SERVICES											
095 CORF											
095 SPEC PURPOSE COST CENTERS											
095 SUBTOTALS	15,942,756	6,524,463	534,372	272,840	503,591,365	-22,467,219	481,124,146				
096 NONREIMBURS COST CENTERS											
096 GIFT, FLOWER, COFFEE SHOP					1,595,659		1,595,659				
096 01 CHILD DAY CARE											
096 03 LAUREATE DAY SCHOOL											
101 CROSS FOOT ADJUSTMENT											
102 NEGATIVE COST CENTER											
103 TOTAL	15,942,756	6,524,463	534,372	272,840	505,187,024	-22,467,219	482,719,805				

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENE
	OLD CAPITAL REL COSTS	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		FITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		7,878	18			7,896	7,896
006 03 PURCHASING, RECEIVING & S		7,312	4			7,316	49
006 05 CASHIERING, ACCT REC & CO		19,183	51			19,234	230
006 06 OTHER ADMINISTRATIVE AND		430,707	697			431,404	724
007 MAINTENANCE & REPAIRS		236,033	60			236,093	210
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING		12,358	8			12,366	185
011 DIETARY		27,501	22			27,523	62
012 CAFETERIA		2,142				2,142	82
014 NURSING ADMINISTRATION		10,172	7			10,179	165
015 CENTRAL SERVICES & SUPPLY		11,609	72			11,681	62
016 PHARMACY		7,455	19			7,474	244
017 MEDICAL RECORDS & LIBRARY		6,028	10			6,038	103
018 SOCIAL SERVICE		1,233	1			1,234	46
022 I&R SERVICES-SALARY & FRI							330
023 I&R SERVICES-OTHER PRGM C		26,592	52			26,644	91
024 PARAMED PRGM-(SPECIFY)		1,413				1,413	9
024 01 PARAMED PRGM-PHARMACY		89				89	6
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		255,020	87			255,107	1,639
026 INTENSIVE CARE UNIT		21,545	72			21,617	200
027 CORONARY CARE UNIT		21,124	12			21,136	255
027 01 NEONATAL CARE UNIT		20,230	30			20,260	317
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER			15				184
031 01 SUBPROVIDER II		18,625	8			18,633	166
033 NURSERY		2,703	10			2,713	38
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		45,047	215			45,262	352
038 RECOVERY ROOM		3,254	5			3,259	60
039 DELIVERY ROOM & LABOR ROO		22,312	44			22,356	158
040 ANESTHESIOLOGY		410	57			467	19
041 RADIOLOGY-DIAGNOSTIC		60,599	443			61,042	432
042 RADIOLOGY-THERAPEUTIC		19,699	305			20,004	88
043 RADIOISOTOPE		8,477	123			8,600	48
044 LABORATORY		1,913	156			2,069	
046 WHOLE BLOOD & PACKED RED			5			5	
049 RESPIRATORY THERAPY		2,622	56			2,678	181
050 PHYSICAL THERAPY		1,231	5			1,236	154
051 OCCUPATIONAL THERAPY		28,618	25			28,643	206
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		3,584	58			3,642	99
054 ELECTROENCEPHALOGRAPHY		4,436	25			4,461	31
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS		1,585	10			1,595	25
058 ASC (NON-DISTINCT PART)		13,227	38			13,265	101
059 REHAB MEDICINE		1,276	5			1,281	15
059 10 CARDIAC LAB		13,309	190			13,499	49
059 20 DAY HOSPITAL		4,228	3			4,231	20
059 30 LI THOTRIPTER							
059 40 COLO-RECTAL CENTER							
059 45 GASTROENTEROLOGY LAB		9,879	112			9,991	87
059 97 CARDIAC REHABILITATION		1,757	3			1,760	13
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETES CARE CENTER		478				478	4
060 02 OUTPATIENT CENTER		1,806				1,806	8
060 03 PAIN CLINIC		2,167	1			2,168	10
060 05 WOUND CARE CENTER		278				278	10
060 06 ANTI-COAG LAB		2,308				2,308	21
060 07 HEART RISK ASSESSMENT		945				945	5
060 20 IN-VITRO FERTILIZATION							
061 EMERGENCY		24,667	17			24,684	296
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
069 CORF							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		1,451,765	3,156			1,454,921	7,889
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		13,760				13,760	7
096 01 CHILD DAY CARE							
096 03 LAUREATE DAY SCHOOL							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		1,465,525	3,156			1,468,681	7,896

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PURCHASING, RECEIVING & S	CASHIERING, ACCT REC & CO	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.03	6.05	6.06	7	8	9	10
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 03 PURCHASING, RECEIVING & S	7,365						
006 05 CASHIERING, ACCT REC & CO	5	19,469					
006 06 OTHER ADMINISTRATIVE AND	219		432,347				
007 MAINTENANCE & REPAIRS	170		30,542	267,015			
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE						2,612	
010 HOUSEKEEPING			2,612				25,709
011 DIETARY	383		8,791	4,317			940
012 CAFETERIA			4,505	9,606			73
014 NURSING ADMINISTRATION	20		2,985	748			348
015 CENTRAL SERVICES & SUPPLY			6,551	3,553			397
016 PHARMACY	29		2,557	4,055			255
017 MEDICAL RECORDS & LIBRARY	3		10,010	2,604			206
018 SOCIAL SERVICE			5,104	2,105			42
022 I&R SERVICES-SALARY & FRI			1,692	431			
023 I&R SERVICES-OTHER PRGM C	11		13,486				
024 PARAMED PRGM-(SPECIFY)			4,150	9,289			909
024 01 PARAMED PRGM-PHARMACY			379	494			48
025 INPAT ROUTINE SRVC CNTRS			226	31			3
025 ADULTS & PEDIATRICS	245	2,203	66,865	89,080		1,619	8,717
026 INTENSIVE CARE UNIT	52	257	9,006	7,526		98	737
027 CORONARY CARE UNIT	63	315	11,542	7,379		126	722
027 01 NEONATAL CARE UNIT	61	586	13,118	7,067		237	692
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	6	206	7,443	8,628		186	844
031 01 SUBPROVIDER II	19	226	6,906	6,506		204	637
033 NURSERY	9	119	2,305	944		142	92
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	558	1,218	21,219	15,735			1,540
038 RECOVERY ROOM	6	233	2,483	1,137			111
039 DELIVERY ROOM & LABOR ROO	89	249	7,416	7,794			763
040 ANESTHESIOLOGY	99	531	2,123	143			14
041 RADIOLOGY-DIAGNOSTIC	131	2,642	26,143	21,168			2,072
042 RADIOLOGY-THERAPEUTIC	4	359	4,891	6,881			673
043 RADIOISOTOPE	5	313	3,322	2,961			290
044 LABORATORY	8	1,717	20,336	668			65
046 WHOLE BLOOD & PACKED RED		217	2,358				
049 RESPIRATORY THERAPY	7	540	7,228	916			90
050 PHYSICAL THERAPY	6	254	6,055	430			42
051 OCCUPATIONAL THERAPY	58	271	9,088	9,996			978
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	18	433	4,152	1,252			123
054 ELECTROENCEPHALOGRAPHY		117	1,768	1,549			152
055 MEDICAL SUPPLIES CHARGED	1,694	633	17,186				
055 30 IMPL. DEV. CHARGED TO PAT	3,154	822	30,634				
056 DRUGS CHARGED TO PATIENTS		2,244	22,077				
057 RENAL DIALYSIS	4	52	1,103	554			54
058 ASC (NON-DIAGNOSTIC PART)	51	392	4,764	4,620			452
059 REHAB MEDICINE	1	16	606	446			44
059 10 CARDIAC LAB		473	3,289	4,649			455
059 20 DAY HOSPITAL		30	841	1,477			145
059 30 LI THOTRIPTER		106	1,330				
059 40 COLO-RECTAL CENTER							
059 45 GASTROENTEROLOGY LAB		434	3,823	3,451			338
059 97 CARDIAC REHABILITATION	1	23	555	614			60
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETES CARE CENTER		1	164	167			16
060 02 OUTPATIENT CENTER	1	18	392	631			62
060 03 PAIN CLINIC	2	9	462	757			74
060 05 WOUND CARE CENTER		1	360	97			10
060 06 ANTI-COAG LAB	6	31	926	806			79
060 07 HEART RISK ASSESSMENT		34	244	330			32
060 20 IN-VITRO FERTILIZATION							
061 EMERGENCY	116	1,144	13,604	8,616			843
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
069 AMBULANCE SERVICES							
095 CORF							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	7,364	19,469	431,717	262,208		2,612	25,239
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	1		630	4,807			470
096 01 CHILD DAY CARE							
096 03 LAUREATE DAY SCHOOL							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	7,365	19,469	432,347	267,015		2,612	25,709

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	11	12	14	15	16	17	18
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 03 PURCHASING, RECEIVING & S							
006 05 CASHIERING, ACCT REC & CO							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	43,019						
012 CAFETERIA		6,030					
014 NURSING ADMINISTRATION		160	20,976				
015 CENTRAL SERVICES & SUPPLY		60		18,812			
016 PHARMACY		237	94		20,947		
017 MEDICAL RECORDS & LIBRARY		101				13,660	
018 SOCIAL SERVICE		44	245				3,734
022 I&R SERVICES-SALARY & FRI		321					
023 I&R SERVICES-OTHER PRGM C		89					
024 PARAMED PRGM-(SPECIFY)		9					
024 01 PARAMED PRGM-PHARMACY		6					
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	26,657	1,445	8,242		359	1,468	2,314
026 INTENSIVE CARE UNIT	1,621	194	1,070		81	171	141
027 CORONARY CARE UNIT	2,079	248	1,368		48	210	180
027 01 NEONATAL CARE UNIT	3,897	308	1,692		108	391	338
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	3,067	179	975		2	137	266
031 01 SUBPROVIDER II	3,363	161	896		8	151	292
033 NURSERY	2,335	37	206		14	79	203
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		343			146	812	
038 RECOVERY ROOM		58			34	155	
039 DELIVERY ROOM & LABOR ROO		154	848		48	166	
040 ANESTHESIOLOGY		18			343	354	
041 RADIOLOGY-DIAGNOSTIC		420	16		200	2,444	
042 RADIOLOGY-THERAPEUTIC		85			2	239	
043 RADIOISOTOPE		47	240		786	209	
044 LABORATORY						1,145	
046 WHOLE BLOOD & PACKED RED						145	
049 RESPIRATORY THERAPY		176			59	360	
050 PHYSICAL THERAPY		150	830			169	
051 OCCUPATIONAL THERAPY		201	1,076		18	181	
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		96	529		21	289	
054 ELECTROENCEPHALOGRAPHY		30	168			78	
055 MEDICAL SUPPLIES CHARGED				6,699		422	
055 30 IMPL. DEV. CHARGED TO PAT				12,113		548	
056 DRUGS CHARGED TO PATIENTS					17,812	1,496	
057 RENAL DIALYSIS		25	135		21	34	
058 ASC (NON-DISTINCT PART)		98			44	261	
059 REHAB MEDICINE		15	82			10	
059 10 CARDIAC LAB		47	262		342	315	
059 20 DAY HOSPITAL		20	108			20	
059 30 LIOTHOTRIPTER						70	
059 40 COLO-RECTAL CENTER							
059 45 GASTROENTEROLOGY LAB		84			82	290	
059 97 CARDIAC REHABILITATION		13	70			15	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETES CARE CENTER		4	22			1	
060 02 OUTPATIENT CENTER		8	45		15	12	
060 03 PAIN CLINIC		10	54		9	6	
060 05 WOUND CARE CENTER		9	52			1	
060 06 ANTI-COAG LAB		21			1	21	
060 07 HEART RISK ASSESSMENT		5	28			22	
060 20 IN-VITRO FERTILIZATION							
061 EMERGENCY		288	1,587		342	763	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
069 CORF							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	43,019	6,024	20,940	18,812	20,945	13,660	3,734
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		6	36		2		
096 01 CHILD DAY CARE							
096 03 LAUREATE DAY SCHOOL							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	43,019	6,030	20,976	18,812	20,947	13,660	3,734

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	PARAMED ED PR GM-PHARMACY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	22	23	24	24.01		26	
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 03 PURCHASING, RECEIVING & S							
006 05 CASHIERING, ACCT REC & CO							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
022 I&R SERVICES-SALARY & FRI	14,137						
023 I&R SERVICES-OTHER PRGM C		41,183					
024 PARAMED ED PRGM-(SPECIFY)			2,352				
024 01 PARAMED ED PRGM-PHARMACY				361			
025 INPAT ROUTINE SRVC CNTRS					465,960		465,960
026 ADULTS & PEDIATRICS					42,771		42,771
027 INTENSIVE CARE UNIT					45,671		45,671
027 01 CORONARY CARE UNIT					49,072		49,072
028 NEONATAL CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER					46,839		46,839
031 01 SUBPROVIDER II					38,168		38,168
033 NURSERY					9,236		9,236
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS					87,185		87,185
038 OPERATING ROOM					7,536		7,536
039 RECOVERY ROOM					40,041		40,041
040 DELIVERY ROOM & LABOR ROO					4,111		4,111
041 ANESTHESIOLOGY					116,710		116,710
042 RADIOLOGY-DIAGNOSTIC					33,226		33,226
043 RADIOLOGY-THERAPEUTIC					16,821		16,821
044 RADIOISOTOPE					26,008		26,008
046 LABORATORY					2,725		2,725
049 WHOLE BLOOD & PACKED RED					12,235		12,235
050 RESPIRATORY THERAPY					9,326		9,326
051 PHYSICAL THERAPY					50,716		50,716
052 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY					10,654		10,654
053 ELECTROCARDIOLOGY					8,354		8,354
054 ELECTROENCEPHALOGRAPHY					26,634		26,634
055 MEDICAL SUPPLIES CHARGED					47,271		47,271
055 30 IMPL. DEV. CHARGED TO PAT					43,629		43,629
056 DRUGS CHARGED TO PATIENTS					3,602		3,602
057 RENAL DIALYSIS					24,048		24,048
058 ASC (NON-DISTINCT PART)					2,516		2,516
059 REHAB MEDICINE					23,380		23,380
059 10 CARDIAC LAB					6,892		6,892
059 20 DAY HOSPITAL					1,506		1,506
059 30 LIOTHOTRIPTER							
059 40 COLO-RECTAL CENTER							
059 45 GASTROENTEROLOGY LAB					18,580		18,580
059 97 CARDIAC REHABILITATION					3,124		3,124
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETES CARE CENTER					857		857
060 02 OUTPATIENT CENTER					2,998		2,998
060 03 PAIN CLINIC					3,561		3,561
060 05 WOUND CARE CENTER					818		818
060 06 ANTI-COAG LAB					4,220		4,220
060 07 HEART RISK ASSESSMENT					1,645		1,645
060 20 IN-VITRO FERTILIZATION							
061 EMERGENCY					52,283		52,283
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
069 CORF							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS					1,390,929		1,390,929
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					19,719		19,719
096 01 CHILD DAY CARE							
096 03 LAUREATE DAY SCHOOL							
101 CROSS FOOT ADJUSTMENTS	14,137	41,183	2,352	361	58,033		58,033
102 NEGATIVE COST CENTER							
103 TOTAL	14,137	41,183	2,352	361	1,468,681		1,468,681

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				135,292	62,919	198,211	198,211
006 03 PURCHASING, RECEIVING & S	99,845			125,572	58,398	283,815	1,250
006 05 CASHIERING, ACCT REC & CO	330			329,460	153,218	483,008	5,838
006 06 OTHER ADMINISTRATIVE AND	632,031			7,397,164	3,440,109	11,469,304	18,332
007 MAINTENANCE & REPAIRS	68,385			4,053,751	1,885,230	6,007,366	5,319
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING				212,247	98,707	310,954	4,695
011 DIETARY	13,951			472,320	219,656	705,927	1,565
012 CAFETERIA				36,791	17,110	53,901	2,081
014 NURSING ADMINISTRATION	840			174,696	81,244	256,780	4,170
015 CENTRAL SERVICES & SUPPLY	157,786			199,376	92,722	449,884	1,564
016 PHARMACY	677,705			128,042	59,547	865,294	6,183
017 MEDICAL RECORDS & LIBRARY				103,519	48,143	151,662	2,622
018 SOCIAL SERVICE				21,182	9,851	31,033	1,158
022 I&R SERVICES-SALARY & FRI							8,357
023 I&R SERVICES-OTHER PRGM C				456,711	212,397	669,108	2,309
024 PARAMED PRGM-(SPECIFY)				24,269	11,287	35,556	235
024 01 PARAMED PRGM-PHARMACY				1,536	714	2,250	150
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	246,669			4,379,839	2,036,880	6,663,388	39,655
026 INTENSIVE CARE UNIT	21,743			370,020	172,081	563,844	5,056
027 CORONARY CARE UNIT	35,857			362,801	168,723	567,381	6,466
027 01 NEONATAL CARE UNIT	2,730			347,444	161,582	511,756	8,020
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	4,303			424,225	197,289	625,817	4,667
031 01 SUBPROVIDER II	87,680			319,883	148,764	556,327	4,207
033 NURSERY				46,417	21,586	68,003	972
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	736,264			773,664	359,799	1,869,727	8,925
038 RECOVERY ROOM				55,884	25,989	81,873	1,518
039 DELIVERY ROOM & LABOR ROO	12,624			383,191	178,206	574,021	4,007
040 ANESTHESIOLOGY				7,045	3,276	10,321	475
041 RADIOLOGY-DIAGNOSTIC	4,682,420			1,040,750	484,009	6,207,179	10,940
042 RADIOLOGY-THERAPEUTIC	1,162,884			338,326	157,341	1,658,551	2,224
043 RADIOISOTOPE	71,590			145,583	67,704	284,877	1,221
044 LABORATORY				32,849	15,277	48,126	
046 WHOLE BLOOD & PACKED RED							
049 RESPIRATORY THERAPY	56,499			45,039	20,946	122,484	4,586
050 PHYSICAL THERAPY				21,134	9,829	30,963	3,909
051 OCCUPATIONAL THERAPY	2,367			491,491	228,572	722,430	5,227
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY				61,551	28,625	90,176	2,502
054 ELECTROENCEPHALOGRAPHY	3,100			76,179	35,428	114,707	792
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	2,191			27,229	12,663	42,083	640
058 ASC (NON-DISTINCT PART)				227,160	105,643	332,803	2,547
059 REHAB MEDICINE				21,910	10,190	32,100	387
059 10 CARDIAC LAB	239,006			228,569	106,298	573,873	1,236
059 20 DAY HOSPITAL				72,617	33,771	106,388	511
059 30 LI THOTRIPTER							
059 40 COLO-RECTAL CENTER							
059 45 GASTROENTEROLOGY LAB	3,000			169,662	78,902	251,564	2,199
059 97 CARDIAC REHABILITATION				30,174	14,033	44,207	332
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETES CARE CENTER				8,216	3,821	12,037	106
060 02 OUTPATIENT CENTER				31,013	14,423	45,436	211
060 03 PAIN CLINIC				37,219	17,309	54,528	255
060 05 WOUND CARE CENTER				4,781	2,223	7,004	246
060 06 ANTI-COAG LAB				39,641	18,435	58,076	543
060 07 HEART RISK ASSESSMENT				16,227	7,546	23,773	133
060 20 IN-VITRO FERTILIZATION							
061 EMERGENCY				423,639	197,017	620,656	7,499
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
069 CORF							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	9,021,800			24,933,300	11,595,432	45,550,532	198,042
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				236,326	109,905	346,231	169
096 01 CHILD DAY CARE							
096 03 LAUREATE DAY SCHOOL							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	9,021,800			25,169,626	11,705,337	45,896,763	198,211

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PURCHASING, RECEIVING & S	CASHIERING, ACCT REC & CO	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.03	6.05	6.06	7	8	9	10
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 03 PURCHASING, RECEIVING & S	285,065						
006 05 CASHIERING, ACCT REC & CO	189	489,035					
006 06 OTHER ADMINISTRATIVE AND	8,512		11,496,148				
007 MAINTENANCE & REPAIRS	6,585		811,828	6,831,098			
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE			69,417			69,417	
010 HOUSEKEEPING	1,952		233,659	110,439			661,699
011 DIETARY	14,851		119,753	245,762			24,197
012 CAFETERIA			79,333	19,144			1,885
014 NURSING ADMINISTRATION	787		174,118	90,900			8,950
015 CENTRAL SERVICES & SUPPLY			67,978	103,742			10,214
016 PHARMACY	1,145		266,066	66,624			6,560
017 MEDICAL RECORDS & LIBRARY	112		135,663	53,864			5,303
018 SOCIAL SERVICE	3		44,987	11,022			1,085
022 I&R SERVICES-SALARY & FRI			358,479				
023 I&R SERVICES-OTHER PRGM C	422		110,312	237,640			23,397
024 PARAMED PRGM-(SPECIFY)	8		10,074	12,628			1,243
024 01 PARAMED PRGM-PHARMACY			6,007	799			79
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	9,504	55,250	1,781,390	2,278,963		43,015	224,382
026 INTENSIVE CARE UNIT	2,011	6,450	239,387	192,532		2,616	18,956
027 CORONARY CARE UNIT	2,458	7,904	306,786	188,776		3,355	18,586
027 01 NEONATAL CARE UNIT	2,357	14,711	348,678	180,786		6,289	17,800
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	240	5,168	197,847	220,737		4,949	21,733
031 01 SUBPROVIDER II	752	5,667	183,577	166,445		5,426	16,388
033 NURSERY	368	2,975	61,274	24,152		3,767	2,378
034 SKILLED NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	21,667	30,542	564,015	402,561			39,635
038 RECOVERY ROOM	215	5,842	65,989	29,078			2,863
039 DELIVERY ROOM & LABOR ROO	3,463	6,235	197,117	199,386			19,631
040 ANESTHESIOLOGY	3,851	13,328	56,439	3,666			361
041 RADIOLOGY-DIAGNOSTIC	5,097	66,985	694,890	541,534			53,318
042 RADIOLOGY-THERAPEUTIC	149	8,993	130,017	176,041			17,333
043 RADIOISOTOPE	185	7,855	88,309	75,751			7,458
044 LABORATORY	314	43,070	540,553	17,093			1,683
046 WHOLE BLOOD & PACKED RED		5,446	62,665				
049 RESPIRATORY THERAPY	269	13,533	192,134	23,435			2,307
050 PHYSICAL THERAPY	224	6,370	160,940	10,997			1,083
051 OCCUPATIONAL THERAPY	2,254	6,808	241,560	255,738			25,179
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	715	10,864	110,368	32,027			3,153
054 ELECTROENCEPHALOGRAPHY		2,947	46,986	39,638			3,903
055 MEDICAL SUPPLIES CHARGED	65,777	15,883	456,820				
055 30 IMPL. DEV. CHARGED TO PAT	121,498	20,629	814,274				
056 DRUGS CHARGED TO PATIENTS		56,285	586,829				
057 RENAL DIALYSIS	163	1,293	29,317	14,168			1,395
058 ASC (NON-DIAGNOSTIC PART)	1,993	9,834	126,635	118,198			11,637
059 REHAB MEDICINE	30	390	16,105	11,401			1,122
059 10 CARDIAC LAB		11,861	87,416	118,931			11,710
059 20 DAY HOSPITAL	16	747	22,348	37,785			3,720
059 30 LI THOTRIPTER		2,650	35,339				
059 40 COLO-RECTAL CENTER							
059 45 GASTROENTEROLOGY LAB		10,893	101,623	88,280			8,692
059 97 CARDIAC REHABILITATION	51	571	14,751	15,700			1,546
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETES CARE CENTER	2	22	4,365	4,275			421
060 02 OUTPATIENT CENTER	33	444	10,417	16,137			1,589
060 03 PAIN CLINIC	61	224	12,281	19,366			1,907
060 05 WOUND CARE CENTER	4	29	9,574	2,488			245
060 06 ANTI-COAG LAB	252	786	24,609	20,626			2,031
060 07 HEART RISK ASSESSMENT	17	845	6,493	8,443			831
060 20 IN-VITRO FERTILIZATION							
061 EMERGENCY	4,485	28,706	361,613	220,432			21,703
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
069 CORF							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	285,041	489,035	11,479,404	6,708,130		69,417	649,592
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	24		16,744	122,968			12,107
096 01 CHILD DAY CARE							
096 03 LAUREATE DAY SCHOOL							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	285,065	489,035	11,496,148	6,831,098		69,417	661,699

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	11	12	14	15	16	17	18
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 03 PURCHASING, RECEIVING & S							
006 05 CASHIERING, ACCT REC & CO							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	1,112,055						
012 CAFETERIA		156,344					
014 NURSING ADMINISTRATION			539,802				
015 CENTRAL SERVICES & SUPPLY				634,919			
016 PHARMACY			2,426		1,220,372		
017 MEDICAL RECORDS & LIBRARY						351,802	
018 SOCIAL SERVICE			6,313				96,738
022 I&R SERVICES-SALARY & FRI			8,210				
023 I&R SERVICES-OTHER PRGM C			2,268				
024 PARAMED PRGM-(SPECIFY)			231				
024 01 PARAMED PRGM-PHARMACY			147				
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	689,096	38,964	211,610		20,895	39,648	59,944
026 INTENSIVE CARE UNIT	41,910	4,968	27,577		4,742	4,628	3,646
027 CORONARY CARE UNIT	53,742	6,352	35,263		2,779	5,672	4,675
027 01 NEONATAL CARE UNIT	100,743	7,880	43,604		6,295	10,557	8,764
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	79,285	4,585	25,132		113	3,709	6,897
031 01 SUBPROVIDER II	86,928	4,133	23,098		467	4,066	7,562
033 NURSERY	60,351	955	5,300		808	2,135	5,250
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		8,768			8,532	21,918	
038 RECOVERY ROOM		1,492			1,963	4,192	
039 DELIVERY ROOM & LABOR ROO		3,937	21,855		2,777	4,474	
040 ANESTHESIOLOGY		467			19,968	9,564	
041 RADIOLOGY-DIAGNOSTIC		10,748	406		11,668	48,935	
042 RADIOLOGY-THERAPEUTIC		2,185			112	6,453	
043 RADIOISOTOPE		1,200	6,194		45,829	5,637	
044 LABORATORY						30,907	
046 WHOLE BLOOD & PACKED RED						3,908	
049 RESPIRATORY THERAPY		4,506			3,450	9,712	
050 PHYSICAL THERAPY		3,840	21,380			4,571	
051 OCCUPATIONAL THERAPY		5,135	27,737		1,049	4,885	
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		2,458	13,644		1,225	7,796	
054 ELECTROENCEPHALOGRAPHY		779	4,322			2,115	
055 MEDICAL SUPPLIES CHARGED						11,398	
055 30 IMPL. DEV. CHARGED TO PAT				226,113		14,803	
056 DRUGS CHARGED TO PATIENTS				408,806		14,803	
057 RENAL DIALYSIS		628	3,489		1,037,676	40,391	
058 ASC (NON-DISTINCT PART)		2,502			1,225	928	
059 REHAB MEDICINE		380	2,110		2,537	7,057	
059 10 CARDIAC LAB		1,215	6,743		19,941	8,512	
059 20 DAY HOSPITAL		502	2,786			536	
059 30 LI THOTRIPTER						1,901	
059 40 COLO-RECTAL CENTER							
059 45 GASTROENTEROLOGY LAB		2,161			4,777	7,817	
059 97 CARDIAC REHABILITATION		326	1,812		1	410	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETES CARE CENTER		104	576			16	
060 02 OUTPATIENT CENTER		208	1,153		887	319	
060 03 PAIN CLINIC		250	1,389		525	161	
060 05 WOUND CARE CENTER		241	1,340		3	21	
060 06 ANTI-COAG LAB		534			86	564	
060 07 HEART RISK ASSESSMENT		130	724			606	
060 20 IN-VITRO FERTILIZATION							
061 EMERGENCY		7,368	40,900		19,923	20,600	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
069 CORF							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,112,055	156,178	538,883	634,919	1,220,253	351,802	96,738
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		166	919		119		
096 01 CHILD DAY CARE							
096 03 LAUREATE DAY SCHOOL							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,112,055	156,344	539,802	634,919	1,220,372	351,802	96,738

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	PARAMED ED PR GM-PHARMACY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	22	23	24	24.01	25	26	27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 03 PURCHASING, RECEIVING & S							
006 05 CASHIERING, ACCT REC & CO							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
022 I&R SERVICES-SALARY & FRI	375,046						
023 I&R SERVICES-OTHER PRGM C		1,045,456					
024 PARAMED ED PRGM-(SPECIFY)			59,975				
024 01 PARAMED ED PRGM-PHARMACY				9,432			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS					12,155,704		12,155,704
026 INTENSIVE CARE UNIT					1,118,323		1,118,323
027 CORONARY CARE UNIT					1,210,195		1,210,195
027 01 NEONATAL CARE UNIT					1,268,240		1,268,240
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER					1,200,879		1,200,879
031 01 SUBPROVIDER II					1,065,043		1,065,043
033 NURSERY					238,688		238,688
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM					2,976,290		2,976,290
038 RECOVERY ROOM					195,025		195,025
039 DELIVERY ROOM & LABOR ROO					1,036,903		1,036,903
040 ANESTHESIOLOGY					118,440		118,440
041 RADIOLOGY-DIAGNOSTIC					7,651,700		7,651,700
042 RADIOLOGY-THERAPEUTIC					2,002,058		2,002,058
043 RADIOISOTOPE					524,516		524,516
044 LABORATORY					681,746		681,746
046 WHOLE BLOOD & PACKED RED					72,019		72,019
049 RESPIRATORY THERAPY					376,416		376,416
050 PHYSICAL THERAPY					244,277		244,277
051 OCCUPATIONAL THERAPY					1,298,002		1,298,002
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY					274,928		274,928
054 ELECTROENCEPHALOGRAPHY					216,189		216,189
055 MEDICAL SUPPLIES CHARGED					775,991		775,991
055 30 IMPL. DEV. CHARGED TO PAT					1,380,010		1,380,010
056 DRUGS CHARGED TO PATIENTS					1,721,181		1,721,181
057 RENAL DIALYSIS					95,329		95,329
058 ASC (NON-DISTINCT PART)					615,743		615,743
059 REHAB MEDICINE					64,305		64,305
059 10 CARDIAC LAB					841,438		841,438
059 20 DAY HOSPITAL					175,339		175,339
059 30 LI THOTRIPTER					39,890		39,890
059 40 COLO-RECTAL CENTER							
059 45 GASTROENTEROLOGY LAB					478,006		478,006
059 97 CARDIAC REHABILITATION					79,707		79,707
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETES CARE CENTER					21,924		21,924
060 02 OUTPATIENT CENTER					76,834		76,834
060 03 PAIN CLINIC					90,947		90,947
060 05 WOUND CARE CENTER					21,195		21,195
060 06 ANTI-COAG LAB					108,107		108,107
060 07 HEART RISK ASSESSMENT					41,995		41,995
060 20 IN-VITRO FERTILIZATION							
061 EMERGENCY					1,353,885		1,353,885
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
069 CORF							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS					43,907,407		43,907,407
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					499,447		499,447
096 01 CHILD DAY CARE							
096 03 LAUREATE DAY SCHOOL							
101 CROSS FOOT ADJUSTMENTS	375,046	1,045,456	59,975	9,432	1,489,909		1,489,909
102 NEGATIVE COST CENTER							
103 TOTAL	375,046	1,045,456	59,975	9,432	45,896,763		45,896,763

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	PURCHASING, RECEIVING & (PURCHASED REQUISITION)
	1	2	3	4	5	6.03
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	1,589,888					
002 OLD CAP REL COSTS-MVB		10,246,748				
003 NEW CAP REL COSTS-BLD			1,589,888			
004 NEW CAP REL COSTS-MVB				1,589,888		
005 EMPLOYEE BENEFITS	8,546	57,755	8,546	8,546	217,285,784	
006 03 PURCHASING, RECEIVING	7,932	13,194	7,932	7,932	1,370,201	68,629,532
006 05 CASHIERING, ACCT REC	20,811	165,566	20,811	20,811	6,400,938	45,476
006 06 OTHER ADMINISTRATIVE	467,256	2,254,401	467,256	467,256	20,100,555	2,049,024
007 MAINTENANCE & REPAIRS	256,063	194,142	256,063	256,063	5,832,248	1,585,180
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING	13,407	26,700	13,407	13,407	5,148,441	469,970
011 DIETARY	29,835	72,321	29,835	29,835	1,716,169	3,575,106
012 CAFETERIA	2,324		2,324	2,324	2,281,417	
014 NURSING ADMINISTRATION	11,035	23,471	11,035	11,035	4,572,836	189,342
015 CENTRAL SERVICES & SU	12,594	232,358	12,594	12,594	1,714,873	
016 PHARMACY	8,088	61,608	8,088	8,088	6,779,348	275,666
017 MEDICAL RECORDS & LIB	6,539	32,817	6,539	6,539	2,874,874	26,900
018 SOCIAL SERVICE	1,338	3,347	1,338	1,338	1,269,283	604
022 I&R SERVICES-SALARY &					9,163,185	
023 I&R SERVICES-OTHER PR	28,849	167,662	28,849	28,849	2,531,753	101,607
024 PARAMED ED PRGM-(SPEC	1,533	1,177	1,533	1,533	258,067	2,000
024 01 PARAMED PHARM	97		97	97	164,601	
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	276,661	283,997	276,661	276,661	43,431,191	2,287,995
026 INTENSIVE CARE UNIT	23,373	234,077	23,373	23,373	5,544,289	484,051
027 CORONARY CARE UNIT	22,917	39,982	22,917	22,917	7,089,433	591,784
027 01 NEONATAL CARE UNIT	21,947	96,439	21,947	21,947	8,794,355	567,500
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
031 SUBPROVIDER	26,797	49,892	26,797	26,797	5,117,193	57,739
031 01 SUBPROVIDER II	20,206	24,650	20,206	20,206	4,613,112	181,120
033 NURSERY	2,932	31,023	2,932	2,932	1,065,638	88,488
034 SKILLED NURSING FACIL						
ANCILLARY SRVC COST C						
037 OPERATING ROOM	48,870	698,019	48,870	48,870	9,786,067	5,215,984
038 RECOVERY ROOM	3,530	15,287	3,530	3,530	1,664,797	51,651
039 DELIVERY ROOM & LABOR	24,205	143,761	24,205	24,205	4,393,783	833,722
040 ANESTHESIOLOGY	445	186,013	445	445	520,971	927,040
041 RADIOLOGY-DIAGNOSTIC	65,741	1,439,233	65,741	65,741	11,995,950	1,227,042
042 RADIOLOGY-THERAPEUTIC	21,371	991,510	21,371	21,371	2,438,416	35,883
043 RADIOISOTOPE	9,196	400,005	9,196	9,196	1,339,159	44,421
044 LABORATORY	2,075	506,929	2,075	2,075		75,704
046 WHOLE BLOOD & PACKED		16,875				
049 RESPIRATORY THERAPY	2,845	183,210	2,845	2,845	5,028,966	64,846
050 PHYSICAL THERAPY	1,335	17,853	1,335	1,335	4,285,895	53,944
051 OCCUPATIONAL THERAPY	31,046	81,266	31,046	31,046	5,730,848	542,685
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY	3,888	188,178	3,888	3,888	2,743,141	172,056
054 ELECTROENCEPHALOGRAPH	4,812	80,340	4,812	4,812	868,871	
055 MEDICAL SUPPLIES CHAR						15,834,530
055 30 IMPL. DEV. CHARGED TO						29,254,072
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS	1,720	32,922	1,720	1,720	701,350	39,222
058 ASC (NON-DI STINCT PAR	14,349	124,413	14,349	14,349	2,792,347	479,846
059 REHAB MEDICINE	1,384	14,858	1,384	1,384	424,265	7,126
059 10 CARDIAC LAB	14,438	617,682	14,438	14,438	1,355,658	
059 20 DAY HOSPITAL	4,587	8,817	4,587	4,587	560,202	3,859
059 30 LI THOTRIPTER						
059 40 COLO-RECTAL CENTER						
059 45 GASTROENTEROLOGY LAB	10,717	363,771	10,717	10,717	2,411,296	
059 97 CARDIAC REHABILITATIO	1,906	10,092	1,906	1,906	364,248	12,168
OUTPAT SERVICE COST C						
CLINIC						
060 01 DIABETES CARE CENTER	519		519	519	115,831	504
060 02 OUTPATIENT CENTER	1,959	1,051	1,959	1,959	231,873	7,961
060 03 PAIN CLINIC	2,351	1,858	2,351	2,351	279,227	14,588
060 05 WOUND CARE CENTER	302		302	302	269,413	990
060 06 ANTI -COAG LAB	2,504		2,504	2,504	595,703	60,658
060 07 HEART RISK ASSESSMENT	1,025		1,025	1,025	145,599	4,022
060 20 IN-VITRO FERTILIZATION						
061 EMERGENCY	26,760	55,653	26,760	26,760	8,222,804	1,079,780
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
065 AMBULANCE SERVICES						
069 CORF						
SPEC PURPOSE COST CEN						
095 SUBTOTALS	1,574,960	10,246,175	1,574,960	1,574,960	217,100,680	68,623,856
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	14,928	573	14,928	14,928	185,104	5,676
096 01 CHILD DAY CARE						

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (DOLLAR)ALUE	NEW CAP REL C OSTS-BLDG & V(SQUARE)FEET	NEW CAP REL C OSTS-MVBLE E (SQUARE)FEET	EMPLOYEE BENE PURCHASING, R ECEIVING & S (GROSS SALARIES) (PURCHASED)REQUI SITI O)	6.03
	1	2	3	4	5	
096 03 NONREIMBURS COST CENT						
101 LAUREATE DAY SCHOOL						
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,465,525	3,156	25,169,626	11,705,337	52,103,619	2,736,770
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.921779		15.831069		.239793	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		.000308		7.362366	7,896	7,365
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)					.000036	.000107
107 COST TO BE ALLOCATED (WRKSHT B, PART III)					198,211	285,065
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.000912	.004154

COST CENTER DESCRIPTION	CASHIERING, A CCT REC & CO		OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LIN HOUSEKEEPING EN SERVICE		
	(GROSS EVENUES	R RECONCILI-) IATION	(ACCUM. COST	(SQUARE)FEET	(SQUARE)FEET	(PATIENT)DAYS	(SQUARE)FEET)
	6.05	6a.06	6.06	7	8	9	10	
GENERAL SERVICE COST								
001 OLD CAP REL COSTS-BLD								
002 OLD CAP REL COSTS-MVB								
003 NEW CAP REL COSTS-BLD								
004 NEW CAP REL COSTS-MVB								
005 EMPLOYEE BENEFITS								
006 03 PURCHASING, RECEIVING								
006 05 CASHIERING, ACCT REC	1625,959,944							
006 06 OTHER ADMINISTRATIVE		-69,191,747	435,995,277					
007 MAINTENANCE & REPAIRS			30,788,369	829,280				
008 OPERATION OF PLANT					829,280			
009 LAUNDRY & LINEN SERVI			2,632,606			160,346		
010 HOUSEKEEPING			8,861,443	13,407	13,407		815,873	
011 DIETARY			4,541,593	29,835	29,835		29,835	
012 CAFETERIA			3,008,695	2,324	2,324		2,324	
014 NURSING ADMINISTRATION			6,603,365	11,035	11,035		11,035	
015 CENTRAL SERVICES & SU			2,578,034	12,594	12,594		12,594	
016 PHARMACY			10,090,477	8,088	8,088		8,088	
017 MEDICAL RECORDS & LIB			5,144,994	6,539	6,539		6,539	
018 SOCIAL SERVICE			1,706,120	1,338	1,338		1,338	
022 I&R SERVICES-SALARY &			13,595,215					
023 I&R SERVICES-OTHER PR			4,183,546	28,849	28,849		28,849	
024 PARAMED ED PRGM-(SPEC			382,065	1,533	1,533		1,533	
024 01 PARAMED ED PRGM-PHARM			227,812	97	97		97	
INPAT ROUTINE SRVC CN								
025 ADULTS & PEDIATRICS	183,555,611		67,565,619	276,661	276,661	99,360	276,661	
026 INTENSIVE CARE UNIT	21,427,972		9,078,675	23,373	23,373	6,043	23,373	
027 CORONARY CARE UNIT	26,259,003		11,634,802	22,917	22,917	7,749	22,917	
027 01 NEONATAL CARE UNIT	48,874,648		13,223,514	21,947	21,947	14,526	21,947	
028 BURN INTENSIVE CARE U								
029 SURGICAL INTENSIVE CA								
031 SUBPROVIDER	17,170,864		7,503,298	26,797	26,797	11,432	26,797	
031 01 SUBPROVIDER II	18,826,089		6,962,118	20,206	20,206	12,534	20,206	
033 NURSERY	9,884,694		2,323,805	2,932	2,932	8,702	2,932	
034 SKILLED NURSING FACIL								
ANCILLARY SRVC COST C								
037 OPERATING ROOM	101,469,943		21,390,126	48,870	48,870		48,870	
038 RECOVERY ROOM	19,408,571		2,502,603	3,530	3,530		3,530	
039 DELIVERY ROOM & LABOR	20,714,029		7,475,632	24,205	24,205		24,205	
040 ANESTHESIOLOGY	44,278,416		2,140,438	445	445		445	
041 RADIOLOGY-DIAGNOSTIC	223,790,519		26,353,550	65,741	65,741		65,741	
042 RADIOLOGY-THERAPEUTIC	29,877,108		4,930,848	21,371	21,371		21,371	
043 RADIOISOTOPE	26,096,951		3,349,090	9,196	9,196		9,196	
044 LABORATORY	143,089,386		20,500,351	2,075	2,075		2,075	
046 WHOLE BLOOD & PACKED	18,093,041		2,376,565					
049 RESPIRATORY THERAPY	44,961,072		7,286,620	2,845	2,845		2,845	
050 PHYSICAL THERAPY	21,163,687		6,103,620	1,335	1,335		1,335	
051 OCCUPATIONAL THERAPY	22,617,268		9,161,090	31,046	31,046		31,046	
052 SPEECH PATHOLOGY								
053 ELECTROCARDIOLOGY	36,094,237		4,185,682	3,888	3,888		3,888	
054 ELECTROENCEPHALOGRAPH	9,790,603		1,781,944	4,812	4,812		4,812	
055 MEDICAL SUPPLIES CHAR	52,767,505		17,324,772					
055 30 IMPL. DEV. CHARGED TO	68,533,270		30,881,141					
056 DRUGS CHARGED TO PATI	186,993,639		22,255,350					
057 RENAL DIALYSIS	4,296,714		1,111,823	1,720	1,720		1,720	
058 ASC (NON-DI STINCT PAR	32,672,181		4,802,593	14,349	14,349		14,349	
059 REHAB MEDICINE	1,294,078		610,773	1,384	1,384		1,384	
059 10 CARDIAC LAB	39,406,702		3,315,243	14,438	14,438		14,438	
059 20 DAY HOSPITAL	2,480,825		847,527	4,587	4,587		4,587	
059 30 LI THOTRIPTER	8,802,838		1,340,230					
059 40 COLO-RECTAL CENTER								
059 45 GASTROENTEROLOGY LAB	36,190,408		3,854,012	10,717	10,717		10,717	
059 97 CARDIAC REHABILITATIO	1,896,523		559,435	1,906	1,906		1,906	
OUTPAT SERVICE COST C								
CLINIC								
060 01 DIABETES CARE CENTER	72,655		165,539	519	519		519	
060 02 OUTPATIENT CENTER	1,476,628		395,080	1,959	1,959		1,959	
060 03 PAIN CLINIC	745,465		465,742	2,351	2,351		2,351	
060 05 WOUND CARE CENTER	97,361		363,084	302	302		302	
060 06 ANTI-COAG LAB	2,612,211		933,285	2,504	2,504		2,504	
060 07 HEART RISK ASSESSMENT	2,806,941		246,237	1,025	1,025		1,025	
060 20 IN-VITRO FERTILIZATION								
061 EMERGENCY	95,370,288		13,714,092	26,760	26,760		26,760	
062 OBSERVATION BEDS (NON								
OTHER REIMBURS COST C								
065 AMBULANCE SERVICES								
069 CORF								
SPEC PURPOSE COST CEN								
095 SUBTOTALS	1625,959,944	-69,191,747	435,360,282	814,352	814,352	160,346	800,945	
NONREIMBURS COST CENT								
096 GIFT, FLOWER, COFFEE			634,995	14,928	14,928		14,928	
096 01 CHILD DAY CARE								

COST CENTER DESCRIPTION	CASHIERING, A CCT REC & CO		OTHER ADMINIS	MAINTENANCE &	OPERATION OF	LAUNDRY & LIN HOUSEKEEPING	
	(GROSS EVENUES	R RECONCI L-) IATION	(ACCUM. COST	(SQUARE)FEET	(SQUARE)FEET	(PATIENT)DAYS	(SQUARE)FEET
	6.05	6a.06	6.06	7	8	9	10
096 03 NONREIMBURS COST CENT							
101 LAUREATE DAY SCHOOL							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	10,925,177		69,191,747	35,674,422		3,050,395	10,844,486
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER				43.018549		19.023830	
(WRKSHT B, PT I)	.006719		.158698				13.291880
105 COST TO BE ALLOCATED	19,469		432,347	267,015		2,612	25,709
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER				.321984		.016290	
(WRKSHT B, PT II)	.000012		.000992				.031511
107 COST TO BE ALLOCATED	489,035		11,496,148	6,831,098		69,417	661,699
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER				8.237384		.432920	
(WRKSHT B, PT III)	.000301		.026368				.811032

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	DIETARY (PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED EQUIP)	PHARMACY (COSTED EQUIP)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICES (PATIENT DAYS)
	11	12	14	15	16	17	18
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 03 PURCHASING, RECEIVING							
006 05 CASHIERING, ACCT REC							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	160,346						
012 CAFETERIA		174,435,815					
014 NURSING ADMINISTRATION		4,572,836	108,526,022				
015 CENTRAL SERVICES & SUPPLY		1,714,873		45,435,079			
016 PHARMACY		6,779,348	487,799		24,696,035		
017 MEDICAL RECORDS & LIBRARY		2,874,874				1625,959,944	
018 SOCIAL SERVICE		1,269,283	1,269,283				160,346
022 I&R SERVICES-SALARY & BENEFITS		9,163,185					
023 I&R SERVICES-OTHER PERSONNEL		2,531,753					
024 PARAMEDICAL PRGM-(SPECIALTY)		258,067					
024 01 PARAMEDICAL PRGM-PHARMACY		164,601					
025 ADULTS & PEDIATRICS	99,360	43,431,191	42,544,108		422,831	183,555,611	99,360
026 INTENSIVE CARE UNIT	6,043	5,544,289	5,544,289		95,958	21,427,972	6,043
027 CORONARY CARE UNIT	7,749	7,089,433	7,089,433		56,235	26,259,003	7,749
027 01 NEONATAL CARE UNIT	14,526	8,794,355	8,766,358		127,393	48,874,648	14,526
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE UNIT							
031 SUBPROVIDER	11,432	5,117,193	5,052,683		2,294	17,170,864	11,432
031 01 SUBPROVIDER II	12,534	4,613,112	4,643,695		9,451	18,826,089	12,534
033 NURSERY	8,702	1,065,638	1,065,638		16,353	9,884,694	8,702
034 SKILLED NURSING FACILITY							
037 ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM		9,786,067			172,662	101,469,943	
038 RECOVERY ROOM		1,664,797			39,722	19,408,571	
039 DELIVERY ROOM & LABOR		4,393,783	4,393,783		56,205	20,714,029	
040 ANESTHESIOLOGY		520,971			404,070	44,278,416	
041 RADIOLOGY-DIAGNOSTIC		11,995,950	81,542		236,109	223,790,519	
042 RADIOLOGY-THERAPEUTIC		2,438,416			2,262	29,877,108	
043 RADIOISOTOPE		1,339,159	1,245,324		927,416	26,096,951	
044 LABORATORY						143,089,386	
046 WHOLE BLOOD & PACKED						18,093,041	
049 RESPIRATORY THERAPY		5,028,966			69,821	44,961,072	
050 PHYSICAL THERAPY		4,285,895	4,298,322			21,163,687	
051 OCCUPATIONAL THERAPY		5,730,848	5,576,455		21,220	22,617,268	
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		2,743,141	2,743,141		24,788	36,094,237	
054 ELECTROENCEPHALOGRAPHY		868,871	868,871			9,790,603	
055 MEDICAL SUPPLIES CHARACTERIZED				16,181,007		52,767,505	
055 30 IMPL. DEV. CHARGED TO PATIENT				29,254,072		68,533,270	
056 DRUGS CHARGED TO PATIENT					20,998,940	186,993,639	
057 RENAL DIALYSIS		701,350	701,350		24,783	4,296,714	
058 ASC (NON-DIESTINCT PAR)		2,792,347			51,346	32,672,181	
059 REHAB MEDICINE		424,265	424,265			1,294,078	
059 10 CARDIAC LAB		1,355,658	1,355,658		403,530	39,406,702	
059 20 DAY HOSPITAL		560,202	560,202			2,480,825	
059 30 LI THOTRIPTER						8,802,838	
059 40 COLO-RECTAL CENTER							
059 45 GASTROENTEROLOGY LAB		2,411,296			96,670	36,190,408	
059 97 CARDIAC REHABILITATION		364,248	364,248		14	1,896,523	
060 OUTPAT SERVICE COST CENTER							
060 01 CLINIC							
060 01 DIABETES CARE CENTER		115,831	115,831			72,655	
060 02 OUTPATIENT CENTER		231,873	231,873		17,942	1,476,628	
060 03 PAIN CLINIC		279,227	279,227		10,626	745,465	
060 05 WOUND CARE CENTER		269,413	269,413		66	97,361	
060 06 ANTI-COAG LAB		595,703			1,742	2,612,211	
060 07 HEART RISK ASSESSMENT		145,599	145,599			2,806,941	
060 20 IN-VITRO FERTILIZATION							
061 EMERGENCY		8,222,804	8,222,804		403,177	95,370,288	
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
065 OTHER REIMBURSABLE COST CENTER							
069 AMBULANCE SERVICES							
069 CORF							
095 SPEC PURPOSE COST CENTER							
095 SUBTOTALS	160,346	174,250,711	108,341,194	45,435,079	24,693,626	1625,959,944	160,346
096 NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE		185,104	184,828		2,409		
096 01 CHILD DAY CARE							

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES
	(PATIENT DAYS)	(GROSS SALARIES)	(NURSING SALARIES)	(COSTED EQUIP)	R(COSTED EQUIP)	R(GROSS REVENUES)	R(PATIENT DAYS)
	11	12	14	15	16	17	18
096 03 NONREIMBURS COST CENT							
101 LAUREATE DAY SCHOOL							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	6,942,356	3,617,034	8,367,514	3,731,897	12,325,442	6,389,321	2,176,405
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.020736		.082137		.003930	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	43,296,097	6,030	20,976	18,812	49,9086	13,660	13,573,179
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	43,019	.000035		.000414	20,947	.000008	3,734
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	.268289	156,344	539,802	634,919	1,220,372	351,802	96,738
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	1,112,055	.000896	.004974	.013974	.049416	.000216	.603308
	6.935346						

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI		I&R SERVICES- OTHER PRGM C		PARAMED ED PR GM-(SPECIFY)	PARAMED ED PR GM-PHARMACY
	(ASSIGNED TIME)	T(ASSIGNED)IME	T(ASSIGNED)IME	T(ASSIGNED)IME	T(ASSIGNED)IME	T(ASSIGNED)IME
GENERAL SERVICE COST	22	23		24		24.01
001 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
006 03 PURCHASING, RECEIVING						
006 05 CASHIERING, ACCT REC						
006 06 OTHER ADMINISTRATIVE						
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATIO						
015 CENTRAL SERVICES & SU						
016 PHARMACY						
017 MEDICAL RECORDS & LIB						
018 SOCIAL SERVICE						
022 I&R SERVICES-SALARY &	17,340					
023 I&R SERVICES-OTHER PR		17,340				
024 PARAMED ED PRGM-(SPEC				151,644		
024 01 PARAMED ED PRGM-PHARM					3,264	
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	13,156	13,156		99,360		968
026 INTENSIVE CARE UNIT				6,043		464
027 CORONARY CARE UNIT				7,749		544
027 01 NEONATAL CARE UNIT				14,526		184
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
031 SUBPROVIDER	1,200	1,200		11,432		
031 01 SUBPROVIDER II				12,534		
033 NURSERY						
034 SKILLED NURSING FACIL						
ANCILLARY SRVC COST C						
037 OPERATING ROOM	1,527	1,527				
038 RECOVERY ROOM						
039 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY	201	201				
041 RADIOLOGY-DIAGNOSTIC	7	7				
042 RADIOLOGY-THERAPEUTI C						
043 RADIOISOTOPE						
044 LABORATORY	533	533				
046 WHOLE BLOOD & PACKED						
049 RESPIRATORY THERAPY						
050 PHYSICAL THERAPY						
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY						
054 ELECTROENCEPHALOGRAPH						
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO					952	
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS						
058 ASC (NON-DI STINCT PAR						
059 REHAB MEDICINE						
059 10 CARDIAC LAB						
059 20 DAY HOSPITAL						
059 30 LI THOTRI PTER						
059 40 COLO-RECTAL CENTER						
059 45 GASTROENTEROLOGY LAB						
059 97 CARDIAC REHABILITATIO						
OUTPAT SERVICE COST C						
CLINIC						
060 01 DIABETES CARE CENTER						
060 02 OUTPATIENT CENTER						
060 03 PAIN CLINIC						
060 05 WOUND CARE CENTER						
060 06 ANTI -COAG LAB						
060 07 HEART RISK ASSESSMENT						
060 20 IN-VITRO FERTILIZATIO						
061 EMERGENCY	716	716				152
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
AMBULANCE SERVICES						
069 CORF						
SPEC PURPOSE COST CEN						
095 SUBTOTALS	17,340	17,340		151,644		3,264
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
096 01 CHILD DAY CARE						

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	PARAMED ED PR GM-PHARMACY
	(ASSIGNED TIME	T(ASSIGNED)IME	T(ASSIGNED)IME	T(ASSIGNED)IME
NONREIMBURS COST CENT	22	23	24	24.01
096 03 LAUREATE DAY SCHOOL				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED	15,942,756	6,524,463	534,372	272,840
(PER WRKSHT B, PART				
104 UNIT COST MULTIPLIER		376.266609		83.590686
(WRKSHT B, PT I)	919.420761		3.523859	
105 COST TO BE ALLOCATED	14,137	41,183	2,352	361
(PER WRKSHT B, PART				
106 UNIT COST MULTIPLIER		2.375029		.110600
(WRKSHT B, PT II)	.815283		.015510	
107 COST TO BE ALLOCATED	375,046	1,045,456	59,975	9,432
(PER WRKSHT B, PART				
108 UNIT COST MULTIPLIER	21.628950	60.291580	.395499	2.889706
(WRKSHT B, PT III)				

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	106,952,172		106,952,172		106,952,172
26	INTENSIVE CARE UNIT	13,028,829		13,028,829		13,028,829
27	CORONARY CARE UNIT	16,257,435		16,257,435		16,257,435
27	01 NEONATAL CARE UNIT	18,840,808		18,840,808		18,840,808
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	11,675,205		11,675,205	169,377	11,844,582
31	01 SUBPROVIDER II	10,732,608		10,732,608		10,732,608
33	NURSERY	3,669,380		3,669,380		3,669,380
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	28,224,460		28,224,460		28,224,460
38	RECOVERY ROOM	3,229,158		3,229,158		3,229,158
39	DELIVERY ROOM & LABOR ROO	10,564,325		10,564,325		10,564,325
40	ANESTHESIOLOGY	2,891,662		2,891,662	222,348	3,114,010
41	RADIOLOGY-DIAGNOSTIC	35,489,378		35,489,378		35,489,378
42	RADIOLOGY-THERAPEUTIC	7,085,883		7,085,883		7,085,883
43	RADIOISOTOPE	5,087,621		5,087,621		5,087,621
44	LABORATORY	24,432,901		24,432,901		24,432,901
46	WHOLE BLOOD & PACKED RED	2,824,827		2,824,827		2,824,827
49	RESPIRATORY THERAPY	8,919,020		8,919,020		8,919,020
50	PHYSICAL THERAPY	7,650,877		7,650,877		7,650,877
51	OCCUPATIONAL THERAPY	13,011,413		13,011,413		13,011,413
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	5,491,478		5,491,478		5,491,478
54	ELECTROENCEPHALOGRAPHY	2,459,186		2,459,186		2,459,186
55	MEDICAL SUPPLIES CHARGED	21,610,614		21,610,614		21,610,614
55	30 IMPL. DEV. CHARGED TO PAT	38,454,090		38,454,090		38,454,090
56	DRUGS CHARGED TO PATIENTS	37,081,966		37,081,966		37,081,966
57	RENAL DIALYSIS	1,482,994		1,482,994		1,482,994
58	ASC (NON-DISTINCT PART)	6,584,683		6,584,683		6,584,683
59	REHAB MEDICINE	832,230		832,230		832,230
59	10 CARDIAC LAB	5,143,273		5,143,273		5,143,273
59	20 DAY HOSPITAL	1,304,882		1,304,882		1,304,882
59	30 LITHOTRIPTER	1,587,517		1,587,517		1,587,517
59	40 COLO-RECTAL CENTER					
59	45 GASTROENTEROLOGY LAB	5,309,591		5,309,591		5,309,591
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	798,640		798,640		798,640
60	CLINIC					
60	01 DIABETES CARE CENTER	232,654		232,654		232,654
60	02 OUTPATIENT CENTER	605,534		605,534		605,534
60	03 PAIN CLINIC	707,592		707,592		707,592
60	05 WOUND CARE CENTER	464,486		464,486		464,486
60	06 ANTI-COAG LAB	1,245,883		1,245,883		1,245,883
60	07 HEART RISK ASSESSMENT	368,308		368,308		368,308
60	20 IN-VITRO FERTILIZATION					
61	EMERGENCY	18,790,583		18,790,583	70,535	18,861,118
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	5,663,842		5,663,842		5,663,842
65	AMBULANCE SERVICES					
101	SUBTOTAL	486,787,988		486,787,988	462,260	487,250,248
102	LESS OBSERVATION BEDS	5,663,842		5,663,842		5,663,842
103	TOTAL	481,124,146		481,124,146	462,260	481,586,406

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	173,084,663		173,084,663			
26	INTENSIVE CARE UNIT	21,393,977		21,393,977			
27	CORONARY CARE UNIT	25,770,025		25,770,025			
27	01 NEONATAL CARE UNIT	48,874,648		48,874,648			
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	17,170,864		17,170,864			
31	01 SUBPROVIDER II	18,826,089		18,826,089			
33	NURSERY	9,884,694		9,884,694			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	67,756,272	33,713,671	101,469,943	.278156	.278156	.278156
38	RECOVERY ROOM	10,537,213	8,871,358	19,408,571	.166378	.166378	.166378
39	DELIVERY ROOM & LABOR ROO	18,947,523	1,766,506	20,714,029	.510008	.510008	.510008
40	ANESTHESIOLOGY	21,985,047	22,293,369	44,278,416	.065306	.065306	.070328
41	RADIOLOGY-DIAGNOSTIC	88,097,174	135,693,345	223,790,519	.158583	.158583	.158583
42	RADIOLOGY-THERAPEUTIC	1,990,877	27,886,231	29,877,108	.237168	.237168	.237168
43	RADIOISOTOPE	11,819,534	14,277,417	26,096,951	.194951	.194951	.194951
44	LABORATORY	101,463,376	41,626,010	143,089,386	.170753	.170753	.170753
46	WHOLE BLOOD & PACKED RED	14,809,753	3,283,288	18,093,041	.156128	.156128	.156128
49	RESPIRATORY THERAPY	41,768,784	3,192,288	44,961,072	.198372	.198372	.198372
50	PHYSICAL THERAPY	20,902,880	260,807	21,163,687	.361510	.361510	.361510
51	OCCUPATIONAL THERAPY	2,227,130	20,390,138	22,617,268	.575287	.575287	.575287
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	18,492,434	17,601,803	36,094,237	.152143	.152143	.152143
54	ELECTROENCEPHALOGRAPHY	5,270,944	4,519,659	9,790,603	.251178	.251178	.251178
55	MEDICAL SUPPLIES CHARGED	38,929,604	13,837,901	52,767,505	.409544	.409544	.409544
55	30 IMPL. DEV. CHARGED TO PAT	54,595,963	13,937,307	68,533,270	.561101	.561101	.561101
56	DRUGS CHARGED TO PATIENTS	164,439,974	22,553,665	186,993,639	.198306	.198306	.198306
57	RENAL DIALYSIS	4,115,323	181,391	4,296,714	.345146	.345146	.345146
58	ASC (NON-DISTINCT PART)	2,576,281	30,095,900	32,672,181	.201538	.201538	.201538
59	REHAB MEDICINE	663,657	630,421	1,294,078	.643107	.643107	.643107
59	10 CARDIAC LAB	23,777,842	15,628,860	39,406,702	.130518	.130518	.130518
59	20 DAY HOSPITAL	5,842	2,474,983	2,480,825	.525987	.525987	.525987
59	30 LITHOTRIPTER	266,950	8,535,888	8,802,838	.180341	.180341	.180341
59	40 COLO-RECTAL CENTER						
59	45 GASTROENTEROLOGY LAB	6,014,287	30,176,121	36,190,408	.146713	.146713	.146713
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	138,359	1,758,164	1,896,523	.421107	.421107	.421107
60	CLINIC						
60	01 DIABETES CARE CENTER	2,261	70,394	72,655	3.202175	3.202175	3.202175
60	02 OUTPATIENT CENTER	38,217	1,438,411	1,476,628	.410079	.410079	.410079
60	03 PAIN CLINIC	6,127	739,338	745,465	.949195	.949195	.949195
60	05 WOUND CARE CENTER	1,978	95,383	97,361	4.770760	4.770760	4.770760
60	06 ANTI-COAG LAB	8,810	2,603,401	2,612,211	.476946	.476946	.476946
60	07 HEART RISK ASSESSMENT	16,994	2,789,947	2,806,941	.131213	.131213	.131213
60	20 IN-VITRO FERTILIZATION						
61	EMERGENCY	41,509,285	53,861,003	95,370,288	.197028	.197028	.197767
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,469,236	9,524,685	10,993,921	.515179	.515179	.515179
65	AMBULANCE SERVICES						
101	SUBTOTAL	1079,650,891	546,309,053	1625,959,944			
102	LESS OBSERVATION BEDS						
103	TOTAL	1079,650,891	546,309,053	1625,959,944			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	28,224,460	3,063,475	25,160,985			28,224,460
38	RECOVERY ROOM	3,229,158	202,561	3,026,597			3,229,158
39	DELIVERY ROOM & LABOR ROO	10,564,325	1,076,944	9,487,381			10,564,325
40	ANESTHESIOLOGY	2,891,662	122,551	2,769,111			2,891,662
41	RADIOLOGY-DIAGNOSTIC	35,489,378	7,768,410	27,720,968			35,489,378
42	RADIOLOGY-THERAPEUTIC	7,085,883	2,035,284	5,050,599			7,085,883
43	RADIOISOTOPE	5,087,621	541,337	4,546,284			5,087,621
44	LABORATORY	24,432,901	707,754	23,725,147			24,432,901
46	WHOLE BLOOD & PACKED RED	2,824,827	74,744	2,750,083			2,824,827
49	RESPIRATORY THERAPY	8,919,020	388,651	8,530,369			8,919,020
50	PHYSICAL THERAPY	7,650,877	253,603	7,397,274			7,650,877
51	OCCUPATIONAL THERAPY	13,011,413	1,348,718	11,662,695			13,011,413
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	5,491,478	285,582	5,205,896			5,491,478
54	ELECTROENCEPHALOGRAPHY	2,459,186	224,543	2,234,643			2,459,186
55	MEDICAL SUPPLIES CHARGED	21,610,614	802,625	20,807,989			21,610,614
55	30 IMPL. DEV. CHARGED TO PAT	38,454,090	1,427,281	37,026,809			38,454,090
56	DRUGS CHARGED TO PATIENTS	37,081,966	1,764,810	35,317,156			37,081,966
57	RENAL DIALYSIS	1,482,994	98,931	1,384,063			1,482,994
58	ASC (NON-DISTINCT PART)	6,584,683	639,791	5,944,892			6,584,683
59	REHAB MEDICINE	832,230	66,821	765,409			832,230
59	10 CARDIAC LAB	5,143,273	864,818	4,278,455			5,143,273
59	20 DAY HOSPITAL	1,304,882	182,231	1,122,651			1,304,882
59	30 LITHOTRIPTER	1,587,517	41,396	1,546,121			1,587,517
59	40 COLO-RECTAL CENTER						
59	45 GASTROENTEROLOGY LAB	5,309,591	496,586	4,813,005			5,309,591
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS CLINIC	798,640	82,831	715,809			798,640
60	01 DIABETES CARE CENTER	232,654	22,781	209,873			232,654
60	02 OUTPATIENT CENTER	605,534	79,832	525,702			605,534
60	03 PAIN CLINIC	707,592	94,508	613,084			707,592
60	05 WOUND CARE CENTER	464,486	22,013	442,473			464,486
60	06 ANTI-COAG LAB	1,245,883	112,327	1,133,556			1,245,883
60	07 HEART RISK ASSESSMENT	368,308	43,640	324,668			368,308
60	20 IN-VITRO FERTILIZATION						
61	EMERGENCY	18,790,583	1,406,168	17,384,415			18,790,583
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS AMBULANCE SERVICES	5,663,842	668,407	4,995,435			5,663,842
101	SUBTOTAL	305,631,551	27,011,954	278,619,597			305,631,551
102	LESS OBSERVATION BEDS	5,663,842	668,407	4,995,435			5,663,842
103	TOTAL	299,967,709	26,343,547	273,624,162			299,967,709

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	101,469,943	.278156	.278156
38	RECOVERY ROOM	19,408,571	.166378	.166378
39	DELIVERY ROOM & LABOR ROO	20,714,029	.510008	.510008
40	ANESTHESIOLOGY	44,278,416	.065306	.065306
41	RADIOLOGY-DIAGNOSTIC	223,790,519	.158583	.158583
42	RADIOLOGY-THERAPEUTIC	29,877,108	.237168	.237168
43	RADIOISOTOPE	26,096,951	.194951	.194951
44	LABORATORY	143,089,386	.170753	.170753
46	WHOLE BLOOD & PACKED RED	18,093,041	.156128	.156128
49	RESPIRATORY THERAPY	44,961,072	.198372	.198372
50	PHYSICAL THERAPY	21,163,687	.361510	.361510
51	OCCUPATIONAL THERAPY	22,617,268	.575287	.575287
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	36,094,237	.152143	.152143
54	ELECTROENCEPHALOGRAPHY	9,790,603	.251178	.251178
55	MEDICAL SUPPLIES CHARGED	52,767,505	.409544	.409544
55	30 IMPL. DEV. CHARGED TO PAT	68,533,270	.561101	.561101
56	DRUGS CHARGED TO PATIENTS	186,993,639	.198306	.198306
57	RENAL DIALYSIS	4,296,714	.345146	.345146
58	ASC (NON-DIAGNOSTIC PART)	32,672,181	.201538	.201538
59	REHAB MEDICINE	1,294,078	.643107	.643107
59	10 CARDIAC LAB	39,406,702	.130518	.130518
59	20 DAY HOSPITAL	2,480,825	.525987	.525987
59	30 LITHOTRIPTER	8,802,838	.180341	.180341
59	40 COLO-RECTAL CENTER			
59	45 GASTROENTEROLOGY LAB	36,190,408	.146713	.146713
59	97 CARDIAC REHABILITATION	1,896,523	.421107	.421107
	OUTPAT SERVICE COST CNTRS			
	CLINIC			
60	01 DIABETES CARE CENTER	72,655	3.202175	3.202175
60	02 OUTPATIENT CENTER	1,476,628	.410079	.410079
60	03 PAIN CLINIC	745,465	.949195	.949195
60	05 WOUND CARE CENTER	97,361	4.770760	4.770760
60	06 ANTI-COAG LAB	2,612,211	.476946	.476946
60	07 HEART RISK ASSESSMENT	2,806,941	.131213	.131213
60	20 IN-VITRO FERTILIZATION			
61	EMERGENCY	95,370,288	.197028	.197028
62	OBSERVATION BEDS (NON-DIS	10,993,921	.515179	.515179
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	1310,954,984		
102	LESS OBSERVATION BEDS	10,993,921		
103	TOTAL	1299,961,063		

WKST A LINE NO.	COST CENTER DESCRIPTION	-----	OLD CAPITAL	-----	-----	NEW CAPITAL	-----
		CAPITAL REL COST (B, I I)	SWING BED ADJUSTMENT	REDUCED CAP RELATED COST	CAPITAL REL COST (B, I I I)	SWING BED ADJUSTMENT	REDUCED CAP RELATED COST
		1	2	3	4	5	6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	465,960		465,960	12,155,704		12,155,704
26	INTENSIVE CARE UNIT	42,771		42,771	1,118,323		1,118,323
27	CORONARY CARE UNIT	45,671		45,671	1,210,195		1,210,195
27	01 NEONATAL CARE UNIT	49,072		49,072	1,268,240		1,268,240
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	46,839		46,839	1,200,879		1,200,879
31	01 SUBPROVIDER II	38,168		38,168	1,065,043		1,065,043
33	NURSERY	9,236		9,236	238,688		238,688
101	TOTAL	697,717		697,717	18,257,072		18,257,072

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	104,916	44,855	4.44	199,156	115.86	5,196,900
26	INTENSIVE CARE UNIT	6,043	1,524	7.08	10,790	185.06	282,031
27	CORONARY CARE UNIT	7,749	4,475	5.89	26,358	156.17	698,861
27	01 NEONATAL CARE UNIT	14,526		3.38		87.31	
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	11,432	4,697	4.10	19,258	105.05	493,420
31	01 SUBPROVIDER II	12,534	8,479	3.05	25,861	84.97	720,461
33	NURSERY	8,702		1.06		27.43	
101	TOTAL	165,902	64,030		281,423		7,391,673

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

PROVIDER NO: 14-0223
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/24/2011
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			431,046			431,046
26	INTENSIVE CARE UNIT			60,081			60,081
27	CORONARY CARE UNIT			72,779			72,779
27	01 NEONATAL CARE UNIT			66,569			66,569
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER			40,285			40,285
31	01 SUBPROVIDER II			44,168			44,168
33	NURSERY						
34	SKILLED NURSING FACILITY						
101	TOTAL			714,928			714,928

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

PROVIDER NO: 14-0223
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/24/2011
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	104,916	4.11	44,855	184,354
26	INTENSIVE CARE UNIT	6,043	9.94	1,524	15,149
27	CORONARY CARE UNIT	7,749	9.39	4,475	42,020
27	01 NEONATAL CARE UNIT	14,526	4.58		
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE U				
31	SUBPROVIDER	11,432	3.52	4,697	16,533
31	01 SUBPROVIDER II	12,534	3.52	8,479	29,846
33	NURSERY	8,702			
34	SKILLED NURSING FACILITY				
101	TOTAL	165,902		64,030	287,902

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
	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										
44	LABORATORY										
46	WHOLE BLOOD & PACKED RED										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
55	30 IMPL. DEV. CHARGED TO PAT										
56	DRUGS CHARGED TO PATIENTS						79,578				
57	RENAL DIALYSIS										
58	ASC (NON-DISTINCT PART)										
59	REHAB MEDICINE										
59	10 CARDIAC LAB										
59	20 DAY HOSPITAL										
59	30 LI THOTRIPTER										
59	40 COLO-RECTAL CENTER										
59	45 GASTROENTEROLOGY LAB										
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60	01 DIABETES CARE CENTER										
60	02 OUTPATIENT CENTER										
60	03 PAIN CLINIC										
60	05 WOUND CARE CENTER										
60	06 ANTI-COAG LAB										
60	07 HEART RISK ASSESSMENT										
60	20 IN-VITRO FERTILIZATION										
61	EMERGENCY						12,706				
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						22,825				
65	AMBULANCE SERVICES										
101	TOTAL						115,109				

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			101,469,943			25,426,039	
38	OPERATING ROOM			19,408,571			4,251,211	
39	RECOVERY ROOM			20,714,029			43,291	
40	DELIVERY ROOM & LABOR ROO			44,278,416			6,426,756	
41	ANESTHESIOLOGY			223,790,519			41,700,157	
42	RADIOLOGY-DIAGNOSTIC			29,877,108			848,620	
43	RADIOLOGY-THERAPEUTIC			26,096,951			6,503,831	
44	RADIOISOTOPE			143,089,386			45,603,960	
46	LABORATORY			18,093,041			6,214,140	
49	WHOLE BLOOD & PACKED RED			44,961,072			13,562,023	
50	RESPIRATORY THERAPY			21,163,687			5,549,941	
51	PHYSICAL THERAPY			22,617,268			341,003	
52	OCCUPATIONAL THERAPY							
53	SPEECH PATHOLOGY			36,094,237			9,751,682	
54	ELECTROCARDIOLOGY			9,790,603			1,469,137	
55	ELECTROENCEPHALOGRAPHY			52,767,505			16,233,002	
55	MEDICAL SUPPLIES CHARGED			68,533,270			22,457,664	
56	30 IMPL. DEV. CHARGED TO PAT	79,578	79,578	186,993,639	.000426	.000426	62,436,770	26,598
57	DRUGS CHARGED TO PATIENTS			4,296,714			2,531,521	
58	RENAL DIALYSIS			32,672,181			396,673	
59	ASC (NON-DIAGNOSTIC PART)			1,294,078			49,565	
59	REHAB MEDICINE			39,406,702			12,751,764	
59	10 CARDIAC LAB			2,480,825				
59	20 DAY HOSPITAL			8,802,838			153,305	
59	30 LI THOTRIPTER							
59	40 COLO-RECTAL CENTER							
59	45 GASTROENTEROLOGY LAB			36,190,408			3,525,494	
59	97 CARDIAC REHABILITATION			1,896,523			77,442	
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 DIABETES CARE CENTER			72,655			286	
60	02 OUTPATIENT CENTER			1,476,628			13,967	
60	03 PAIN CLINIC			745,465			4,530	
60	05 WOUND CARE CENTER			97,361			1,568	
60	06 ANTI-COAG LAB			2,612,211			7,618	
60	07 HEART RISK ASSESSMENT			2,806,941			15,260	
60	20 IN-VITRO FERTILIZATION							
61	EMERGENCY	12,706	12,706	95,370,288	.000133	.000133	19,711,389	2,622
62	OBSERVATION BEDS (NON-DIS	22,825	22,825	10,993,921	.002076	.002076	806,944	1,675
65	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	115,109	115,109	1310,954,984			308,866,553	30,895

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,651,750					
38	RECOVERY ROOM	2,201,284					
39	DELIVERY ROOM & LABOR ROO	678					
40	ANESTHESIOLOGY	4,778,233					
41	RADIOLOGY-DIAGNOSTIC	36,282,272					
42	RADIOLOGY-THERAPEUTIC	12,672,233					
43	RADIOISOTOPE	5,406,617					
44	LABORATORY	3,260,790					
46	WHOLE BLOOD & PACKED RED	1,137,542					
49	RESPIRATORY THERAPY	988,465					
50	PHYSICAL THERAPY	1,974					
51	OCCUPATIONAL THERAPY	1,322,275					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	4,064,528					
54	ELECTROENCEPHALOGRAPHY	1,086,673					
55	MEDICAL SUPPLIES CHARGED	4,186,056					
55	30 IMPL. DEV. CHARGED TO PAT	5,647,109					
56	DRUGS CHARGED TO PATIENTS	8,569,880			3,651		
57	RENAL DIALYSIS	280,700					
58	ASC (NON-DISTINCT PART)	3,047,194					
59	REHAB MEDICINE	97,347					
59	10 CARDIAC LAB	5,204,451					
59	20 DAY HOSPITAL	646,752					
59	30 LI THOTRIPTER	5,839,357					
59	40 COLO-RECTAL CENTER						
59	45 GASTROENTEROLOGY LAB	10,018,676					
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	786,232					
60	CLINIC						
60	01 DIABETES CARE CENTER						
60	02 OUTPATIENT CENTER	419,100					
60	03 PAIN CLINIC	240,923					
60	05 WOUND CARE CENTER	38,500					
60	06 ANTI-COAG LAB	1,172,951					
60	07 HEART RISK ASSESSMENT	1,380,785					
60	20 IN-VITRO FERTILIZATION						
61	EMERGENCY	9,559,681			1,271		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,793,854			3,724		
65	AMBULANCE SERVICES						
101	TOTAL	139,784,862			8,646		

TITLE XVIII, PART A SUBPROVIDER 1 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										
44	RADIOISOTOPE										
45	LABORATORY										
46	WHOLE BLOOD & PACKED RED										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
55	30 IMPL. DEV. CHARGED TO PAT										
56	DRUGS CHARGED TO PATIENTS						79,578				
57	RENAL DIALYSIS										
58	ASC (NON-DISTINCT PART)										
59	REHAB MEDICINE										
59	10 CARDIAC LAB										
59	20 DAY HOSPITAL										
59	30 LI THOTRIPTER										
59	40 COLO-RECTAL CENTER										
59	45 GASTROENTEROLOGY LAB										
59	97 CARDIAC REHABILITATION										
60	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60	01 DIABETES CARE CENTER										
60	02 OUTPATIENT CENTER										
60	03 PAIN CLINIC										
60	05 WOUND CARE CENTER										
60	06 ANTI-COAG LAB										
60	07 HEART RISK ASSESSMENT										
60	20 IN-VITRO FERTILIZATION										
61	EMERGENCY						12,706				
62	OBSERVATION BEDS (NON-DIS						22,825				
65	OTHER REIMBURS COST CNTRS										
65	AMBULANCE SERVICES										
101	TOTAL						115,109				

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			101,469,943				
38	OPERATING ROOM			19,408,571				
39	RECOVERY ROOM			20,714,029				
40	DELIVERY ROOM & LABOR ROO			44,278,416			3,128	
41	ANESTHESIOLOGY			223,790,519			291,144	
42	RADIOLOGY-DIAGNOSTIC			29,877,108				
43	RADIOLOGY-THERAPEUTIC			26,096,951			24,645	
44	RADIOISOTOPE			143,089,386			801,262	
46	LABORATORY			18,093,041			7,765	
49	WHOLE BLOOD & PACKED RED			44,961,072			90,772	
50	RESPIRATORY THERAPY			21,163,687			118,045	
51	PHYSICAL THERAPY			22,617,268			128,847	
52	OCCUPATIONAL THERAPY							
53	SPEECH PATHOLOGY			36,094,237			59,914	
54	ELECTROCARDIOLOGY			9,790,603			10,382	
55	ELECTROENCEPHALOGRAPHY			52,767,505			25,776	
55	MEDICAL SUPPLIES CHARGED			68,533,270			823	
56	30 IMPL. DEV. CHARGED TO PAT	79,578	79,578	186,993,639	.000426	.000426	1,258,963	536
57	DRUGS CHARGED TO PATIENTS			4,296,714			14,060	
58	RENAL DIALYSIS			32,672,181				
58	ASC (NON-DISTINCT PART)			1,294,078			29,417	
59	REHAB MEDICINE			39,406,702				
59	10 CARDIAC LAB			2,480,825			3,617	
59	20 DAY HOSPITAL			8,802,838				
59	30 LI THOTRIPTER							
59	40 COLO-RECTAL CENTER							
59	45 GASTROENTEROLOGY LAB			36,190,408			13,856	
59	97 CARDIAC REHABILITATION			1,896,523				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 DIABETES CARE CENTER			72,655				
60	02 OUTPATIENT CENTER			1,476,628			707	
60	03 PAIN CLINIC			745,465				
60	05 WOUND CARE CENTER			97,361				
60	06 ANTI-COAG LAB			2,612,211				
60	07 HEART RISK ASSESSMENT			2,806,941				
60	20 IN-VITRO FERTILIZATION							
61	EMERGENCY	12,706	12,706	95,370,288	.000133	.000133	414,867	55
62	OBSERVATION BEDS (NON-DIS	22,825	22,825	10,993,921	.002076	.002076		
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	115,109	115,109	1310,954,984			3,297,990	591

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						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	REHAB MEDICINE						
59	10 CARDIAC LAB						
59	20 DAY HOSPITAL						
59	30 LI THOTRIPTER						
59	40 COLO-RECTAL CENTER						
59	45 GASTROENTEROLOGY LAB						
59	97 CARDIAC REHABILITATION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 DIABETES CARE CENTER						
60	02 OUTPATIENT CENTER						
60	03 PAIN CLINIC						
60	05 WOUND CARE CENTER						
60	06 ANTI-COAG LAB						
60	07 HEART RISK ASSESSMENT						
60	20 IN-VITRO FERTILIZATION						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A SUBPROVIDER 2 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										
44	RADIOISOTOPE										
45	LABORATORY										
46	WHOLE BLOOD & PACKED RED										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
55	30 IMPL. DEV. CHARGED TO PAT										
56	DRUGS CHARGED TO PATIENTS								79,578		
57	RENAL DIALYSIS										
58	ASC (NON-DISTINCT PART)										
59	REHAB MEDICINE										
59	10 CARDIAC LAB										
59	20 DAY HOSPITAL										
59	30 LI THOTRIPTER										
59	40 COLO-RECTAL CENTER										
59	45 GASTROENTEROLOGY LAB										
59	97 CARDIAC REHABILITATION										
60	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60	01 DIABETES CARE CENTER										
60	02 OUTPATIENT CENTER										
60	03 PAIN CLINIC										
60	05 WOUND CARE CENTER										
60	06 ANTI-COAG LAB										
60	07 HEART RISK ASSESSMENT										
60	20 IN-VITRO FERTILIZATION										
61	EMERGENCY								12,706		
62	OBSERVATION BEDS (NON-DIS								22,825		
65	OTHER REIMBURS COST CNTRS										
65	AMBULANCE SERVICES										
101	TOTAL								115,109		

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			101,469,943			1,901	
39	RECOVERY ROOM			19,408,571			921	
40	DELIVERY ROOM & LABOR ROO			20,714,029				
41	ANESTHESIOLOGY			44,278,416			931	
42	RADIOLOGY-DIAGNOSTIC			223,790,519			607,510	
43	RADIOLOGY-THERAPEUTIC			29,877,108			88,243	
44	RADIOISOTOPE			26,096,951			177,144	
46	LABORATORY			143,089,386			1,251,107	
49	WHOLE BLOOD & PACKED RED			18,093,041			55,501	
50	RESPIRATORY THERAPY			44,961,072			668,694	
51	PHYSICAL THERAPY			21,163,687			8,013,537	
52	OCCUPATIONAL THERAPY			22,617,268			70,105	
53	SPEECH PATHOLOGY							
54	ELECTROCARDIOLOGY			36,094,237			66,491	
55	ELECTROENCEPHALOGRAPHY			9,790,603			9,594	
55	MEDICAL SUPPLIES CHARGED			52,767,505			479,361	
56	30 IMPL. DEV. CHARGED TO PAT			68,533,270			13,979	
57	DRUGS CHARGED TO PATIENTS	79,578	79,578	186,993,639	.000426	.000426	3,191,155	1,359
58	RENAL DIALYSIS			4,296,714			239,019	
58	ASC (NON-DISTINCT PART)			32,672,181				
59	REHAB MEDICINE			1,294,078			232,384	
59	10 CARDIAC LAB			39,406,702				
59	20 DAY HOSPITAL			2,480,825				
59	30 LITHOTRIPTER			8,802,838				
59	40 COLO-RECTAL CENTER							
59	45 GASTROENTEROLOGY LAB			36,190,408			2,900	
59	97 CARDIAC REHABILITATION			1,896,523			185	
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 DIABETES CARE CENTER			72,655				
60	02 OUTPATIENT CENTER			1,476,628			4,219	
60	03 PAIN CLINIC			745,465				
60	05 WOUND CARE CENTER			97,361				
60	06 ANTI-COAG LAB			2,612,211				
60	07 HEART RISK ASSESSMENT			2,806,941				
60	20 IN-VITRO FERTILIZATION							
61	EMERGENCY	12,706	12,706	95,370,288	.000133	.000133	4,500	1
62	OBSERVATION BEDS (NON-DIS	22,825	22,825	10,993,921	.002076	.002076		
65	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	115,109	115,109	1310,954,984			15,179,381	1,360

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						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	REHAB MEDICINE						
59	10 CARDIAC LAB						
59	20 DAY HOSPITAL						
59	30 LI THOTRIPTER						
59	40 COLO-RECTAL CENTER						
59	45 GASTROENTEROLOGY LAB						
59	97 CARDIAC REHABILITATION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 DIABETES CARE CENTER						
60	02 OUTPATIENT CENTER						
60	03 PAIN CLINIC						
60	05 WOUND CARE CENTER						
60	06 ANTI-COAG LAB						
60	07 HEART RISK ASSESSMENT						
60	20 IN-VITRO FERTILIZATION						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.198306
2	PROGRAM VACCINE CHARGES		57,864
3	PROGRAM COSTS		11,475

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,080,785
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	4,045,892
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	34,893
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

----- FI ONLY -----		
50	ORIGINAL PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS).	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS).	

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

17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	9,725,385
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	9,643,976
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	81,409
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

50	----- FI ONLY ----- ORIGINAL PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS).	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS).	

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		194.81
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	5.28
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	191.76	5.28
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		196.23
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		196.23
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.		134.91
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.		49.92
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		184.83
3.10	SEE INSTRUCTIONS		184.83
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		49.92
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		51.23
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		50.95
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	50.70
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)		50.70
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		93,380.03
3.18	SEE INSTRUCTIONS		4,734,368
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		132.94
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		132.52
3.21	SEE INSTRUCTIONS	RES INIT YEARS	133.46
3.22	SEE INSTRUCTIONS		133.46
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		97,310.41
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		12,987,047
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		17,721,415

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		64,030
5	TOTAL INPATIENT DAYS		151,644
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.422239
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	7,482,673	7,482,673
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		2,310
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		151,644
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.		231,806
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		4,296,714
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)	146,797,539
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	195,108
16	TOTAL PART A REASONABLE COST	146,602,431

PART B REASONABLE COST

17	REASONABLE COST	30,576,981
18	PRIMARY PAYER PAYMENTS	5,285
19	TOTAL PART B REASONABLE COST	30,571,696
20	TOTAL REASONABLE COST	177,174,127
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.827448
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.172552

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)	7,714,479
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	6,383,330
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	1,331,149

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)	191.76	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	194.81	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	191.76	

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)	185.06
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	188.61
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP	185.06

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	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		2,465,306,501		
2	NET INCOME (LOSS)		96,982,499		
3	TOTAL		2,562,289,000		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		2,562,289,000		
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		2,562,289,000		

		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 - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	7,197,760
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	337,360
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	349.80
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	190.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	16.57
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	1,192,669
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	2.55
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	21.61
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	24.16
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	5.01
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	360,608
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	9,088,397
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)	

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	173,084,663		173,084,663			
26	INTENSIVE CARE UNIT	21,393,977		21,393,977			
27	CORONARY CARE UNIT	25,770,025		25,770,025			
27	01 NEONATAL CARE UNIT	48,874,648		48,874,648			
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	17,170,864		17,170,864			
31	01 SUBPROVIDER II	18,826,089		18,826,089			
33	NURSERY	9,884,694		9,884,694			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	67,756,272	33,713,671	101,469,943	.297654	.297654	.297654
38	RECOVERY ROOM	10,537,213	8,871,358	19,408,571	.166378	.166378	.166378
39	DELIVERY ROOM & LABOR ROO	18,947,523	1,766,506	20,714,029	.510008	.510008	.510008
40	ANESTHESIOLOGY	21,985,047	22,293,369	44,278,416	.071188	.071188	.076210
41	RADIOLOGY-DIAGNOSTIC	88,097,174	135,693,345	223,790,519	.158624	.158624	.158624
42	RADIOLOGY-THERAPEUTIC	1,990,877	27,886,231	29,877,108	.237168	.237168	.237168
43	RADIOISOTOPE	11,819,534	14,277,417	26,096,951	.194951	.194951	.194951
44	LABORATORY	101,463,376	41,626,010	143,089,386	.175579	.175579	.175579
46	WHOLE BLOOD & PACKED RED	14,809,753	3,283,288	18,093,041	.156128	.156128	.156128
49	RESPIRATORY THERAPY	41,768,784	3,192,288	44,961,072	.198372	.198372	.198372
50	PHYSICAL THERAPY	20,902,880	260,807	21,163,687	.361510	.361510	.361510
51	OCCUPATIONAL THERAPY	2,227,130	20,390,138	22,617,268	.575287	.575287	.575287
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	18,492,434	17,601,803	36,094,237	.152143	.152143	.152143
54	ELECTROENCEPHALOGRAPHY	5,270,944	4,519,659	9,790,603	.251178	.251178	.251178
55	MEDICAL SUPPLIES CHARGED	38,929,604	13,837,901	52,767,505	.409544	.409544	.409544
55	30 IMPL. DEV. CHARGED TO PAT	54,595,963	13,937,307	68,533,270	.561101	.561101	.561101
56	DRUGS CHARGED TO PATIENTS	164,439,974	22,553,665	186,993,639	.198306	.198306	.198306
57	RENAL DIALYSIS	4,115,323	181,391	4,296,714	.345146	.345146	.345146
58	ASC (NON-DISTINCT PART)	2,576,281	30,095,900	32,672,181	.201538	.201538	.201538
59	REHAB MEDICINE	663,657	630,421	1,294,078	.643107	.643107	.643107
59	10 CARDIAC LAB	23,777,842	15,628,860	39,406,702	.130518	.130518	.130518
59	20 DAY HOSPITAL	5,842	2,474,983	2,480,825	.525987	.525987	.525987
59	30 LIOTHOTRIPTER	266,950	8,535,888	8,802,838	.180341	.180341	.180341
59	40 COLO-RECTAL CENTER						
59	45 GASTROENTEROLOGY LAB	6,014,287	30,176,121	36,190,408	.146713	.146713	.146713
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	138,359	1,758,164	1,896,523	.421107	.421107	.421107
60	CLINIC						
60	01 DIABETES CARE CENTER	2,261	70,394	72,655	3.202175	3.202175	3.202175
60	02 OUTPATIENT CENTER	38,217	1,438,411	1,476,628	.410079	.410079	.410079
60	03 PAIN CLINIC	6,127	739,338	745,465	.949195	.949195	.949195
60	05 WOUND CARE CENTER	1,978	95,383	97,361	4.770760	4.770760	4.770760
60	06 ANTI-COAG LAB	8,810	2,603,401	2,612,211	.476946	.476946	.476946
60	07 HEART RISK ASSESSMENT	16,994	2,789,947	2,806,941	.131213	.131213	.131213
60	20 IN-VITRO FERTILIZATION						
61	EMERGENCY	41,509,285	53,861,003	95,370,288	.206755	.206755	.207495
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,469,236	9,524,685	10,993,921	.515179	.515179	.515179
65	AMBULANCE SERVICES						
101	SUBTOTAL	1079,650,891	546,309,053	1625,959,944			
102	LESS OBSERVATION BEDS						
103	TOTAL	1079,650,891	546,309,053	1625,959,944			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	30,202,975	3,063,475	27,139,500	306,348	1,574,091	28,322,536
38	RECOVERY ROOM	3,229,158	202,561	3,026,597	20,256	175,543	3,033,359
39	DELIVERY ROOM & LABOR ROO	10,564,325	1,076,944	9,487,381	107,694	550,268	9,906,363
40	ANESTHESIOLOGY	3,152,096	122,551	3,029,545	12,255	175,714	2,964,127
41	RADIOLOGY-DIAGNOSTIC	35,498,448	7,768,410	27,730,038	776,841	1,608,342	33,113,265
42	RADIOLOGY-THERAPEUTIC	7,085,883	2,035,284	5,050,599	203,528	292,935	6,589,420
43	RADIOISOTOPE	5,087,621	541,337	4,546,284	54,134	263,684	4,769,803
44	LABORATORY	25,123,502	707,754	24,415,748	70,775	1,416,113	23,636,614
46	WHOLE BLOOD & PACKED RED	2,824,827	74,744	2,750,083	7,474	159,505	2,657,848
49	RESPIRATORY THERAPY	8,919,020	388,651	8,530,369	38,865	494,761	8,385,394
50	PHYSICAL THERAPY	7,650,877	253,603	7,397,274	25,360	429,042	7,196,475
51	OCCUPATIONAL THERAPY	13,011,413	1,348,718	11,662,695	134,872	676,436	12,200,105
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	5,491,478	285,582	5,205,896	28,558	301,942	5,160,978
54	ELECTROENCEPHALOGRAPHY	2,459,186	224,543	2,234,643	22,454	129,609	2,307,123
55	MEDICAL SUPPLIES CHARGED	21,610,614	802,625	20,807,989	80,263	1,206,863	20,323,488
55	30 IMPL. DEV. CHARGED TO PAT	38,454,090	1,427,281	37,026,809	142,728	2,147,555	36,163,807
56	DRUGS CHARGED TO PATIENTS	37,081,966	1,764,810	35,317,156	176,481	2,048,395	34,857,090
57	RENAL DIALYSIS	1,482,994	98,931	1,384,063	9,893	80,276	1,392,825
58	ASC (NON-DISTINCT PART)	6,584,683	639,791	5,944,892	63,979	344,804	6,175,900
59	REHAB MEDICINE	832,230	66,821	765,409	6,682	44,394	781,154
59	10 CARDIAC LAB	5,143,273	864,818	4,278,455	86,482	248,150	4,808,641
59	20 DAY HOSPITAL	1,304,882	182,231	1,122,651	18,223	65,114	1,221,545
59	30 LI THOTRIPTER	1,587,517	41,396	1,546,121	4,140	89,675	1,493,702
59	40 COLO-RECTAL CENTER						
59	45 GASTROENTEROLOGY LAB	5,309,591	496,586	4,813,005	49,659	279,154	4,980,778
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS CLINIC	798,640	82,831	715,809	8,283	41,517	748,840
60	01 DIABETES CARE CENTER	232,654	22,781	209,873	2,278	12,173	218,203
60	02 OUTPATIENT CENTER	605,534	79,832	525,702	7,983	30,491	567,060
60	03 PAIN CLINIC	707,592	94,508	613,084	9,451	35,559	662,582
60	05 WOUND CARE CENTER	464,486	22,013	442,473	2,201	25,663	436,622
60	06 ANTI-COAG LAB	1,245,883	112,327	1,133,556	11,233	65,746	1,168,904
60	07 HEART RISK ASSESSMENT	368,308	43,640	324,668	4,364	18,831	345,113
60	20 IN-VITRO FERTILIZATION						
61	EMERGENCY	19,718,295	1,406,168	18,312,127	140,617	1,062,103	18,515,575
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS AMBULANCE SERVICES	5,663,842	668,407	4,995,435	66,841	289,735	5,307,266
101	SUBTOTAL	309,497,883	27,011,954	282,485,929	2,701,195	16,384,183	290,412,505
102	LESS OBSERVATION BEDS	5,663,842	668,407	4,995,435	66,841	289,735	5,307,266
103	TOTAL	303,834,041	26,343,547	277,490,494	2,634,354	16,094,448	285,105,239

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	101,469,943	.279122	.294635
38	RECOVERY ROOM	19,408,571	.156290	.165334
39	DELIVERY ROOM & LABOR ROO	20,714,029	.478244	.504809
40	ANESTHESIOLOGY	44,278,416	.066943	.070911
41	RADIOLOGY-DIAGNOSTIC	223,790,519	.147965	.155152
42	RADIOLOGY-THERAPEUTIC	29,877,108	.220551	.230355
43	RADIOISOTOPE	26,096,951	.182772	.192876
44	LABORATORY	143,089,386	.165188	.175084
46	WHOLE BLOOD & PACKED RED	18,093,041	.146899	.155715
49	RESPIRATORY THERAPY	44,961,072	.186503	.197508
50	PHYSICAL THERAPY	21,163,687	.340039	.360311
51	OCCUPATIONAL THERAPY	22,617,268	.539416	.569323
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	36,094,237	.142986	.151352
54	ELECTROENCEPHALOGRAPHY	9,790,603	.235647	.248885
55	MEDICAL SUPPLIES CHARGED	52,767,505	.385152	.408023
55	30 IMPL. DEV. CHARGED TO PAT	68,533,270	.527682	.559018
56	DRUGS CHARGED TO PATIENTS	186,993,639	.186408	.197362
57	RENAL DIALYSIS	4,296,714	.324161	.342844
58	ASC (NON-DIAGNOSTIC PART)	32,672,181	.189026	.199580
59	REHAB MEDICINE	1,294,078	.603637	.637943
59	10 CARDIAC LAB	39,406,702	.122026	.128323
59	20 DAY HOSPITAL	2,480,825	.492395	.518642
59	30 LITHOTRIPTER	8,802,838	.169684	.179871
59	40 COLO-RECTAL CENTER			
59	45 GASTROENTEROLOGY LAB	36,190,408	.137627	.145341
59	97 CARDIAC REHABILITATION	1,896,523	.394849	.416740
	OUTPAT SERVICE COST CNTRS			
	CLINIC			
60	01 DIABETES CARE CENTER	72,655	3.003276	3.170821
60	02 OUTPATIENT CENTER	1,476,628	.384024	.404673
60	03 PAIN CLINIC	745,465	.888817	.936517
60	05 WOUND CARE CENTER	97,361	4.484568	4.748154
60	06 ANTI-COAG LAB	2,612,211	.447477	.472646
60	07 HEART RISK ASSESSMENT	2,806,941	.122950	.129659
60	20 IN-VITRO FERTILIZATION			
61	EMERGENCY	95,370,288	.194144	.205281
62	OBSERVATION BEDS (NON-DIS	10,993,921	.482746	.509100
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	1310,954,984		
102	LESS OBSERVATION BEDS	10,993,921		
103	TOTAL	1299,961,063		